

The good, healthy school – a sound environment for students and their teachers

bildung + gesundheit Netzwerk Schweiz – the Swiss education and health network – is a new programme launched by the Swiss Federal Office of Public Health (SFOPH) and the Swiss Conference of Cantonal Directors of Education (EDK). Following on from its predecessors «Santé Jeunesse» and «Schulen und Gesundheit», it is directed at schools. It brings together projects focusing on school health and education, and integrates experience and expertise into a network.

Need help with preventing cannabis use, nutrition questions or burnout? Want to know how to improve the working conditions of teaching staff? The aim of the new *bildung + gesundheit Netzwerk Schweiz* programme, which is scheduled to run until 2010, is to help schools with all aspects of health education, promotion and prevention and to integrate health-related projects in Swiss education. The overall aim is to make health-related topics into more than just items addressed in class; these subjects provide ideas and input for school development and for living and working together in the school context, and in this way they should be able to contribute to enhancing quality at schools. The programme takes over where its two successful predecessors (*Santé Jeunesse*, *Schulen und Gesundheit*) left off, and the SFOPH and EDK hope that *bildung + gesundheit Netzwerk Schweiz* will take schools one step further in this direction.

A wide variety of projects

Many years of involvement in countless projects have generated a mass of experience with prevention and health promotion in schools of such variety that even the experts, let alone the schools or other users, have trouble keeping track of it. Siegfried Seeger, educational adviser, writes in the first edition of «Netzbrief», the newsletter that ties in with the *b+g Netzwerk Schweiz* programme, about the «wealth of knowledge and experience» that needs to be retained and publicized. (Netzbrief is published on the programme website, and subscriptions are also available online.) He views the programme as a «unique strategic partnership between the two partners education and health» in Europe and hopes that, as the programme develops, «models of good practice will enable a practice of good models» to be established.

A network of centres of excellence

The backbone underpinning the implementation of the programme is formed by teacher training colleges, national sponsors and foundations which offer activities in the fields of health promotion, health education and prevention. The EDK and SFOPH have selected twelve institutions to collaborate in the programme. Nine are centres of excellence in their field and the other three are network partners; the centres of excellence are SFOPH- and EDK-certified. These institutions are the contacts for schools and national and regional offices, and their task is to deal with those problems and questions which arise in the everyday school setting and which require back-up if they are to be resolved. The themes covered by the programme range from sex educa-



A network of centres of excellence supports schools and teachers in developing good, healthy schools.

tion and preventing drug use to nutrition matters, promoting safety and stress management. The centres of excellence plan and develop teaching aids and projects in their specialist fields, provide information material, look into questions which are currently the focus of research, and coordinate continuing training. The resources they provide are tailored to the needs of schools and teachers – and parents too – although the main «clients» are intended to be the cantonal offices responsible for health promotion and prevention.

Bringing partners together

In order to make the best possible use of the activities carried out by the twelve institutions, the EDK and SFOPH have added a new dimension to their programme by networking their partners. Franziska Oswald, responsible for the programme at the EDK, commented: «The programme amalgamates knowledge, materials and projects focusing on current health topics and makes them readily accessible to teachers and specialists.» This new approach in the *b + g Netzwerk Schweiz* is designed to ensure that interested schools get fast, professional, relevant and high quality support. All the topics covered by the programme can be accessed through the Internet portal at www.bildungundgesundheit.ch, and the website also provides a comprehensive introduction to the programme, the network partners, their projects and the materials they can offer.

Beat Hess, programme manager at the SFOPH, explained: «Health promotion and prevention is more than just a subject that needs to be taught in class. The EDK and SFOPH hope that the *b + g Netzwerk Schweiz* will also promote the quality of schools and contribute to their development. A good, healthy school can only develop if the learning environment

and the atmosphere are right and the teachers are healthy too.»

Contact: Beat Hess, Programme Manager *bildung + gesundheit Netzwerk Schweiz*, SFOPH, CH-3003 Berne, phone +41 31 323 88 17, beat.hess@bag.admin.ch, www.bildungundgesundheit.ch

Young people with cannabis problems

What can be done to prevent young people who consume cannabis from becoming dependent and to help them get their problem under control? Various early detection and early intervention models are currently being tested in Switzerland as part of a project being undertaken in conjunction with other European countries. Multidimensional family therapy, an approach that has proven successful in the United States, is also being tested.

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«LOVE LIFE – STOP AIDS»

The Swiss government's HIV prevention campaign, which has been running successfully for 18 years, has been rebranded. LOVE LIFE advocates a life-



affirming and positive attitude to sexuality. Its «Victory-V» logo reminds people of the two most important things to bear in mind to avoid infection: «No intercourse without a condom» and «Semen or blood – never in the mouth». Using clear words and positive provocation LOVE LIFE – STOP AIDS reminds people that AIDS is still incurable and encourages them to protect themselves against infection.

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New cannabis therapy involves the family

Help for problem adolescents. Switzerland is taking part in an international pilot study to find out the best way of introducing into this country the multidimensional family therapy (MDFT) for adolescents with a cannabis problem which has been such a success in the USA.

All over the world, experts are looking for better ways of helping adolescents with cannabis problems. In the United States MDFT has turned out to be one of the best methods. It has not been used in Europe so far, but this is about to change. An international study has been set up to train therapists from five European countries to use MDFT. The study, known as INCANT (International Cannabis Need on Treatment), brings together participants from Belgium, Germany, France, the Netherlands and Switzerland. The Swiss part of the study is being coordinated by the Addiction Research Institute (ARI) in Zurich, and the ARI is also responsible for organizing a survey of young people on the subject. The lead therapist and supervisor for Switzerland is Dr. Beat Kaufmann from the city of Zurich's youth counselling service. The principal European investigator is Prof. Henk Rigter from Erasmus University in Rotterdam.

Involving the family

It is known that a proportion of young people who use cannabis get into difficulties. Cannabis consumption is often associated with other problems in the family, at school or with friends. Drugs affect many areas of life, and other people such as parents, friends or teachers are often affected as well. This is the starting point for multidimensional family therapy (MDFT): the focus of this treatment method is the young person, but it also involves other important people, with one or both parents, in particular, playing an active role in the therapy.

MDFT was developed at Miami University by Howard A. Liddle and has been used successfully in many instances in the USA. A characteristic feature of MDFT is that the therapist acts as an advocate for the young person and the family. He or she provides support with problems both within and outside the family. The treatment combines family therapy and individual psychotherapy sessions and lasts three months. During this period the therapist has intensive contact with the client, with several sessions being held every week. The young person, his family, parents and important individuals outside the family are involved in the therapy. Another typical feature of MDFT is that the therapist is readily accessible, explicitly accepts responsibility within the therapeutic relationship, and has a very personal relationship with the client in the therapeutic setting. The therapist functions within a therapeutic network as a case manager who initiates and coordinates interdisciplinary collaboration, drawing on the psychiatric service, school, vocational college, specific counselling services (employment/career counselling), the legal system and police, the accommodation service etc. Numerous empirical studies have shown MDFT to be particularly effective in the therapy of young people consuming problematic amounts of cannabis: they achieved a lasting and sustain-

able improvement in their consumption behaviour, their family relationships, their health behaviour and their school/college performance.

Survey of flanking research

The second part of the pilot study was carried out between December 2004 and February 2005 in the form of a survey of a total of 500 teenagers between the ages of 13 and 18 in the five participating countries. The objective of the survey was to estimate the frequency of problems encountered in connection with cannabis use by at-risk adolescents and to identify the recruitment potential for a main INCANT study in each of the countries. The survey was carried out using a standardized questionnaire distributed to the young people by treatment and counselling centres working in the fields of addiction or mental health (out-patient and day centres).

Viability of a main study

Experts are currently trying to establish whether and how the new form of therapy could be used in Switzerland on a large scale. The pilot study showed that it was difficult to recruit client families. On the one hand, there is no established network of centres which could refer young people with the relevant problems to a therapist providing MDFT, and on the other hand many families are put off by the long, intensive therapy. They are not keen to undergo 12 to 16 sessions lasting 90 minutes each, nor do they find the prospect of urine sampling and sound and video recordings during the sessions appealing. Another factor mitigating against this restricted-access form of therapy is that young people who have problems with cannabis often come from families with little social cohesion, and their parents are not willing to become involved to the necessary degree. Older adolescents have already put a certain distance between themselves and their families, and the prospect of «family therapy» is not particularly attractive. Moreover, problematic cannabis consumers in Switzerland do not feel that they are under any particular pressure unless they are threatened by serious sanctions (e.g. being expelled from school). The pilot study also showed that the effort involved in MDFT therapy is considerably greater than for the standard case management approach currently taken in youth counselling.

A European model

Initial experience has shown that, on the whole, a therapy programme like MDFT would be practicable in Europe and Switzerland. One way of developing this model would be through close collaboration with another country such as Germany, since the two countries are already working together effectively in the field of cannabis therapy (see article on page 3 about the binational «Realize it» project). However, certain aspects of MDFT would need to be modified:

- There are indications in the literature that fewer sessions can also



Around a third of young people are at risk. Recognizing these at-risk adolescents' problems – for example cannabis consumption – is one of the major aims of secondary prevention.

- produce positive results.
- The need to take urine samples as a compulsory part of therapy should be reviewed, as should the recording of therapy sessions on video and audio tape.
- The best way of implementing MDFT on an organizational level needs to be examined in view of the considerably greater input from the therapist required by this method in comparison with conventional case management.

The principal investigator feels that an MDFT programme specifically adapted in this way to the Swiss setting could be carried out as part of an INCANT main study involving 200 young people and with a geographic focus on Zurich. Existing contacts could be used to recruit clients, but at the same time the existing referral network would have to be greatly expanded and intensively supported.

The organization and funding of a study of this type are currently being examined, and a decision on the implementation of a main study will be taken this summer.

Contact:
Sandra Villiger, SFOPH,
CH-3003 Bern,
Tel. +41 31 323 23 58,
sandra.villiger@bag.admin.ch

Early problem m

New resources for specialist offices schools and training colleges entitled «Early project will contribute to efficient problem specialist offices and schools, parents and other at-risk adolescents. The SFOPH is providing early stage.

The «Early detection and early intervention» project approaches the problem on two levels – in schools and in the offices specializing in prevention work – and seeks to motivate both to collaborate closely with each other. Schools can work with specialist offices to develop and implement a customized concept for early detection of problems and early intervention. Individuals working at the specialist offices can participate directly in this innovative project. The Social Work College in Lucerne, at the request of the SFOPH, has developed a number of initial and continuing training modules in this specialization and organizes meetings at which specialists in early detection, early intervention, counselling and support in schools can meet to exchange experience.

The project is based on the «Cannabis at school» guidelines issued by the SFOPH and the Swiss office for alcohol- and other drug-related problems, SFA (one of the centres of excellence in the *bildung + gesundheit Netzwerk Schweiz* network), but covers a wide range of topics. Early detection and early intervention have a variety of signs of poor development in their sights, not only the use of cannabis or other addictive substances and natural stimulants. Collaboration between the various players (specialist offices, schools, parents etc.) enables problems to be managed constructively and professionally and action to be taken for at-risk students, no matter what risk has been identified.

management for at-risk adolescents

es and schools. The Swiss Federal Office of Public Health (SFOPH) is launching an innovative project aimed at early detection and early intervention» as part of its cannabis prevention activities. The SFOPH hopes that this national management for young people with conspicuous behaviour whose development is endangered. A joint effort by specialist support individuals combined with a clear division of tasks and roles should create a responsive net for catching and intervening at an early stage and offering them help and support is



tion – at an early stage and offering them help and support is

Resources for specialist offices

In connection with this project, the Social Work College in Lucerne is offering new initial and continuing training modules in «Early detection and early intervention». The chances of early and successful intervention with young people whose behaviour is conspicuous and whose development is endangered are increased if all the affected and involved parties take a targeted and collaborative approach. The organizations working in this field are repeatedly confronted with anxious teachers, parents and young adults as a result of the failure, for whatever reason, to initiate specific problem management at an early stage. Yet early management of problems and appropriate supportive measures can be decisive in determining the future development of young people in education – a stage of their lives that is highly important in terms of their successful integration into society.

In early problem management it is advantageous if the players already know each other, if they have realistic expectations of each other, and if they develop a concept for collaborating in the field of early detection and intervention. This is why the SFOPH has launched this project to support schools and the specialist offices responsible for them.

The continuing training modules offered by the Social Work College in Lucerne are based on a systemic approach and are open to specialists working in counselling and preven-

tion/health promotion functions (addiction prevention offices, addiction and youth counselling offices, social work in schools, school psychology service etc.).

One of the advantages for the specialist offices is that they have a chance to exchange information and opinions on a professional level with other people working in their field and to establish or optimize cooperation on early detection and early intervention with the schools. They benefit from the latest findings in early detection and intervention and from the opportunity to specialize in counselling schools. One of the conditions for admission to the training modules is that participants must be willing to work closely with a school on early detection and intervention over a two-year period and that they are supported in this activity by the office for which they work.

Resources for schools

The use of psychoactive substances by young people – their first experiences with cannabis, tobacco and other psychoactive substances – is a problem with which schools are confronted directly nowadays. During puberty and adolescence some adolescents also develop other mental and social problems which pose a threat to their successful social integration now and in the future. School is a central focus of young people's lives, and as such, schools have a good opportunity to identify at-risk adolescents at an early stage and to initiate support measures. The SFOPH project «Early detection and early intervention» supports lower and upper secondary schools in developing a concept tailored to their

individual needs. The concept considers many questions, including ways in which the school can help conspicuous and endangered adolescents and manage the problem constructively in cooperation with the specialist offices and parents. Targeted problem management that operates within the limits of the available resources reduces the burden on and supports everyone concerned: the school, the specialist offices, the young people and those who look after them.

The school benefits from the project by having an acknowledged specialist to help develop and test an approach to problem management tailored to the school's specific needs over a two-year period; the specialist also helps to establish or expand contact with important counselling and specialist offices. The school becomes a member of the Swiss Network of Health-Promoting Schools while the project is running and is given priority school status. Additional support for participating schools is planned in the form of annual meetings to exchange experience, and these will be organized by the Swiss Network of Health-Promoting Schools. A maximum of 25 schools can take part in the first round of this project. The conditions for inclusion and other details are listed on a leaflet that can be obtained online at www.bildungundgesundheitsch.ch.

Contact: Walter Minder, Project Manager at the SFOPH, Youth, Nutrition and Physical Activity Unit, CH-3003 Berne, Tel. +41 31 323 28 16, walter.minder@bag.admin.ch www.bildungundgesundheitsch.ch

«Realize it» – A pilot short-term intervention project in southern Germany and northern Switzerland

In September 2004 a bi-national, 18-month project involving short-term intervention in cannabis abuse and dependence was launched by six drug-counselling offices (three in northern Switzerland and three in southern Germany) under the name «Realize it». The project is targeting cannabis users between the ages of 15 and 30 who want to stop, or at least cut down on using the drug. One of the project's objectives is to achieve a significant reduction in individual consumption. Another is to develop, test and evaluate a short-term intervention programme that can be integrated systematically into the range of services offered by drug-counselling offices. The intervention programme is based on the concepts of motivational interviewing (Miller & Rollnick, 1999) and solution-oriented short-term intervention (Berg & Miller, 2000). It consists of five individual counselling sessions and two group sessions and is intended to be completed within the space of ten weeks. It is hoped that

the PR and promotional measures flanking the project will stimulate a critical public dialogue about cannabis.

The project is being sponsored by the Swiss Federal Office of Public Health, the German Federal Ministry of Health and Social Security (Bonn) and the cantons Basel-Stadt, Basel-Land and Aargau. The Department of Psychology at Fribourg University is responsible for evaluating the project.

Initial practical experience has shown that «Realize it» is popular with counsellors and clients alike. A total of 60 people are currently taking part in the project.

Contact: Dr. Peter Tossmann, delphi-Gesellschaft für Forschung, Beratung und Projektentwicklung mbH, Berlin, phone: +49 30 3940 9781, tossmann@delphi-gesellschaft.de www.realize-it.ch

At first hand



When we at the Swiss Federal Office of Public Health (SFOPH) and the Swiss Conference of Cantonal Directors of Education (EDK) first introduced the subject of health promotion and prevention into the everyday school environment in the early 1990s, it soon became clear that we had taken the right approach at the right time.

Since conventional health education efforts in schools had produced only modest results, we encouraged schools to take ownership of the concept of health and to make it part of the school-development process. The intention was to achieve a sustainable improvement in the health of students and their teachers, and thus ultimately to make schools better as well. We subsequently produced teaching materials on health promotion and prevention, presented them to schools and offered them to teaching staff as a way of making health an integral part of education. But it soon emerged that our well-intentioned idea was at risk of backfiring. What we had thought of as support often turned out to be exactly the opposite for teaching staff: additional topics intended for integration into the school curriculum met with widespread resistance, and many schools were not able to cope with the task. This experience led us to revise our approach. When the EDK and SFOPH started planning their new programme *bildung + gesundheit Netzwerk Schweiz* in 2000, the emphasis was on the teachers. We organized a conference lasting several days to give them, along with experts in education and health, an opportunity to express their own wishes – and we just listened. What came out at the end was a concept that still focuses on students, but equally considers the needs of the other side. We had to look at some serious questions: Who would help teachers to fulfill their teaching mandate? Who would provide support in organizing their working environment in the school setting more effectively? *bildung + gesundheit Netzwerk Schweiz* provides effective, targeted and fast assistance with these questions and with many other topics related to health promotion and prevention. The programme revolves around collaboration with twelve expert organizations, which include teacher training colleges, national sponsors and foundations. These organizations have been linked to form a network that amalgamates and concentrates the wide variety of resources that they offer and in this way integrates health into the country's education structures. This is an innovative approach that we are proud of – and one which we believe has a promising future. The Swiss education and health network *b+g Netzwerk Schweiz* will receive support from the federal government until 2010 – and by this time we hope to have gone a long way towards reaching our goal of good, healthy schools with good, healthy teachers.

Beat Hess, SFOPH, Programme Manager *bildung + gesundheit Netzwerk Schweiz*

«LOVE LIFE – STOP AIDS» aims for positive provocation

The new campaign. The AIDS prevention work carried out over the past 18 years has achieved a great deal: condom use and the STOP AIDS brand are well established in Switzerland. However, since antiretroviral therapy has become available, HIV and AIDS have lost some of their urgency and threatening nature in the public eye. In addition, the resources currently available for HIV prevention are considerably less generous than they used to be. The Swiss Federal Office of Public Health and Swiss AIDS Foundation are responding to these challenges by giving their campaign a new focus. The new brand LOVE LIFE – STOP AIDS stands for the pleasure of being alive and a positive approach to sexuality.

Love, sexuality and partnership: relationships between people are as different and varied as the people themselves. But no matter how great the differences, some things are always the same, among them the wish for a love life free of fear and problems. The new campaign LOVE LIFE – STOP AIDS focuses on this need and presents the pleasurable approach to sex as its main message. LOVE LIFE – STOP AIDS stands for a positive attitude towards life that can also help to reduce marginalization and distance and increase solidarity with those affected.

LOVE LIFE – STOP AIDS combines a positive attitude to sexuality with the two most important rules for safe sex. Its striking logo is the two-finger victory salute which reminds people of the two most important things to bear in mind to avoid infection: «No intercourse without a condom» and «Semen or blood – never in the mouth».

Celebrity support from Hollywood

The new campaign kicked off at the end of April with a boost from two Hollywood personalities with a Swiss background: producer Marc Forster and actress Renée Zellweger agreed to put their fingers up to publicize LOVE LIFE – completely free of charge.

The new website www.lovelife.ch puts the campaign on the Internet,

providing answers to frequently asked questions about HIV/AIDS and sexuality. A major new element of the campaign is targeted cooperation with partners in business and the cultural scene who can act as useful multipliers in spreading the campaign message.

The positive attitude to life exuded by LOVE LIFE will be broadcast in its first year through the main media – TV, cinema and posters (the advertising agency Euro RSCG worldwide has been commissioned to execute the campaign). The mass-media approach does full justice to the emotional message. TV ensures widespread dissemination and good coverage of the consumption-oriented working, a segment that a Sinus Milieus evaluation has identified as particularly important. A focused cinema presence will reach more mobile segments of society. The visibility of the campaign will be enhanced by the nationwide deployment of posters.

Targeted deployment

Flanking activities will be concentrated in the red-light milieu, in locations where men who have sex with men meet, and in places frequented by migrants, teenagers, singles, etc. The message and tone will be adapted to the specific environment.

The intention is also to expand collaboration with partners in business and the cultural scene who can have



BAG Director Thoma Zeltner gives a «Victory-V» in support of the new campaign – with celebrity endorsement from Renée Zellweger.

a multiplying effect in disseminating the campaign message. The upbeat presentation of LOVE LIFE creates a variety of new opportunities for co-operation and helps to open new doors for AIDS prevention. Adrian Kammer, Project Manager of the STOP AIDS campaign at the SFOPH, says initial negotiations have shown that the pro-life resonance of LOVE LIFE greatly increases the chances of successful partner marketing.

Still at a high level

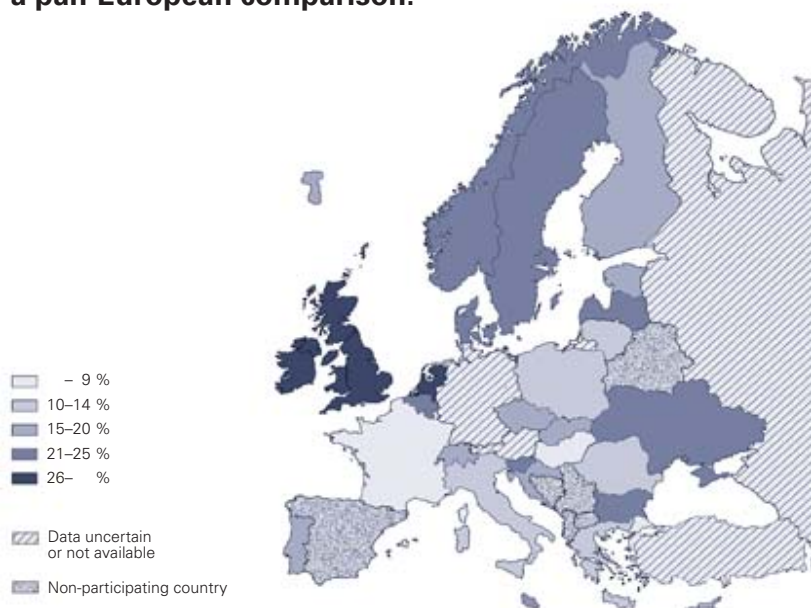
In 2005, 24 years after the first case of AIDS was reported in Switzerland, the country is at the stage of a concentrated HIV epidemic (according to the World Health Organization). There was a sharp drop in the number of cases of HIV infection reported in the 1990s, but the figure increased again as Switzerland moved into the new millennium. In 2002 there was already a 25% increase over the previous year. Since then, numbers have stabilized at a high level. There are signs that high-risk behaviour has started to increase again in recent years, at least in certain population categories. This means that the need for prevention work is as urgent as ever.

Contact: Adrian Kammer, Project Manager, STOP AIDS campaign, SFOPH, CH-3003 Berne, Tel. +41 31 323 87 69 www.lovelife.ch



LOVE LIFE aims to combine a positive attitude to sexuality with the most important rules for safe sex, as these posters from the new campaign show.

Binge drinking by young people: a pan-European comparison.



Credits

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Tel. +41 31 323 87 79
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Produced by:
Pressebüro
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Allmendstrasse 24
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Head of Editorial Board:
Markus Allemann
markus.allemann@bag.admin.ch

Contributors:
SFOPH staff,
Ch. Hoigné
and others

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Swiss Federal Office
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Campaigns Section
CH-3003 Berne
Tel. +41 31 323 87 79
Fax +41 31 322 24 54
www.bag.admin.ch
kampagnen@bag.admin.ch

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