



# Guideline

## for effective web-based interventions in selective drug prevention



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Für Westfalen-Lippe.

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National Institute of Public Health, **Slovenia**



Prevention V&P, **Slovakia**



Tactus Addiction Treatment, **Netherlands**

The majority of the organizations above are members of the European prevention network “euro net”<sup>1</sup>.

<sup>1</sup> <http://www.euronetprev.org/>

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# 1. Introduction and objective

New technologies and modern media play an important role in the daily life and communication of young people. Communication takes place through apps and social networks; shopping, gaming, entertainment and gathering information – all of it happens in the internet (Tossmann & Leuschner 2009).

Furthermore, certain substances like new psychoactive substances, which are especially consumed by young people who at the same time show a much higher internet use than adults, (Tossmann & Leuschner 2009) are purchasable through the internet. This is a current reason for concern. Those substances are not controlled under international drug control treaties and represent a relatively new development in European drug markets (EMCDDA 2014). According to the EMCDDA (2014) in 2013, 81 new psychoactive substances were notified to the EU Early Warning System, resulting in a total of 350 monitored substances. However, there are almost no web-based offers targeting new psychoactive substances.

According to the EMCDDA, there is also a general lack of services in Europe addressing young people using illicit drugs. Furthermore, there is a large number of young people with a problematic drug use who are reluctant to approach conventional treatment facilities; anyways, these facilities mostly provide only adult-oriented services (Tossmann & Leuschner 2009).

This is where web-based offers can provide a possibility to reach young drug users who would not be reached otherwise. Other advantages of web-based methods include their cost-effectiveness and the possibility for services in more rural areas. In addition, those offers can be made available 24 hours a day, seven days a week and users can work through a program at their own pace and choose a suitable time and place (Tossmann & Leuschner 2009). Additionally, the target group itself has expressed their interest in web-based offers while participating in assessment workshops in the EU-project “Click for Support”<sup>2</sup>, with special interest in self-testing tools, information and professional help and advice.

<sup>2</sup> [www.clickforsupport.eu](http://www.clickforsupport.eu)

Literature on the effectiveness of web-based interventions is broadly available for mental health conditions such as anxiety, depression and related issues (e.g. Kok et al. 2015, Nobis et al. 2015). There is also sufficient evidence for the effectiveness of web-based interventions for problematic alcohol use (Blankers et al. 2009, Riper et al. 2011, Rooke et al. 2010, Tait & Christensen 2010, White et al. 2010).

In the field of illicit drugs, much less comprehensive literature is available. However, according to a meta-analysis by Tait et al. (2013) web-based interventions apparently have a positive effect on reducing cannabis use and initial studies seem promising. Supporting these findings, the evaluation of “Quit the shit” continuously shows significant positive results for the reduction of cannabis use in frequency and quantity.

Also, the Australian self-guided web-based cannabis treatment program “Reduce Your Use” which is aimed at adults, has proven to be effective in reducing cannabis use (Rooke et al. 2013). In all of these studies effectiveness has been defined as a significant reduction of cannabis use.

Despite the research findings above, indicating good potential for the successful use of web-based interventions in selective prevention and the potential possibilities to reach young drug users online, the number of good quality intervention offers is still limited and their effectiveness has not been sufficiently evaluated (Tossmann & Leuschner 2009). All of the above call for the expansion of the current supply of web-based offers for young drug users.

Most of the currently existing offers have been developed without any official guidance. A guideline for the development and implementation of effective web-based interventions can promote further development in that area and support prevention experts who would like to offer web-based interventions and online help for young drug users. Therefore, the main objective of the present guideline is to give recommendations for the development and implementation of effective web-based interventions for young people using illicit drugs and particularly new psychoactive substances. Already existing offers shall be improved and the success rate of newly developed offers shall be increased. Ways to reach young drug users and to motivate them to stay and use the offer are a special focus of the guideline.

## Definition

In the present document, a “web-based intervention” (WBI) is defined as a professional offer in selective prevention that is delivered via internet, includes interactive elements and provides an individual feedback for young drug users. These online offers can be fully automated and self-guided or include contact to a professional.

A structured intervention program is an advanced version of a web-based intervention and according to Barack et al. (2009) “... a *primarily self-guided intervention programme that is executed by means of a prescriptive online programme operated through a website and used by consumers seeking health- and mental-health related assistance. The intervention programme itself attempts to create positive change and or improve/enhance knowledge, awareness, and understanding via the provision of sound health-related material and use of interactive web-based components.*”

Structured intervention programs usually use a modular structure, include regular individual feedback, either automated by the system or a professional counsellor, and have a start and an ending.

The guideline has been developed from February 2014 until September 2015 in the framework of the EU-funded project “Click for Support” and will remain valid until 2018.

## 2. Stakeholders

The following people have been involved in the development of the present guideline for effective web-based interventions in selective drug prevention.

### Steering group

- Doris Sarrazin, head of project (LWL-Coordination Office for Drug-Related Issues, Germany)
- Rebekka Steffens, project coordinator (LWL-Coordination Office for Drug-Related Issues, Germany)
- Carlo Baeten (CAD – Centra voor Alcohol- en andere Drugproblemen, Belgium)
- David Fraters (CAD – Centra voor Alcohol- en andere Drugproblemen, Belgium)
- Dr. Peter Tossman (Delphi-Gesellschaft, Germany) as external expert

### Project team<sup>3</sup>

- Christoph Lagemann<sup>PM</sup> (Institut Suchtprävention – pro mente Oberösterreich, Austria)
- Andreas Reiter<sup>PE</sup> (Institut Suchtprävention – pro mente Oberösterreich, Austria)
- Elena Zarouna<sup>PM</sup> (KENTHEA, Cyprus)
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- Petri Keskinen<sup>PE</sup> (Ehkäisevä päihdetyö EHYT ry, Finland)
- Prof. Dr. Tanja Legenbauer<sup>PM</sup> (LWL-Universitätsklinik der Ruhr-Universität Bochum für Kinder- und Jugendpsychiatrie Hamm, Germany)
- Dr. Moritz Noack<sup>PE</sup> (LWL-Universitätsklinik der Ruhr-Universität Bochum für Kinder- und Jugendpsychiatrie Hamm, Germany)
- Georgios Koulouris<sup>PM</sup> (Athina Ygeia, Greece)
- Natalia Tzovara<sup>PE</sup> (Athina Ygeia, Greece)
- Dr. Peter Koler<sup>PM</sup> (Forum Prävention, Italy)
- Manuel Oberkalmsteiner<sup>PE</sup> (Forum Prävention, Italy)
- Solvita Lazdina<sup>PM</sup> (Educational Center for Families and Schools, Latvia)
- Anvars Zavackis<sup>PE</sup> (Educational Center for Families and Schools, Latvia)
- Dr. Jean-Paul Nilles<sup>PM</sup> (CePT – Centre de Prévention des Toxicomanies, Luxembourg)
- Roland Carius<sup>PE</sup> (CePT – Centre de Prévention des Toxicomanies, Luxembourg)
- Hans Keizer<sup>PM</sup> (Tactus Verslavingszorg, Circuit Preventie, Netherlands)
- Bert-Jan van Regteren<sup>PE</sup> (Tactus Verslavingszorg, Circuit Preventie, Netherlands)
- Fernando Mendes<sup>PM</sup> (IREFREA, Portugal)
- Rosário Mendes<sup>PE</sup> (IREFREA, Portugal)
- Stefan Matula<sup>PM</sup> (Prevention V&P, Slovakia)
- Alena Kopányiová<sup>PE</sup> (Prevention V&P, Slovakia)

<sup>3</sup> PM = national project manager,  
PE = national prevention expert

- Eva Smikova<sup>PE</sup> (Prevention V&P, Slovakia)
- Martina Slovikova<sup>PE</sup> (Prevention V&P, Slovakia)
- Dr. Olivera Stanojević Jerković<sup>PM</sup> (National Institute of Public Health, Slovenia)
- Jasmina Vrečko<sup>PE</sup> (National Institute of Public Health, Slovenia)

### Participants of target group assessments

273 young drug users have participated in assessment workshops in Austria, Belgium, Cyprus, Finland, Germany, Greece, Italy, Latvia, Luxembourg, the Netherlands, Portugal, Slovakia and Slovenia. Their names will not be disclosed as they have been promised that their anonymity would be preserved.

### External experts

- Dr. Peter Tossmann (Delphi-Gesellschaft, Germany)
- Dr. Mathijs Blankers (Arkin Mental Health Care; Trimbos, Netherlands Institute of Mental Health and Addiction; Academic Medical Centre, University of Amsterdam)
- Herwig Claeys (CAD – Centra voor Alcohol- en andere Drugproblemen)

### Participants of the Delphi study:

- 90 international prevention and/or technical experts in the first Delphi round (March 27th – April 25th 2015):
  - Project partners in “Click for Support”
  - Members of the project’s LinkedIn network which has currently 114 members
  - Other European experts that have received the invitation through the project partners
- 68 international experts in the second Delphi round (April 28th – May 27th 2015).
  - 15 experts from the research field
  - 47 practitioners in prevention work
  - 1 expert in research and practical prevention work
  - 4 technical experts

### Members of the LinkedIn network:

Currently the LinkedIn network for “Click for Support” has 114 members from twenty different countries who had the possibility to take influence on the guideline development through online discussions and participating in the project’s Delphi study to define the key recommendations.



### 3. Process of guideline development

The process of guideline development included a research of existing web-based interventions in the 13 partner countries of the EU-project “Click for Support”: Austria, Belgium, Cyprus, Finland, Germany, Greece, Italy, Latvia, Luxembourg, the Netherlands, Portugal, Slovakia and Slovenia. Good-practice examples from Australia, New Zealand, the UK, Spain/France and the US have been observed additionally. The research was followed by an assessment on the basis of certain quality criteria and together with young drug users in national workshops (Workstream 1).

In Workstream 2 the key recommendations which are the core of the present guideline and are based on the research and assessment results, have been discussed and voted upon by international prevention experts in a Delphi study of two rounds.

#### 3.1 Research

To gain an overview of existing WBIs in the partner countries of “Click for Support” a research has been conducted. WBIs that were included should fulfil the following criteria:

1. They should be **web-based**, e.g. websites, apps or social media applications.
2. They should include **interactive** elements that require the user to actively do something to receive **individual feedback**.
3. They should be **professional** offers, i.e. not simple chats between consumers.

4. The target group should be **young drug consumers**.
5. The focus should be **illicit drugs**, ideally **new psychoactive substances**.
6. Their effectiveness should have been scientifically **evaluated**.

If no WBIs could be found that fulfilled all criteria, the research focus has been shifted to other substances, other target groups or offers focussing on health care in general

To show to which extent the criteria are met by the included offers, a ranking was used according to the number of criteria they fulfil (“A” for one criteria; “AAAAAA” for all six criteria). The ranking results can be found in the Annex.

On top of assessing if the existing WBIs meet the requirements to be included in the study the offers were assessed along certain quality criteria which are based on the EMCDDA evaluation criteria (see research template in Annex).

#### 3.2 Target group assessments

In order to involve the target group’s needs and preferences regarding WBIs, workshops have been carried out in all 13 “Click for Support” countries. The target group’s feedback has been gathered by means of a survey and during group discussions. For a sample description and the two survey versions see Annex.

## Survey

For the assessment workshops two surveys have been used, one for countries with existing national WBIs and one for those without. All participants of the assessment workshops have completed one of the survey versions, resulting in 273 completed surveys in total, 206 (75 %) completed surveys in countries with national WBIs and 67 (25 %) in countries without any national WBIs, specifically 21 in Slovakia, 31 in Portugal and 15 in Luxembourg.

The survey included eight questions for the general part (plus gender and age) and eight questions for each intervention.

In the general part the following points have been addressed:

- The youngster's general interest in WBIs
- Their previous knowledge and experiences with WBIs, including a question about which elements they have already used
- Aspects that have been missed if about the familiar WBIs
- Which devices they would use to access online offers
- 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.

In the second part, addressing specific national WBIs, the participants were asked the following questions:

- Would you like to use the application and which specific parts would you use?
- How would you rate the attractiveness of the WBI on a scale from one to ten?

- How would you rate the helpfulness of the WBI on a scale from one to ten?
- Which aspects did you like in particular?
- Which aspects needed improvement?
- What did you miss about the specific offer?
- Would you recommend the WBI to your friends?

## Group Discussion

The conclusions from discussions with the target group complemented the survey results. Several aspects have been discussed with the youngsters:

- Their general interest in WBIs
- Design
- Functionality
- Content and information
- Professional feedback
- Data security and anonymity
- Their wishes and needs towards a WBI

## 3.3 Interim conference

Based on the research and assessment workshop results, important aspects for a successful development and implementation of effective web-based interventions have been collected at an interim conference in December 2014. The results have been discussed among the project partners and recommendations that have been unanimously decided upon, have been defined as key recommendations. Other issues that have been discussed controversially and did not reach consensus have been included in an online Delphi study.

Additionally, three external experts shared their expertise on WBIs during the conference:

- Dr. Peter Tossmann shared his expertise on success and failure factors for web-based interventions and his experiences regarding the development, implementation and updating of the German web-based intervention “Quit the Shit”.
- Dr. Matthijs Blankers addressed the topic of web-based cannabis interventions from a research and evidence perspective and
- Herwig Claeys contributed his expertise regarding the technical possibilities and obstacles in the development of WBIs.

### 3.4 Delphi study

A Delphi study is a method *“to structure a group communication process in order to reach consensus to a complex problem”* (Jander et al. 2015: 341). In order to find consensus on the final key recommendations, an online Delphi study of two rounds has been conducted during a two-month period. Recommendations regarding the development and implementation of web-based interventions that have not gained consensus among the project partners have been put to a vote among European experts, preserving anonymity at all times.

#### First round

Participants for the study have been recruited via the project's LinkedIn network and personal invitation by email. Reminders have been sent after two weeks and again after three weeks.

The invitation has been received by 114 members of the LinkedIn network, including 24 project partners. 148 experts have received a personal invitation from the project coordination<sup>4</sup>, of which ten experts have also been members of the LinkedIn group. More have been invited directly by the project partners. Some experts might have received the invitation through more than one channel. Due to using a snowball system, no explicit number of invited experts can be reported.

In the first round of the Delphi survey 90 international experts have participated during a period of 30 days. Nationality has not been collected to ensure the experts' anonymity. Other personal or background information has also not been collected during the first Delphi round.

Key recommendations that had already reached consensus within the project team have been presented in the first Delphi round and the panel had the opportunity to comment on those recommendations. Those recommendations addressed preliminary considerations, technical issues, content and presentation, interactive elements and instruments, marketing and design, structure and usability.

Apart from those consensual recommendations, the following topics have been addressed in the first round:

- Involvement of the target group
- Incentives for young consumers to use a WBI
- Promotion
- Addressed substances
- The presented general attitude of a WBI and in relation to that the involvement of (ex-)user reports, playful items and risk-minimizing advice

<sup>4</sup> AT, DE, BE, CH, FI, IT, LU, SLO

- Theoretical foundation
- Data security and anonymity

Regarding the attitude of an offer, the experts in the Delphi study have been asked to present arguments for an accepting, motivating and not moralizing attitude which includes risk minimizing advice, playful items and (ex-)user reports on the one hand and for a more restrictive approach that focuses on promoting total abstinence and refrains from including risk minimizing advice on the other hand.

### Second round

All participants of the first round were invited to participate in the second round. Still, experts who had not participated in the first round were welcome to take part in the second one. Again, experts were invited via the LinkedIn network, by email from the project coordination or direct invitation by the project partners.

In the second round of the Delphi study, 68 international experts have participated of whom 55 (81 %) had already participated in the first round. The majority had received the invitation via the national partner organizations of the project (50 %), 21 % received the invitation via LinkedIn and 29 % had been invited by the project coordination. The panel includes experts with different professional backgrounds: The majority (68 %) are working in practical prevention work, 25 % in the research field and 7 % are technical experts. To assess the usage of European prevention experts with modern technology and especially social media, the panel was asked if they had a LinkedIn and/or Facebook account. It

shows that 75 % of the experts actually have a LinkedIn account and 70 % have a Facebook account. Again, the experts have not been asked for their nationality.

Based on the first round, in the second round the following topics have been covered:

- Involvement of the target group
- Motivation to stay on a website (increasing adherence)
- Supporting interactive elements
- Promotion of the use of modern technologies in the daily work of prevention workers
- Presented general attitude

During the second round the arguments given by the experts in the first round for either an accepting or a more restrictive attitude have been presented, asking whether the experts could agree with those arguments or not. Afterwards they were asked to decide which approach they would recommend.

Both rounds consisted of open ended questions as well as multiple choice questions. For every topic a comment field was provided to give the experts an opportunity to contribute valuable input.

After the second round the Delphi results have been combined with the already defined key recommendations. The guideline document has been reviewed and accepted by all project partners before publishing.

## 4. Evidence and key recommendations

The following chapter includes the key recommendations for developing effective web-based interventions for young people using illicit drugs. Those recommendations have been either approved consensually by the partners in the EU-project “Click for Support” or have been discussed and voted on by international experts in a Delphi study of two rounds.

### 4.1 Preliminary considerations prior to developing a WBI

#### KEY RECOMMENDATIONS

- 1.1 Ensure sufficient budget for the development, implementation and maintenance of a web-based intervention. Apply for funding if necessary.
- 1.2 Set up a profit outcome prediction.
- 1.3 Plan and manage your monetary and staff resources as detailed as possible.
- 1.4 Decide what kind of web-based intervention you want to provide (website, structured intervention program, app).
- 1.5 Consider national legal regulations, e.g. check if you need any kind of license to operate a WBI.
- 1.6 Define the specific objective for the WBI.
- 1.7 Define the specific target group for the WBI.
- 1.8 Consider the cultural and social background of the target group.
- 1.9 Explore the needs of the target group prior to development, e.g. through focus groups.
- 1.10 Include a piloting phase with members of the target group to get their feedback, e.g. to find an attractive and memorable title.
- 1.11
  - a) Newly developed interventions should address the most popular substances for young people in your country.
  - b) Most likely cannabis should be addressed.
  - c) Offers that address only one substance are less cost-effective.
- 1.12 The WBI should be built on a theoretical foundation.
- 1.13 Involve partner organizations and make use of existing networks.

## Resources

Certain aspects have to be considered prior to the actual development of a WBI: First of all, as a potential provider of a WBI you need to check if you have the required resources for the development, implementation and maintenance, including monetary resources as well as staff capacities (1.1). Both can be extensive for providing a WBI. A second step should be a profit outcome prediction to assess if the estimated resources will justify the estimated profit outcome (1.2). This should be the basic criteria for the decision if a WBI will be developed or not.

In general, to plan and manage resources is a major issue during the development of web-based interventions (1.3). Matter of expenses begin with the development, e.g. fees for web designers, costs for necessary software like content management systems, development of apps or educational games, search engine optimization, marketing, etc. Expenses rise with an increasing number of interactive elements. However, the main budget items will be ongoing costs like staff costs, staff training, hosting of the website, updating etc.

Further decisions concern the type of WBI that will be developed (1.4); possibilities range from rather simple websites, including information and a basic way of communication between user and professional, apps or more advanced structured intervention programs, including regular contact with a counsellor. Regardless which type of WBI is chosen, the decision-making is closely connected to the existing budget as e.g. high-quality apps and applications are expensive. Also, intervention programs differ regarding the degree of maintenance

they require (fully automated/self-guided vs. individual online counselling); therefore staff resources are another important aspect to consider.

European and national legal regulations, e.g. licenses to operate a WBI need to be considered and can potentially affect financial resources (1.5).

## Objective, target group and substance

A clear objective has to be defined for a WBI (1.6); this can be the reduction of substance use, promoting abstinence, raising awareness, harm-reduction, etc.

The main determinant for appearance and content of a WBI is the specific target group (1.7) for which it is important to take the cultural and social background into account (1.8). The development of an offer especially for young people can be challenging. Therefore, the involvement of the target group will not only be advantageous but essential for the success of the WBI. There are several ways to involve the target group in the development and/or implementation of web-based interventions. In the Delphi study international preventions experts have been asked where they would include the target group (N=66).

- 74 % would explore the needs of the target group prior to development, e.g. through focus groups (1.9)
- 53 % would let them participate in the evaluation of the WBI
- 52 % would involve them in promotion and marketing (4.2)
- 52 % would include (controlled) peer support, e.g. via a forum

- 50 % would involve the target group in the actual development of the WBI
- 41 % would involve them in updating of the WBI
- 26 % would involve them in the actual implementation of the WBI
- 8 % would involve the target group in the everyday maintenance of the WBI
- One expert suggested to involve the target group for design and usability tests

The participation of the target group in a piloting phase, e.g. through focus groups (1.10), promotion and marketing, (controlled) peer support, e.g. via a forum (3.5) and the participation in the evaluation process (6.4) has gained the majority of the experts' votes and are therefore included as key recommendations. In focus groups prior to development the opportunity should be seized to find a memorable and attractive title for the WBI together with the target group. Further, it needs to be defined which substance(s) will be addressed by the WBI. In the Delphi study 76 international experts have voted as follows (multiple answers possible):

- 68% would address cannabis (1.11b)
- 34% would include party drugs as cocaine, ecstasy, GHB, etc.
- 25% would focus at least partly on new psychoactive substances or legal highs
- 20% would include amphetamine and/or crystal meth
- 18% would not focus on a specific substance but rather on a global approach
- 13% would include alcohol

Several experts added that it would be best to focus on the most popular substances, especially regarding the specific target group of young drug users (1.11a). When choosing a substance the WBI should focus on, resources have to be considered. Offers that concentrate on one specific substance are probably less cost-effective than a more comprehensive approach (1.11c).

### Theoretical foundation

Currently existing web-based interventions are only partly based on a theoretical foundation. Therefore, this issue has been addressed in the Delphi study (1.12). 93 % of the international experts think that an effective WBI needs to be built on a theoretical foundation. The majority suggested the following theories:

- Motivational Interviewing (Miller & Rollnick 2012)
- Cognitive Behavioural Therapy (e.g. Beck 2011)
- Transtheoretical Model (Prochaska & Velicer 1997)

Others included:

- Social learning theory (Bandura 1963)
- Acceptance and commitment therapy (Eifert 2011)
- Attitude – social influence – self-efficacy model (ASE) (de Vries et al. 1988)
- Theory of Gamification (Zichermann et al. 2011)

### Cooperation and networks

Last but not least potential providers of effective and successful web-based intervention need support by cooperating partners and their networks (1.13).



## 4.2 Technical issues

### KEY RECOMMENDATIONS

- 2.1 Technical experts need to be involved in the development. Clearly lay down all important details in a contract.
- 2.2 Use a content management system to be able to regularly update the WBI by yourself.
- 2.3 If an app shall be provided, it has to be decided what kind of app it should be (web app, native app or hybrid app).
- 2.4 Data security and anonymity of the users need to be preserved. Apply the EU law for data protection as well as national legal regulations.
- 2.5 Either use email registration or provide the users with a code to re-access their information. For online counselling registration should be mandatory.
- 2.6 The offer needs to function on PCs, smart phones and tablets. Websites need to be responsive.
- 2.7 Make sure that the WBI is user friendly, i.e. easy to use. Involve members of the target group for evaluating its user friendliness.

### Technical experts

With the development of web-based interventions, technical issues and questions arise. It is therefore important to involve technical experts. Details for the cooperation with an expert should be defined clearly in a contract (2.1). You should use a content management system to be able to change content on your own and not be dependent on experts every time something needs to be changed or updated (2.2). If the development of an app is planned, it has to be decided what kind of app it should be – web app, native app or hybrid app (2.4). This is foremost a question of existing budget.

A native app will provide the best quality and can usually be used without an internet connection. However, the development of this type of app is expensive as it is tied to one type of operating system, forcing the creating company to make duplicate versions that work on other platforms. Maintaining native apps is also complex and requires lots of effort.

Web apps are tailored websites to be used on smart phones. They are typically run by browsers and offer limited offline operation but numerous functions thanks to HTML5. Hardware functions can only be accessed partially, slowly or not at all.

A hybrid app combines the advantages of native and hybrid apps. It can use features of the hardware and operating system but is run by a browser and relies on HTML. Hybrid apps usually work on Android, Apple and Windows. A hybrid app can therefore be a good compromise. Budget and ambitions should be weighted carefully in the decision-making (2.3).

### Data security

Data security and anonymity has been an important issue throughout the “Click for Support” assessment workshops with the target group. It has become clear that young people are concerned about preserving their anonymity and knowing that their data is secure. Some of the participants have even expressed suspicion towards local counselling centres and/or had previous experiences with police controls concerning their drug use. They have been concerned about revealing personal data – therefore, the provider of WBIs has to be completely trustworthy.



Information about the general terms and conditions as well as privacy settings should consequently be phrased in a clear and comprehensible manner and be openly displayed on the website. Applications that access phone contacts, camera or the like, are commonly looked upon with suspicion. Therefore, video chats e.g. via Skype are not very promising in reaching a lot of young drug users.

As a provider, you have to find a way to ensure data security. On the one hand, drop out risk might be higher if the users remain completely anonymous but on the other hand, it is most likely that young drug users will not use a WBI at all if they feel unsure about the security of their personal data. The EU law on data protection<sup>5</sup> as well as potential national regulations need to be taken into account (2.4).

The issue of registration is also important in the context of data security. Registration will mean a limitation of complete anonymity on one side but practical advantages for the process of an intervention program on the other, e.g. reaccessing information from a previous counselling session or the possibility to send reminders to the user's email address or smart phone. This can be achieved via email registration – in this case the user should be informed that he can create an email account with an anonymous nickname. Another option is to provide a code for the user which he has to use to log into his account. Disadvantageous of this option is that it is not possible to contact the user.

The Delphi panel has been asked for suggestions on how to handle the registration issue. The majority suggested using email registration or providing a code. Others were against registration at all, or stated that it should be the users' choice. To keep a low threshold for the WBI registration should not be necessary for general information, self-tests, games etc. However, when it comes to counselling, registration will be relevant issue and either email registration or log-in with a code will be the best option (2.5).

### User

Essential for an up to date WBI is its applicability on smart phones and tablets; websites need to be responsive, i.e. function on all kinds of devices (2.6). Currently apps and mobile versions for the WBIs are still rare. In the "Click for Support" assessment workshops 69 % of young drug users indicate that they 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. This should be taken into account.

The users always need to be the main focus while building up a website. User friendliness is essential; therefore the website needs to be easy to use. Tasks should be easy to perform, even if some time has passed since the user has last visited the website. To ensure user friendliness an option would be to involve the target group in an usability test (2.7).

<sup>5</sup> Compare <http://ec.europa.eu/justice/data-protection/>

### 4.3 Interactive elements & instruments

#### KEY RECOMMENDATIONS

- 3.1 Use interactive elements like tests, videos and animations whenever possible.
- 3.2 To be more attractive to young people, include fun elements, like applications or games.
- 3.3 Include the following supporting interactive elements:
  - a) Self-test/Quiz
  - b) Individual plan of change, incl. goals, steps and time frame
  - c) Interactive consumption diary to protocol the user's consumption
  - d) Forum (controlled peer support)
  - e) Educational game

The point of interactive web-based interventions is that users have to do something, to get active. They have to use interactive elements and instruments in order to receive an individual feedback regarding their drug use. There are several possibilities to include interactive elements in intervention offers, e.g. communication tools between counsellor and user, self-assessment tools or other games and applications where users get an automated feedback. Interactive elements make WBIs interesting for young users, therefore a WBI should be interactive wherever possible (3.1). Other options are educational games or other fun applications that can function as eye-catchers and attract users to the website (3.2).

Furthermore, supporting interactive tools can be used during the intervention program, such as pro and con lists, farewell letters to a substance, a plan of change, lists of danger zones, etc. In the Delphi study, the participants have assessed the following options:

- Self-test/quiz
- Individual plan of change, incl. goals, steps and time frame
- Interactive consumption diary
- Educational games
- Forum
- Pro and con lists
- Farewell letter to the substance, e.g. cannabis
- Eye-catcher, e.g. DrugDancer
- List of Danger Zones

The majority of the experts would include self-tests/quizzes (3.3a), interactive consumption diaries (3.3b) which have proven to be an effective way to protocol the user's consumption, educational games (3.3c), individual plans of change, incl. goals, steps and time frame (3.3d) and forums through which controlled peer support can be enabled (3.3e).

#### 4.4 Reaching young drug users

##### KEY RECOMMENDATIONS

- 4.1 Make your offer recognizable, e.g. by using a unique design or offering special features.
- 4.2 Develop a marketing strategy.
- 4.3 Involve the target group in promoting the website, e.g. via Facebook.
- 4.4 Use your own organization and your existing networks for promotion.
- 4.5 Try to establish links from websites of credible organizations to your WBI.
- 4.6 The three following ways to reach the target group should be used:
  1. Facebook and other social networks (e.g. Google+, Instagram, and Twitter) are most promising in reaching the target group.
  2. YouTube
  3. Personal recommendation

The first step during the implementation phase of a web-based offer is to get it recognized by the target group. You have to make your offer recognizable to distinguish it from other offers; this can be achieved e.g. by having a unique design or offering special features (4.1). For examples of a unique design look at the American offer "BubbleMonkey"<sup>6</sup> or the Australian offer "Clear Your Vision"<sup>7</sup>.

Foremost, it is essential to develop a marketing strategy (4.2). As mentioned in chapter 4.1.1 the opportunity to involve the target group in promoting the WBI should be seized, e.g. via Facebook (4.3). Existing networks should be used for the purpose of promotion and marketing, also inside your own organization, i.e. brief your colleagues to promote the WBI at conferences, meetings etc. Tell people about your offer (4.4). To increase the visits on your website and its credibility, try to link your website to other trustworthy organizational web-sites (4.5).

Several measures can be taken to reach young drug users. Based on the votes of international experts in the Delphi study, Facebook and other social networks are the most promising ways to reach young drug users (4.6a). As another potentially successful way of reaching the target group YouTube videos has been suggested (4.6b) and personal recommendations, e.g. via streetwork can be successful, too (4.6c). The experts have put TV & radio commercials or posters and billboard advertising far behind the other options.

#### 4.5 Motivation to remain on a website (increase adherence)

After reaching the target group in a first step, the major task of web-based interventions is to get users to stay on the website and continuously use the program in the intended way. Most web-based intervention programs require the user to use it at least once a week. Interactive diaries have to be filled in regularly in order for the program to be effective in reducing or quitting substance use.

<sup>6</sup> <http://www.bubblemonkey.com/>

<sup>7</sup> <http://clearyourvision.org.au/>

There are several aspects that influence the probability that users will stay and use an intervention program. Those are design, structure and usability, content, presentation and general attitude, communication between counsellor and user, transparency and other factors that can increase adherence.

#### 4.5.1 Design, structure and usability

##### KEY RECOMMENDATIONS

- 5.1 Involve design in the development right from the start.
- 5.2 Involve web designers and use a professional layout.
- 5.3 In order to be attractive to the target group, gather feedback regarding the design during the development process.
- 5.4 Include visuals on your website.
- 5.5 Provide a clear structure and easy navigation.
- 5.6 Do not overload the website.
- 5.7 Include a user manual on how to use the program/website.

As design is a major aspect in the development of a WBI it is recommended to be integrated in the planning right from the start (5.1). Professional web designers or an agency should be hired to develop a professional layout (5.2).

The first thing potential users recognize when accessing a website is its design. An attractive design can draw users towards a website; an unattractive design however, can also be the first barrier that potentially prevents a person from using a WBI. Therefore, the WBI's design needs to be attractive to the target group of young drug users. This is a difficult task

as taste and preferences regarding design and appearance differ substantially, e.g. between boys and girls, between age groups, with different cultural and social background or simply according to individual taste. To find out about the preferences of your specific target group, get their feedback, e.g. during a focus group meeting (5.1).

However, the majority of the participants in "Click for Support's" national workshops seemed to prefer a fresh, cool and hip appearance with visuals like pictures, videos and other eye-catchers (5.4).

Compared to the design usability and functionality seems to be even more important. Even in cases where the design has been approved, a diffuse structure of a website often leads potential users to abandon it (5.5; 5.6). Usability was also an essential aspect for the target group during the workshops – therefore, using a WBI should not be too complicated and a user manual should be available (5.7).

## 4.5.2 Content, presentation and general attitude

### Information

#### KEY RECOMMENDATIONS

- 5.8 Information needs to be objective, comprehensive, accurate, short, simple and up-to-date.
- 5.9 Provide relevant and solid information on substances; include risks and effects and background information.
- 5.10 Offer help/advice and provide contact information of local counselling offers.
- 5.11 New content should be added to the website and social media profiles at least weekly.

Content obviously is an important part for WBIs. From the perspective of the target group the provided content should be foremost interesting, relevant, accurate, reliable, up-to-date and comprehensive, the information given should be objective and unbiased (5.8).

Based on the previous discussions with the target group, the provided information should include risks and effects of drugs, experiences from other (ex-)users, background information on substances and safety advice (5.9). A WBI should further provide help and advice as well as contact information to other (offline) help offers (5.10).

The content as well as the presence in social networks needs to be updated at least weekly to stay alive, a possibility is to regularly add news items on the front page of the website; "Quit the Shit" is a good example for regularly updated content<sup>8</sup> (5.11).

### Way of presentation

#### KEY RECOMMENDATIONS

- 5.12 Present information in multiple ways, e.g. videos, text, animation, quizzes, tests. Focus on audio-visual channels.
- 5.13 Balance the text load.
- 5.14 Use youth-oriented language.
- 5.15 Give information in relevant national languages.

Generally, multiple channels should be used to communicate and present information, e.g. videos, text, animations, quizzes and tests (5.12). Considering that the target group is used to very short intakes of information, mainly via imagery (e.g. YouTube, Instagram) or very short texts (e.g. Tweets, WhatsApp), it can be an effective approach to present information in small pieces of text and lots of videos and pictures (5.13). Texts should be written in an easy, youth-related language (5.14); the font size should not be too small and the website should not be too crowded and should abstain from including advertising. Texts have to be written with young people's preferences in mind.

In some countries it can be useful to offer a version in English or other relevant languages (5.15).

<sup>8</sup> <https://www.quit-the-shit.net/>

## General attitude

### KEY RECOMMENDATIONS

- 5.16 The general attitude of the WBI should be acceptant and motivating but not restrictive and moralizing.
- 5.17 Include risk minimizing advice but be careful about the way of communication.
- 5.18 Include playful items, like (educational) games, quizzes or other applications (compare 3.3.).
- 5.19 Include (ex-)consumer reports.

Very important is the general attitude presented by a WBI. From the national youth workshops it is known that young drug users wish for offers without a moralizing attitude, but one that is positive and motivating. Offers that promote strict abstinence as the only possible goal are being rejected by the target group. A study conducted by Schaub and colleagues (2013) supports the idea of not setting too high goals. In their study failure to reach fixed goals have led to frustration, self-deception, or resulted in concealment of cannabis relapse from a counsellor. Best results have been achieved in their study by using weekly goals (Schaub et al. 2013).

There have been discussions regarding the issue of the right attitude among the organizations involved in the guideline development; therefore, this issue has been included in the Delphi study. Some experts fear that giving too much information can accidentally promote young people's drug use. What should definitely be kept in mind is to communicate information about drugs (especially effects of drugs) in a careful and reflected way.

There are several arguments for a position that communicates an accepting, motivating and not restrictive attitude towards the situation of young drug users. The following arguments have found approval by the majority of international experts:

- If young people feel less threatened, they will be more open and honest towards the program (73 % of approval).
- As the motivational interviewing method has proven to be effective, in accordance the attitude of web-based interventions should be non-judgmental, non-confrontational and non-adversarial (70 %).
- Moralizing methods tend to scare young people away (67 %).
- Offers with an accepting attitude are more likely to be accepted and used by young drug users, especially if they are still undecided or reluctant to reduce or quit consumption (65 %).
- The actual situation and reality of young drug consumers needs to be accepted in order to support them (62 %).
- A focus on harm reduction is important because the guideline focuses on young people who are already using drugs (59 %).
- Young people do not like restrictions; they like to make their own choices and want to be treated like an adult. They want to feel accepted, informed and trusted (58 %).
- The adherence of more accepting web-based interventions is higher because the moment someone is not happy with the web-based intervention, i.e. the application comes across as judgmental, he will stop using it (53 %).
- Accepting approaches are generally more effective in selective prevention (52 %).

On the other hand there has been only one argument in favour of a more restrictive attitude that refrains from giving risk minimizing advice that the majority of the Delphi participants have agreed with:

- 75 % of the experts agreed that young people need to develop healthy borders. They need limits, rules and boundaries in order to differentiate between legal and illegal behaviour. A more restrictive attitude provides clear boundaries and gives orientation.

Based on those results the present guideline recommends communicating an accepting general attitude towards the users which means to accept their actual life situation and their potential inability to achieve abstinence from a substance in the immediate future. Smaller goals and a step-by-step approach are often more promising (5.16). Therefore, risk minimizing advice should be a part of a WBI (5.17).

Also it is recommended to use playful items to be attractive to the target group and motivate them to continue their use of the WBI (5.18). One example is the “Drugdancer”-app that is used in the Netherlands and Belgium<sup>9</sup>. During the Delphi study the panel has been asked which aspects need to be considered if including fun elements. The following points have been mentioned:

- To develop a good-quality application is a question of budget.
- There should be a learning aspect to it.
- Objective information should be included.
- It needs to be attractive for the target group.
- It should not be the main focus on a website or distract from the serious content.

Young people prefer information in a fun, not-boring way; therefore games and quizzes are well appreciated and can function as eye-catchers and brighten things up. Fact is that the information needs to be interesting for the target group. This also includes experiences from other (ex-)consumers; 46 % of the workshop participants expect peer reports from a WBI. In the Delphi study 69 % of the international experts would recommend including user reports (5.19).

### 4.5.3 Communication between user and counsellor

#### KEY RECOMMENDATIONS

- 5.20 Provide detailed individual feedback to the client’s consumption.
- 5.21 Communication should be accepting, motivating but not moralizing in accordance with the general attitude.
- 5.22 The way of communication can be adapted, depending on the individual user.
- 5.23 There are several communication channels that should be used: SMS, WhatsApp, Live chat, forum, videos and other visuals as well as online messages (requires user log-in).
- 5.24 Replies should not take longer than 1-2 days.

Connecting with experts has been determined as very important for the users. Part of them prefer feedback and reliable information from someone with experience outside their families and friends, but first of all someone who is objective. From connecting with a professional, users expect to receive specific and personalized feedback (5.20) and help which accommodates their needs, as well as contact details and information on where to find further individual help and care.

<sup>9</sup> <http://dancer.druginfo.nl/#/>



According to the section on the presented attitude above, communication with the users should be accepting, motivating and not moralizing (5.21). Regardless, the way of communication can be adapted, in regard to the individual user (5.22).

There are different ways of communication with online counsellors, e.g. online messages, email, forums, chats, Skype, etc. that can and should be used (5.23). Quick replies are essential for youngsters; one to two days has been the maximum time the workshops participants would allow for a feedback from a counsellor (5.24).

#### 4.5.4 Transparency

##### KEY RECOMMENDATIONS

- 5.25 Information should be given about the counsellor's background, e.g. qualification, gender, age and photo.
- 5.26 Information about the provider and funding of the offer should be openly available on the website.

Regarding the qualification of the counsellors, a certain level of qualification is expected. This information should be communicated to the users on the website (5.25). Advantages of providing some background information on the counsellor include the following (Delphi study):

- Increased trust in the counsellor and the WBI itself
- Increased sense of security
- Increased personal connection; more openness
- Increased of motivation

- Increased perception of the WBI's credibility; a more official character
- Lower thresholds
- Increased user friendliness and transparency
- Possibility of a subsequent contact with the counsellor

Potential downsides that have been mentioned in the Delphi study:

- Restriction of the counsellor's privacy
- Potential contra-productivity if the information is not attractive for the client
- Potential harm if users take advantage of the information and e.g. threaten the counsellor
- The feeling of anonymity could be revoked.

Not only should information on the counsellors be provided but also on the organization behind the WBI and potential funding of the offer. According to the organizational background, some users might decide for or against using an offer (5.26).



#### 4.5.5 Other factors that potentially increase adherence

##### KEY RECOMMENDATIONS

- |      |   |
|------|---|
| 5.27 | Provide the possibility to contact others that use the same program to enable social support.                             |
| 5.28 | Send out regular reminders via email, SMS or WhatsApp.  |
| 5.29 | Give suggestions and strategies to the users to achieve their goals.  |
| 5.30 | Interaction with a real-life counsellor increases the probability of adherence compared with an only self-guided program. |
| 5.31 | Offer praise and rewards via the counsellor or the system if certain goals are reached.                                   |

According to Kelders et al. (2015), there are a few factors that can positively influence adherence to an intervention program. Their study focuses on web-based interventions in health care in general and does not specifically look at the target group of young drug users.

The majority of the Delphi experts have determined the following aspects as likely to increase the adherence of young people using WBIs in selective drug prevention:

- Social support by providing possibilities to contact others that use the same intervention (68 %)
- Regular reminders, e.g. via email, SMS, WhatsApp (67 %)
- Giving suggestions or providing strategies to achieve individual goals (67 %)
- Interaction with a real life counsellor vs. only self-guided program (65 %)
- Praise and rewards by the system or counsellor (55 %)

More than 50 % of the experts do not think that the follow-

ing points are likely to increase adherence; therefore those will not be included as key recommendations:

- Higher frequency of updates on the website (41 %)
- Using social comparison by giving the users tasks to post something on a discussion board (41 %)
- Modular structure of a program that requires the user to come back to continue (38 %)
- Higher frequency of interaction with a counsellor (35 %)
- Lower frequency of interaction with the system (5 %)

## 4.6 Evaluation of web-based interventions

### KEY RECOMMENDATIONS

- |     |  |
|-----|--|
| 6.1 | Already plan the evaluation process while developing the WBI.                                    |
| 6.2 | Continuously collect detailed data for evaluation and research                                   |
| 6.3 | Use Google Analytics or another statistics tool to assess the popularity and content of the WBI. |
| 6.4 | Gather regular feedback from the target group.   |
| 6.5 | Include the target group in the evaluation process   |
| 6.6 | Carry out an evaluation of the intervention's effectiveness, ideally an RCT study.               |

While developing a WBI the evaluation process of the offer should already be planned, e.g. the study design of the evaluation (6.1). Evaluation of a WBI already starts with the analysis of users/website visitors. Numbers of website visits, clicks, started programs, completed programs, drop-outs and "likes" on Facebook need to be recorded continuously and as detailed as possible (6.2), therefore the use of a statistics tool like Google Analytics should be considered (6.3). Regular feedback from the target group has to be gathered to keep the offer attractive (6.4). As mentioned in section 4.1 the target group should also be involved in the evaluation process (6.5).

Ideal for assessing the WBIs effectiveness is a randomized controlled trial (RCT) (6.6). Important indicators for effectiveness are quantity as well as frequency of substance use. In the evaluations of "Quit the Shit" by Tossmann and colleagues a waiting list group has been used as control group and participants have been directly recruited on from the website [www.drugcom.de](http://www.drugcom.de) (Tossmann et al. 2011). Follow-ups after completing the program should be included, if possible after a 3-month and 6-month period.

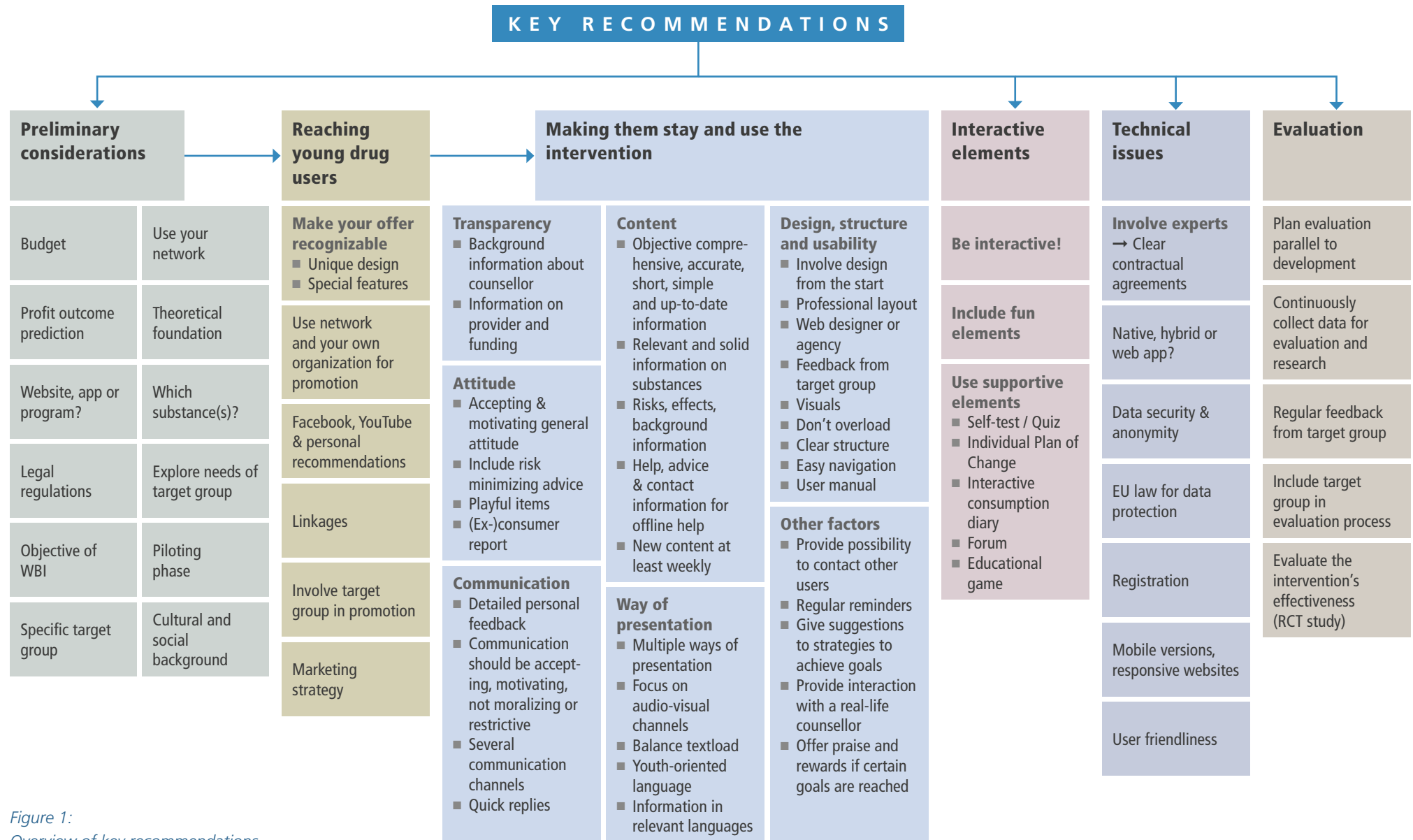


Figure 1:  
Overview of key recommendations

## 5. Updating procedure

Considering the fast development of modern technologies and media, updating of the present guideline is essential to maintain its value. The involved organizations agreed that in three years after publishing the first edition, in 2018, the guideline's up-to-dateness should be assessed. However, the project "Click for Support" will be completed by then; therefore the responsibility for updating the guideline lies with the euro net prevention network as most of the involved organizations are members of the network.

At a euro net meeting in 2018 updating the guideline will be an item on the agenda. At the meeting, all members will participate in the evaluation of the guideline's up-to-dateness, including content, linkages, contact information, etc. At the meeting it will be decided how to proceed; this decision will depend on the available resources of the partners.

A potential updated version of the guideline will be disseminated through euro net's website  
<http://www.euronetprev.org/>.

## 6. Monitoring criteria

The main goal of the present guideline is to give recommendations for the development and implementation of effective web-based interventions in selective drug prevention, based on thorough research and assessment of existing WBIs by defined quality criteria and by involving the target group. The guideline shall improve already existing offers and increase the success rate of newly developed ones. In this way, the current supply of help and treatment for this group can be improved and a better access to the target group of young drug users can be found.

To evaluate if these goals will be reached, certain monitoring measures have to be developed that need to capture the

guideline's effects on the quantity and quality of web-based interventions in selective drug prevention. Indicators for quality and quantity will include:

- Feedback from professionals who have used the guideline on its quality, content and usefulness
- Actual usage of guideline (self-monitoring, feedback from experts and literature review)
- Number of web-based interventions that have been developed by using the guideline

A short survey will be used to collect the necessary information from experts that have used the guideline.

## 7. Applicability of guideline and resource implications

The implementation of the guideline can be affected by several resource implications. To develop and implement effective web-based interventions, extensive resources regarding budget, staff and networks are needed.

Further, the applicability of the guideline depends on the staff's experience with modern technology and social media. A minimum of experience and more important a willingness to use these technologies is essential when planning to use web-based interventions.

### Budget

The development of a web-based intervention is expensive and the necessary budget increases with the desired quality and level of ambition. To involve interactive elements, a high-quality game or other technically advanced applications.

### Technical aspects

For the development of a WBI technical expertise is necessary. Usually the technical knowledge among staff members is not sufficient and external experts need to be involved. If the development of a high-quality offer is planned and more elaborate interactive elements are being included, costs will increase, as e.g. good-quality games are very expensive.

Native apps which provide good-quality are more expensive than web or hybrid apps. If an app shall be provided, the operating system has to be considered. Depending on the

system, there will be more costs. Also, fees for online platforms and for certain software, e.g. a content management system need to be considered.

Possibly, the providers have to obtain certain licenses, depending on national conditions. Those have to be accounted for.

### Staff

To develop, implement and maintain a WBI suitable staff is needed. Ideally, there should be one specific person who is responsible for the intervention and has the time resources to dedicate him- or herself to the offer. This person should have technical knowledge besides the expertise in the field of drug prevention to serve as an interface between external technical experts and the regular staff. This person should be able to guide external experts through the development of the WBI. This person should also be familiar with social media and new technologies in general.

Different kinds of expertise are necessary to develop online prevention offers. As mentioned above technical experts need to be involved as well as professional web designers or an agency.

More elaborate intervention programs require a higher level of maintenance. If counselling is offered, a corresponding number of staff members is required.

Resources are also needed for regular updates of the information on a website (see recommendation 2.2); this needs to be considered for resource management.

In general the attitude of the staff involved with the WBI is essential; the whole team should be on board and help implementing the WBI.

### Cooperation

When a new online offer is launched, a certain network is necessary to reach the target group. To build up a network needs time and work for which the respective staff resources are needed.

## 8. Declaration of editorial independence

This publication has been produced with the financial support of the Drug Prevention and Information Programme of the European Union. The contents of this publication are the sole responsibility of the involved organizations listed in chapter 2 and can in no way be taken to reflect the views of the European Commission.

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## 10. Annex

### Rating of WBIs in partner and other countries according to defined criteria

COUNTRY	NO.	NAME	CRITERIA						RATING
			1	2	3	4	5	6	
A U S T R I A	1	Feel-ok	✓	✓*	✓		✓	(✓)	AAAA(A)*
	2	Suchthaufen	✓	✓*	✓				AAA*
B E L G I U M	3	Drughulp	✓	✓*	✓		✓		AAAA*
	4	Cannabishulp	✓	✓*	✓		✓		AAAA*
	5	Alcoholhulp	✓	✓*	✓			✓	AAAA*
	6	Slimkicken	✓	✓*	✓		✓		AAAA*
	7	Druglijn	✓	✓*	✓				AAA*
C Y P R U S	8	Onek online counselling	✓	✓*	✓	✓			AAAA*
	9	Skype Counselling by Veresies Clinic	✓	✓*	✓				AAA*
	10	Ask4Alcocheck	✓	✓*	✓				AAA*
	11	Asknow	✓	(✓)	✓				AA(A)
	12	Ask4press	✓		✓				AA
F I N L A N D	13	Mobiiliapu	✓	✓*	✓				AAA*
	14	Päihdelinkki	✓	✓*	✓				AAA*
	15	Päihdeneuvonnan tukipaketti	✓	✓*	✓				AAA*
	16	Ottomitta	✓	✓	✓				AAA
G E R M A N Y	17	Quit the shit	✓	✓*	✓	✓	✓	✓	AAAAAA*
	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

COUNTRY	NO.	NAME	CRITERIA						RATING
			1	2	3	4	5	6	
GREECE	27	Resist	✓	✓*	✓	✓	✓		AAAAA*
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	Drankendugs	✓	✓*	✓	✓	✓		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

**List of all researched web-based intervention offers by “Click for Support”-partners**

COUNTRY	NO.	NAME	URL
A U S T R I A	1	Suchthausen	www.suchthausen.net
	2	Feel-ok	www.feel-ok.at
B E L G I U M	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
C Y P R U S	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
F I N L A N D	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
G E R M A N Y	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

COUNTRY	NO.	NAME	URL
GREECE	27	Resist	<a href="http://resist.transludic.net/">http://resist.transludic.net/</a>
ITALY	28	Area 15 –Cultura Consumi Consulenza	<a href="http://www.area15.it">www.area15.it</a> ; <a href="https://www.facebook.com/area15bologna">www.facebook.com/area15bologna</a>
	29	“Sauftirol – Alcol Adige?”	<a href="https://www.facebook.com/sauftirolalcoladige">https://www.facebook.com/sauftirolalcoladige</a>
	30	Younge – Social net skills	<a href="https://it-it.facebook.com/youngle.it">https://it-it.facebook.com/youngle.it</a>
	31	Sostanze.info	<a href="http://www.sostanze.info">www.sostanze.info</a>
LATVIA	32	Narcomania (“The abuse prevention”)	<a href="http://www.narcomania.lv">www.narcomania.lv</a>
	33	Esibrivs (“Be free”)	<a href="http://www.esibrivs.lv">www.esibrivs.lv</a>
	34	“Do not blow a fog” (Latvia)	<a href="http://www.draugiem.lv/neputmiglu/">www.draugiem.lv/neputmiglu/</a>
	35	Papardeszieds (“Family planning and sexual health”)	<a href="http://www.papardeszieds.lv">www.papardeszieds.lv</a>
NETHERLANDS	36	Cannabisdebaas	<a href="http://www.cannabisdebaas.nl">www.cannabisdebaas.nl</a>
	37	Readyforchange	<a href="http://www.readyforchange.nl/">www.readyforchange.nl/</a>
	38	Blowout	<a href="http://www.blowout.nu/">http://www.blowout.nu/</a>
	39	Drankendrugs	<a href="http://www.drankendrugs.nl">http://www.drankendrugs.nl</a>
		Drugsinfo	<a href="http://www.drugsenuitgaan.nl">http://www.drugsenuitgaan.nl</a>
	40	VNN Jongeren (VNN Youth)	<a href="http://www.vnn.nl/jongeren">http://www.vnn.nl/jongeren</a>
	41	Drugsenuitgaan	<a href="http://www.drugsinfo.nl/">http://www.drugsinfo.nl/</a>
SLOVENIA	42	Winvancannabis	<a href="http://www.winvancannabis.nl">www.winvancannabis.nl</a>
	43	DrogArt	<a href="http://www.drogart.org/">http://www.drogart.org/</a>
	44	Med.over.net	<a href="http://med.over.net/">http://med.over.net/</a>
	45	To sem jaz (This is me)	<a href="http://www.tosemjaz.net/">http://www.tosemjaz.net/</a>

# Template for national research

## Research and assessment of web-based interventions

COUNTRY: \_\_\_\_\_

Intervention No.: \_\_\_\_\_

DESCRIPTION OF INTERVENTION	
<b>Title of the project/intervention/offer</b>	
<b>URL</b>	
<b>Initiator, provider</b> Who initiated the project? Additional information? Who supports it financially?	
<b>Language</b> National language, English?	
<b>Comprehensibility of information</b> Clear, simple and understandable language?	
<b>Purpose of the intervention</b> Clear description of the objectives. Differentiation between structural (e.g. networking) and behaviour related objectives (reducing drug consumption).	
<b>Description of the interactive/ professional part</b> e.g. personnel feedback, chat, forum, etc.	
<b>Personalized Feedback</b> Does the intervention give personalized feedback? Does the intervention respond to individual user's needs, choices and preferences?	
<b>Target group</b> 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?	

DESCRIPTION OF INTERVENTION	
<b>Which topics / contents are discussed with the target group?</b> <b>Motivation to change drug consumption?</b> E.g. effects and risks of different drugs, appraisal of own consumption behaviour Does the intervention promote drug awareness? Does the offer provide the user with motives to change their consumption behaviour?	
<b>Visuals, design and aesthetics</b> Graphs, impressions, videos, etc? What kind of graphs? Modern design? Animations?	
<b>Access to target group / Accessibility and availability of offer</b> Which access paths and material is used? e.g. outreach approach, contacting certain individuals, through certain institutions, etc. Is the offer easily accessible?	
<b>Marketing, Connection to social networks, etc.</b> How is the project advertised? e.g. campaign, displays, brochures, etc.	
<b>Cooperation &amp; Links</b> 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?	
<b>Theoretical background</b> Scientific approach – approved approaches? Bibliographical references made in the conception?	
<b>Gender aspect</b> Are gender specific aspects regarded? How?	
<b>Cultural aspect</b> Are cultural aspects regarded? How?	
<b>Special features of the approach/ Attractiveness</b> Certain characteristics that make the approach special, that attract attention	
<b>Resources</b> How many professionals are required to operate the website/app etc.? What is the budget for the intervention?	
<b>Qualification</b> Education / training; Experiences in the concerned field, professional background	

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? Yes or No, and if yes, how many times?	
Objectives of evaluation	
<b>Documentation / Evaluation</b> 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?	
<b>Method / measure</b> Pre-Post-Design, control groups, randomization, quasi-experimental design, naturalistic design	
<b>Measures and indicators for quality assurance</b> Matching indicators for objectives; Process and results / effectiveness (important: How many adolescents and young adults could the approach reach?)	
<b>Sustainability</b> Does the intervention achieve a sustainable effect? (Post measurement?)	
What did work?	
What did not work?	
<b>Additional information</b> Please fill in everything else that might be important and is not mentioned above!	

## Sample description

273 young drug users have participated in the assessment workshops. All of the participants had experiences with the consumption of alcohol, cannabis and partly with other illicit drugs, currently or 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 the participants were only asked to indicate their age group, no average age can be reported. Table 1 shows the participants' distribution within age groups and the ratio of male and female youngsters in the workshops.

COUNTRY	AGE GROUP					GENDER		N
	< 14	14 - 15	16 - 17	18 - 21	> 21	MALE	FEMALE	
A U S T R I A	0	2	10	14	1	18	9	27
B E L G I U M	0	2	12	6	0	15	5	20
C Y P R U S	0	0	2	6	11	13	6	19
F I N L A N D	0	12	8	0	0	11	9	20
G E R M A N Y	0	1	10	8	1	14	6	20
G R E E C E	0	0	10	10	0	13	7	20
I T A L Y	0	0	8	11	0	11	8	19
L A T V I A	0	1	9	11	0	15	6	21
L U X E M B O U R G	0	5	8	2	0	12	3	15
N E T H E R L A N D S	1	5	11	3	0	17	3	20
P O R T U G A L	0	6	7	13	5	21	10	31
S L O V A K I A	0	14	7	0	0	17	4	21
S L O V E N I A	0	4	8	8	0	11	9	20
T O T A L	1	52	110	90	18	188	85	273

Table 1:  
Age groups and gender  
of workshop participants.



# Survey 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

#### 1. Would you be generally interested in trying a web-based intervention?

☐ Yes ☐ No

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

☐ Yes:   
☐ No

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

☐ Yes:   
☐ No

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

☐ None ☐ Information ☐ Self-help program  
☐ Test ☐ Chat ☐ Online counselling  
☐ Quiz/game  
☐ Something else:

#### 5. 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:

## GENERAL QUESTIONS

### 6. Which device would you use to access such offers?

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

### 7. 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:
- 
- 
- 
- 

### 8. 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:

### 9. Your gender:

- ☐ Male
- ☐ Female

### 10. Your age:

- ☐ Younger than 14
- ☐ 14-15
- ☐ 16-17
- ☐ 18-21
- ☐ Over 21

## SPECIFIC QUESTIONS REGARDING NATIONAL WBIS “(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.

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

☐ Yes ☐ No

### 12. 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:

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

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7  
very attractive very unattractive

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

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

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

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7  
very helpful not helpful at all

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

☐ Yes ☐ Maybe ☐ No

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

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

### 18. 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!

## Survey Version 2

### 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 counselling
- ☐ 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. Your gender:**

☐ Male

☐ Female

**12. Your age:**

☐ Younger than 14

☐ 14-15

☐ 16-17

☐ 18-21

☐ Over 21

Thank you for your time!