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# **Early intervention targeting youth at risk and European cities**

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**EXASS Net**

European network of partnerships between stakeholders at frontline level responding to drug problems providing experience and assistance for inter-sectoral cooperation

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# Summary

At a behavioural level, early intervention aims to encourage drug or/and alcohol users to reflect on and possibly change their consumptive behaviour before facing problematic drug use. This can be achieved by building individual risk competencies and self-responsibility in order to stop people from drifting into addiction and abuse.

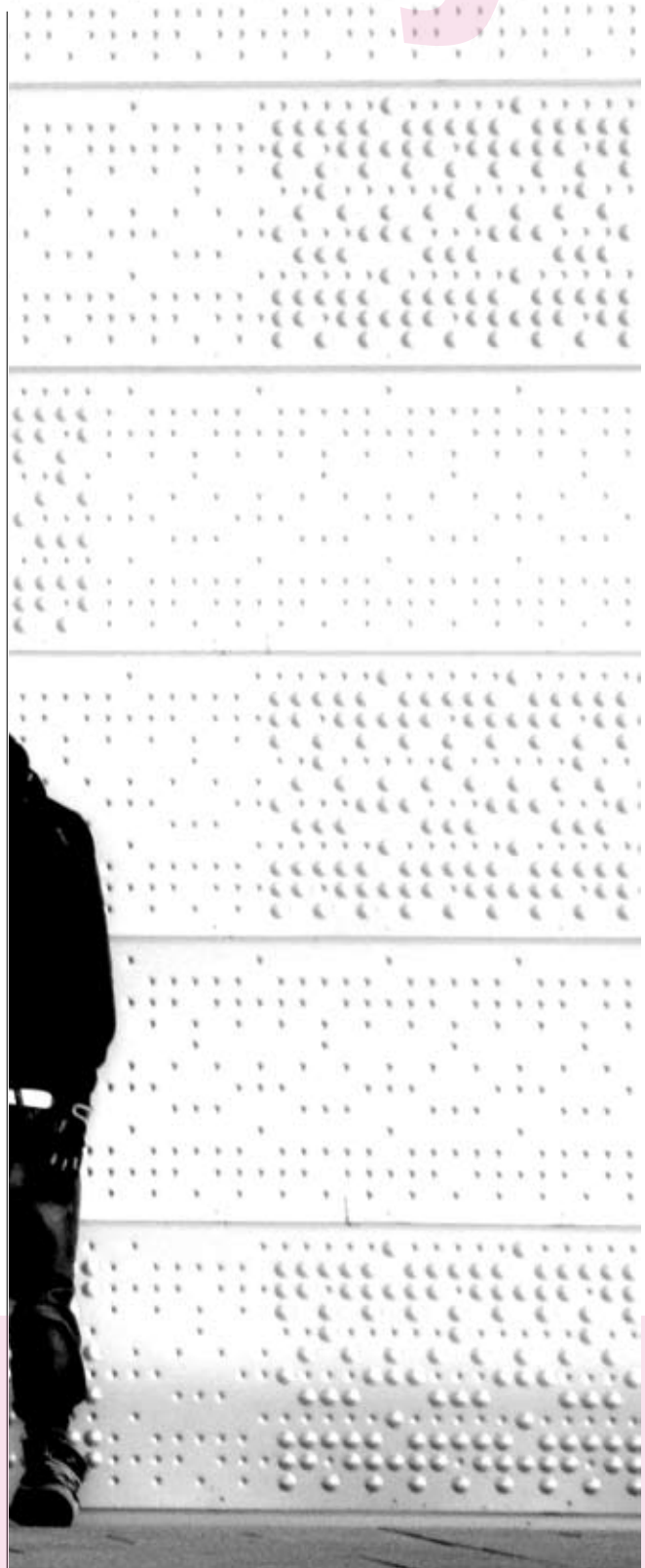
Early intervention could be defined as «Coming too late as soon as possible» by identifying and meeting the problem at an early stage.

Early detection of youth at risk is the main step of early intervention and requires qualified knowledge about risk assessment and the involvement at local level of various stakeholders such as outreach workers, school, police, justice system, child welfare, youth services, families, etc.

These stakeholders need to exchange information and cooperate through partnership-based approaches. The European municipalities have an important responsibility of initiating, coordinating and supporting such partnerships.

European networks and projects are sharing information on early intervention and promoting good practices in this field which can be transferred and adapted locally in order to help youth at risk to better manage their life.

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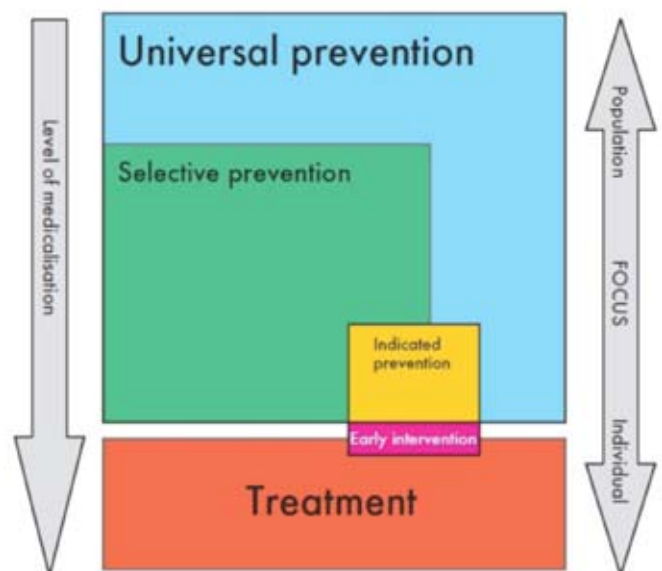
# early

## What does early intervention mean?

The definition of “early intervention” is not the same in every European country. In France, early intervention targets children at school. From the Norwegian point of view (Early intervention is part of the Norwegian drug policy), early intervention can be placed somewhere between prevention and treatment. It is about intervening early in life, but also at an early stage problems are evolving. This means that not only children and young people are possible target groups, but also other groups might be targeted. Early intervention is about identifying and handling a problem at such an early stage that the problem disappears or is reduced with limited intervention.

*According to the World Health Organisation, early intervention is a therapeutic strategy that combines early detection of hazardous or harmful substance use and treatment of those involved. Treatment is offered or provided before such time as patients might present of their own volition and in many cases before they are aware that their substance use might cause problems. It is directed particularly at individuals who have not developed physical dependence or major psychosocial complications. Early intervention is therefore a pro-active approach, which is initiated by the health worker rather than the patient. The first stage consists of a systematic procedure for early detection. There are several approaches: routine enquiry about use of alcohol, tobacco, and other drugs in the clinical history, and the use of screening tests, for example, in primary health care settings. Supplementary questions are then asked in order to confirm the diagnosis. The second component, treatment, is usually brief and takes place in the primary health care setting (lasting on average 5-30 minutes). Treatment may be more extensive in other settings<sup>1</sup>.*

The EU definition locates early intervention between indicated prevention and treatment as a therapeutic intervention based on identifying and observing individuals using drugs.



The Universal, selective and indicated prevention – treatment continuum

According to the Revised Institute of Medicine classification of prevention approaches (Springer and Phillips, 2007):

- The **universal prevention** addresses general public or segment of entire population with average probability, risk or condition of developing disorder.
- The **selective prevention** addresses specific sub-population with risk significantly above average, either imminently or over lifetime.
- The **indicated prevention** addresses identified individuals with minimal but detectable signs or symptoms suggesting a disorder.

<sup>1</sup> [http://www.who.int/substance\\_abuse/terminology/who\\_lexicon/en/](http://www.who.int/substance_abuse/terminology/who_lexicon/en/)



# Intervention

According to the EMCDDA<sup>2</sup>, indicated prevention can be summarised as:

- Preventive interventions that are targeted at the individual;
- The individual presents voluntarily or is referred to an expert, for example by parents, teachers, social workers, paediatricians;
- The individual is identified on an individual level based on a professional's evaluation;
- The individual might exhibit substance use, but does not fulfil criteria for dependence [...] and/or shows indicators that are highly correlated with an individual risk of developing substance abuse later in life (such as psychiatric disorder, school failure, antisocial behaviour). Substance use is not a necessary condition for inclusion in preventive interventions;
- Distinguished from selective prevention by the stronger correlation and individualised nature of indicators for the development of a substance abuse or dependence;
- Distinguished from treatment by the requirement of individuals to fulfil [...] criteria for substance abuse to receive treatment;
- The aim of indicated prevention is not necessarily to prevent the initiation of use or the use of substances, but to prevent the development of dependence, to diminish the frequency and to prevent 'dangerous' substance use (e.g. moderate instead of binge-drinking).

In addition, some indicated prevention measures are classified as **early interventions**, characterised as:

- The term 'early intervention' defines interventions targeted at **individuals with identified strong indicators and substance use** [...];
- The field of 'early intervention' is within the **overlapping borders of indicated prevention and treatment**.

[...]

Early intervention is, as defined here, located in the overlap between indicated prevention and treatment, and therefore has a strong association with the medical field. The relative importance of early intervention may vary between countries depending on the capacities, roles and performance of their educational, health and justice systems.<sup>3</sup>

Some experts recognize four stages of alcohol or drug addiction. In stages one and two, the teen uses the substance in a social setting. In stage three, the teen starts to arrange his life around drugs. In stage four, the focus of the teen's day is "getting high." Addiction treatment works best if the teen enters in stage one or two.

Early intervention may prevent teenagers from developing chronic addiction but there is a catch. There may be only a small "window of opportunity" for intervention, which means if you do not intervene before a certain point, the addiction becomes more entrenched and "problematical".

<sup>2</sup> European Monitoring Centre for Drugs and Drug Addiction - <http://www.emcdda.europa.eu/>

<sup>3</sup> EMCDDA Thematic papers - Preventing later substance use disorders in at-risk children and adolescents - A review of the theory and evidence base of indicated prevention, 2009

# youth

## Youth at risk and risk factors

*Adolescence is the stage in life at which experimentation with substances usually takes place. Adolescents are highly vulnerable to social influences, have lower tolerance levels and become dependent at lower doses than adults (Fowler et al., 2007). However, the majority of adolescents who experiment with substances do not become problem users.*

[...]

*Individual risks include early developmental problems such as sleep problems, externalising and internalising behaviour problems, several child psychiatric disorders (ADHD, conduct disorder and especially the association between these two, depression), post-traumatic stress disorder and events leading to it (e.g. childhood abuse, neglect), school failure, dissocial behaviour and delinquency. Personality traits such as sensation seeking may also contribute. Social learning variables including peer attitudes (prevalence of norms favourable to deviant behaviour), as well as personal approval (adoption of deviant norms), constitute separate risks. In addition, academic failure and problems related to school contribute to risk situations. Family factors such as familial substance use or abuse and lack of parental supervision constitute additional risks. Generally, boys are at a higher risk for substance use than girls.*

*Identified high-risk groups include adolescents in foster or residential care.*

*Sub typing individuals according to a common trajectory of substance use may be promising for detecting early antecedents and predicting outcomes for each subgroup separately.*

[...]

*Psychiatric disorders and substance abuse are linked. Psychiatric disorders in childhood and adolescence predispose the individual to addictive behaviour and addiction, and consumption of substances (alcohol, cannabis, cocaine) can lead to relapse to psychiatric disorders. The cerebral neurotransmitter systems, and especially the mesolimbic dopaminergic system, are affected in psychiatric disorders; as a result, addictive behaviour emerges much more rapidly.*

*Genetic and environmental factors shape synaptic structure and function. This is the part of the network that can be pathologically modified in psychiatric disorders, which may increase its vulnerability to the changes necessary for the development of addiction. Influences from the environment can also lead to changes in the morphology of the brain; a better understanding of neurobiology cannot lead to mere biological determinism, as it must take into account the role that external factors might play. The challenge for neurobiology, in this area, is to explain how certain factors affect the development of the brain in such a way as to lead to a greater risk of the development of substance use disorders<sup>4</sup>.*

It is thus important to target early intervention measures and concentrate efforts on youngsters who are:

- In danger of developing behavioural disorder, like emotional disturbance, social maladjustment and antisocial activities;
- About to be involved with the drug-taking environment;
- About to be involved in crime activities, gangs and sub-cultural groups;
- Runaway from home or institutions (street children or homeless);
- Drop outs from school or the educational system;
- Young prostitutes;
- Young asylum seekers without networks;
- Ethnic minorities;

It is also important to focus on transitional periods:

- From child to teenager then to young adult;
- From primary school to lower secondary school,
- From upper secondary to working life.

## How is early intervention developed?

First of all early intervention is not only developed by “programmes” as such but through actions like informal education in street work, detached youth work, youth centres, school nurses, health centres for youth... They are the first in position to identify behaviours of concern and to take further action.

The early intervention programmes or informal actions generally aim at:

- Improving access to drug prevention and drug-related services for vulnerable drug consuming adolescents and those with risky patterns of consumption
- Strengthening the intrinsic motivation of the target group to change behaviour with respect to risky drug consumption

### Indicated prevention programmes

*Mostly, the programmes tried to reach children and adolescents with social and/or behavioural problems or children from families with drug related or psychological problems. The interventions mainly consisted in group work focused on reinforcing self-esteem and stimulating positive interactions and leisure activities, including sports or cultural and creative activities. Some of them focused on emergency room visits or police contacts due to the sequelae of drug and alcohol consumption. All of the programmes include individual needs assessment. They all cooperate with a variety of help systems, though very few of them do referrals to neighbouring help systems in the sense of systematic ‘care pathways’. Cooperation between the medical field and the pedagogical and psychosocial domains is needed to meet the challenges in indicated prevention of substance abuse in children and adolescents. Yet, indicated prevention seems a promising approach, especially for youngsters in a multiproblem context<sup>6</sup>.*

Generally, there is no comprehensive risk factor assessment that focuses on early detection of drug use. In some Member States (Germany, Greece, the Netherlands), specialised facilities offer counselling and care for children and teenagers with drug problems although coverage is limited. Many facilities combine inpatient and outpatient measures and include important elements from both addiction therapy and youth welfare.

It is important to act on symptoms, even though they might not be substance abuse related.

Early intervention aims to reduce impact of risk factors and strengthen the protective factors of the person in question.

### The different types of interventions are:

- Early detection through the justice system, police, school, work place, youth services, etc.
- Provision of necessary advice, information and counselling on risk behaviours and reduction of such behaviours.
- Teaching young people to use the help and treatment programmes.
- Motivational intervention – Motivational enhancement therapy – Cognitive behavioural therapy.
- Peer work – adolescent community reinforcement approach. This is useful to face the increasing misunderstanding existing between generations. Adults think youngsters are wrong but that is generally not their perception. It is also important to train and support them.
- Family therapy – Family based contingency management – Parent training
- Outreach work such as safer nightlife projects or outreach services for individuals and groups in marginalized situations.
- Online self-regulation intervention: Self-regulation theory, which suggests that behaviour change is likely when people are aware of their personal goals, monitor potential differences between their current behaviour and their goals, and finally engage in detailed planning in order to attain their goal. Self-help guides with online diaries fit with these theoretical notions.

5 EMCDDA Thematic papers - Preventing later substance use disorders in at-risk children and adolescents - A review of the theory and evidence base of indicated prevention, 2009

**Early detection, a condition for early intervention, requires:**

- qualified knowledge on who are at risk for developing problems, about risk and protective factors, signs and symptoms;
- Knowledge of critical phases in children/young people's development and in the life of adults.
- communication between different services;
- Having various contacts with risk population;
- Works carried out by ordinary services (health services, schools and outreach services) to lower the threshold for the public to make contact.
- Knowledge of routines and procedures in own work place and in the rest of the help-service.

**The barriers for preventive early intervention are:**

- Lack of contact and confidence between risk population and drug services;
- Feelings of shame and guilt;
- Division of health apparatus;
- Professional silence;
- Lack of relevant knowledge;
- Public economy.

**Ethical issues:**

- Respect for persons: the individual should be treated as an autonomous agent; and those with diminished autonomy should be protected
- Beneficence: 'do not harm' and 'maximise possible benefits and minimise possible harms'
- Justice: 'equals ought to be treated as equals'
- Some countries use urine testing as an identification tool for early intervention. This practice is on an ethical point of view in opposition to human rights and rejected by other countries for this reason.

## Early intervention and partnerships

Partnership-based work on early intervention is a person-oriented and integrated approach.

*Cooperation between the medical field and pedagogical and psychosocial domains is needed to solve the challenges in indicated prevention of substance abuse in children and adolescents<sup>6</sup>.*

*Effective responses to harmful drug and alcohol use attend to multiple needs of the individual, not just his or her drug use. To be effective, approaches must address the individual's drug use and any associated medical, psychological, family, social, vocational, and legal problems<sup>7</sup>.*

Early detection is crucial for early intervention and youngsters could be accessed through the judiciary system and the police, schools, workplace, etc.

**The potential stakeholders for partnership are:**

- Family
- Peer group
- School, education field
- Work place
- Youth service
- GP, hospital
- Health department
- Drug and alcohol services
- Alcohol and drug action team
- Policy maker
- Criminal Justice system

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6 EMCDDA Thematic papers - Preventing later substance use disorders in at-risk children and adolescents - A review of the theory and evidence base of indicated prevention, 2009

7 Interagency guidelines for the early intervention, response and management of drug and alcohol misuse, NSW Department of Health (Australia), 2005





# partnership

## The main partnership-based practice areas are:

- Identifying and managing immediate risk
- Assessment
- Referral
- Early and brief intervention
- Coordination support

## The important elements for succeeding in early intervention partnerships are:

- That the professional understands his/her role in discovering, intervening and acting on bases of concern as well as the role of other partners.
- Knowledge of routines and procedures in own work place and in the rest of the help-service.

One of the main obstacles is sharing information on personal data among police, child welfare, outreach workers, etc. There is a need of trust between agencies. Some partnerships use a sort of grey zone to informally share personal data.

### Youth services and partnership

*The special relationship that youth workers have with young people means that they may be the first people to realise that a group or individual is using or is troubled by their own or another's drug use. This means that youth services can provide important opportunities for early intervention. However, youth services will recognise that one person or agency alone cannot provide all the resources or services that children and young people need. Partnerships with the youth service also offer other agencies ways to engage constructively with young people. The youth service has expertise to share with others about working with young people, supporting them and upholding their rights and is pioneering ways in which young people can contribute to planning local services – for example, by training young people to sit on interview panels and forums of all sorts. Partnerships can take many forms, including working with commercial partners to promote drug education messages for young people<sup>8</sup>.*

## Early intervention and family

*There is no one best way to force a teenager into addiction*

*treatment. Some parents actually hire third-party professional “interventionists” to come to their homes and lead their families through the process. Sometimes family doctors can help. Some families unite with their teens’ friends to intervene together. Some treatment centres provide counsellors to help with interventions. Some have professional escorts who drive teenagers to residential addiction centres<sup>9</sup>. In the educational system, it is possible to support parents on a voluntary basis such as in Ljubljana through training sessions but always the same parents involve this kind of services, and generally the parents of youth not at risk. The police has such a role of orienting parents of youth at risk to the child welfare.*

## Early intervention and criminal justice system

*Generally arrest referral identified and addressed a broad range of issues beyond offending and substance misuse. It appeared to have most effect as an early intervention/prevention scheme, rather than solely as a scheme of use to those within the criminal justice system.*

*Arrest referral was most effective in offering referrals for those who were not already in contact with services (that is, who were not ‘known’ to the system) and also for those who were at an early point in their substance misuse. It was also felt to offer an additional opportunity to increase access to treatment services, although there were variations across the sites. [...] Strategically, it will be important to have local level strategic leadership from an early interventions/preventions perspective and to have co-ordination with anti-social behaviour, prevent and deter, and other early interventions. [...] Partnership working, information sharing and communications between arrest referral schemes and local prevention and early intervention schemes will be important<sup>10</sup>.*

9 <http://www.drugrehabtreatment.com/index.html>

10 Evaluation of Drug Interventions Programme pilots for children and young people: arrest referral, drug testing and Drug Treatment and Testing Requirements, UK Home Office Online Report, 2007

### The Norwegian strategy of region-based partnership coordination

*As part of this national strategy, the Directorate of Health has prepared the guide *From concern to action – A guide to early interventions in the drugs and alcohol field (in Norwegian only)*. The guide is part of a long-term programme of early intervention in the drugs and alcohol field. The aim is to increase knowledge about what public service managers and staff should look for in order to identify a nascent drug and/or alcohol problem in children, young adults or older people.*

*The guide also provides concrete advice about what can be done to solve a potential problem as early as possible. The regional competence centres play a key role in implementing the guide and in contributing to greater knowledge about early intervention in the public services.*

*During the period 2007 to 2009, the competence centres have been given funding by the Directorate of Health to develop of a total of 25 early intervention projects, which can also lead to the development of new methods. Most of them target children and young people, who are a prioritised target group. Another priority group consists of pregnant women. Funding has also been given to projects targeting arenas that are particularly well suited to early interventions, such as GPs, hospitals, the workplace and schools. Most of the projects run for several years<sup>11</sup>.*



11 The Drug Situation in Norway 2009 - Annual report to the European Monitoring Centre for Drugs and Drug Addiction – EMCD-DA

## The role of cities in early intervention

As early intervention requires cooperation between various local stakeholders, there is a need of city involvement in initiating, coordinating and supporting local partnerships.

In order to improve the citizens' health and safety, the municipalities also have the responsibility of supporting concerned services and NGOs by improving access and quality of the services. This can be made by organising training sessions, methodological support, providing financial resources, etc.

### The Oslo experience

In Oslo, early intervention regarding drugs and alcohol misuse is part of a wider model called SaLTo which aims at preventing crime among children and young people (12-23 years old with the focus on children and young persons who grow up in vulnerable environments with drink, drugs and crime).

The main objectives of the SaLTo model are:

- Reducing child and youth crime
- Reducing alcohol and drug abuse
- Coordinating the crime-preventive work

### **Overall strategies:**

- Coordinate wide ranging and holistic crime-preventive work through SaLTo.
- Engage more people in the national, voluntary and private sectors – especially children, young people and parents.
- Develop a broad spectrum of measures within and between the various sectors.
- Children and families meet with constructive, preventive strategies as early as possible.
- Early identification of and intervention in childhood and adolescent problems and criminality.
- Fast and effective follow up of children and young persons who have committed crimes.
- Prevent the establishment of and recruitment to networks and gangs which commit crimes.
- Base crime prevention on expertise, information and experience.
- Develop goal and result indicators to improve SaLTo's quality and efficiency.

# experience

The SaLTo model's structure:

- The Police Council in Oslo is the central steering group for SaLTo,
- Local steering groups have been established in each of the city's 15 districts and for the SaLTo Centre. The steering groups are chaired by the District Directors and consist of the local police station managers and regional directors of the education service, among others.
- SaLTo coordinators have been appointed in each district (15), as well as a SaLTo coordinator for the city centre and for the City of Oslo, the SaLTo Secretary, in the Alcohol and Drug Addiction Services.
- The police stations and the child welfare consultants at the police stations have a central role in regional collaboration. Follow up teams are being established at the police stations as required, along the lines of the follow up team at Majorstua police station.
- All the partners meet every month and a conference is organised every year to present the annual report to the citizens and media.
- Policemen and educators/outreach workers share individualised information on multi-offenders every month. They are sometimes in conflict on how to approach youth at risk.

## **The Nottingham experience**<sup>12</sup>

In Nottingham, early intervention regarding drugs and alcohol misuse is part of the Early Intervention City Programme. The purpose of the Nottingham approach is to work in partnership to improve outcomes for children, young people, adults and families who are very likely to experience difficulties and to break the intergenerational cycle of problems in the long-term. In order for the programme to achieve the necessary impact and be sustainable, the commitment and participation of all partners across the city is considered as essential.

The definition is the following:

*'Our aim is to break the intergenerational nature of underachievement and deprivation in Nottingham by identifying at the earliest possible opportunity those children, young people, adults and families who are likely to experience difficulty and to intervene and empower people to transform their lives and their future children's lives.'*

Drugs and alcohol are included in the scope "Be emotionally resilient and demonstrate maturity in decision-making":

- Reduce alcohol/drug related anti-social behaviour incidents involving children and young people
- Reduce alcohol consumption levels amongst young people under 18
- Improve aspirations, resilience and life skills
- Reduce teenage pregnancy, multiple teenage pregnancies, anti-social behaviour and violence

In terms of partnership, partnership working and whole City ownership is a key principle underpinning the Early Intervention Programme. The Programme is supported by One Nottingham, the Local Strategic Partnership and its partners, and is championed by the City Council. The programme develops relationship with the University of Nottingham on evaluating Early Intervention projects and evidence base. All delivery projects are undertaken in collaboration with partners. A theme partnership takes responsibility for ownership, management of risk and opportunities for each project.

A Children's Partnership Board has responsibility, on behalf of One Nottingham, for driving the Early Intervention Programme, but all theme partnerships have a role in implementing the programme.

## European networks and projects related to early intervention

### **Fred Goes Net -**

*Early intervention for young drug users.* FreD goes net is the transfer and continued development of the German federal pilot project “FreD – Early Intervention for young drug users”. Conceptually, the project is in the field of selective prevention. 17 European partner countries are set to test and where necessary modify German experiences with access routes and the implementation of the early intervention project<sup>13</sup>.

### **Correlation II -**

*European Network Social Inclusion & Health.* In the framework of this project funded by the EU Public Health Programme, the working group Outreach and Early intervention develops new methodologies and train outreach workers in order to work more efficiently with the target group and improve access to education, social and health related services for young vulnerable people between 16 and 23 years. The project will develop programmes for training harm minimization by using youth work staff in recruiting, training and supporting young peer educators<sup>14</sup>.

### **Prevnet Network**

is a European network of bodies promoting the use of telematics for the prevention of drugs and other substance misuse. Prevnet operates as a strong, professional network and is in a European partnership with more than 40 organisations. It is basically the process of sharing our experiences in the field of telematics on topics such as: What is a good website for drug prevention? Cannabis knowledge tests: are they useful? Can I use chat services in drug prevention? Etc<sup>15</sup>.

13 [http://www.lwl.org/LWL/Jugend/lwl\\_ks/Projekte\\_KS1/Fgn-english/?lang=en](http://www.lwl.org/LWL/Jugend/lwl_ks/Projekte_KS1/Fgn-english/?lang=en)

14 [http://www.correlation-net.org/index.php?option=com\\_content&view=article&id=7&Itemid=17](http://www.correlation-net.org/index.php?option=com_content&view=article&id=7&Itemid=17)

15 <http://www.prevnet.net/>

### **Euro Net -**

*European Network for Practical Approaches in Addiction Prevention* - is an affiliation of organisations and institutions within Europe that are influential in addiction prevention in their home regions and are active at the European level. Euro net currently comprises 12 members from EU Member States and 2 associate members from Russia and Switzerland<sup>16</sup>.

### **Take Care -**

Strategies towards responsible alcohol consumption for adolescents in Europe - the target of the project is to develop strategies towards responsible alcohol consumption for adolescents. The project is financially supported by the Health Programme of the European Commission. Partner institutions in ten European countries take part in the project and contribute to it with their own funds<sup>17</sup>.



16 <http://www.euronetprev.org>

17 <http://www.project-take-care.eu>

# Early intervention and policies at the EU level

## The EU Drug Policy

In the field of demand reduction the **EU Drugs Strategy 2005-2012** aims for *measurable reduction of the use of drugs, of dependence and of drug-related health and social risks through the development and improvement of an effective and integrated comprehensive knowledge-based demand reduction system including prevention, early intervention, treatment, harm reduction, rehabilitation and social reintegration measures within the EU Member States.*

In addition, one of the priorities identified by the EU Strategy aims at *improving access to early intervention programmes (measures) especially for young people with experimental use of psychoactive substances.*

**The EU Action Plan 2009-2012** aims to prevent high risk behaviour of drug users through targeted prevention:

- To further develop early detection and intervention techniques and implement effective, evaluated selective prevention for vulnerable groups at high risk of developing drug problems, including injecting drug use;
- To further develop and implement effective, evaluated indicative prevention for specific high-risk groups of (poly-) drug users, by offering low-threshold access to counselling, problem behaviour management and outreach work where relevant.

## The EU Programmes

The Work Plan 2010 of the Public Health Programme gives priority to projects *Developing, implementing and exchanging good practice guidelines/quality standards for harm reduction interventions and services, taking into account specific needs of drug users (according to gender, cultural background, age and type of drugs), and focusing on synthetic drugs.* There is no reference to early intervention.

However, this programme currently supports two projects in this field: Fred Goes Net and Correlation II (See previous chapter on EU networks and projects).

One of the Drug Prevention and Information Programme 2010 priorities is to develop successful models for E-health interventions for early detection, self-management and brief interventions aimed at drug users and/or their families. At the time of writing this document, the submitted applications had not been selected so there was no information available about the potential projects related to this topic.

policies

## Conclusion

The EMCDDA<sup>18</sup>'s publications (e.g. G. Burkhart, 2004) have shown that:

- There is a high number of young drug users who do not accept the provisions made by the drug support system;
- Special provisions of selective and indicative prevention are missing in EU countries;
- There are difficulties in accessing young users and referring them to the support system.

The big challenge of early intervention is to take care of "borderline" people who are much more numerous than the hardcore groups of repeating offenders.

It is important to act at the very local level in order to get in touch with the maximum of youth at risk. The European cities have an important role to play in developing person-oriented and partnership-based approaches. They can obtain support from European networks, projects and guidelines but they also need the support of the national level which should integrate early intervention as part of their national drug policies including technical and financial support for the cities.

Finally, we have to keep in mind that the so-called youth at risk are often creative people who call into question the rules of the society which are useful for the whole population. The responses protecting their health and the urban safety should help them to promote their point of view in a constructive and safe way.

## Resources

### Publications, documents, magazines

Preventing later substance use disorders in at-risk children and adolescents - A review of the theory and evidence base of indicated prevention, Thematic papers, EMCDDA, 2009  
Included in this document references to:

- Guidelines and standards for the assessment and treatment of psychiatric risk conditions for adolescent substance abuse;
- Internet based programmes;
- Projects available on the Net.

Drug use and related problems among very young people (under 15 years old) – Selected issues – EMCDDA, 2007

Qualitätsanforderungen in der Suchtprävention, Hans-Jürgen Hallmann, Ingeborg Holterhoff-Schulte, Christa Merfert-Diete, 2007

Konsensuspapier zu Frühinterventionsmaßnahmen bei problematischem Alkoholkonsum in der medizinischen Grundversorgung, Deutsche Gesellschaft für Suchtforschung und Suchttherapie, 2009.

Expertise zur Prävention des Substanzmissbrauchs. Forschung und Praxis der Gesundheitsförderung (Band 29). BZgA: Köln, Bühler, A. & Kröger, C., 2006

Briefing Paper for Policy Makers, Service Planners and Practitioners: Four Early Intervention Substance Misuse Projects in South London. London: Policy Research Bureau. Ghatge D, Brazier L and Moran P, 2003.

Policy implications of teacher perspectives on early intervention for substance misuse, Drugs: Education, Prevention and Policy, 14:5, pp. 415–428, Deed C, 2007

# resources

## European institutions

European Commission – EU Drug Policy:

[http://ec.europa.eu/justice\\_home/fsj/drugs/fsj\\_drugs\\_intro\\_en.htm](http://ec.europa.eu/justice_home/fsj/drugs/fsj_drugs_intro_en.htm)

Public Health Programme: [http://ec.europa.eu/health/ph\\_programme/programme\\_en.htm](http://ec.europa.eu/health/ph_programme/programme_en.htm)

Drug Prevention and Information Programme:

[http://ec.europa.eu/justice\\_home/funding/drugs/funding\\_drugs\\_en.htm](http://ec.europa.eu/justice_home/funding/drugs/funding_drugs_en.htm)

EU Civil Society Forum on Drugs: [http://ec.europa.eu/justice\\_home/fsj/drugs/forum/fsj\\_drugs\\_forum\\_en.htm](http://ec.europa.eu/justice_home/fsj/drugs/forum/fsj_drugs_forum_en.htm)

European Monitoring Centre for Drugs and Drug-Addiction:

<http://www.emcdda.europa.eu>

Council of Europe – Pompidou Group: <http://www.coe.int/T/dg3/pompidou/>

## International and European networks

<http://www.prevnet.net/>

<http://www.euronetprev.org>

Take care project: [http://www.lwl.org/LWL/Jugend/lwl\\_ks/Projekte\\_KS1/Fgn-english/?lang=en](http://www.lwl.org/LWL/Jugend/lwl_ks/Projekte_KS1/Fgn-english/?lang=en)

## Projects available on the Net

<http://www.prevnet.de/portal/all/projekte/suchen/0/0> (projects presentation available - only in German)

Realize it - <http://www.realize-it.org/>

SKOLL - <http://www.skoll.de>

HaLT - <http://www.halt-projekt.de/>

CAN Stop - <http://www.canstop.med.uni-rostock.de/>

<http://www.prb.org.uk/research%20projects/project%20summaries/P123.htm>

[http://www.salto.oslo.kommune.no/getfile.php/Salto%20\(PROSJEKT-SALTO\)/Internett%20\(PROSJEKT-SALTO\)/Dokumenter/SaLTto%20-%20english.pdf](http://www.salto.oslo.kommune.no/getfile.php/Salto%20(PROSJEKT-SALTO)/Internett%20(PROSJEKT-SALTO)/Dokumenter/SaLTto%20-%20english.pdf)

<http://www.ncbi.nlm.nih.gov/pubmed/16097269>

[http://www.bdp.org.uk/services\\_EIS.htm](http://www.bdp.org.uk/services_EIS.htm)