These Drug Checking Consultation and Counselling Guidelines were initially developed during the Nightlife Empowerment & Well-being Implementation Project, which has received European Union funding within the framework of the Health Programme.
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Introduction

Prevention and harm reduction services have been available in nightlife culture for over thirty years now. These efforts have been mostly based on peer support with the aim of reducing the health risks related to party drug consumption. The main intervention has been the providing of information about the risks of so-called party drugs, based on the experiences of drug consumers. The peer approach has become an important method of prevention and harm reduction in nightlife culture. Another common intervention involves low-threshold access to these interventions and the acceptance of recreational drug use as a fact of contemporary life – people are basically going to take drugs in our society no matter what anyone tells them. In our society, it is nightlife culture where recreational drug use is the most visible in our society. This use can be characterised as a phase in most young people’s lives. Prevention and Harm Reduction strategies such as Drug Checking services are an important aspect for this users group in that Drug Checking services allow them to survive this period with a nor or a minimum of psychological or physical harm.

The first Drug Checking services were established in Amsterdam in 1986. Since then, numerous other countries and cities have also introduced these services in their nightlife prevention efforts. Looking at the history of over thirty years of Drug Checking we can see that the analyses of substances and the provision of personal support is an efficient and pragmatic prevention and harm reduction measure. This approach has also led to an increase in information concerning the actual contents of popular and available drugs. This information has meant that prevention and harm reduction interventions have become more effective; pursuing a user-oriented process has led to a decline in overdoses and medical emergencies. A Drug Checking service is, for many recreational drug users, their first contact to introduction into the social welfare and support system. Experience has shown that people who approach a Drug Checking service consider it more reliable if it offers a drug analysis service. A service with a drug checking facility is an ideal platform for offering personal support to the recreational drug user. The focus of this guideline will be on this aspect because we advocate that pro-
Professionals working in nightlife culture initiate consultation or counselling with the very people who seek out their services.

The aim of harm reduction or prevention measures in a nightlife setting should always be to offer the optimal personal health option within a chosen lifestyle. Thus the main goals are:

- Increasing individual knowledge
- Promoting individual risk behaviour changes
- Providing information where reliable information and/or web-based self-help tools can be found
- Early detection of problematic behaviour patterns involving consumption
- Early intervention, if necessary, and if the client is willing.

Because so-called party drugs are not solely used within a nightlife setting, these guidelines will opt for the terms “recreational drug” and “recreational drug user”. The term “recreational drug user” is used in these guidelines to indicate those who have used or visited a Drug Checking service, have taken advantage of a nightlife prevention offer or have made use of consultations or the counselling process.

These guidelines will serve as TEDI’s introduction into the area of consultation and counselling in a nightlife setting that targets recreational drug users. The goal is to empower professionals\(^1\) working with recreational drug users and to enable them to detect problematic or risky behaviour earlier and to improve the response times of their personal support system, including making timely referrals for further treatment. These guidelines are based on the best practices as established by various Drug Checking services throughout Europe as well as on the “model of change” developed by Prochaska & Di Clemente and on Carl Rodgers’ theory of “motivational interviewing”.

However, these guidelines need to be expanded and so the teaching of practical skills such as conversation and interview techniques that can be applied in everyday practice have been introduced into training sessions for consultation and counselling professionals. An example of a NEWIP volunteer training session that took place in Krakow in 2013, can be found in annex 1.

\(^1\) This includes professionals as well as experienced volunteers and other peers working in this field.
Figure 1; Model of change

Transtheoretical Model of Change
Prochaska & DiClemente
How to provide personal support in a nightlife setting that requires Drug Checking

It always begins with personal contact. This is essential and can best be realised by personally handing someone an information flyer or explaining a published alert to a potential client either at an information desk or when someone actually visits a Drug Checking service. Every level of contact can be considered as an aspect of consultation. Recreational drug users usually contact a Drug Checking service because they don’t have sufficient knowledge or information about the contents, effects and side effects of most recreational drugs. We have to accept recreational drug use as fact of contemporary life that is not going to go away. We should see our goal as providing the best possible support for those who choose this lifestyle. General experience shows that recreational drug users are fairly forthcoming about their personal experiences, their problems and social situations. This, of course, depends on circumstances and the setting (such as during an on-site intervention). The data they usually provide includes the drugs they have used before as well as any prior experiences they have had with these types of services. They consider us experts, but not in a negative way. This usually serves as a good foundation for the initiation of a unique personal support process. By “unique” we mean that not every one of our clients needs the same level of support. A consultation that includes a brief risk assessment and offers simple advice is usually enough for many of the users who visit a Drug Checking service. But when problematic or risky behaviour or signs of addiction are detected, professionals should initiate counselling in conjunction with a personal support process or he or she should provide additional assistance that may include external support such as therapy. What is important at this juncture is that professionals are aware of the limits of the particular setting or their own professional capacities and skills to avoid potentially risky situations. Besides awareness, the voluntary nature, the positive attitude and general acceptance form other key points that
must be considered for any nightlife prevention or Drug Checking service. A question-naire is essential for any professional risk assessment during a consultation. Other than these techniques, the professional’s attitude can also serve as one of his or her most important assets during a successful consultation or counselling session.

**Professional attitude:** The most important detail here is that the professional in charge of a consultation should remain personable, positive, acceptance-orientated, non-judgmental, and try not to have personal reservations as well as, if necessary, be unconventional. It is important for the Drug Checking professional to be him- or herself to create a solid consultation or counselling base. The “intervenient” must be aware that consultations are engaged on a voluntary base and that risk behaviour cannot be changed by force or against someone’s will at any price. He or she must have some actual expertise or background in the effects and the short-term and long-term risks related to the more popular substances being used in recreational settings. This also means being aware of all of the recent alerts and trends regarding substance purity.

**Be honest:** If the involved user asks the intervenient, questions he or she cannot adequately answer then the intervenient should admit this and offer to learn more about the issue raised and request that the user call back or come back for a follow-up consultation when the intervenient has learned enough to properly answer the user’s question.

For a better understanding of these guidelines, the terms regarding active listening, person centred, voluntariness, positiveness, the questionnaire, acceptance, open questions, conversation guidelines and conversational techniques are explained below:

**Active listening:** Be an empathetic listener and show genuine interest and sympathy both verbally and non-verbally. Periodically rephrase and paraphrase parts of one’s conversation with the user: “Yes, I understand ...”, or periodically summarise: “If I understand you correctly, you have described your situation as follows...” As an intervenient, you can offer feedback such as: “It’s great that you are trying not to drink too much al-

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2 An intervenient is a professional, experienced volunteer or peer who has taken on the case of an individual recreational drug user.

3 TEDI Trend Reports give a good overview concerning actual trends regarding purity and content of recreational substances.
cohol when you are also doing XTC”. An intervenient should avoid judging, moralising, preaching, teaching, (mis-)interpreting and minimising the situation that the user has shared....

**Person centred:** During an intervention in the nightlife field, an intervenient should always keep in mind the fact that it involves a real person and that any kind of intervention should focus on the specific situation and the individual behaviour and character of the involved user.

**Voluntariness** is an important issue when dealing with low-threshold interventions. For example, voluntariness simplifies access to a Drug Checking service. It also ensures that there is an agreement between the client and the service professional, which minimises misunderstandings. In the realm of these guidelines, this means that a client must voluntarily agree to fill out a questionnaire or attend a consultation. An agreement concerning possible further steps in the support process must be agreed to by both the client and the counsellor assigned to a particular case. Various conversational techniques can be applied to persuade the potential client to seek additional personal support.

**Positiveness**, or a state of mind in which one is free from doubt, is an important concept because how and what a professional says during a consultation or counselling session, influences the output of the entire intervention. Positiveness does not imply that everything is acceptable or that there are no difficult issues that may arise related to the consumption patterns of the client or that professionals should lie in certain situations. The term basically means that attention should remain focused on the situation at hand and on how the client can be best aided. The recreational drug user who reveals problematic or addictive behaviour should be made aware of the possibility altering one’s behaviour and furthermore, they should be encouraged to change their consumption habits. Positiveness also implies that interventions are not predicated on passing moral judgement.

**Acceptance** implies that one acknowledges that drug use is a fact of life. Personal orientation and one’s behaviour patterns have a significant impact on the level of risk a drug user is willing to accept. The dangers concerning the unknown contents and the purity of a particular drug sample can be alleviated by taking it to a Drug Checking service. Acceptance does not necessarily mean that every decision or desire of a particular user is
acceptable or will be approved by the service mediator. His or her role can best be described as a critical, nonjudgmental mediator. Acceptance should not be solely focused on the client’s drug use; in other words, the individual user should be accepted for who he or she is concerning his or her lifestyle or current social situation.

**Open questions** are questions that don’t imply prejudices or inflexibility such as “yes” or “no” responses. Open questions focus on more detailed and nuanced responses to gain more information in order to come up with a more accurate risk assessment. One should provide helpful information, initiate a personal self-reflection process, such as asking the user what the advantages of consuming cocaine less frequently are.

**Questionnaire:** The use of an anonymous questionnaire during the consultation process is essential for a structured risk-assessment. A questionnaire can provide important general information about the risk behaviour of a target group or an individual user. The questionnaire can provide background information that can be used to create a structure for the ensuing personal consultations, which will lead to providing the proper level of support. An example of a typical Drug Checking service questionnaire is available in annex 2.

Beside these basic points, conversational techniques are also considered a significant factor in a successful consultation or counselling session. This skill can mean the difference between a casual and an effective, professional discussion. Everyday conversational skills can also be useful in certain casual settings such as clubs or raves. Some conversation guidelines may help in the structuring of a consultation and the integration of early intervention and detection skills.

**Conversational techniques** are part of a professional’s skill set and are essential in initiating an individual consultation. One’s conversational abilities may help convince a recreational drug user to seek additional counselling. Conversational techniques are necessary for obtaining essential personal information. The aim of the motivational interview, for example, is to alleviate the user’s personal doubts. Using the technique of mirroring with which a mediator or counsellor can encourage the client to look at him- or herself and thereby increase the awareness about one’s own personal situation. Mediators
should also address the client’s personal wishes in order to better understand how to improve his or her situation.

**Conversation guidelines:** These should be based on the various levels of intervention. A questionnaire can be a useful tool in structuring an effective conversation. Conversational tools can be used in conjunction with a questionnaire to help a mediator better assess a client’s current situation. Early detection and intervention strategies should also be integrated into this process. These guidelines will focus on the difference between the consultation and counselling sessions, as well as how these are handled within a particular Drug Checking service with regard to the individual recreational drug user.
What is the difference between a consultation and counselling?

**Consultation** focuses on a brief risk assessment based on the questions and needs as expressed by recreational drug users attendee by a Drug Checking service. A consultation usually implies a short intervention, which includes the providing of facts based on currently available Drug Checking data, as well as general health information and short harm reduction or risk management recommendations. The goal of a consultation is to provide an opportunity for the concerned user to improve his or her own risk management skills. This intervention is important because there is a general lack of drug knowledge and health issues when it comes to the consumption of illegal drugs. The primary goal here is to increase one’s knowledge about safer use, but also about the effects, the potential risks and the actual content of the drugs in question. If a risk assessment reveals problematic or addictive behaviour patterns or other relevant social issues then the counselling process would be the recommended next step.

**Counselling** involves a longer, more in-depth, intervention process that includes assisting individuals in developing their own educational, vocational, and psychological capacities, which may lead them to achieving higher levels of personal happiness and increased feelings of self-worth in society in general. The theory of counselling is that it is essentially a democratic process; the assumptions underlying its theory and practice are, first, that each individual has the right to shape his own destiny and, second, that the relatively mature and experienced members of the community are responsible for ensuring that each person’s choice shall serve both his own interests and those of society.

The above terms will be used in the following ways:
- **Consultation**: This short-risk assessment based on a client’s actual requests, questions or needs focuses on a brief intervention about a specific substance or on health-related issues. For example, personal risk reduction and safer use information, short recommendations such as not mixing drugs and encouraging the use of personal risk reduction strategies.

- **Counselling**: This involves a generally longer intervention process that leads to a broader risk assessment based on a discussion utilising the questionnaire and the aforementioned conversation guidelines. The goal is to improve a problematic situation. If addiction is the issue, then further assistance should be made available. Issues involving addiction usually involve applying extra motivation and encouragement to the involved user to seek extra counselling.

Table 1 shows a summary of the various types of intervention.

**Table 1: Overview, consultation, counselling and therapy**

<table>
<thead>
<tr>
<th>Consultation</th>
<th>Counselling</th>
<th>Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short risk assessment, no in-depth evaluation of the situation</td>
<td>Risk assessment, more in-depth evaluation of the situation, no diagnosis</td>
<td>In-depth risk assessment that fully analyses the problem. Diagnosis (ICD-10)</td>
</tr>
</tbody>
</table>

- **Consultation**
  - Brief intervention
  - Information and feedback about particular substances used, personal risk behaviour and potential harmful effects
  - Encourage the user to follow risk management strategies
  - Provide brief advice

- **Counselling**
  - Intervention process, which provides further personal support on a short or long-term basis
  - Encourage changes in consumption habits
  - Stabilise or reduce consumption

- **Therapy**
  - Treatment process involving socio-psychological and medical intervention
  - Altering consumption habits
  - Consumption reduction or abstinence
  - Substitution

To ensure low-threshold access to the full range of Drug Checking services, consultation and counselling must be voluntary and based on positiveness. There is no single method; there are, however, numerous available methods and options that can be ap-
plied to provide more efficient and effective personal assistance. Every personal situ-
ation and setting has its own unique combination of methods and measure of flexibility
to ensure a satisfactory resolution to a given situation. Mediators play an important
role because they assume responsibility for how deep any particular conversation with
a client will go. Furthermore, mediators do not, however, have a choice in the clients
that are assigned to them.
Consultation and counselling at a typical Drug Checking service

**Consultation**
Short risk assessment based on:
- Client’s needs and main questions
- Questionnaire, which provides basic information

**Brief intervention**
- Provide selective facts and safer use information related to personal drug use
- Communicate Drug Checking results and assessments
- Respond to questions
- Medical information

**Counselling**
- Broader risk assessment based on longer conversations using the questionnaire and conversation guidelines
- Various session options
- Provide further help if necessary

**Goal: Create increased risk awareness**

**Goal: Resolve essential issues to create a more stable situation**
It may not be necessary to use a questionnaire during the initial consultation because it may be more useful to do short risk assessment based on the client’s unique questions and remarks. But a questionnaire is necessary to obtain relevant information about someone’s personal situation (employment status), drug consumption behaviour (frequency, multiple drug use, and dosages) and the short- or long-term side effects the user has encountered. This information forms the basis for a broader risk assessment and the background for any further individualised interventions (counselling, personal support).

The questionnaire can be filled in by the user him- or herself or by the mediator during the consultation session. It should take no longer than fifteen minutes to fill in. The questionnaire must remain anonymous, but it may be used during the initial personal conversation while the mediator poses various questions and will likely also be used during the counselling phase and then combined with the conversation guidelines.

The conversation guidelines delve deeper into the entire drug-consumption, risk-behaviour issue than the questionnaire. These questions help us to understand the risk situation of the individual involved and allow us to as early as possible detect consumption behaviour that may lead to problematic and/or addictive behaviour. An example of this would be a person who reports using cocaine several times a week. Some sample questions to ask this person may include: How long have you been using cocaine at least twice a week? Is this a recent development? Has your consumption increased over time? When was the last time you stopped using cocaine for any substantial period of time and how did you feel during this period? This line of questioning must be structured in the form of a decision-making diagram (see table 2). If the response warrants a more in-depth risk assessment then no additional questions are required at this time.

Moreover, the intervenient has the freedom to pose his or her own line of questioning depending on the relation he or she establishes with the client. It’s important to ensure that the entire process never comes across as condescending or as if the user is being interrogated or being morally judged. This type of questioning may lead to uncomfortable situations that prevent the user from responding forthrightly. Furthermore, the privacy of the individual user must be ensured.
Table 2: Example of a conversation guideline structured on a decision-making diagram, based on a questionnaire (For the entire questionnaire, see the annex):

- When did you begin using cocaine more frequently?
- Is your cocaine use stable, increasing or decreasing?
- When did you last stop using cocaine for any significant period of time?
- Have you tried changing your consumption behaviour?

<table>
<thead>
<tr>
<th>Substance</th>
<th>1. Have tried</th>
<th>2. In the past 12 months</th>
<th>3. In the past 30 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Alcohol</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Marihuana</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Cocaine</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Heroin</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

- Counselling, personal support, therapy
- Brief intervention & advice
Different levels of personal support for the recreational drug user

There are numerous levels of possible intervention depending on the client’s own personal situation and on the setting where the intervention occurs. The most important type of intervention in the recreational drug-use setting involves a brief intervention because at this point the risk assessments results usually only call for basic and brief advice related to the individual’s drug consumption or health risk behaviour. The advice is usually along the lines of: Don’t mix GHB with alcohol because mixing GHB with other depressants can cause vomiting, convulsions or unconsciousness (“GHB coma”) and, in some cases, to a breathing depression that can actually be fatal. Another example of typical advice: After taking ecstasy you should wait another four weeks before you take it again. If you use ecstasy more frequently, you may damage your serotonin-producing system. This kind of brief advice is based on currently available research data and Drug Checking facts. The advice that an intervenient offers should focus on the user’s questions and on the responses to the short risk assessment during the initial consultation. But it is also important not to burden the user with too much information and data about various drugs. It would be better to simply communicate one clear message. It is also important to have a flyer or pamphlet on hand that includes all of the relevant information a user can read in his or her own free time. This kind of brief intervention may eventually also lead to more extensive counselling, depending on the circumstances.

If someone’s situation indicates that a counselling session is required, and the user agrees, then this can be arranged immediately, and often on site. Otherwise, the client

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4 Examples of various flyers in different languages can be seen in the safer nightlife digital library: http://www.safernightlife.org.
can make an appointment at an official Drug Checking site. If this is not possible, or if the user’s condition requires immediate intervention, he or she can be directed to an appropriate partner institution.

It is important to cooperate with the various levels of care and counselling institutions as well as with the client who may feel more comfortable seeing his or her own doctor. This multifaceted personal knowledge approach will be more successful than merely handing out a flier because it creates an effective support group for the entire target group.

Counselling interventions may be one-off sessions or they may involve a more in-depth intervention. It is important that the users’ needs and desires are kept in mind and that they are aware of all of the details and what will be required of them in return. The aim is to focus on the user’s particular needs and to transfer him or her to the appropriate medical, therapeutic or social facility if necessary.
Professional counselling structure

Counselling interventions should be based on earlier sessions and issues discussed with clients (for more information on brief interventions that target cannabis users, see ACCU: http://www.sciencedirect.com/science/article/pii/S0740547205001364).

1. **Assessment**: This phase consists of a structured interview that assesses a person's of substance use history, including discernible patterns of use, abuse and dependence, the perceived pros and cons of continued use, expectations regarding increased or decreased use, the perceptions of risk associated with cannabis, and the current level of usage. The questionnaire and related conversation guidelines should be consulted during this phase.

2. **Feedback**: Structured feedback, in the form of an individual feedback report, includes the amount of drugs one uses compared to data that indicates general usage for one’s age group, the pros and cons of using drugs and the user’s own observations regarding his or her interactions with the drug and how this affects one’s personal goals. This feedback report will be gathered by using motivational interviewing techniques (Miller and Rollnick, 2002), with the goal of helping young users make detailed and objective assessments about their levels of use and the role their use plays in their lives without making them feel uncomfortable about their current circumstances.

3. **Skills and strategies**: Participants are provided with pragmatic strategies for quitting or reducing their drug use. The session includes a discussion that covers issues such as dependence, recognition of personal triggers, managing craving, the setting of goals, planning for changes in one’s life, self-monitoring of one’s behaviour, and relapse prevention.
4. **Further advice**: Most European countries have a broad range of options related to issues concerning risky drug behaviour and addiction. Treatment goals include abstinence, reduction of consumption, or stabilising one’s consumption or substituting one drug for another. The success of counselling interventions hinge on maintaining a network of partner institutions in the region.
Obstacles related to the nightlife setting

The very nature of nightlife presents various obstacles to effective Drug Checking efforts. The most common obstacles involve the perception that recreational drug users have about Drug Checking services and their openness regarding personal changes, which ultimately serve as a potential personal obstacle. Many of them wrongly believe that the chief aim of these services is to get people to stop using drugs – abstinence, in other words and that all drug use is frowned upon. Another major obstacle is the general lack of knowledge regarding risky drug use. There are other obstacles that are of a more structural nature such as the type of personal assistance a Drug Checking service may offer, which depends on the individual services themselves and the networks they manage to create with other institutions. There remains some confusion about where support can be offered by any one service such as whether it can offer onsite counselling – at a party or rave, for instance. Other questions involve the staff of Drug Checking services: For instance, do they include professional social workers on their staffs? This is why, despite the fact that it may sometimes be difficult, TEDI strongly recommends creating a multidisciplinary team at each participating Drug Checking service facility that includes laboratory technicians, social workers as well as volunteers. TEDI also recommends that each facility offer onsite interventions. All of these elements are essential in creating an effective Drug Checking service.

To deal with a personal obstacle: hedonistically orientated recreational drug users are usually open for short advice and harm-reduction messages. That is probably because this type of user does not fit the typical profile of a high-risk or dependent user. They are simply seeking a memorable experience in their leisure time without it having too much of a negative impact on their studies or their personal lives. However, this doesn’t mean that there aren’t any obstacles regarding changes in behaviour. The reason may be that the involved user is unaware of the risks involved and/or has attempted to unsuccessfully change certain types of behaviour and/or has been resistant
to professional advice. The following table shows some examples of how to deal with consultation or counselling session obstacles.

Table 3: Dealing with personal obstacles

<table>
<thead>
<tr>
<th>Causes</th>
<th>Possible intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unaware of any problem (negates or minimises risk or problem)</td>
<td>Promote self-reflection via open-ended questions that raise awareness</td>
</tr>
<tr>
<td>Uninformed or misunderstands the substances, risks, options and knowledge</td>
<td>Inform and provide analytical results, data and information</td>
</tr>
<tr>
<td>Conflicts with one’s own habits – pleasure vs. health</td>
<td>Active listening and support; ask questions and pose arguments against</td>
</tr>
<tr>
<td>Not yet ready for consultation in the actual setting</td>
<td>Be receptive, positive and cautious</td>
</tr>
</tbody>
</table>

**Dealing with structural obstacles:** The on-site presence of structural obstacles means interrupting a hedonistic, fun-oriented setting. There will be noise, light and other party guests that may interrupt a personal chat or a consultation session. Furthermore, involved users may not be sober or may be under the influence of psychoactive substances. Participation in a consultation is always voluntary and is mostly a one-time encounter. They never represent an official mandate and are often the first consultation experiences for most substance users. There is no “typical” consultation setting. But cosy places like a chill-out space may be the perfect place. The intervenient should make sure that conversation is possible and that the minimum of privacy can be guaranteed. The intervenient should recognise the limitations of a particular setting and the reasons why the individual user is often not alone in a nightlife situation, which means that a situation involving a friend or partner listening in during a consultation should be approved by both the intervenient and the user.
Annex 1: Example of a training presentation

By NEWIP project
ONSITE CONSULTATION

Krakow, 07.06.2013
Why consultation in nightlife

In Nightlife recreational drug use is quite common. The most related risks are:
- Overdosed use (not lethal)
- Poly drug use
- Uncertain quality of the illegal substances
- Regular use (mostly not addicted)

For the many people this contact means a first contact to the social welfare system.

Consultation in nightlife settings plays an important role for early detection of a problematic drug use.
Lifetime prevalence's

Lebenszeitprävalenzen einzelner Substanzen 2012 (alle Institutionen)

<table>
<thead>
<tr>
<th>Substance</th>
<th>% of respondents who have tried at least 1x</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andere</td>
<td>14.9</td>
</tr>
<tr>
<td>Nicht verschriebene Medikamente</td>
<td>27.1</td>
</tr>
<tr>
<td>Verschriebene Medikamente</td>
<td>15.5</td>
</tr>
<tr>
<td>Smart Drugs, Research Chemicals, Legal Highs</td>
<td>17.7</td>
</tr>
<tr>
<td>2C-B</td>
<td>7.1</td>
</tr>
<tr>
<td>Psylos</td>
<td>50.6</td>
</tr>
<tr>
<td>Poppers</td>
<td>40.7</td>
</tr>
<tr>
<td>Ketamin</td>
<td>33.1</td>
</tr>
<tr>
<td>LSD</td>
<td>57.9</td>
</tr>
<tr>
<td>GHB/GBL</td>
<td>30.6</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>23.1</td>
</tr>
<tr>
<td>Amphetamine</td>
<td>72</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>85</td>
</tr>
<tr>
<td>Heroin</td>
<td>14.3</td>
</tr>
<tr>
<td>Kokain</td>
<td>76.4</td>
</tr>
<tr>
<td>Cannabis</td>
<td></td>
</tr>
<tr>
<td>Alcohol</td>
<td></td>
</tr>
<tr>
<td>Tobacco</td>
<td></td>
</tr>
</tbody>
</table>

Prevalence's of the last 30 days

Monatsprävalenzen einzelner Substanzen 2012 (alle Institutionen)

<table>
<thead>
<tr>
<th>Substance</th>
<th>% of respondents who consumed in the last month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andere</td>
<td>3.7</td>
</tr>
<tr>
<td>Nicht verschriebene Medikamente</td>
<td>6.2</td>
</tr>
<tr>
<td>Verschriebene Medikamente</td>
<td>6.9</td>
</tr>
<tr>
<td>Smart Drugs, Research Chemicals, Legal Highs</td>
<td>4</td>
</tr>
<tr>
<td>2C-B</td>
<td>2.2</td>
</tr>
<tr>
<td>Psylos</td>
<td>5.6</td>
</tr>
<tr>
<td>Poppers</td>
<td>4</td>
</tr>
<tr>
<td>Ketamin</td>
<td>9.4</td>
</tr>
<tr>
<td>LSD</td>
<td>16.1</td>
</tr>
<tr>
<td>GHB/GBL</td>
<td>5.3</td>
</tr>
<tr>
<td>Methamphetamine</td>
<td>3.1</td>
</tr>
<tr>
<td>Amphetamine</td>
<td>36.2</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>48.1</td>
</tr>
<tr>
<td>Heroin</td>
<td>2.3</td>
</tr>
<tr>
<td>Kokain</td>
<td>36.8</td>
</tr>
<tr>
<td>Cannabis</td>
<td>67.7</td>
</tr>
<tr>
<td>Alcohol</td>
<td>91.5</td>
</tr>
<tr>
<td>Tobacco</td>
<td>85.9</td>
</tr>
</tbody>
</table>

Evaluation of the Drug Checking offer – City of Zurich 2013
Consultation in nightlife shema

<table>
<thead>
<tr>
<th>Info stand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consultation</td>
</tr>
<tr>
<td>Short risk assessment based on:</td>
</tr>
<tr>
<td>- User’s needs and main questions</td>
</tr>
<tr>
<td>- Using a questionnaire</td>
</tr>
</tbody>
</table>

**Brief intervention**
- Provide facts and safer use information related to personal drug use
- Communicate Drug Checking results linked with health information

**Counselling**
- Deeper risk assessment based on conversations
- using a questionnaire, conversation guidelines and techniques
- Provide further help if necessary

**Goal: Create risk awareness**

**Goal: Change or stabilize the consumption behaviour**
What means consultation in Nightlife

• Intervention in a hedonistic fun orientated setting
• Noise, light and other party guests can disturb
• Influence of consumed substances
• Participation is based on voluntariness
• Consultation is mostly only onetime and without an official mandate
• First consultation experience for the most part of the target group
How to create a consultation setting

- There is not “the typical” consultation setting
- Cozy places like chill out can be a perfect place
- Make sure that speaking is possible and there is a minimum of privacy guaranteed
- Know the limit of the setting
- Ask the person if is OK if a friend or a partner is listening to the conversation
How to start a consultation

- Giving answer on a concrete question
- Using a questionnaire
- Explanation concerning published alerts
- Small talk at the chill our or information stand
- Providing a give a way flyer
- Playing the serious game
Consultation is always focused on the individual

- Consultation in nightlife must be based on the real individual personal situation.
- Needed additional information can be obtained during an open or structured discussion.

Open discussion: Orientation on a reported situation, personal experiences or question
Structured discussion: Structured with a questionnaire or a discussion guideline
Consultation goals

- Providing information about substances, health and harm reduction strategies
- Short risk assessment to recognize problems concerning drug use
- Giving a feedback concerning the risk behavior based on the information of the risk assessment and on scientific facts
- Implementing and supporting a personal auto reflection process
- Providing counseling and further help if indicated
Overview consultation, counseling, therapy

**Consultation**
- Short risk assessment
- No deep evaluation of the situation
- Information concerning the substances, personal risk behavior and potential risk effects
- Discussion and encouraging the person to follow risk management strategies
- On field

**Counselling**
- Risk assessment
- Deeper evaluation of the situation
- Consultation and personal support
- Encouraging to change the consumption habits
- Stabilization or consume reduction
- At the office or consultation center

**Therapy**
- Deep risk assessment
- Diagnose, analyzing the problematic
- Change of the consumption habits
- Consumption reduction
- Substitution
- Medical support
Basics of person-centered-consultation

Attitude
- Client-centered
- Comprehensive and emphatically

Techniques
- Open questions
- Motivational interview
- Mirroring (feedback)

Knowledge about
- Substances used in nightlife
- Offers of your proper institution
- External offers inside the local or professional network
Modell of change

pre-contemplation -> contemplation
contemplation -> preparation
preparation -> action
action -> maintainence
maintainence -> relapse
relapse -> pre-contemplation

Transtheoretical Model of Change
Prochaska & DiClemente
Attitude as intervenient

- Be your self
- Don’t try to change the risk behavior at any cost
- Be positive, accept orientated and non conventional
- Be aware that the consultation is on a voluntary base
- Non-judgmental and whiteout personal reservation
- Accepting that the substance is part of the live of the considered person

Carl Rogers
Empathy

• Try to understand the inner world of experiences of the person without losing its own objectivity.
• Without personal identification
• Identify, understand, accept, share impressions and values related to the situation of the other

Carl Rogers
**Congruence**

- Open attitude, spontaneous,
- Authentic be your self
- Real interest in the person
- Do not build a facade or a mask

Carl Rogers
Active listening

• Empathetic listening with reformulation
• Show your interest and sympathy verbal and non-verbal
• Rephrase / paraphrase: "I understand ...“
• Summarize and return a Feedback
• Avoid: judge, moralize, preach, teach, threaten, interpret, minimize ...
Open questions

• Ask questions that don’t induce a pre response (eg. "Yes" or "no")
• Longer answers are helpful for risk assessment
• Initiate a self-reflection of the person
• Rates talk: driving with open questions, the possible problem of the current behavior and the benefits of change ("What are the advantages of consuming cocaine less frequently?")

Promoting a change

In which stadium is the person who comes to the stand?

- Without a need for a change
- Ambivalent
- Resistant
- Consumer has already made (or tried) a first step towards a change

Take the person where it is
Identify the limits of a consultation in Nightlife contexts
Enhance the risk management competences

• Focus on the resources and skills
• Enhance motivation and personal responsibility
• Create confidence: show to the other that a changing can be succeeded (believe in success)
• Show the possibilities of having personal support (information, websites, drug checking, ...)

## Convince resistance

<table>
<thead>
<tr>
<th>Causes</th>
<th>Possible intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>No awareness of the problem (negation or minimization of risk or problem)</td>
<td>Promote self-reflection, through open-ended questions of awareness</td>
</tr>
<tr>
<td>Lack of knowledge or misunderstanding about the substances, the risks, offers, knowledge.</td>
<td>Inform and provide data and information</td>
</tr>
<tr>
<td>Conflict with his own habits, pleasure vs. health ...</td>
<td>Active listening and reinforcement; ask questions / against</td>
</tr>
<tr>
<td>Not ready to consultation in setting Nightlife</td>
<td>Acceptance, positive and be cautious</td>
</tr>
</tbody>
</table>
Simple advice

• Simple advices are the most used personal support in the nightlife field
• A simple advice follows always on a concrete situation, reported by the concerned person during the consultation
• Simple advice must be formulated easy and comprehensible
Providing a simple advice

• A simple advice is always based on facts
• Needed facts are:
  • Drug Checking results
  • Alerts
  • Harm reduction know how
  • Health related information
Some example of simple advices

• Don’t mix Cocaine and Alcohol to avoid the health risk of Coca-Ethylen
• After taking XTC make a pause of 4 weeks to refill the serotonin levels
• Under the influence of psychoactive substances drink 0.5 liter of water per hour
• There are high dosed XTC tablets on the market, take ½ tablet
TEDI Drug Checking Consultation and Counselling Guidelines
Annex 2: Questionnaire

From saferparty.ch

**Type of intervention:** - outreach - information stand - Drug Checking - chill out - office

**Type of party:** - club - one-off-party - outdoor-party - festival - public spaces - bars - other

**Visitors at the event:** < 200 - 200-500 - 500-1000 - 1000-2000 - 2000-5000 > 5000

### Q1. Age

### Q2. Sex

### Q3. Last educational level completed (1 answer only)

- none
- primary school
- Vocational education
- high school
- university or academy

### Q4. Current employment situation (limit: )?

- Education
- Working
- Searching a job
- Not active on the job market

### Q5. Have you ever used any of these substances?

1. Have tried 2. In the past 12 months 3. In the past 30 days 4. Initial age of 1st use

<table>
<thead>
<tr>
<th>Tobacco</th>
<th>Alcohol</th>
<th>Marihuana</th>
<th>Cocaine</th>
<th>Heroin</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Age choices:

- Never
- 1–2 days
- 3–9 days
- 9–20 days
- > 20 days
<table>
<thead>
<tr>
<th>Drug</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ecstasy (MDMA)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speed (Amphetamine)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methamphetamine (Thaipille, Crystal, Meth)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GHB/GBL (Liquid Ecstasy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>LSD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ketamine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poppers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psilocybin mushrooms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smart Drugs, Research Chemicals, Legal Highs Other?:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Q8. What did you consume at a typical party?**

- **Tobacco**
  - Number of cigarettes: __

- **Alcohol**
  - Number of standard drinks: __

- **Marijuana**
  - Number of Joints: __
  - Number of Bongs/Pipes: __

- **Cocaine**
  - Grams snorted: __
  - Grams smoked: __
  - Grams injected: __

- **Magic Mushrooms**

- **Ketamine**
  - (Grams consumed _____ in what form? _________________)

- **Methamphetamine (Thaipille, Crystal, Meth)**
  - (Grams or pills consumed in what form: _________________)

- **Poppers**
### Q10. Experiences after the consumption of psychoactive drugs (fill in as many as applicable)

**Short term**
- [ ] Bad trip
- [ ] Unconsciousness
- [ ] Hospital emergency department
- [ ] Unwanted, unprotected sex
- [ ] Accident (car crash, falling down)
- [ ] Violence (victim or offender)
- [ ] unwanted sexual encounter
- [ ] Driving under the influence of drugs or alcohol
- [ ] Relapsing anxiety and panic
- [ ] Anxiety or panic attacks
- [ ] Epileptic shock

**Long term**
- [ ] Problem with family member or partner
- [ ] Problem with friends
- [ ] Problem at school or work
- [ ] Problem with the police
- [ ] Debts
- [ ] Sexual disfunction
- [ ] Avolition (lack of motivation)
- [ ] Chronic sleep problems
- [ ] Chronic infection (hepatitis, HIV)
- [ ] Depression
- [ ] Other (What: ..................................................)

### T1. Have you ever used a Drug Checking service before?

Yes [ ] No [ ]

If yes, which institution? ........................................... date of last visit: .................

How often: [ ] 1 x  [ ] 2 – 5 x  [ ] more than 5 x
### T3 What is important in determining the quality (content, dose) of a substance?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Buy from the same source</td>
</tr>
<tr>
<td>2</td>
<td>The logo – its colour, etc. of substance</td>
</tr>
<tr>
<td>3</td>
<td>The colour and taste of the substance</td>
</tr>
<tr>
<td>4</td>
<td>Price</td>
</tr>
<tr>
<td>5</td>
<td>Prior experiences with the substance</td>
</tr>
<tr>
<td>6</td>
<td>Prior experiences of friends</td>
</tr>
<tr>
<td>7</td>
<td>Try a small dose</td>
</tr>
<tr>
<td>8</td>
<td>Whatever, I will try anything</td>
</tr>
<tr>
<td>9</td>
<td>Other criteria: ..........................</td>
</tr>
</tbody>
</table>