European Workshop for Addiction Prevention

Addiction prevention among young adults

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LWL Für die Menschen. Für Westfalen-Lippe.

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European Workshop for Addiction Prevention –
Addiction prevention among young adults
5-8 December 2016, Legden-Asbeck

Foreword

It is common knowledge that drug addiction is a danger that affects all age groups and social classes, and does not stop at borders between countries. But it is not yet common practice for those responsible for addiction prevention across Europe to learn from each other.

One opportunity for a professional discussion across borders was the "European Workshop for Addiction Prevention", organized by the Coordination Office for Addiction-related Issues of the Landschaftsverband Westfalen-Lippe (Westphalia-Lippe Regional Association, LWL) in collaboration with euro net, the European Network for Practical Approaches in Addiction Prevention, and the Hessische Landesstelle für Suchtfragen e. V. (Hessian State Office for Addiction Matters, HLS), supported by the German Federal Ministry of Health.

Basis for the exchange and the cooperation in the field of addiction prevention in Europe is the European network euro net. Since 20 years representatives from regional and national institutions of the European member states work jointly, to face current challenges, to learn from each other, to prove new methods and concepts. Euro net is the only European network in the field of addiction prevention, that can look back on a existence of more than 20 years. In this time euro net implemented eight perennial European projects and disseminated their results sustainably.

Addiction problems, in particular excessive consumption of alcohol, tobacco and cannabis, mean –besides unhealthy diet and inactivity – a particulary high risk to health. Euro net contributes to cope with those challenges, on an individual or common level.

The European Workshops for Addiction Prevention serve the transnational exchange in addiction prevention. This Workshop in Legden-Asbeck offered general information to addiction prevention. Prevention experts presented their initiatives and successful projects in their countries. Keypoint of this years Workshop was Addiction prevention among young adults, (18-25 years olds).

The level of intoxicant use – including of an abusive or addictive nature – is still high among this target group across Europe. An examination of the prevalences of various studies reveals that the use of alcohol, tobacco and cannabis is particularly widespread. Combined drug use, as well as behavioural dependencies such as internet and media addictions, must also be taken into consideration.

One result of the "European Workshop for Addiction Prevention" is, that early interventions, tailored programmes, structural integration and a coordinated mix of policies are necessary to reach the target group.

Addressing disadvantaged young adults in a manner appropriate to the target group is a particular problem. There is an urgent demand for effective approaches.

In the first part of this publication the different situations and keypoints are presented. Practical is the second part: good-practice-examples from 15 different countries are described in a tabular overview.
We don't need to make all experiences ourselves, we can profit from others 'knowledge'.
With this in mind we wish you many suggestions for your professional practice.

Birgit Westers
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LWL-Landesjugendamt,
Koordinationsstelle Sucht

Doris Sarrazin
Präsidentin
euro net
2012-2016

Wolfgang Schmidt-Rosengarten
Geschäftsführer der
Hessischen Landesstelle für Schulen,
Suchtfragen e.V. (HLS)

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Albert Kern
Federal Ministry of Health
Addiction and drugs unit
Berlin / Germany
(Excerpts from the PPT presentation)

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3. Examples of measures and projects
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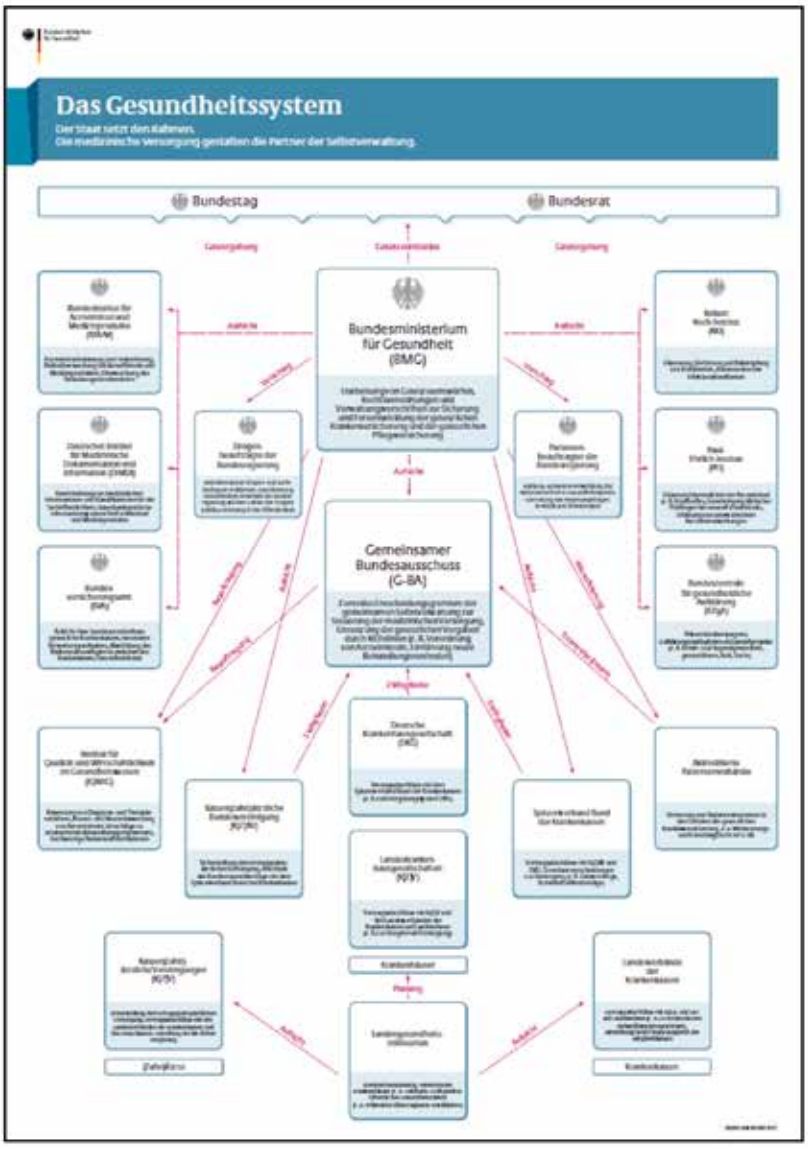
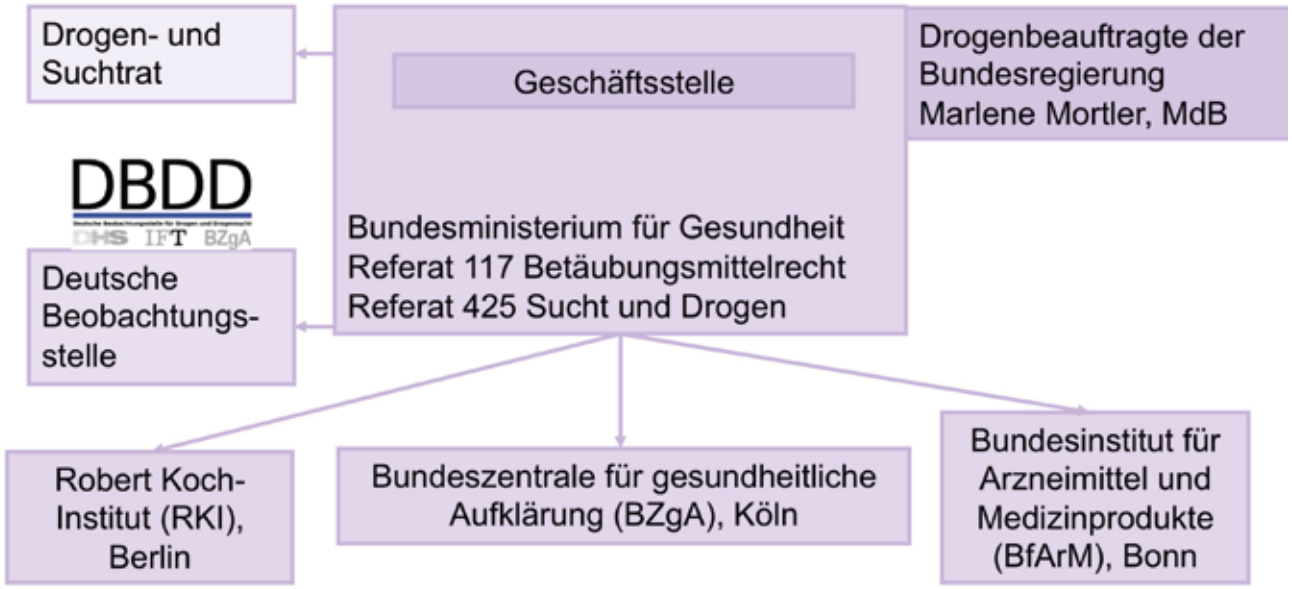
1. Addiction and drug policy as part of the health system in Germany

A complex system...



Drug and addiction policy in the German Federal Ministry of Health



The German government coordinates drug and addiction policy, and represents
this drug and addiction policy in public, as well as on a national and international level. Its goals include the promotion of social and political consensus to reduce addiction problems, as well as the further development of addiction prevention, help and support for those affected by addictions, and measures to minimise drug and addiction problems.
The drug and addiction report is produced by the German federal government.

Fields of action of the federal ministries and authorities in the area of addiction and drug policy

Internationale Zusammen-arbeit	Straf-verfolgung	BtMG und Drogen in Haft	Zölle und Steuern	Teilhabe für Abhängigkeits-kranke
Modellprojekte und –programme für die Sucht- und Drogenhilfe; Erstellung, Umsetzung und Evaluation des Aktionsplans Drogen und Sucht; Kooperation mit dem medizinischen, psychiatrischen und sozialen Systems im Bereich Sucht/Drogen				
Verbraucher-schutz im Bereich Alkohol und Tabak	Jugendschutz-gesetz; Drogen, Alkohol und Gewalt	Alkohol und Drogen im Straßen-verkehr	Sucht- und Drogen-forschung	Internationale Projekte zur alternativen Entwicklung

Coordination between the federal and state levels in German addiction and drug policy

BUNDESEBENE
Gesetzgebung; Repräsentation nach Außen
Betäubungsmittelgesetz, Nichtraucherschutzgesetz, Nationale Modell- und Forschungsprojekte, Kampagnen, Internationale Kooperationen

LÄNDER- UND KOMMUNALE EBENE
Exekutive, Administrative Ebene
Hilfesystem für Sucht- und Drogenabhängige
Öffentliche Gesundheitsversorgung

Organisation of addiction and drug policy on the state and municipal level in Germany

Subsidiaritätsprinzip
Staatliche Organisationen handeln erst dann,
wenn keine anderen Organisationen bereits aktiv sind

Interim conclusion

- The system in Germany is characterised by a varied range of actors and responsibilities
- Health policy is one actor of many
- "Health in all policies" approach requires a wide range of collaborative activities
- Addiction and drug policy must be understood as an interdisciplinary task

Basis and fields of work

- National drug and addiction policy strategy of 2012
- Coalition agreement 2013 – 2017
- International agreement
- Drug and addiction policy is based on the four pillars of prevention, treatment, minimisation of damage, and repression
- Prevention and counselling for online-based addictive behaviours
- Framework Convention on Tobacco Control (FCTC); EU Alcohol Strategy, global WHO alcohol strategy, EU Drugs Strategy 2013 – 2020 and EU Action Plan on Drugs 2013 – 2016

National drug and addiction policy strategy

I. Alcohol consumption among children and young people

II. Alcohol consumption among the adult population

III. Tobacco consumption in Germany

IV. Drug dependency and drug abuse

V. Pathological gambling

VI. Internet/media addiction

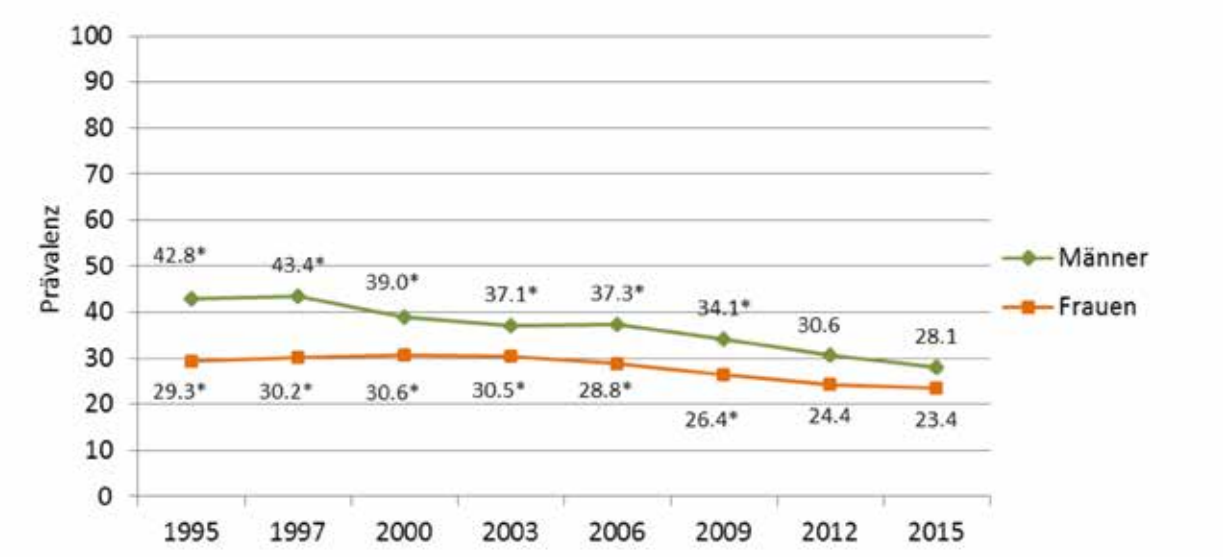
VII. Illegal drugs

VIII. International and European drug and addiction policy

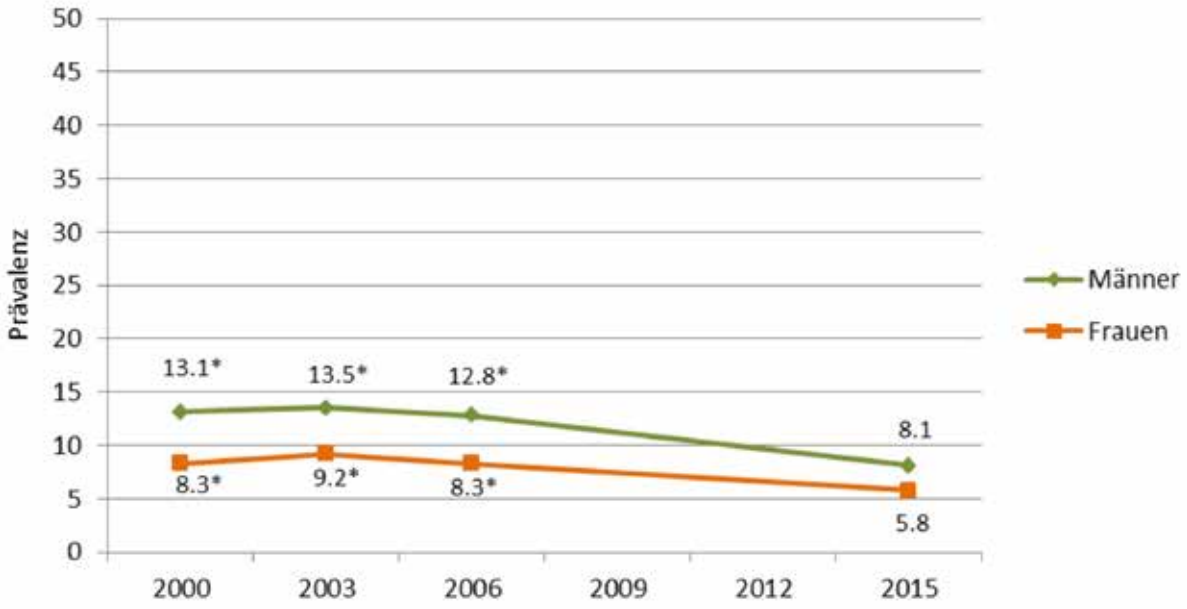
2. Facts, figures and data

Tobacco

30-day prevalence of consumption (18 – 59 years)1

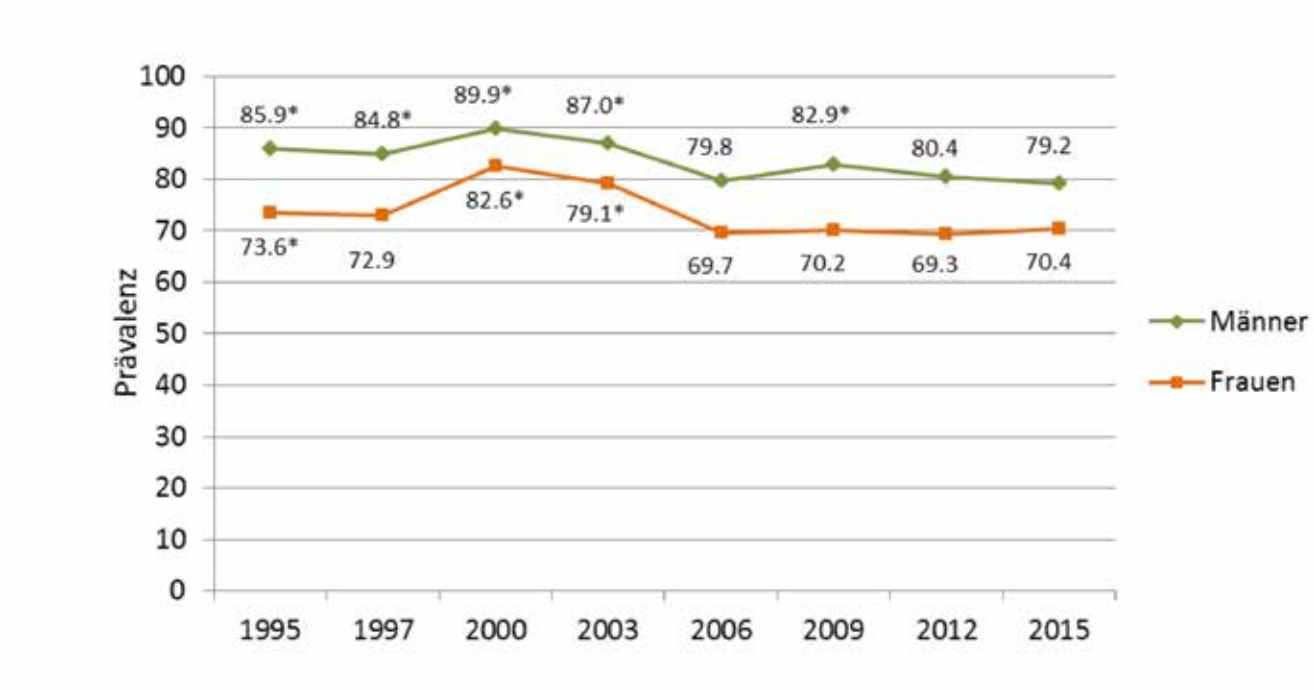


30-day prevalence of problematic consumption (18 – 59 years)
Fagerström test

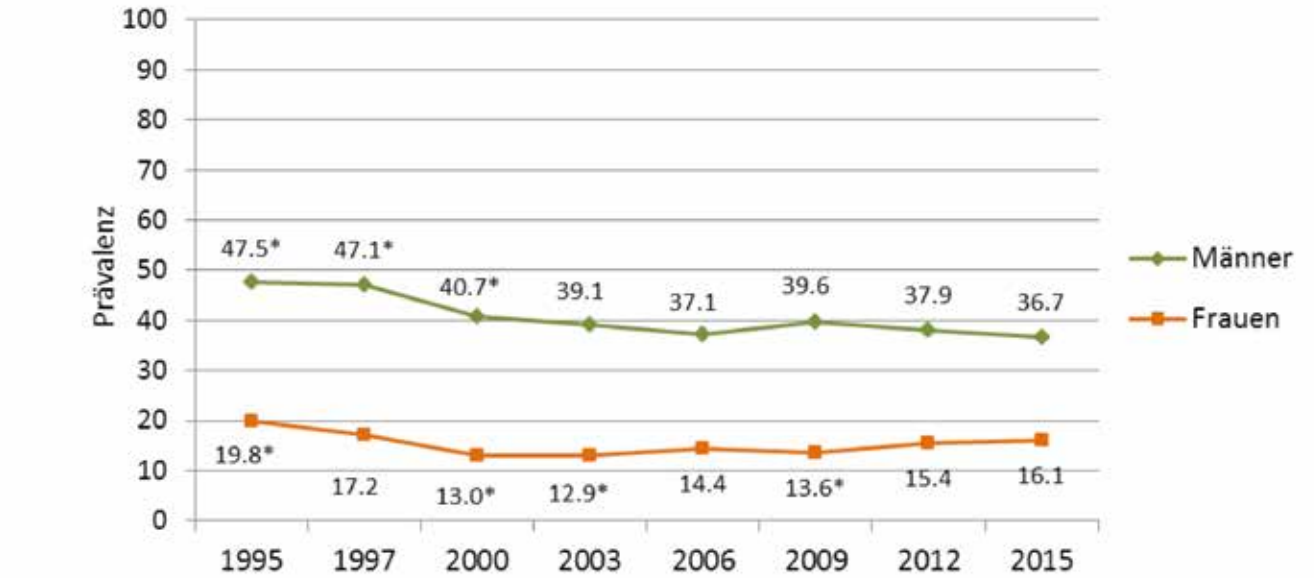


Alcohol

30-day prevalence of consumption (18 – 59 years)

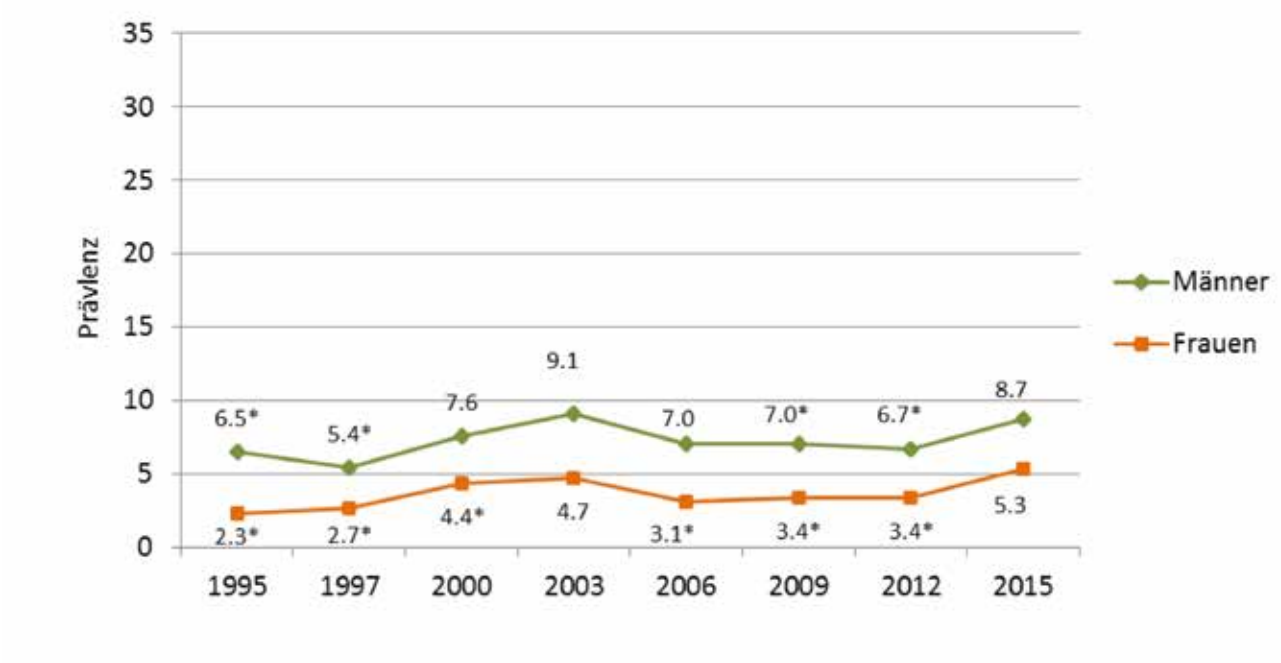


30-day prevalence of binge drinking (18 – 59 years)

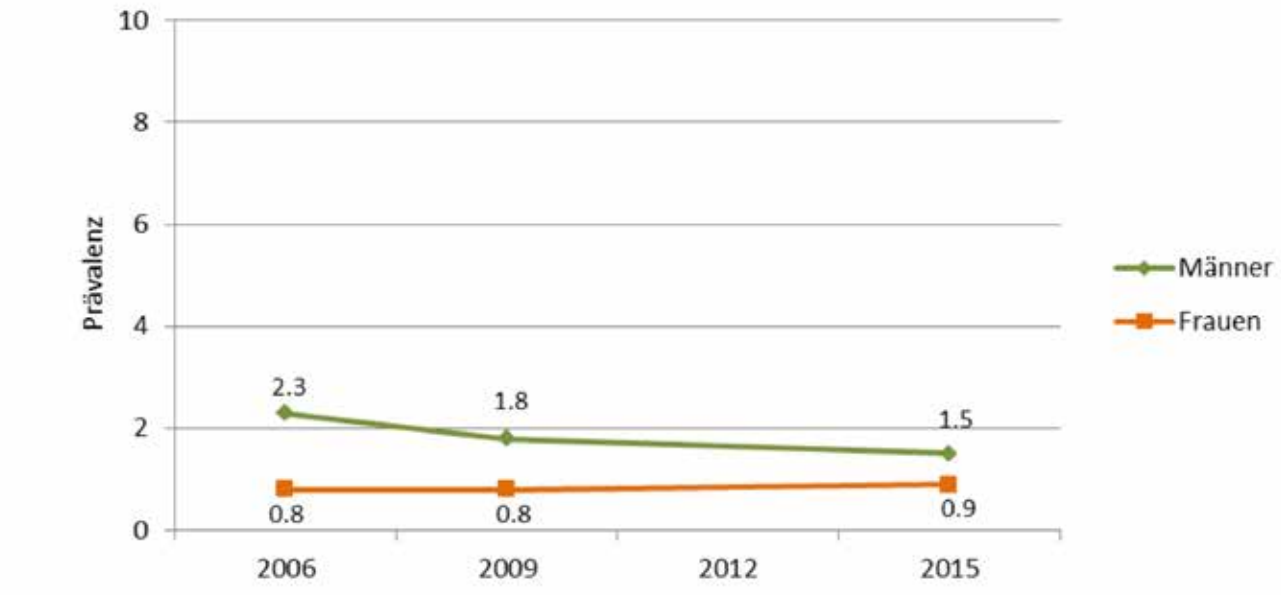


Cannabis

12-month prevalence of consumption (18 – 59 years)

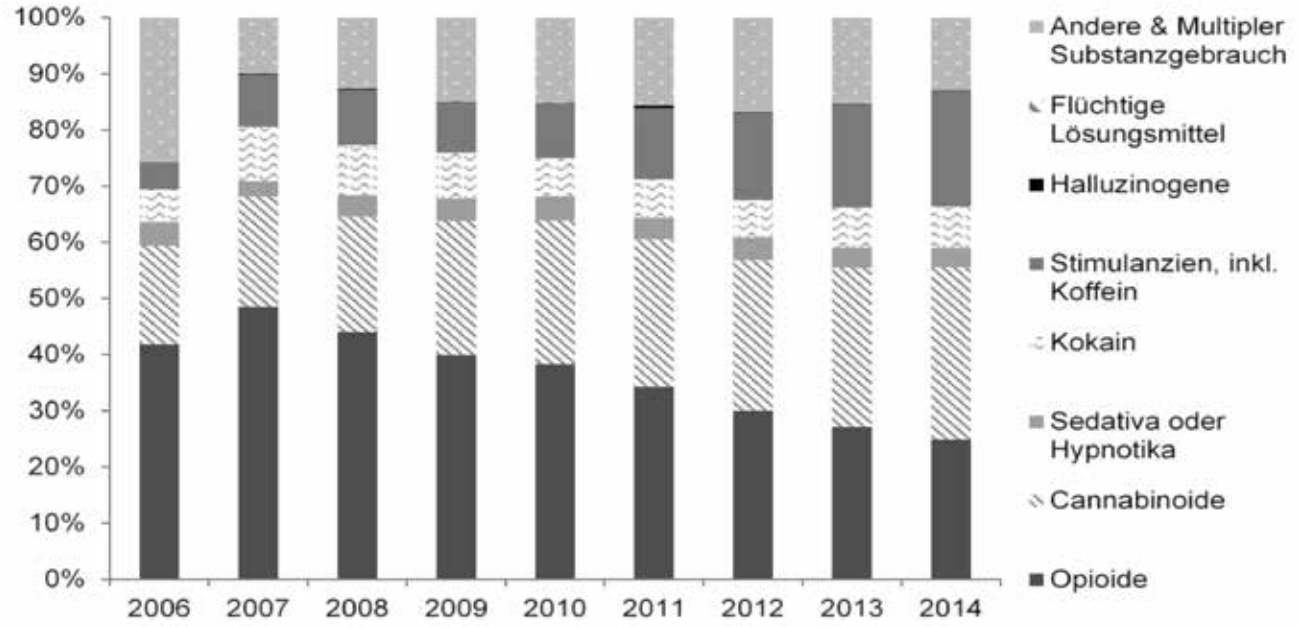


12-month prevalence of problematic consumption (18 – 59 years)



[1] Epidemiologischer Suchtsurvey 2015, IFT, München

Number of clients in inpatient addiction treatment for various principal diagnoses (illegal drugs)2



Interim conclusion

· Clear reduction in tobacco consumption

· Slow reduction in alcohol consumption

· Little change in the use of illegal drugs

· More people with cannabis diagnosis are in inpatient treatment

3. Examples of measures and projects

· Addiction and drugs unit of the German Federal Ministry of Health (BMG)

· BZgA Specialist Supervision – Substance Abuse Prevention (€8.7 million in 2015)

· German Central Office for Addiction Matters (DHS) (institutional funding of approx. €700,000 per year)

· Around 80-100 model projects and research projects per year (Approx. €3.7 million per year)

[2] Bericht zur Drogensituation in Deutschland der DBDD, 2016

Model projects and research projects dedicated to various key focuses:

· Focus on crystal meth, project example FreD ATS, LWL Coordination Office for Addiction-related Issues, Münster

· Focus on FASD, project example "Pregnant? Anything you drink, your child drinks too! Alcohol? No drink – no risk! – Medical primary prevention of FASD in schools" by Ärztliche Gesellschaft zur Gesundheitsförderung e.V. (Medical Association for Health Promotion)

· Focus on tobacco, project example: "KOPA – Kinder ohne Passivrauch" (Children free from passive smoking), LMU Munich

· Focus on alcohol, project example "RARHA – Reduce Alcohol Related Harm, EU-Joint Action on Alcohol"

· Focus on internet addiction, project example PIEK, University of Lübeck

· Focus on relatives, research example "Stress factors, support needs, barriers to use and personal resources of relatives & exploration of possible interface problems in relation to access routes are investigated from the per

· spective of treatment staff", University of Lübeck

· Focus on drug dependency, project example "Target group elderly people – development of risk communication for registered doctors", ZIS Hamburg

· Focus on children from families affected by addiction, project example "Trampoline II – catamnesis to evaluate the long-term effects of the federal pilot project Trampoline", KatHo Cologne

· Focus on other projects, project example "Qualified addiction prevention in facilities for youth inpatient support", LWL Coordination Office for Addiction-related Issues, Münster

Content-related challenges faced by the German government:

· Digital developments: A blessing and a curse

· Interconnection of substance use/addiction and mental illnesses, neurobiology of addiction, NCDs

· Destigmatisation of addictive disorders

· Evidence-based prevention – a necessity or an excessive demand?

· New forms of addiction/new consumption patterns/new addictive substances

Toolkit with evidence-based good practice examples for the reduction of alcohol-related disorders

Axel Budde - Joint Action RARHA
Co-funded by the Health Programme of the European Union
Federal Centre for Health Education (BZgA)
Cologne / Germany

The European Joint Action on reducing alcohol related harm (RARHA, 2014-2016) worked on three specific areas:
(1) monitoring of drinking patterns and alcohol related harm
(2) drinking guidelines to reduce alcohol related harm and
(3) finding good practice examples and building a tool kit to reduce alcohol related harm.

The aim of the third area of work within RARHA was to contribute to the implementation of the EU strategy to support member states (MS) in reducing alcohol related harm, by focusing on
concrete examples of good practice approaches that are implemented in MS.
These approaches present an important evidence base for MS' policy decisions and actions in the fields of alcohol prevention, treatment and harm reduction.

Our work built on the information gathered by the WHO report Alcohol in the European Union, which indicates that information activities related to alcohol consumption are widespread.
Good practice approaches exist but are not collectively evaluated and available for use by other MS, while in some settings, they seem to be missing. There are several good practice compilations – publications and databases – many of which have been produced with EU-funding.
The challenge was to make good practices more accessible and more useful for e.g. relevant ministries, policy makers, public health workers, NGOs or other stakeholders and professionals responsible for designing and implementing alcohol policy interventions.

An important goal was to strengthen capacities of EU MS in building up information-based public education campaigns in combination with personal and online communication on the subject of drinking behaviour and self-help guidance.

The main tasks within WP6 were:

a) providing good practice examples

b) developing good practice criteria

c) compiling examples into a tool kit and

d) disseminating the tool kit.

This European-wide assessment of alcohol prevention interventions was a unique attempt to improve the quality of alcohol prevention interventions in the MS. It was a first step towards a
continuing exchange of field experience in order to promote evidence-based implementation of alcohol related interventions, and for professionals to profit from existing theoretical and practical knowledge and experience.
The general population level approach measures for prevention such as taxation, availability regulations etc. are not covered here.

They are high on the agenda already and the knowledge base is generally well known. Measures addressing the individual behavior change directly have not had the same attention in international cooperation on alcohol related harm. Some programmes have even gained a reputation as popular programmes with little eff ect. Another reason for little interest is a common understanding that such measures must have a strong focus on local or national
particularities, hence are not so easy to transfer to other countries.

In our work, we included three types of prevention programmes, which address the individuals with different methods of implementation, but also different level of knowledge base.

- Public awareness is covering the area of public communication programmes and social marketing. With an increased political interest for behavioural economy, these practices fit well into that paradigm.

- School based interventions have a long history, with an increased political interest for behavioural economy, these practices fit well into that paradigm. They have a large number of different setups throughout Europe. Many have not satisfied a design that can be evaluated and measured; many more have shown little or no effect on reducing the harm caused by alcohol.

- Early interventions have, over a short period of years, gained a strong support for being cost-effective measures.

Results:
A tool kit for evidence-based good practices: Public awareness, school-based and early interventions to reduce alcohol related harm.
At the core of the tool kit are criteria, which were used to qualify the evidence base of submitted interventions. In alcohol prevention, a wide chasm exists between expectations of prevention scientists, who are rarely content with anything other than randomised-controlled trials (RCTs) and the reality of prevention in practice – a reality in which the majority of interventions are not evaluated at all. To bridge this divide and provide practitioners
and policymakers with hands-on advice, we adapted a Dutch classification system. It rates interventions along a continuous scale of evidence levels, ensuring that a number of minimum requirements are met. With this approach, we were able to identify and classify interventions other than RCTs. Using this methodology, 26 out of a total of 43 assessed interventions were accepted into the tool kit.

One of the important achievements of the WP6 is the preparation of the recommendations for good practice approaches. To reduce alcohol related harm, a wide range of prevention interventions has been developed, but on the other hand, risky alcohol consumption remains a big health problem. Furthermore, prevention science is very complex and requires the involvement of a multidisciplinary team. Recommendations derived from effective interventions may help prevention practitioners to select, modify or develop more effective programmes.
To highlight that values not only influence our perception, but that they may guide our decision-making, we included a chapter on ethics, which sets out a number of empirical findings about effectiveness that need to be counterbalanced with value-based
considerations of social justice, personal freedom and proportionality.
The purpose of the tool kit is to inform policymakers about the tools for the assessment of available evidence that will help to make decisions in alcohol prevention that are grounded in the best available evidence, while making explicit the values and context that guide the decision.
There are three elements in the work package 6 that would be of special interest for governmental bodies involved in planning policies for reducing harmful alcohol use.

1. The systematic description of each of the three types of practices addressing individual behaviour.

2. The recommendations for methods of choosing good practice approaches. The presentation of projects of good practice is in itself a very useful tool kit for measuring projects also at national level.

3. There are interesting projects to consider for use at home in the three lists of projects being screened as good practices. One additional proposal to both the MS and the European Commission is to establish a permanent setup for screening projects of good practices in reducing harmful alcohol use.

Since the methods have now been established by RARHA, this should not be a costly endeavour. Engaging three to five experts to go through projects and present these in the format we proposed every second year and provide them with some administrative
support, would be quite cost eff ective.

Infosheet Workpackage 6, RARHA, www.rarha.eu

PDF Toolkit: http://www.rarha.eu/Resources/Deliverables/Lists/Work%20Package%206/Attachments/10/RARHA_Toolkit_WP6.pdf

Situation and priorities of addiction prevention in Belgium

Carlo Baeten
Centra voor Alcohol- en andere Drugproblemen vzw
CAD Limburg
Hasselt / Belgium
(Excerpts from the PPT presentation)

On the right track, thanks to…

Implementation of criteria for evidence-based prevention

- Good-best practices
  - Systematic approach.
  - Based on a theoretical model.
  - Evaluation of ”Between-Targets”
  - Focus on protective and risk factors
  - Integration of evaluation.

On the right track despite ...

· Unclear policy.
· No alcoholplan

· No limits for gambling

• **Accessible supply**

•**Influence of the media…**

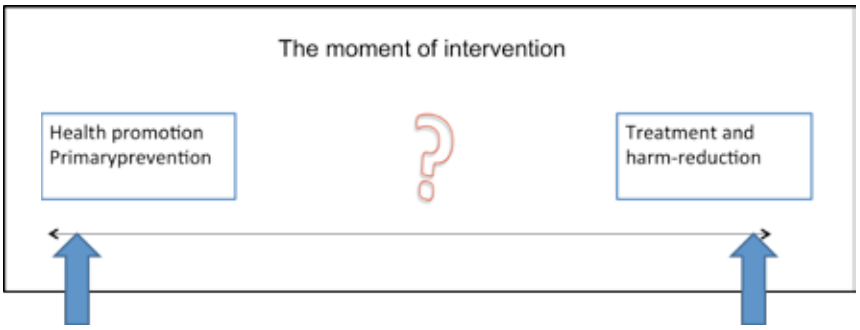
•**…Flair :** "Wine drinking has its advantages. Thus, especially red wine is good for your health, it can help if you want to lose weight."

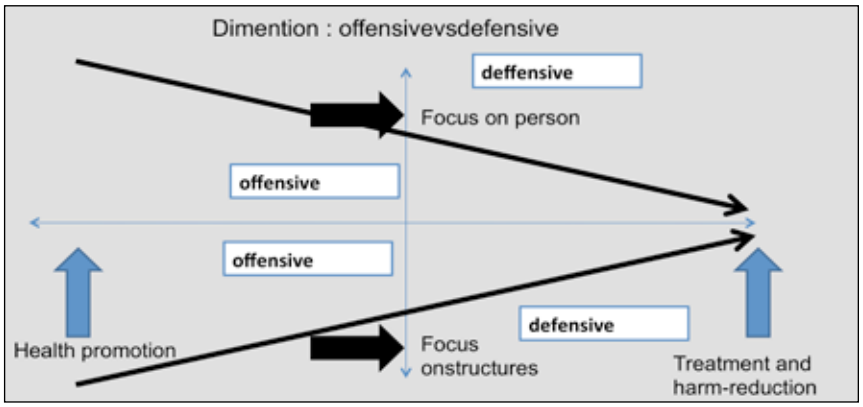
• **Power of advertising**

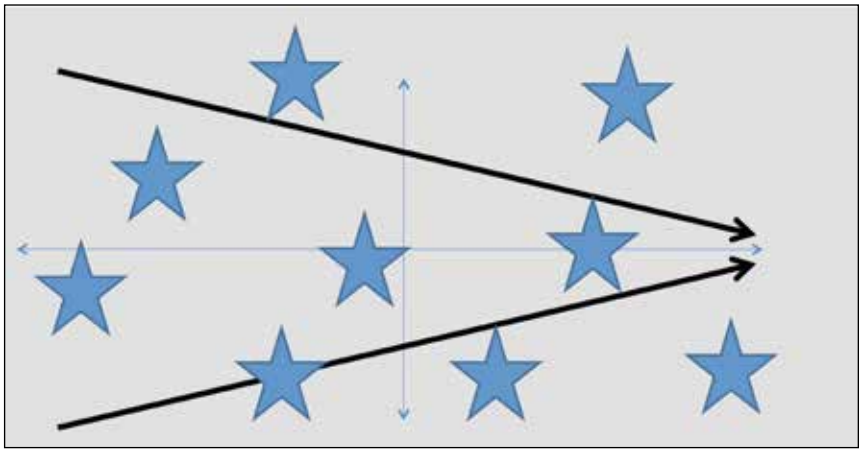
Health in all Policies

"Health in All Policies is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity."

Three-dimensional model (F.De Cauter)







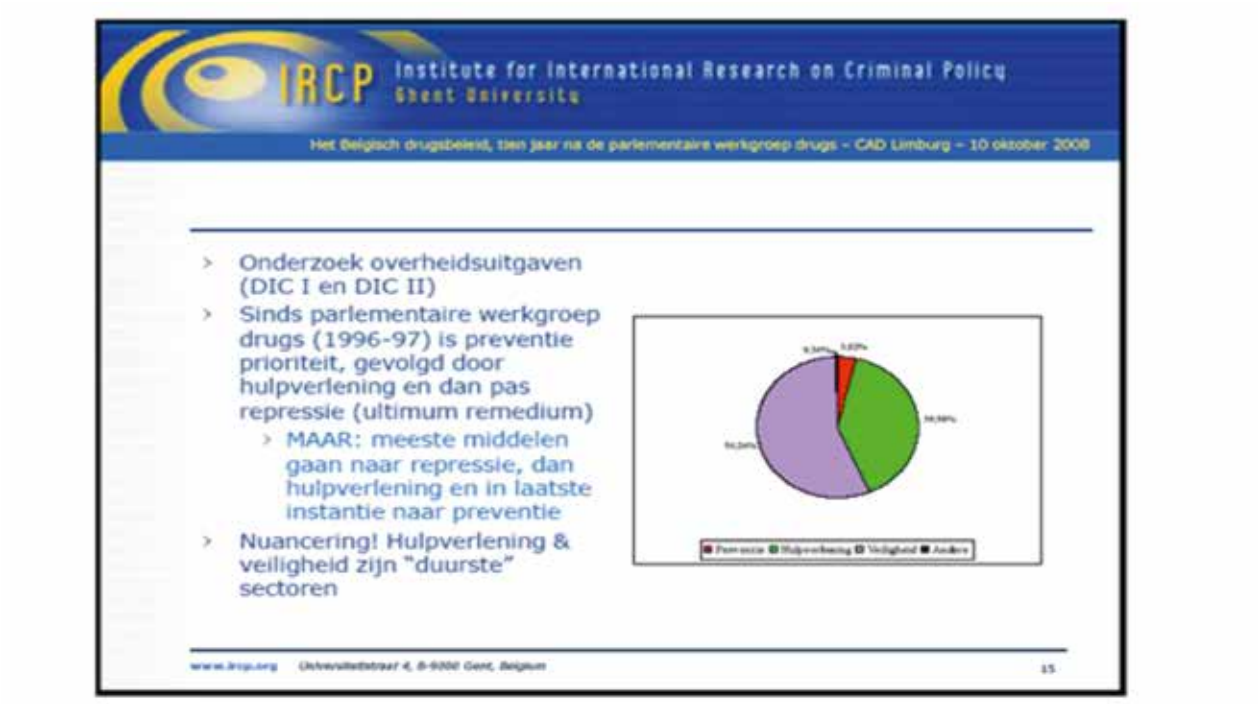
National Plan
Keypoints …

1. Drug use should be discouraged

2. Drug-free society is an illusion

3. Each drug use involves risks. If some one uses drugs he/she must know the health risks and limit them.
"Prevention is better than cure,

cure is better than punishing"



Flanders Prevention Plan...
Keypoints 2017-2025…

· Social costs (Daily's and Qualy's)

· Frequency of appearance

· Trends

· Availibility of evidence-based strategies

· Efficiency of the strategies

· Feasibility and support

· Social values

· Goals in terms of strategies more preferable than goals in terms of use/misuse.

Situation and key points of addiction prevention in Germany

Wolfgang Schmidt-Rosengarten
Hessian State Office for Addiction Matters, registered association
Frankfurt am Main / Germany

Structures

The principle of subsidiarity is a basic condition of addiction prevention in Germany: there is always a government and a NGO column on every level, where addiction prevention takes action:

Because of the principle of subsidiarity, 90% of all activities in the field of addiction prevention in Germany are done by private welfare organisations, which get their money from the federal level, the state level and the community level.
However, there are still some other external preconditions, which influences the results of addiction prevention:

- Germany is an Federal republic with 16 independent states and self-confident communities
- governmental and non-governmental organisations are acting side by side in the field
- in addition there are other organisations in the field too like police, health insurances etc.

The result of this situation is the absence of a nationwide authoritative strategy with a central steering but a patchwork of uncoordinated activities.
Nevertheless, there is a lot of professional and political commitment:

· voluntarily working groups on a horizontal and vertical level

· coordinators for addiction prevention in many states

· nationwide there are altogether roundabout 600 full-time professional prevention workers in prevention agencies

· in the last years more and more research is done.

Results

An impressive result of all the activities in the field of addiction prevention are:

· All-time-low among young people and smoking

· Young people drink less and less alcohol

· Constant or less use-rates of Cannabis since over 20 years

Scientific principles

The used concepts and approaches of addiction prevention in Germany correlate with international standards, like:

· life skill programs

· networking

· evaluated programs

· universal, selected and indicative prevention

· family orientated

· long dated.

In the last three years there were three highly qualified nation-wide papers published. Each paper focused an important point of the field:

Quality
opportunities and limits of evidence based activities in the field of addiction prevention

Qualifications
which are needed for full-time professional prevention-workers

Structures
need of structural prevention beside behavior oriented prevention.
These papers are very good guidelines to qualify the work in the field of addiction prevention.

Challenges

The following processes and new target groups challenge the addiction prevention in Germany:

- addiction prevention with elderly people
- addiction prevention against excessive media consumption and gambling
- using the digital media to reach our target groups
- culture-sensitive addiction prevention

Conclusion

All kippers and curtains? An effort to balance the situation of addiction prevention in Germany

We have in Germany	But...
research, studies and data	they are only optional for politicians and experts
evaluated concepts	they are too expensive to implement them all over the country
organized structures	the federal system creates a colorful carpet of uncoordinated activities
a nationwide documentation system	no benchmarking in between the states
a federal prevention law	also after 1½ years there are no positive effects seen for addiction prevention
knowledge	politicians don't force activities for structural prevention
qualified experts	there are still a lot of handmade unprofessional activities
experience	is not obligatory used for political decisions
money	is only here and there and not enough to create a „wind of change"
positiv results	it's doubted if they are the outcome of work of addiction prevention

Therefore, it depends on the viewer, if he or she says, "the glass is half empty or half full." Unquestioned is the fact that there is still a lot to do.

Situation and key points of addiction prevention in Greece

Nikoletta Georgala
OKANA – Organisation against Drugs
Athen / Greece

The Greek Organisation Against Drugs (OKANA) is a self-regulated, legal entity, which is supervised by the Ministry of Health. It was created under the Law 2161/93 that was voted unanimously by the Greek Parliament and amended under the 2256/94 Law.
One of its general aims is to plan, promote and co-ordinate the implementation of national policy on prevention, treatment and social rehabilitation.
More specifically, drug prevention in Greece is mostly implemented by a nationwide network of 75 Prevention Centres for Addiction and the Promotion of Psychosocial Health, established within the framework of cooperation between OKANA and local authorities and stakeholders.
Their activities include the prevention of all types of addiction and the promotion of psychosocial health.

According to the "Greek Nationwide School Population Survey on Substance
Use and other Addictive Behaviours" (ESPAD Survey 2015) - which was conducted by UMHRI and had the support of OKANA and the contribution of the OKANA Local Prevention Centres, - we have the following data concerning the current situation:

Smoking

39.2% of 16 year-old high school pupils nationwide had smoked conventional cigarettes at least once in their lifetime
11.1% and 2.9% were regular and heavy smokers, respectively, with a higher proportion among males than females
19.1% reported experimentation with e-cigarettes, mostly males and smokers of conventional cigarettes

Alcohol

66.2% had consumed alcohol in the past month
7.6% 10 times or more, nearly twice as many boys as girls
Heavy episodic drinking in the past month was reported by 38.3% of the sample, in a higher proportion by males
27.6% reported drunkenness in the past 12 months

Drug use

10.6% had tried an illicit drug and half (5.8%) at least 3 times. A higher proportion of males than females reported use of "any illicit drug"
Cannabis was the most commonly used drug (9.1%), with almost half of "ever" cannabis users (4.1%) reporting use within the past month
2.5% reported use of "new psychoactive substances" (including synthetic cannabinoids)
The lifetime prevalence of use of any of the other illicit drugs did not exceed 2.0%

Internet use, gaming and gambling
68,7% students used the internet on a daily basis
Social media use (5,5 days / week)
Streaming/downloading , music, films (4,5 days / week)
Information seeking/surfing (2,9 days / week)
Online gaming (1,4 days / week)
Considerably more boys (26,9 %) than girls (2,6 %) reported gambling experience (online money gambling and buying/selling) in the last year
14,6 % at least twice within the past month

Regarding trends, Greece appears to have undergone an overall decline in smoking, especially among males, in alcohol consumption among 16 year-olds in recent years, while the rate of use of the most popular illicit drug, cannabis, has plateaued since 1999. But despite recent decreases in substance use among 16 year olds in Greece, interventions need to be sustained and continued, and focus more towards preventing:

· the use of novel substances such as e-cigarettes

· new psychoactive drugs

· Heavy episodic drinking

· Gambling

As far as tobacco and related products is concerned, in September 2016 a new law was voted by the Greek Parliament in accordance with the Tobacco Products Directive (2014/40/EU) of the European Union in order to improve the functioning of the internal market for tobacco and related products. Within this framework, a great public discussion has taken place concerning electronic cigarettes (i.e. necessity of setting safety and quality requirements, smoking in public places etc)

In addition, OKANA, within the last two years, has proceeded in the following interministerial collaborations regarding prevention:

· Ministry of Interior – KEDKE – EETAA (Convention 2014-2020)

· Ministry of National Defense (Memorandum, 8/2015)

· Ministry of Education, Research and Religious Affairs (Memorandum, 3/2016)

· Ministry of Citizen Protection (Memorandum, 5/2016)

Finally, OKANA organised a Campaign for addiction. The campaign took place from May to September 2015 and was financed by the EU and OKANA. It was developed in collaboration with the nationwide network of Prevention Centers, the Units of OKANA and other addiction agents nationwide.

Within this framework OKANA produced information booklets addressed to adolescents, parents, journalists, community, TV Spots and videos. At the same time events and activities took place throughout Greece, and 2 festivals (Athens and Thessaloniki) also took place comprising of:

· Information stands

· An exhibition of creations produced by members of therapeutic programs

· Concerts

· Audiovisual projections and

· Performances.

Situation and priorities of addiction prevention in Italy

Peter Koler
Forum Prävention
Bolzano / Italy
(Excerpts from the PPT presentation)

South Tyrol
Autonomous region

- Inhabitants: 520,891
- 3 local ethnic groups: 68% Austrian, 27% Italian, 5% Ladin
- 8.9% migrants
- Unemployment: overall 3.2%, young people 12.2%

Südtirol
Alto Adige

- **Autonome Region**
- **Einwohner: 520.891**
- **3 Ethnische Gruppen: 68% Österreicher, 27% Italiener, 5% Rätoromanen**
- **8,9 % Migranten**
- **Arbeitslos: allgemein 3,2%, Jugendliche 12,2%**

FORUM Prävention

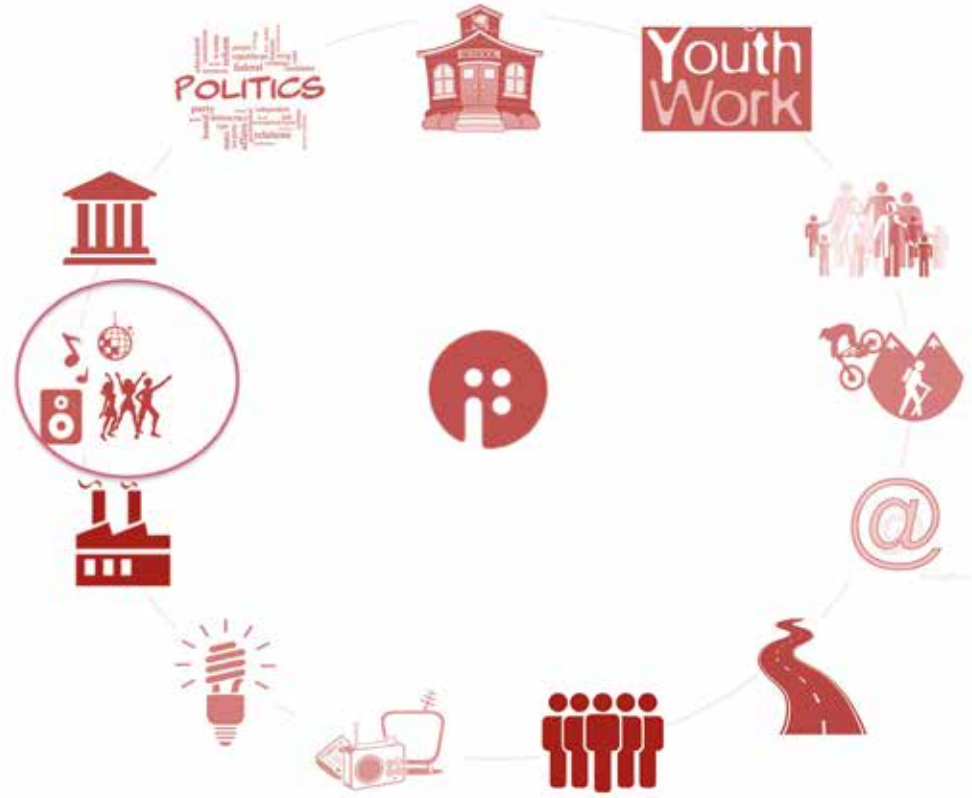
FACHSTELLE FÜR SUCHTPRÄVENTION / GESUNDHEITSFÖRDERUNG

FACHSTELLE FÜR GEWALT / EXTREMISMUS

FACHSTELLE FÜR JUGEND

FACHSTELLE FÜR FAMILIE

INFES
FACHSTELLE FÜR ESSSTÖRUNGEN



Città di Bolzano
Stadt Bozen

ASSB-BSB

FORUM PRÄVENTION PREVENZIONE

La nostra Piazza ha bisogno di Amici!

Our town square needs some new friends!


SAFER NIGHTLIFE
• Information & Beratung
• Eventbegleitung
• Szenearbeit
Feiern mit Niveau
Festa responsabile

MAKE THE PARTY SAFE
streetlife.hz

Sensibilisierung (psychoaktive Substanzen, Sexualität, Nachtleben, ...)
Risikokompetenz/Konsumkompetenz
Niveauvolle Partykultur
Safer Use -> Safer Party -> Safer Nightlife
Wissensvermittlung
Gesundheitsförderung
Wissenserweiterung

Zielgruppe

Direkte Zielgruppe:

- KonsumentInnen von legalen und illegalisierten Substanzen
- PartybesucherInnen/Cliquen
- VeranstalterInnen

Indirekte Zielgruppe:

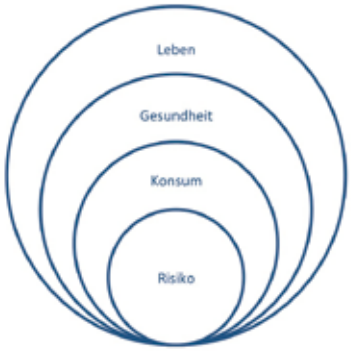
- Sicherheitspersonal/WK-RK
- VeranstalterInnen
- MultiplikatorInnen
- JugendarbeiterInnen

Konsumkompetenz

„Fähigkeiten, welche dem Einzelnen dabei helfen,
das Konsumverhalten so zu gestalten,
dass die eigene, körperliche, geistige und soziale Gesundheit,
aber auch die Gesundheit des Umfelds erhalten wird."

- Wissen als Grundvoraussetzung
- Informationsverarbeitung
- Emotionale Kompetenz
- In eigene Konsumhaltung integrieren

▶Eine Balance finden zwischen
unbewussten Handlungsimpulsen
und reflektierten Entscheidungen



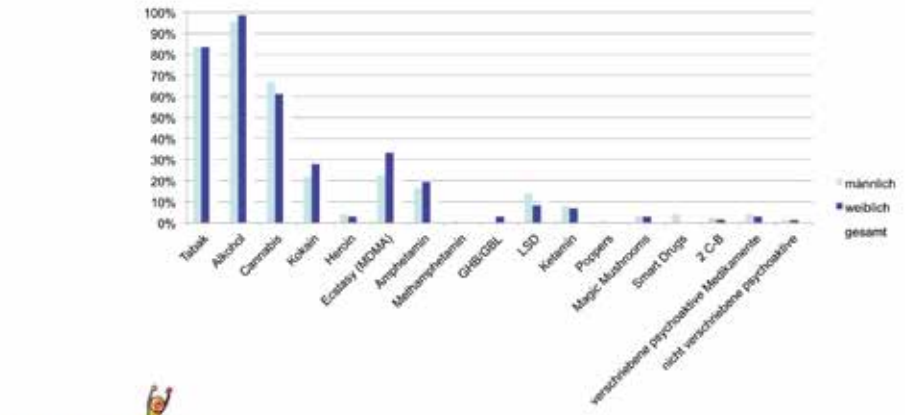
Angebote

- Partypräsenzen: Infostand/ Chill Out/ Szenebeoabachtung/ Rahmenprogramm (z.B. Minibibliothek, Fotoaktion, Alkoholaktion, …)
- Information&Erstberatung incl. Weitervermittlung
- Safer Use Materialien
- Schulungen
- Szenearbeit und Cliquenberatung
- Forschungsarbeit
- Medienarbeit: Facebook, Infomaterialien, …

Verbindung mit safer party

Verbindung zur Forschung

Beobachtung des Drogenkonsums




785 Liter Wasser
235 kg Obst
858 Ohrstöpsel
1.250 Kondome


Benefits für Prävention:
• Zugang zu spezieller Konsumszene wird geschaffen
• spezielle Zielgruppe wird erreicht
• Informationsvermittlung kann erfolgen: safer use, Substanzwarnungen, risk reduction
• Wissen über aktuelle Szenen und Konsumtrends wird erhöht
• Kontakt zu Veranstaltern ermöglicht Einfluss auf Abläufe


streetlife.
ON TOUR...
streetlife.


PARTYPEOPLE

Präventions Haltung der Mitarbeiter/innen

Nach den Konzepten „Harm Reduction“, „Safer Nightlife“ und „Peer to Peer“

Akzeptierend
Wertfrei und neutral
Szenenah
Lebensweltorientiert

Projekte in Italien

Lab 57 – Bologna
Nautilus – Roma
Tips&Tricks – Venezia
Java – Firenze
Infoshock – Torino

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www.forum-p.it

Addiction prevention in Luxembourg using the example of CePT

Jean-Paul Nilles
CePT – Centre de Prévention de Toxicomanies
Luxembourg / Luxembourg

In December 1994, the Parliament of Luxembourg instructed the government to found the CePT – Centre de Prévention des Toxicomanies (henceforth CePT) as a national specialist unit for addiction prevention in Luxembourg, in the form of a foundation and a charitable organisation (établissement d'utilité publique).

CePT's work has been continually expanded and developed since 1995. CePT made diverse contributions via regional, national, interregional and international networks, establishing itself as the national point of contact for addiction prevention in Luxembourg.

CePT paved the way for an opening up of the addiction prevention field, while cooperating closely with addiction and drug counselling offices as well as the police. In this way, an environment of successful cooperation between counselling and prevention has been built up over the years.

Alongside the national organisation CePT, the Grand Ducal Police also offers prevention measures in various settings, under the motto of "Mieux vaut prévenir que guérir" (better to prevent than to cure). The organisation Impuls – Aide aux jeunes consommateurs de drogues (Help for young drug users), established by Solidarité Jeunes a.s.b.l., primarily provides measures for early identification and early intervention (CHOICE, CHOICE 18+; ProST (Programm für selbstverantwortliches Trinken – Programme for responsible drinking) and ECHO). Few other organisations in Luxembourg provide addiction prevention measures, and usually only selectively if they do.

Over the last 20 years, CePT has developed a wide range of framework concepts for implementing addiction prevention work, and issued a series of different publications dealing with past experience in local practice as well as the international developments in addiction prevention that have taken place in the last decade.

CePT is guided in particular by the following statement from the "Ottawa Charta"
(WHO 1986): "Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members." From this, CePT derived its own approach to prevention: "Focus on the person, not the drug". This personal focus stands for an approach to addiction prevention that gives highest priority to individuals and their welfare. Individuals are considered in the context of their social and material environment. There is thus a focus on the promotion of skills and resources that form the non-substance-specific basis for addiction prevention. The importance of the resources is most apparent when they contribute to increased resistance in the presence of risk factors. The promotion of social and personal life skills, as well as of external resources, is therefore paramount to addiction prevention work. Concrete information about substances and potentially addictive behaviours can then be taught on this basis. It is crucial to connect to people's individual experiences and to create space for exchange and dialogue, where the various aspects of their lives – including the consumption of psychoactive substances ("drug use" in plain language) – can be discussed (experiential spaces, emotional states, group integration, ritualisation, temptations and dangers, ...). These channels can help us to develop diverse explanatory models which offer insights into the complexity of drug use and the causes of addiction.

While in the 1970s education and deterrence campaigns were most prominent, in the early 1980s people began to look more at the causes of addiction. Over the course of the 1990s, a fundamental paradigm shift also took place in Luxembourg: Addiction prevention gradually developed from being primarily "deficit-oriented" towards a health-promoting (salutogenetic) perspective. This led to the establishment of "life skills approaches" that placed increasing importance on resources and skills, and had a significant influence on current approaches to addiction prevention. In addition, the topic of risk competence has been increasingly addressed in recent years, in addition to knowledge about drugs themselves.
This requires us to deal with our society's drug culture ... concrete knowledge about drugs ... an analysis of the cultural and social status of intoxication and addiction (Freitag/Hurrelmann 1999) and above all a link with processes of self-reflection and self-education. As well as information on harm to health or violation of laws, and the discussion of youth protection regulations, there need to be approaches such as self-tests to evaluate one's own consumption behaviour, or interventions that encourage self-reflection about this behaviour. It should not be forgotten here that refraining from the use of psychoactive substances is also an option, and in some cases is even required. It is helpful to provide information and assistance, as well as offerings that promote self-reflection, dealing with how to treat one's own body, welfare and substance abuse, and also encouraging and promoting critical reflection on dangers, risks and harm to health (damage and risk minimisation) as well as increased awareness of the risks associated with issues of substance use.

To realise this, addiction prevention needs a comprehensive educational approach based on the self-determination and self-activity of participants – an educational concept based on self-education. Addiction prevention must be applied to an individual's educational biography through the activation of self-reflective processes – reflection on one's own personal or subcultural lifestyle, examination of subjective development potential and life perspectives. The starting point for this kind of educational/preventive approach could be the question of the need for intoxication and people's search for experiences that take them to their limits, i.e. the question of the motives for consumption.

Since its founding in the mid-1990s, CePT has continued to develop addiction prevention in Luxembourg, in various settings (local communities, schools) as well as in many youth and social work organisations where CePT specialists have intervened in the past.

At the same time, CePT has developed an independent professional identity as a specialist office for addiction prevention. Separated from the individual-focused pressure of counselling (client-centred counselling work), yet in direct contact with the relevant scenes (from the party scene and "recreational use" to risk groups), CePT employees are building up an up-to-date knowledge base for addiction-related topics that are relevant to prevention. This practical knowledge, collected from the aforementioned cooperation with national advisory offices, from everyday findings (e.g. Party MAG-Net), from exchange with international prevention offices and from prevention research forms an important resource for the development of practical prevention concepts (e.g. Suchtpräventioun an der Gemeng, SOS-D'Schoul op der Sich, Mondorfer Gruppe, Trampolin, Party MAG-Net, DrUgcheCKing, MAG-Net 2, Pro Skills1&2, Act R.I.C.O., Rebound, …).

The balance between independent, innovative prevention work and close cooperation with addiction counselling and other actors from various fields/settings brings CePT a credible reputation in the public sphere and in discussions with political bodies. CePT thus serves as an important link between the field of addiction and drug support and the general and political public.
Legalised drugs, as discussed by CePT, are of special note in addiction prevention due to their wide distribution, and also in particular because many people already have extensive experience of legalised drugs before beginning to use illegal drugs. In addition, it is important not to ignore the reality of prevailing substance use, e.g. the fact that many people use illegal substances despite them being banned. It is especially important in this regard to note that bans and youth protection laws are valid and drugs should not be trivialised. It is also important to emphasise that not all consumption leads to addiction, and that alongside "problematic use" there is a broad spectrum of "recreational use". In this discussion, it is often forgotten that there are many people

who do not use any illegal drugs, and abstaining from the use of any kind of drug/psychoactive substance is part of their lifestyle.

As set out in theoretical explanations of addiction development, addiction and substance abuse are multi-causal phenomena that suggest that every person has an individual (addiction) history. From this, we can draw the conclusion that various methods must be also used in addiction prevention in order to reach out to people and meet them where they are. Only adopting a certain variety of methods, i.e. diverse, varied methodical approaches (such as personalised provision of information, life skills training, multiplier training, public relations etc.), can increase the chances of success in addiction prevention. With this in mind, CePT also conveys its addiction prevention messages in various forms, for example with campaigns, pamphlets, flyers etc., and via training courses, practical and interactive exercises, or discussions. This is implemented in seminars, school lessons and projects, through educational approaches based on theatre, outdoor experiences and nature, as well as via other "creative methods". In order to prevent these individual methods from interfering with each other, or even causing contradictions, an approach based on method integration is needed, coordinating the various methods with each other with respect to the intended goal.

Furthermore, the individual's integration in social systems makes it necessary to be present in various social environments as part of a multi-setting and multi-group approach. Areas such as family, school, youth work, local communities, companies, leisure activities etc. are discussed. In turn, various different groups are active within these systems. For example, the school system encompasses students, teachers, parents, school management, school staff etc.
As a result, addiction prevention also draws on these structures, in addition to behavioural prevention, for the purposes of situational prevention.

CePT has always been concerned with providing a balanced range of substance-specific and non-substance-specific offerings – via flyers, seminars or projects. A range of topics are offered that provide an insight into the world of psychoactive substances. In keeping with the motto "Nicht die Drogen stehen im Mittelpunkt" (focus on the people, not the drugs), non-substance-specific topics are also continually addressed in order to communicate the ideas of addiction prevention in everyday life in a clear and understandable way.

Over the course of its existence, CePT has prioritised universal prevention work (or primary prevention), without neglecting the areas of selective or indicated prevention. For example, the "addiction telephone" service was offered by CePT for 10 years – a counselling service provided by voluntary employees, available to substance users and those seeking advice 24 hours a day, 7 days a week. In 2007, CePT replaced the addiction telephone with the FroNo service area. In recent years, the topic of risk minimisation has played an increasingly significant role in CePT's prevention work (as in many other international prevention institutes). One reason for this is that on the one hand, the dogma of abstinence has noticeably declined, and on the other hand, the social reality is showing us each and every day that the use of (illegal) substances still happens despite the ban, and that not all use leads directly to addiction (although it is certainly still associated with a wide range of risks and problem situations that must not be trivialised). It is all the more important to focus on "recreational use" in prevention work, since the number of people who have experience with using psychoactive substances (both legal and illegal) – including risk groups – is high, and these people should be approached with messages of prevention and risk minimisation that are primarily targeted to the appropriate settings (the party scene, festivals, public spaces, ...).
It is thus important to sensitise citizens, both those who use psychoactive substances (drugs) and those who do not, to the underlying causes of addiction disorders, and to motivate them to take the necessary prevention measures.

We can describe the fields of work and the activities of CePT based on the above: CePT...

- Offers a platform (FroNo) with information and teaching material (including a publicly accessible specialist library)
- Develops and tests addiction prevention concepts
- Plans and realises addiction prevention actions and projects
- Trains multipliers in various fields e.g. day care facilities, primary and secondary schools, youth work as well as many other organisations in the psycho-socio-educational and medical fields
- Offers advice and help for the initiation, planning and implementation of addiction prevention measures/ projects in both formal and informal education
- Documents addiction prevention measures both within the country and abroad, and makes them accessible to interested parties
- Issues publications (pamphlets, flyers, fact sheets) on various relevant addiction prevention topics, as well as pamphlets for support and advice centres
- Develops field-tested teaching materials
- Initiates high-profile measures aimed at preventing addiction (health days, prevention weeks, conferences etc.) and participates in addiction prevention campaigns
- Collaborates with regional media (press, radio, TV) to educate people about the dangers of addiction and present ways to prevent it

Addiction prevention represents an interdisciplinary task for all of society, meaning that CePT's field of activity extends across a wide range of action areas and settings. In these areas, CePT is considered the professional point of contact for addiction prevention in Luxembourg.
For CePT, the primary target group for addiction prevention measures are employees and volunteers in schools, further education and training, social and youth work, positions of responsibility in associations etc. In training courses, discussions and collaborative activities involving these multipliers, the preventive function of their professional activities will be discussed, and concepts and measures will be developed. In their respective areas of work and activity, these people the real "agents" of prevention work due to their direct and indirect importance in the socialisation of children and young people, their social integration and personal individuation. The same applies to educational interventions that should be planned and implemented in the event of conspicuous problems (e.g. related to drug use). The competence of these multipliers (including parents) are strengthened such that they are able to contribute to the prevention of addiction even outside the context of direct cooperation. This is also true of the integration of young multipliers (peers) into specific projects.

This also illustrates that preventive measures can ultimately only be implemented effectively with the involvement of multiple institutions. Addiction prevention should thus be understood as an integrative discipline of cooperation, taking into account affected and interested actors (persons and institutions), and as a community task in the various settings. On a national level, CePT presents itself as a professional partner for those in the field of prevention, providing them with subject matter expertise and methodical competence. CePT is also available to organise interdisciplinary and cross-institutional cooperation on site.

CePT's most significant contribution lies in promoting cooperation and influencing it by offering perspectives on the content under consideration. Thanks to its subordination to the original tasks of the cooperation partners, CePT can offer to reorganise their efforts, even in their entirety, with ideas of prevention in mind.

Yet this also emphasises the importance of CePT's own publicity work, which pursues two overarching objectives:

· Providing the public with general information about addiction and addiction prevention

· Publishing CePT activities, particularly for specific collaborative activities and projects.

The various aspects of CePT's publicity work are reflected in the following main principles:

· Portrayal of CePT as a specific point of contact for addiction prevention in the relevant settings (e.g. "Suchtpräventioun an der Gemeng", "SOS - D'schoul op der Sich")

· Planning and implementation of special publicity campaigns with mass media involvement on a regional and personal level (e.g. "Keen Alkohol ënner 16 Joer – Mir halen eis drun!")

· Representing addiction prevention in the political sphere and in public, e.g. community addiction prevention ("Suchtpräventioun an der Gemeng"), specialist bodies (COCSIT, Suchtverband Lëtzebuerg, euro net, ICAA Alcohol Education, ...) and political committees (PALMA - Plan d'Action Luxembourgeois de réduction du Mésusage de l'Alcool, PNT - Plan national de lutte contre le tabagisme, PND - Plan d'action national en matière de drogues et d'addictions, …)

· Continuous media work

· Implementing and presenting national, regional, interregional and international projects, studies and actions (e.g. Lehrgang Multiplikatoren in der Primären Suchtprävention; MoQuaVo; MAG-Net; MAG-Net2; Pro Skills1 & 2; Click for Support; Party MAG-Net; DUCK - DrUgcheCKing; Mondorfer Gruppe) and

· Using special occasions as starting points for continuous media presence.

In addition to CePT's own websites such as www.cept.lu; www.frono.lu; www.partymagnet.lu; www.mag-net.eu (as well as the relevant websites of other Luxembourgish specialist offices for addiction support), the entire sector of addiction-related social work also maintains a joint presence at www.suchtverband.lu and on social networks.

Situation and priorities of addiction prevention in the Netherlands

Hans Keizer
Tactus – Instelling voor Verslavingszorg
Head of Prevention and Counselling
Deventer / Netherlands

Let's start with some figures about substance (ab)use in the Netherlands:

Alcohol and tobacco are still the most frequently used substances in the Netherlands

In 2014 77 percent of the\Dutch population of 12 years or older drank alcohol at one time in the last year. One in 9 (11,2) percent was a heavy drinker, meaning they drank at least once a week and at least 6 (men) or 4 (women) glasses of alcohol in a single day. The highest percentage (18,6) of heavy drinkers was found in the age group between 20 and 30 years of age. Despite the declining trend in alcohol consumption among youngsters, the number of hospitalisations caused by excessive alcohol consumption increased even further
About 25 percent of the Dutch people smoked at some time in 2014, and 19 percent smoked on a daily basis. Smoking remains the most important cause of disease and mortality in the Netherlands. In 2014 13,1 percent of the total burden caused by disease was attributed to smoking.

Cannabis

After Alcohol and tobacco, cannabis is the most used substance. One in twenty Dutch people in the age group of 15 years or older used cannabis in the last month. A majority (69 percent) of the current cannabis consumers prefers weed, 17 percent uses hashish and 14 percent has no preference.
In 2014 more than 6000 cannabis farms were removed. Since March of 2015 all actions that facilitate or prepare the large scale and professional illegal cannabis cultivation are illegal. As a consequence so called 'grow shops' had to close their doors and those facilitating the cultivation of cannabis were persecuted and tried.

New Psycho-active Substances (NPS)

New psychoactive substances (NPS) is an umbrella term for substances that are comparable in effect to 'traditional illegal' substances but are not (yet) covered by drugs-laws and after often produced to circumvent these laws.
The risks of the use of these substances is mostly unknown and the prevalence of the substances seems limited, although some substances like 4-FA are prevalent in specific groups like (frequent) partygoers.

Other drugs

'Traditional' drugs are used more frequently then NPS. An estimated 5,5 percent of the Dutch youth (15 – 34 years) used ecstasy in the last year, 2,9 percent uses amphetamines and 3,0 percent used cocaine Although the differences between countries should be interpreted with care, the use of these substances lies above the EU average of, respectively, 1,4 percent, 1,0 percent and 1,9 percent.
The number of incidents at large scale events, with ecstasy as the only drug consumed, was slightly lower compared to 2013 (56 percent versus 62 percent) but the severity of the incidents increased. In 2009 only 7 percent of the drug incidents were classified as moderate or serious, in 2014 this percentage had increased to 28 percent.

The number of deaths caused by ecstasy seems on the rise, although the exact number remains unknown and is significantly lower than with other substances. In 2014 more pills with a higher dose of ecstasy were found; 59 percent of the pills sold contained more than 105 mg of MDMA. In 14 percent of the pills sold not only MDMA was present, but also, or only, other substances. The dangerous substance PMMA, for instance, was found in 1,9 of the pills sold as ecstacy.

Drug crimes

Figures provided by criminal justice agencies show that the number of drug offenders among all the suspects in in the criminal justice system was 9 percent in 2014, lightly higher then in 2013. 16 percent of all prisoners in 2014 was incarcerated because of a drug related crime.
In 2014 355,6 million euros were spent on combating drug related crimes. The biggest part of this money was spent on the implementation of prison sentences.

The healthcare system

In the Netherlands we decided to develop a market-based system in mental healthcare. It started in 2006 when a regulated competition for healthcare was introduced. One of the objectives is that health insurers and service providers negotiate on costs as well as quality of care. The cost-effective organizations will have a competitive advantage. This is believed to promote innovation in healthcare. To be able to compete it is necessary that the results can be compared. On a national scale the data is collected, analyzed and reported. Individually and reported nationally.
There was a new payment- system developed. This system is activity and quality-based. and makes costs transparent. There are over 140 DBCs (the Dutch equivalent of diagnosis related groups) for treatment and seven for accommodation. Every year there is a maximum fee per DBC decided by the national health authority. The Dutch Healthcare Authority annually determines the maximum fee for all DBCs.

The specialist regional prevention teams no longer exist. These professionals are now split up in several local teams. The exchange of expertise is no longer guaranteed and needs extra attention. This also means that the manager needs to be informed about the prevention work because of their different background. Prevention professionals are supported in their job by a prevention specialist. This person organises the knowledge exchange within Tactus and participates in national collaboration efforts. Is this all bad? The big advantage of the new situation is the close cooperation between treatment and prevention. If prevention is not enough they can be easily referred to treatment. Therapists experience the impact and added value of prevention programs. Future will show us the pro's and con's of this line of working.

The most important topics in the past and future years

- We need a shift from institution-based to community based mental healthcare for severe mental illnesses. Also for Tactus this means reducing the number of beds by 30% in 2020. Reducing bed has already started 3 years ago but we are not sufficiently prepared to deliver new types of care properly.

- People with addiction problems are stigmatized. A de-stigmatization program has started to facilitate social inclusion of people with mental disorders. On the other hand we notice that more and more people are excluded in our society.

· General Practitioners become more important in addiction care. They can involve metal health experts in their practice, including a new financing system for general Practitioners. The goal is to reduce the number of patients in specialist mental healthcare by 20%; developments are believed to fundamentally change the e of mental health practitioners.

· Prevention, detection and self-management will be facilitated.

From an economic perspective, mental health should be foremost in the minds of Europe's decision makers. A joint effort of mental health practitioners and policymakers is needed to provide European citizens with a smart, sustainable and innovative mental health system.

Important developments in prevention in the Netherlands

Recovery or changing habits is not easy. In general we need a lot energy to establish the changes we want. We must realize that some of our intervention are aimed at target groups were there is hardly any space to invest in changes. Especially these target groups deserve the support of prevention experts so they can profit from the developed interventions.

Many lifestyle interventions are available in Netherlands. There are over
1,800 interventions spread over many lifestyle topics that professionals in practice can choose to work with.
The approved offer includes interventions which are reviewed by an independent commission. The seal of quality is appreciated by professionals, interviews show that confidence in the quality is a reason to select an authorized intervention. Professionals find it important that an intervention is effective.
But there are also concerns about approved interventions, such as whether a standardized Intervention can fulfil the needs off the needs in practice. Another concern is that approved interventions do not necessarily reflect the local context. Therefore it is important to define what the basic elements are in the intervention. We don’t want professionals to go their own way but on the other hand they also need the professional space to make interventions fit for the target groups.

Situation and key points of addiction prevention in Norway

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Department of Drug Abuse Research
Oslo University Hospital
Oslo / Norway

Norway:
Pop - 5,252,166
19 first-level administrative counties
430 second-level municipalities
Largest city Oslo (658,390 inh.)

Prevention

Substance abuse is more than addiction, and includes e.g. somatic disease, acute injuries and alcohol poisoning. Substance abuse is not only linked to major consumers and there is no clear boundary between harmful and non-harmful alcohol use, and what most people call "abuse".

In Norway there is a harm reducing drug policy, justified by the need to protect those who are most vulnerable. To limit the availability of alcohol and drugs of abuse is considered to be the most effective preventive measure. In practical terms Norway has a restrictive alcohol policy, ban on many drugs of abuse combined with efforts to combat drug trafficking and organized crime. Demand-reducing measures are also prevention work, treatment, and rehabilitation and harm reduction for the users. The total consumption of alcohol and drugs of abuse in Norway is moderate, compared with many other countries. The aim of the restrictive drug and alcohol policy is to limit use and reduce problems caused by the great majority, who are not big consumers, but who causes most of the harms related to alcohol and drug use. This policy is based on the model of total consumption which implies that consumption also falls among those who drink the most, when total consumption falls.

Public health measures and interventions are added to many different sectors, including the health, labor and welfare sector. The prevention efforts require committed involvement from several levels and extensive cross-sectorial cooperation. There are seven regional resource centers on addiction treatment and prevention, for addiction care services and the municipalities in the regions. In addition the alcohol policy in Norway is based on a number of universal measures. The most important are the licensing system of alcohol sale of all sales including retail shops, restaurants and bars. These licenses are managed by the municipalities. For all retail sale of alcohol containing more than 4,5% alcohol there is a state monopoly. In addition there is an advertising prohibition for alcohol, age limits for alcohol (18 for vine and beer, 20 for stronger drinks). Alcohol is also taxed as measure to reduce demand.

To reduce health and social harms of alcohol use, it is an important aim to reduce the overall consumption in the population. Therefore alcohol policy efforts directed at the population level is considered important, and much of this work is done in the municipalities. For drugs, limited availability is considered the most effective preventive measure. The strategy for drug and alcohol prevention work in Norway is not primarily project-oriented, but integrated in other work across different sectors. Ideally the prevention work should be systematic and according to long term plans. The aim is an integrated approach where the local and national public health efforts carried out on multiple levels simultaneously. An example of this approach is the recommendations for preventive work on alcohol and drugs in schools. The focus has shifted from several time limited projects to a systematic work, with the schools psychosocial environment, and integration of knowledge about drugs and alcohol into the teaching which addresses the issue over time.

Prevalence of use

The prevalence of alcohol use among 15-16 years old has decreased over the last 20 years. In 2015 57 percent had ever used alcohol compared to 79 percent in 1995 (fig.1).

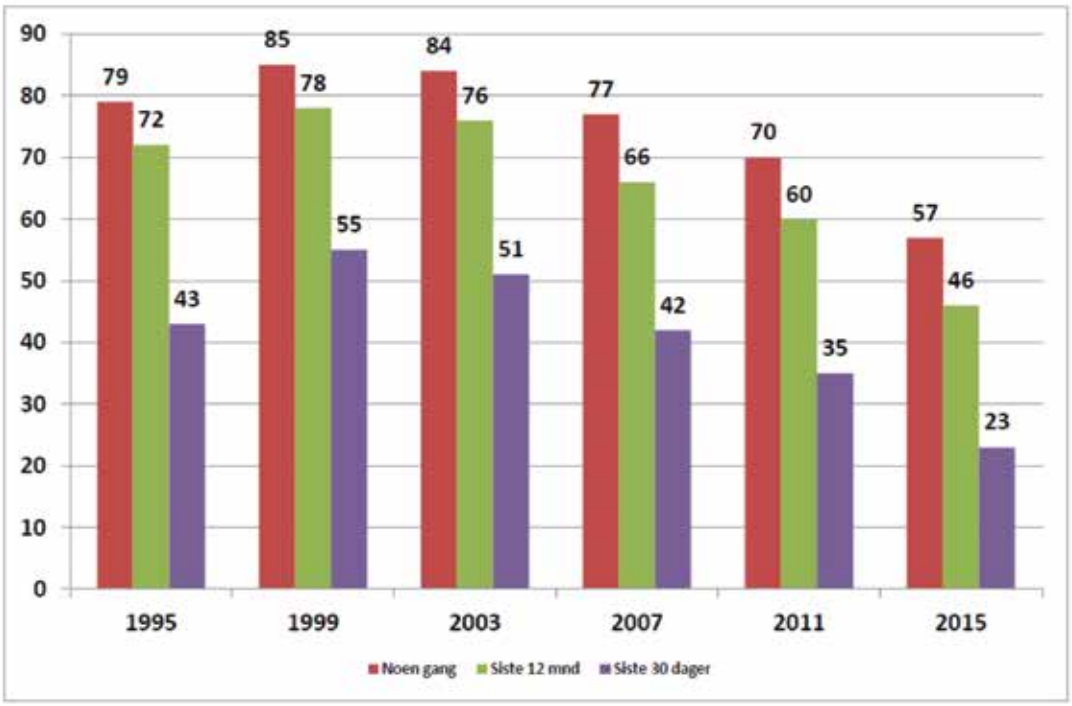

Figure 1: Alcohol use among youth (15-16 Y): ever, last 12 months, last 30 days

Cannabis use among 15- 16 years old was at its highest in 1999 with 12 reporting to ever have used cannabis, the trend since has been a decrease in use. However, it increased from 5 percent in 2011 to 7 percent in 2015 (fig 2).

Norway has a low prevalence of cannabis use among youth compared to other countries in Europe. However police and customs data shows both seizures of cannabis and drivers arrested for driving under the influence of cannabis seems to be on the rise, at least in some sub-populations of heavier users. In a study of nightclub patrons 12 % tested positive for cannabis, 14 % for cocaine and 3 % for amphetamine.

Preventive work in somatic healthcare

The risk of accidents increases with a higher blood alcohol concentration, and the risk of acute illness, and complications of the course of diseases is correlated with a long-term consumption of alcohol and other psychoactive substances. In a study of injured patients admitted to an emergency department in Oslo 20% of the male patients between 18-35 years of age tested positive for illicit drugs alone or in combination, when alcohol was included more than 50% tested positive for one or more psychoactive substances. These findings compared with other studies suggest that somatic hospitals may be a place for treatment of problem drug and alcohol use while admitted for acute or chronic illness. From 2015 the public hospitals of Norway should offer patients treated for somatic disorders treatment for mental illness and / or addictions while admitted to hospital.

In 2016 the Department of Drug Abuse Research at Oslo University Hospital therefore initiated a project to investigate how many patients admitted for somatic treatment cloud benefit from treatment of problem drug and alcohol use while treated for acute somatic disease using biomarkers for excessive alcohol use, and analysis of drugs and alcohol together with the patients self-reported use. Thru the project we aim to improve the

identification and screening of patients with at-risk alcohol-and drug use and the treatment of patients with alcohol- and drug-related diseases. A somatic disease caused by excessive alcohol- or drug consumption might be better treated in relation to the problematic use, rather than as two isolated conditions.

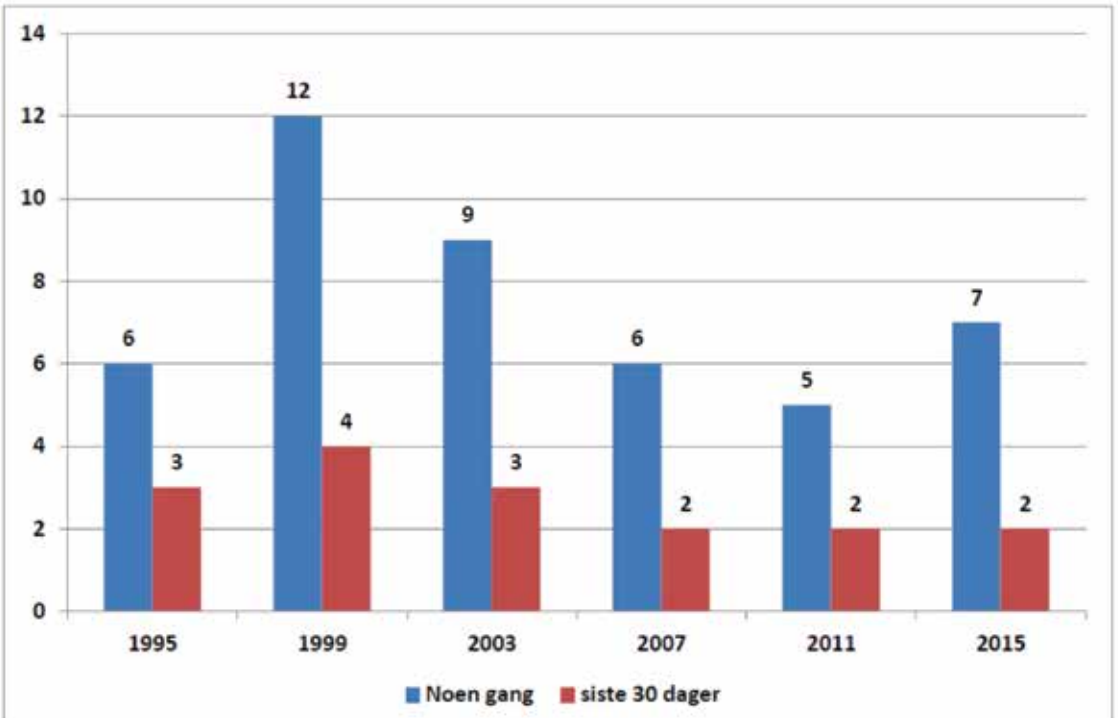

Figure 2: Cannabis use among youth (15-16 Y), ever and last 30 days

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Development and status quo of addiction prevention in Austria

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From the mid-80s onwards, a small group of people interested in addiction prevention began meeting up in various Austrian states to discuss new approaches and ideas, as well as criticism of existing drug education. Some of them came from the field of outpatient drug abuse treatment, some from out-of-school youth work. The group then put out feelers towards Switzerland and Germany, and meetings were organised with colleagues from Schleswig-Holstein (Rolf Harten) and Switzerland (Urs Abt). The Austrian pioneers received significant support in the form of posters, pamphlets and films, as well as the past experiences of their Swiss and German colleagues who were already running addiction prevention institutions. As the 80s drew to a close, they developed the first concepts for addiction prevention in Austria. It is interesting that during the many conversations I had with politicians and officials at the time about opening our own addiction prevention institution, the question never arose as to whether the new approach actually had the anticipated effect. The focus on the causes of addiction, both on the behavioural level and on the level of surrounding conditions, as well as the concept of protection factors, made a lot of sense and were able to convince the decision-makers.

There was little support from existing addiction aid structures – in fact, there was a certain amount of resistance. The new approaches, which quickly garnered wide interest from the public and the media, were eyed critically by our colleagues from the field of drug abuse treatment. Envy and resentment from those involved in treating drug abuse would characterise the relations between the prevention and treatment fields for years to come, and these sentiments have still not entirely disappeared to this day. The new approach, which – in line with the statistics – prioritised alcohol and tobacco problems, robbed drug abuse treatment of its exclusive status, knocking it from the "addiction throne". Drug addiction was suddenly just one of many addictions, and certainly not the most common. Support for the new ideas came mainly from the field of youth work. Initially, prevention was focused primarily on young people, calling for more freedom and respect for them and thus gaining recognition as an ally. The Austrian state youth advisors, on both official and political levels, as well as the Youth Ministry, supported the new approach both ideologically and financially. Gerald Koller, an Austrian teacher and a pioneer of addiction prevention from the beginning, organised the "Austrian educational stock exchange" with funding from state youth departments and the Youth Ministry, which ensured the rapid spread of new prevention ideas among teachers, youth workers and police officers.

In 1989, years before the first specialist office for addiction prevention opened its doors, the colleagues who could be called the pioneers of addiction prevention in Austria joined together to form the "Österreichische ARGE Suchtvorbeugung" (Austrian Addiction Prevention Consortium). The loose group of people around Gerald Koller and me made it their task to raise awareness of the new approaches to a wide audience, and in particular to appeal to officials and politicians for the establishment of their own addiction prevention institutions. This was successful, and addiction prevention institutions opened up one after another.

The consortium still exists. It is a registered association, and is made up of the Austrian institutions for addiction prevention that send their managers to the consortium (in an extended form, it also includes the addiction prevention institutions of South Tyrol and Liechtenstein). In effect, it represents the interests of Austrian specialist offices and contact points for national and international projects. The close cooperation of Austrian prevention institutions as part of the consortium, in addition to aiding in achieving a consensus among specialists, also helps to create many synergies and conserve the already sparse resources available by passing on programmes and products developed in certain states to colleagues in others, generally with no cost involved. Contact bet-

ween the German-speaking countries also continues to this day, and every year experienced colleagues from Germany, Switzerland and Austria meet up to take part in a two-day exchange with "FORUM Suchtprävention", which alternates between Germany, Austria and Switzerland.

Austria has nine states, and according to the agreement between the federal government and the states, funding of addiction prevention is a state responsibility. There are no prevention laws in Austria. This means that there is no legal entitlement, and the funding of addiction prevention is at the discretion of the responsible state politician. From 1993 onwards, independent prevention institutions, not affiliated with the existing addiction support institutions and mostly supported by private funding bodies, were opened in one state after another in Austria. The financial and human resources available to these institutions vary considerably. This is partly because of the large difference in size between states (the largest Austrian state has 1.7 million inhabitants, the smallest has 280,000), and partly because of the difference in priority accorded to addiction prevention by the local decision-makers.

Today, there is an addiction prevention institution in every state. With the – mostly rather humble – means available to them, they try to carry out the tasks assigned to them and keep pace with developments in addiction prevention, to a greater or lesser degree of success. There are around a hundred full-time employees throughout Austria, and all locations combined have a yearly budget of around seven million euro in total. If just one percent of tobacco tax in Austria (€1.66 billion/year) was put towards addiction prevention, the budget for the institutions would more than double. Yet demands to earmark tax revenue from the sale of tobacco and alcohol are a "red rag" to politicians in Austria, just as in many other countries. The prevalence of tobacco and alcohol use among young people, which is very high in Austria compared to other countries, is also clearly not reason enough for politicians to rethink their position and provide addiction prevention with more resources. An average of €0.85 is spent on institutionalised addiction prevention per inhabitant per year. It is obvious that no great leaps are going to be made with this level of funding. Austria also falls considerably behind when it comes to total spending on prevention, at 1.9 % of health spending compared to the OECD average of 3 % (Statistik Austria, 2013). Yet Austria comes in second place (behind Japan) in funding for political parties. A total of €32 per voter is spent on this every year (Aichinger, 2012). The topic of evidence-based approaches to addiction prevention in Austria must also be discussed in view of the financial situation.

When I opened the institution with my colleagues (six people at the time) twenty years ago and we launched the first measures in Upper Austria (a state with 1.4 million inhabitants), the Anglo-American world, as well as our German-speaking neighbours, provided us with the essential foundations – the theories and causal models that underlie addiction prevention work – at no extra cost. For example, the book "Expertise zur Primärprävention des Substanzmissbrauchs" (Expertise on the Primary Prevention of Substance Abuse) (Böhmer et al., 1993) gave us significant support in establishing addiction prevention in Austria. Not just the foundations, but many addiction prevention programmes and projects too were taken from countries that already had extensive experience, and adapted to Austria.

To begin with, the small, newly-founded Upper Austrian addiction prevention institution worked to cover the increasing demands from schools, parental education and local communities to provide people with a view of addiction that goes beyond drugs and inform them about the manifold causes for the development of addictive disorders and the creation and expansion of significant protection factors against addiction. Its approach was in keeping with the motto "Sucht beginnt im Alltag, Prävention auch" (title of a campaign from the Zürich prevention institution, 2002, meaning "Addiction begins in everyday life, and so does prevention"). In addition to the theoretical foundations, we also relied on the experience and skills that we brought with us from our previous fields of work, as teachers, social workers and experienced trainers.

But the long-standing fears, myths and misconceptions that prevailed among the population needed to be debunked if addiction prevention was to have any chance at all. It took years before the media and public at least

began using the right term. Politicians, officials, and even our own bosses used to refer to us as "the narcotics prevention gentlemen". For this reason, our first product was a pamphlet entitled "Sucht und Drogen nüchtern betrachtet" (A sober look at addiction and drugs) (Österreichische ARGE Suchtvorbeugung, 1995), which was intended to respond to existing fears (there are drug dealers waiting for children in the playground) and misconceptions (the drug problem is bigger than the alcohol problem) with objective facts. In addition, a wider definition of addiction helped to broaden people's understanding of the problem. The pamphlet was printed for all of Austria, which kept the unit price very low. Only later did we realise that we had neither the necessary finances nor adequate staffing to bring the pamphlet to the target audience. When designing the pamphlet, we of course made use of the experience of advertising experts, in addition to our own experience. But at the time, we did not consider that such a task also requires logistical expertise and the necessary resources to bring the pamphlets to their target audience.

Nor did we engage in specific research on how to dispel misconceptions in the population. This was partly because evidence-based action had previously only been a limited part of our working culture, and partly because a proactive, gung-ho attitude was much more fun than tedious research and accurate planning. When I look back on many of the projects in the early days of addiction prevention in Austria, I am reminded of a well-known 1956 song by Austrian composer and musician Gerhard Bronner, "Der Wilde mit seiner Maschin'" (The wild one with his motorbike). The song has a lyric that means, translated: "I've got no idea where I'm going, but that means I'll get there faster".

Of course, since nobody knew in the early days of institutionalised addiction prevention what functions such an institution would have in the future, nobody knew what skills the employees needed to have. Back then, addiction prevention consisted primarily of presentations and seminars. Accordingly, when staff were selected, emphasis was placed on people who, in addition to basic psychosocial education, brought a certain level of eloquence, training experience, and educational knowledge to the table. We could not predict at the time that an addiction prevention institution in the future would need people with mass communication skills, technical know-how (IT) and in-depth academic knowledge.

The Swiss psychiatrist and addiction expert Ambros Uchtenhagen once said during a conference in Upper Austria that he "knew of no discipline that has developed with such speed as addiction prevention". Although that may be somewhat of an exaggeration, it cannot be forgotten that addiction prevention in Austria is only twenty years old, and that the addiction prevention of twenty years ago had little in common with that of today. Addiction prevention twenty years ago meant countless questions and very few answers. The field often broke new ground, meaning that innovative and creative skills were required in addition to the theoretical foundations.

As we were the first addiction prevention institution in Austria, there were few opportunities for professional exchange on a national level. For this reason, right from the beginning we have attached utmost importance to networking with other European specialists in Linz. In community addiction prevention, we discussed our experiences and questions with our colleagues in Luxembourg, who were also active within local communities at the time, and we are now members of the European CTC (Communities That Care) network. From the mid 90s onwards, we have been part of a European network dedicated to the peer approach with EURONET, and have dealt with the topic of "Children from families affected by alcoholism" etc. as part of ENCARE. Over the course of twenty years, numerous European projects have arisen that are highly interesting from a specialist point of view. These have led to connections throughout Europe, and we are glad that we can draw on these frequently to support our progress.

At the turn of the millennium, many Austrian prevention institutions were able to increase their human resources. We opened our institution in Upper Austria with six employees, which increased by seven in the late 90s thanks to political engagement. In 2002 we reached our current level of staffing with around thirty employees.

Addiction prevention had a very positive image, so we were able to select from a wide range of suitable applicants with university education. The high proportion of academics also led to changes within the culture of the addiction prevention field. Systematic research increasingly became a matter of course when developing measures. Unlike in the past, the current level of staffing gave us the opportunity not only to conduct systematic academic research and establish our basic principles, but also to maintain our operational activities within the various settings, thus avoiding antagonising our customers. There was an increasingly well-developed scientific basis for our work, which led to a significant image boost for us. Within the institution itself, the increasing scientific orientation led to greater security for employees. A clean, professional and quality-assured approach is now the rule in our facility. When a colleague has an idea for a project, they need to fill out an action data sheet, describing the initial situation, theoretical principles, goals, causal model, evaluation etc.

Uhl's six-phase model (Uhl 1998, 171 ff.) is an effective tool for the development of addiction prevention activities and programmes, which can easily be integrated into practice by addiction prevention institutions:

· Phase 1: Basic research
  Basic scientific research forms the basis for the development of prevention programmes. It includes the recording of epidemiological data to identify problem areas and consumption trends (see epidemiology), and also the formulation of theories that explain the development of consumption, abuse and dependence, as well as the development of valid and reliable tools to measure abuse behaviour and other relevant variables.

· Phase 2: Prevention research
  The prevention research builds upon the basic research, formulating and examining causal models to influence substance use initiation, change, reduction and termination in specific target groups (intervention model).

· Phases 3 and 4: Conceptualisation and development
  These phases encompass the conceptualisation and development of specific measures.

· Phase 5: Review
  During this phase, particular attention is paid to reviewing the feasibility and effectiveness of measures. The functions of the research include determining the elements necessary for an intervention to meet its objectives.

· Phase 6: Routinisation
  The routine phase forms the conclusion to the scientifically based introduction of preventive measures. It is achieved when the programme is employed routinely by a large circle of users (Bühler & Kröger 2006, 107 ff.).

Questions of ethics must not be overlooked when calling for an evidence-based approach in addiction prevention. These arise more frequently in practice than might be expected, and should be comprehensively discussed. In all the enthusiasm, addiction prevention sometimes "oversteps the mark" (see tobacco prevention), and behind the emancipatory statement of intent often lies an unthinking paternalistic attitude, whereby the end justifies the means.

Since there is no specific training for addiction prevention employees in Austria, my colleague Rainer Schmidbauer created the opportunity for academic training by establishing a university and Masters course "Sucht- und Gewaltprävention in pädagogischen Handlungsfeldern" (Addiction and violence prevention in educational fields), worth 120 ECTS, in collaboration with the University of Linz, the Pädagogische Hochschule Oberösterreich, and the University of Applied Sciences FH Upper Austria. As teachers, they were able to obtain experts with international renown, from Harvard to Finland. Many employees from our company have graduated from this course, and thus contributed to a further professionalisation of the Institut Suchtprävention. It is partly thanks to these developments that an evidence-based approach, drawing the best possible conclusions from the existing data (including subjective experience), is becoming an increasingly fundamental part of our working culture. However, our company frowns upon blind faith in science and naive empiricism.

"The measurable side of the world is not the world; it is the measurable side of the world", said German philosopher Martin Seel (2012). Whether we are dealing with the measurable side of the world in the field of addiction prevention, and to what extent, is a major question. It is unlikely that the diverse factors that determine whether or not a measure works can be reliably represented with the tools of the human and social sciences. That is why an evidence-based approach also requires brains, which help us to recognise methodological limitations.

Drug use and decriminalisation in Portugal

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The Dissuasion as a Practical application Model

In the 80 and 90 the number of people taking illegal drugs in Portugal was low compared with other European countries, but of those who did consume drugs, an unusually high number of them fell into the category that specialists in this field refer to as "problem drug users " and that means " jail ". The number of drug addicts who became infected with HIV was also considerably higher than in most other countries.

The Portuguese legal framework on drugs changed in November 2000 with the adoption of Law 30/2000, in place since July 2001, which decriminalized illicit drug use and related acts, but maintained drug use as an illegal behavior, with respect to all drugs included in the relevant United Nations conventions. However, a person caught using or possessing a small quantity of drugs for personal use (established by law, this shall not exceed the quantity required for average individual consumption over a period of 10 days - one gram of heroin, two grams of cocaine, 25 grams of marijuana leaves or five grams of hashish: These are the drug quantities one can legally purchase and possess in Portugal, carrying them through the streets of Lisbon in a pants pocket, say, without fear of repercussion. MDMA -- the active ingredient in ecstasy -- and amphetamines -- including speed and meth -- can also be possessed in amounts up to one gram. That's roughly enough of each of these drugs to last 10 days), where there is no suspicion of involvement in drug trafficking, will be evaluated by a local Commission for the Dissuasion of Drug Addiction, composed of a lawyer, a doctor and a social worker. Sanctions can be applied, but the main objective is to explore the need for treatment and to promote healthy recovery.

This National Strategy for the Fight against Drugs defines the general objectives in the drug field. The strategy is built around eight principles:

I. international cooperation
II. prevention
III. the humanistic principle
IV. pragmatism
V. security
VI. coordination and rationalization of resources
VII. subsidiarity
VIII. participation

Five general objectives are set out in the strategy:

The first belief is based on the recognition of the world-wide dimension of the drug problem, which calls for answers on an international and continental scale, imposes an increase in international cooperation and determines the coordination of the national strategy with supranational strategies and policies.

The second belief is a humanistic conviction, which takes into account the complexity of the human dramas that so often lead to the use of drugs and drug addiction. It essentially considers the drug addict to be someone who is ill, and demands guaranteed access to forms of treatment for all drug addicts who seek treatment, including those who may for any reason be in prison. It is also implies the promotion of conditions for effective social reintegration, as well as the adoption of an appropriate, fair and balanced, legal framework, respecting the humanistic principles on which our legal system is grounded.

The third belief is that humanism has to be joined by a pragmatic attitude, which permits openness, (without dogmas), to innovation and to the scientifically proven results of new experiments. This includes admitting solutions which may, at least, reduce the harm to the drug addicts themselves, to public health and to the security of the community.

The fourth belief is that in this field, as in so many others, it is better to prevent than to cure. And although there is no better prevention than the promotion of true development, it is also important to advocate specific and appropriate drug prevention policies, that are able to mobilize the different institutions representing civil society and, above all, young people themselves.

The fifth belief, which is certainly not the least important, is that intensifying the fight against illicit drug trafficking and money laundering is an imperative for our society, for the sake of security, public health and the very stability of our institutions.

According to this law, consumption and possession of narcotics and illicit drugs continue to be prohibited. However the use and possession of determined quantities up to limit considered necessary are not a crime.

Users are not bought to court and do not incur to imprisonment, do not get a criminal record, but may be subject to administrative sanctions determined by the Commission for the Dissuasion of drug addiction designated by CDT.

There are one Commission for the Dissuasion of drug addiction in all the districts of Portugal and Islands (Azores and Madeira). This structures are composed by legal experts, psychologists, social workers, with appropriated training in the field of additive behaviors and dependences and the main task and mission is to dissuade the use of drugs.

Sanctions when applicable always have in mind the need of awareness of the problem by the offender, its connection to the health system and always the dissuasion of consumption. Some of the sanctions could be: community services free of charge; periodical presentations in place to be designated or a fine.

Always in mind also if the offender present more serious problems of addition or dependence he or she is referred to treatment centers.

The decriminalization Law is based on the assumption that drug users is a Citizen that needs support in the health and social areas.

These services are in the Ministry of Health and supported technical and administrative by SICAD our national Coordination on drugs and drug abuse that ensure compliance of this law, through the proceeding of administrative offences and application of measures and others sanctions foreseen in the law.

The point of the decriminalization is an integrative intervention to mobilize all the community to early detection of those situations and propose preventive measures.

With this law and measures proposed we decrease new consumers in the general population and young adults, reduce the number of problematic users, increased the treatment among the consumers specially the cannabis users , decreased of drug related deaths and infectious diseases, associated with intravenous drug use.

Situation and priorities of addiction prevention in Switzerland[1]

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Addiction prevention and similar institutions have developed rapidly in Switzerland over the past 20 years. The professionalisation of employees is apparent, firstly, in a documented body of knowledge drawn from projects and experience, and secondly, from concepts and methods that are increasingly founded on a scientific basis.

The quantitative development is reflected in a variety of actors, identified target groups and settings.

In few areas of public life are conflicts and diverging interests as apparent as when dealing with potentially harmful substances and behaviour patterns that may lead to addiction. The market for alcohol, tobacco and other addictive substances is – without regulation – mostly a growth area. This may also be related to the fact that functions of the state, the reality of citizens, and the interests of trade and industry and their representatives in parliament and government are intertwined in a number of ways. It is probably no coincidence that effective structural prevention only gains acceptance in rare cases.
The 2017 "Suchtpanorama" addiction report, compiled by the Sucht Schweiz foundation, provides an overview of the use and prevalence of alcohol, tobacco, medicines and illegal drugs, as well as potentially addictive behaviours such as gaming, internet gambling and pornography. The discussion of the dangers that these areas pose and the attempts to reduce them directly illustrates the explosive nature of the political, economic and social contexts.

In terms of consumption habits and the types of alcohol, tobacco and other addictive substances used, there are no significant differences between Switzerland and other European countries. Peculiarities are mostly apparent due to the small scale of the country's political structures. For example, to some extent regulations are set out differently "from canton to canton". Consequences resulting from political majorities in cantons and on a federal level are even more important. For example, a majority of the Swiss population supports a wide-reaching ban on tobacco advertising and a regulation of tobacco sales. Yet the Swiss Federal Parliament steadfastly refuses to regulate cigarettes and other smoking products effectively within the framework of the law.

Experts still do not agree on whether e-cigarettes are harmful to health. Electronic cigarettes are widely seen as an alternative to classic tobacco cigarettes. As yet, only a few studies have been made on the effects they have on health. Some of these indicate that e-cigarettes are less harmful than tobacco cigarettes. New studies suggest that, nicotine aside, e-cigarettes contain fewer harmful substances.
The figures relating to alcohol use have changed very little in recent years. A trend towards younger drinkers has been observed. Even today, an increasing proportion of young adults between 20 and 24 years of age are high-risk chronic drinkers. Politicians have been discussing appropriate measures for these age groups for years. To this day, these motions are regularly blocked by the strongly represented "lobby" in parliament. In May 2017, the ban on the sale of alcoholic beverages in motorway service stations was repealed without replacement by the parliament and the Federal Council, with individual responsibility cited as the reason.
In contrast to alcohol, a whole range of other drugs are strictly regulated: Their production, sale and use are banned. Yet the use of cannabis bought – and often produced – in Switzerland is widespread. Here too, the risk of inspection, and potentially the type and severity of punishment, differ from canton to canton.
Nevertheless, scientists from the Institute of Social and Preventive Medicine (ISPM) and the Clinical Trials Unit (CTU) will sell cannabis to selected users over the course of three years, to investigate, among other things, the potential effects of regulated sales in the city of Bern. The project is being funded by the Swiss National Science Foundation (SNF) with 720,000 Swiss francs.

Since April 2017, cannabis enriched with cannabidiol (CBD) has been sold in newsagents in the city of Zürich. The tetrahydrocannabinol (TCH) content must be lower than 1%. Medicine consumption is around average for Europe. It is notable that the number of people using such drugs without medical indication has not really increased.

This area is still depicted as marginal in the field of prevention.
Gambling: Approximately 75,000 people over 15 years of age exhibit problematic or pathological gambling behaviour. A somewhat schizoid attitude to the problem can also be found here. The public authorities generate considerable revenue from this group of adults with problematic or pathological gambling tendencies. The resulting social costs are estimated at 500-640 million francs per year (2017). The establishment and licensing of online casinos that can only be monitored on a technical level, if at all, is exacerbating the problem considerably.

Public awareness of addiction and substance use has declined along with the "disappearance" of the use of heroin etc. among the public. The same is true for the importance of addiction problems on the political agenda. This is gradually becoming more evident, for example in how positions in addiction prevention are being eliminated, or not filled when they become vacant. There is a widely-held position within parliament that there must be no regulatory interference in markets. To justify this policy, politicians appeal to the individual responsibility of citizens. Individuals ultimately bear the "responsibility" for their own addictive disorders. The myth that everything is down to "individual responsibility" alone is taking hold once again.

To this date, politicians have offered no visions for an effective addiction policy in terms of preventing harm to individuals and society from addictive substance use and other addictive behaviours. There is hardly any support among the current parliament for measures relating to alcohol policy, for example. This is in contrast to the Swiss population, a majority of which is in favour of advertising restrictions. The recent decision of the parliament and Federal Council to allow the sale of alcoholic beverages in motorway service stations only emphasises the helplessness and dependence of a significant group of the politicians involved. The law proposed in November 2015 to restrict advertising and free giveaways of smoking products was rejected by both the Council of States and the National Council.
At the same time, 58 % of the population is in favour of a general ban on tobacco advertising.

The field of addiction prevention is still in a comfortable position. The majority of institutions have enough resources and specialist staff at their disposal. But it cannot be ruled out that a further austerity measure at canton or federal level could result in decisions being made which would make professional work much more difficult. There is something ambiguous, even cynical, about the criticism, voiced time and time again, that the effectiveness of measures and projects must be proven and verifiable. Requests and applications for co-financing of planned evaluations and effectiveness research based on scientific criteria are only rarely approved.

Information and documentation

http://www.suchtschweiz.ch/ueber-uns/portraet/
http://www.suchtpraevention-zh.ch/ueber-uns/
https://www.147.ch/Dipendenza.404.0.html?L=2
http://www.grea.ch/plateformes/nightlife
http://www.suchtschweiz.ch/fileadmin/user_upload/DocUpload/Expertise-schwererreichbare-Zielgruppen.pdf

1 The paper is based on a report by the Swiss specialist office for addiction

Situation and key points of addiction prevention in Serbia

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In Serbia, comparing with other European countries there is high smoking prevalence. More than one third of population (34.7%) older than 15 years smoke, while every tenth adult citizen have tried e-cigarette during the life. In respect of smoking, important public health problem is high exposure to tobacco smoke with 54.4% adults 15+ reported being exposed to tobacco smoke in enclosed premises. In addition, 47.1% of non-smokers are concerned due to harmful consequences of tobacco smoke on their own health. There is low coverage of smokers with smoking cessation services and only one third of smokers have got advice from health professional to stop smoking. Among youth, 13% of 13-15 years old students smoke. Despite ban of selling tobacco products to minors, 31.0% of current 13-15 years old cigarette smokers obtained the cigarettes they last smoked by purchasing them in a store or shop in the past 30 days and 81.2 % of current cigarette smokers were not prevented from buying cigarettes in the past 30 days because of their age.

Last year prevalence (LYP) of alcohol use is 72.1% among 18-64 years old population of Serbia, while LYP of bbinge drinking (drinking of 60 grams of pure alcohol and more on a single occasion, which is for example at least 1.5 litres of beer or at least 0.6 litres of wine or at least 0.18 litres of spirits) at least once a week or more frequently was reported by a total of 3.7% of the population (6.7% M and 0.6% F).

Results from general population survey show that 13.3% of adults fulfil criteria for risky drinkers category (1+ on the RAPS scale) and 6.2 % for harmful or problematic drinking (2+on the RAPS scale), majority of them men and approximately 1/3 among young adults aged 18–34. Results also show that 50.3% of the alcohol amount consumed in Serbia has been drunk by 7.5% of the consumers.

Among 16 years old youth, 87.0% reported life time prevalence (LTP) of alcohol use and 23.7% reported LTP of more frequently (40+) alcohol consumption. During the last month students have most often drunk beer (44.0%) and wine (41.8%), while slightly lower percentage consumed spirits (32.1%).

Unlike licit substance use, prevalence of illicit substance use is lower than in majority of EU countries with 7.7% LTP cannabis use (12.4% among young adults 18-34); 1.6% LYP cannabis use (3.4% among young adults). Among last 12 months cannabis users, majority are men (80%) and young adults aged 18–34 (73%). Results from general population survey show that there is 0.5% of problematic cannabis use, approximately half of them aged 18–34. Estimated number of injecting drug users is 20000. HIV prevalence in IDUs ranges from 0 to 5% with unclear trend and HCV prevalence among IDUs between 60% and 80%
ESPAD results from 2011 show that comparing with EU average, in Serbia substance use is lower with exception to use of sedatives without doctors' prescription.

In general, aalcohol and tobacco use are socially acceptable unlike cannabis and other illicit substance use. Majority of respondents rather or fully disagree with the statement that people should be allowed to use cannabis (84.5%) or heroin (95.5%). A perceived availability of individual drugs corresponds with their prevalence rates, both among adults and youth.
In Serbia, there are many partners active in the field of prevention such as Ministry of Health, Institute of Public Health with network of institutes, health institutions, Ministry of Interior, Ministry of Youth and Sport, Offices for Youth, Ministry of Education, schools, Red Cross, International organizations, NGOs.

Preventive activities are most often conducted in schools, but less represented are activities in recreational settings, work, community, family, health institutions. Target groups of preventive acitivites in majority of activities are peers, trainers (teachers, police, health workers), school children, parents of school children. Vulnerable population, occasional users, party goers are less represented as target groups of preventive activities. The most often conducted activities are trainings of trainers, peer educations, exhibits, "campaigns", public events, information sharing, interactive exercises aimed at life skills development, lectures and cooperation with media. Structured, evaluated programs are seldom implemented in Serbia.

There is legal basis for programmes implementation of drug use prevention in schools. Prevention of risky behavior and health education are part of regular elementary school curriculum in Nature and Society, Biology, Chemistry and in extracurricular activities. Ministry of education also performs accreditation of programs for drug prevention for in-service training for teachers which have a legal obligation to attend professional development programs (minimum 100 hours over 5 years) and also to apply lessons learned.

Some of the active NGOs are Prevent and Duga. NGO Prevent implemented project Game overdose (Ne radi se čoveče) and within project for education and awareness raising they used game board in small and big format during public events, fairs , festivals. For this game NGO Prevent received certificate of recognition on 2014 PG completion 2014. NGO Duga implemented project aimed at vulnerable population, namely LGBTII, with aim to reduce internalized homophobia. Within that project they conducted workshops, psychosocial counseling, and discussions on internalized homophobia and during those activities they tackled substance use. Among 152 LGBT persons reached, 68% experimented with drugs. They also established the first drop in center for LGBT persons (including peer education, counseling including substance use issues), reached 386 LGBT persons.

In Serbia, international cooperation is of great importance for drug prevention and many international organizations such as WHO, GFTAM, OSCE, UNODC (treatment, prevention) were active or still are in this filed.

Important EU funded projects implemented in the last decade are:

- INSADA (2009-2011)
- IPA4/EMCDDA project "Preparation of IPA beneficiaries for their participation in the EMCDDA"
- Twinning project "Implementation of the Strategy against drugs (drug demand and reduction components)", implemented with German – Czech consortium including activities such as training of trainers, development of instruction for schools how to act in case of substance is found is school, development of database of prevention programs, piloting FreD goes net etc.

In general, strengths of drug use prevention in Serbia are:

- Demand reduction of licit and illicit substances is recognised in various strategic documents
- High motivation for the implementation of universal prevention
- Legal base for universal prevention in schools
- Many actors active in this field

· NGO sector

· Existence of network of institutes of public health

· International support

· Existence of some coordinative bodies at municipality level

Some gas also exists and among those gaps are:

· Many activities are not evidence based

· Activities not always in line with needs and current situation

· Project often adjusted to funder priorities/rules not to national priorities

· Not sufficient number of NGOs working on advocacy, especially related to licit substances

· Projects rarely evaluated, except process evaluation

· Insufficient resources (human and financial)

· Lots of activities depends on enthusiasm

· Numerous small-scale projects hard to monitor

· No enough selective and indicative prevention projects

In order to strengthen drug prevention it is needed to:

· Improve coordination and cooperation at the national and institutional level

· Strengthen involvement of all stakeholders and interpectoral and institutional links and relationships

· Strengthen coordinative mechanisms at municipality level

· Improve monitoring, evaluation, reporting and improving visibility of best practices in order to avoid duplication and achieve better use of the limited funds

· Link standards and quality criteria with financing

· Increase number of projects combining behavioral and environmental prevention

· Increase number of selective and indicative prevention programs/projects (i.e FreD)

· Improve quality of activities in the domain of universal prevention

Situation and priorities of addiction prevention in Slovakia

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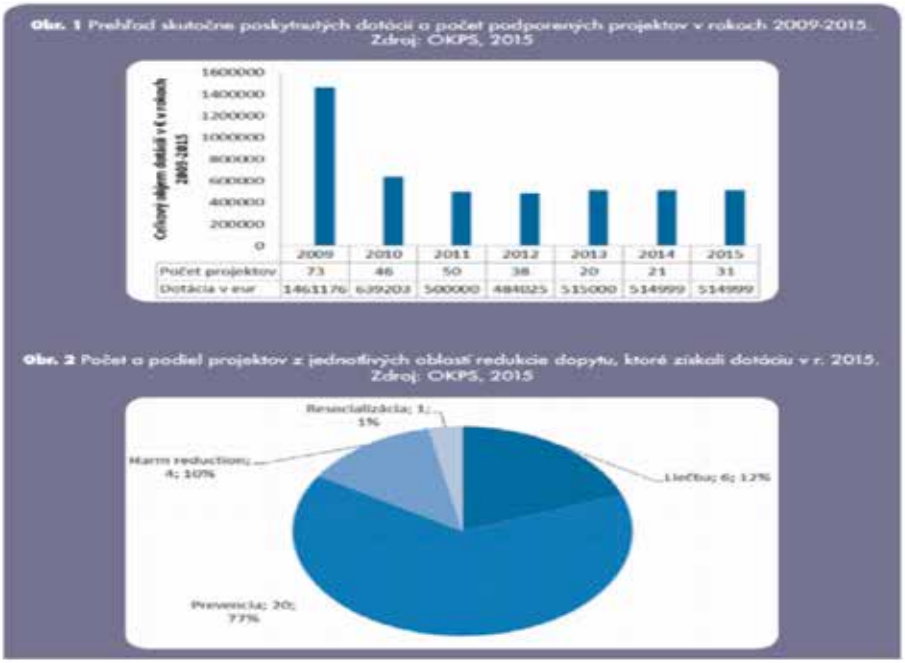
Prevention, with particular emphasis on children and youth has been from the beginning of establishment of the Slovak National Anti-Drug Strategy one of its basic pillars, with key responsibility of the education sector.

There are measures respectively to all levels:
Interventions, aimed at different target groups, starting from the general population (universal prevention) through vulnerable and at risk groups (selective prevention) to individuals requiring indicated prevention, in the school environment, community and family.

Data and information that we provide an overview of mainly quantitative indicators and infrastructure, sources of institutionalized prevention in the education sector, health sector and partially Social and Family Affairs and the Interior, which document background and the realized activities.
Many preventive approaches and programs are built on isolated theories and still "somehow missing their integration and integrated theory of prevention." Efforts shatters into many isolated actions, while such an integrated approach should intervene in the same time on cognitive side of the personality, attitudes, emotions, behavior, motivation, creativity and self-regulation.

Evaluation of the effectiveness of prevention interventions is rare in current practice and optimal level of evaluation of the effectiveness of preventive interventions through the control group is done only on a research basis. This is due to different priorities and methods of evaluation, lack of a coherent framework and standards for prevention programs, effective communication and mutual awareness of actors (including civil society), which provides a growing number of drug prevention activities and programs (National report, 2014).

At first, we present how Health Services support preventive activities. These activities are oriented on support of treatment facilities on preventive activities, with no structured support for universal and selective prevention. Mostly they support public activities (like Antidrug week, Draw antidrug poster, Take the ball not a drug and so on).



Picture 1: Support of Preventive activities from Health Service

Antidrug activities supported by Ministry of Education works only with small budget and support mostly regional oriented projects:

· Total – 17 projects/31 000 euros – Health and safety at schools, 14 projects/30 000 euros - Drug prevention

Priority areas supported by projects and activities aimed at:

· active protection against addictive substances

· innovative prevention of tobacco smoking

· prevention and solution of problems related drinking alcohol

· preventing illicit drug use

· draft guidelines

· development of life skills of students

· support of selective prevention

· promoting the mental health of adolescents

· prevent and tackle early school leaving

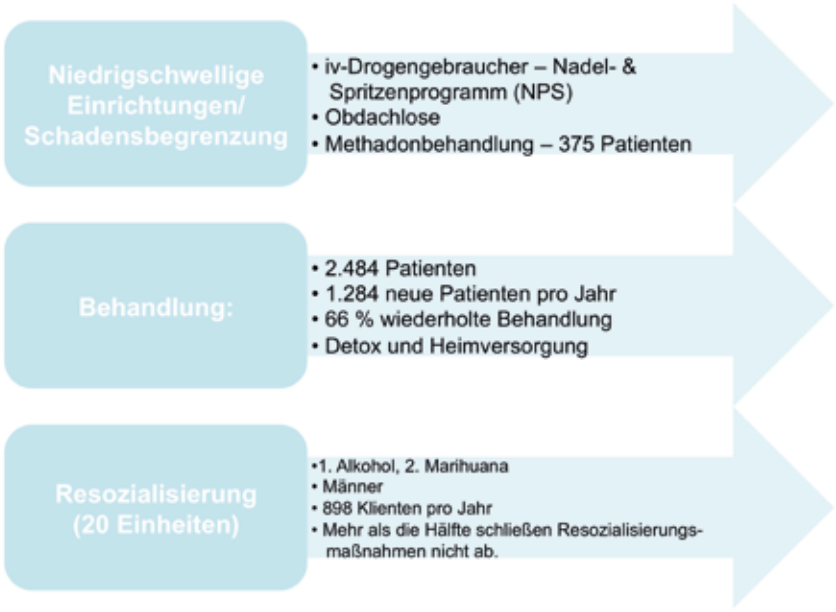
· exchange experience and dissemination of good practice.

Other resorts:

· 62 projects of social prevention, 8 projects from social service

In this part, we would like to present structure of the Prevention:

1. Treatment / Resocialization



2. Prevention

Prevention field showed us some challenges we have to deal with:

· Lack of money

· Duplication of Preventive activities (each resort support „their" prevention)

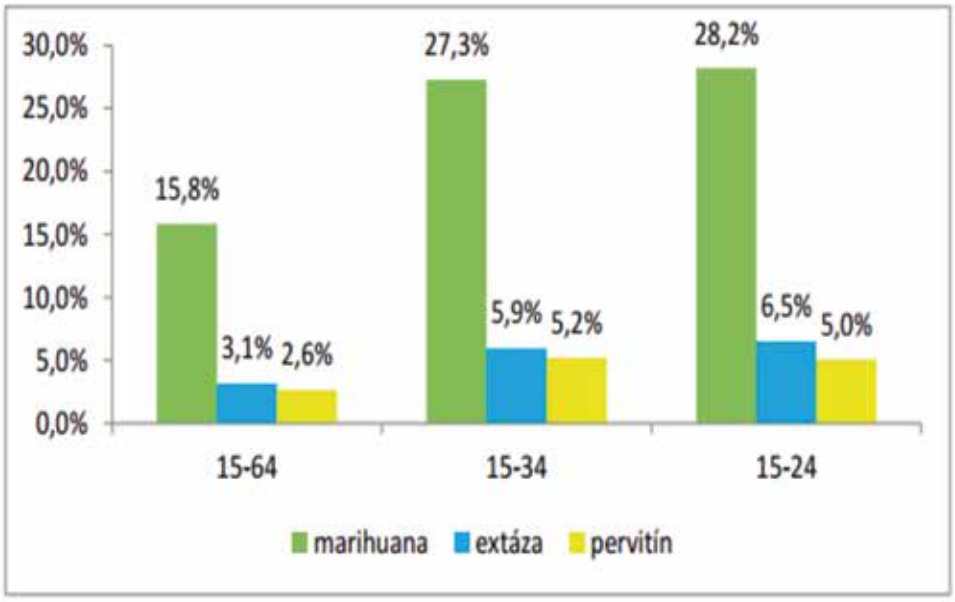
· Question of the Quality service

· Absence of the network

· Need of change - Attitudes and approaches in prevention

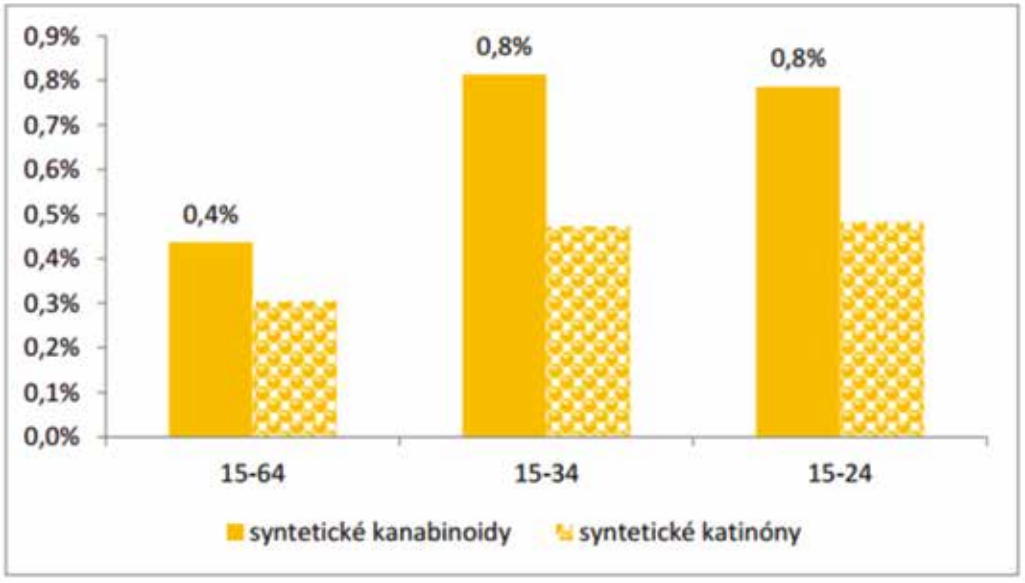
Services for youth 18-25 years:

Selected outcomes from surveys (15-24y.)



Picture 2: NMCD (self-reporting survey) 3 most used illegal drugs/LTP NMCD (self-reporting survey) 3 most used illegal drugs/LTP
Note: marihuana – marijuana, extáza – ecstasy, pervitín – meth

New synthetic substances



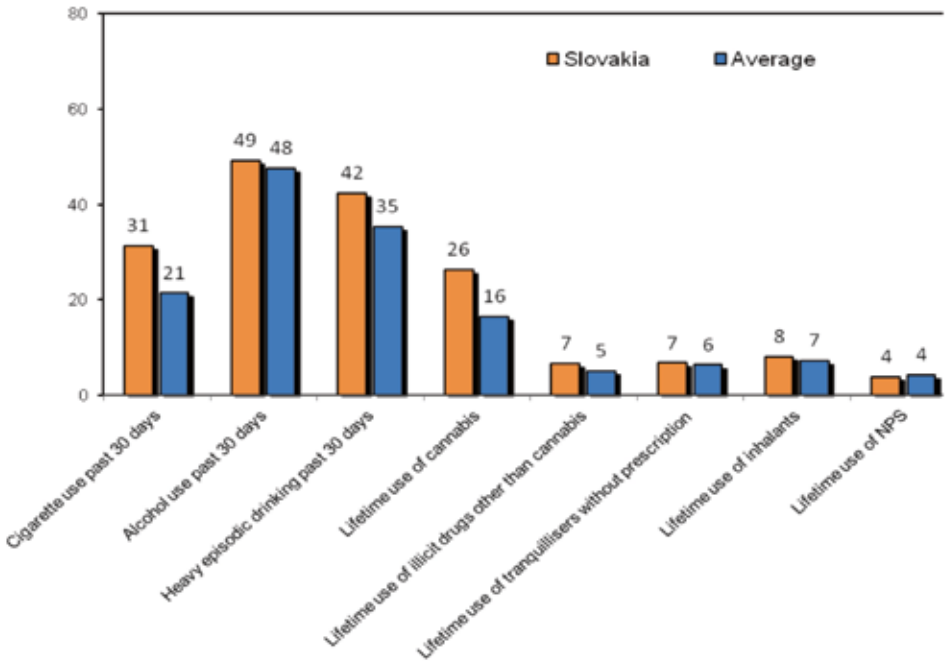
ESPAD report notes the conclusions of:

- **Stabilization** in use of illicit drugs in the study age group 15-20 years (in comparison to ESPAD 2011 data are not increased), but at the same time very high prevalence (incidence) use mainly **marihuana (54,5%, resp.30,9%)**

- Order: 1.marihuana 2.ecstassy, change takes place from 3rd.place: which **occupied the plant mixture containing synthetic cannabinoids** known under the name Spice. It is followed by **methamphetamine** (pervitin).

In age group of 15-20 year olds is experience with the drug "take / and had at some point in life" (LTP), more significant than experience with drugs in a sample of the total population aged 15-64.

The Slovak students reported prevalence rates above the ESPAD average for three out of the eight key variables studied. Cigarette use in the last 30 days was reported by 31 % of the students in Slovakia, compared to the overall average of 21 %. Lifetime use of cannabis was also reported to a markedly higher degree by students in Slovakia (26 % versus 16 %). Alcohol use during the last 30 days among the Slovak students was at roughly the same level as the ESPAD average. On the other hand, heavy episodic drinking in the last 30 days was 7 percentage points above average. The results for lifetime use of tranquillizers or sedatives without prescription, lifetime use of inhalants and lifetime use of NPS were more or less in line with the ESPAD average. The overall impression is that levels of substance use among students in Slovakia are either in line with or, as for the cannabis and alcohol measures, above the ESPAD average.
More than one in five ESPAD students (23%) had smoked cigarettes at the age of 13 or younger. The proportions vary considerably across countries, from 46 % in Estonia and 45 % in Lithuania to 9-13 % in the former Yugoslav Republic of Macedonia, Iceland, Malta and Norway. Both on average and in most individual countries, more boys than girls have smoked cigarettes at the age of 13 or younger. On average, 4 % of the students began smoking cigarettes on a daily basis at the age of 13 or younger. The rates were highest in Estonia and Slovakia (8 % each) and lowest in Norway (1 %).
On average, beer (35 %) and spirits (34 %) were the preferred alcoholic beverages. In Albania (68 %), Belgium (Flanders) (58 %), the former Yugoslav Republic of Macedonia (54 %), Romania (52 %) and Poland (52 %), more than half of the students preferred beer. Spirits were preferred in Malta (60 %), Portugal (53 %), Slovakia (53 %), France (48 %) and Monaco (48 %).



Trends for alcohol and tobacco show that lifetime prevalence of legal drugs among students (16-20y) in their first and fourth years of secondary education is compared to the state in 2003 did not change significantly until 2011 (tab.1.)
We can say that in 2015 in all of the characteristics of the occurrence has clearly decreased substantially, and therefore the situation in the use of legal drugs has somewhat improved.

BUT…

Legale Drogen	Jungen			Mädchen			Gesamt		
	2007	2011	2015	2007	2011	2015	2007	2011	2015
rauchen mehr als 40 Zigaretten oder mehr in Lebenszeit	41,3	42,1	35,2	37,2	39,2	33,3	**39,2**	**40,7**	34,4
Erste Zigarette mit 13 Jahren oder früher	50,3	47,5	37,9	38,2	37,4	31,4	**44,3**	**42,6**	34,7
Regelmäßiges Rauchen: tägl. 1-5 oder mehr Zigaretten	33,4	36,4	29	31,8	33,7	25,7	**32,7**	**35,1**	27,3
5+ Gläser am 3-5 Tagen oder mehr in 30 Tagen	33,3	32,2	26,2	20,5	20,8	18,1	**26,7**	**26,8**	22,3
Betrunken 10 Mal oder öfter in Lebenszeit und Gedächtnisverlust	28,9	31	26,1	14,1	17,6	16,1	**21,4**	**24,7**	21,2
CAGE 3-4: Probleme mit Trinken	6,6	9,4	6,4	6,2	8,3	6	**6,4**	**8,9**	6,2
ADS: Symptome schwerer Sucht	4,1	5	3,2	3,1	3,4	2,2	**3,6**	**4,1**	2,7

Trinken	Jungen			Mädchen			Gesamt		
	2007	2011	2015	2007	2011	2015	2007	2011	2015
Bier mit Alkoholgehalt 4 - 5 %	21,3*	25,4*	22,4*	13,8	17,0	13,8	**18,5**	**22,0**	19,0
Cider mit Alkoholgehalt bis zu 5 %	6,4	4,4	5,9	4,5	4,6	5,5	**5,4**	**4,5**	5,7
Alkopops mit Alkoholgehalt von ca. 5 %	4,8	6,9	5,6	5,1	5,5	4,5	**5,0**	**5,8**	4,8
Wein mit Alkoholgehalt 10 - 12 %	20,1*	27,9*	19,7	15,4	20,2	18,7	**16,9**	**22,3**	19,0
Destillierter Alkohol mit 40 % oder höher	34,4*	47,1*	45,4*	27,7	37,2	36,9	**30,4**	**41,4**	40,8

Averages for both boys and girls achieve particularly in spirits and also in girls at risk drinking wine level of risk drinking. The current drinking (mixing) of different types of alcohol has significantly higher average consumption and also is the level of health threatening drinking.
Another negative factor is also the composition of the drink, which equally in boys and in girls from 1995 to 2015 have increased the amount of alcohol consumed at all, but particularly in the form of spirits
Since the beginning of TAD surveys in 1994 to 2010 regularly confirm observations that pointed the increase of alcohol abuse among young people in general and girls in particular. This applied not only to drinking harmful for health and hazardous drinking, but even to binge drinking.

Findings concerning social-psychological phenomena, showed that in addition to the educational level of parents affecting the consumption of drugs that is fairly weak there is also a significant impact of completeness of the family, among other characteristics related to its financial and overall socio-economic status.

To point main key points of prevention we should focus on:

- Marihuana issue - university students, unemployed youth and so on
- Pro-legal marihuana tendency – to carry on dissemination of experts´ opinion on policy makers
- Risk drinking and binge drinking – support selective preventive programs (community based, vulnerable target groups and so on)
- Synthetic drugs – to be aware of dangerous unknown content (of low cost drugs)

Change of risk perception by youth - predominantly (a statistical measure) standard becomes a feeling of mild and medium threat and not as before feeling full drug threat (TAD, 2014).
Needs of selective prevention for vulnerable group over 18y.:

- for children homes (orphanages)
- for socially disadvantaged environment (Roma ethnic)
- for children from incomplete families

Refresh prevention support agenda/
Support ICT in prevention/personalized medicine/prevention

- Slovakia also continues the trend of decline in illicit drug use of traditional types (heroin, marijuana, ecstasy), as is the case in most EU countries which such a decline manifest for longer period
- There are the ongoing changes in the drug scene, with the emergence of new synthetic drugs, particularly various synthetic cannabinoids and cathinones, so called synthetic cocaine (mephedrone)

Resources:
NMCD Slovakia Survey 2015 (15-64y.)
Nociar A.: Európsky školský prieskum o alkohole a iných drogách (ESPAD) v SR za 2015. Záverečná správa, Bratislava, VÚDPaP 2015.
TAD 2015 (Tobacco-alcohol-drugs survey) (16-20y. – TAD2, VÚDPaP)
National Report Slovakia (2014, NMCD)

Situation and priorities of addiction prevention in Spain

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Public Health Agency of Catalonia
Programme on Substance Abuse

Catalonia: Some Important Figures

Catalonia with 7,516,254 inhabitants, is situated at the North-East of Spain, 55% of population aged between 20 - 59 years old. It has an unemployment rate of 15.9%, and an immigration rate that has decreased due to the 2008 global economic crise to 13.69%.

Catalonia is divided in 4 provinces and 948 municipalities. Most of population is gathered in Barcelona province, with 5,537,674 inhabitants, followed by Tarragona (791,638 inhabitants), Girona (753,024 inhabitants) and Lleida (433,918 inhabitants). Barcelona city has the largest population and is, in itself, an important touristic brand for Catalonia, recieving 19.3 million tourists yearly. The tourism Sector represents 11% of the Gross Domestic Product, and 12% of the total employment in Catalonia.

Alcohol is present in most of our traditions and celebrations. There are more than 100 beer, wine & cava festivals (as well as other traditional alcohol drinks) organized throughout the year and throughout the whole country. Related to this, there are important wine, cava and beer industries.
The latest Spanish Food and Consumption Report (Ministry of Agriculture Food & Environment, 2015) reflects the global alcoholic beverages consumption in the population, and the figures show that the per capita consumption of beer was 41.18 litres/person/year, (816,952.7 litres in total, making a profit of 968,911 € for the industry). Wine consumption per capita was 12.97 litres (376,611.38 litres in total, with a profit of 966,910 €). Spirits showed an increase in the volume consumed and profits of 2.5%, compared with 2014, with 2.65 litres per capita in 2015 (37,804.52 2 litres in total and profits of 395.160,02 €)

Besides alcohol-oriented festivals, there is an important nightlife industry organized through associations and federations. 9,000 nightlife establishments are registered and around 1,300 pubs, 300 dance-clubs, and 250 live music venues in Barcelona City. There are important Music Festivals with large concentrations of people, some of them with international impact, such as Sonar, Circuit and Primavera Sound.
Additionally, during 90s, the Spanish legal framework which allows "freedom of association", "illegal drugs self administration" and "the shared consumption concept", supported the organization of Cannabis Social Clubs (where users can take and buy cannabis), and these cannabis clubs skyrocketed to a total of 668 in December 2016. They where mostly located in Barcelona City and the metropolitan area, and are estimated to serve between 40,000 and 140,000 Club members.

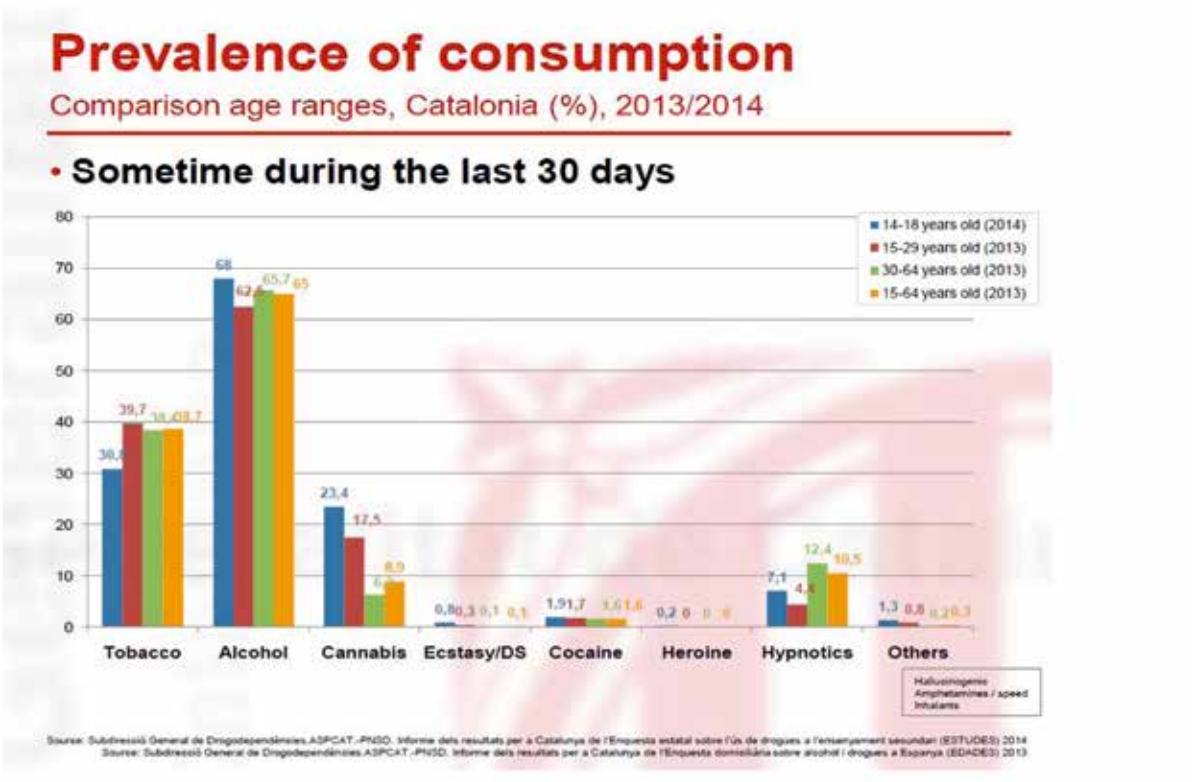
Critical phenomena related to the cultural, social and economic context:

Some aggressive promotional practices of a sector of the recreational and alcohol industry, as well as some "soft" local preventive environmental approaches, have lead to a number critical phenomenon.

Related to youngsters and minors in big local festivities, there is the so-called "botellon", consisting of large groups of young partygoers drinking alcohol in public places such as the main squares and streets near to leisure sites.
Related to young tourists, there are the phenomena called Low cost and Binge tourism. These terms define tourists" patterns of alcohol and illegal drugs intake, exposure and access to recreational offers, and their consequent social and health problems. The consequences of

these phenomena are: Poly-drug consumers and hardcore drinkers contributing to street violence, sexual assaults and alcohol-related health emergencies (such as alcohol comas), within a context of price wars between touristic venues, organised "Pub Crawls" and "Party Boat" activities. Cannabis Tourism has been incorporated into these phenomena more recently.

Overview of the current situation of drug consumption in Catalonia:



Alcohol, Tobacco and Cannabis are the most consumed drugs in Catalonia, as in the majority of European countries.
The latest Catalan surveys (EDADES 2013, ESTUDES,2014) show that 1 in 4 young people between 14 - 18 years old report binge drink at least once during the previous month.
Adults between 30 - 64 years are the age group with the highest daily consumption of alcohol (18.3% men and 6.1% women); but it is young people aged between 15 and 29 years who have a higher prevalence of alcohol intoxication (21.5% men and 12.1% women) and binge drinking (27.6% men and 19.3% women), especially

during the weekends. Moreover, this practice is associated, among young people, with a higher prevalence of use of other drugs, such as Cannabis (34.1%) and cocaine (3.3%). Specifically, during 2015, the Emergency Medical System (SEM) attended a total of 1,867 emergencies related to alcohol-intoxicated children.
In recent years, new substances have appeared on the market, although only used by a minority.
Throughout 2015, 186 of the total analysed samples sold as new or as classic drugs were found to contain new substances as part of their composition. Forty-three different new substances were identified. The most frequently occurring of these were the nexus or 2C-B, 4-Fluoroamfetamina and metoxetamina.

The Catalan early warning system is part of EWS (European Early Warning System-EMCDDA) through SEAT (Spanish System of Early Alert), and acts to notify authorities upon the detection of new drugs in Spain, with the aim of collecting and providing information about new drugs and new market trends. Through the system, 16 New Psychoactive Substances (NPS) have been detected and reported in the Catalan territory.

Alcohol is the main drug for which treatment is given in Catalonia (with 6,534 people starting treatment in 2015), followed by cocaine (2,473) and cannabis (1,903). Heroine is the 4th cause for onset of substance treatment, with 1,683 cases.
Regarding infectious diseases, HIV prevalence among cocaine-dependent people is 8% and hepatitis C is 9.5%. For heroin-dependent people, HIV + prevalence is 27% and hepatitis C is 47%.

Catalan Government preventive approach

The Department of Health of the Government of Catalonia (GENCAT) is the main governmental health institution in the Catalan region (Spain). The Program on Substance Use Problems is part of the Public Health Agency of Catalonia (ASPCAT), within the Department of Health, and was established in 1989, with the aim of promoting health and preventing disorders in relation to substance use problems and addiction. Since 2005, the Program has been a co-director of the Catalan Master Plan on Mental Health and Addictions and is responsible for regional level alcohol and drug use prevention, harm reduction and mental health promotion in Catalonia. The goals of the Program on Substance Use Problems are: to support the development of policies and interventions at the regional level, including the Catalan Health Plan, the Master Plan on Mental Health and Addictions, and the National Strategy on Drug Prevention. The Program also aims to provide accurate and relevant information to the Catalan Government, municipalities and the public in general; to promote, design, manage, implement and evaluate prevention and promotion programs in addictions and mental health; to undertake relevant research on prevention; and to guarantee the coordinated implementation and monitoring of national Spanish policies concerning addiction and mental health in Catalonia.

GENCAT has the infrastructures (health and drugs observatory) and resources (staff and TIC equipment) needed in order to collect the information required for the intelligent platform (collection and analysis of 1996-2016 country data related to alcohol consumption, alcohol-related harm, contextual factors, and policy measures), and to put into action innovative community prevention measures to be implemented in the country. In addition, GENCAT has already developed the necessary networks and alliances to gather together and form consensus among the relevant stakeholders in Catalonia (voluntary sector organisations, youth representative groups, nightlife establishments, etc) and also has the means to disseminate the project objectives and results at the regional and national level (see Canal Drogues website)

The Program on Substance Use Problems implements preventive projects on alcohol and other drugs through a range of initiatives from educational programmes aimed at increasing risk perception among school children and university students; to the training of education and health agents in prevention skills. Informative and preventive tools for use in leisure settings, primary health centres, nightlife establishments, neighbourhood events and other community settings are offered to citizens and professional via web pages (elpep.info, laclara.info), blogs, apps and YouTube videos (https://www.youtube.com/watch?v=OJ1OdpVaN4M).

In addition, there is a Law Enforcement Action working line, developed and implemented with the participation of the so called „proximity" or „community" police officers.

Peer-to-peer methodology is a component of almost all preventive approaches addressed to young people. Examples include: **"At full faculties"**, a project for the prevention of drug consumption and other risky behaviours in universities. The aim is to train students in promoting / preventive actions aimed at other students, though peer working. It is carried out with the participation of 7 Catalan universities and around 9,000 beneficiaries are reached per year. Another initiative, **"Rumba a tu son"** uses peer-to-peer activities in order to increase risk perception of alcohol abuse among youth from Latin America. It reached about 3,000 youngsters, in 2016.

At same time, the **Catalan Drug Prevention Plan 2012-2016** has come to an end, and a new plan for the period 2017-21 will be developed. This will be done with the participation and implication of professionals of the sector: local, regional and provincial councils, the Catalan Association of Municipalities, the Catalan Federation of Municipalities, non-governmental organizations, scientific societies, associations of people affected by drug consumption and professional associations, other government departments and other institutions involved. In this plan, greater importance will be given to **Networking** (establishing synergies among stakeholders); to **professionals training**; to **Quality** (in planning and evaluation); and to the **Community approach**. In addition, there will be increased efforts in the area of **policy evaluation**.
New preventive projects will focus on particular **vulnerable groups** (children, female drug users, pregnant women, and people with mental health problems). They will take into account all age groups (from children to old people) and **gender**, **harm to others and transcultural perspectives.**

Other areas of future work include an improvement **of the Continuum** concept of prevention, and linking the Prevention Portfolio to activities the areas of early detection, risk and harm reduction and treatment. **Environmental prevention approaches and law enforcement** will also be highlighted.

Substance Use Prevention in the Czech Republic: a Brief Overview

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Institutional and legal framework for activities in prevention of substance use

The Ministry of Education, Youth and Sports provides methodological guidance and coordinates prevention activities in the Czech Republic within the scope of the National Strategy for the Primary Prevention of Risk Behaviour for 2013–18. The Methodical Recommendations for Primary Prevention of Risk Behaviours among Children and Youth provides methodological guidance for the prevention activities. The regions play an increasingly important role in these activities and each region has established its own prevention plan since 2012, outlining the main priorities, the network of services, coordination and funding of activities. Substantial effort has been made in recent years to enhance the quality of primary prevention programmes by standardisation, certification and training, and sharing experience and best practice (Mravčík, 2016; Vavrinčíková et al., 2013). The Czech Republic has introduced Europe's first accreditation system, under which funding from the Ministry of Education, Youth and Sports is available only to certified programmes, and only accredited professionals are entitled to carry out prevention programmes. A number of methodological documents setting the professional competency standards for providers of school-based primary prevention, along with their certification rules and on-site inspection guidelines, were finalised (Pavlas Martanová, 2012a, Sekretariat, 2014). The Ministry of Education, Youth and Sports introduced the new certification system, and the Certification Office of the National Institute for Education was (re)opened in 2013. Applying for the certificate is a precondition of participation in certain government subsidy proceedings. A new online data monitor system of school prevention activities has also recently been piloted. The National Institute for Education (NIE) has registered in the year 2015 a total of 51 organizations with 84 certified programs (of which 50 were general prevention programs, 25 selective prevention programs and 9 programs of indicated prevention). At the same time, an online catalogue of certified preventive programs was created within the NIE´s website.

Financial resources for prevention

Prevention and treatment of substance use are financed mostly from public budget. The contribution from private or commercial segment is almost negligible. Despite the importance of the prevention from the public health perspective, its share on public expenditures (see Table 1) is disproportionally low and represents only 3.2 per cent of all substance use related expenditures from public budget.

	CZK (mil)	%
Prevention	47 (1,7 tausend Euro)	3,2
Harm reduction	208	14,5
Treatment	126	8,6
Sobering up stations	80	5,6
Aftercare	60	4,3
Law enforcement (police)	837	58,4
Coordination, research, evaluation	42	2,5
Facilities with special regimen	38	2,7
Other	4,6	0,3
Total	1.442 (53,4 mil Euro)	100

Table 1. Comparison of expenditures provided from public budgets by service categories
Source: Mravcík et al., 2016

Universal prevention

Universal prevention activities in school settings are guided by the Minimum Preventive Programme, including recommendations for lessons and class activities and a number of other guidance materials developed in the recent years. The programme addresses a broad range of risk behaviours, including social problems such as truancy, bullying, racism, xenophobia, hooliganism, crime and the use of addictive substances.
Non-governmental organisations (NGOs) can also receive project-based funding to carry out additional prevention activities in schools and in the out-of-school environment, which comes from subsidy schemes at the national level through the Ministry of Education, Youth and Sports and the Government Council for Drug Policy Coordination.

Selective and indicated prevention

A priority target audience for selective prevention activities is that of children and adolescents at risk of substance use, while local projects addressing high-risk families and children with attention and behavioural problems are also available. Selective prevention activities are mainly implemented by pedagogical and psychological counselling centres that carry out special programmes for schools or classes, or are operated by NGOs. The Streetwork Online project may serve as a good example of the program of selective prevention. It applies the basic principles of low-threshold services such as free-time activities, safe environment, prevention and contact with the internet environment and social media.
Indicated prevention programmes are rare and mainly target adolescents who experiment with psychoactive substances, or their families. One notable exception is the implementation of Preventure, an indicated prevention programme targeting sensation seeking and focusing on alcohol and substance use, truancy, depression and anxiety. Preventure is a Canadian program that has been adapted to Czech cultural context. A proposal for implementation has been prepared within the framework of the randomized controlled trial of effectiveness of the Preventure program. Based on the results the project could be disseminated into schools where up to now programs of indicated prevention are not available (Maierová et al., 2015). In the field of evaluation of the indicated prevention, research was carried out among pupils of the first and second level of primary education who participated in the Program of Primary Prevention in district of Prague 6. Changes in behaviour of children (relationships with peers, adults, school behaviour, concentration, homework) and the relationship to parents and teachers after one year of participation in the program were tested. Research has shown improvement especially in children's relationship with peers, adaptation at school, communication skills, behaviour and self-control. Positive changes in relationships with peers were perceived by parents, children and teachers (Pavlas Martanová, 2014; Mravčík et al., 2015).

Internet based counselling programmes as part of indicated prevention

With the rapid spread of new communication technologies the number of various web applications emerged. Part of these applications are just an alternative way for information dissemination, but there are also more complex programmes that serve as a toll for screening and brief intervention.

One of the largest NGO providing services in addictions, the SANANIM, has been running an internet based application Koncím s hulenim (I am ending with grass). This application provides information and online counselling and brief intervention for cannabis users. Within the first year the site recorded 16,235 unique visitors, 8,189 self-tests were conducted to determine the severity of the problem. From the tests performed, 18% belonged to the harmful use category, which was an indication for launching the online treatment program offered by the site. Online treatment includes contact with a counsellor, correspondence in an application or via e-mail, and regular weekly chat consultations. The counsellor also continuously monitors the client's progress through the program, checks the execution of the tasks and guides the client's record. It appears that the essential role in whether the prospective treatment actually starts, plays, in addition to waiting times, also the first contact with the counsellor. The best results with regard to retention in the program were reported for heavy cannabis users with previous experience with helping services. Information and help through anonymous queries in the online environment offer also other large NGO, Podane ruce, that operates mostly in the Moravian part of the Czech Republic.

Participation in international projects

Participation in collaborative projects funded through the European Commission is very important because enable to Czech prevention experts to exchange knowledge on new preventive interventions, on methods of implementation and process and outcome evaluation. From more projects we mention here just two recently competed activities, that improved the field of prevention and provided useful guidelines for teachers, parents and prevention practitioners.

The European Union Drug Abuse Prevention (EU-Dap) pilot project, Unplugged, was piloted in the Czech Republic in the years 2006–10. Following a thorough evaluation, which indicated a statistically significant reduction in recent tobacco use and a reduction in experimentation among its target audience (children aged 12–14), the programme was further scaled up. In 2013–14 Unplugged booster sessions were introduced in more than 70 schools, and their effectiveness was evaluated in 2015. In addition, the Unplugged Parents module was introduced in selected schools.

European Family Empowerment: Improving family skills to prevent alcohol and drug related problems was a capacity-building prevention project aimed to increase family organizational capacity and family synergies working together with other organizations towards prevention. Its main objective was to explore and develop the preventive capacities of current European families on their children alcohol and drug use and to find the conditions through which these skills could be enhanced, by identifying the conditions that will facilitate parents' empowerment when managing their children risk behaviours (Gabrhelik et al., 2014).
Two projects focused on reduction of under aged drinking and of heavy episodic drinking are currently in progress (STAD in Europe and Localize It). These projects bridging the gap in prevention programs oriented to alcohol use.

Conclusions

Substance use prevention in the Czech Republic is well established. Among the pluses functional vertical and horizontal coordination should be mentioned. Unique system of education and certification is very important together with the existing funding scheme, however the budget for prevention is not adequate. Broad implementation of prevention in the school system and collaboration of schools with NGOs on prevention activities is also positive characteristic. Lack of longterm support of successful programmes is one of the most important limitations for prevention. Evaluation of effects of the prevention programmes need to be improved. Finally,

it should be mentioned, that the majority of the prevention programmes were focused on prevention of the use of illicit substances, and prevention of tobacco smoking and alcohol consumption is still underrepresented.

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Situation and priorities of addiction prevention in Cyprus

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In Cyprus, the regulatory and coordinating authority in the field of substance use is the Cyprus Anti-drug Council (CAC), which is an independent state. The Cyprus Antidrug Council is generally responsible for drafting the national strategy and action plan on drugs and other psychoactive substances, as well as promoting, monitoring and controlling its implementation.
The CAC aims demand reduction (prevention, treatment, social reintegration, and harm reduction), supply reduction, as well as the epidemiological monitoring of the drug situation in the country.
CAC is also responsible for evaluating, accrediting and funding actions in the above mentioned fields.

At KENTHEA we pay great attention on following the EU and The National Strategy for encountering dependence from illicit substances and the harmful use of alcohol 2013-2020. Therefore, our new projects aim to follow both the priorities of both strategies in terms of methodology and target population and at the same time adhere to the minimum quality standards.

According to the EU Action Plan on Drugs the first objective of Demand Reduction is to prevent drug use, and delay onset. This can be achieved by improving availability and effectiveness of prevention measures, taking into account population risk factors, situational risk factors, individual risk factors, by raising awareness and by informed response to the use of prescribed and over the counter psychoactive medicines.

According to the EU Minimum Quality Standards in prevention (environmental, universal, selective and indicative):

- a) interventions are targeted at the general population, at populations at risk of developing a substance use problem or at populations/individuals with an identified problem. They can be aimed at preventing, delaying or reducing drug use, its escalation and/or its negative consequences in the general population and/or subpopulations; and are based on an assessment of and tailored to the needs of the target population

- b) those developing prevention interventions have competencies and expertise on prevention principles, theories and practice, and are trained and/or specialized professionals who have the support of public institutions (education, health and social services) or work for accredited or recognized institutions or NGOs

- c) those implementing prevention interventions have access to and rely on available evidence-based programmes and/or quality criteria available at local, national and international levels and

d) prevention interventions form part of a coherent long-term prevention plan, are appropriately monitored on an ongoing basis allowing for necessary adjustments, are evaluated and the results disseminated so as to learn from new experiences.

Prevention and health promotion are considered very significant on a national level. Today the national focus is given on selective prevention and environmental actions.

The first target under "prevention" is to support vulnerable groups (children leaving school early, soldiers 18 to 20 years old in experimental use, children of incarcerated parents, children of mentally ill parents, abused children, children under the custody of the state, children of long-term unemployed parents, pregnant women using alcohol or substances, drivers who are caught to drive under the influence of alcohol repeatedly) to prevent drug use and offer programs at areas of high risk. The second target is to develop environments which are discouraging for the use of drugs. The third target is to offer universal programs available to the vulnerable groups that guide towards safe environments.

The programs which we currently run at KENTHEA include: support of the Psychiatric Structure of the National Guard (two psychologists working at the National Guard -mandatory service for males 18 to 20-in decentralized areas and one trainee), summer program at the National Prison's 5 schools (we offered group sessions for:

- a) personal development
- b) parenting skills
- c) lectures on addiction
- d) psychology classes-this year we offered introduction to developmental psychology), universal Prevention Program called "Journey of Life" (emphasis might be given on smoking, alcohol or multicultural matters according to the school's needs).

Our selective prevention programs are:

- 1) Multilevel Support for teens (Nicosia: Agios Dometios and Dali, Famagusta and Paphos)
- 2) Mothers in Action… Together we can do Better
- 3) Programs Prepared according to the needs of specific groups (e.g. a program was prepared for deaf children with the assistance of their translators and teachers. The program aimed management of emotions and prevention of smoking and drinking. Another program was prepared for students who were caught smoking at school premises and were put in our group in order to avoid punishment)
- 4) My Life's journey a selective prevention program in collaboration with the University of Cyprus targeting emotional regulation of teens of addicted or mentally ill parents.

KENTHEA is also active in EU Projects with the collaboration of our Euronet partners. We are also publishing Children Stories relevant to addiction prevention (this year we had one about bullying, one about love and tenderness, one about use of stimulant drugs and one about gambling), running the ESPAD Research 2015 (analysis and presentation of findings), giving speeches to the public, organising and taking part in conferences/lectures, providing scientific support to local counselling stations, providing training and supervision of graduate students in applied psychology programs and psychological treatment of addiction.
In more detail, the 'Mothers in Action… Together we can do better' project, is a selective prevention program partly funded by the National Antidrug Council of Cyprus. It aims at improving mental health and parenting skills of mothers who suffer from depression or anxiety, thus also improving the environment where their children develop. A healthy environment will increase likelihood the children will stay away from drugs and alcohol. According to the world health organization (WHO), 4 in 15 people will face depression at some point during their life. Goyal, Gay & Lee (2010) estimated that women of low SES, whose education is lower than college level, unmarried and unemployed face an 11 times greater risk to develop depression. Weissman et al (1992) found that children of depressed parents are in greater risk to develop addiction. A longitudinal study con-

ducted by Frank & Meara (2009) found that children of depressed women are in greater danger to develop behavior problems.
Even though there are nationally many parenting skills programs available, dysfunctional mothers do not use them. According to Muzik, et al, (2015) this might be due to the fact that these parents cannot understand how these programs might be useful for them, they do not have somewhere or someone to leave their children with in order to attend, they do not have means of transportation to the program, they might feel uncomfortable compared to more functional parents, they distrust the system.

The program offers once a week group meeting to improve parenting skills (12 sessions). The group is being facilitated by a licensed counseling psychologist. At the same time we look after the children in a room next doors while mums participate in the program. We offer light snack for mums and children. One advocate is being assigned per woman to: provide space to explore and articulate needs/goals, provide practical and tangible support (e.g. connect the woman to needed services, help with the completion of applications, accompany to meetings), emotional support. Advocates are counseling psychology graduate students. Advocates meet with mums at least once a week. Women's children and women themselves are being referred to appropriate services if they are not already served. Usually, these services are provided within our institution. KENTHEA is the program coordinator in the program and is responsible to manage the program, it offers the room where group meets, offers the psychologist and supervision to the advocates. The University of Nicosia – Department of Social Sciences/Psychology, as a collaborator offers the counseling psychology graduate students, while the Welfare Services of the Ministry of Labor, Welfare and Social Insurances: are responsible to track and refer appropriate population to the program. The program begun on October 1st 2016. A group of 10 women were referred by welfare services. 6 women agreed to come to the group. 5 agreed to continue. A decision was made to run the project with these 5 women and once completed, run another group with 5 more women. Initial target was 10 women. 5 advocates were selected and matched with the women. 7 group meetings were done until today with simultaneous child care. During the first 2 meetings participants were informed about services and completed some questionnaires. Goals were set. All of the women emphasized parenting skills and management of mood and anxiety as needed goals to achieve. A discussion was made regarding positive reinforcement of wanted behaviors and extinction of dysfunctional behavior in children. Techniques to assist with homework were discussed. Alternatives to corporal punishment were proposed when children behave violently or have tantrums. Adherence to Psychotropic Medication for children was discussed. Women appear cooperative and involved. They appear to be trying to show that they know a lot of things regarding parenting skills. It actually seems that they have some knowledge which is accurate and some which might be less accurate. Initially they were more defensive. Meeting after meeting they are more ready to reveal their difficulties and they seem more open to feedback. Information received from advocates confirms practical difficulties regarding parenting and setting boundaries. Group appears to proceed towards the correct direction. Advocates were welcomed by the women. The final evaluation of the program will include their scores on BDI and BAI, questionnaires about their satisfaction, number of referrals and whether they have followed and keep receiving services, reports from stuff and collaborators, qualitative data regarding achievements of group and advocacy and a financial report.

The 'Multilevel Support for Teenagers program', is a selective prevention program partly funded by the National Antidrug Council of Cyprus, which aims to minimize the risk factors for teenagers who belong in high risk (vulnerable) groups to develop a drug or alcohol abuse and simultaneously increase their protective factors. The target group includes high risk teenagers of a particular high school, their parents and their teachers. High risk teenagers are considered teenagers with incarcerated parents, mental illness in the family, parents or teenagers who use/abuse drugs and/or alcohol, teenagers who were sexually assaulted/abused, teenagers coming from families suspected for psychological violence, teenagers diagnosed with learning disabilities, teenagers with offending behaviors and teenagers coming from families with severe financial or other difficulties. According to NIDA the protective factors that should be increased are:

a) strong family bonds

b) parental control

c) parental support/involvement

d) school success

e) involvement in extracurricular activities/hobbies/ sports

f) having negative beliefs about the use of drugs.

According to the "Gateway Theory" (Kandel & Kandel, 2014, Chen et al., 2002), children who start smoking or using alcohol at an early age are more likely to continue using other illicit drugs and become dependent. According to the ESPAD 2015, alcohol consumption among students in Cyprus, stands well above the EU average, as 68% of students report alcohol use in the last 30 days, and 50% report heavy episodic drinking. (Lifetime cannabis use 7%, cigarette use 18%, tranquilizers without prescription 5% and use of inhalants 8%). At the same time prevalence of students experiencing substance use at the age of 13 or younger, is at 66% in regards to alcohol. According to Li, Zhou και Stanton (2002) 65% of teenagers in China started using drugs/alcohol at a friend's house, 83% of them in the presence of others using drugs/alcohol. The reason for using was experimenting and because someone else offered. According to the ESPAD 2015, 88% of students believe that alcohol is 'fairly easy' or 'really easy' to obtain (56% cigarettes and 21% cannabis). Moreover, the ESPAD 2015 showcases that among all students who had used alcohol, the frequency of drinking alcohol was 5.4 occasions on average in the last 30 days, while students from Cyprus consumed alcohol on 8.2 occasions, while the prevalence of five or more drinks at least once in the last 30 days by gender; was 57% for boys and 45% for girls (35% in Europe).
The program offers school support. We assign a tutor to each student for private tutoring, twice a week, one hour each time, for a period of three months in order to improve academic performance. Tutors are being assigned according to the students needs. Tutors also 'play the role' of a mentor. We provide Life skills workshops: 6 group workshops teaching life skills (i.e. communication skills, dealing with intense emotions, peer pressure etc.). Parents are receiving Counselling sessions in order to get help to improve their parenting skills (i.e. setting limits, communicating, being supportive etc). We set a limit of 6 meetings. We offer more at their request. We also support the teachers in their role: we offer lectures for the teachers in order to enhance their knowledge and skills in dealing with high-risk teenagers.
This project runs in 3 districts and 4 schools, 2 high schools in Nicosia: Agios Dometios and Dali, 1 high school in Famagusta and 1 high school in Paphos. KENTHEA again is the Program Coordinator and is responsible to manage the program, it offers the rooms parents counselling takes place, offers the psychologist who runs the life skill workshops and the lectures to the teachers. The University of Nicosia/University of Neapolis/ European University as collaborators offer the counselling/school psychology master students who provide counselling to the parents (and teenagers if necessary and if parents and teenagers content). The final evaluation of the program will include: Counselling students evaluating the family's needs/difficulties at the beginning and at the end of the program, questionnaires about their satisfaction will be given to the families, reports from stuff and collaborators and student's academic reports will be asked at the beginning and the end of the program.

By the end of the project, we are expecting that, the students will exhibit improvement in their school performance, minimization of the delinquent/offending behaviours, improvement of their social skills (communication/assertiveness etc), improvement of their self-image and confidence, involvement in extracurricular activities/ hobbies and acquire knowledge on consequences of drug/alcohol use. We are also expecting that the parents will present with improvement of their parental skills and the school will embrace students with positive expectations and their teachers will improve their skill of dealing with high risk teenagers.

Best-practice projects

Belgium
"SPORTWIJS.be"

Setting:	Sport
Objectives:	Inform and sensitize clubs and athletes Lower the threshold to alcohol and drug prevention for the setting of sports clubs
Target group:	Sport clubs and young athletes
Duration:	Ongoing online offer
Locations/distribution:	www.sportwijs.be – Online offer
Description:	With input of sport clubs and athletes an online offer was developed to inform and sensitize sport clubs and athletes about alcohol and drug prevention. The offer can also be used in brief intervention meetings with youngsters (FreD goes net) to discuss alcohol and drug effects, pros and cons. In Belgium this website is also linked and referred to in an offer called "sportvos" where clubs work towards an alcohol and drug policy (cfr. good sports program)
Content and methods:	The web app exists off 8 topics: product effects related to sport activity, self-tests, alcohol and drug policy in clubs, first aid concerning alcohol and drugs, road safety, doping, gambling
Skill requirements:	None for the visitors of the website. When used in a brief intervention knowledge of motivational interviewing The Click for Support guidelines (euro net) were used to develop the web application.
Evaluation and results:	Online since June 2016, reached 15.000 visitors in 6 months, ongoing effort needed to promote this offer
Materials developed:	Web app and promotional materials like beach flags, posters and alcohol test
Potential costs:	10.000 € in development
Obstacles:	No "history" with the setting of sports, Belgian beer culture interwoven with sports
Contact:	David Fraters David.fraters@cadlimburg.be

Funding:	Rotary: District Grant
Homepage:	www.cadlimburg.be, www.sportwijs.be
Organisations involved:	CAD Limburg, Rotary Club Genk

GERMANY
"Online prevention of substance-related disorders among students"

Setting:	University
Objectives:	The Esslingen University of Applied Sciences developed, implemented and evaluated a concept for the prevention of hazardous, abusive and harmful alcohol use among students as part of a research project funded by the German Federal Ministry of Health. The concept, entitled "eCHECKUP TO GO & Peer Support", is based on a combination of the online prevention programme eCHECKUP TO GO with the offline elements of student peer support, as well as integration with the existing counselling network in the university environment. The Esslingen University of Applied Sciences served as a pilot for this programme.
Target group:	Students
Duration:	01/05/2013 – 30/04/2016
Location/distribution	Esslingen University of Applied Sciences (The English version of the eCHECKUP TO GO programme is used in over 600 institutions worldwide)
Description:	As part of the project, the American online prevention programme eCHECKUP TO GO was adapted to German conditions as an online offering, and its effectiveness was evaluated using a randomised controlled trial (RCT). It is an anonymous, fully automated online-based program which provides users with feedback on their own drinking habits and their consequences. The goal of the program is to reduce alcohol use and the social impact and harm to health associated with it, thus promoting a successful study experience. A peer training and support system for students was set up to further anchor the programme in the university environment. After obtaining the appropriate qualifications, students will act as points of contact for other students who have questions about addiction and substances, while at the same time increasing their awareness of their own alcohol consumption and helping to remove the taboo surrounding hazardous alcohol consumption among students. In addition, a network will be established for further counselling, and treatment if necessary. The various elements (online programme, peer support and counselling network) relate to each other as parts of an overarching concept, ensuring that students have access to a comprehensive prevention offering in the university setting.
Content and methods:	The research strategy of the project can be divided into three fundamental parts: (1) Adapting the eCHECKUP TO GO programme for Germany (eCHUG-D for short), (2) evaluating the effectiveness of eCHUG-D, and (3) designing the training for student peer support workers. 1) Adapting eCHUG-D The eCHECKUP TO GO programme was developed by the San Diego State University Research Foundation and is now employed in more than 600 higher education institutions worldwide. Cooperation with the development

team was established before the project began, so that a German version of the programme could be developed as part of the project. Development of the German adaptation involved the translation of the text into German and the conversion of units of measurement (pounds/ounces/dollars), as well as a fundamental evaluation and adaptation of all programme elements with respect to the underlying empirical data and facts. Student participation played an important role in the adaptation process. The German design was tested in student focus groups for acceptance, clarity and relatability to students' everyday lives and language style. The focus groups were conducted with a group size of between five and twelve participants. In order to reflect the student population in Germany as representatively as possible, higher education institutions of different types (universities, universities of applied sciences, cooperative state universities) and in multiple locations were included. As part of a further review of the adaptation, questionnaires were developed during the effectiveness evaluation (see below) to measure the acceptance and usage behaviour of students in relation to eCHUG-D.
2) Evaluating the effectiveness of eCHUG-D
To evaluate the effectiveness of eCHUG-D, an RCT was carried out at three universities in the state of Baden-Württemberg between May and December 2015 as part of the project. The design of the trial involved the creation of two groups (assessment only control group vs. eCHUG-D intervention group), to which trial participants were assigned at random. Both groups went through the same assessment as part of the initial survey, after which only participants in the intervention group were given a link to the eCHUG-D programme, which they had to complete. As part of follow-up studies after 3 and 6 months, the trial participants in both groups answered the same questionnaires. According to the evidence level classification developed by the Agency for Healthcare Policy and Research, the result of an RCT is placed in the highest level, in category 1b.
3) Designing and implementing student peer support
Various resources were referred to when designing the peer support system: The topic of alcohol prevention at the Esslingen University of Applied Sciences has been discussed since October 2009, including as part of a workshop planned and conducted for students, by students. This approach and the experience gained from it, was evaluated and utilised in the development of the new peer support worker training concept. When designing the training for peer support workers, the experience of the Federal Centre for Health Education in running the youth campaign "Alkohol? Kenn dein Limit." (Alcohol? Know your limit.) was also utilised, and intensive exchanges took place with San Diego State University (interviews with psychologists, peer support workers and students active there), the stakeholders of the Esslingen University of Applied Sciences (central student advisory service, university administration) and an expert on motivational interviewing from the regional help network. The results from the student focus groups were also incorporated into the design.

Skill requirements:

Administration of the eCHUG-D programme requires familiarity with the counselling network of a university, and the ability to enter these contact addresses on a user platform.
Teacher for peer support worker training: e.g. MA in social education/social work or equivalent university qualification

Evaluation and results:

1) Adapting eCHUG-D
Feedback on eCHUG-D in the studies conducted was predominantly positive. From this, we can conclude that the translation and adaptation of eCHECKUP TO GO was successful, and that the German version enjoys widespread acceptance among students.
2) Evaluating the effectiveness of eCHUG-D
It was possible to prove the effectiveness of eCHUG-D using an RCT: Students who completed the eCHUG-D programme reduced the number of alcoholic beverages consumed (in the last four weeks) after three months and six months, as well as the maximum blood alcohol level reached when drinking after three months, to a significantly greater degree than the control group. Significant effects could therefore be proven for various variables associated with (hazardous) alcohol consumption. As identified in other studies, these are small effects based on a single completion of the programme.
3) Designing and implementing student peer support
The student peer support system was anchored in the mandatory curriculum of all courses offered by the Faculty of Social Work, Health Care and Nursing Sciences. The training concept extends across two semesters, and is based on a basic course and an advanced course. The peer support worker training will raise students' awareness of health-related topics and objectives, and teach them how to communicate these convincingly. In this way, students will gain key qualifications for encouraging health-promoting behaviours, for example motivational interviewing skills. The goal of the training is to enable the peer support workers to discuss alcohol consumption and the associated health risks with their fellow students, increase these students' awareness of their own alcohol consumption, encourage them to engage in less hazardous alcohol consumption, and motivate them to make use of the eCHUG-D programme. The development, implementation and optimisation of outreach actions form a core part of the peer activities. The peer support workers talk to students about the topic proactively, and invite them to take part in discussion. eCHUG-D, or elements of it, are also introduced as a low-threshold online offering. For more in-depth issues, people can be put in contact with the counselling network.
With the German version of the eCHECKUP TO GO programme, the German-speaking countries now have access to an online prevention programme that is tested to a high evidence level and tailored to the student environment. Training and deployment of student peer support workers prove to be important components, helping to raise awareness of the programme and anchor it within the university setting. The prevention concept makes use of the additive effects of these behavioural and environmental preventive approaches, in order to allow students to have a successful study experience when it comes to substance use.
The prevention concept described here is made available systematically to higher education institutions in Germany as part of a further project ("DIOS: Dissemination and sustainable implementation of (online) prevention measures for substance abuse among students"). Furthermore, advice and support in implementing prevention measures is provided to higher education institutions if they are interested.

Materials developed:	German version of the "eCHECKUP TO GO - Alcohol" programme (owned by San Diego State University) Flyer about eCHUG-D Handbook for peer support workers
Potential costs:	The "eCHECKUP TO GO - Alcohol" programme is licensed from San Diego State University. Yearly costs are expected to amount to around 975 US dollars. Costs will be incurred for teachers and materials as part of peer support worker training.
Obstacles:	Little is currently known about "effective implementation within the university setting".
Contact:	Marion Laging Marion.Laging@hs-esslingen.de Thomas Heidenreich Thomas.Heidenreich@hs-esslingen.de Faculty of Social Work, Health Care and Nursing Sciences, Esslingen
Funding:	Federal Ministry of Health, Germany
Homepage:	Short description of the completed research project: http://www.hs-esslingen.de/de/hochschule/fakultaeten/soziale-arbeit-gesundheit-und-pflege/forschung/projekte/abgeschlossene-projekte/echug-d.html Short description of ongoing BMG project "DIOS" http://www.hs-esslingen.de/de/hochschule/fakultaeten/soziale-arbeit-gesundheit-und-pflege/forschung/projekte/laufende-projekte/dios.html
Organisations involved:	San Diego State University Research Foundation Esslingen University of Applied Sciences

Greece
"An early intervention of Addictions Prevention in 18 to 25 year olds
The Case of Technological Education Institution of Pelopennese in Kalamata"

Setting:	Technological Education Institution of Pelopennese in Kalamata
Objectives:	Prevention of Addiction Endurance of self-esteem Development of communication skills Life quality improvement
Target group:	Students of the technological Education Institution of Peloponnese in Kalamata (36 persons in total, 23 women and 13 men)
Duration:	November 2014 – June 2015 November 2015 – June 2016
Locations/distribution:	Technological Education Institution of Peloponnese in Kalamata
Description:	A pilot program of prevention, through personal counselling and psychological support to the students. Sessions were being held once a week after making an appointment in contact with the HealthCare Department. Each session lasted 1 hour. Each student had three sessions. This particular intervention has been designed to be short-term, therefore there is the limit to the number of sessions. Although, in those cases where a long-term support was needed, we advised the students to address to the Public Institution of Mental Health of the State Hospital of Kalamata, where also the services are free of charge.
Content and methods:	During the sessions, we focus on each student's request; we try to find the dysfunctional thoughts that prevent them of being functional at personal, social and academic level; we offer individualized advices to their post-adolescent dilemmas and requests.
Skill requirements:	Education in personal counselling and psychological support
Evaluation and results:	Evaluation of counselling intervention was based on personal narrations of students. According to the personal narrations, by the end of the sessions they felt worthy, relief and had clearer mind to overcome their intrapersonal and interpersonal problems.
Materials developed:	./.
Potential costs:	working hours of two prevention experts
Obstacles:	the size of the sample Evaluation of counselling intervention was based on personal narrations of students

Contact:	prolipsimes@gmail.com
Funding:	Ministry of Health, Ministry of Interior, Ministry of Education
Homepage:	www.prolipsimessinias.gr
Organisations involved:	Prevention Centre of Addiction and Promotion of Mental and Social Health in the region on Messenia Technological Education Institution of Peloponnese in Kalamata (Health Care Dept. of T.E.I.) OKANA

Italy
"Streetlife.bz"

Settings:	Night-life / Party / events / youth scence / clique
Objective):	Supporting high-class party culture Supporting risk- and consumption competence Reduction of drug problems
Target group:	Young consumer of legal and illegal substances Organizer and pubs operator
duration:	Project starts in 2012, since 2016 in responsibility of Forum Prevention
Sites/ distrubtion:	Südtirol, mobile
Description:	Streetlife.bz is a project of Forum Prevention in nightlife and party setting, offered in cooperation with Bahngleis 7 / Caritas. It aims to support high-class party-culture and risk- and Consumption competence, to reduce drug problems and to increase knowledge.Streetlife.bz informs and sensi tizes visitors of events in form of a chill out-area and/or information. The offer focuses neutral and factual information about legal and illegal psychoactive substances, furthermore their risks, behavior in nightlife and prevention of emergencies relating to alcohol – and drug consumption. Streetlife.bz works near to the scene, accepting, preventing and risk mini-mizing. It offers information and consultation to: legal and illegal substan-ces and their effects and risks (Safer use) actual and local developments and trends Sex and sexually transmitted diseases (Safer sex) physical or mental health risk competences reflexion of consumption behavior safer nightlife legal aspects Streetlife.bz offers party presence by information (info- and safer-use ma terials, fruits, water, condoms etc.), chill out areas or an mobile team, con sidered by the arrangements with the organizer.n Anonymous surveys are carried out to data collection, knowledge enhancements, field analysis not least to legitimate work in nightlife. Monitoring informs aboutconsumpti on behavior, trends and developments. First consultation and reflexion of consumption behavior give the oppor tunity to act and intervene early. Workshops which topics to safer use and drug emergencies will not only be offered to scenes members, but also to actors of events.
Contens and methods:	outreach work Harm reduction orientation to living conditions Peer education

Skills requirements:	Motivating interviewing The employees must have an education in social / pedagogical field (social education, social work, psychology or similar to those) and will be trained to special issues currently (interviewing, substances and drug emergencies etc). Volunteers are young people near to the scene, working as peers. They are closely supported by employees who are involved in trainings as well.
Evaluation and results:	There is no special evaluation procedure, instead there is a continuous evaluation of project (monitoring results)
developed materials:	Information flyer (Substances and safer use), safer use materials (safer sniffing)
potential costs:	For the organizers, our offers are fundamentally free of costs, but they have to pay fruits, catering for employees and provide materials. Work-shops will be invoiced.
Hindering factors:	Local event politics, legal situation in Italy and public´s attitude to youth / drug consumption and night life
Contact:	Coordinator: Evelin Mahlknecht mahlknecht@forum-p.it streetlife.bz.gmail.com T: +39 342 3459111
Funding:	Autonomous province Bozen
homepage:	www.forum-p.it/de/streetlifebz--1-462.html www.facebook.com/streetlife.bolzano bozen
	participating organizations: Caritas diözese Bozen-Brixen, Bahngleis 7

Luxembourg
"Trans-regional addiction prevention with creative approaches"

Setting:	Youth social work
Objectives:	Promotion of interregional cooperation in addiction prevention in accordance with the ministerial agreements of the "Mondorf Declarations" of 1992 and 1998 (signed in Mondorf-les-Bains, Luxembourg), the participating regions being the Grand Duchy of Luxembourg, the German states of Rhineland-Palatinate and Saarland, the Moselle département in France (and, until 2009, also the German-speaking community in Belgium) Joint planning and implementation of selective addiction prevention measures
Target group:	Socially disadvantaged young people (usually 16-21 years of age) Multipliers and youth social work sector institutions in the wider region
Duration:	Cooperation measures of varying duration (usually 3-5 days each), occasionally since 1993, regularly since 1998
Locations/Distribution:	Greater region of the Mondorf Group: Luxembourg, Saarland, Rhineland-Palatinate, Moselle department
Description:	Cooperation between the MONDORF GROUP's addiction prevention specialists, with yearly planning and implementation of interregional projects for young people and interregional multiplier training courses in selective addiction prevention
Content and methods:	Selective addiction prevention measures: A variety of methods with creative approaches, particularly drawn from educational approaches based on outdoor experiences, nature, theatre, music, magic and art Model projects for young people, as well as training for multipliers (sometimes both in combination)
Skill requirements:	Coordinator level of the addiction prevention specialists: Expertise, experience, readiness to use a variety of methods, trust, reliability – a solid basis derived from long-term cooperation in a variety of different measures Willingness to cooperate among the target groups (institutions, multipliers, young people) Subject specialists: Experience in the field of youth social work, language skills (German, French)
Evaluation and results:	Short-term results: Very positive feedback ("intensive, meaningful experience") Long-term results: Incentives for everyday work, development of long-lasting contacts (in part bilateral) follow-up projects and working groups, materials and documentation (in part bilingual)
Materials developed:	Various materials: Documentation, manuals, DVD, CD, press reports
Potential costs:	Per measure, year and region approx. €1,500 material costs including staff costs

Obstacles:	Dependency on level of personal and financial support and resource potential of the relevant institutions and decision-makers, turnover of skilled staff
Contact:	CePT – Centre de Prévention des Toxicomanies / Luxembourg Roland Carius r.carius@cept.lu
Funding:	From the participating institutions and from ministries in the participating regions
Homepage:	Information on the Mondorf Group online at www.cept.lu
Organisations involved:	Addiction prevention specialists from the Mondorf Group as a
coordination platform:	CePT-Centre de Prévention des Toxicomanies, Luxembourg Caritasverband Westeifel, Bitburg, Germany Drogenhilfe Saarland, Germany CMSEA – Service en Amont, Freyming-Merlebach, France As well as other cooperation partners/institutions in the region (depending on the measure)

Netherlands
"Moti4"

Setting:	everywhere, youth organizations, addiction organizations, at home, on street corners
Objectives:	motivate towards behavioral change, accepting (professional) help or even clinical admission
Target group:	Youth (14 – 24) with beginning problematic alcohol use, problematic drug use or problematic gambling
Duration:	4 (or 5 if meeting with parents or guardians is planned) meetings of one hour each
Locations/distribution:	online offer, www.moti4.nl, moti4-app
Description:	Moti4 is a conversation-process oriented model for youth between 14 and 24 who are at risk of alcohol abuse, drug (ab)use or gambling abuse. The step towards regular healthcare is often too large for this group. They are frequently not motivated and/or do not seek help. For this group, the low-threshold approach Moti4 has been developed
Content and methods:	4 conversations along 4 distinct and seperate themes 1. Building trust, inventory of potential problems 2. Knowledge and insight 3. Increase of self-strength and efficacy 4. Round-up and closure 5. A three-way discussion with youth and parent or guardian The therapist has to adhere to the theme of the conversation but has a lot of leeway in how to conduct the conversation. There are attractively designed workbooks for alcohol, drugs or gambling and one especially for youth with mild intellectual disability plus a comprehensive manual for the therapist. There is also a website and an app has been developed.
Skill requirements:	Therapists have to be (at least) social workers with a bachelor degree, trained and experienced in motivational interviewing. Completion of a basis training in addiction care is mandatory as is an accreditation for Moti4. This accreditation is acquired by following a specific Moti4 training program.
Evaluation and results:	A mid-course and end-of-course evaluation is conducted with the youth and (if possible) the parents. A Randomized Control Study was conducted on the effects of the Cannabis version of Moti4. In brief excerpt: After the intervention, the average weekly amount spent on cannabis had decreased from €17,77 to €11,95. Likewise, a significant decrease was found for the past week's frequency of use, from 4.3 to 2.4. As regards to the motivation to change, a statistically significant increase was found for planning to stop and a large increase in the desire to stop. Relevant articles are available on request.

Materials developed:	3 workbooks (for both youth and therapist), 1 manual (for the therapist) a website and an app
Potential costs:	Costs are mostly based on the personnel costs for therapists (tactus calculates on average 18 hours, or about 1530 € per Moti4) and on the license fee for the use of the programme (apporximately 5000 € / year)
Obstacles:	Dissemination of Moti4 has to be thorough to ensure effective referrals, expectations can be too high, especially with parents, it is sometimes difficult to involve parents (youth' wishes are leading), also involvement would almost always be beneficial.
Contact:	Hans Dupont Mondriaan Addiction Care Heerlen, Netherlands h.dupont@mondriaan.eu
Funding:	Moti4 is pais for by local municipalities
Homepage:	www.moti4.nl
Organisations involved:	11 mental health care and addiction care organization in every province in the Netherlands: Mondriaan Vincent van Gogh VNN Tacuts Brijder Jellinek Novadic Kentron Indigo Bouwman Victas Iriszorg

Austria
"Vereinscoaching OÖ Fußballverband"

Setting:	Youth work/addiction prevention in clubs
Objectives:	Addiction prevention in football clubs, reflection on alcohol culture in football clubs, development of an alternative party and celebration culture
Target group:	Football clubs in Upper Austria, (youth) coaches
Duration:	1 year
Locations/distribution:	All of Upper Austria
Description:	A comprehensive guide for organisers of festive events was published with the slogan "Gemeinsam spielen – feiern – Vorbild sein!" (Play – party – and be an example together!), explicitly highlighting the particularities of football clubs. It is a compact and handy aid for clubs, and is useful when organising both small internal parties and larger events.
Content and methods:	Workshops, seminars, presentations
Skill requirements:	Addiction prevention expertise, sociocultural proximity to the topic
Evaluation and results:	to follow in 2017
Materials developed:	Pamphlet, beer containers with slogans, armbands, posters, banners
Potential costs:	The costs of the entire project were borne by OÖ Gebietskrankenkasse (Upper Austria Regional Health Insurance Fund).
Obstacles:	Alcohol culture in football, traditions
Contact:	Andreas Reiter, MA (FH) Dept. for extracurricular youth activities and employment +43 732 77 89 36 25 Andreas.reiter@praevention.at
Funding:	OÖ Gebietskrankenkasse (Upper Austria Regional Health Insurance Fund)
Homepage:	http://www.praevention.at/jugend/vereinscoaching-ooefv.html
Organisations involved:	OÖ Gebietskrankenkasse, OÖ Fußballverband

Portugal
"High school finalists' trip: Preventing risk behaviour for young people"

Setting:	School
Objectives:	Increases health literacy Raise awareness about risk-free entertainment, especially about alcohol, tobacco and other drug use (ATOD) in recreational contexts such as festivals, parties, youth travel.
Target group:	Students of the 12th grade that will participate in finalists' trip.
Duration:	3 – 5 hours of dialogic sessions: depending on target group size.
Locations/distribution:	Schools: students registered in finalists' trip.
Description:	Intervention model based on Participatory Health Research approach (ICPHR, 2013). Awareness sessions (3 to 5) for students of the 12th grade that will participate in the finalists' trip. The sessions were designed by nursing students based on the questions: What do you expect from the finalists' trip? Is there a risk (individual / collective)? What do you expect about alcohol, tobacco and other drugs consumption? How to act to reduce or minimize the risk? How to act in crisis situation? Awareness sessions help by Peer Educators which receive 30 hours training and become volunteers trainers.
Content and methods:	Contents of Peer Educator training. ATOD use and abuse; Health and safety in nightlife, sexual risk and violence, first aid and outreach peer education Methods of peer educators training: During training peer educators produce educational resources as videos and leaflets. Team base lerning, problem based learning and simulations are the main pedagogic methods. Content of awareness sessions: ATOD use and abuse, Health and safety in nightlife, sexual risk and violence, first aid Methods of awareness sessions: Group dynamic, worldcafé and simulations are the main pedagogic methods First Session: dialogic session; ABC of love, reflection about esponsible sexuality. Second Session: critical reflexing and problem based learning Third session: Problem based learning about how to act to reduce or minimize the risk and crises situations. Training and simulation of first aid.
Skill requirements:	Peer educators training. Being higher education student and willing to be volunteer. Target student. Being registered in finalists' trip

Evaluation and results:	Assessment before training and after finalists' trip: Health literacy (online questionnaire and participative inquiry) during the session. Risk attitudes and behaviours (online questionnaire) First session: word cloud about expectations associated with the finalists' trip. Most of them point: Fun, drunkness, love Second session: Participative Rapid Diagnostic about ATOD (line on floor yes / no): 12,5 % smoke, 100 % drink alcohol, 56,3 % had been heavily drunken at the least once, 15,6 % said that will use other drugs in finalists' trip if they have opportunity to do it, self calculation about alcohol level at the last party: 0,22-3,56mg/dl, reflection about difference between boys and girls alcohol consumption Third session: all students classify the intervention as very positive, different, insightful, informative, interactive, expansion of knowledge After finalists' trip: online questionnaire, increase health literacy and reduce risky behaviors.
Materials developed:	leaflet: passport to finalists' trip
Potential costs:	training 30 peer educators and held awareness sessions to 10 groups: around 8.000 €
Obstacles:	schools do not make time, space and resources available for group sessions. Please note that not all students are enrolled in the finalists' trip.
Contact:	Irma Brito, PhD IrmaBrito@esenfc.pt
Funding:	IREFREA Portugal & ESEnfC
Homepage:	http://www.esenfc.pt/pt/page/3647?outreach_project=236&id_aps=9
Organisations involved:	UICISA-E, Escola José Falcao de Miranda do Corvo, Unidades de Cuidados na Comunidade de: Soure, Montemor-o-Velho, Coimbra Saúde; Cantanhede

Switzerland
"Be my angel tonight"

Setting:	Nightlife
Objectives:	Raising awareness of the dangers of alcohol and drug use when driving Designate sober drivers for groups Establish sober drivers as a social norm
Target group:	Partygoers in the 16-25 age group
Duration:	Unlimited (as long as financing is secured)
Locations/distribution:	All of Switzerland with project locations by language region (German/ French/Italian).
Description:	The "Be my angel tonight" project encourages drivers to stay sober at parties. The slogan of the project: "Wer fährt, trinkt und kifft nicht – wer trinkt oder kifft, fährt nicht." (If you drive, you don't drink or smoke pot – if you drink or smoke pot, you don't drive.) Announcement of an angel driver – the group organises itself and chooses a designated sober driver in advance. The goal is not to promote general abstinence, but to encourage people to deal responsibly with the issue of drink-driving.
Content and methods:	The "Be my angel tonight" stall is located near the entrance in order to catch party guests as they arrive. With the involvement of the group, designated drivers provide their signature (digitally via app) and agree not to drink, so that they can drive home safe and sober. The passengers also give their signatures, confirming that they will help their "angel" to stay off the alcohol and keep to the agreement. The angels are given a red armband, identifying them as an angel driver. In addition to the armband, they also get two vouchers that can be exchanged for free or discounted non-alcoholic drinks at the bar.
Skill requirements:	Shift supervisors (mostly ex-peers) are trained by ASN and are responsible for the smooth operation of a "Be my angel" assignment. They are supported by motivated peers who attend further training each year.
Evaluation and results:	Evaluation from 2007 (Paleo Festival): project appropriate to the target group; drink vouchers confirm the angels' understanding of their role (Séchaud, Duperrex, 2007). Regular audits ordered by the Swiss Road Safety Fund (2013, 2016).
Materials developed:	Blood alcohol level calculator: http://www.bemyangeltonight.ch/promillometer/courbealco.swf Angel contract app Give-aways with prevention messages (ice scrapers, microfibre cloths etc. with the message "Klare Sicht mit 0,0 Promille" – Clear vision with 0.0% BAC)

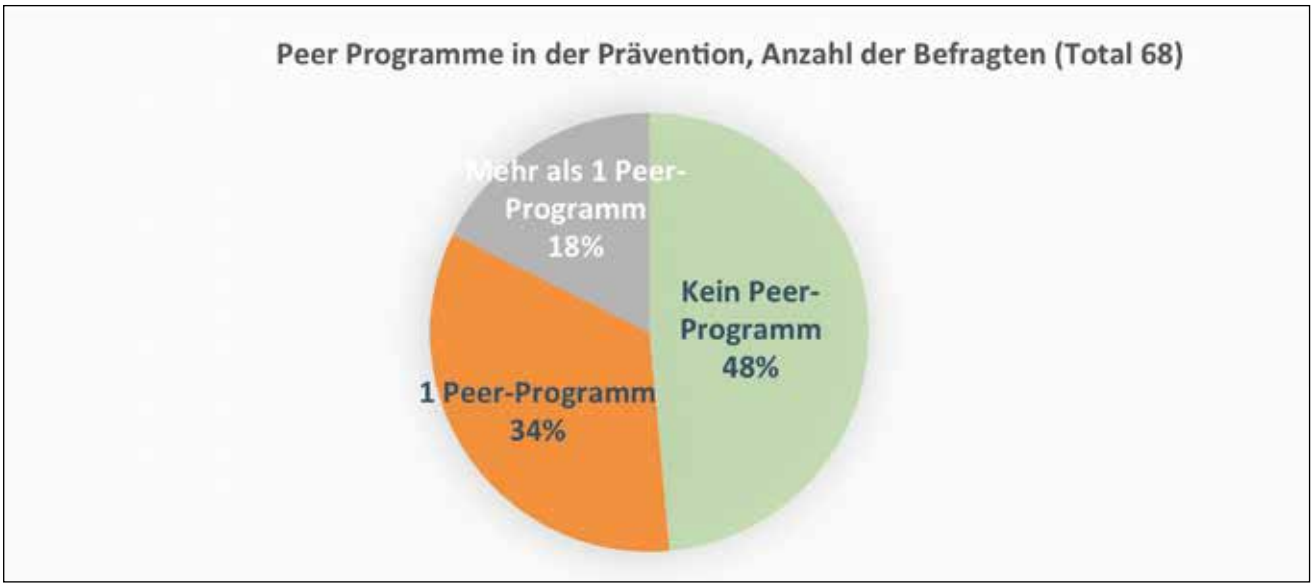
Potential costs:	The budget for all of Switzerland amounts to 800,000 CHF/year.
Obstacles:	Organisers: It is very difficult to find new organisers, since they need to bear the costs of the discounts, are worried about losses and the presence of prevention workers at the entrance/exit, and because there is no political pressure. It is therefore very staff and time-intensive. Organisations involved: Various organisations involved in the project cause problems for the project identity, but are indispensable when it comes to local needs – close cooperation is necessary, at least on management level. A national exchange meeting takes place every year for this reason. Peers: Age-related turnover of peer employees: Ensuring team stability is a challenge, but is essential to the work carried out on site. The peers do not just do work because of the money, but also because they are intrinsically motivated. This motivation is of priceless importance to the project.
Contact:	Chantal Bourloud, Fachstelle ASN, chantal.bourloud@fachstelle-asn.ch
Funding:	Road Safety Fund, various cantons, private
Homepage:	www.bemyangel.ch / www.bemyangeltonight.ch Facebook: www.facebook.ch/bemyangel.ch
Organisations involved:	Blaues Kreuz Schweiz Fachstelle ASN Fondation Vaudoise contre l'alcoolisme

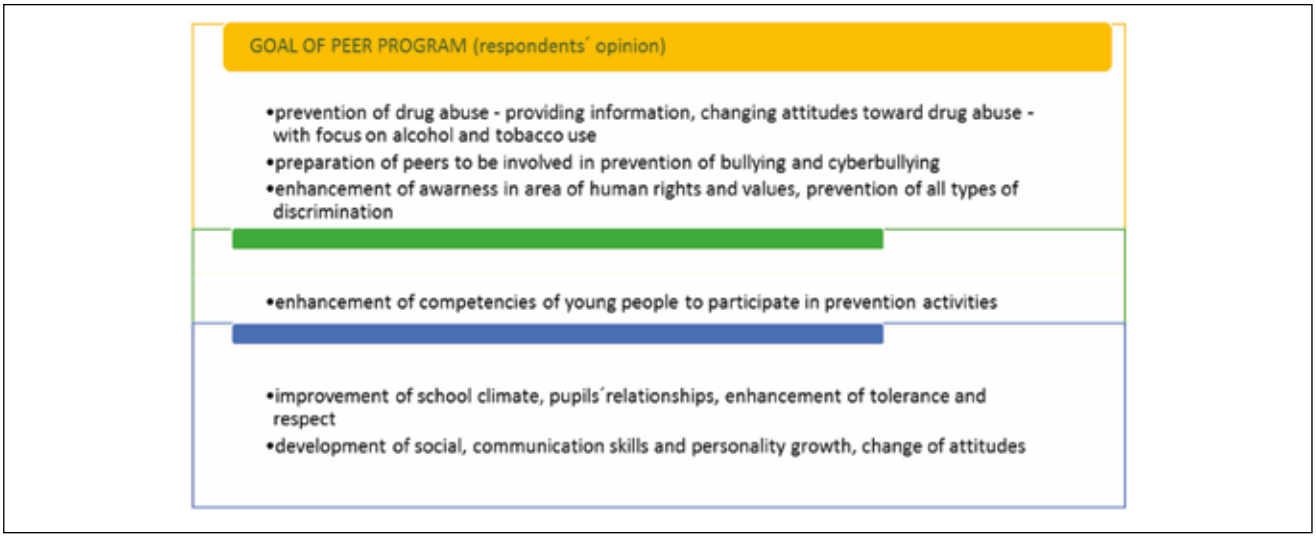
Slowakei
Peer-Programme im Schulsystem der Slowakei

Zuzanna Vojtová et al.
Research Institute for Child Psychology and Pathopsychology,
Bratislava, Slovakia
www.vudpap.sk

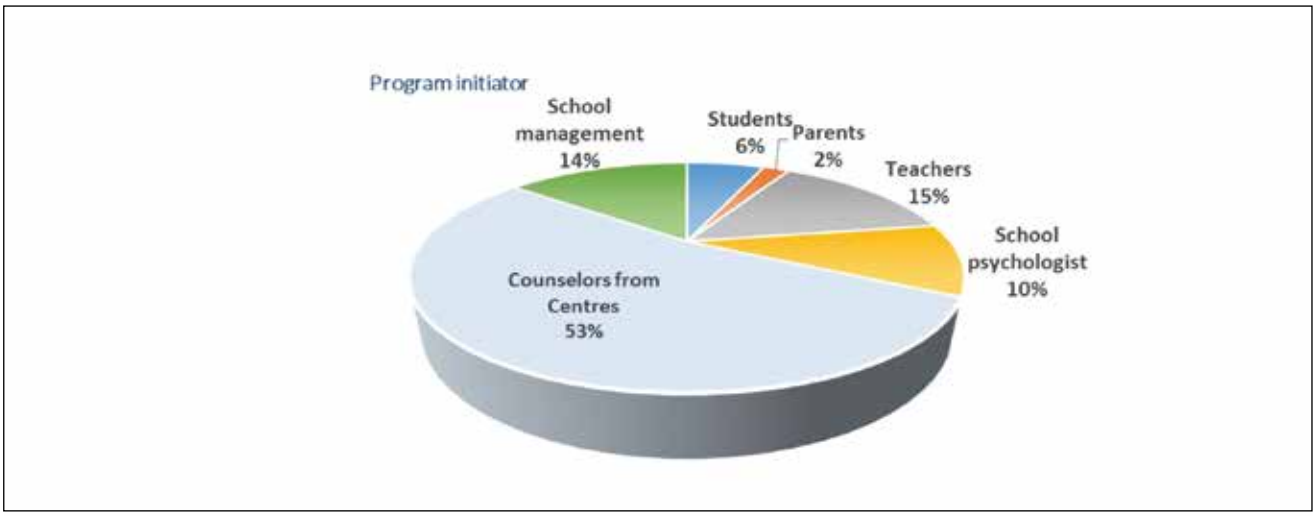
Peer education has been defined as "the teaching or sharing health information, values and behaviours between individuals with shared characteristics" (Strange in Mac Arthur et al., 2015). This approach may involve the delivery of parts or all of an intervention by same age or older peers in informal or formal settings, using pedagogical or "diffusional" methods (i.e. where peer-led education occurs as part of the normal communication within social groups). The promise of such approaches is borne of notion that young people learn from each other, that peer have greater credibility among young people, have a shared cultural background and that may have a greater understanding and empathy surrounding the health behaviour of young people. They may also act as positive role models who can reinforce behavioural messages (MacArthur et al., 2015). Research Institute conducted survey (June, 2016) of the current situation with Peer programs implementation in prevention activities of preventists in nationwide network of Counselling and Prevention Centres for Children and Youth in Slovakia (80 Centers in SK).

Method and survey sample:
Online questionnaire answered 68 professionals mostly from Centers. 35 professionals (51% of respondents) confirmed to implement at least one peer program during last 5 years. 23 preventists carried out more than one peer program during last5 years. 35 peer programs were analysed.





Initiation to implement peer program was solely suggested by counsellors from Centres in 53% of cases. But almost 47% of programs were initiated in cooperation with teachers, school management and school psychologists. 2 peer programs were initiated by parents.



Program development or adaptation:
peer programs have been already for more than 15 years important intervention in prevention work in Centres so they are confident to set up their own programs tailored to needs of target group. Participation of school stakeholders is also vital for effective peer-led interventions.

Age of target group and peer activists:

· the most peer programs were implemented on second level of elementary education(5th to 9th grade)

· Only few were for younger age (1 was for Kindergarten).

· 9 programs were for students of secondary schools

Behaviour addressed by peer programs was mainly substance dependency (alcohol, tobacco, cannabis etc.), then bullying, cyberbullying, aggressive behaviour but also strengthening of social competencies. Focus was also on non-substance dependencies, prevention of extremism, homophobia, healthy lifestyle and truancy.

Training of peer activists was carried out mainly by counsellors from Centres (70,7%) or school psychologists (17,1%). Peers were trained in 16 cases in longer period (during one year) with trainings on monthly basis. In 9 cases were peers trained in more intensive workshops –during weekends. In average duration of the training was 30 hours.

Supervision was provided by counsellors (48%), by teachers at school (16%) or by school psychologists (14%). By 5 peer programs there was no supervision provided. Supervision or professional support to peer activists were provided in 26 cases on regular basis through personal meetings and consultations. Consultations by e-mail or telephone were applied in 17 programs.

Selection of peer activists –was done in general on voluntary base in combination with subsequent nomination by counsellors, teachers or school psychologists (in 61.8% of programs). Usually the selection had several steps:

1. pupil ´s interest
2. application of personality inventories, questionnaires on dependent behaviour, sociograms, projective methods (applied by 60% of interventions) and
3. step was approval by teacher.

In some cases were assessment methods crucial for peer activists' selection.

Age of target group and peer activists: the most peer programs were implemented on second level of elementary education (5th to 9th grade). Only few were for younger age (1 was for Kindergarten). 9 programs were for students of secondary schools.

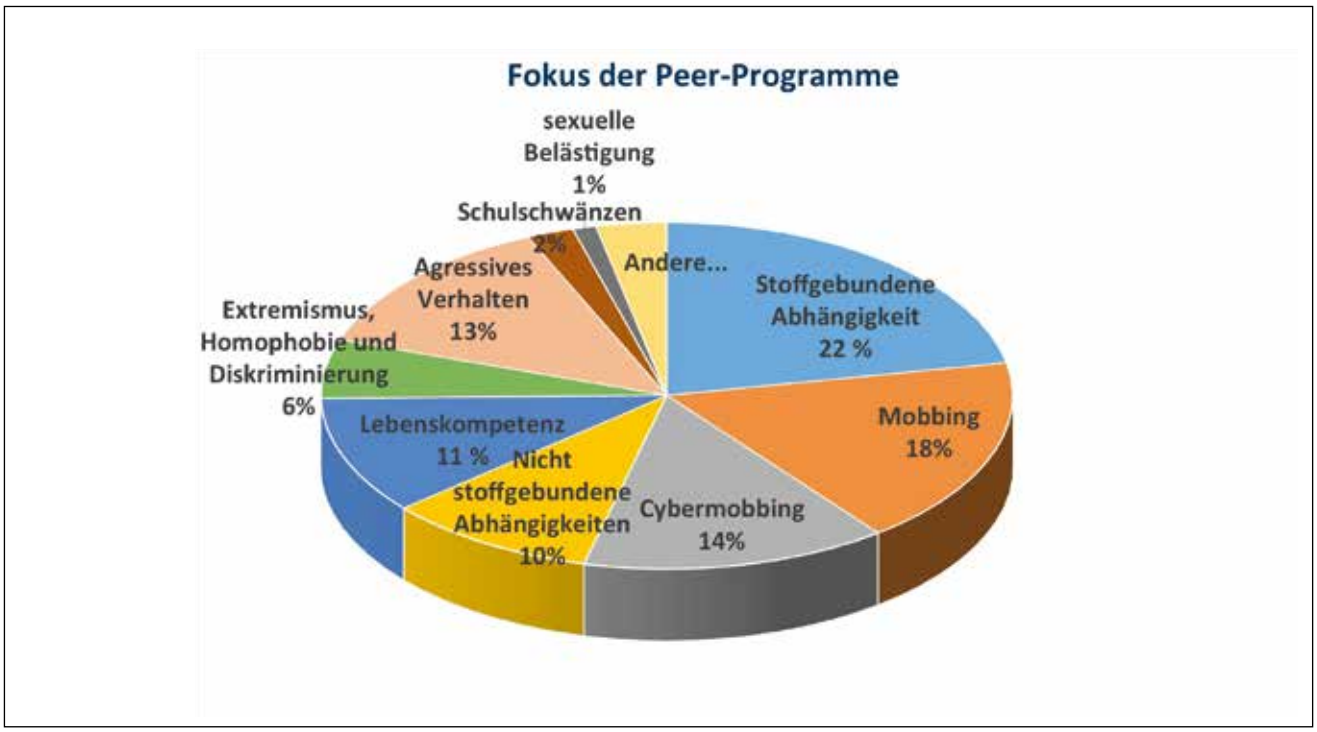
Peer program effectiveness –was mostly measured only by questionnaires to get feedback after program (88,5%). Evaluation before and after program was done in 8 cases. Only one program was evaluated in pretest and posttest and compared with control group.

Duration of peer program

· varied but about half of programs lasted 1 school year,

· 10 programs lasted less than 6 months

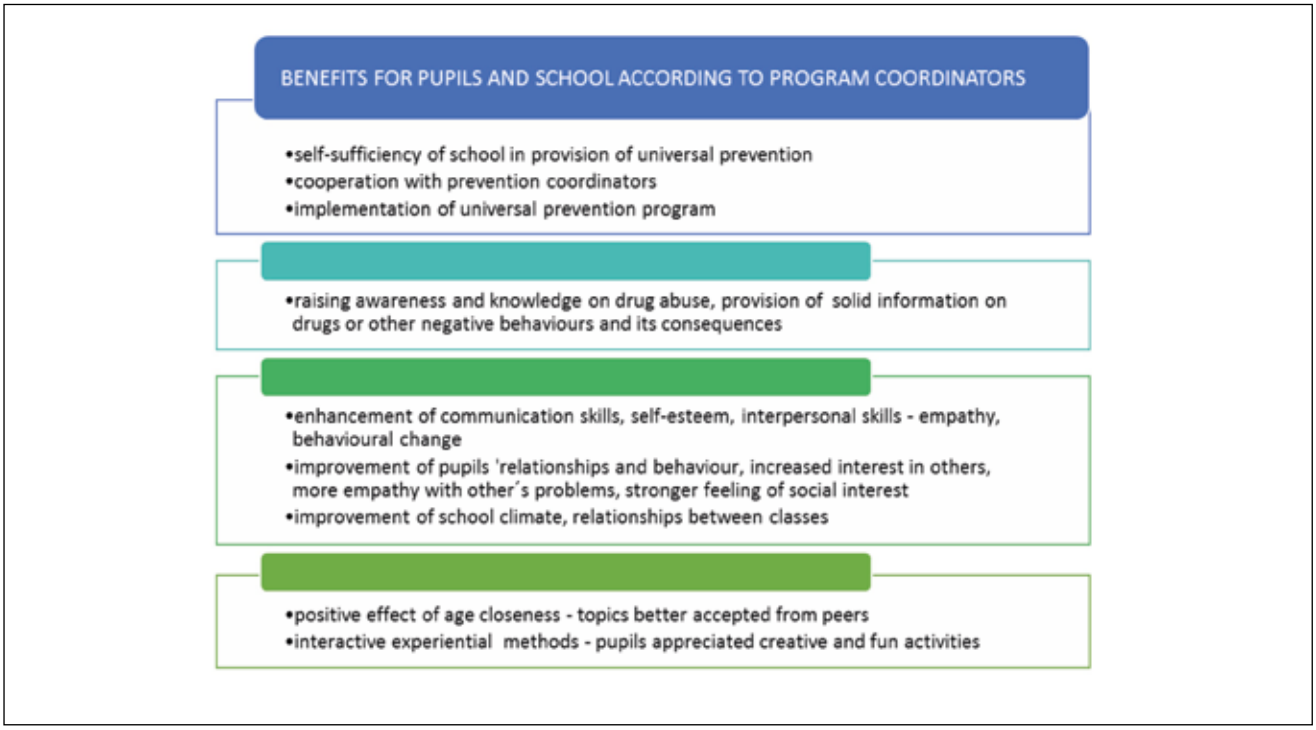
· 8 programs were implemented for more years



Challenges and obstacles to implement peer program

- Cooperation with school – not really accepting the program, not providing good conditions like room and organisation, problems with excusing pupils from lessons
- Time demands –not enough time to implement the program
- Lack of peer activists 'motivation
- Problems with abstinence from addictive substances among peer activists
- Economic issues, work overload for coordinators, difficulties with program implementation by peers-less developed skills to present, plan and solve problems

The experience of the European drug prevention experts shows that a peer principle of prevention programs is still considered to be an effective tool for achieving prevention targets for eliminating undesirable risk behaviour, not only among young people but also among young people aged 18-25 years. Also research on peer approaches confirms their effectiveness. About half of the respondents of our survey implement peer programs in Slovakia. This shows the need for further research, evaluation and development of this approach. Methodological difficulty of measuring the effectiveness of this comprehensive approach should not be an obstacle but rather a challenge.



References
MacArthur, G. et al. (2015) Peer-led interventions to prevent tobacco, alcohol and/or drug use among young people aged 11-21yeaars: a systematic review and meta-analysis

Spain
"The Quality Nights Project"

Gütesiegel
"Quality Night"

Setting:	Night life, dance floor, young people A project for the promotion of local risk reduction and prevention strategies for nightlife.
Objectives:	Aims to create a context of collaboration among nightlife stakeholders, in order to make it a safer, more appealing and healthy space.
Target group:	Local representatives of Health and youth and their technical professionals, local cultural associations related to leisure, local securiy police, associations of alcohol retailers and nightlife club owners.
Duration:	Substained over time once the platform starts to work.
Locations/distribution:	Catalonia
Description:	To organize: Participative platforms to define global strategies for safety and healthy nights at local level. Labeling good practices in clubs and festivals and local festivities. Training nightlife professionals and volunteers (peer to peer methodology).
Content and methods:	NitsQ platforms are a space for debate, reflection and proposals that invites all stakeholders involved in town's nightlife. Each group becomes a permanent participatory organism to discuss matters related to the nightlife in town and to promote risk reduction and other preventive strategies. Matters discussed are safe mobility, substance use by minors and the co-existence between residents and users of nightlife, regarding noise, pollution and respectful use of the public space or with training in prevention and risk reduction for nightlife professionals and the city's cultural associations.
Skill requirements:	Mediation, social sciences, sociology, social psychology,
Evaluation and results:	1. Evaluation of Catalonia nightlife health politics and interventions Most of information and awareness raising campaigns do not have the expected impact. Preventive interventions should consider emotions and affections related to nightlife to be more effective. Most of the interventions are directed at the individual. Not all information provided is useful to manage risks. 4. Use 2. fulness of peer to peer interventions to give preventive informati on to ecstasy and other recreational drug users 91,4% remembered at ast one risk reduction message Information about dosage (70,4%), importance of hydration (70 %), information about polydrug consumption risks

(23,7 %) Decrease of use of ecstasy (66,7 – 51,7 %) and alcohol (53,7 %) Decrease on mixing alcohol with drugs (31 %), no alcohol at all (13 %) 78 – 75 % had looked for information about risk reduction practices (leaflets, web)
3. commendations Guide to assess the impact of preventive nightlife interventions 61 % of surveyed stated that the information received from Komando NitsQ positively influenced their habits.

Materials developed:	http://hemerotecadrogues.cat/q-de-festa-2/
Potential costs:	€60,000/year
Obstacles:	Conflict of interest Alcohol industry vs. Health department. Staff to follow up the
Contact:	Joan Colom Catalan Health Department Joan.colom@gencat.cat
Funding:	Catalan Health Department
Homepage:	www.qdefesta.cat
Organisations involved:	Health Department, Youth Department, FECALON, Party +

Qualitätsstandards


Peer-Gruppe

Czech Republic
"SYPREDOS - Systematic Prevention of Drug Use in Adolescents through Brief Intervention of Paediatrician

Setting:	Primary health care for children and adolescents
Objectives:	Proposed project aimed to efficiently contribute to systematic prevention of drug addictions in youth in the Czech Republic. The project was organized as an educational/training programme for paediatricians with a consecutive intervention. The project results also served as a background for creation of a website for support and further education of paediatricians in the field of prevention of substance use in youth.
Target group:	Paediatricians and their patients (aged 13 through 18)
Duration:	30 months
Sites / Distribution:	60 practices of paediatricians in four regions of the Czech Republic
Description:	During the 30 months of project implementation, a total of 60 paediatricians were trained and further participated within the study of assessment of efficiency of the brief intervention method developed within the project. Within assessment of this study, a study of current needs of paediatricians in the field of drug prevention has been also performed. On the basis of acquired data, a methodical guide for paediatricians was be composed, concerning screening, consulting and short intervention in the field of prevention of drug abuse and drug addictions in youth under the age of 17. The methodical guide included background information used for its elaboration accessible to the professional public on-line on the website of the Prague Psychiatric Centre.
Content and methods:	Paediatricians received training in administration and interpretation of the CRAFFT screening instrument and also were trained in delivery of brief intervention based on principles of motivational interviewing.
Skills requirements:	Ability to provide screening and brief intervention focused on reduction of substance use in adolescents
Evaluation and results:	Pre-test and post-test with follow-up of 6 months. Questionnaires were filled in by 3300 adolescents.
Results:	decrease in initiation of marijuana use and reduction of occurrence of episodes of heavy drinking. Improved knowledge about risks of alcohol and marijuana use.
Developed materials:	Czech version of the CRAFFT Screening Questionnaire. Talking points for paediatricians. Manual for prevention of substance use among adolescents in primary health care setting
Potential costs:	Total costs of the project were 351 000 Euro.

Hindering factors:	./.
Contact:	Ladislav Csémy (csemy@nudz.cz)
Funding:	EEA and Norway Grants
Website:	With the implementation of completely new IT technology in National Institute of Mental Health the www pages of the SYPREDOS project are available only in archive (the website in archive is not fully functional). http://sypredos.pcp.lf3.cuni.cz/. archivedvia; http://web.archive.org/web/20111001012229/http://sypredos.pcp.lf3.cuni.cz/
Participating organizations:	Prague Psychiatric Centre (currently transformed into National Institute of Mental Health)

Cyprus
"Mothers in action….together we can do"

Setting:	Nicosia, Cyprus
Objectives:	It aims at improving mental health and parenting skills of mothers who suffer from depression or anxiety thus also improving the environment where their children develop.
Target group:	Mothers who receive support from Social Welfare Services and suffer from depression or / and anxiety and –indirectly- their children
Duration:	6 months
Locations/distribution:	KENTHEA provides one of its counselling centers as the site of the group meetings and supervising to the participating Psychologists and Advocates, Social Welfare Services were responsible for referring the target group, University of Nicosia provides the advocates.
Description:	Parenting skills workshops and psychological support to women who suffer from depression and / or anxiety. Weissman et al (1992) found that children of depressed parents are in greater risk to develop addiction.
Content and methods:	The program offers once a week group meeting to improve parenting skills (12 sessions). The group is being facilitated by a licensed counselling psychologist. At the same time we look after the children in a room next door while mums participate in the program. Mums are also being assigned to an advocate who is supporting emotionally or practical difficulties. Advocates meet with mums at least once a week.
Skill requirements:	The group facilitator and the advocates need to be qualified to provide psychological support. In this project, both the facilitator and all of the advocates are Graduate Counselling Psychology students under supervision.
Evaluation and results:	The final evaluation of the program will include their scores on BDI and BAI, questionnaires about their satisfaction, number of referrals and weather they have followed and keep receiving services, reports from stuff and collaborators qualitative data regarding achievements of group and advocacy and a financial report (project begun in October).
Materials developed:	N.A.
Potential costs:	Cost for the site (provided by KENTHEA), snacks for the children, childcare, parenting skills meeting facilitator, advocates, supervision and managing costs.
Obstacles:	Referrals are the only hindering factors, as some of the women referred might be unwilling to participate

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Funding:	Paritally funded by the Cyprus Anti-drug Council
Homepage:	N/A
Organisations involved:	KENTHEA, University of Nicosia, Department of Social Sciences (Psychology) and Social Welfare Services

Cyprus
"Multilevel Support for Teenagers program"

Setting:	This project runs in 3 districts and 4 schools, 2 high schools in Nicosia: Agios Dometios and Dali, 1 high school in Famagusta and 1 high school in Paphos.
Objectives:	Aims to minimize the risk factors for teenagers who belong in high risk (vunerable) groups to develop a drug or alcohol abuse and simultaneously increase their protective factors.
Target group:	The target group includes high risk teenagers of particular high school, their parents and their teacher.
Duration:	6 months
Locations/distribution:	KENTHEA is the program coordinator and is responsible to manage the program, it offers the rooms parents counselling takes place, offers the psychologists who runs the life skill workshops and the lectures to the teachers. The University of Nicosia / University of Neapolis, European University as collaborators offer the counselling, school psychology master students who provide counselling to the parents (and teenagers if necessary and if parents and teenagers give content).
Description:	A multilevel prevention project targeting 1.) difficulties that students face both behaviourally and in school performance, 2.) difficulties that parents face in their parenting roles and 3.) supporting teachers.
Content and methods:	We assign a tutor to each student for private tutoring, twice a week, one hour each time, for a period of three months in order to improve academic performance. Tutors are being assigned according to the students needs. Tutors also "play the role" of a mentor. We provide Life skills workshops: 6 group workshops teaching life skills (i.e. communication skills, dealing with intense emotions, peer pressure, etc.). Parents are receiving counselling sessions in order to get help to improve their parenting skills. We also support teachers in their role: we offer lectures for the teachers in order to enhance their knowledge and skills in dealing with high-risk teenagers.
Skill requirements:	Workshop facilitators are psychologists, Counselling sessions need to be run by professional psychologists, tutors hold an undergraduated degree in mathematics or Greek literature, or are elementary teachers.
Evaluation and results:	The final evaluation of the program will include: Counselling students evaluating the family's needs / difficulties at the beginning and at the end of the program, questionnaires about their satisfaction will be given to the families, reports from stuff and collaborators and student's academic reports will be asked at the beginning and the end of program.
Materials developed:	N.A.

Potential costs:	Tutoring costs (funded by Cyprus Anti-drug Council), cost for the site for counselling sessions (provided by KENTHEA), workshops facilitator (KENTHEA personnel-psychologists), counselling sessions (provided by graduated counselling psychology students of our collaborators programs), site for workshops provided by school.
Obstacles:	Referrals are the only hindering factors, as some of the referred students and parents might be unwilling to participate and drop out.
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Funding:	Partly funded by the National Antidrug Council of Cyprus
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Organisations involved:	KENTHEA, University of Nicosia, University of Neapolis, European University and four high schools

Summary of results and impressions

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Prevention specialists from many European countries took part in the European Addiction Prevention Workshop. One focus of this international expert exchange was the general situation and development of addiction prevention in the participating countries. The second thematic focus was the presentation and discussion of good practice examples of prevention measures aimed at young adults aged 18–25. The colleagues took quite different approaches to present the current state of addiction prevention, as the articles published here demonstrate. One of the main developments that became clear in the discussions following each presentation was that in some long-term EU member states, such as the Netherlands, Belgium, Austria and Germany, addiction prevention is increasingly becoming a subsection of a larger structure. The specialist offices for addiction prevention were often set up by social workers and social pedagogues who had previously worked in addiction counselling and addiction therapy. One point of discussion was to what extent this experience had a beneficial influence on the professionalism, and above all the attitude, of specialist workers, including those in the field of addiction prevention. Fears were raised that with the generation change which is about to happen almost everywhere, this attitude and experience could get lost, and that there might be a shift to a more academic approach in dealing with prevention tasks. Another topic of discussion was therefore how to best pass on knowledge and recruit young talents.

In many countries, the integration of addiction prevention into larger structures also has consequences for the professional organisation of the activities involved. Leading positions are increasingly filled by economists or lawyers, resulting in addiction prevention being subordinated to the psycho-social professions and thus becoming less independent. This development is viewed critically with regards to both the quality of the work and its appropriateness to the target group. In light of this, the question of how much field experience should be required also from those in management roles was discussed.

Addiction prevention services have been developed on the basis of current needs and the personal engagement with those affected and their relatives. In the meantime, these services have become increasingly professional in nature. Scientific evaluations regarding the effectiveness of the various approaches have led to an increase in quality, but also to new requirements. As the drug market is constantly presenting the social support system – and therefore the field of addiction prevention – with new challenges, prevention measures need to be implemented according to regional and local demands, despite the requirement of an evidence-based approach. The flat hierarchy and quick decision-making ability meant that the creativity and flexibility required for this was well secured. However, reports also indicated that although there were often demands for a scientifically substantiated approach to addiction prevention based on practical effectiveness, funding for independent evaluation was only rarely provided.

Many countries reported that there was a noticeable dependence on political changes. Depending on the political party forming the governing majority and its stance on addiction-related issues, resources were either made available or reduced, and addiction disorders and their prevention were taken either more or less seriously. The significant influence of the alcohol and tobacco industries was also brought up. The success of support measures in past years has also led to the problem of addiction becoming steadily less visible in society. Open drug scenes calling for political action have largely disappeared. The success of addiction support thus leads to a decreased awareness of the problem, even though prevalence figures have increased enormously in comparison to the 1970s.

In some member states, the presentations gave the impression that prevention measures are clearly linked to previously collected data and figures. There is a focus on certain problem areas, determined via a more centrally managed approach. Some examples of this are the Czech Republic and Norway.

All countries reported that the basic rule of "prevention before help, and help before punishment" applies. However, this does not mean that the necessary resources are (or can be) provided to allow sensible and appropriate measures to take place.

13 good practice projects from 12 countries, aimed at young adults aged 18–25, were presented and discussed. These were carried out in various settings, such as universities, sports clubs, road traffic, schools, party settings/nightlife and in the context of youth social work. One is a prevention outreach project, another is aimed at young mothers receiving income support. Three countries were unable to present a good practice example for this target group, since no such examples existed.

The euro net prevention network put particular effort into developing and testing the peer education approach to addiction prevention. It became clear during the workshops that this approach had become well established in many countries, and was evaluated as suitable and effective. It was described as particularly important in light of the increasing age of prevention specialists.

Overall, the event provided a very good opportunity for exchange, both in formal and informal contexts. The members of the euro net network who attended, as well as all others who took part, had an excellent chance to network with each other. This makes it possible for members to bilaterally adopt measures and programmes that do not yet exist in their own countries. The participants from Serbia and the Czech Republic would like to join the euro net network as new members. The member from Spain, who had stopped working with the network, was given new motivation and will now get involved again.

This result makes it clear that the international exchange was seen as an enriching and motivating experience. From the German point of view, the projects from other countries that were developed and implemented in the sports club and university settings were of particular interest. There is still a lot of room for development in these areas in Germany. Another prevention project, aimed at young mothers receiving income support, provided valuable inspiration.

As an overall conclusion, it can be said that this open exchange of experience, accompanied by a willingness to learn from and with each other, was an example of European values put into practice. It provided personal enrichment and motivation, and helped to strengthen the network. Special thanks go to the organisers and the helpers on site who made this meeting in such a historic setting possible in the first place.

However, the format of the event should be changed for future meetings, since this time there were too many PowerPoint presentations held one after another. Although these were followed by discussions, there was not enough methodological variety – something that prevention experts would normally like to see!

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Die LWL-Koordinationsstelle Sucht (LWL-KS) des Landschaftsverbandes Westfalen-Lippe (LWL) begegnet dem wachsenden Rauschmittel- und Drogenmissbrauch und der großen Zahl von Abhängigkeitserkrankungen durch Information, Beratung, Qualifizierung und richtungsweisende, präventive Modellprojekte. Ihren Service nutzen vor allem die mehr als 730 Einrichtungen und Initiativen der Suchthilfe in Westfalen-Lippe.

Die LWL-KS ist als Beraterin und Koordinatorin der Suchthilfe zentrale Ansprechpartnerin für Kommunen, Facheinrichtungen, LWL-Kliniken, Elternkreise oder Gremien – insbesondere auf regionaler, aber auch auf Bundes- und Europaebene. Die LWL-KS schult die Fachkräfte, erstellt praxistaugliche Arbeitshilfen, informiert über Forschungsergebnisse sowie die aktuelle Gesetzgebung und moderiert die kommunale Suchthilfeplanung.

Die LWL-Koordinationsstelle Sucht qualifizierte seit ihrer Gründung 1982 mehr als 27.600 Fachkräfte zu Suchtthemen in Fort- und Weiterbildungen. Dazu gehören Workshops und Fachtagungen sowie die berufsbegleitende Vermittlung von Fachwissen. Die LWL-KS bildet Beschäftigte in der Suchthilfe und angrenzenden Arbeitsfeldern unter anderem zu Suchtberatern oder Sozial-/Suchttherapeuten aus. Die von der LWL-KS konzipierten und erprobten Modellprojekte sind ein Motor für die Weiterentwicklung der Suchthilfe und Prävention – nicht nur in Westfalen-Lippe. Die Projekte bringen fortschrittliche Impulse in den Bereichen Prävention, Beratung und Behandlung.

Der Landschaftsverband Westfalen-Lippe (LWL) ist neben den Gemeinden, Städten und Kreisen Teil der kommunalen Selbstverwaltung in Westfalen-Lippe. Er übernimmt für seine Mitglieder, die 18 Kreise und neun kreisfreien Städte in Westfalen-Lippe, ausschließlich Aufgaben, die überregional fachlich wie auch finanziell effektiver und effizienter erledigt werden können. Schwerpunktmäßig liegen diese Aufgaben in den Bereichen Soziales, Gesundheit, Jugend und Kultur. Der LWL wird durch ein Parlament mit 116 Mitgliedern aus den Kommunen kontrolliert.

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