

CLICK FOR SUPPORT

Guidelines for web-based interventions in selective drug prevention

Research and assessment of web-based interventions in 13 EU-countries

SUMMARY

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1. INTRODUCTION

The objective of the EU-funded project “Click for Support” is to develop guidelines for effective web-based interventions for young people in the field of illicit drugs.

The first phase of the project “Click for Support” consisted of two parts: On the one hand the research of national web-based interventions (WBIs) which resulted in 45 different examples from Austria, Belgium, Cyprus, Finland, Germany, Greece, Italy, Latvia, Luxembourg, the Netherlands, Portugal, Slovenia and Slovakia, plus seven additional examples beyond the partner countries (52 in total) and on the other hand the assessment of web-based interventions together with the target group. The target group is young people, aged between 14 and 21 years, with a risky consumption of illicit drugs.

After this phase of the project the partners produced country reports that are summarized by the project coordination in the following paper.

The second chapter of this summary covers the research phase in the 13 “Click for Support”-partner countries and the international research of the project coordination, the third chapter reports about the assessment workshops with the target group. In chapter 4 an overall conclusion is drawn for the first project phase and the fifth and last chapter summarizes the further procedure of the project, including important key aspects and remarks that the partners recommended to include in the guidelines.

2. RESEARCH

This chapter starts with a description of the research procedure, difficulties that the project partners had to deal with and individual solutions they have found for them. Afterwards the national results, as well as the international research done by the project coordination are presented.

2.1 Procedure

Prior to the research phase, the procedure has been discussed and a field manual for the research phase has been developed (see 8.2).

The WBIs included in the research should fulfill the following criteria:

- They are **web-based**, e.g. websites, apps or social media applications.
- They include **interactive** elements that require the user to actively do something to receive **individual feedback**.
- They are **professional** offers, i.e. not simple chats between consumers.
- The target group is **young drug consumers**.
- The focus is **illicit drugs**, ideally new psychoactive substances.
- Their effectiveness has been scientifically **evaluated**.

However, if no appropriate offers have been found in the country, other web-based offers could be included in the research as long as they provided valuable information for the project.

To show to which extent the criteria are met by the included offers, a ranking is used according to the number of criteria they fulfill ("A" for one criteria; "AAAAAA" for all six criteria). If the offer targets all young people or all drug consumers it does not fulfill criterion number 4. Accordingly, if the offer addresses numerous topics and illicit drugs are only one out of many, criterion number 5 is not met. Opposed to that, there are a few offers that specifically focus on alcohol and illicit drugs, e.g. "Readyforchange" from the Netherlands, "Slimkicken" from Belgium or "PartyPack" from Germany; these do sufficiently meet the fifth criteria. If the offer does not only provide automated feedback but a personal one from a professional "A*" is used and if a criterion is not met satisfactorily brackets are added (A).

The following resources have been used for the research.

- *Own resources*

The first step during the research phase was to gather all valuable information inside the partner organizations. Some of them already provide web-based offers themselves and naturally those were included in the research (e.g. in Belgium, Finland and Netherlands). Organizations who are working with young people also inquired about web-based offers among their young clients.

- *(Scientific) Search engines, national information portals and prevention networks*

In a second step web-based interventions for young people using illicit drugs were researched by using popular free search engines on the internet. Different key words like intervention, prevention, new psychoactive drugs, legal highs, illegal drugs, cannabis, app, website, smart phone, internet, social media, chat, forum, etc. were used.

Additionally scientific search engines (e.g. Google Scholar) and national scientific databases (e.g. “National Archive of PhD Theses” in Greece) were used as well. Other resources that have been used for the research include e.g. the “National state info drug portal”¹ in Slovakia which is a database for projects financed by the Ministry of Health or a prevention network including 73 prevention centres in Greece.

- *Contacting experts and using websites of organizations*

To gather as much background information as possible, some partners organized internal focus groups (e.g. in Austria and Luxembourg), meetings and phone calls with experts, other organizations and providers of web-based intervention or prevention offers. Popular websites of state health facilities for drug users were also checked for information.

The following experts were contacted during the research phase:

- Providers of web-based interventions
- Healthcare organizations
- Local experts in health services
- Treatment centres and other related institutions
- Addiction care organizations
- Organizations active in the field of web applications or prevention programs
- National ministries
- Local police departments
- Counselling centres with web-based offers for young people
- NGO's
- Universities
- Several national institutes

2.2 Difficulties

As previously assumed, in some countries difficulties came up during the research phase. Whereas Slovenia, Belgium, Germany and Greece did not report any difficulties, Slovakia, Italy, the Netherlands, Finland, Austria, Latvia, Portugal and Luxembourg stated that the research phase did not go as smoothly as they had hoped in the beginning.

¹ www.infodrogy.sk

- *Insufficient or not existing web-based interventions*

The difficulty in Slovakia simply consisted of the fact that there were no sufficient web-based interventions (WBIs) to be found, the same was the case in Portugal and Luxembourg. The only websites found in Portugal offered very little to no interaction with the users.

In the case of Luxembourg the partners decided to handle the problem by organizing additional meetings with experts to gain more information. They also tried to think outside of the box and had a look at what German, French and Swiss web-based interventions offered. Due to the fact that it was not possible to find any web-based intervention in Luxembourg by using databases and contacting experts, they decided to develop a questionnaire for young people and conducted a survey among the target group in different settings like festivals, among visitors of youth houses and clients of partner institutions (e.g. participants of an early intervention program), in order to be sure not to miss any offer young people would use. Still, this step did not lead to any new information on national offers.

Italy reported only poor offers as well and specifically a lack of interactive communication between users and professionals through suitable applications, web-based games or similar. Italian websites only provide generic information on topics regarding prevention (common substances, alcohol or eating disorders) and offer too little profound data. Also, barely any websites refer specifically to young people. Austria also reported that almost no adequate offers could be found.

In Latvia the research phase was much more time-consuming than anticipated. Profiles in social networks had to be set up to gather certain information which unfortunately mostly did not result in greater insights. Also, contacting experts, e.g. providers of web-based offers proved to be rather difficult as they were not very cooperative. However, all providers stated that their offers needed improvement and modernization. Another issue was that websites partially stopped working during the research process.

Finland also has not been very successful in receiving information from experts in the field – they had to rely on their own resources and expertise regarding web-based interventions.

- *Adjusting the focus of research*

As a consequence of the lack of or non-existing WBIs that are designed for young people using new psychoactive substances, our partners had to adjust their focus during the research process. First they continued the research in the field of illicit drugs and better known drugs, such as cannabis, cocaine, MDMA and others. If this did not lead to the

desired results either, they spread their research out further to WBIs addressing alcohol, mental health, smoking, etc. Also, they did not limit the research to offers especially designed for young people but included ones that target a broader population.

To summarize, if our partners were not able to find any WBIs addressing new psychoactive drugs for young people, they shifted their focus to:

- WBIs for young people using illicit drugs
- WBIs for a broad population using illicit drugs
- WBIs for young people drinking alcohol or smoking tobacco
- WBIs for young people addressing all different kinds of topics, including alcohol and drugs but also mental health, low self-esteem, relationships, etc.
- WBIs for a broader population addressing all different kinds of topics, including alcohol and drugs but also mental health, low self-esteem, relationships, etc.

Partly other forms than websites and apps were included if they seemed to be valuable for the project, for example Facebook offers in Italy and Skype counselling in Cyprus.

- *Communication with experts/providers*

Another common problem was that the research took a lot more time than some partners expected. Especially contacting the providers of WBIs proved to be very time consuming. The gathering of information from them was not easy either, regarding that some of the desired information was seen as proprietary by the providers, which was for instance the case in the Netherlands.

2.3 National results

Against the background of the defined criteria, the following 45 examples have been chosen by the project partners to be included in the research. The current supply of already existing WBIs differs throughout the countries. Therefore, some countries had to pre-select the best national offers from an already existing national variety of WBIs (e.g. Germany). Opposed to that in other countries that lack sufficient WBIs, web-based offers have been included that would not have been included otherwise. National differences can be easily noted in Table 1 which includes a ranking according to the defined criteria. This should be kept in mind when reading the next chapter.

Every reported web-based intervention or prevention offer in the partner countries is shortly described in the following. The offers are sorted alphabetically by country and within the country paragraph they are sorted according to their ranking.

Table 1: Rating of WBIs in partner and other countries according to defined criteria ("A"= Offer meets one criterion; "AAAAA"= Offer meets six criteria. *= Personal feedback from a professional. (A)=Criterion not fulfilled completely).

Country	No.	Name	Criteria						Rating
			1	2	3	4	5	6	
Austria	1	Feel-ok	✓	✓*	✓		✓	(✓)	AAAA(A)*
	2	Suchthaufen	✓	✓*	✓				AAA*
Belgium	3	Drughulp	✓	✓*	✓		✓		AAAA*
	4	Cannabishulp	✓	✓*	✓		✓		AAAA*
	5	Alcoholhulp	✓	✓*	✓			✓	AAAA*
	6	Slimkicken	✓	✓*	✓		✓		AAAA*
	7	Druglijn	✓	✓*	✓				AAA*
Cyprus	8	Onek online counselling	✓	✓*	✓	✓			AAAA*
	9	Skype Counselling by Veresies Clinic	✓	✓*	✓				AAA*
	10	Ask4Alcocheck	✓	✓*	✓				AAA*
	11	Asknow	✓	(✓)	✓				AA(A)
	12	Ask4press	✓		✓				AA
Finland	13	Mobiiliapu	✓	✓*	✓				AAA*
	14	Päihdelinkki	✓	✓*	✓				AAA*
	15	Päihdeneuvonnan tukipaketti	✓	✓*	✓				AAA*
	16	Ottomitta	✓	✓	✓				AAA
Germany	17	Quit the shit	✓	✓*	✓	✓	✓	✓	AAAAA*
	18	Change your drinking	✓	✓*	✓	✓		✓	AAAAA*
	19	Partypack	✓	✓*	✓	✓	✓		AAAAA*
	20	Pille Palle	✓	✓	✓	✓	✓		AAAAA
	21	Lass das Gras	✓	✓*	✓		✓		AAAA*
	22	Drugcom	✓		✓	✓	✓		AAAA
	23	Kointer	✓	✓*	✓				AAA*
	24	HaLT	✓	✓	✓				AAA
	25	Kenn dein Limit	✓			✓		✓	AAA
	26	B.A.D.S.	✓	✓	✓				AAA
Greece	27	Resist	✓	✓*	✓	✓	✓		AAAAA*

Country	No.	Name	Criteria						Rating
			1	2	3	4	5	6	
Italy	28	Area 15 –Cultura Consumi Consulenza	✓	✓*	✓		✓		AAAA*
	29	Youngle – Social net skills	✓	✓	(✓)	✓			AAA(A)
	30	Sostanze.info	✓	✓	(✓)		✓		AAA(A)
	31	“Sauftirol – Alcol Adige?”	✓	✓	✓				AAA
Latvia	32	Esibrivs	✓	✓*	✓		✓		AAAA*
	33	Narcomania	✓	✓*	✓				AAA*
	34	Papardeszieds	✓	✓*	✓				AAA*
	35	“Do not blow a fog”	✓	✓	(✓)				AA(A)
Netherlands	36	Drankendrugs	✓	✓*	✓	✓	✓		AAAAA*
	37	VNN Jongeren	✓	✓*	✓	✓	✓		AAAAA*
	38	Blowout	✓	✓	✓	✓	✓		AAAAA
	39	Cannabisdebaas	✓	✓	✓		✓	(✓)	AAAA(A)
	40	Readyforchange	✓	✓	✓		✓	(✓)	AAAA(A)
	41	Winvancannabis	✓	✓*	✓		✓		AAAA*
	42	Drugsenuitgaan/ Drugsinfo	✓		✓	✓	✓		AAAA
Slovenia	43	DrogArt	✓	✓*	✓	✓	✓		AAAAA*
	44	Med.over.net	✓	✓	✓				AAA
	45	To sem jaz	✓	(✓)	✓				AA(A)
Others	46	DrojNet 2 (France/Spain)	✓	✓	✓	✓	✓		AAAAA
	48	SafeZone (Switzerland)	✓	✓*	✓		✓		AAAA*
	47	Know Cannabis (UK)	✓	✓	✓		✓		AAAA
	49	Clear Your Vision (AUS)	✓	✓	✓	✓	✓		AAAAA
	50	Reduce Your Use (AUS)	✓	✓	✓		✓		AAAA
	51	PotHelp (NZ)	✓	✓	✓		✓		AAAA
	52	Bubble Monkey (USA)	✓	✓	✓	✓	✓		AAAAA

The description includes information on the “background”, “objective and target group” and “content and interaction” for each offer. For individual examples it has been deviated from this structure. The information presented in this chapter has been reported to the project coordination by the project partners. A list of all corresponding URLs can be found in Table 12 in the annex.

2.3.1 Austria

In Austria web-based offers for young people in the field of illicit drugs are limited to information and dissemination of knowledge for the target group. Most websites are built in a „copy & paste style“, with only a moderate claim of interaction. No structured web-based intervention programs were identified. Nevertheless, local professional addiction treatment centres and diverse associations and initiatives are trying to install a universal approach of drug prevention. Selective or indicated drug prevention does exist in some form of user forums which are administrated by the users themselves.

(1) Feel-ok²

Background

“Feel-ok” provides national websites in Austria, Switzerland and Germany. It has been developed by the Institute for Social Medicine in Zurich and is implemented by “Styria vitalis” and numerous partner organizations in Austria since 2004. “Styria vitalis” is an independent non-profit organization and receives funding for the project “Feel-ok” by the FGÖ (Fund for a healthy Austria) and the Province of Styria.

Objective and target group

The objective of “Feel-ok” is to prevent alcohol addiction, tobacco and cannabis use, suicidal tendencies, violence, eating disorders and stress and to provide support in choosing a profession and education. Other objectives include the development of an appropriate self-esteem and a responsible sexual behavior. The target group of “Feel-ok” is young people aged between twelve and 18 years. Additionally to the online offer a range of analog study materials for educators (school staff and other multipliers) can be downloaded.

² www.feel-ok.at

Figure 1: Feel-ok, Austria.

feel-ok.at ÜBER UNS · SITEMAP ·

JUGENDLICHE LEHRPERSONEN UND MULTIPLIKATOREN

BERATUNG

1
2
3
4

LIEBT SIE MICH, LIEBT ER MICH NICHT?
→ Beziehung, Freundschaft, Körper, Sexualität

ABOUT

FEEL-OK.AT - DAMIT DU DICH WOHL FÜHLST!
„Ich schaffe das nicht.“ – „Ich trinke gerne Alkohol, alles paletti?“ – „Welcher Beruf passt zu mir?“
Auf feel-ok.at findest du Antworten auf deine Fragen. Alle Texte, Tests, Spiele und weitere Inhalte wurden von Fachpersonen extra für dich entwickelt, nämlich zu den Themen: Alkohol, Cannabis, Rauchen, Ernährung, Bewegung und Sport, Liebe und Sexualität, Selbstvertrauen, Beruf, Stress und Suizidalität. Klick rein, finds raus!

BONUS

BERATUNG
Antworten von Fachpersonen auf Fragen von Jugendlichen, inkl. Notrufnummern.

GAME
Triffst du die richtige Antwort oder wirst du getroffen?

AKTUELL

SEX
DU HAST RECHTE
Wenn es um deinen Körper geht, hast du Rechte, egal wie alt du bist.

ERNÄHRUNG
FETTE
Einige Fette machen eher fit, andere Fette eher fett.

Source: http://www.feel-ok.at/de_AT/jugendliche/jugendliche.cfm

Content and interaction

According to the objectives, the following health topics are central: Information on alcohol, cannabis and tobacco, the prevention of suicidal behavior, healthy ways to cope with stress and the encouragement of a healthy diet and physical activity. Furthermore, “Feel-ok” provides support in the choosing of a potential career. For 2014 the topics of violence prevention and weight have been in planning.

Young people are guided through the website according to their consumption experience or behavior (e.g. smoking, alcohol consumption) and receive feedback and information referring to their current consumption status. Depending on the individual, “Feel-ok” promotes abstinence or only occasional consumption; for instance young people who regularly consume too much alcohol are encouraged to change their drinking patterns. An alcohol-consumption-check allows classifying one’s own drinking behavior and poses questions to promote reflection. The received feedback is automated and does not provide any direct communication with an expert.

Apart from self-tests the website also includes a range of information about different substances, e.g. alcohol, as well as manuals and tools to support teachers and educators. Different articles, tests, games, quizzes, videos and over 70 worksheets for lessons in the classroom can be found on the website.

“Feel-ok” has been evaluated regarding the effectiveness of its smoking program by using a pre-post study with a quasi-experimental design and has shown significant results but it has not been evaluated regarding reducing the consumption of other substances.

(2) Suchthaufen³

Background

“Suchthaufen” is a website in German (although regional accents are used), provided by “Supro” – a centre for addiction prevention in the Austrian federal state Vorarlberg. The centre has a high reputation in Vorarlberg and has conducted a large number of workshops in the past. Supro primarily focuses on safer use of alcohol.

Supro regularly gains access to their users in an offline setting, e.g. in workshops where they for instance give away party packages including condoms, mints, lighter etc. They set up information booths and media camps at different events and intend to maintain a corporate identity.

Objective and target group

The primary objective of “Suchthaufen” is the transfer of knowledge and a target group oriented dialogue.

The offer focuses very distinctly on the target group of young people but not specifically on young drug consumers. Special about “Suchthaufen” is that it has been partly developed and is still maintained by a youth editorial, therefore it is at least partly provided by peers. Gender aspects are not taken into account.

Content and interaction

The website focuses on alcohol, nicotine and cannabis but also includes information on LSD, ecstasy, amphetamines, heroin, cocaine, mephedrone (e.g. bath salts) and benzodiazepine. New media is also a topic – advice about the usage of social networks is given and a self-test for media usage is provided.

³ www.suchthaufen.net

Specific questions can be emailed to the editor who answers them via email or as YouTube videos. The questions mostly cover general information about substances (e.g. for school presentation) but usually not the user's personal consumption habits. For the assessment of those habits, the offer provides external links to several self-tests.

The design and appearance of the offer is attractive for young people; the methods used for information transfer are relatively modern (e.g. YouTube), with an emphasis on videos and graphics.

2.3.2 Belgium

In Belgium a range of good-quality offers are already established. However, those offers are only targeting young drug users among other groups of interest; none of them concentrate on youngsters as the main target. The offers vary regionally quite a bit; whereas Flanders provides some good-quality web-based prevention offers, the offers in Wallonia and Brussels are limited to alcohol and gambling. According to our Belgian partners, "specific offers for young drug consumers might be a blind spot in Belgium" (CAD).

(3) Drughulp⁴

Background

"Drughulp" (online since 2012) is a website provided by CAD, the Belgian partner in "Click for Support" and CGG Kempen and is financially supported by the federal government ("Verslavingsfonds"). CAD also provides the web-based offers "Cannabishulp" and "Alcoholhulp" which are based on the same principles and are maintained by the same staff. "Drughulp" did have 35.000 visitors in 2013 and 44 registrations for the online self-help program. The program has not been evaluated regarding its effectiveness.

Objective and target group

The offer's objective is raising awareness for and the prevention of drug-related problems and reducing drug consumption. It targets the broad population and specifically drug users of all ages.

⁴ www.drughulp.be

Figure 2: DrugHulp, Belgium.



Source: www.drughulp.be

Content and interaction

“Drughulp” focuses on speed, cocaine, ecstasy and GHB and offers information on risks and effects of these substances, juridical and healthcare information as well as information for friends and family of drug consumers. Some specific information for young people is included, e.g. information about a healthy nightlife, lifestyles, party scenes and home parties. The offer’s checklist for risky behavior is a popular item on the website.

The website includes three different sections: Information and a self-assessment for which the user receives professional feedback, an online self-help program (structured intervention program over the course of three months) and an online program with support from a professional via chat (free and anonymous and with a duration of max. three months). The online program with professional support can also be used in a ‘blended’ way, i.e. a combination of face-to-face treatment and use of the online program. Professionals working for the program are psychologists and social workers with experience in addiction health care.

A special feature of “DrugHulp” is “Drugdancer” (also see Drugsenuitgaan & Drugsinfo), an animation that shows a dancing girl who changes her dancing style according to the kind and the amount of substance she consumes. In this way the user can interactively experience the

substance's effects⁵. The application provides an eye-catcher and attracts the user's attention.

(4) CannabisHulp⁶

Background

"CannabisHulp" is another offer by CAD that went online in 2011 and follows the same principles as "DrugHulp" but specializes in Cannabis. In 2013 it had 79.000 visitors and 126 registrations for an online help-program. There is even a waiting list for the online program.

Objective and target group

"CannabisHulp" aims to reduce the cannabis consumption of its users and to promote awareness and prevention regarding cannabis-related problems. The offer provides some information specifically targeted at young people in the form of "frequently asked questions". Those questions cover cannabis consumption under the age of 16, nightlife and party scenes. However, the program of "CannabisHulp" has not been greatly received by young people because it may be too "heavy" – CAD is currently considering the development of an offer that is better suited for this target group.

Content and interaction

Like "DrugHulp", this website also consists of three parts: Information and self-assessment, an online self-help program and an online program with professional assistance. Again, the program can be used in a blended way.

The provided information concentrates on cannabis. To complete the offer, a blog is embedded in the website which includes recent studies on cannabis, practical guidelines for reducing consumption and reports on the public debate about cannabis.

(5) AlcoholHulp⁷

"AlcoholHulp" is CAD's oldest offer; it went online in 2008. It was included in the study because it already had been evaluated regarding the efficiency of the program and follows the same principles as "DrugHulp" and "CannabisHulp". The website had 519.000 visitors in

⁵ <http://www.drughulp.be/uitgaan-drugdancer>

⁶ <http://www.cannabishulp.be>

⁷ www.alcoholhulp.be

2013 and 1.300 registrations for the online self-help program; 786 persons registered for the program with professional support through a therapist.

Every year CAD checks the participant's satisfaction with a survey. Ratings of the program and the therapists always score between eight and nine points on a ten points scale.

In 2013 an outcome research of participants completing the program and the final evaluation has been conducted. Therefore a pre-post-test design without a control group was used. The outcome was that alcohol consumption decreased from an average of 36 units per week to six units per week; 45 % of these participants had stopped drinking completely.

(6) Slimkicken⁸

Background

"Slimkicken" is a rather new offer by CAD (online since March 2014). It has been initiated by CAD and is financially supported by the Flemish government, e.g. during the course of the "Flemish cannabis campaign". Additionally the offer gets local financial support from "Limburg Sterk Merk" and "Cera bank". In the provision of this offer CAD partners with KHLIM, a department of e-social work that focuses on enlarging accessibility of internet use for vulnerable target groups.

Objective and target group

The objective of "Slimkicken" is raising awareness, prevention and the reduction of alcohol and cannabis consumption. The offer specifically addresses youngsters and young adults with lower mental capacities to whom "Slimkicken" finds access through teachers in secondary schools for special needs children and educationists in institutions for (young) adults with lower mental capacities.

Content and interaction

"Slimkicken" provides information on effects and risks of drug consumption, juridical information and information for friends and family as well as information about healthcare.

The website is divided into three parts: Exercises on alcohol and cannabis for a target group of youngsters and young adults with lower mental capacities, information for educationists and a sensitization area with positive examples of so called "smart kicks". "Smart kicks" are positive activities or workshops that relate to the context of the target group and for which

⁸ www.slimkicken.be

schools and other institutions can send reports to the providers who include this information on the website.

The interactive part of the offer consists of a knowledge quiz about alcohol and cannabis, different exercises, for example regarding the users risk behavior, self-assessments and the development of pro and contra lists. The user also gets asked if and when he is worried about the drinking or smoking of others. Motivational Interviewing is used throughout all exercises. The target group can use the exercises independently or with the support from an educator.

When the user completes the exercises, he receives personal feedback after each question. Depending on the type of exercise, the feedback focuses either on knowledge (product information), attitude (self-assessment and risk behavior) or personal intention (pros and cons).

Special aspect

To reach the special target group of “Slimkicken”, the website puts a strong emphasis on a very clear and simple language, i.e. short sentences with a maximum of eight to ten words per sentence. Metaphors and abstractions are avoided and the content is supported by concrete visuals that can be simple real life pictures or short videos (max. duration of one minute) with concrete persons (sometimes experts) giving answers to questions. The intellectual level and used language is adequate for third grade primary school.

Regarding visual elements the providers focuses on a clear structure and design that is not too overwhelming, e.g. does not use too many colors, buttons etc. and aims for sufficient variation between the exercises. Those exercises need to be short but challenging enough at the same time and ideally include a competition element that motivates the target group to repeat the exercises and reach better scores in the process.

(7) Druglijn⁹

Background

The website “Druglijn” is provided by VAD – Vereniging voor Alcohol- en andere Drugproblemen” in Flanders, receives funds by the Flemish regional government and went online in 2000 (last update in 2010, including new design and structure).

⁹ www.druglijn.be

VAD is a cooperation partner of “CAD-Limburg – Centraa voor Alcohol- en andere Drugproblemen Limburg vzw” and refers clients to CAD’s online aid websites “Alcoholhulp.be”, “Cannabishulp.be”, “Drughulp.be” and “Gokhulp.be”. Also an agreement exists with VAGG (Antwerp) and some municipalities to use the “Druglijn” contact form regarding questions about drugs, alcohol, gaming and gambling.

The effectiveness of “Druglijn” has not been scientifically evaluated but more than 390.000 visitors have been reached in 2013. More than 5.600 people under the age of 18 have used the self-assessment offer on the website. It has been reported that 25 % of the website visitors had accessed it via mobile phone devices; still, the website does not offer a mobile version, which presents a significant lack of “Druglijn”.

Objective and target group

The objective of “Druglijn” is to inform, give feedback and advice on substance use and motivate users to get help but also to give signals to policy makers. The target group of “Druglijn” is defined broadly: Young people, parents, students, drug consumers and partners.

Content and interaction

“Druglijn” addresses drugs and alcohol but also gambling, medication, internet, gaming and hereby focuses on self-help. There is information on the effects of substances, drug testing, the law, signals of use and withdrawal and personal issues like consumption behavior, relationships with family and partners, school or work environment and friendships are addressed.

The user can take self-assessment tests and receive personal feedback through anonymous chats, Skype or email from volunteers and other professionals. The personal feedback is directly linked to the test score and differs according to age and gender. The offer also tries to refer users to other ambulant, residential or welfare organizations.

“Druglijn” is fairly easy to navigate, includes pictures, videos and uses YouTube as well as Facebook. “Druglijn” has been advertised and presented on national television and through radio stations. The budget for the marketing of “Druglijn” is relatively low but the offer is promoted in all national VAD campaigns and VAD provides posters, images, flyers and postcards.

2.3.3 Cyprus

In Cyprus one- and two-way interventions exist that address illicit drugs among other topics. None of them focus exclusively on drug prevention. Additional to those offers, an app addressing alcohol (“Ask4Alcocheck”) has been taken into account by our Cypriot partners at KENTHEA.

Our partner report that in general more people seem to prefer two-way interventions, i.e. the interaction with a counsellor opposed to only sending in questions. Also, they evaluated the Cypriot supply of WBIs as not sufficient regarding the provision of comprehensive information about substances and see another deficit is the language which seemed too advanced for the target group.

KENTHEA states that more comprising offers addressing all important aspects of illicit drugs and especially new psychoactive substances are needed in Cyprus.

(8) Onek¹⁰

Background

“Onek” offers online counselling on many different topics and is provided and financially supported by the Cyprus Youth Board that is active in the prevention sector and is supported by the state. This program is connected to a pre-existing hotline that offers similar services via telephone.

Objective and target group

The main objective is to offer counselling and guidance regarding a variety of subjects, including drug consumption, to mostly young people, although the offer is open to everyone.

Content and interaction

The offer is only operating Monday to Friday from 10 am to 11 pm and from 3 pm to midnight on weekends. Confidentiality is being underlined.

The instrument used for the communication with a professional is a simple chat function. Asynchronous counselling via email to cover the hours that the services are closed is offered as well. The website does not provide any information about drugs, like e.g. effects and risks.

¹⁰ <http://www.preventionsection.org.cy/symvouleftiki.asp>

If the user asks a question about those topics the professional provides the necessary information.

(9) Skype Counselling by Veresies Clinic¹¹

Background

The private “Veresies Clinic” offers online counselling via Skype, a psychologist from the clinic is available for one hour a day. The offer is provided in Greek, English and Bulgarian.

Objective and target group

The idea behind the offer is to provide access to free counselling for clients who live in more remote areas. Furthermore, the clinic wants to promote appropriate referrals and increase the clients’ motivation to receive formal treatment.

The target group is people who are interested in mental health or addiction topics; this can be individuals who consume drugs or their family members.

Content and interaction

The psychologist offers counselling about whatever drug or substance the client asks for.

(10) Ask4Alcocheck

Background

The development of the app “Ask4Alcocheck” for Android has been initiated by the Antidrug Council Cyprus (ASK). The design was done by the mobile devices laboratory of the Frederick Technological University in Cyprus. ASK funded the application with a symbolic amount of 100 Euro. Maintenance is being carried out on a voluntarily basis by the lab. Additionally, the update of the available information has been assigned to the ASK employees as part of their duties.

Information about the application can be found on Antidrug Council’s website and Facebook profile, on Frederick University’s website, Facebook and Twitter profiles. Articles about the app have been published in several newspapers. Also, the launch of the offer has been announced at a press conference in February 2014.

¹¹ Skype name: veresiesclinic1

The app is maintained by two volunteer students at Frederick University and the information is updated periodically by an ASK employee.

Objective and target group

“Ask4Alcocheck” is an interactive and informative application developed to raise awareness and personal responsibility among people regarding drinking and driving. The intervention offer aims to educate about alcohol, help the users determine their alcohol blood content (BAC) and offer contact details of therapeutic programs.

Content and interaction

The application calculates the user’s BAC of the user in a safe and easy way. The generated data is kept for statistical reasons. Based on gender, weight and the number and kind of drinks consumed in a certain time period, the app calculates the BAC and gives personalized feedback, e.g. about the physical condition, the amount of alcohol in the user’s bloodstream and the ability to drive a vehicle or not.

The application informs about risks and effects of alcohol and about the individual consumption. The given feedback might function as a motivation to change.

(11) Asknow¹²

Background

“Asknow” is the only website for drug prevention in Cyprus. The “Antidrug Council Cyprus (ASK)” has initiated the project “Asknow” and supports it financially by covering any expenses, e.g. for hosting the website and its maintenance. Additionally, the update of information has been assigned to the ASK employees as part of their responsibilities. A network of volunteers, psychiatrists and psychologists answer the public’s questions. ASK is funded by the State.

Objective and target group

The main objective of “Asknow” is to promote access to treatment. Furthermore, the intervention aims to offer information about addiction and treatment options anonymously for interested individuals and hopes to eliminate the stigma of drug addiction. The target group is

¹² <http://www.asknow.org.cy/>

drug users, addicted individuals and their families. More specific target groups are not taken into account.

Content and interaction

The website mainly informs addicted individuals and their families about addiction as such and the available treatment options in Cyprus. Furthermore, it provides general information about prevention and statistical reports regarding the prevalence of use and addiction in Cyprus and Europe.

The users have the possibility to ask questions anonymously through a “question box” on the website through which they receive professional answers, but they do not directly interact with a professional. They do not get the answer instantly nor do they receive information on how long they have to wait for an answer. The “question box” is promoted throughout the whole website.

Apart from the information the user receives as answers to his questions, there is no other information about drugs on the website.

(12) Ask4press

Background

Ask4press is an app that has been launched in 2013. The Antidrug Council Cyprus (ASK) has initiated this project and supports it financially, by covering any expenses. Additionally, the update of the available information has been assigned to the ASK employees as part of their duties. ASK is funded by the state.

The app can be found in the Google Play store and through links on the main website of the Antidrug Council and its Facebook profile.

Objective and target group

The target group of this app is not young drug consumers, or any drug consumers for that matter but the press and the general public. Its objective is to fully inform the press and the general public about addiction as such but also about treatment possibilities, best practice approaches, treatment centres, latest news and announcements of the council. By doing that it aims to eliminate stigma created by misrepresentation of addiction by the press

It is thought that the fear of stigma discourages people from asking for help. By changing the way addiction and addicted individuals are presented in the media, addicted individuals can access treatment with less fear of stigma.

Content and interaction

Information is given about stigmatization, common myths and facts about addiction, including the appropriate vocabulary. However, the offer does not provide personalized feedback. Apart from a map of treatment centres, the offer does not contain any interactive elements.

2.3.4 Finland

Overall, there are numerous kinds of applications for substance abuse prevention in different levels and topics in Finland. It is still a rather random process to find an existing web-based offer as there is no central platform that provides directions to all existing offers, which would allow users to choose a specific one that may help them or provide the information they need.

(13) Mobiiliapu¹³

Background

The Finnish web-based offer “Mobiiliapu” comprises a website, app and SMS service and a Facebook profile. The SMS service is the only offer of this kind in Finland and very rare in the European Union; it is the result of another five year’s project. Six different organizations have participated in that project and promoted “Mobiiliapu” mainly through their already acquired customers.

The help is anonymously and confidential. The offer is maintained by professionals in Health and Social Welfare.

Objective and target group

The purpose of the application “Mobiiliapu” is to spread knowledge on drugs and to give advice and support to drug consumers of all ages; it focuses on harm reduction. Thereby the offer addresses all kinds of drugs, other health problems and addiction issues in general. The offer also provides information for people who have family members with addiction problems.

¹³ <http://mobiiliapu.fi/>

Content and interaction

Users can search for information using SMS, the app or the website. By using the SMS service they can be part of a peer group. Also, professionals can answer client's questions by SMS service or via website.

The app has a search function and alphabetical listing of terms related to drug using and side effects. Beside keyword based information Mobiliapu also has a map service to help finding healthcare services and other related services.

(14) Päihdelinkki ("AddictionLink")¹⁴

Background

"Päihdelinkki" is a well-known website in Finland and has a professional and high-quality reputation where you can find information, tests, self-help tools, a discussion board and professional consultation.

The offer is provided by the "A-clinic Foundation" which is a non-governmental organization and service provider. The A-Clinic Foundation operates to reduce alcohol, drug and other addiction problems by providing versatile professional services. Through its regional units, the foundation provides treatment, detoxification and rehabilitation services in order to improve the quality of life for both people with addiction problems and their families.

The professionals who provide information and advice have a background in Health and Social Welfare.

Objective and target group

"AddictionLink's" objective is to provide professional consultation to those who have problems with drugs or other addiction problems by using web-based methods. The main tasks are sharing knowledge and providing help and advice. The target group is drug users and their family members. Specific groups that are addressed additionally are professionals, students and other people interested in the matter.

Content and interaction

The content of the offer covers wide-ranging addiction problems and advice on how to handle addiction problems of a family member. The offer is anonymously and confidential.

¹⁴ www.Päihdelinkki.fi

Interactive instruments that are used are a drinking diary, self-tests, discussion boards and an email function for asking questions. However, it takes usually about a week until a question gets answered. After sending in a question the user receives a code which he has to use to access the answer.

(15) Päihdeneuvonnan tukipaketti¹⁵

Background

“Päihdeneuvonnan tukipaketti” is a website which is simultaneously used with a drug-helpline. It is provided by the Helsinki Deaconess Institute and similar to the other Finnish offers receives financial support from Finland’s Slot Machine Association and their RAY grant funding. The offer went online in 2013.

The helpline is free of charge for the client and is open 24/7. Professionals working for it usually have a background in Health and Social Welfare. The number of the helpline is well-known throughout Finland and different channels for promoting the offer are used.

Objective and target group

The objective of “Päihdeneuvonnan tukipaketti” is to help people who have addiction problems themselves or family members with addiction problems. People who use the helpline are usually over 18 years old, but there is no official minimum age. A large percentage of users are parents of young drug consumers.

Content and interaction

The website offers comprehensive information for drug users and their families about any kind of substances.

Clients usually call the helpline and while they are talking to a professional on the phone, the latter fills out an online form. This form includes information, a test and contact information for offline focal points. It also includes advice for the professional on how to handle specific situations with the client. After the call the client gets a code to get access to the filled-out online form. The offer works anonymously and confidential.

¹⁵ <http://www.paihdeneuvonta.fi/apu>

(16) Ottomitta¹⁶

Background

The Finnish app “Ottomitta” is provided by “EYHT – Finnish Association For Substance Abuse Prevention (Ehkäisevä Päihdetyö EHYT ry)”, the Finnish partner in “Click for Support” and has been launched in 2012. “Ottomitta” can be translated to “Quantify myself”.

EHYT receives additional financial support for “Ottomitta” and its other offers from Finland’s Slot Machine Association through “RAY grants funding” which is collected from slot machine and casino gaming operations and is channeled to health and social welfare organizations¹⁷.

Objective and target group

The app focuses on alcohol and is supposed to help the users keep track of their alcohol consumption. The target group is alcohol consumers in general; there is no age limit and young consumers or any other specific population group are not taken into special consideration.

Content and interaction

There is no interaction with a professional; the app only gives automated feedback.

2.3.5 Germany

A large number of internet prevention offers focusing on illegal drugs and alcohol were identified in Germany but at the time of the research there were no WBIs that specialize in new psychoactive substances (“legal highs”). After the initial research, 29 web-based prevention offers with at least one interactive element (chat, forum, intervention programs, online help, etc.) have been found in Germany; 24 of them are internet platforms that offer their support in prevention of legal and illegal drugs, three specialize on cannabis and one is set up specifically for party drugs¹⁸. Most of those offers are simple online counselling which is usually provided by local organizations, moderated chats or forums and a few nation-wide and empirically validated structured intervention programs which are mostly realized and maintained through support of the federal authority of health prevention (BZgA).

¹⁶ <http://www.ehyt.fi/fi/ajankohtaista/?a=viewItem&itemid=921>

¹⁷ <http://www2.ray.fi/en/Beneficiaries>

¹⁸ www.party-pack.de

Four of such structured intervention programs have been identified; three of them have been developed through financing and collaboration of the “BZgA”. These programs offer interactive support in the prevention of cannabis (“Quit the shit”), alcohol (“Change your drinking”) and nicotine (“Rauchfrei”). One additional interactive intervention program called “Lass das Gras” is provided from a self-help association with smaller funding.

In Germany already a variety of web-based offers exists, including many online counseling offers, moderated forums and chats. Therefore, the German partners were, opposed to other countries, in the position to pick out those offers that fit the defined criteria best and not include every web-based offer they have found during their research.

(17) Quit the Shit¹⁹

Background

"Quit the shit" is an online withdrawal program for juvenile cannabis consumers who intend to reduce or quit their cannabis consumption. Its provider is the Federal Centre for Health Education (BZgA) and the program is embedded in the BZgA's broad prevention platform "Drugcom". "Drugcom" and "Quit the Shit" have been developed and are still maintained by the "delphi – Gesellschaft für Forschung, Beratung und Projektentwicklung". The offer went online in 2004 and 4.700 users were included in the program until the end of 2013.

Objective and target group

The objective of "Quit the Shit" is a significant reduction or abstinence of cannabis consumption or at least a significant change of the consumption pattern.

The target group of "Quit the Shit" is cannabis-addicted adolescents and young adults. In 2012 they are on average 25 years old while 35 % have been over 29 years of age – "Quit the Shit"-clients are the oldest users of "Drugcom". The program has 45-50 users per month, but resources are scarce; approximately 100 users per month cannot get an appointment for a first chat with a counsellor.

The program is not recommended for psychotic people who are not yet in treatment or people who lack the motivation to set goals or are still ambivalent about following the program. Because of the limited resources the space in the program is rather given to people who have the motivation to change their consumption behavior.

¹⁹ <http://www.quitheshit.de/>

The program has been evaluated already a couple of times – in 2014 a new and more complex RCT-study was being planned during the research phase.

Figure 3: Quit the Shit from Germany.



Source: www.quit-the-shit.net

Content and interaction

The program follows the following process: First, users have to go through an admission chat during which the counsellor gets a first impression of the client, the client's goals are discussed and it is assessed if he or she fits to the program. During the 50-day program the users are encouraged to keep an interactive consumption diary for which they get at least weekly feedback from a counsellor. The automated diary function keeps track of the clients' consumption habits, i.e. when they consume and under which circumstances. The diary is the core element of "Quit the Shit" and it has been proven to have an effective impact.

Depending on how detailed and regular the users keep the diary, the given feedback can be more or less detailed. It mainly includes suggestions and ideas on how to proceed in the process to achieve the formerly set goals. During the program the counsellor also tries to motivate the clients to also get help in an offline setting.

Besides the consumption diary the program includes exercises on risky situations, control strategies, analyses of relapse situations, a decision barometer regarding consumption and abstinence (pro and con lists), alternative activities and a "farewell letter" to cannabis. A forum and information on different aspects of cannabis are provided as well.

The chat function from the start of the program is used again at the end of the program. This is a special feature of “Quit the Shit” as most other programs do not have this function at the end. During this final chat the counsellor and client reflect on the experience with the program and discuss strategies for the solving of future problems. The client’s perspectives are discussed, i.e. a potential necessity to receive further counselling in an offline setting. “Quit the Shit” is supposed to be only the first step on the way to sustainably change consumption patterns.

(18) Change Your Drinking²⁰

Background

Another structured intervention program offered by the BZgA is “Change Your Drinking” which focuses on the reduction of alcohol consumption or abstinence from alcohol. This offer has also been developed and is still supported by the “delphi-Gesellschaft für Forschung, Beratung und Projektentwicklung”.

Objective and target group

“Change Your Drinking” focuses on the promotion of low-risk drinking strategies and/or the reduction of alcohol consumption and abstinence. The target group is adolescents and young adults with a risky alcohol consumption behavior.

Content and interaction

“Change Your Drinking” is provided in two different versions. Version 1, which has been launched in 2006, starts by defining consumption-related program goals. Those goals can be a set maximum quantity of alcohol or a number of consumption days which are not to be exceeded.

There are two information areas, the first one on low-risk drinking rules; the second one includes 22 drinking strategies that are transferable to personal drinking strategies and include personal ideals.

A consumption diary is used for self-observation and reflection – the client is supposed to document his daily consumption behavior, e.g. the type and amount of alcohol converted into and measured in standard glasses for a period of ten days.

²⁰ <http://www.drugcom.de/?id=changeyourdrinking3&sub=310/>

At the end of the program the client receives an individual feedback which takes into consideration the defined consumption-related goals and previous consumption patterns. During this final feedback the positive developments are reinforced and the clients are again made aware of the risks of excessive drinking.

Version 2 is longer than Version 1 (14 days). Clients are asked to confront their risk situations on a daily level and to develop or refine control strategies; on the one hand they get short and motivating feedbacks which are supposed to reinforce the reflection of their own alcohol use and on the other hand they receive two tailored and motivating feedbacks after seven and 14 days.

These feedbacks address the participants' current consumption levels and compare those with the previously chosen consumption-related goals. They also receive tailored advice to cope with risk situations.

(19) Partypack²¹

Background

"Partypack" is a project of the local drug help centre ("Drogenhilfe Köln gGmbH) in Cologne, Germany.

Objective and target group

The offer is supposed to inform about effects and risks of drug consumption and prevent the dependence on and the regular abuse of these drugs. The main focus are party drugs, the target group is young drug consumers.

Content and interaction

"Partypack" focuses on legal, illegal and especially party drugs (absinthe, alcohol, anabolic agents, cannabis, ecstasy (XTC), GHB / GBL, ketamin, cocaine, liquid ecstasy, laughing gas, LSD, mephedrone, methylone, mushrooms, poppers, Salvia divinorum, sheesha, speed, Spice (and similar drugs), "Research Chemicals", "Legal Highs". The offer provides relevant information for partygoers, like an event calendar for local parties and literature about the party scene. The "Partypack"-team can also be booked to come to parties and festivals and inform on drugs.

²¹ <http://partypack.de/>

The offer further provides an interactive cannabis check, information on legal regulations, drug-checking, contact information of consultation services, interesting links to further information and a drug alert.

Professional feedback for the users is provided via online consultation through email. There is also the possibility to vote on specific questions that are answered by the website's provider.

Figure 4: Party-Pack, Germany.

The screenshot shows the website **partypack.de** with the slogan "think dangerously act safely". The main article is titled "Pillenwarnung Januar 2015 - Supermann Pille mit PMMA - Lebensgefahr!". It features a large image of a pink, diamond-shaped pill with a Superman logo. The text warns that in Holland, a pink Ecstasy pill was found containing over 170 mg of PMMA, which is extremely high. It mentions that in England, four deaths occurred in late 2014 and early 2015 due to PMMA-containing Supermann pills. The article also includes a voting section with three options: "lass ich ganz bewusst die Finger von!", "bin ich schon derbe mit abgestürzt!", and "bis jetzt ist es immer gut gegangen!".

Source: <http://www.partypack.de/>

(20) Pille Palle²²

Background

"Pille Palle" is a website that went online in 2012 and is provided by an integration facility ("Anode gGmbH") and a psychosocial counselling centre ("Psychosozialen Beratungsstelle der Diakonie Friedrichshafen") as well as an addiction counselling centre ("Suchthilfe gGmbH Ravensburg").

²² <http://www.pille-palle.net/>

The professionals maintaining “Pille Palle” are experienced young social workers and social pedagogues that work in different facilities which offer counselling and street work. They receive further support by other experts (e.g. traffic psychologist, pharmacist, medical specialist).

Objective and target group

“Pille Palle” wants to offer objective and factual information, build a relationship and offer companionship and support for the target group of adolescents and young adults who consume addictive substances. The focus lies on recreational party drugs.

Content and interaction

The provided information concentrates on different substances, addiction, driver’s license, health, news and help offers (counselling, therapy, drug detoxification, links to online information). This information is supposed to make the users reflect on their own consumption behavior.

Interaction with professionals is offered via email and a forum. There is also a “Pille Palle” newsletter.

Figure 5: Pille Palle, Germany.

The screenshot shows the website interface for Pille Palle. At the top, there are navigation links: [lexikon](#), [sitemap](#), [gästebuch](#), [impressum](#), [über uns](#), and [newsletter](#). A search bar is located on the right with the text "suchen:" and an input field.

On the left side, there is a vertical sidebar menu with buttons for: **MAIN** (highlighted in red), **DROGEN**, **THEMEN**, **FORUM**, **KONTAKT**, and **HILFEN**.

The main content area is divided into four blue panels:

- VOTE:** Titled "Wird die Problematik der Medienucht aus Deiner Sicht übertrieben?". It includes three radio button options: "Es wird eher untertrieben.", "Es trifft anfällige Kinder und Erwachsene.", and "Wird eher überbewertet.". There is an "Abstimmen" button at the bottom.
- NEWSLETTER:** Titled "Hier könnt ihr euch für den Pille-Palle Newsletter eintragen, der euch regelmäßig über Neuigkeiten zum Thema Partydrogen informieren wird.". It includes a text input field for an email address, a "Bitte hier Email-Adresse angeben:" label, and two radio button options: "Newsletter bestellen" and "Newsletter abbestellen". There is an "Aktion durchführen" button at the bottom.
- NEWS:** Contains a list of news items with dates and titles:
 - 09.12.14: Lebensgefährliches Kokain in Amsterdam im Umlauf** - In Amsterdam wird derzeit weißes Heroin als "Kokain" an Touristen verkauft. Es gab unter den KonsumentInnen bereits drei Todesfälle und mehrere Notfälle. Falls ihr oder jemand, den ihr kennt in nächster Zeit nach Amsterdam reist, beachtet diese Warnung bzw. leitet diese weiter. [hier mehr Info.](#)
 - 12.09.14: Sportwetten haben hohen Suchtfaktor** - Nach Ansicht von Experten bergen Sportwetten vor allem für junge Männer ein hohes Suchtrisiko. Die Zahl der Wettbüros in Deutschland ist steigend. [hier mehr Info.](#)
 - 10.09.14: ESCapade - ein neues Hilfsprogramm der Bundesregierung für Jugendliche mit problematischer Computer- und Internetnutzung** - weitere Infos [hier](#).
 - 04.09.14: "Badesalze" schädigen Hirnfunktion** - Bislang ist wenig bekannt über die langfristigen Auswirkungen des Konsums von synthetischen Cathinonen, auch bekannt als „Badesalz“. In einer aktuellen tierexperimentellen Studie ist nun nachgewiesen worden, dass diese Substanzen zu längerfristigen Gedächtnisproblemen führen können. [weiterlesen](#)
 - 30.07.14: Hepatitis C: Neue Medikamente heilen auch schwierige Erkrankungen** - In keinem Bereich der Medizin wird derzeit so viel Optimismus verbreitet wie bei der Behandlung der Hepatitis C. Die
- HERZLICH WILLKOMMEN BEI PILLE-PALLE:** A welcome message stating: "Herzlich willkommen bei Pille-Palle! Auf dieser Seite findest Du Informationen zu legalen und illegalen Drogen, aber auch zu vielen verwandten Themen wie z.B. Führerscheinentzug, durch Drogen verursachte psychische Krankheiten und mögliche Ausstiegshilfen. Wir bieten Dir auch die Möglichkeit, Dich mit uns in Kontakt zu setzen und beantworten gerne Deine Fragen, die sich rund um Substanzen und Sucht drehen. Unsere Seite richtet sich in erster Linie an Konsumenten, aber auch an alle Interessierten wie Lehrkräfte, Erzieher und Angehörige (Eltern, Geschwister, Freunde und Kinder von Personen, die Suchtmittel konsumieren). Wir hoffen, Du findest die für Dich wichtigen Informationen auf unserer Seite."

Source: <http://www.pille-palle.net/Pille-Palle/main.php>

(21) Lass das Gras²³

Background

The offer has been developed by the non-profit association “Addiction and Self Help”; since December 2013 it has been privately funded by Klaus Hoffmann²⁴. “Lass das Gras” is basically a smaller version of “Quit the Shit” and has had 330 program registrations in 2012 and 443 in 2013. In 2012 23 users completed the program; in 2013 it has been 29 users. There have also been users who have repeated the program once or even twice.

Objective and target group

„Lass das Gras“ is an intervention program that concentrates on hashish and cannabis and is supposed to help consumers control their consumption behavior on the basis of a conscious handling of the addictive substances. The clients of “Lass das Gras” are between 13 and 60 years old and usually find their way to the program through Google or they are forwarded through forums like e.g. www.suchtundselbsthilfe.de.

Content and interaction

Similar to “Quit the Shit” this offer also uses an introductory chat with a consultant for an individual definition of the user’s goals. Also, the program uses the device of a consumption diary to record experiences, sentiments and impressions of the day and receive a regular feedback regarding their consumption patterns. With the use of the diary it is possible to obtain an overview of the consumption behavior, to enable a conscious deliberation of consumption, a reflection on thoughts and feelings regarding consumption and to find alternatives to consumption.

The diary also helps the counsellor to get to know the client, their consumption patterns and to recognize potential progress.

The program focuses on self-observation and an automatic generation of a course of action. The user gets asked questions about potential sleeping problems, tiredness, dreams, etc. on a scale from one to ten and has to fill in the answers several times a week at first and once a week later on.

A personal consultant can be reached via email at any time. “Lass das Gras” also provides a final chat for reflection of the past 90 days, on the user’s experiences, progress that has

²³ <https://lass-das-gras.de/>

²⁴ <https://lass-das-gras.de/impressum.html>

been made and how close the client's got to their goals. Future perspectives are a point of discussion.

Special aspect

The consultants at "Lass das Gras" are mostly former cannabis consumers themselves and are mostly applying a simple and not dogmatic approach. This can potentially result in an almost automatic trust bonus from the side of the clients.

(22) Drugcom²⁵

Background

Although "Quit the Shit" and "Change Your Drinking" are embedded in the "Drugcom"-portal the German partners at the "Ruhr University Bochum" decided that the offer of "Drugcom" needed to be included as an independent offer as well because it includes more than just these two structured intervention programs.

"Drugcom" is a part of the drug prevention program by the federal Government of Germany which means that programmatic goals are formulated in the action plan for "Drugs and Addiction".

Objective and target group

The objective of "Drugcom" is to prevent or delay the use of drugs and to promote early notice and reduction of risky consumption patterns. It also aims to strengthen the risk competence of the population, to spread knowledge on drug consumption, to promote awareness and critical attitudes towards existing consumption habits, promote low-risk use of psychoactive substances, situational abstinence and moderated consumption in accepted situations. The communication of competences for the reduction and withdrawal from substances is stressed as an objective as well.

The main target group of "Drugcom" is young people who use both legal and illegal psychoactive substances and feel the need to inform themselves about risks and side effects. On average the users of "Drugcom" are 23 years old (2012), gender relations are balanced among "Drugcom's" clients.

²⁵ www.drugcom.de

Content and interaction

“Drugcom” provides information on risks and effects of all kinds of substances, e.g. in the form of multiple-choice-tests with detailed explanations following right and wrong answers. There are useful links to additional information, a drug encyclopedia and FAQs as well as experiential reports and expert commentaries regarding poly-drug use.

The major topics of “Drugcom” are updated every four weeks and new information items are launched at least once a week. Additionally there is a monthly vote on a question for which the results are accompanied by additional information.

The offer tries to promote a change of attitude and behavior by using behavior-related self-tests for alcohol and cannabis users and by offering online consultation based on the needs of the target group. In general the target group asks for uncomplicated and anonymous possibilities of personal consultation. This is provided in the form of email and chat consultation and structured intervention programs like “Change Your Drinking” and “Quit the Shit” for alcohol and cannabis which are included in the report as separate offers.

Visuals used by “Drugcom” are mostly videos about substances and documentaries that show consequences of drug consumption and address the viewer on an emotional level to get him interested in the subject.

Special aspect

Besides the standard website there is also a mobile version for smart phones and tablets with information, knowledge tests and self-tests regarding consumption and videos; however, the intervention programs are not accessible through the mobile version.

(23) Kointer²⁶

Background

„Kointer“, which is short for „KODROBS im Internet“, is the first virtual online addiction counselling facility for Hamburg, Germany, and was launched in 2009. It is free, confidential and anonymous. “KODROBS” is a contact and information centre which receives funding from the organization “Jugend hilft Jugend Hamburg” that offers different counselling facilities in offline settings. “Kointer” also uses different social media channels to promote the offer like Youtube and Vimeo, Facebook, Twitter, Instagram and others.

²⁶ <https://www.jugend-hilft-jugend.de/kointer/kointer/>

The professionals working for “Kointer” have almost 40 years of experience in the field of drug addiction prevention and ten years of experience in the area of online counselling, e.g. through participation in the conception and realization of different online addiction drug help projects.

Objective and target group

“Kointer’s” main objective is to offer the generation of „Digital Natives“ a modern access to qualified counselling. The professionals providing the offer are intermediaries in the area of media competence for parents and relatives who are „Digital Immigrants“.

There is also the option to view the website in Turkish and Russian and simple language to reach fringe groups with a migration background or people with disabilities.

The offer addresses alcohol and illegal substances but also medicines, gambling and especially „new media“, including internet and gaming addiction. The offer has been developed for all drug consumers with at risk of addiction, including youths and adults, relatives, and employees of local institutions in Hamburg

Content and interaction

“Kointer” offers online counselling via different channels of communication like chat and email and includes a professional check-up and analyses of the clients’ personal consumption behavior. A forum with the possibilities for users to exchange views, information, experience and advice is offered as well.

The information on the website includes general facts on drugs and addiction, behavioral measures and rules when handling drugs, a short drug encyclopedia, list of diseases connected to drug-use, articles about drugs, addiction, development of addiction, prevention of addiction and information on narcotics law.

Further, links to other prevention offers and KODROBS are provided, as well as contact information for local prevention projects and facilities.

(24) HaLT

Background

The “HaLT”-app has been developed in the course of the German project “HaLT” and has been launched in 2012. There are no reports on the numbers of downloads or users.

Objective and target group

The objective of the “HaLT”-app is to prevent excessive drinking and provide support in case of excessive alcohol consumption. The target group is adolescents.

Content and interaction

With the app the user can practice emergency procedures, e.g. first aid. Guidance in acute situations is provided and an ambulance is called automatically from the smart phone.

Information about risks of excessive drinking is offered, mostly in form of games with different scenarios, such as parties, the park or at the fair and the decision to reject an offer of alcohol or not. However, the app offers no interaction with a professional or provides an automated feedback.

(25) Kenn dein Limit²⁷

Background

The wide-ranging campaign „Kenn dein Limit“ has been initiated by the BZgA and receives financial support from the “Verband der Privaten Krankenversicherung e.V.” (Private Health Insurance Association) and the Federal Ministry of Health. “Kenn dein Limit” is part of a multidimensional campaign which includes mass communication, posters and advertisements in youth magazines, cinema spots, internet offers and personal communication with a nationwide reach. It is connected to the BZgA’s other offers such as “Drugcom” and “Change Your Drinking”.

Objective and target group

The objective of the campaign has been the reduction of excess drinking, regular alcohol consumption, risky alcohol consumption, number of in-patient hospital stays because of alcohol intoxication and on the other hand the improvement in attitude and knowledge regarding alcohol. Adolescents and young adults should be fully informed about alcohol, its effects, health-risks and addictive potential.

²⁷ <http://www.kenn-dein-limit.info/home.html>

Content and interaction

The website of “Kenn dein Limit” provides comprehensive information on alcohol, e.g. alcohol in our society, numbers and statistics, legal regulations, news and current developments, effects and risks of alcohol risks, e.g. through expert interviews, information on low-risk drinking, advice and help (through intervention program “Change Your drinking”) and more.

On the website users can find a forum and blog, a self-assessment test (“Check Your drinking”) and several downloadable documents.

(26) B.A.D.S.

Background

“B.A.D.S.” is an app for IOS 6 (Apple) and is provided by the “Bund gegen Alkohol und Drogen im Straßenverkehr”.

Objective and target group

The objective of the app is to let young people playfully learn about the risks of alcohol and drugs in road traffic. Furthermore, young drivers shall be made aware of the dangerous effects alcohol and other substances can have. The target group of the app is young drivers.

Content and interaction

Essentially it is a game in comic style which has been designed for young people. The user can virtually drive through traffic and encounter the effects of the amount and type of alcohol they virtually consume on their capability of driving. During the course of the game the driver has to overcome certain obstacles like traffic accidents and police checks. There is also a link to the German catalogue of fine rates.

Although the app only gives automated feedback, it has been decided to include the offer since it is still a personalized feedback and can act as an intervention for young alcohol consumers in the sense of making them aware of the risks of drink driving.

2.3.6 Greece

The three national organizations against drugs in Greece (the Organization against Drugs, the Therapy Center for Dependent Individuals and the Rehabilitation Unit of the Psychiatric Hospital) have their own websites for information and communication, with a few user

interaction options like email communication and quizzes, but there are no WBIs specifically designed for drug prevention and/or therapy and treatment, except for one example which is described below.

Despite the important role the internet has played in changing the methods many countries use for drug prevention or treatment interventions worldwide, Greece has only made small steps in using new technologies in this specific area. Possible reasons for that may be that the majority of Greek social organizations face constant budget and funding cuts because of the national financial crisis and that the primary national focus regarding drug abuse is currently on street work, harm reduction and restriction of infectious diseases spreading through needle sharing (HIV/AIDS, Hepatitis B & C).

Almost every effort made in developing WBIs in all (mental) health related fields in Greece has been made with the support of the European Union through EU-funded projects and private initiatives. At the same time, during the past few years, there has been an increase of postgraduate programs in Greek university departments on the use of information and communication technologies in education, especially health education and prevention, counselling, therapy, social work etc. Currently there are plenty of student theses on the prevention of smoking, cancer, road traffic accidents, juvenile delinquency, heart diseases, diabetes, etc.

(27) RESIST²⁸

Background

The only notable effort towards the use of new technologies in drug prevention was made by the Drug Prevention Center “Elpida” with the online game “RESIST” in 2008. “RESIST” is the result of a project that was focused on ability and skill enhancement of teenagers. When the game “RESIST” was developed, the experience in designing educational video games and other applications in the area of primary drug abuse prevention was still limited. Therefore it was based on the Center’s staff experience from the application of primary prevention projects and the feedback of the young people that have participated in them. The scientific approach of this intervention is based on information and knowledge provision and personal as well as social skills enhancement (decision making skills, communication skills, peer pressure resistance refusal skills etc).

²⁸ <http://resist.transludic.net/>

Objective and target group

The main objective of “RESIST” is to spread the philosophy of drug prevention and to enhance protective factors that contribute to warding young people off drugs. It is supposed to be a refusal skill training exercise with which the users can learn different ways to resist peer pressure for instance. Another objective is to open new channels of communication to the target group in order to enable them to resist drug abuse, reduce consumption or actively participate in prevention and intervention activities.

In general, the intervention is intended for young people between the ages of twelve and 18. The main character of the game comes across certain everyday situations and challenges (events at school, at home, at a party and online) to which a lot of young people - including young drug consumers - can relate.

Figure 6: Screenshot of the Greek game “RESIST”.



Source: <http://resist.transludic.net/home/?lang=en>

Content and interaction

The intervention focuses on addictive substances like tobacco, cannabis, pills and alcohol; information is provided regarding the chemical synthesis of substances and their consequences on people's physical and emotional health. It also includes information about other addictive behaviors like the excessive use of the internet and computers.

The information for each substance is presented in short scientific paragraphs. While the users have to make choices regarding drug consumption while playing “RESIST”, the offer motivates them to try other (healthy) options, thus promoting a healthy lifestyle.

Taking into consideration that the game, i.e. the story, characters and dialogs was created by young people, our Greek partners assume that the intervention suits the target group’s preferences regarding the design and by using contemporary music and enabling social interaction.

“RESIST” offers various possibilities of interaction that reflect different ways of facing certain situations. While avoiding being instructive or rewarding certain types of behavior, the game lets the users draw their own conclusions and give their own explanations, depending on their own choices. Besides the game itself, “RESIST” provides a blog that gives the users the opportunity to share their thoughts and concerns on drugs and other issues. Information on current developments in the field of prevention is also provided via articles, videos and a newsletter.

The users can communicate with the professionals of the Drug Prevention Center “ELPIDA“ through email and receive individual and personalized support and advice while keeping their privacy. Additionally they can follow links to other sources for additional or more specific information and assistance (e.g. educational video games, Greek organizations for drugs and therapeutic programs, international organizations, important links for parents, educators and young people).

2.3.7 Italy

Our Italian partners assess the current spectrum of resources in Italy as rather poor. However, there seems to be a high rate of interest from the side of the providers to improve their WBIs and other online prevention offers. Until now the layout and appearance of existing websites is generally rated as not very appealing.

The following Italian approaches on web-based interventions have been reported:

(28) Area 15 – Cultura Consumi Consulenza²⁹

Background

“Area 15” is an informal meeting point offering information on substances and consumption. Some materials are produced by young volunteers and students who are interested in deepening certain topics, others by professionals working for the project. The offer includes a website and a Facebook profile.

The project is managed by the “Open Group Social Cooperative”³⁰ which is a “New-Co specialized in social innovation, media publishing and communication, cultural heritage and libraries, education and training services. Open Group designs and produces innovative digital media solutions, providing high quality contents for digital marketing, web & mobile advertising, corporate & brand communication. Open Group produces online videos, audios and motion graphics for private companies, public organizations and digital publishers in Italy and Europe. [They] create innovative solutions for media education and digital storytelling for children and students” (LinkedIn o.J.).

The project receives public funding and has been initiated by the Commune of Bologna and Province of Bologna.

Objective and target group

Firstly, “Area 15” aims to initiate discussion and interaction with a non-moralistic approach and to enable an exchange of information between users and professionals as well as among peers. Also, the risk-reduction of drug consumption among young people and the improvement of their general well-being are goals of the project.

Young people shall be involved as protagonists and collaborators to build a place of reflection, exchange knowledge about dependency and consumption of legal and illegal substances.

Building and strengthening networks between territorial services for drug consumers, healthcare institutions and organizations promoting knowledge and good practice is another objective of the project.

The target group is between 18 and 30 years old, students or young workers. The offer is open to non-consumers who want information about consumption as well.

²⁹ www.area15.it; www.facebook.com/area15bologna

³⁰ www.opengroup.eu

Content and interaction

The website includes information on scientific research, current events, provides information material, general news regarding drugs and self-assessments for drug consumption. The Facebook page spreads materials and articles and disseminates cultural events that are organized by the “Open Group Social Cooperative”.

The website offers comprehensive material prepared by adolescents who have participated in the development of the website content. Online counselling is offered through an anonymous messaging service. The Facebook profile functions as a tool for establishing the first contact and interaction with the user, e.g. through chat and messages.

(29) Youngle – Social Net Skills³¹

Background

“Younge” consists of ten different Facebook profiles which all refer to different local areas in Italy like Reggio Emilia, Firenze, Savona, Forli, Parma & Modena, Carrara, Castellammare die Stabia, San Severo and Umbria. The offer is the first national public service of listening and counselling on Facebook aimed at adolescents and run by teenagers who are supported by psychologists and experts on communication. Youngle has been included in the research as an example for a peer approach. For the research just the offer from “Younge – Firenze” was analyzed.

Objective and target group

“Younge” aims to provide counselling for adolescents and youngsters between the age of 14 and 21 for all different kinds of topics. The topics vary with the region and its specific competences and specific circumstances, e.g. Reggio Emilia focuses narcotic drugs, whereas other regions focus on school issues, sexuality or night life.

Content and interaction

Topics in focus are narcotic drugs, night life, school issues, mass media, relationships and sexuality, including sexual orientation and music as a prevention factor. The network consists of ten regional profiles in six partner regions, each with its own specific competences (sexuality / affectivity / substances / sexual orientation / world of school).

³¹ <https://it-it.facebook.com/youngle.it>

The offer is operated twice a week – the user has to “befriend” the profile to enable a chat function, an email service or a helpline via Skype.

Special aspect

Similar to “Sauftirol”, “Youngle” uses a Facebook profile to provide an intervention offer. Special about this offer is the inclusion of ten different profiles according to region and topic and the fact that it is run by peers who are supported by professionals (e.g. psychologists).

The providers also have made an effort in respect to marketing. They worked out different initiatives in different regional areas to launch the offer, e.g. in discos (Forlì and Savona), dedicated events (festivals and local and regional initiatives, San Severo), in schools (Firenze, Parma, Modena), through videos and flyers realized with young people and national television programs.

(30) Sauftirol³²

Background

“Sauftirol” is a project page on Facebook which has been initiated by „Forum Prävention“ in the context of the South Tyrolean alcohol prevention campaign „trinkenmitmass.it“ in 2013.

Objective target group

The offer on Facebook is supposed to motivate young members of the social network to join conversations on alcohol consumption and to vote on specific topics. It offers young people a voice in the discussion around the topic of alcohol consumption, gives them space to speak and discuss alcohol-related topics. The offer stresses the importance to include young people in the discussion about alcohol consumption and not only to discuss about the target group among adults. In this way a dialogue between the generations is promoted.

The primary target group is adolescents between 14 and 15 years but everybody who “likes” the Facebook page can participate in the discussions.

Content and interaction

Two to three times a week new posts are published on the profile to stay up to date and motivate young people to participate in the discussions and share their opinions and

³² <https://www.facebook.com/sauftirolalcoladige>

experiences. The provided information concentrates on alcohol and youth orientated issues like consumption patterns, role models and values, the law, general opinions, prejudices regarding adolescents, binge drinking and more. To disseminate the information the providers make use of a variety of pictures and videos related to alcohol consumption.

Voting is a main part of the offer – young people are asked which rules and laws regarding alcohol consumption they regard as useful and what regulations could be more effective. There is also a so called “weekend money meter” - a tool that calculates the money the users spend on alcohol. To receive feedback from the experts behind the offer the user can send them private messages.

(31) Sostanze.info³³

Background

The project has been initiated by the Commune of Florence and the Health Authority Centre 10 in Florence. It is financially supported by the Ministry of Health, the Region of Tuscany and the Commune of Florence. Per month about 140.000 people visit the website of “Sostanze.info” which is not a simple website but rather a web 2.0 project where every user can contribute. It is online since 2007.

Addressed substances in forums of discussions and questions are the following: Cannabis, ecstasy/MD and MDMA, methadone, subutex and subuxone, heroine, cocaine, depalgos, oxycodone, Xanax/rivotril, alcohol, phendimetrazine and LSD and other psychedelics.

Objective and target group

The objective of “Sostanze.info” is to give professional information about the most common psychotropic substances and offer consultation which is supposed to aim at harm reduction and reducing the risk of substance use. The user shall be informed about current regulations in Italy and also be accompanied to local services.

The target group is occasional consumers of substances or consumers who have issues with the law. The offer is mostly used by adolescents, students and family members of substance users.

³³ www.sostanze.info

Content and interaction

The interactive aspect of “Sostanze.info” consists mostly of chats with psychologists, social workers, educators (only by appointment on three days a week); therefore the user receives individual feedback from professionals. There is also a forum and a newsletter to disseminated information and exchange experiences. National and international news on substances are published on the website and interviews with opinion leaders and stakeholders on substances, regulations, effects, analysis are included.

The given information mostly concentrates on the mode of use of substances, effects and risks, behavior under the influence and in the absence of substances (abstinence), risk reduction and information on legal regulations in case of offenses. Another focus are legal regulations of driving under the influence of alcohol and psychotropic substances as well as detention for personal use of substances, principal regulations relating to the transport and use of substances in foreign countries.

Special aspect

On “Sostanze.info” it is possible for everyone to publish his or her opinion without any censorship as long as it is in accordance with the “netiquette” of the internet and a few rules of coexistence established by the editors of the websites, which are: No offense to other readers, no publication of sensitive personal data – phone, Facebook or email details – and no details of substance doses or availability of drugs.

2.3.8 Latvia

The results of the Latvian research phase showed that the existing WBIs are mostly focusing on addiction in general whereas drug abuse is only a part of the content.

The researched offers have been assessed by the Latvian project partners as kind of old-fashioned, they include some activities that might be regarded as interactive; however, they do not use modern ways of communication, e.g. using social networks. The evaluated interventions have been created years ago and the Latvian providers allegedly have not enough money to maintain effective use of them.

(32) Esibrivs³⁴

Background

“Esibrivs” which means “Be free” is a Latvian website provided by the Association of Gambling business and went online in 2007. The named cooperation partners are schools, youth centres and correction institutions for young people.

Objective and target group

The aim of “Esibrivs” is to promote the view that young people can be stylish without the use of any substances or behavior that might lead to addiction. The website’s objective is to provide access to the services of organization (trainings for young people, parents and teachers).

The focus of “Esibrivs” is legal and illegal psychoactive substances and addictive behavior in general. The main target group is young people who attend primary and secondary schools. They are not looking for any risk groups and drug consumers and therefore follow a universal prevention approach. At the same time information is provided on the website that might be used by young consumers.

Content and interaction

On the website everyone can find detailed information about alcohol, tobacco, cannabis, LSD, magic mushrooms, cocaine, amphetamine, ecstasy, explaining how these substances look like, how they are used, why people use them and what risks they impose. Behavioral addictions like gambling, eating disorders and compulsive shopping are addressed as well.

Furthermore, it is explained what to do in emergencies and where to get help, e.g. available services provided by other organizations. However, there is no established cooperation with other organizations.

The interactive part of the offer consists of communication via email; the user can send in questions to professionals and receives answers via email as well. This approach is used to link available services to potential clients.

One self-assessment tool on the website is the “Alcohol Use Disorders Identification Test – AUDIT” which assesses the person’s consumption or potential co-dependency.

³⁴ www.esibrivs.lv

(33) Narcomenia³⁵

Background

“Narcomenia” (“The Abuse Prevention”) has been developed by the Abuse Prevention Centre (APC) which has been established by the local authority of the city of Riga. The offer went online in 2007; after a process of reorganization in 2009 the drug-related issues are now organized by the Welfare Department of Riga City Council, Public Health and Promotion and Prevention Unit (PHPPU) which is currently maintaining “Narcomenia”.

At the moment there are only two people working for the project with relatively scarce resources (not more than four to five hours a week). Currently there is no existing budget for the project. The website had more than 45,000 users in 2013 with significantly more traffic during the winter months.

Objective and target group

The offer provides information about addiction in general and potential helpful services and focuses on drug users, gamblers and people with addiction problems in general; parents and family members are addressed as well as professionals, students (social work, psychology, law & justice), teachers and pupils. “Click for Support’s” target group of young drug consumers are included, but are not specifically addressed by the offer.

Content and interaction

On the website information about drugs, e.g. their risks and effects are not presented in a very structured way. Information is only provided in a question and answer part where users have to do a keyword search to look for specific information. This procedure is rather unpractical because of the amount of information one has to go through.

While interacting with users, the experts behind the offer try to motivate them to use available support to reduce their consumption and give them the relevant information.

There is also the possibility for parents and young people to take different kinds of interactive tests, e.g. about safe and unsafe choices regarding cannabis consumption or about recognizing drug dealers. There is also a forum which is only used as a form of communication between consumers to exchange experiences and opinions.

³⁵ www.narcomania.lv

(34) Papardeszieds³⁶

Background

This offer does not focus on addiction or any kind of drugs but on promoting sexual and reproductive health. It has been included in the Latvian research because it specifically addresses young people and could therefore contribute valuable information on how to find access to the aspired target group of “Click for Support”.

“Papardeszieds” is provided by the “Latvian Association for Family Planning and Sexual Health” and went online in 2005. In this project the organization cooperates on a daily basis with doctors who are especially youth friendly. Some of these doctors are on the board of the Association as well.

Objective and target group

As mentioned above the target group of this project is young people, specifically teenagers and young adults until the age of 25.

The objectives are to provide information about sexual and reproductive health and to promote a healthy development of young people, to help them deal with comprehensive issues regarding young people’s development and consequences on their wellbeing. General information about sexual and reproductive health shall be provided, too.

Content and interaction

Interactive elements on the website include a question and answer part named “Hot mail”, a blog which is especially used by young people and an email function through which users can get professional feedback from doctors, teachers or public health specialists. All questions and answers are published on the website and systematically sorted into the following categories: Sexual relationships, contraception, sexually transmitted diseases (STD), pregnancy and other topics.

By using video clips that are produced by the target group itself, more information is given to the user and certain issues are addressed for which young people are usually too embarrassed to talk about. According to the providers themselves, those videos provide important information for users but their design is rather old-fashioned and not very attractive.

³⁶ www.papardeszieds.lv

(35) Neputmīglu (“Do not blow a fog”)³⁷

Background

The anti-smoking social campaign “Neputmīglu” (“Do not blow a fog”) can be reached through a website or the corresponding Facebook profile. It has been developed by the “Go Beyond”-Foundation which has started as a youth development movement in 2011 and initiated the campaign for two months in 2013. To promote the campaign the providers actively contacted people on Facebook and other social networks. Billboard advertisements and commercials on TV have been used for marketing purposes as well.

Objective and target group

This offer aims at reducing the number of young people who are smoking cigarettes and accordingly also reduce the risk to start smoking in the first place. The providers stated also that the main objective they would like to achieve is to create a commune in which young people support each other, e.g. in quitting cigarettes.

The target group who responded to the campaign (e.g. on Facebook) the most have been young people from 13 to 25.

Content and interaction

The information provided by the campaign mostly concerns the consequences of smoking cigarettes; this information is given to the users via articles published on the website or on Facebook. There is no professional feedback given to the users but only chats between consumers and sporadic comments by experts on the topic. One interactive element is a knowledge-test about smoking which has been promoted by letting the users participate in a lottery if they took the test.

The design of the offer has been assessed as rather modern; videos which partly featured celebrities have been used as well as graphs that showed illustrated detailed connections between smoking and the economy.

2.3.9 Luxembourg

There are no special web-based interventions focusing on young drug consumers in Luxembourg. Only a few institutions offer “interactive” web-based offers (email-contact) in

³⁷ www.draugiem.lv/neputmiglu/

their professional work: “SOS-Détresse”, “Kanner- a Jugendtelefon” and the project partners own offer “CePT-FroNo”. In addition to contact via telephone, communication via email applies for all offers. None of the mentioned offers does target young consumers of illicit drugs.

In meetings and discussions with other institutions it has been highlighted that web-based offers could be particularly attractive for the future but no experience with the topic currently exists. General interest in development of a web-based intervention has been expressed and even introduced for consideration under the National Drugs Action Plan 2015-2019.

2.3.10 The Netherlands

Few web bases/app interventions were found that specifically deal with prevention of drug-use and target young people. No interventions at all were found that specifically deal with new psychoactive substances or other more ‘exotic’ drugs. Almost all websites or apps that focus on drug use mainly target cannabis.

Theoretically a lot a progress could be made in the Netherlands. However, in the current unfavorable financial climate in the country, specifically in the healthcare sector, development of websites and apps aimed at relatively small target groups is rare.

(36) Drankendrugs³⁸

Background

“Drankendrugs” has been developed by “Tactus”, the Dutch partner organization, and went online in 2008; currently the second version of the website is active. The website is being used extensively in contacts with youth in general, and with young problem users in particular.

Objective and target group

The objective of “Drankendrugs” is comprising information about alcohol, drugs, gambling and gaming to indicate possible problematic use through self-tests and to provide support through online forms and a chat option. Thereby the main target group is young people who seek info about alcohol, drugs or gaming/gambling or have questions about their own consumption habits.

³⁸ <http://www.drankendrugs.nl>

Content and interaction

“Drankendrugs” provides a website with information about alcohol, drugs (mainly cannabis and ecstasy) and gambling/gaming for the general public, also several self-tests, an option to send questions to a professional via a provided form and a chat option.

Information is provided about a wide variety of drugs with a special focus on the effects and risks of cannabis and ecstasy. Central are several self-tests with which the users can appraise their own consumption. Additional to those “Drankendrugs” maintains a YouTube, Twitter and Facebook account.

Figure 7: Drankendrugs from the Netherlands.

The screenshot displays the website's layout. At the top, there is a dark navigation bar with the logo 'DRANK EN DRUGS .NL' in white and red. To the right of the logo are two columns of white text: 'NIEUWS * TEST JE GEBRUIK TEST JE KENNIS DRUGS INFO YOUTUBE' and 'STUDENTEN INFO VRAAG EN ANTWOORD HULP EN ADVIES LINKS'. Further right, a 'FOLLOW US' section includes icons for Twitter, YouTube, and Facebook. Below this is a search bar with the text 'ZOEK:' and a 'SITEMAP' link. The main content area is divided into two columns. The left column features a large image of a hand holding a beer glass with the text 'TEST GEBRUIK' overlaid. Below the image is a red navigation bar with white text: 'DRINKEN BLOWEN ROKEN XTC INTERNET & GAMEN'. Underneath is a quiz question: 'Hoe vaak drink je een glas alcohol?' with four radio button options: 'NOOIT', '1 KEER PER MAAND OF MINDER', '2 TOT 4 KEER PER MAAND', and '2 TOT 3 KEER PER WEEK'. The right column has a red header 'STEL JE VRAAG'. Below the header is a text block: 'Ben je bezorgd over je eigen gebruik of die van een ander? Heb je tips, hulp of advies nodig? Stel hier je vraag. Onze medewerkers beantwoorden je vraag binnen een paar werkdagen. Heb je dringend hulp nodig? Bel dan je huisarts.' This is followed by another text block: 'Heb je een vraag in kader van een opdracht voor school? Gebruik dan niet dit formulier, maar bekijk de [studenten informatie](#).' Below this are four input fields: 'Mijn naam:', 'Mijn leeftijd:', 'Mijn e-mailadres:', and 'Mijn vraag:'. The 'Mijn vraag:' field is a large text area.

Source: <http://www.drankendrugs.nl/quiz/index/index/quiz/11>

(37) VNN Jongeren³⁹

Background

This online intervention is provided by “Verslavingzorg Noord Nederland” (VNN) and their Department Youth and Communication. This offer includes a structured intervention program (e-health program).

³⁹ <http://www.vnn.nl/jongeren>

Objective and target group

The offer aims to inform young people about drugs and enhance their motivation to seek help in an early stage of their drug-use. The target group of the offer is young people at risk, for the e-health program users have to be at least 16 years old.

Content and interaction

Interaction is provided through elements like the e-health program, self-tests and chat about different substances like alcohol, illicit drugs and tobacco. During the structured intervention program which aims specifically at cannabis, the users receive guidance and counselling.

Professionals discuss different topics with the users like their connection to other drug users and their relationship with friend and parents. The professionals always try to motivate their clients to change their consumption or consumption pattern. Users are getting sensitized for their own behavior, risks and for when help is necessary.

According to the providers, especially the frequently asked question section is received positively by the target group.

Figure 8: VNN Jongeren, The Netherlands.

The screenshot shows the VNN Jongeren website. At the top, there is a navigation bar with links: OVER VNN, NIEUWS, AGENDA, CONTACT, VEELGESTELDE VRAGEN, VACATURES, and ADRESSEN. Below this is the VNN logo (Verslavingszorg Noord Nederland) and a search bar. The main content area features a large banner with the text 'Anita' and ''IK LEERDE MEZELF ACCEPTEREN''. Below the banner is a section titled 'Advies & Hulp Jongeren'. On the left, there is a sidebar with a 'Trek aan de Bel' section and a list of frequently asked questions: 'Kun je verslaafd raken aan hasj of wiet?', 'Wat is het verschil tussen hasj en wiet?', and 'Wat is een alcoholovergiftiging?'. The main content area has a section titled 'Als het niet lekker gaat' with a video thumbnail and text: 'Het gaat niet zo lekker met je. Je denkt veel na of je maakt je zelfs een beetje zorgen. Je snapt het zelf eigenlijk niet goed waarom dat zo is. Ruzies met je ouders, problemen met je leraar, gepest worden, het gevoel nergens bij te horen, vaak somber of boos... Herken je dit? Lees dan meer bij: Een gesprek'. Below this is a list of topics: 'Drank', 'Drugs', 'Je drugs laten testen', and 'Gamen'. On the right, there are buttons for 'CHATTEN', 'CONTACT', and 'ZORG IN 2015', along with a 'MEER WETEN OVER' section for 'AMFETAMINE OF SPEED' and a 'TEST JEZELF' section.

Source: <http://www.vnn.nl/advies-hulp/jongeren/>

(38) Blowout⁴⁰

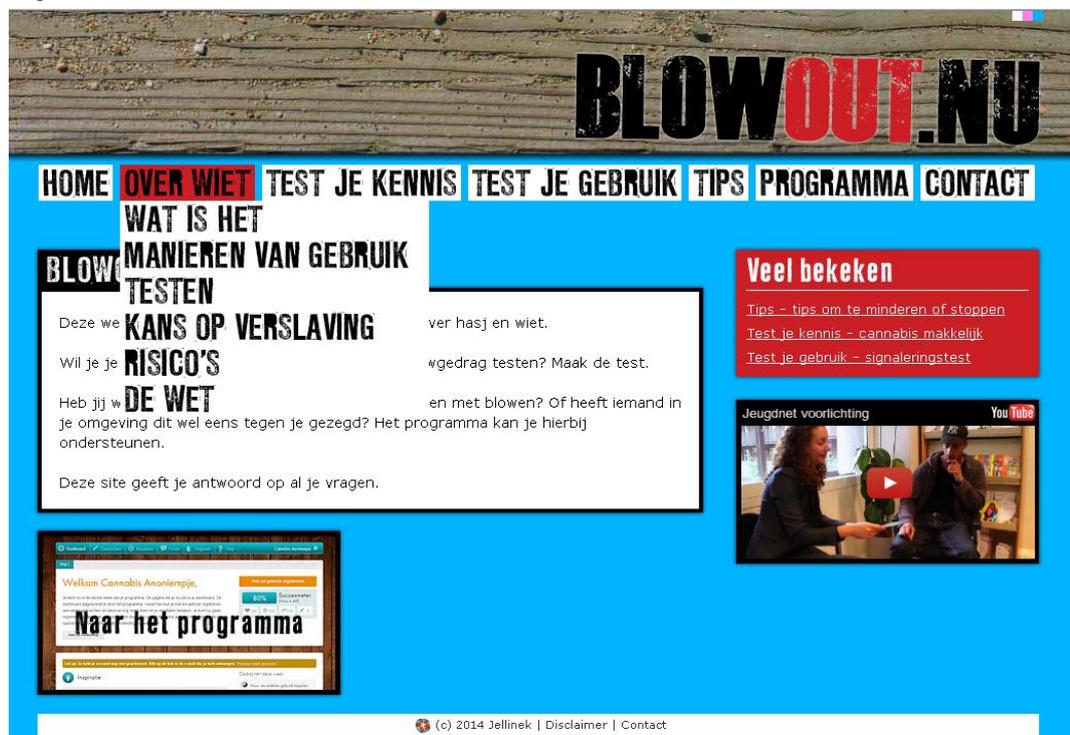
Background

“Blowout” is a website developed by Jellinek⁴¹ and is based on the organizations online self-help program, specifically targeted on cannabis use in young people

Objective and target group

The objective of “Blowout” is to regulate, control or reduce cannabis consumption and to provide insight into the user’s own cannabis consumption. The target group of “Blowout” is young people who consume cannabis. Those youngsters are mostly around 16 years of age.

Figure 9: Blowout, The Netherlands.



Source: <http://www.blowout.nu/>

Content and interaction

Elements included in the web-based offer of “Blowout” are a self-assessment test, a forum which is only visible after log in, Twitter, Facebook, YouTube and WhatsApp accounts and a chat function. The website is currently being upgraded into being ‘responsive’; soon it should be able to be accessed on smartphones and tablets as well. A separate app will not be

⁴⁰ <http://www.blowout.nu/>

⁴¹ <http://www.jellinek.nl/>

developed. The offer gives automated personal feedback which responds to individual preferences and questions.

Information is given on effects and risks of cannabis consumption. Further information includes background information on cannabis, the way it works and promotes insight for the users into their own behavior and feedback on how to change that behavior.

One aspect that was received positively is the WhatsApp function that has much rather been used than the relatively old-fashioned chat function.

(39) Cannabisdebaas⁴²

Background

“Cannabisdebaas” has been developed by “Tactive”, a full subsidiary of Tactus Verslavingszorg, as part of a series of e-health applications regarding substance abuse. Treatments are funded by health insurance.

Objective and target group

The objectives of this intervention are to provide information and psycho education about cannabis-related topics as well as to offer a comprehensive internet-therapy to anyone with a cannabis-abuse problem. It shall promote the indication of possible problematic use through self-tests, peer-support and after-care via a forum and record CBT based treatment for cannabis addiction and problematic cannabis use.

Anyone who has doubts about their cannabis consumption, who want to stop or change their cannabis consumption and who is not younger than 16 years of age belongs to the target group of “Cannabisdebaas”. The general public and professionals working with the target group are addressed by the offer as well.

Content and interaction

The website includes comprehensive information about all kinds of aspects of cannabis, a self-test and a forum. The main element is an e-health application, aimed at treatment of patients with problematic cannabis consumption. It includes recorded treatment and therapy by a professional therapist which is based on the cognitive behavioral therapy (CBT) and takes about three to four months. The steps of the CBT treatment are: Identification of

⁴² www.cannabisdebaas.nl

advantages and disadvantages, identification of situations, behavior, emotions and beliefs and identification of inaccurate thoughts as well as the planning of changes.

Additionally the website includes a self-test and a forum that is open to the general public and moderated twice a day by professionals.

Information is provided on the effects and risks of cannabis and feedback is given regarding the users' consumption.

"Cannabisdebaas" sister application "Alcoholdebaas" has been successfully evaluated with a randomized controlled trial (RCT) study and earned positive results regarding the effectiveness of the program and "Cannabisdebaas" is built on the same CBT principles which is a potential indicator for the effectiveness of the cannabis intervention, too. All participants of the e-health treatment are subjects to ongoing scientific research.

(40) Readyforchange⁴³

Background

"Ready for Change" is a website which also runs an app⁴⁴ that is accessible via Android and Apple, a Facebook and Twitter account. It is provided by a private company (owner and director Richard van den Ende), the website has been online since 2008 and gets updated every two years, the app was launched in 2012 and has been downloaded about 20.000 times since. The website and app basically provide the same content.

Objective and target group

The website is complimentary to a face-to-face treatment program, based on a mix of different evidence-based treatment programs like MATRIX⁴⁵, cognitive behavioral therapy (CBT), parts of the Minnesota Model⁴⁶ combined with own knowledge and experience.

Everybody from approximately 18 years old belongs to the offer's target group.

Content and interaction

The offer addresses alcohol, drugs as cannabis, cocaine and GHB, eating, gambling and gaming. It provides support for people who finished the face-to-face treatment through email

⁴³ www.readyforchange.nl/

⁴⁴ Apparently the app is no longer available at the time of publication.

⁴⁵ <http://www.hazelden.org/web/go/matrix>

⁴⁶ <http://www.hazelden.org/web/public/minnesotamodel.page>

contact or phone contact, motivates people to sign up for a face-to-face treatment program via e-mail or phone contact and offers self-tests for several drugs (e.g. cocaine, cannabis or GHB). Information on effects and risks of drugs is also given and the motivation to change the users' behavior and get them to sign up for treatment is essential.

(41) Winvancannabis⁴⁷

Background

"Winvancannabis" is provided by "Victas" who are responsible for the content and treatment. The technical development is the responsibility of "Minddistrict"⁴⁸ and went online in 2013⁴⁹.

Objective and target group

The target group is all Dutch speaking individuals who might have problems with their cannabis consumption. The objective of the offer is to regain control over the consumption pattern or stop using cannabis completely.

Content and interaction

The professional and interactive part of the offer is based on motivational interviewing and cognitive behavioral therapy (CBT) and includes a consumption diary as well as relapse prevention. Steps during the treatment are the initial assessment of the individual consumption, defining advantages and disadvantages of consuming cannabis, the registration for die consumption diary, crisis detection and relapse prevention.

The offer has not been evaluated and until now has only reached 15 members of the target group. The dropout rate is 50 %.

(42) Drugsenuitgaan & Drugsinfo⁵⁰

Background

The Trimbos Institute provides the online offers "Drugsinfo" and "Drugsenuitgaan" which include websites, chats, Facebook and Twitter accounts.

⁴⁷ www.winvancannabis.nl

⁴⁸ <http://www.minddistrict.com/>

⁴⁹ Since the research, there have been some structural changes at "Victas" and the website is no longer online. They still provide an online offer on <https://winjzelfterug.nl/> which addresses different subjects, such as alcohol, cannabis, sex, drugs, smoking and sleeping pills.

⁵⁰ <http://www.drugsinfo.nl/>; <http://www.drugsenuitgaan.nl>

Objective and target group

The objective of the offer is to inform about effects and risks of drugs and to facilitate informed choices.

“Drugsinfo” has been developed for the general public; the offer of “Drugsenuitgaan” specifically addresses young people and their parents, this part focuses on the aspect of harm reduction. The offer wants to motivate to change the consumption pattern through comprehensive information, the promotion of self-efficacy without pushing the users too much.

Content and interaction

The information on the websites address a range of substances: Amphetamine, caffeine, C, cocaine, DXM, “Ecodrugs”, GHB, heroine, ketamine, laughing gas, LSD, mushrooms, PCP (crystal), poppers and sleeping pills. All the information is based on scientific research and includes information on risks and effects of drug consumption and poly drug use.

The website includes statistics about drug consumption for the target group of students, the general public and professionals.

The website provides elements like the “Drugdancer” application (the same as in the Belgian offer “DrugHulp”), videos, a movie called “Addicted to you” and a drugs ABC. A plan for a new more interactive website is already in planning. To make use of the data produced by the website Google analytics is used, e.g. to show certain trends in research on certain substances.

2.3.11 Portugal

The Portuguese partners in “Click for Support” have not been able to identify national web-based interventions in Portugal. It was an eye-opening experience for them to recognize how few information sources, not to mention online intervention offers regarding drugs and drug consumption exist in Portugal.

Still, better and more information exist on legal drugs like tobacco and alcohol than on illicit drugs. Also, there are some Brazilian websites that are relevant for young people in Portugal.

Rather unprofessional offers of uncertain quality could be found like personal blogs with information on drug consumption. The information on these blogs does not always address the prevention of drugs but partly effects of drug consumption are covered. Most of those offers do not provide up-to-date information and only very little interaction.

Naturally no evaluation of those kinds of offers exists and they should not be taken into account during the development of guidelines for effective web-based interventions.

2.3.12 Slovenia

Some good-quality web-based interventions exist in Slovenia. For young people the internet provides sufficient information resources on drugs, including prevention measures, effects and risks of drug consumption as well as help and advice from professionals who try to motivate drug users to reduce their consumption and/or get help.

The best example is “DrogArt” and the connected application “Reduser” which is a rather new approach (2013). The whole approach is well thought through, from the way of accessing young people through street work to the forms of consulting that are offered: “DrogArt” uses forums, Skype, Facebook, Apps and conventional consulting.

(43) DrogArt⁵¹

Background

The “Association DrogArt” is a non-profitable volunteer organization. The program “DrogArt” is supported by the Ministry of Work, Family and Social affairs, the Ministry of Health, the European Commission, The Ministry of School and Sports, the Foundation for Financing Invalid Organizations (FIHO) a Swiss contribution and a parish. “DrogArt” went online in 2006.

Objective and target group

“DrogArt” is an intervention for illicit drugs and alcohol and especially for club drugs and cocaine. The main objective is consulting and giving information about drugs and alcohol. Street work and workshops for young people are done as well as face-to-face counselling.

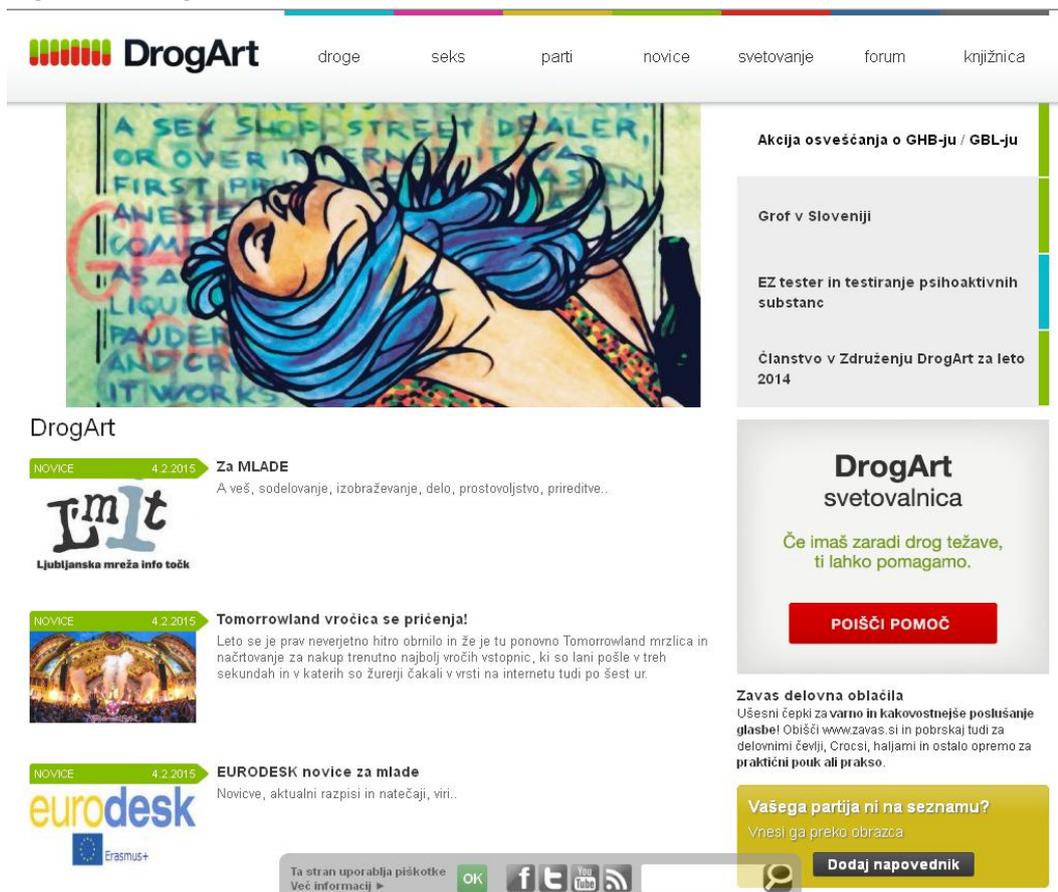
The main objectives of the intervention are reducing damage of drug consumption and helping young people to set goals in their lives and follow them. Through web-based methods “DrogArt” shall reach as many people as possible, especially people who take club drugs and cocaine.

⁵¹ <http://www.drogart.org/>

Furthermore “DrogArt” seeks to increase the availability of anonymous and free assistance for drug addicts and promote the development and provision of online counselling through other non-governmental organizations.

The target group is consumers of all kinds of illicit drugs and alcohol but because of modern ways of consulting (internet and apps) young people, especially high school and university students, and people who take club drugs and cocaine are specifically addressed.

Figure 10: DrogArt, Slovenia.



Source: <http://www.drogart.org/>

Content and interaction

The central element of “DrogArt” is the application “Reduser” which is an interactive self-help tool that can be used to help reducing or stop using drugs. In this application the users note their consumption patterns (consumption diary), their feelings, cravings, activities and goals. It is also possible to contact professionals for help. With “Reduser” the providers aim to help reduce the users’ distress in situations they are faced with drugs and also to reduce distress for their relatives and friends.

Professional feedback is also available on “DrogArt’s” website through email, a forum, Facebook and Skype. The professionals always encourage clients to get help or start therapy and remind them of effects and consequences of drug consumption.

Information given on the website includes for instance upcoming events, statistics and general information about substances.

(44) Med.Over.Net⁵²

Background

“Med.Over.Net” is a network of professional health, welfare, law and educational organizations which uses the most modern forms of communication. It has been established in 2000 and set the foundation for e-counselling, e-health, e-inclusion and e-welfare in Slovenia. The network is owned by “Siix”, a Slovenian company that offers professional consulting and services in the field of telecommunications and network solutions.

“Med.Over.Net” cooperates with non-profitable organizations and professionals who work in the health sector. Every consultant can transfer people looking for help to other involved organizations. In 2010 “Med.Over.Net” started out as an advisory centre where individual and group therapy was offered for free.

Objective and target group

The objective of “Med.Over.Net” is to answer questions about healthy lifestyle, exercise and nutrition, raise awareness on the topics and offer advice. The target group is people who are looking for advice about health and disease, welfare, relationships and leisure time. People who are taking drugs, regardless of age, are included in this target group as well.

Content and interaction

The first page of the website contains information and contacts of professionals and institutions that can provide professional help and advice. The online offer includes a forum and five thematic sections (health and disease, family, well-being, leisure and help each other). Professional feedback is provided through the forum where they function as moderators and always encourage people to get help or start therapy and remind them about effects and consequences of taking drugs. They offer moral support and enable communication with doctors and specialists. The forum is also a place for discussions

⁵² <http://med.over.net/>

between users; topics are different types of drugs, effects, consumption, addiction, and reducing or quitting drugs.

(45) To sem jaz (“This is me”)⁵³

Background

“To sem jaz” is a program developed by RPHI Celje which is now the National Institute of Public Health. The project is funded by the Ministry of Health and receives donations. The project does not have a cooperation partner; all professionals work voluntarily for the project and recommend or transfer clients to the institutions they work for. “To sem jaz” works closely together with a company for developing communication concepts “INovatif” and with “Med.over.net”. “To sem jaz” already exists since 2001 and is very recognizable, mainly because of extensive promotion in schools.

Objective and target group

The offer does not only address the topic of drugs but all problems relevant during adolescence, especially building up self-esteem. It aims to provide anonymous, fast and free access to professional advice from experts in medicine, psychology and social work for young people and in this way develop positive adolescent’s self-esteem and social skills.

The offer seeks to avoid stigmatization for users who look for information on drugs, abortion or suicide with the comprehensive approach of the offer. Everyday problems are covered additionally to more delicate issues.

The target group is young people between 13 and 17 years, mostly high school students, who have questions about everyday problems or problems with low self- esteem and self-confidence.

Content and interaction

The project consists of two parts, firstly the online offer, including information and professional feedback and secondly preventive workshops which are taking place in school settings.

The online offer provides information mostly in the form of a forum where everybody has the possibility to post questions which get answered by professionals. Issues addressed include

⁵³ <http://www.tosemjaz.net/>

side effects of drugs, wishes and fears to try certain substances, feelings under the influence of drugs and the period certain drugs can stay in your system.

2.3.13 Slovakia

In Slovakia no web-based interventions that meet the defined criteria or could provide any valuable input for the project have been identified.

There are a few online information portals which provide information but no therapy or any other intervention, some websites provide discussion forums that are moderated by doctors or psychologist and others provide a contact sheet for questions.

2.4 International research

Additional to the partners' research, the project coordination conducted an international research including offers from other EU countries and worldwide offers in English language, too. Those results have been assessed with the same criteria and rated accordingly (see Table 1). They are described in the following chapter.

2.4.1 Europe

(46) France & Spain: Drojnet 2⁵⁴

Background

“Drojnet 2” is a cross-border project conducted between a French partner, “Bizia Association of Bayonne”, and three Spanish partners responsible for drug addiction in the regions of La Rioja, Aragon and Catalonia. The project stems from the conclusions and contributions of young people to the “Drojnet” project (border interregional cooperation for the development of an interactive service on drug information) and has been adapted to a young audience.

The drug addiction service is dependent on the General Directorate for Public Health and Consumption of the Health Council belonging to the La Rioja Regional Government.

“Drojnet 2” is offered in English, French, Spanish and Catalan.

⁵⁴ <http://drojnet2.eu/drojnet2-inicio>

Objective and target group

The objective of “Drojnet 2” is to get young people to take part and involve themselves in the elaboration and dissemination of messages aimed at preventing and reducing the risks associated with consumption of alcohol, tobacco and other drugs among young people. To involve young people in the decision-making that affects their health and making them aware of the risks associated with drug consumption is a central aim of this project. Specifically around 10,000 young people are supposed to be reached by the offer.

“Drojnet 2” specifically targets students in their third year of ESO (Compulsory Secondary Education) and PCPI (Initial Professional Qualification Programmes), which they access through their schooling centres. They may take part by creating, disseminating and receiving SMS and MMS messages in their mobile telephones designed to prevent the consumption of alcohol, tobacco and other drugs.

Content and interaction

“Drojnet 2” uses new technologies of information and communication like mobile messages, web pages and social networks as a system of participation and involvement of young people in the development and dissemination of prevention and harm reduction messages associated with alcohol, snuff and other drugs among young people.

To engage with user interactively SMS and MMS are used as well as different social networks such as Facebook, Twitter and YouTube.

In a very colorful and graffiti-like way the website of “Drojnet 2” gives information on effects and risks of alcohol, cannabis, tobacco and other drugs (cocaine, amphetamines, tranquilizers, ecstasy, hallucinogens, solvents, heroin and poly drug use). There are different sites of “Drojnet 2” for alcohol, tobacco, cannabis and other drugs which are all structured rather different.

The section about alcohol starts with a big graffiti that includes links to certain aspects that connect to alcohol consumption like “Drinking and driving”, “Saying no”, effects, myths and legends, alcohol advertising and factsheets.

On the page for other drugs detailed information about the variety of different names for the same substances, information on poly drug use and general background information is given.

Regarding cannabis consumption the project follows a very clear approach of promoting absolute abstinence, e.g. with the simple statement “Don’t use cannabis”. They also give the following harm-reducing advice, in case people still decide to use cannabis.

(47) Switzerland: SafeZone⁵⁵

Background

The Swiss web-based offer “SafeZone” is a website and service provided by the Swiss Health Ministry. This pilot project is described as an advisory portal and has been developed by “Infodrog” and experts of specialist addiction centres from eight different Swiss Kantons. The project receives technical support from numerous Swiss organizations.

The online consultation is operated by professionals from different Swiss organizations as well. Currently 25 experts are working for “SafeZone” and provide professional feedback for the users. All of those experts have many years of experience in counselling and accompaniment of drug consumers and their relatives as well as additional qualifications in the field of web-based counselling.

Objective and target group

“SafeZone” aims to provide an easy access to an online portal for issues of drug addiction that includes a thematically broad web-based counselling offer. It addresses adults, adolescents and all people affected by addiction, including family members, equally and foremost reaches target groups that are usually hard to find access to. Despite that “SafeZone” provides an offer for a wider target group, there is a separate section on the website for that includes specific information for young people. In this section for young people the providers use a slightly different language, e.g. using the German “Du” instead of the more formal “Sie”

Additionally the web-based networking and transfer of expertise between experts in the field shall be promoted and utilized through “SafeZone”.

Content and interaction

“SafeZone” has been developed to provide a wide-ranging database of information and advice on different addiction issues and substances. Substances addressed are alcohol, amphetamines (speed), cannabis, ecstasy (MDMA), heroin, cocaine, medication and tobacco. Other topics are addictions that are not connected to substances like gambling, gaming, media addiction and addiction in general.

⁵⁵ <https://www.safezone.ch/>

Specific offers for young people are chats addressing certain youth-oriented topics like confrontation with parents and peers, peer pressure, parties or friendships. There is also information on local help centres, information on substances, their effects, including side effects and long-term effects. The offer provides links to further information (statistics and facts, information on safer use for consumers and medical information). One topic concentrates on effects of drug consumption during pregnancy, therefore partly gender-specific issues are addressed.

Important terms like “anonymity”, “free provision of services”, “independence from time and location” and “professionalism” are stressed throughout the website. Social media platforms are used for marketing purposes.

(48) United Kingdom: Know Cannabis⁵⁶

Background

The web-based intervention offer "Know Cannabis" has been developed by "HIT", a UK social enterprise committed to reducing the harm caused by drug and alcohol use in communities. HIT is a highly respected drugs advice service based in Liverpool who has a reputation for straight talking about drugs. They have developed the offer in cooperation with the Jellinek Centre from the Netherlands.

The offer has been launched firstly as a part of a UK campaign that consisted of information leaflets, posters, radio adverts and the “Know Cannabis” website. It was further promoted during a UK-wide governmental communication campaign in Dec. 2004 until May 2005 (“Talk to Frank”-campaign).

Since then it has been promoted in cannabis-related brochures, flyers, amongst other formats. “Know cannabis” also cooperates with the widely known telephone help-line “Talk to Frank”.

Objective and target group

The aim of the intervention is to help the user to assess their cannabis consumption, its impact on their life and help them reduce or stop their consumption if they want to. “Know cannabis” offers the possibility for the participants to gain insight into their own substance use behavior and to assist them during their attempt to change those.

⁵⁶ <http://www.knowcannabis.org.uk/>

Content and interaction

The offer includes information in form of factsheets, a leaflet, a booklet and a quiz in which the scale explores multiple consequences of cannabis consumption per se, including spending money and compulsive use, polydrug use, motivations for use, dependence, social harm, guilt, health consequences and reproaches and blame from relatives.

The given information also includes advice on handling social pressure, dealing with craving and risk situations, motivation and unpleasant feelings and coping with relapses. Effects and risks of cannabis are described, legal matters and tips and techniques regarding smoking and eating as well as self-control tips are communicated.

However, the main part of “Know Cannabis” is a structured intervention program for which a registration is necessary. For the registration process the client needs to pass five steps, where important data for the later use of the program is collected. These steps are:

- Create personal account (login name, password, optionally sex, age, place of residence and email address)
- How much cannabis have they consumed during the last seven days?
- Personal pros and cons of using cannabis and stopping/cutting down are defined in a balance sheet
- Defining the user’s goal (stopping, reducing, controlling consumption). Then read fact sheet which provides information on how to cope with feelings of craving
- Select and specify personal steps and behavioral patterns which are supposed to help to stop or reduce the use of cannabis.

The main part of the program is the smoking and craving diary which the client is supposed to keep during the program.

Professional feedback on the background of the diary entries is given in the form of a “results page” where tables and graphs point out, e.g. when and in which context craving appeared and when and where cannabis was consumed. This feedback is given automatically and is algorithmically generated.

The client also receives a personal relapse prevention plan, including a personal list of potentially difficult situations and specific ways to deal with them and an emergency plan which specifies how to deal with such situations and how to prevent further relapse.

It is recommended to participate in the program for about four to six weeks.

2.4.2 Worldwide

(49) Australia: Clear Your Vision⁵⁷

Background

“Clear Your Vision” is an Australian web-based intervention, provided by the National cannabis prevention and information centre (NCPIC). According to the developers the fact that the resource is provided and driven by a credible governmental organization which links it to their website helps promote it to a far greater extent than a smaller organization.

The background of the Australian “Clear Your Vision” resource is the work of the organization “Youth off the streets” which has been working with homeless and disadvantaged young people who are using substances.

The offer did go online in 2012 and since then, 3,629 unique visitors have been reached.

Figure 11: “Clear Your Vision” from Australia.

Do you think you have a problem with cannabis?
Are other people telling you that you have a problem?
This site may be able to help you take steps to change.

Choose a story...

Samir
Samir is 19 and has been smoking cannabis since he was 12. He has lived on the streets on and off for the last six months since his mum freaked out about him stealing money from her to score some cannabis.

Tara
Tara has just turned 16. She was suspended from school for getting into fights with other students and threatening the school principal.

Kiah
Kiah is almost 17 and lives with her mum and little brother. She is going to TAFE to complete her schooling. She wants to eventually go to uni and maybe do nursing.

Alex
Alex is 14. He lives with his mum and step dad and has just started Year 9 at the local high school. He hangs out with some of his mates on the weekends and doesn't really get into much trouble.

Do you need help or advice?
Call the Cannabis information helpline
1800 30 40 50*
*Free call nationally, standard call rates may apply from mobiles

ncpic
national cannabis prevention and information centre

Privacy policy | Contact us — © 2008 – 2014 NCPIC

Source: <http://clearyourvision.org.au>

⁵⁷ <http://clearyourvision.org.au>

Objective and target group

The idea of the “Clear Your Vision”-project is to produce a resource with and for young people, to work through with a counsellor or youth worker individually, in a group setting or online through the Internet.

The aim of “Clear Your Vision” is to give young people greater awareness of health problems associated with using cannabis, increase knowledge of potential dangers cannabis consumption and encourage and give them ideas to make positive life choices. Recognizing potential danger zones when trying to quit or reduce their consumption is another focus.

Furthermore, the project aims to increase young people’s confidence, self-esteem, peer support, education and respect as well as promote the development of young people’s skills in forming positive relationships and raise the awareness of their support networks.

The target group of “Clear Your Vision” is mainly young people who are consuming cannabis on a risky level between the age of 13 and 18.

Content and interaction

The resource of “Clear Your Vision” includes a ‘do it yourself’ guide which, ideally, might be used with a youth worker or counsellor, a facilitators manual for a group format and a web /internet format.

The web format is an automated structured intervention program with no direct contact to a professional. It consists of two parts: The first part introduces four characters/roles the user has to choose from and the accompanying stories, a self-test about the cannabis consumption during the last three months (“Severity of Dependence Scale” – SDS) and a plan for a change of behavior, including a quit or change date. A pro and con list of consuming cannabis will be developed as well.

The second part includes a welcome back, an update on the characters, the personal quiz score and a comparison of the current and last quiz score. There is information and advice on how to change, how to stay on the right track, how to avoid danger zones, links to the 5Ds (Distracting, Delaying, Don’t make it seem like a disaster, De-stress, drink water), withdrawal symptoms and other useful links. Also the user can download a personalized document which includes the personal quiz scores and the plan of change.

Mainly the offer concentrates on how to change the users’ behavior. This is supposed to be done in three steps:

- **Thinking** about own behavior, e.g. about own reasons to smoke cannabis
- **Planning** for the changes the user wants
- **Acting** on those decisions

Additional to the downloadable personal change plan there are FAQs and Factsheets filled with information.

Evaluation

“Clear your vision” has not been professionally evaluated but has been assessed with a focus group of 19 members of the “Youth Off the Streets” clientele (males and females between 13 and 21 years old). They mentioned that they liked the helpful tips to stay away from using and techniques to help them cope, the real life stories, the fact that you can get a printable version of all the personal information, the information on help contacts and that you can read and look up your problems after writing them down. Also, especially the different kinds of lists seemed of great value to the users.

(50) Australia: Reduce Your Use⁵⁸

Background

“Reduce Your Use” is another fully self-guided online cannabis treatment initiated and provided by the National cannabis prevention and information centre (ncpic). This program takes about six weeks from start to finish and focuses on adult consumers. It is online since 2012.

Objective and target group

The general aim of “Reduce Your Use” is to promote the reduction of cannabis consumption. The website is freely accessible to anyone seeking assistance with their cannabis use. The main target group of this web-based intervention is adults who consume cannabis in a risky way; the offer is not explicitly for young people. A secondary target group is professionals providing treatment to individuals who are experiencing problems with cannabis use might also find it helpful to refer their clients to the online program as an adjunct to treatment.

⁵⁸ <https://reduceyouruse.org.au/sign-up/>

Content and interaction

While the program is fully automated, it is also highly personalized, containing several treatment options selected by the user, and individualized documentation and feedback based on user input. The program can be used in text mode, or in video mode for users who prefer a stronger feel of human involvement.

The website contains six core modules, informed by the principles of cognitive behavioral therapy (CBT) and motivational enhancement therapy. These are: 1) Feedback and Building Motivation; 2) Managing Smoking Urges and Withdrawal; 3) Changing Your Thinking; 4) Coping Strategies and Skill Enhancement; 5) Activities and Interpersonal Skills; and 6) Relapse Prevention and Lifestyle Changes. The providers recommend doing one module of the program every week, suggestion that this is a pace that is easy to keep up.

To get the most out of the program, the user is encouraged to try additional skill-building exercises included along the way. Various resources will become accessible in the user's documents folder – this is also a possibility to review anything.

Special features

Special features of “Reduce Your Use” are the Quick-assist-button and the timeline that shows the users progress in the program.

(51) New Zealand: PotHelp⁵⁹

Background

“PotHelp” is one of three addiction resources by the New Zealand government which consists of a website and a structured intervention program; “PotHelp” went online in 2013 and has been the first online addiction tool in NZ. The project has received funding by the Ministry of Health through the NZ Drug Foundation which is also responsible for the offers “MethHelp” and “DrugHelp” – PotHelp will be included in this research, representing all three almost similar structured NZ offers.

During the early development of the “PotHelp”, “DrugHelp” and “MethHelp” websites and associated resources, an advisory group provided policy guidance and direction. The website of “PotHelp” has been peer reviewed by professionals working in the alcohol and other drugs

⁵⁹ <https://www.pothelp.org.nz/>

sector and academia. The website is maintained by experienced treatment practitioners – some of whom are former addicts themselves.

Objective and target group

The objective of “PotHelp” is to provide “high quality, objective information about pot” and to help control and reduce the use of cannabis. The main target group of the offer is people who feel intimidated by the idea of asking for help and heavy cannabis users “who have found cannabis isn’t for them”. Furthermore, “PotHelp” offers a special help line for Maori and users from the Pacific islands.

Content and interaction

In the beginning website users have to take a test and depending on the results they will be recommended to join the program or not. The general method used during the program is goal-setting, then keeping track of progress and identifying potential triggers that lead to consumption.

The program consists of the following 14 part work plan:

- Meet other Kiwis who are giving up pot
- What does your perfect life look like?
- The role pot has in your life?
- What quitting or cutting down will mean
- Make a plan
- Harness your motivation
- Change the way you think
- Look after yourself
- Setting life goals for your new life
- Withdrawing from cannabis
- Identify your triggers
- Support
- Maintaining the change
- Recovery

It’s possible to “dip in” at any time during the program but it’s recommended to follow it from beginning until the end. Like most of the other structured intervention programs, the main element of “PotHelp” is an interactive diary that the user keeps to visualize his consumption patterns.

To support the program, “PotHelp” also provides YouTube videos with titles like “This is my story”, “Addiction”, “The effects” or “Cutting back”.

In general it is reported that “every effort is being made to ensure this website complies with the New Zealand Government web standards. Closed captions, which enable people with hearing impairments to understand the videos clips, are being added over time as resources permit”.

A main focus of the offer is real life stories from fellow New Zealanders (kiwis) who are giving up cannabis or already have been successful. This creates a sense of community among the program’s clients and enables people to identify with one another’s stories.

(52) USA: BubbleMonkey⁶⁰

Background

“BubbleMonkey” is an US-American website that offers anonymous and accurate information on different kinds of drugs and substances (legal and illegal). It has been built in 2003 by the non-governmental organization “Drug Strategies”, including eight to ten content writers, artists and developers and has been managed by two to three people over the years. There has been a major update in 2009.

“BubbleMonkey” has had over 150,000 users until today and more that 3,000 personal submissions of questions and stories. However, the offer has been launched before the era of social networks. According to the providers, there has been no advertisement, apart from some work with schools to bring awareness and visibility to the website.

Objective and target group

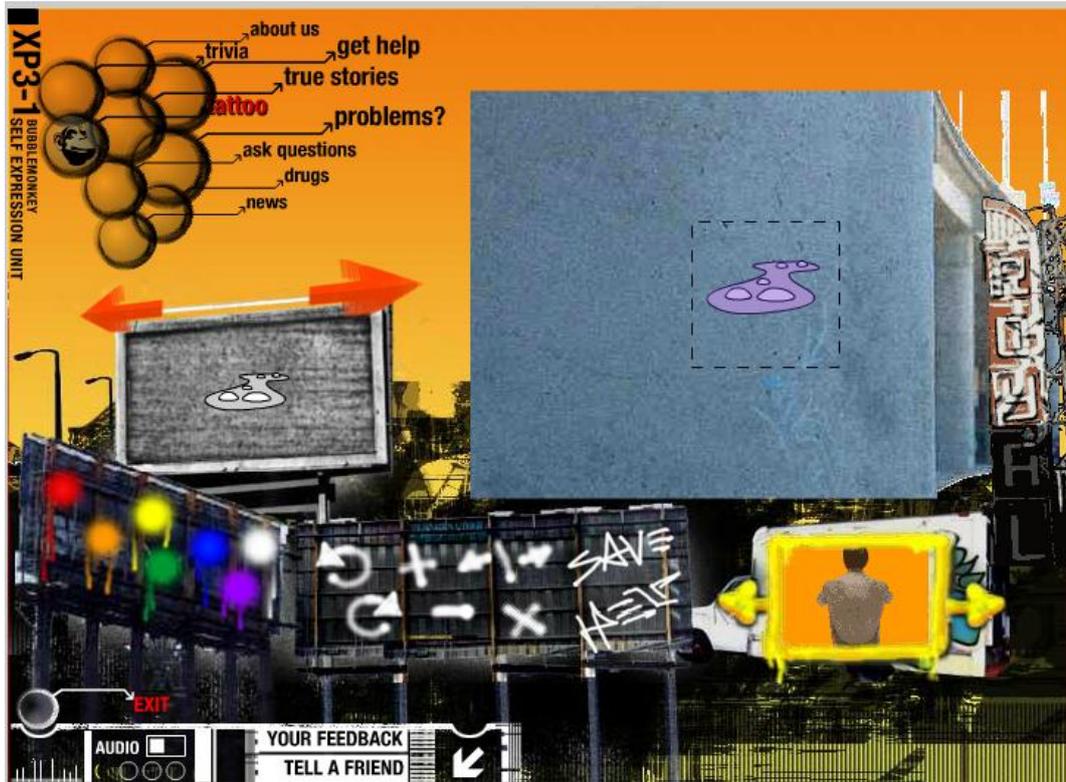
The objective of the project is to identify and promote more effective approaches to alcohol and other drug problems and to give teenagers anonymous access to accurate information about drugs in both English and Spanish to address also individuals with a Hispanic background.

Content and Interaction

When accessing the website the user has to choose between the English and the Spanish version; in a second step he has to choose a state (California, Colorado or Massachusetts) and a city. Regarding this information the website provides a list help programs in the specific neighborhood.

⁶⁰ <http://www.bubblemonkey.com/>

Figure 12: "Create Your own Tattoo" on BubbleMonkey, USA.



Source: www.bubblemonkey.com

"BubbleMonkey" offers quite detailed and scientific information about all kinds of different substances. The following legal and illegal substances are included: 2C-B, alcohol, anabolic steroids, bath salts, cocaine, coricidin, crack, dxm, ecstasy, ghb, heroin, inhalants, ketamine, LSD, cannabis, methamphetamine, mushrooms, nitrous oxide, oxycontin, PCT, PMA, Ritalin, rohypnol, tobacco, tranquilizers and vicodin.

The interactive part mostly consists of quizzes (right or wrong, "Trivia"), self-tests and the possibility to ask questions. Those questions get answered by using the so called "brain meter". The provider will answer questions weekly and post them in a completely anonymous way on the website. If a user does not want a question to be answered publicly, he can send the question via email. Those emails are completely confidential as well. After using the self-test tool on the website the user will get an automatically generated feedback.

Special aspect

Special about "BubbleMonkey" is primarily the design and animation of the website which can be best described as an industrial look. Also the tool for creating your own tattoo sticks in your head. Audio plays a significant role in the presentation of the website as well.

One should also mention that it is one of very few offers to address bath salts and the only one including information on anabolic steroids and legal “over the counter” drugs (e.g. vicodin, coricidin, dxm, Ritalin, etc.).

2.5 Research summary

The partner organizations in “Click for Support” have identified 45 different approaches of WBIs in 13 EU countries. The results are relatively unevenly distributed as can be seen in Figure 13. The majority of offers have been identified in Germany, Belgium and the Netherlands.

Luxemburg, Slovakia and Portugal on the other side have not been able to identify any relevant WBIs.

Offers from other EU countries (France/Spain, United Kingdom), Switzerland and worldwide offers from Australia, New Zealand and the United States are shown in the following Figure.

Figure 13: Number of web-based interventions found in partner countries.

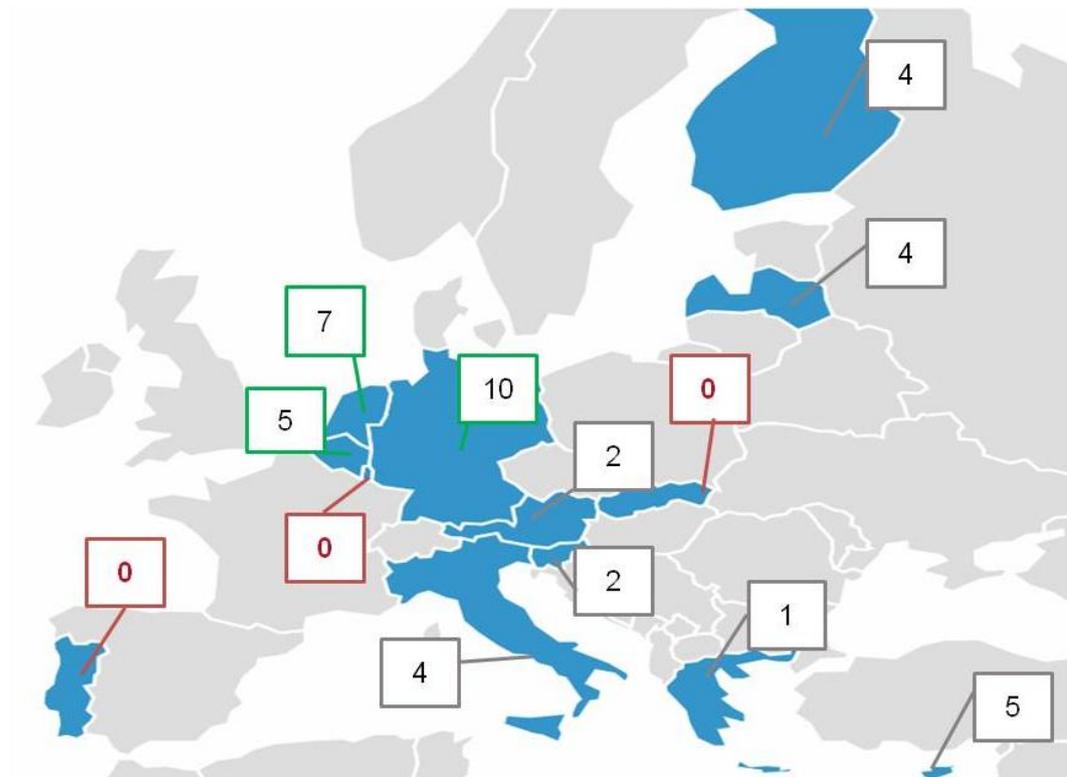
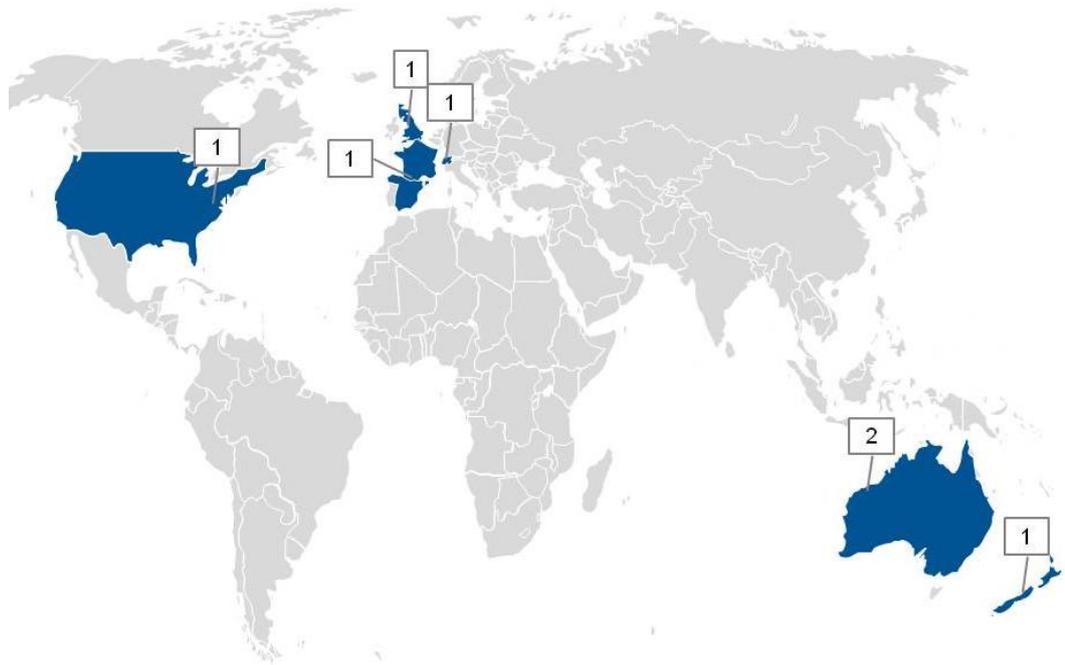


Figure 14: Web-based interventions from other EU countries and worldwide.



- *Focus and target group*

Prior to the research phase it has been determined that primarily offers that target young people with a risky consumption of illicit drugs and a special focus on new psychoactive substances should be included. Only if the project partners were not able to find such offers in their countries, they were supposed to spread out the research and include other examples.

Table 2 shows how many WBIs have been included according to their specific target group and focus.

Table 2: Focus and target group of researched WBIs in partner countries & worldwide.

Focus	Target group				Total
	Young consumers	Young people	Consumers	Broad population	
New psychoactive substances	-	-	-	-	0
(Illicit) Drugs	11	4	10	1	26
(Illicit) Drugs (among other topics ¹)	2	3	3	7	15
Only alcohol	2	2	1	3	8
Only tobacco	-	1	1	-	2
Other ²	1	-	-	-	1
Total	14	9	11	10	52

Note: ¹) e.g. education, Health, gaming, internet addiction or depression; ²) Family and health planning in Latvia

- *Types of web-based interventions*

During the research phase different kinds of WBIs have been found. Not all of them fit the previously defined criteria perfectly but offer some valuable information and aspects for the project nevertheless.

After the research phase and communicating with experts it became clear that a web-based intervention can come in different ways. Automated interventions where users get a computerized feedback in response to their personal input should not be excluded because they can already have an effect on user's consumption behavior.

The WBIs also come in different forms, i.e. only websites, websites including structured intervention programs, campaigns, apps, Facebook and Skype profiles. Table 3 shows the distribution of the researched examples according to type.

Table 3: Type of web-based intervention

Type of web-based intervention	No. of approaches (partner countries)	International research
Website	25	3
Website + App	3	-
Website + Intervention program	9	4
Wide-ranging campaign	1	-
App	5	-
Only Facebook	1	-
Only Skype	1	-
Total	45	

- Year of web launch

The following table gives an overview of how long the collected approaches have been online.

Table 4: Year of web launch for WBIs from partner countries and worldwide.

Country	No.	Name	Online since
Austria	1	Feel-ok	2004
	2	Suchthaufen	k.A.
Belgium	3	Drughulp	2012
	4	Cannabishulp	2011
	5	Alcoholhulp	2009
	6	Slimkicken	2014
	7	Druglijjn	2010 (1 st version in 2000)
Cyprus	8	Onek online counseling	2010
	9	Skype Counseling by Veresies Clinic	2012
	10	Ask4Alcocheck	2014
	11	Asknow	2012
	12	Ask4press	2013
Finland	13	Mobiiliapu	2013
	14	Päihdelinkki	1996
	15	Päihdeneuvonnan tukipaketti	2013
	16	Ottomitta	2012
Germany	17	Quit the shit	2004
	18	Change your drinking	2013 (1 st version in 2006)
	19	Partypack	2001
	20	Pille Palle	2012

Country	No.	Name	Online since
Germany	21	Lass das Gras	2011
	22	Drugcom	2003
	23	Kointer	2009
	24	HaLT	2012
	25	Kenn dein Limit	2009
	26	B.A.D.S.	2013
Greece	27	Resist	2009
Italy	28	Area 15 –Cultura Consumi Consulenza	2012
	29	“Saufirol – Alcol Adige?”	2013
	30	Youngle – Social net skills	2013
	31	Sostanze.info	2007
Latvia	32	Esibrivs (“Be free”)	2007
	33	Narcomania (“The abuse prevention”)	2007
	34	Papardeszieds (“Family planning and sexual health”)	2005
	35	“Do not blow a fog” (Latvia)	2013
Netherlands	36	Cannabisdebaas	2009
	37	Readyforchange	2008 (App 2012)
	38	Blowout	2011
	39	Drankendrugs	2008
	40	VNN Jongeren (VNN Youth)	2012
	41	Drugsenuitgaan/ Drugsinfo	1999
	42	Winvancannabis	2013
Slovenia	43	DrogArt	2006 (Reduser app in 2013)
	44	Med.over.net	2000
	45	To sem jaz	2001
Other	46	DrojNet 2 (FR/ES)	2009
	47	Know Cannabis (UK)	2004
	48	SafeZone (CH)	2014
	49	Clear Your Vision (AUS)	2012
	50	Reduce Your Use (AUS)	2012
	51	PotHelp (NZ)	2013
	52	Bubble Monkey (USA)	2009 (1 st version 2003)

- *Instruments*

All researched offers tend to include the same elements in their online presence, e.g. instruments like interactive self-tests, forums, blogs, email function and one-to-one chat with a professional. All these elements can contribute to an intervention of the drug consumption of young person. Even a simple question like “How much do you consume?” or “Do you think you are smoking too much?” can already be an intervention.

The most advanced WBIs are structured intervention programs. EU-wide the following examples for structured WBIs have been found: “Quit the Shit”, “Change Your Drinking” and “Lass das Gras” from Germany, “DrugHulp”, “CannabisHulp” and “AlcoholHulp” from Belgium as well as “Cannabisdebaas”, “WinvanCannabis” and “VNN Jongeren” from the Netherlands, “Clear Your Vision” and “Reduce Your Use” from Australia, “PotHelp” from New Zealand and “Know Cannabis” from the UK.

Structured intervention programs have a beginning and an end whereas regular counselling usually has not. The professional response can come from a database instead of a counsellor (automated interventions) which does not necessarily have to be less effective. Structured WBIs are and shall mostly be only the first step in the process of quitting risky consumption.

A popular instrument which is used in structured intervention programs is the interactive consumption diary which has been assessed as an effective tool to reduce cannabis consumption during the evaluations of “Quit the Shit”. “Quit the Shit” is not the only offer that uses the diary tool; others include “DrogArt” (SLO), “Change Your Drinking” and “Lass das Gras” (DE), “DrugHulp”, “CannabisHulp” and “AlcoholHulp” (BE), “Ottomitta” (FI) and “WinvanCannabis” (NL) as well as “Clear Your Vision” (AUS), “Reduce Your Use” (AUS), “Know Cannabis” (UK) and “PotHelp” (NZ).

- *Theoretical basis*

Most of the researched national web-based offers are not based on scientific theories. However, those offers that are developed at least with theoretical implications in mind are mostly based on the cognitive behavioral therapy (CBT) (e.g. “Alcoholhulp”, “Cannabishulp” and “Drughulp”), Motivational Interviewing (MI) (e.g. “Slimkicken”) or the Learning Theory (e.g. “Quit the Shit”). Other methods, e.g. used in “Quit the Shit” are based on solution-oriented short term interventions (Wallace et al. 2000; Miller/De Shazer 2000) or goal- or solution-oriented consulting (Miller/Rollnick 2004). Furthermore the Transtheoretical Model (Prochaska/DiClemente 1984) has been used in the development of “Slimkicken”.

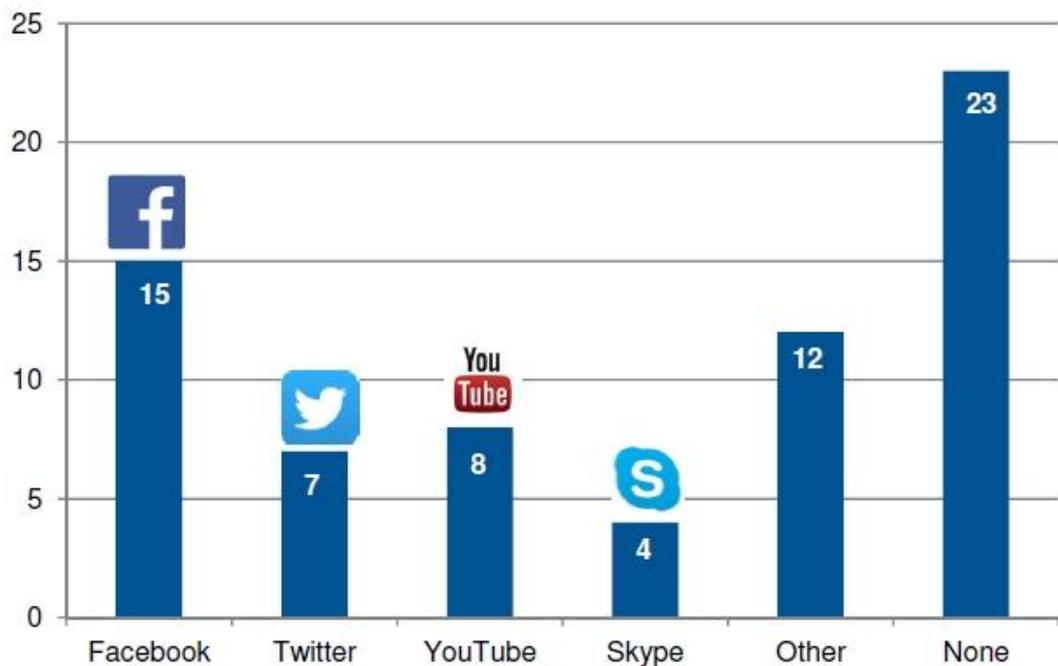
- *Content and information*

The provided content and information mostly cover the same topics: Risks and effects of drugs, assessing and discussing the users consumption patterns, ways to reduce or quit consumption, problems connected to the consumption, problems for family members and information on where to find help “offline”.

- *Social networks and web 2.0*

Currently it is not yet common practice to include the web 2.0, social networks and suchlike into the practical prevention work. Among the 45 researched offers there are only 15 examples that run a Facebook page, seven offers have a twitter account, and only some that even use Instagram, Flickr, Tumblr, Foursquare or Google+. Surprisingly 23 (more than 50 %) offers make no use of the web 2.0 or social media at all (see Figure 15).

Figure 15: Usage of social networks and other web 2.0 offers.



- *Design, visual effects, aesthetics*

Regarding visual effects, videos, design etc. there is a lot of variation. The project partners describe the offers as partly simple and functional, others as colorful and funky. Some argue that the offer looks too crowded and that there is too much information on the website. The aspect of design and appearance has been a focus during the assessment phase with the target group and the results are described in chapter 3.3.

- *Evaluation*

There are six WBIs that have been evaluated for their effectiveness:

“Quit the Shit” has been evaluated several times already and will be again this year in an even more extensive study. Annual reports are publicly accessible; evaluations regarding consumption behavior and effectiveness in reducing consumption are available, e.g. a pre-post study in 2007 (Tensil et al. 2007), an RCT study in 2008 (Tensil et al. 2009) and one in 2010 (Tossmann et al. 2010). All studies report the overall result that the respective study participants have significantly reduced their cannabis consumption until the end of the study.

Research findings supporting the effectiveness of “Reduce Your Use” (AUS) in assisting individuals to cease or reduce their cannabis use were recently obtained in a randomized controlled trial (Rooke et al. 2013). The study achieved the following results: After a period of six weeks participants in the intervention group reported significantly reduced cannabis use and significantly fewer symptoms of cannabis abuse compared to the control group. After three months the intervention group also reported significantly fewer and less severe cannabis dependence symptoms. These findings suggest that “Reduce Your Use” may be an effective tool for individuals who want to reduce their cannabis use. Additionally, participant feedback from the trial demonstrated generally high levels of satisfaction with the program.

“Cannabisdebaas” from the Netherlands has not been evaluated itself but its “sister application” “Alcoholdebaas” which has achieved positive results in a RCT study. “Cannabisdebaas” is based on the same CBT principles; therefore we can assume that the program can achieve positive results in reducing the consumption of cannabis as well.

“Alcoholhulp” has been included in the research despite the fact that it does not focus on illicit drugs because it is provided by the same provider as “Cannabishulp” and has been professionally evaluated (Pre-post-design without a control group). From those participants who completed the program the alcohol consumption decreased from an average of 36 units per week to six units per week. 45 % of the participants had stopped drinking completely.

“Ready for change” from the Netherlands which addresses alcohol and illicit drugs is being evaluated continuously and has been adjusted accordingly but the results are not published and have not been shared by the provider.

The smoking program of Austria’s “Feel-ok” has been evaluated regarding its effectiveness by using a pre-post study with a quasi-experimental design and has shown significant and

positive results in reducing the extent of smoking among its participants (20 % of the daily smokers stopped smoking completely, 14 % only weekly or monthly.).

A structured intervention program that has shown significant results for reducing alcohol consumption in a RCT-study is “Change Your Drinking” from Germany. The campaign “Alkohol? Kenn dein Limit” has been evaluated regarding its reach of the population and has shown that 90 % of the twelve to 25-year-olds has paid attention to the campaign.

For all the other research WBIs the only information on reached members of the target group we have are numbers regarding website visits, completed programs or “likes” on Facebook but they are not comparable, for once because of the different measuring periods. Regardless, those numbers show that the target group generally use and accept web-based offers. The positive outcomes of the evaluation of “Kenn dein Limit” supports the assumption that young people can be reached through web-based methods as well.

To sum up, the WBIs that have been evaluated show significantly positive results in reducing consumption of cannabis, tobacco or alcohol. Apparently, web-based intervention offers have the potential to significantly influence the consumption habits of its users.

2.6 Conclusion of research

With the exception of Germany, Belgium, the Netherlands and Slovenia there are less web-based intervention and prevention offers than expected. All of the project partners had to adjust their focus of research at least slightly and included offers for alcohol, tobacco and other topics as well as offers for wider target groups into their research. It is safe to say that there are no sufficient offers regarding new psychoactive substances or “Legal Highs”.

The only exception is the German website “Legal-high-inhaltsstoffe”⁶¹ which went online after the research phase in 2014 and is therefore not included in the previous chapter. This offer concentrates on up-to-date information on numerous substances that are included in the term “Legal Highs”, legal regulations and current developments. Its target group is young consumers but also parents and professionals. It also includes a possibility to ask questions and a forum.

Other criteria have been the professionalism of the offer and the interactive aspect; the users should actively do something to receive a professional feedback. The professionalism is maintained by most of the included offers but the aspect of interactivity needs to be

⁶¹ <https://legal-high-inhaltsstoffe.de/de>

discussed critically. The WBIs described in the previous chapter differ in terms of interactive elements like self-tests, games, structured intervention programs, quizzes, games, chat, forums and email functions.

Another set-back has been that most of the researched WBIs have not been professionally evaluated regarding their effectiveness which is a point within the EMCDDA criteria. This puts more emphasis on the assessment through the target group.

Summarizing, eleven offers have been found that fulfill five of the defined criteria and therefore got an AAAAA rating. Only one offer, namely “Quit the shit” fulfilled all six criteria (see Table 1).

3. ASSESSMENT PHASE WITH TARGET GROUP

The following chapter describes the second phase of the project, the assessment of the national web-based interventions with the involvement of the target group. The aim of this step was to gain the feedback of at least 260 members of the project's target group, i.e. young people who are consuming drugs on a risky level on web-based interventions in general and the researched national examples in particular.

First of all it is described how the project partners have conducted the assessments with the target group in their countries, including how they have recruited the participants and which form the actual assessment event had. Difficulties that occurred during the process and naturally the results and conclusions that can be drawn from this phase of "Click for Support" are reported. The results section includes results from the discussions with the participants and the findings from the survey all participants completed.

3.1 Method

3.1.1 Organization of assessments with youth

For the organization of the national workshops with the target group the partners received a workshop concept to follow. The concept is included in annex 8.4.

In the end none of our partners conducted only one workshop; two or more were needed in every country to reach the set number of 20 participants. A mix of larger and smaller workshops was used, plus individual interviews, partly done during street work. Group sizes varied between single interviews, small groups of two to five people and bigger groups of up to 14 people.

To acquire the participants the partners used different methods and different contexts, e.g. street work, private or work-related contacts, cooperating organizations (counselling centres, low-threshold facilities, schools), "Fred"-groups or the resources of their organizations. Some partners advertised the workshops by using flyers and set incentives for the youngsters to participate.

- *Participants*

The intended target group for the workshops has been young drug consumers. Due to practical reasons, not all of the participants had been currently consuming drugs at the time of the assessment but had experiences with the consumption of alcohol, cannabis and partly

other illicit drugs in the past. The age ranked from one participant younger than 14 years to young adults over the age of 21; the oldest participant in Cyprus has been 32 years old. The majority of the participants were male. Due to the fact that we only asked the participants to indicate their age group, no average age can be reported. Table 5 shows the participants distribution within age groups and the ratio of male and female youngsters in the workshops.

Table 5: Age groups and gender of workshop participants.

Country	Age group					Gender		N
	< 14	14-15	16-17	18-21	> 21	Male	Female	
Austria	0	2	10	14	1	18	9	27
Belgium	0	2	12	6	0	15	5	20
Cyprus	0	0	2	6	11	13	6	19
Finland	0	12	8	0	0	11	9	20
Germany	0	1	10	8	1	14	6	20
Greece	0	0	10	10	0	13	7	20
Italy	0	0	8	11	0	11	8	19
Latvia	0	1	9	11	0	15	6	21
Luxembourg	0	5	8	2	0	12	3	15
Netherlands	1	5	11	3	0	17	3	20
Portugal	0	6	7	13	5	21	10	31
Slovakia	0	14	7	0	0	17	4	21
Slovenia	0	4	8	8	0	11	9	20
Total	1	52	110	90	18	188	85	273

In Germany, Austria, Latvia, Slovenia and the Netherlands the prevention experts who conducted the research had partly known the participants prior to the workshops. In the other countries our partners didn't know the youngsters beforehand. The participants also differed regarding their personal background.

In **Austria** there have been four workshops: The first group includes four people who have been acquired using private contacts and who are based in the football scene. They are moderately consuming alcohol and nicotine and are operating a self-reflective consumption of illegalized drugs. They already had experiences with police checks for illegal drugs.

The second group only includes two people who have been recruited by street workers and are consuming cannabis, nicotine and sometimes alcohol in the form of binge drinking on weekends. Both already had experiences with police checks regarding illegal drugs.

The third group comprises four visitors of alternative music festivals who are consuming an average quantity of cannabis, alcohol and nicotine and had experiences with police checks and visits of consulting centres.

Eight females that work in the secondary labor market and have personal experience with eating disorders, cannabis and alcohol consumption and have been interested in psychoactive substances such as crystal meth make up the fourth focus group. The fifth and largest group (nine people) is similar to the fourth.

In total 27 young people participated in the Austrian workshops, including nine girls and 18 boys. Their average age was 17.9 years.

Figure 16: Workshop in Austria.



In **Belgium** the assessments were integrated in three group sessions of early intervention (“Fred goes Net”). The participants were referred to CAD because of their drug use. They were between 15 and 19 years old and are still going to high school; 15 out of 20 participants were boys. Additionally one single interview was conducted with a 16-year-old girl.

Cyprus had slight difficulties in recruiting participants for the national assessment of WBIs because young (teenage) drug consumers are a hidden subgroup in Cyprus. Only two public programs have a license to work with underage people. Gaining access to their clients was not easy, since a license from the director on national mental health services was needed which usually takes several months and is very difficult to obtain. To avoid this process the Cypriot partner KENTHEA used its own five counselling centres around Cyprus. After informing therapists about the project, they were asked to locate young people who meet the criteria of the intended sample and receive oral consent for the project partners to contact them. All proposed youth was contacted and 75 % responded positively in participating in the assessment. These difficulties during the recruitment resulted in a higher average age of the Cypriot participants of 23.4 years.

The participants are from different cities around Cyprus; because of that and several reasons (e.g. time and transport costs) they were not very enthusiastic to participate in a common workshop. In the end 19 people were persuaded to participate, two of them via telephone (they received the survey and also replied via email). The prevention expert, the project manager and two therapists participated in data gathering.

The participants of the **Finnish** assessments were recruited by contacting three different Child Protection Departments and additionally one school that is part of one of the Child Protection department's protection entity. The reason behind this procedure was to ensure to recruit participants who live in circumstances where they would most likely be prone to drug consumption. The 21 participants were 14 to 17 years old and all of them have been clients of Helsinki city social work child protection action.

To get the attention of young people with a risky consumption for the **German** assessments, a local drug prevention service focusing on youngsters and young adults ("Jugendsuchtberatung Hamm") disseminated flyers for the workshop. Specific young users at risk were asked directly whether they were willing to participate. The participants were users at risk who sought advice at the service, but who did not fulfill the criteria of addiction. Furthermore, inpatients at the German rehabilitation addiction unit in Hamm were asked to participate in the workshop during their rehab. In total there were 20 participants in Germany, six girls and seven boys with an average age of 17.7 years.

In **Greece** the participants were recruited through the Adolescent Unit 'ATRAPOS' of the Organization against Drugs. An announcement of the project 'Click for Support' was placed within the Unit and anyone between the required age ranges could volunteer. Many teenagers showed interest in the project and finally 20 of them - 13 boys and seven girls - participated in the workshops. Their age range is 16 to 21 (ten participants are 16 to 17 years old and ten participants are 18 to 21 years old). They are all Athens residents, have used illicit drugs for a period of time in their lives - primarily cannabis - and are currently in the first steps of their therapeutic process.

Italy recruited 19 participants through personal and work-related connections to young consumers and the associated scene and via schools. Eleven of the participants were male and eight female. Their average age was 18. The background of the participants differs regarding different leisure and consumer scenes.

In **Latvia** mostly single interviews or interviews with up to three people were conducted. Personal and professional relationships were used to recruit participants for the assessments. Also, a snowball sample was used, meaning that youngsters who had already been interviewed suggested other members of the target group and invited them to join the

next rounds of interviews. The participants mostly lived in Riga, four of them were studying at university, 14 at a secondary school, two were employees and one was unemployed. Their background regarding drug consumption differed regarding the type of substance and their consumption habits. It was important to ensure the anonymity of the participants, therefore no specific questions regarding their consumption patterns were asked. However, based on their feedbacks, the interviewers were able to conclude that at least 13 participants had used new psychoactive substances before and at least eight participants used different drugs and wanted to experiment with drugs in a safe environment. Only six of the participants were only using cannabis.

Fifteen youngsters in **Luxembourg** were recruited through the contact to a national cooperating partner institution that works with young drug consumers. The participants recruited through this cooperation have been ordered to participate in a program of early intervention for young drug consumers (e.g. sent by the department of public prosecution). This early intervention program was organized by “Service Thérapeutique – Solidarité Jeunes” (STSJ), a cooperation partner of the project partner “CePT - Centre de Prévention des Toxicomanies”, saying that “CePT” could conduct the assessments in the framework of their meetings with three different groups.⁶²

In the **Netherlands** our partners used the resources of their organization “Tactus”: They used their access to schools where “Tactus” offers lessons about substance abuse to interview two youngsters. Fourteen users who started to use in a problematic way have been accessed via group-therapists. Those participants were split into three groups of two, five and seven. “Tactus” also accessed and interviewed four young people via street work.

In **Portugal** the project partners “IREFREA” built two samples for the workshops: One from a professional school with a focus on tourism they used to work with (eleven participants) and a second one with people who had already experimented with drugs, recreationally used drugs or used drugs regularly. For the second sample a protocol with the National Institute on Drugs and Drug Abuse and the Regional Centre on Dissuasion of Drugs to work on this project has been set up. Through the protocol the Portuguese partners have been able to contact 20 young people who received counselling because of their drug consumption. In total 31 youngsters participated in the Portuguese workshops. On average the participants were 18 years old, 21 were male and ten female.

The participants of the **Slovenian** workshops were 20 young people who were sent to the “Center for prevention addiction” from all kinds of institutions, organization and schools.

⁶² The 15 workshop participants in Luxembourg also took part in the research survey, the Luxembourg partners conducted.

Some of them have been sent for a quick intervention (e.g. “Fred goes net”), others remained in the program for longer period. After they had been asked to join the group and have been promised a reward there have not been any problems recruiting youngsters for the assessments. The participants were 15-21 years old (average 17.1) and had or have had problems with illegal drugs. Most of them smoked cannabis and some of them used cocaine, heroin, ecstasy or amphetamines.

In **Slovakia** the first group of participants (N=14), who have been under 16 years have been the current clients of the state institution “Diagnostic Centrum”. “Diagnostic Centrum” is an institution for clients from twelve to 15 years who had problems in school during the school year and had shown deviant behavior, aggressive behavior, little thefts, and truancy. Many of those clients have made their first experiences with drugs at the age of seven to ten years. They smoke cigarettes, most of them also cannabis; all of them already had experiences with alcohol. Many of the clients are from poor family backgrounds. The institution is stationary. The second group of participants (N=7) who were 16 to 17 years old were clients of low-threshold facilities, with good cooperation, seeking for help. They were using cannabis and occasionally were taking pills. This group was split up to conduct single interviews. In total there were 17 boys and four girls.

Table 6 shows the number of workshops and single interviews every country conducted, how many youngsters have participated and the duration of those meetings with the target group.

Table 6: Number of assessments, number of participants per assessment, number of single interviews & duration in minutes for each partner country.

Country	Workshops	Participants	Single interviews	Duration
Austria	5	2-9	-	90
Belgium	3	6-8	-	60-90
Cyprus	3	2-3	12	60
Finland	5	2-11	-	75
Germany	3	6-8	-	150
Greece	2	10	-	180-240
Italy	3	6-7	-	90-150
Latvia	-	-	10 ¹	120-180
Luxembourg	3	3-6	-	90
Netherlands	3	2-7	6	40-60
Portugal	3	7-13	-	120-180
Slovakia	1	14	7	45 (20) ²
Slovenia	2	6-7	7	90-120 (30-45) ²

Note: ¹) Interviews with 1-3 participants. ²) Duration for single interviews.

An option to motivate young people to participate in the assessments was to set incentives. In Germany some were given gift coupons from Amazon, others were invited to dinner; in Slovenia they have received a bowling voucher and in Slovakia they received activity games for their institution. The countries also used food, sweets and beverages as a form of incentive.

3.1.2 Assessment process

- *Introduction*

As described above the assessments of WBIs took place in different forms, depending on what the organizations were able to realize and the most effective way to organize the meetings with the target group. They also took place in different settings, e.g. partners own organizations, partner organizations, Fred groups, during street groups and others.

The process of the meetings mostly followed the same pattern in all countries (apart from the single interviews). At the beginning the prevention experts introduced the project and their objective. Then they engaged in a discussion with the participants about whether they already knew any web-based offers and if they had used one before.

- *Web-based interventions in general*

During the process of the meetings, WBIs were discussed in general, asking the participants if they would like to use such offers and if they would generally be interested and thought they could be helpful.

This discussion was followed by a general survey. The survey let us gain insight about what young people expect from a WBI, e.g. which elements should be included, which form of help and what kind of information needs to be provided. Furthermore, the survey should gather information about what they have used before, what they have missed about the WBIs they already knew and which elements of those offers they have used.

- *Presentation of national web-based interventions and discussion*

Most countries presented up to three national web-based offers after the general part, let the youngsters explore them and discussed the offers with the group. For exploring the application the participants could either use provided computers or laptops or use their own devices. Ideally they had the possibility to do this autonomously, try quizzes and games, take self-tests and explore information sections.

Mostly the experts included a presentation of the offers with a PowerPoint presentation, in **Germany** even a live chat has been shared with the group. After trying the offers and discussing them, the youngster fulfilled the second part of the survey regarding the specific WBI.

Below you can find a list of all web-based intervention and prevention offers presented to the target group during the assessments:

- **Austria:** *Feel-ok and Suchthaufen*
- **Belgium:** *Druglijn, DrugHulp and Slimkicken*
- **Cyprus:** *AskNow, Ask4press and Ask4Alcocheck*
- **Germany:** *Quit the Shit, Kointer and Pille Palle*
- **The Netherlands:** *Cannabisdebaas, Ready for Change, Blowout, Drankendrug and Win van Cannabis*
- **Greece:** *Resist*
- **Italy:** *Sostanze.info and the Facebook page Saufirolalcoladige*
- **Slovenia:** *DrogArt, Medovernet and To sem jaz*

In Slovakia, Portugal and Luxembourg no national WBIs could be presented, therefore they concentrated on the general part of the discussion, asking what young people expect from

such offers, what they need and to which aspect a potential provider should pay attention. Those three countries used a slightly different questionnaire that excluded the assessment of specific examples. Regardless to the absence of any national example, Luxembourg presented three international examples to the participants (“Drugcom”, “SafeZone” and a French offer called “Drogues-info-service”); Slovakia presented one abroad example as well. Portugal used the opportunity to discuss more far-reaching questions, for example where young people go to get help, issues regarding young people and their consumption habits and they also gave the participants some time to share some things about themselves or their experiences with the group.

Figure 17: Workshop in Slovakia



3.1.3 Survey

Two different questionnaires were developed to use during the assessments, one for those partners who have been able to find national WBIs and one for those who have not (Luxembourg, Slovakia and Portugal).

Luxembourg resembles a special case because of their prior research to the assessment period for which they developed their own survey in order to research WBIs, e.g. at music

festivals. During this research they have interviewed 133 young people by using their own survey. 15 of those 133 youngsters additionally participated in the actual workshops and engaged in a discussion.

All participants of the assessment phase have completed one of the three survey versions (including the one from Luxembourg), resulting in 391 completed surveys in total, 204 (52 %) completed surveys in countries with national WBIs and 185 (47 %) in countries without any national WBIs, specifically 21 in Slovakia, 31 in Portugal and 133 in Luxembourg. Due to Luxembourg's additional survey participants the population size for the survey is larger (391) than the number of youngsters in the workshop (273).

Keeping in mind the background of the target group, age and their experience with drug consumption the survey was kept as short as possible to not extend the youngster's attention span. Therefore the surveys only include eight questions for the general part (plus gender and age) and eight questions for each intervention.

In the first part of the survey the youngster's general interest in WBIs and their previous knowledge and experiences with WBIs was addressed, including a question about which elements they have already used. Furthermore, the participants were asked if they had missed anything about those WBIs and which devices they would use to access online offers. Finally they were supposed to state what a WBI should entail and what kind of information is important. In terms of general information only gender and age have been required to maintain their anonymity. The full questionnaire can be found in the annex 8.5.

In the part addressing specific national WBIs the participants were asked if they would like to use the application and which specific parts they would use. They were asked to rate the attractiveness and the helpfulness of the offer on a scale from one to ten and should state which aspects they liked in particular. Also, they were asked which aspects needed improvement, what they missed about the specific offer and finally, if they would recommend the application to their friends.

The second part of the survey was applied for up to three WBIs during the assessment with the youngsters.

3.2 Difficulties

Difficulties regarding the WBI assessments with the target group mostly concerned the recruitment of enough participants for the meetings.

Taking into account the project plan of "Click for Support" in which the workshops have been scheduled for June to July, summer holidays were a major issue and have complicated the

recruitment of the participants. Some organizations had planned to “use” young people that were already partaking in other projects but some of them had already stopped for the season. That was the main reason the assessment phase took longer than initially planned (until the first weeks of September).

After recruiting the participants, the next problem to deal with was that some participants simply did not show up to the arranged meetings. This has happened in Austria, Germany, Italy, the Netherlands, Portugal, Finland and Slovenia. Unfortunately in these cases the partner countries did not reach the required number of 20 participants per country and had to organize more meetings in order to do so.

3.3 Results

In the end the project partners reached the required number of participants in their WBI assessments, exactly 273; therefore this milestone of the project has been reached. The distribution of workshop participants can be seen in Table 7.

Table 7: Number of workshop participants for each country.

Country	Number of participants
Austria	27
Belgium	20
Cyprus	19
Germany	20
Greece	20
Finland	20
Italy	19
Latvia	21
Luxembourg	15
Netherlands	20
Portugal	31
Slovenia	20
Slovakia	21
Total	273

3.3.1 Survey Results

The following section presents the survey results completed by the workshop participants. The results of the study are divided into a general part and a part addressing the specific national WBIs.

- *General feedback on web-based interventions*

Almost three quarters of the sample (74 %) has a general interest in using a WBI. Table 8 shows the results regarding the question about general interest in WBIs for males and females. The number of participants included in this analysis differs slightly from the whole population because of insufficient information about gender and age from a few countries. However, apparently there are no differences between boys and girls regarding their general interest.

Table 8: General interest of participants in WBIs according to gender (N=239).

Interest	Female	Male	Total
Yes	55 (75%)	121 (73%)	176 (74%)
No	18 (25%)	45 (27%)	63 (26%)
Total	73 (100%)	166 (100%)	239 (100%)

Note: Data from the Netherlands and Luxembourg is missing.

General interest differs slightly regarding the age of the participants. In the oldest group of participants all participants are interested in WBIs, whereas in the younger groups the ratio varies between 61 % in the youngest age group, 72 % in the group of 16- to 17-year-olds and 68 % in the group of 18- to 21-year-olds (see Table 9).

Table 9: General interest of participants in web-based interventions according to age (N=237).

Interest	14-15	16-17	18-21	Over 21	Total
Yes	19 (61%)	66 (72%)	64 (68%)	20 (100%)	169 (71%)
No	12 (39%)	26 (28%)	30 (32%)	0	68 (29%)
Total	31	92	94	20	237

Note: Data from the Netherlands and Luxembourg is missing.

On the other hand only a third of the participants already knew any WBIs.

Table 10: Knowledge of web-based interventions according to gender (N=218).

Knowledge	Female	Male	Total
Yes	23 (33%)	58 (39%)	81 (37%)
No	46 (70%)	91 (61%)	137 (63%)
Total	67 (100%)	149 (100%)	218 (100%)

Note: Data from the Netherlands is missing. In the Luxembourg survey (n=133) 32 % males and 18 % females reported to know WBIs from Luxembourg OR from other countries but only listed websites from internet offers like Google, Wikipedia or YouTube.

This finding does not differ significantly if boys and girls are differentiated as is shown in Table 10; also there are only minor differences between age groups (see Table 11).

Table 11: Knowledge of web-based interventions according to age group (N=216).

Knowledge	14-15	16-17	18-21	Over 21	Total
Yes	7 (41%)	36 (42%)	33 (35%)	5 (25%)	81 (38%)
No	10 (59%)	49 (58%)	61 (65%)	15 (75%)	135 (62%)
Total	17 (100%)	85 (100%)	94 (100%)	20 (100%)	216 (100%)

Note: Data from the Netherlands and Luxembourg (data not collected) is missing.

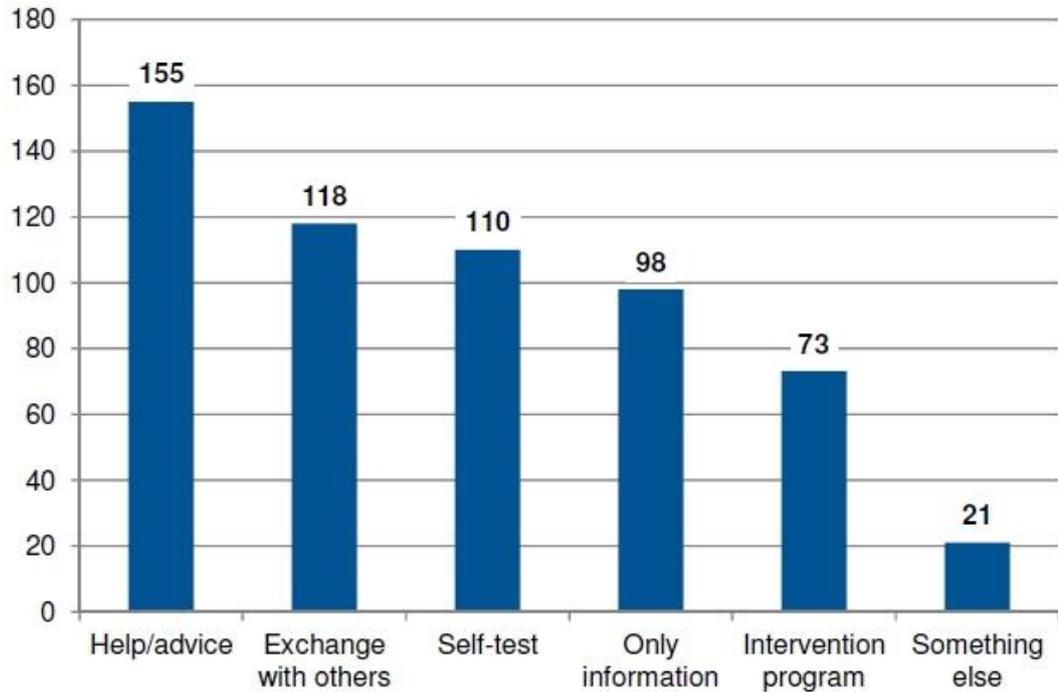
To assess their previous experience with WBIs, the participants were asked if they had already used any WBIs before the assessment meeting and 63 participants reported that they had. Mostly they have used the information on the website (60 participants). Only six participants had already tried a self-help program, 35 youngsters had used a self-assessment test, eleven had used the chat function, seven had used online counselling and 28 had used quizzes or online games on those websites.

While using the WBIs the youngsters reported certain aspects the offers lacked in their opinion. More specific information was missed by 31 participants, 32 were missing more accurate information, more interesting information specifically for young people was missed by 42, better and/or faster feedback by 13 youngsters, more exchange with other (ex-) users by 26 and 18 youngsters missed more useful advice or help.

Regarding the device they would use to access a WBI, 50 % reported they would use their smart phone, 69 % would use their PC or laptop and 19 % would use a tablet.

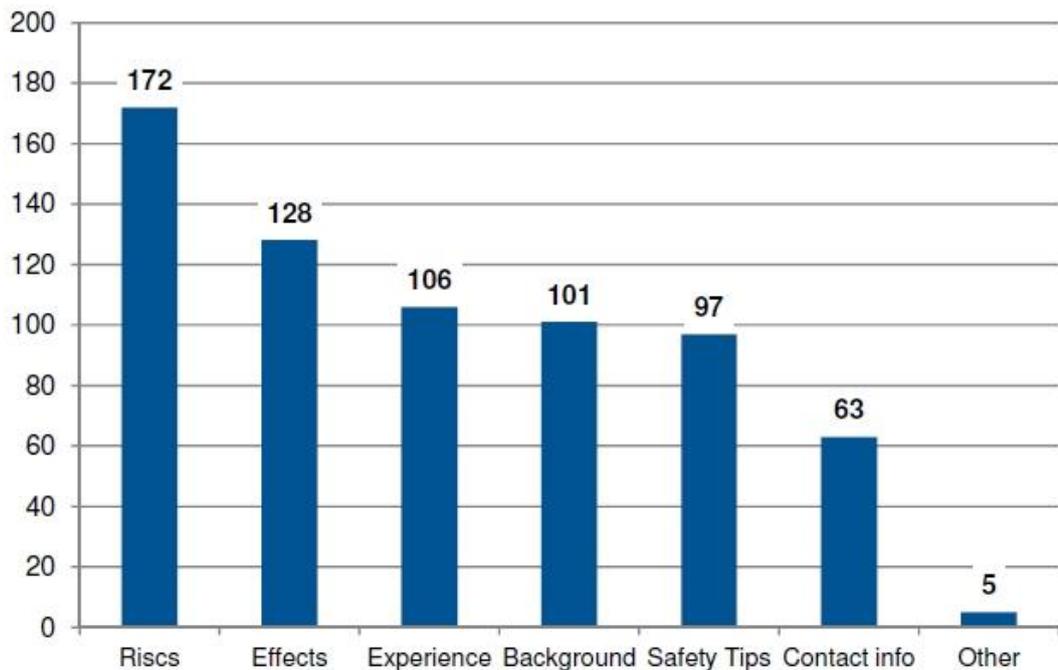
The participants' answers regarding what a WBI should offer are illustrated in Figure 18. The aspect mentioned the most was useful help and advice (60 %), followed by exchange with other (ex-)users (46 %) and self-tests (42 %). Information was mentioned by 38 % of the participants, followed by 28 % who would include a structured intervention program.

Figure 18: What should a web-based intervention include? (N=258)



Information is obviously an important aspect for WBIs. However, there are different kinds of information and different ways to present and communicate it. Therefore the participants were asked what information they expect from a WBI. Figure 19 shows the results for this question.

Figure 19: What kind of information should be provided? (N=258)

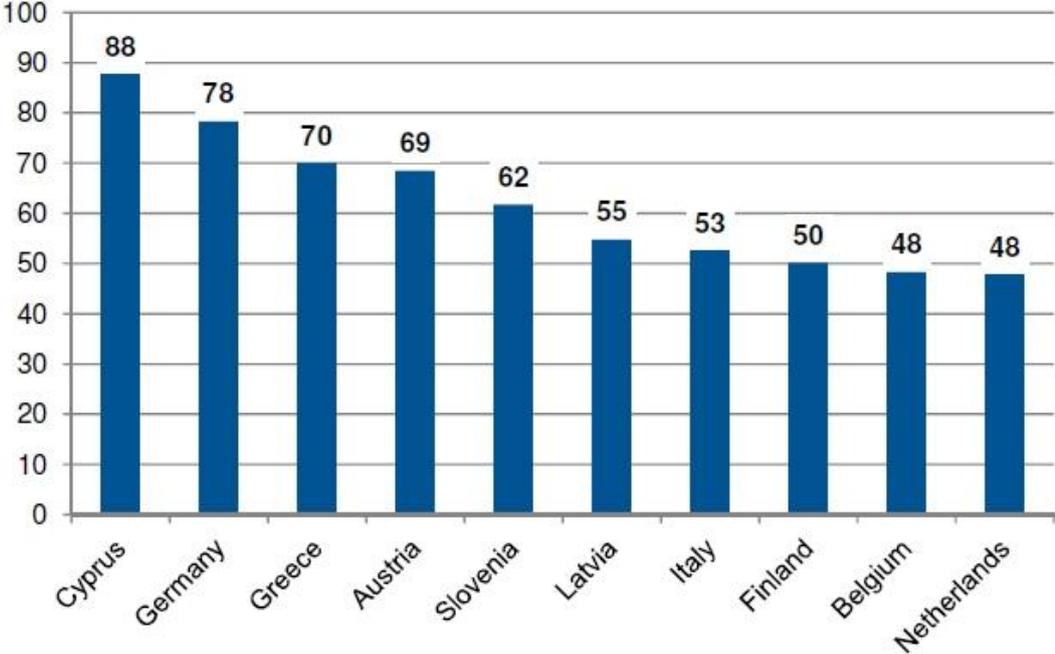


As can be seen, risks and effects of drugs are the most wanted information by the youngsters, followed by experiences of other (ex-)consumers, more background information on substances, safety tips and at last contact information to other (offline) help offers.

- *Assessments of national web-based interventions (survey)*

After the general survey, the workshop participants answered specific questions about the presented national offers. When asked if they would like to try the presented offer the percentage of positive answers differed immensely between countries. On average 88 % of the Cypriot participants would like to try a national offer whereas only 48 % of the Dutch participants would like to. The detailed results are shown in Figure 20. On average 62 % of the participants would like to try an offer from their own country. A possible explanation some partners provided was that their national youth would doubt the professionalism of web-based offers in their national language and prefer international offers in English.

Figure 20: Average of participants who would like to use the presented WBI according to country (in %).



The parts that the participants would most likely use are the information section and self-assessment tests; also help and advice offers to deal with drug consumption were popular.

The only structured intervention programs that were presented in the workshops are “Quit the Shit” and “DrugHulp”. Therefore, only 40 participants had the chance to explore either “Quit the Shit” or “DrugHulp”. Regardless, everybody received the same survey, so obviously only a fraction chose “Structured intervention program” as an aspect they would most likely use in the survey. If only the German and Belgian participants are considered, the programs

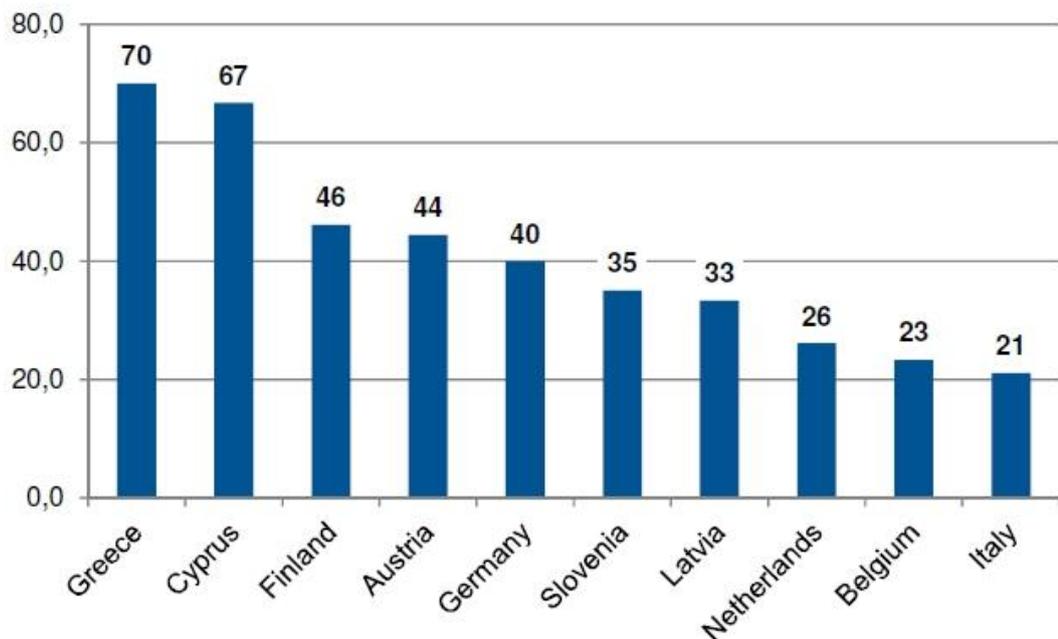
do not become more popular. Zero German participants would like to use “Quit the Shit’s” intervention program and only five would like to use the intervention program of “DrugHulp”.

In general the participants have liked the layout and visuals, self-assessment tests and the quality of given information. Usually, in the opinion of the youngsters, the offers were lacking more specific and interesting information for young people and more opportunities of exchange with other consumers.

When asked which aspects needed improvement, again the majority mentioned layout, followed by quality of information and the offer’s structure. As the population is different for each WBI it is not possible to realize further analyses. Also, we have to consider that some participants probably have a higher level of expectations towards a WBIs, e.g. in countries where the overall supply of web-based offers is already much higher than in countries where still only a few exist.

Finally, the participants have been asked if they would recommend the presented offers to their friends. Figure 21 shows the corresponding results. Whereas in Greece 70 % of the participants would recommend the national offer, only 21.1 % would do so in Italy.

Figure 21: Average of participants who would recommend a national offer, according to country (in %).



- *Results of Luxembourg survey*

50 females and 68 males were interviewed by CePT, 15 participants did not report their gender. The age of the survey respondents varied from 14 to older than 21. The 21-plus age group resulted from the setting of festivals with an average age of 26 years.

CePT asked the participants if, how and where they were looking for help regarding drugs in the internet. Most participants (70 %, n=133) stated that they would generally not search for help online. Regarding the researched substances (n=97), cannabis was the most popular (35 %), followed by alcohol (25 %), tobacco (22 %) and other drugs like ecstasy/MDMA, LSD, legal highs/spice, cocaine, speed, crack and magic mushrooms (19 %).

Youngsters who were recruited in early intervention settings more often looked for illegal substances, among them cannabis on first position. Young festival goers mostly mentioned alcohol.

When asked for their motives for searching the internet (n=92), most said they were only looking for information (71 %), others were looking for self-tests (10 %), counselling (10 %) and other offers (10 %). Most of the nominations stated in a clear position that the main focus of search activities is about information on substances. Especially in the setting of early intervention there are only a few answers for (self-)tests and counselling.

Young people in Luxembourg did not know and have not used any WBIs that would meet the determined criteria of "Click for Support". People only reported institutional websites providing some information.

Concerning the use of some sort of web-based offers, 29 % of the youngsters (n=133) reported to have used professional help via email before, 20 % had used online-help via chat, 23 % had looked for help via forums but more than half of the respondents favored exchanging information with peers through social networks like Facebook; 17 % mentioned offers such as Google, Wikipedia, Facebook and other social networks.

3.3.2 Results of discussion

The conclusions drawn from the discussions with the target group complement the results gained from the survey. In the following section the most important points of discussion are summarized, with a focus on important characteristics of WBIs.

In general, all participants used the internet in their daily life and are very internet-affine. However, so far most of them had not used the internet for drug prevention purposes, e.g. looking for information on drugs or even for help. If they had researched the internet, the

search mostly consisted of Google searches, Wikipedia, YouTube, other non-professional applications or private forums. Until now, in the majority of the participating countries, the youngsters did not know any web-based prevention offer regarding illicit drugs and therefore usually asked their friends for help and information.

- *Interest in web-based interventions*

The majority of the participants did not know the web-based offers that have been presented to them during the meetings; exceptions were Belgium, Finland, The Netherlands and Slovenia. In other countries, e.g. Italy the youngsters at least knew examples from other countries like “Quit the Shit” from Germany but not the national ones. In Austria the participants had never heard about any of the examples presented to them.

However, the overall impression from the country reports is that almost all participants seemed interested in trying WBIs after the presentation of the national examples. They were interested in information, self-testing tools addressing their drug consumption and help or advice given through professionals.

- *Design*

The design is the first thing potential users recognize when accessing a website. It can also be the first barrier that determines if the offer will be used or not and can potentially prevent a person from using it. Therefore the design is a very important aspect when developing a WBI and should be integrated from the start of the process.

In general lay-out does matter for all of the participants but the opinions and feedback on the design and appearance of the websites differ a lot. Especially regarding the aspect of design it should be kept in mind that “Click for Support’s” target group of young risky consumers of illicit drugs is not a homogenous group. Tastes in appearance can differ between boys and girls, in different age groups and simply according to individual taste.

However, the majority seems to prefer a fresh, cool and hip appearance. Visuals like pictures, videos and eye-catchers like the “Drugdancer”-app that is used in the Netherlands and Belgium can attract the attention of users and are therefore advantageous.

Most of the web-based offers that have been presented to the participants seemed to have room for improvement regarding the design; most youngsters wished for better visuals, more pictures and videos and generally more creative and innovative approaches.

- *Functionality*

The usability and functionality seems to be even more important than the design. Even in cases where the design has been approved a diffuse structure of the website often leads potential users to abandon the website.

Usability was an essential aspect for the target group during the workshops. It has been determined to be essential that a WBI is usable on smart phones in addition to computers. Currently apps and mobile versions for the WBIs are still rare. From the results of the survey it is known that 69 % would like to access a potential offer with their computers or laptops, but 50 % would also like to be able to access it with a smart phone as well. This should be taken into account. Apart from the mobile accessibility young people foremost want easy navigation and language and a clear structure of the website.

Until now a relatively high percentage of the web-based offers do not use any social networks or other web 2.0 applications. This disregards a potentially very effective access path to the target group.

- *Content and information*

Participants mentioned that it is important to keep in mind that information about drugs (especially effects of drugs) needs to be communicated in a careful and reflected way. Some fear that giving information could accidentally promote the drug use of young people. Apart from the fact that the provided content should be foremost interesting, relevant, accurate, reliable, up-to-date and comprehensive, the information given should be objective and unbiased.

Very important with regard to the target group, the offer should not present an attitude towards drug consumption that is very negative or too “preachy”, but rather positive and motivating. Offers that promote a negative attitude towards drug consumption are being rejected by the target group.

In the same context belongs the youngsters’ wish for information on drugs that is communicated with a sense of humor and is not consistently treated as a dead-serious topic. Games and quizzes can contribute as well as special elements like “Drugdancer” (“Druglijn” and “Drugsenuitgaan & Drugsinfo”) and can be such up-lightning aspects for WBIs. In general, information should be presented in a non-boring way and made interesting for young people. Above all this seems to include the exchange of experiences from other (ex-)consumers or stories told by other people.

Considering the target group who is used to very short intakes of information, mainly via imagery (e.g. YouTube, Instagram) or very short texts (e.g. Tweets, WhatsApp), it could be an effective approach to present the information small pieces of text and lots of video and pictures.

Texts should be written in an easy, youth-related language; the font size should not be too small and the website should not be too crowded and should abstain from including advertising. Regarding the existing national offers, the workshop participants have remarked that texts often were not written with young people's preferences in mind.

Furthermore, it should be determined if a more comprising offer that includes information on more than one or two substances is more effective than one that concentrates on a very specific topic, i.e. specific substance. At this point it should be mentioned that currently only very few web-based offers that include information on new psychoactive substances and especially "Legal Highs" exist. There is a definite demand for offers addressing those substances whether or not they solely focus on those or include others as well.

During the discussions there have been contradictory views on drugs, their effects and consequences on the body. These different views and opinions confirmed the importance of adequate online sources that provide accurate information.

- *Professional Feedback*

Connecting with experts has been determined as very important for the users as they would like to get feedback and reliable information from someone outside their families and friends who has experience with the topic and first of all is objective. From the connection with an expert, users expect to receive specific and personalized feedback and help which accommodates their needs as well as contact details and information where to find further individual help and care.

There are different ways of communication with experts online, e.g. Facebook, email, forums, chats or Skype. Quick replies that take a maximum of one day are essential for youngsters.

Regarding the qualification of staff, i.e. the experts the users communicate with the workshop participants expect a certain level of qualification which should be communicated to the users on the website.

A different form of professional feedback that some participants would welcome would be a drug-test-application or pill-checking that analyses e.g. pictures of the substances and matches it with databases in order to advise against the consumption if necessary.

- *Data security and anonymity*

Throughout the workshops with the target group the participants expressed concern regarding data protection and anonymity. In Austria youngsters are rather suspicious towards counselling centres. Some of them already had experiences with police checks in connection with consumption of illegal substances; therefore they fear that data security and anonymity is not guaranteed when using web-based offers, especially on websites of counselling centres. They could however imagine contacting websites by other multipliers – such as staff of youth centres.

The Italian participants were critical regarding data protection and anonymity as well. Some adolescents were concerned about revealing their personal data. The provider therefore must be trustworthy. Information about the general terms and conditions as well as privacy should consequently be phrased in a clear and comprehensible manner. Applications which access your contacts, camera or the like, are commonly looked upon with suspicion.

- *Productivity of discussion and cooperation*

Overall all partners have reported a relatively high level of cooperation among the participants. They had the feeling that they were receiving honest opinions and that the participants felt safe enough to speak their minds. Naturally there were differences between groups, e.g. regarding their social background and age; some of them engaged in the discussions very actively, whereas others only answered questions in short statements. Overall, discussions in groups have been more productive than in individual conversations. Some partners reported that the participants had been more eager to explore the WBIs on the computers and complete the surveys than to participate in the discussions.

Still, there have been national differences between the participants' level of information about the purpose of the workshops and their motivation to participate. In general the level of cooperation between the "Click for Support" partners and organizations that recruited the participants has been essential for a successful workshop. It also proved to be an advantage if the participants knew the person operating the workshop. The way that the youngsters were treated seemed to make a difference regarding the communication and the quality of the discussion. For instance in Austria communication took place at eye level and participants have been treated as experts.

To ensure the confidentiality and anonymity of the participants was essential during the workshops, regarding that a sensitive issue was discussed with them and their honest

opinion and feedback is essential for the project's results. The legal situation in the respective country made a big difference as well. In countries where legal regulations of drug consumption are more restrictive, the participants were more hesitant to engage in the discussion.

3.4 Summary of target group assessment

The results of the surveys and discussions with youngsters have been enlightening. From the survey results we learned that a large percentage had not used any web-based interventions until the assessment workshops; still, the majority was interested in using the presented WBIs. Several parts of the presented WBIs have been positively assessed via the survey, especially the quality and comprehensive supply of information, design and the opportunity of exchange with other users.

However, the conducted survey can only be regarded as a situation analyses to get an impression of what young people want and need. As the study population is different for each country, there has been no possibility to calculate any correlations.

The most important issues for the youngsters during the discussions have been the design, a clear structure, functionality, especially the possibility to use the offer on smart phones, professional feedback, but also data security. Essential for the target group to accept an offer was comprehensive and objective information, an accepting attitude and no finger-wagging. The youngsters do not want professionals lecturing them but rather to be encouraged and motivated in changing their consumption pattern. The majority was in favor of including some playful elements like quizzes and games and the possibility of exchange with other (ex-)users.

4. OVERALL CONCLUSION

After the first phase of “Click for Support” there is now a lot of information available. The project partners have gathered information on 45 different WBIs in 13 countries, plus 7 offers from other European countries, Australia, New Zealand and the USA: Along the national research templates and together with the target group in a second step those WBIs have been assessed. Through the survey results and the feedback from the workshop discussions we now have a good impression of what young people want and need and what has to be avoided while developing a WBI. With this information the project partners have a good basis to work on and develop practical and relevant guidelines for the development and implementation of effective web-based interventions in selective prevention.

5. FURTHER PROCEDURE

After the phase of data-gathering through the research and workshops the Interim conference of the project will take place where the results will be presented and discussed and additional input from three experts on the subject will be received. The partners will develop a structure for the guidelines and determine which statements will be included in a Delphi study which will be prepared and realized after the Interim conference. During the Delphi study a panel of experts will determine which key recommendations and statements should be included in the final guidelines.

The following last chapter lists any additional aspects, the project partners considered important to include in the guidelines.

6. ESSENTIAL ASPECTS FOR THE GUIDELINES

There are certain mostly technical aspects that came up during the research and assessment phase but have not been addressed yet but are discussed in this section of the summary.

One issue surely is the question whether “Click for Support” only aims at providing guidelines for the development of websites with interactive offers or even complex structured intervention programs, or should apps and mobile versions should be another main focus in the guidelines. If apps will be addressed as well, the question of the dissemination of the product to the target group comes up. Those questions are: Should an app be developed for

all mobile platforms or just for iOS and Android? Should the app be free to download in the play store/app store or should it cost money? How can we place an app about drugs in the iOS app store as apps for iOS about controversial subjects are often refused by Apple?

Cost-effectiveness of the development of web-based offers should be kept in mind. Although apps are probably most successful if aimed at a very specific target group, developing technology for small groups is not cost-effective and therefore unlikely to be prioritized. Also, interactive apps can produce a wealth of researchable material. Therefore providers should be encouraged to store data gathered by the app (results of self-tests, drug-diaries, etc.) centrally.

Another question is how a new offer can get the attention of the target group regarding the fact that until now a large part of the youngsters had rarely thought of using the internet to get help to deal with their drug consumption? How should web-based offers be promoted? How can thresholds that prevent youngsters from using such offers be lowered? Which kind of institutions should provide web-based offers in the field of drug prevention?

Keeping in mind the speed of technological process and new developments in the field of illicit drugs, it is very important to stay updated regarding both, new technologies and content. The offers need to be maintained consistently and always be on top of new developments. Resources need to be reviewed and updated regularly to ensure they remain appealing and meet the needs of the modern youth.

The general attitude of an offer towards the topic of drug consumption will be of great influence. There will be need for discussion regarding the question what kind of attitude an offer in drug prevention should represent.

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8. ANNEX

8.1 List of researched web-based interventions

Table 12: List of all researched web-based intervention offers by "Click for Support"-partners.

Country	No.	Name	URL
Austria	1	Suchthausen	www.suchthausen.net
	2	Feel-ok	www.feel-ok.at
Belgium	3	Druglijn	www.druglijn.be
	4	Drughulp	www.drughulp.be
	5	Cannabishulp	http://www.cannabishulp.be
	6	Slimkicken	www.slimkicken.be
	7	Alcoholhulp	www.alcoholhulp.be
Cyprus	8	Onek online counselling	http://www.preventionsection.org.cy/symvouleftiki.asp
	9	Asknow	http://www.asknow.org.cy/
	10	Skype Counselling by Veresies Clinic	Skype: veresiesclinic1
	11	Ask4Alcocheck	App
	12	Ask4press	App
Finland	13	Mobiiliapu	http://mobiiliapu.fi/
	14	Päihdelinkki	www.Päihdelinkki.fi
	15	Päihdeneuvonnan tukipaketti	http://www.paihdeneuvonta.fi/apu
	16	Ottomitta	http://www.ehyt.fi/fi/ajankohtaista/?a=viewItem&itemid=921
Germany	17	B.A.D.S.	App
	18	Drugcom	www.drugcom.de
	19	Change your drinking	http://www.drugcom.de/?id=changeyourdrinking3&sub=310/
	20	Quit the shit	http://www.quitheshit.de/
	21	HaLT	App
	22	Lass das Gras	https://lass-das-gras.de/
	23	Kointer	https://www.jugend-hilft-jugend.de/kointer/kointer/
	24	Pille Palle	http://www.pille-palle.net/
	25	PartyPack	http://partyack.de/
	26	Alkohol? Kenn dein Limit.	http://www.kenn-dein-limit.info/home.html
Greece	27	Resist	http://resist.transludic.net/
Italy	28	Area 15 –Cultura Consumi Consulenza	www.area15.it; www.facebook/area15bologna
	29	“Sauftirol – Alcol Adige?”	https://www.facebook.com/sauftirolalcoladige

Country	No.	Name	URL
Italy	30	Youngle – Social net skills	https://it-it.facebook.com/youngle.it
	31	Sostanze.info	www.sostanze.info
Latvia	32	Narcomania (“The abuse prevention”)	www.narcomania.lv
	33	Esibrivs (“Be free”)	www.esibrivs.lv
	34	“Do not blow a fog” (Latvia)	www.draugiem.lv/neputmiglu/
	35	Papardeszieds (“Family planning and sexual health”)	www.papardeszieds.lv
Netherlands	36	Cannabisdebaas	www.cannabisdebaas.nl
	37	Readyforchange	www.readyforchange.nl/
	38	Blowout	http://www.blowout.nu/
	39	Drankendrugs	http://www.drankendrugs.nl
	40	VNN Jongeren (VNN Youth)	http://www.vnn.nl/jongeren
	41	Drugsenuitgaan/ Drugsinfo	http://www.drugsinfo.nl/ http://www.drugsenuitgaan.nl
	42	Winvancannabis	www.winvancannabis.nl
Slovenia	43	DrogArt	http://www.drogart.org/
	44	Med.over.net	http://med.over.net/
	45	To sem jaz (This is me)	http://www.tosemjaz.net/

8.2 Field manual for national researches of web-based interventions

1. Research on already existing web-based interventions (Work stream 1)

To get an overview over the existing web-based interventions in the participating countries all partners have to conduct a **national research**.

The goal is not just to find the web-based intervention but also additional information about the concept, the initiator, evaluations and so on. All this information the partners should fill into the provided template.

The focus of the interventions should be on illegal drugs, especially bearing in mind new psychoactive drugs or so called “legal highs”.

This research should be done via **keyword search** in national databases and an enquiry among **national experts** in this field.

National scientific research databases should be of use to find further information on a project, also (scientific) search engines (e.g. Google Scholar) and university libraries are an option.

Examples for keywords to use:

- *Intervention, prevention, offer, etc.*
- *New psychoactive drugs, legal highs, illegal drugs, cannabis, cocaine, heroin, etc.*
- *App, website, smart phone, internet, social media, chat, forum, etc.*

Additionally every partner should find out which **institutions or associations** could help in finding further information or even more web-based interventions, contact them and check their publications for hints of other interventions and information.

There are certain **criteria** the interventions should meet:

- *The intervention has to be web-based, meaning they have to be delivered via internet (homepages; smart phones/ Apps; social networks, chats, forums, etc.)*
- *The topic has to be selective drug prevention*
- *The target group are adolescents and young adults*
- *The user has to interactively DO something within the programme and receive a feedback*
- *It has to be a professional offer and not just a chat between consumers for example*

If there no web-based interventions concerning illegal drugs can be found?

- *Research web-based interventions concerning alcohol, smoking, shisha, etc.*

- *Research web-based interventions concerning mental illnesses (e.g. depression)*
- *Research web-based interventions concerning obesity*

Naturally, according to those three steps, the keywords have to be adjusted.

2. Assessing the effectiveness of the found web-based interventions (Work stream 1)

a. Assessment along EMCDDA's quality criteria

After collecting the interventions, their effectiveness has to be assessed along the EMCDDA quality criteria.

To assess the **quality** of the approach the following questions have to be asked:

- *How old is the project? When did the offer go online?*
- *Do specific objectives exist? What are the objectives?*
- *Is the approach based on a theory or assumptions that are clearly related to the objectives of the approach?*
- *Has the project been evaluated?*

Concerning the **evaluation** of the project the following points are important:

- *Is a description of the evaluation design available?*
- *Has there been a process evaluation AND an outcome evaluation?*
- *Do the activities (program contents) fit to the objectives?*
- *Are evaluation indicators in place and are they also clearly related to its objectives?*
- *Do these indicators reduce the objectives into one or more quantifiable dimensions?*
- *Have there been a Follow-Up assessment and/or a Pre-Post-Design?*
- *Has there been a control group? Randomization? (RCT)*
- *What are the measuring instruments used in the evaluation? Are they validated?*
- *Is a validation of the used approaches available? (e.g. for Questionnaire for Adolescents – short (CPQ-A-S) to measure problems concerning cannabis)*
- *Are the used methods evidence based? (e.g. behavior therapy, motivational interviewing)*
- *Does the approach abide by ethical issues, meaning warranting data protection etc.?*

Most important: the results of the evaluation (effectiveness of approach):

- *Are the outcome evaluation results available?*
- *Do the presented results refer to the formulated objectives?*

- *Has the approach been able to gain access to adolescents with risky consumption behavior (Indicator: number of adolescents who made use of the offer within the last year?)*
- *Is there a part of the target group the approach has not been able to reach (subgroups)?*
- *Has the approach been effective in changing attitude and/or consumption patterns*

(Indicator: results of a potential follow-up assessment)

- *Do the providers coordinate other services and programs? e.g. prevention institutions*

It is important not just to mention “good-practice examples” but also examples that did not work out and to make sure to mention why they didn't!

- *The partners should enter all the answers in the corresponding space of the template. This template has to be sent to the project coordinator three months after the Kick-Off.*

b. Assessment by participation of the target group

Within the frame of **national workshops** the target group will be participating in the assessment of the web-based approaches.

The aim is to get 20 young drug consumers (260 all together) to participate, to express their opinion concerning the identified approaches and express their wishes concerning these approaches in general.

How should the partners handle the point of finding **access to the target group**? Which methods should be used?

- *One option is to contact target group within the own institution*
- *Another option could be to use the found web-based approaches to contact them.*
- *Also, a **peer approach** could be considered.*

Definitely the partners should provide an **incentive** for the young drug consumers, maybe a financially or give them a present of some sort.

There should be food and drinks at the workshops and the place of the workshop should be easily reached for the target group, assuming that not all of them have a car or enough money to get there.

- *An overview about which topics to discuss with and what questions to ask the target group will be given to the partners at a later point in time.*

Indicators for the target group's satisfaction with the approaches are e.g.

- *Their rating of the websites usability*

- The option to ask questions or
- The attractiveness of the website due to graphs etc.

8.3 Template for national research

Click for support
Research and assessment of web-based interventions
Template

COUNTRY: _____

Intervention No.: _____

Description of intervention	
Title of the project/intervention/offer	
URL	
Initiator, provider	<i>Who initiated the project? Additional information? Who supports it financially?</i>
Type of intervention, e.g. App, Website, Social network	
Type of drug/s in focus	<i>If it's not an intervention concerning drugs, description of other focuses (e.g. alcohol, smoking, depression, etc.)</i>
Language	<i>National language, English?</i>
Comprehensibility of information	<i>Clear, simple and understandable language?</i>
Purpose of the intervention	<i>Clear description of the objectives Differentiation between structural (e.g. networking) and behavior related objectives (reducing drug consumption).</i>
Description of the interactive/ professional part	<i>e.g. personnel feedback, chat, forum, etc.</i>
Personalized Feedback	<i>Does the intervention give personalized feedback? Does the intervention respond to individual user's needs, choices and preferences?</i>
Target group	<i>e.g. broad class of population / certain parts of population (e.g. high school students) / certain groups of risk / certain individuals Are young drug consumers (target group of click for support) taken into special consideration? Is the offer suitable for young users?</i>

<p>Which topics / contents are discussed with the target group? Motivation to change drug consumption?</p>	<p><i>E.g. effects and risks of different drugs, appraisal of own consumption behavior Does the intervention promote drug awareness? Does the offer provide the user with motives to change their consumption behavior?</i></p>
<p>Visuals, design and aesthetics</p>	<p><i>Graphs, impressions, videos, etc? What kind of graphs? Modern design? Animations?</i></p>
<p>Access to target group Accessibility and availability of offer</p>	<p><i>Which access paths and material is used? e.g. outreach approach, contacting certain individuals, through certain institutions, etc. Is the offer easily accessible?</i></p>
<p>Marketing, Connection to social networks, etc.</p>	<p><i>How is the project advertised? e.g. campaign, displays, brochures, etc.</i></p>
<p>Cooperation & Links</p>	<p><i>Who are cooperation partners in the project? Can the target group be transferred to other (not web-based) offers, e.g. help systems, treatment centres, institutions? How? Are cooperation agreements done?</i></p>
<p>Theoretical background</p>	<p><i>Scientific approach – approved approaches? Bibliographical references made in the conception?</i></p>
<p>Gender aspect</p>	<p><i>Are gender specific aspects regarded? How?</i></p>
<p>Cultural aspect</p>	<p><i>Are cultural aspects regarded? How?</i></p>
<p>Special features of the approach/ Attractiveness</p>	<p><i>Certain characteristics that make the approach special, that attract attention</i></p>
<p>Resources</p>	<p><i>How many professionals are required to operate the website/app etc.? What is the budget for the intervention?</i></p>
<p>Qualification</p>	<p><i>Education / training; Experiences in the concerned field, professional background</i></p>

Evaluation/ Effectiveness of project	
When did the approach first go online? Year?	
How many members of the target group could be reached?	
Has the project been evaluated? Process and/or outcome evaluation?	<i>Yes or No, and if yes, how many times?</i>
Objectives of evaluation	
Documentation / Evaluation	<i>Is (essential) documentation intended for the project? Are stated objectives measurable in terms of effectiveness of the project? For quality assurance, effectiveness and (personal and financial) costs should be compared → results?</i>
Method / measure	<i>Pre-Post-Design, control groups, randomization, quasi-experimental design, naturalistic design</i>
Measures and indicators for quality assurance	<i>Matching indicators for objectives; Process and results / effectiveness (important: How many adolescents and young adults could the approach reach?)</i>
Sustainability	<i>Does the intervention achieve a sustainable effect? (Post measurement?)</i>
What did work?	
What did not work?	
Additional information	<i>Please fill in everything else that might be important and is not mentioned above!</i>

8.4 Workshop concept

Workshop with young drug consumers

Objective

The main objective of the workshop is to gather feedback from young drug consumers regarding the already researched web-based interventions and to find out which offers they already know and use. We need to hear their opinions on the presented interventions but also their needs and wishes on such intervention offers in general.

Concept

There have been different **ideas** and **concepts** in the partner countries on how to conduct the workshop with young drug consumers:

- a) *Classical workshop concept*
 1. *Presentation of the researched web-based interventions*
 - *via PowerPoint presentation*
 - *let participants actively work with the web-based interventions*
 2. *Discussion*
 3. *Assessing the web-based interventions along a short prepared questionnaire*
- b) *Discussion in focus groups together with already known young drug consumers*
(option: involve participants of Fred-groups)
- c) *Gather some information before the actual workshop, e.g. through an online questionnaire or by retrieving information in context of another event like a field trip, excursion etc.*
- d) *Gain all the information in a more open way than in a classical workshop setting.*
If you choose this concept, please make sure to get all the important information!

All workshops should therefore ideally contain **three parts**:

1. Finding out what the participants already know, what they have already used, what they like and dislike and also what their **general wishes and expectations** to web-based interventions are (either through a questionnaire before/during the workshop or face-to-face conversation)
2. Presenting them with a maximum of **three** different examples (from your national research!) and gathering specific feedback on those examples from the participants. You should bear in mind: The first impression is important! The young drug consumers will decide very quickly whether to use the offer or not.

If you don't have any national examples (or examples in your national language), you should concentrate on the first part and find out what the participants want and need from a web-based intervention in general!+

If you have more than three examples, please decide which ones are the most important and will provide the most valuable information regarding the

country report and the development of the guidelines. It would probably be helpful to present a range of different approaches (e.g. app and website, different kinds of offers) to gather the maximum of information.

3. If possible the participants should actively work with the web-based information during the workshop, explore them and try some functions like quizzes and tests. Of course they cannot finish a whole course/program during the workshop.

Note: As we have already discussed during the kick-off some incentives for the participants to cooperate and contribute to the workshop might be useful (free food, drinks, little present or voucher).

Content

We must consider that we are working with illicit drug-consuming adolescents and that their attention span might be short. Therefore, the LWL will not prepare a very long questionnaire. The following list of questions will be reduced to a questionnaire of about **eight or nine questions** that should be answered by the participants at the end of the workshop. Everything else you should find out during open discussions/talks with the participants or alternatively before the actual workshop.

a) *General questions (age, sex, education, type of school)*

b) *Questions concerning own drug consumption:*

- *Which substances are used? How often?*

c) *Questions about previous use and knowledge about web-based interventions*

1. *Do you know any web-based interventions?*
2. *Have you used any of those web-based interventions before? Why? Why not?*
 - a) *If not, ...*
 - *What would you expect from those web-based interventions?*
 - *Which offers should these websites or apps provide?*
 - *Which offers would you like to use?*
 - b) *If yes, ...*
 - *Which ones do you know?*
 - *How did you find those web-based interventions? Google, friends, etc.?*
 - *What have you been looking for? Information, online counselling, feedback or advice, self-help program, tests, etc.?*
 - *Which device do you use to access those offers? Smart phone, computer, tablet?*

- *Which part of the offers have you used or are you still using (information, self-help program, test, chat, online counselling, etc.)?*
- *Did the intervention help? Has it been successful? Did you change something?*
- *Did you get all the information and help you were looking for?*
- *What did you like about the website/app? What could have been better?*

d) Assessing the presented web-based interventions

- 1. Spontaneously: Would you like to try this intervention/program? Why? Why not?*
- 2. Do you like the design of the website/app? Do you like the pictures, videos, etc.?**
- 3. Do you like the language?*
- 4. Is the offer easy to use?*
- 5. Which aspects do you like and which aspects not?*
- 6. Does the offer seem helpful? Do you find all the information you need?*
- 7. What would you change about the offer?*

e) Very important: Would you recommend the offer to your friends? Why? Why not?

**Note regarding attractiveness of offers:*

Design, looks and aesthetics are very important for young people nowadays, so we can assume that the appearance of the website or app plays an important role!

8.5 Surveys

8.5.1 Version 1

Web-based interventions Questionnaire

First of all, thank you for participating in today's workshop. Your opinion and wishes regarding web-based interventions and prevention offers on drugs are very important and valuable to us. Therefore we want to ask you to take a few more minutes to answer this short questionnaire about drug prevention websites and apps in general and about those websites and apps you have seen today.

The questionnaire is of course completely anonymous.
Please be honest about your answers, there is no right or wrong!

General questions

3. *Would you be generally interested in trying a web-based intervention?*

Yes No

4. *Did you know any web-based interventions before today's workshop? Which ones?*

Yes: _____

No

5. *Have you used any of those web-based interventions before? Which ones?*

Yes: _____

No

6. *Which part of the offers have you used or are you still using?*

None Information Self-help program Test

Chat Online counseling Quiz/game

Something else: _____

7. *Did you miss anything about these web-based interventions?*

- More specific information
- Accurate information
- More interesting information for young people
- Better/faster feedback from professionals
- Exchange with other drug consumers
- More useful advice/help
- Other: _____

8. Which device would you use to access such offers?

- Smart phone
- Computer or laptop
- Tablet
- Something else: _____

9. In your opinion, what should an intervention website or app about drugs include?

- Only information
- Intervention program
- Something else: _____
- Help/advice
- Exchange with other consumers

10. Which kind of information do you want?

- Effects of drugs
- Safety tips
- Experiences from others
- Other : _____
- Background information on drugs
- Contact information/help lines
- Risks

11. Are you Male Female

12. Your age: Younger than 14 14-15 16-17 18-21
 Over 21

“(Insert name of intervention)”

During this workshop the web-based prevention offer “(insert name)” has been shown to you. Now we would like to know what you think about this offer.

13. Would you like to use “(insert name)”?

- Yes
- No

14. Which parts of “(insert name)” would you like to use? (You can check more than one answer!)

- Nothing
- Only information
- Help/advice
- (Self-)Test
- Intervention program
- Exchange with other consumers
- Something else: _____

15. On a scale from 1 to 7, how attractive do you rate the web designs of “(insert name)”?

Very attractive 1 2 3 4 5 6 7 Very unattractive

16. Which aspects of “(insert name)” do you like in particular?

- Pictures
- Videos
- Layout
- (Self-)Test
- Language
- Quality of information
- Other: _____

17. On a scale from 1 to 7, how helpful do you think the offers are?

Very helpful 1 2 3 4 5 6 7 Not helpful at all

18. Would you recommend “(insert name)” to your friends?

- Yes
- Maybe
- No

19. Which aspects of “(insert name)” should be improved?

- Visuals/Layout
- (Self-)Test
- Language
- Quality of information
- Structure
- Other: _____

20. Do you miss anything about “(insert name)”?

- More specific information
- Accurate information
- More interesting information for young people
- Better/faster feedback from professionals
- Exchange with other consumers
- More personalized advice/help
- Other: _____

Thank you for your time!

Web-based interventions Questionnaire

First of all, thank you for participating in today's workshop. As you know together with 12 other countries we are developing guidelines for good-quality web-based interventions for illicit drugs. Your opinion and wishes regarding those offers are very important and valuable to us. Therefore we want to ask you to take a few more minutes to answer this short questionnaire.

Of course the questionnaire is completely anonymous.
Please be honest about your answers, there is no right and wrong!

1. Do you know any web-based interventions? Which ones (also international ones)?

Yes: _____

No →

2. Have you used any of those web-based interventions before? Which ones?

Yes: _____

No

3. Which part of the offers have you used or are you still using?

None Information Self-help program

Self-Test Chat Online counseling

Quiz/game

Something else: _____

4. Did you miss anything about these web-based interventions?

More specific information

Accurate information

More interesting information for young people

Better/faster feedback from professionals

Exchange with other consumers

More useful advice/help

Other: _____

5. Would you be generally interested in using a web-based intervention?

Yes No

6. Do you think web-based interventions can be helpful?

Yes → Why? _____

No → Why not? _____

7. Which device would you use to access such offers?

- Smart phone
- Computer or laptop
- Tablet
- Something else: _____

8. Who should maintain the website or app? Who do you want advice from?

Experts Peers

9. In your opinion, what should an intervention website or app about drugs include?

- Only information Help/advice Self-test
- Intervention program Exchange with other consumers
- Something else: _____

10. Which kind of information do you want?

- Effects of drugs Background information on drugs Risks
- Safety tips Contact information/help lines
- Experiences from others
- Other : _____

11. Are you Male Female

12. Your age: Younger than 14 14-15 16-17 18-21
 Over 21

Thank you for your time!