



# EXASS Network



7th meeting, Oslo, Norway, 2 - 4 June 2010

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## Report



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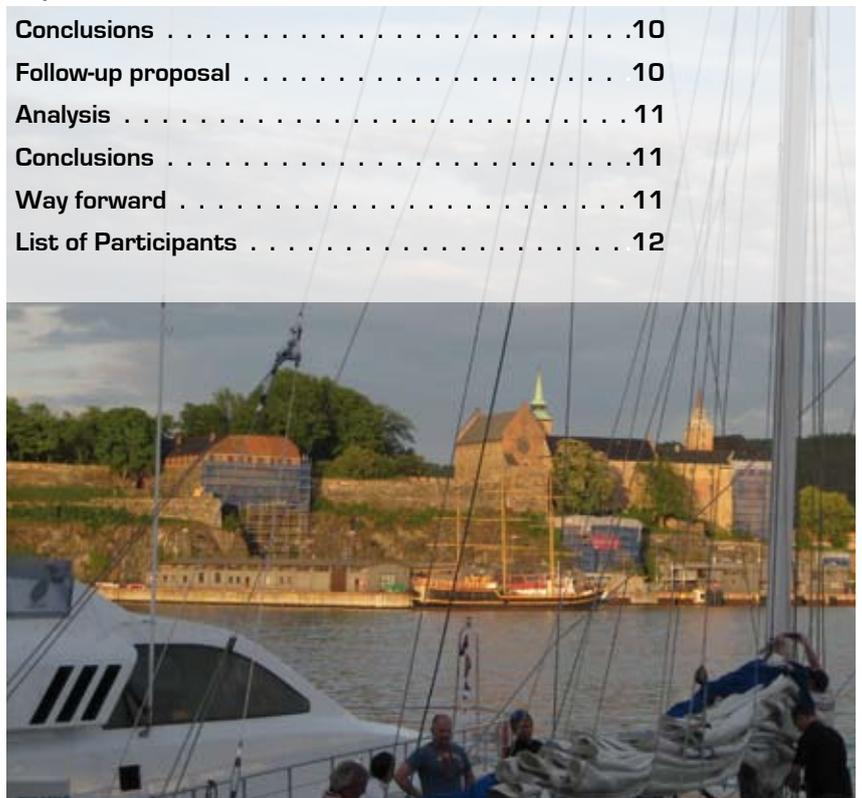
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# Early intervention targeting youth at risk and European cities

## What does early intervention mean?

Early intervention is a central aspect of the Norwegian drug policy. Systematically it can be placed somewhere between prevention and treatment. It is about intervening early in life, but also at an early stage where problems start developing. This means that not only children and young people are possible target groups but rather all groups that can be considered vulnerable and/or at risk. Early intervention is about identifying and handling a problem at such an early stage that the problem disappears or is reduced with limited intervention.

Early intervention may prevent teenagers from developing chronic. However 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 problematic.



# Background



## Youth at risk and risk factors

It is thus important to target early intervention measures and concentrate efforts on people 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 criminal activities, gangs and sub-culture groups;
- Runaway from home or institutions (street children or homeless);
- Drop outs from school or the educational system;
- Young people involved in prostitution;
- 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?

The early intervention programmes and associated 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

Early intervention seeks to reduce the impact of risk factors and strengthen the protective factors of a person who is vulnerable and/or at risk.

**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.





### **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**

In general early intervention is not only developed through specific programmes as such but also 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. This requires a concept for outreach work that reaches across sectors and involves relevant stakeholders in cooperation. Partnership-based work on early intervention should be a person-oriented and integrated approach.

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

### **The main partnership-based practice areas are:**

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

# The Oslo experience

## 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 for trust between agencies. Some partnerships use a sort of grey zone to informally share personal data.

## 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 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.

## The role of local authorities in early intervention

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

In order to improve the citizens' health and safety, the municipalities can effectively support 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.



## Services visited

**Tyrili Foundation** – a Norwegian NGO in the drug field. Presentation of activities and rehabilitation programmes for youth and adult drug dependent persons (voluntary and mandatory treatment, prison programs, work training, medically assisted rehabilitation, outdoor activities etc.)

**Grønland police station** - police in drug prevention and partnership with SALTO - the Oslo network of prevention workers

**Uteseksjonen i Oslo:** Uteseksjonen a subdivision of ADAS and the largest outreach service in Norway with 28 outreach workers who works in inner city areas of Oslo. A field visit to Uteseksjonen will provide an opportunity to see and discuss the work in the open drug scenes in Oslo, or to see and discuss the work with young immigrants without any legal access to social services in Oslo. The work of Uteseksjonen is mainly outreach in the sense that the aim of establishing contact and building relationships of trust is seen as a mean to be able to make qualitative referrals to other building-based services such as drug treatment centres, health- or social services.

**Uteteamet in Bjerke District of Oslo:** Bjerke District is situated in the northeast of Oslo and has the structure of a traditional suburban area. In some part of the District (Veitvedt) more than half of the population is not of Norwegian ethnic background. In Norway this is a relative new development. Uteteamet in Bjerke District is a detached youth service who provide services such as counselling, social education, and qualitative referral of youth at risk to other services. Uteteamet is organized as a part of the local child protection service.

**Uteteamet on Riverside,** District of Gamle Oslo: Gamle Oslo District is situated in the eastern inner city area of Oslo. Uteteamet on Riverside is a small outreach youth service which does outreach work in the open drug scene along Akerselva (river), and on other spots of their district to recruit marginalized young people in the area to make use Riverside education and job training centre. The service also offers individual follow-up work for individuals and groups in addition to offer various activities for young people.

**Gateteamet, District of Grünerløkka:** Grünerløkka District of Oslo is situated in the north-east inner city area of Oslo. Gateteamet is a small detached youth work services which does outreach work in their local area, and also runs their own drop-in centre and does outreach work at the local schools. This service was established only a year ago, and on that background the detached youth workers can speak of their experiences from establishing a new outreach youth service. What should be prepared beforehand? What is sufficient staffing? Training and supervision of staff? How to establish the first contacts with the target groups? How to build working relationships with other relevant services in the District.

**Uteteamet, District of Vestre Aker:** Vestre Aker district of Oslo is situated in the western suburban area of Oslo. Uteteamet is a detached youth service who provide services such as counselling, social education, and qualitative referral of youth at risk to other services. Uteteamet is organized as a part of the local child protection service and they liaise closely with both child protection service and the local prevention police officers. Uteteamet in the District of Vestre Aker are one of few outreach services in Oslo that also work with children from 10-13 years. Most outreach services do not define children as their target group. (Max 4 persons)

**Utekontakten, District of Nordstrand:** Nordstrand district of Oslo is situated south eastern part of Oslo. Utekontakten is a small detached youth work services which does outreach work in their local area, provide training and activities and qualitative referral of youth at risk to other services. Utekontakten is organized within the local department for prevention work, and they are responsible for the Districts' follow-up work on young people who drop out of school. This outreach service is strongly involved with the Correlation II project. On this background the detached youth workers can present their struggles and findings from trying to reach the target group of young drug users in the age segment of 16-23 year earlier.

**Oppsøkende tjeneste:** A subdivision of ADAS working with adult clients at street level in the city centre. Oppsøkende tjeneste delivers outreach services to people with drug addictions in the adult population. They are mainly called into action when people are in crises and not able to take care of their primary need for healthcare and shelter. They do follow-up work on clients who are disconnected from the rest of the public health- and social services, e.g. by doing home visits. In addition to this, they do traditional outreach work on spots in parks and on the streets which are known to be used by their target population.

# The Oslo experience



## 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.

### 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.



## Observations

- 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, it should be kept 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.

# Evaluation of EXASS Net

An evaluation foreseen under the terms of reference of EXASS Net was conducted in 2010 on the basis of questionnaires sent to PCs, EXASS Net Steering Group members and participants to EXASS Net meeting, as well as by consultation and discussion during the 7<sup>th</sup> EXASS Net meeting in Oslo.

The following provides an overview on objectives met and results achieved.



## Objectives:

- Exchange of experiences leading to successful cooperation – *achieved*
- Understanding failures and misconceptions - *achieved*
- Identifying barriers to cooperation - *achieved*
- Creating mutual support structures – *achieved on an informal level*
- Facilitating Know-how transfer and technical assistance - *achieved*
- Developing good practice guidelines – *there was agreement to defer this to the next work cycle*

## Expected results 2007 - 2010:

- Network set-up and running (2007) - *achieved*
- Regular Network meetings held (from 2007) – *7 full and 6 Steering Group meetings were held*
- Analytical report on the functioning of partnerships (2008)
- Training materials prepared (2008 - 2009) – *changed to thematic background documents*
- Training course organized (2009) – *priority was given to field visits across participating countries*
- Process evaluation carried out (2010) – *achieved and in addition initial impact assessed*
- Innovative means of communication (2010) – *inter-active website since 2008*

## Conclusions

- EXASS NET has created added value by having had an impact in the sphere of work of the participants
- Cooperation between stakeholders and consequent actions, coupled with political commitment, can increase policy impact significantly
- EXASS Net was capable of effectively linking policy management and practice
- It is proposed that the concept of linking stakeholders and facilitating exchange of knowledge and experience be retained in the future

## Follow-up proposal

Two meetings a year on a specific topic to be identified by the PCs on an annual basis, taking into account proposals from EXASS Net members, and taking into account available competences of specific sites in Europe. Initial thematic proposals:

- ➔ Legal and illegal immigrants: their consumption patterns and survival strategies
- ➔ How services deal with poly-drug use: successes, barriers and limitations
- ➔ Accommodating the needs of older and elderly injecting drug users
- ➔ Front-line drug work: absence of and possible career management

- Managing and evaluating drug services and their ability to meet clients needs and policy makers expectations
- Effects and impact of law enforcement supply reduction activities on drug scenes and users

As a novelty aimed to further strengthen the link between the policy and administration levels In the future PCs will be invited to participate in EXASS Net meetings together with participants from the practitioners/front-line level.

## Analysis

The direct and continued exchange of experiences was seen as the strongest point of EXASS and also as the most valuable tool. Although IT-based support and assistance was developed with a specific EXASS Net website ([www.exass.net](http://www.exass.net)) and through other internet tools such as download of materials etc. but the personal contact was the key to on-going networking and know-how transfer.

All participants agreed that EXASS Net was successful in linking stakeholders at front-line level from 17 countries. It was possible to create networking capacity from the very beginning. Different participants started networking and cooperating on specific issues already from the 1<sup>st</sup> meeting on. The cooperation between participants takes place on specific issues on a bi-lateral level.

While no formal training was organised the educational value of the network was valued highly by all participants. In particular the combination of field visits and discussion at each meeting was seen to be a successful concept of significant educational value.

In addition to the expected outcomes EXASS Net developed into a link between policy management and practice levels. There have been always a significant number of participants who were working on the level of policy implementation. They saw the added value of EXASS Net in its ability to facilitate experience based in-sights in real time on what works and what doesn't (successes and failures). In addition the professional and un-biased discussions (no national or ideological agendas) were seen as sources of great value and source of inspiration for policy implementation.

The weakest point in EXASS, as the evaluation showed across the board, was the communication link between participants and the level of the national government. There was consensus that this is mainly attributable to the distance between national policy level and the frontline-level.

## Conclusions

EXASS Net has created added value by having had an impact in the sphere of work of the participants. The following is a list of examples where EXASS Net activities inspired participants to concrete action in their work context:

- Review/revision of activity or programme
- Initiating a new activity or programme
- Providing input for policy development
- Help to resolve problems
- Staff motivation
- Input for development of work plan

The main conclusion after for years of EXASS Net that can be drawn is that practice connected cooperation between stakeholder and consequent action coupled with political commitment can increase policy impact significantly.

The main effect for the policy level (added value of EXASS) is that EXASS Net was capable of effectively linking policy management and practice, as the above examples show. This is a contribution to increase the efficacy/effectiveness of policy implementation.

All details and results of the evaluation of 4 years of EXASS Net activities will be contained in the report of the 7<sup>th</sup> EXASS Net meeting and a special document on evaluation results. These documents will be available by mid-July.

## Way forward

All consulted EXASS Net members agree that EXASS Net will continue to provide added value that no other network or organisation provides. It is proposed that the concept of linking stakeholders and facilitating exchange of knowledge and experience should be retained in the future. To ensure a better link to the national policy levels a mechanism should be developed that would ensure that a number of PCs can participate in each EXASS Net activity.

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