

INTERVENTION GUIDELINE

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INTRODUCTION

The current document describes a schematic representation for a local system that can be used for implementing interventions for emerging trends in psychoactive substances on the local level. Intervention implementation is the third of three subsequent components in a model of Identification, Risk assessment & Intervention (“IRI”-model), as described in the Local PASS Toolkit Guideline (see www.localpass.eu/cms/local-pass-toolkit). It should be used in conjunction with the other two components, as described in the Identification Guideline and the Risk Assessment Guideline (see also www.localpass.eu).

This Intervention Guideline is structured as follows. First, we describe the aims of the process of local intervention implementation in Chapter I. Then, a schematic representation of the intervention process – the Intervention Flowchart - is given in Chapter II. In Chapter III procedures are outlined for implementing interventions at the local level. Here, the Intervention Tool is presented, which can be used for selecting the correct intervention(s) in response to a certain new drug trend. The section also explains how to use the Intervention Flowchart and Intervention Tool. In addition, it conveys information on existing interventions (with the possibility of adding references to local interventions), and on considerations taken into account during development of the tools.

I. INTERVENTION IMPLEMENTATION: AIMS

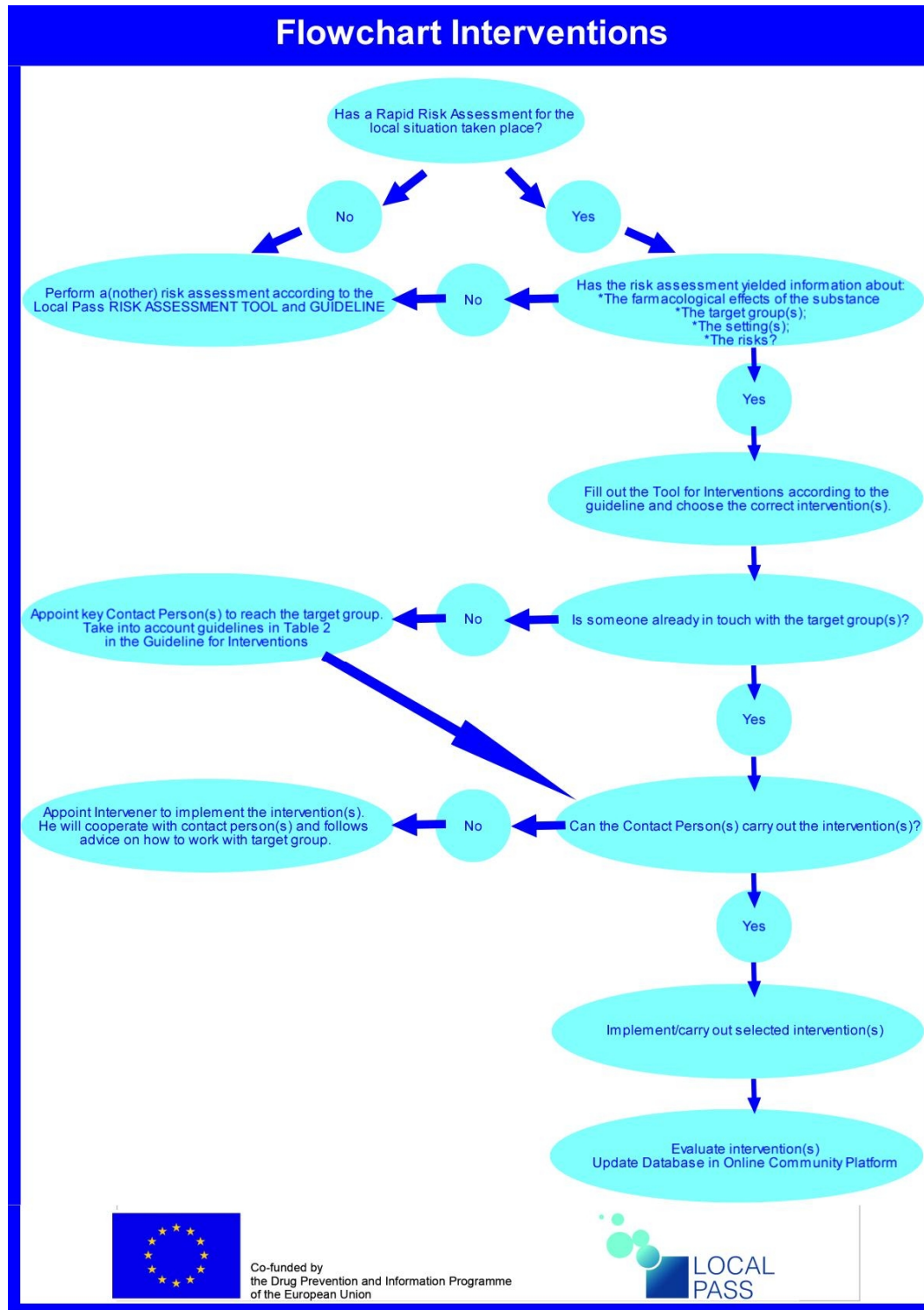
The Intervention process is one of a set of three inseparable components and is performed by the Local Emerging Drug Trends Panel (“LEDTP”; see the Local PASS Toolkit Guideline). A schematic depiction of the process of local intervention implementation is presented in Figure 1. The aims of the Intervention process are to:

- respond with the correct interventions to a newly emerging drug trend,
- counter the risks associated with this new trend as assessed in the local Risk Assessment process (see the Risk Assessment Guideline on www.local.pass.eu),
- prevent the trend from reaching the tipping point and spreading to larger user groups within as well as outside the locality,
- enable efficient exchange of relevant information between the persons involved in the local drug policy and healthcare system,
- provide data for the higher levels of the drug policy and healthcare system.



II. LOCAL INTERVENTION IMPLEMENTATION SCHEME

Figure 1: The Intervention Flowchart. A schematic representation of the Intervention process in response to new trends in substance use on the local level.



III. THE INTERVENTION IMPLEMENTATION PROCEDURE

Local intervention implementation process and tools

The body responsible for the implementation of local interventions in response to newly emerging trends is the Local Emerging Drug Trends Panel (see the Local PASS Toolkit Guideline). Based on the Risk Assessment performed by the Risk Assessment Committee (see the Risk Assessment Guideline) the LEDTP will decide whether (an) intervention(s) for the newly emerging trend is/are warranted. If so, the LEDTP will convene and will follow the steps described in the Intervention Flowchart (see Figure 1). Below, we shortly described all steps in the flowchart. Next, we will explain how to use the Intervention Tool (see Figure 2). Finally we will provide an overview of considerations that have been taken into account during development of the Flowchart and Tool.

The Intervention Flowchart

The first step is a (double) check whether a Risk Assessment has taken place. If not, this should be carried out. If it has taken place, the second step is to check whether it has yielded all necessary information. Control questions for checking this include the following:

- Is the Target Group known?
- Is the setting of the Target Group known?
- Are the risks known related to the assessed substance and its risks for the current Target Group in the current setting?

If any crucial information is missing (i.e. information necessary for selecting (a) correct intervention(s)), the Risk Assessment committee should rerun the Risk Assessment, or parts of it, to obtain this information. If all information has been collected, the Intervention Tool can be filled out by the members of the LEDTP (see also the next section). Based on the risks identified for a certain Target Group¹ interventions can be selected from the Tool. By marking interventions for risks with different colours (e.g. green for a risk score of 1, orange for a risk score of 3, red for a risk score of 5, etc) an overview can be created of which interventions have priority over others. Please note that in your locality some interventions may be impossible to implement (e.g. drug checking). If so, please use the tool to select the next most relevant intervention for the current situation.

It is possible that the Target Group involved in the new trend is a new user group that is not mentioned in the intervention tool. If so, first inspect existing databases for mention of the new user

¹ These target groups have been identified within the Local PASS project as being involved in the onset or incubation stage of a trend; i.e. as groups in which new trends are likely to emerge.



group, such as the EDDRA² database, or databases like NIDA³ or SAMSHA⁴. If the new user group is not mentioned in these databases, look for similarities in terms of setting, patterns of use, and vulnerability with the user groups described in the databases or with the Target Groups in the Intervention Tool (see Table 1). Then, based on the outcomes of the Risk Assessment, select interventions for this known user group.

Table 1: Definition of the Target Groups

Target Group	Definition
Trendsetter	Someone looking for new experiences and innovations, and who has the ability to make others want to copy and/or follow him. When a trend becomes mainstream, the trendsetter will start looking for something new.
Psychonaut	Someone who purposefully and in an 'informed' way experiments with drugs to change his state of mind.
PUDH⁵	Someone who uses drugs habitually or heavily, and who seems more prone to their negative consequences than trendsetters or psychonauts. PUDHs often start with changing the mode of administration of a drug.
Youth on the street	Individuals between +/- 12 and 25 who hang out in the street on a(n almost) daily basis. When youth on the street start using a drug they often use it frequently and excessively, thus highlighting its risks.

When an intervention has been chosen, check whether any service / profession / organisation is already in touch with the Target Group (the 'Contact Person'). If contact with the Target Group has not yet been made, appoint a Contact Person to reach the Target Group. In Table 2 an overview is given of which service / profession we advise to make contact with the Target Group. The Contact Person should have knowledge of the Target Group, and preferably have experience with reaching out to and working with them.

² EDDRA = Exchange on Drug Demand Reduction Action; see <http://www.emcdda.europa.eu/themes/best-practice/examples>

³ NIDA = National Institute on Drug Abuse; see <http://www.drugabuse.gov/NIDAHome.html>

⁴ SAMSHA = Substance Abuse and Mental Health Services Administration; see <http://prevention.samhsa.gov/about/spf.aspx>

⁵ PUDH = people who use drugs habitually or heavily



Table 2: Contact Person advised to contact the Target Group.

Target Group	Contact Person
Trendsetters in the nightlife scene	Outreach workers / peer workers online (websites, fora) and in the nightlife scene / party organisers / bar staff
Psychonauts at home	Outreach workers online (websites / fora)
Psychonauts in the nightlife scene	Outreach workers / peer workers online (websites, fora) and in the nightlife scene
PUDHs on the street, in basic care and at home	Outreach workers / peer workers on the street, and staff in consumption/user rooms and treatment centres
Youth on the street	Outreach workers / youth workers / peer workers

If contact with the Target Group has been made, check whether the Contact Person can implement and carry out the chosen intervention(s). If so, the Contact Person can start with the intervention. If not, appoint (an) Intervenor(s) who can do this. To increase chances of successfully intervening the Intervenor should work closely together with the Contact Person, who can provide information on how best to approach and work with the Target Group.

After the intervention has been implemented / carried out, we advise running an evaluation. Examples of ways to evaluate interventions can be found on, for instance, the website of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA): <http://www.emcdda.europa.eu/themes/best-practice/tools>. Information on whether the intervention was successful for the current situation and why (not), as well as experiences from the Contact Person and the Intervenor can be collected and stored in an Online Communication Platform (see Chapter IV of the Local PASS Toolkit Guideline for information on such a platform) for future reference.

The Intervention Tool

In the first part of this section an explanation is given of how to select a correct intervention for the current situation by means of the Intervention Tool (see Figure 2 at the end of this chapter). To describe the process in more detail, we provide an example of how the LEDT panel can choose correct interventions for a fictitious trend. The Intervention Tool includes types of interventions or methods that can be implemented for certain situations, such as motivational interviewing, substitute treatment, and premise patrol. It does not provide extensive descriptions of these interventions. A (non-exhaustive) list of where information on these different methods and types of



interventions can be found is provided in the second part of this section. Note that this list only includes international sources. Each locality is strongly advised to add their own local sources of information about interventions to the list.

How to fill out the tool

Before filling out the Intervention Tool, make sure the Risk Assessment has provided information about the Target Group and setting, and the risks of the trend involved. Inspect the output of the Risk Assessment: What are the group/setting and risks involved? Then, look up the Target Groups/setting involved in the upper row of the tool. Next, look up the risks described in the Risk Assessment in the left-hand column. Now, colour-mark the interventions in the cells corresponding to the described Target Group/Setting and risk. Use the following markings:

- mark with **green** the interventions corresponding to a risk score of 1.
- mark with **yellow** the interventions corresponding to a risk score of 2.
- mark with **orange** the interventions corresponding to a risk score of 3.
- mark with **pink** the interventions corresponding to a risk score of 4.
- mark with **red** the interventions corresponding to a risk score of 5.

By means of the fictitious example in Box 1 below the practical use of the Intervention Tool is described in more detail.

Box 1: Example

Krokodil is the name for homemade injectable opioid with desomorfine as the active ingredient. It is a cheap hard drug that offers an alternative to heroin. The hard drug is mainly popular among Russian adolescents who cannot afford heroin. Recently, in the Czech Republic the availability of heroin has decreased. Since then, Krokodil has appeared to have gained popularity among PUDHs in the street and at home. Based on these signals the Local Emerging Drug Trends Panel has convened and studied whether this use of Krokodil among PUDHs constitutes a new trend or whether it falls into the definition of a hype or a rumour. The panel concludes that it concerns a trend with serious risks and a Risk Assessment is carried out. The Rapid Assessment Committee (see the Risk Assessment Guideline) draws the following conclusions, based on which the Local Emerging Drug Trends Panel advises to intervene:

- Risk for both acute and chronic toxicity is high: Risk score 5;
- Risk for physical and psychological dependence is high: Risk score 4;
- Risk that the trend will spread to other user groups is low: Risk score 1.



Based on this information the Local Emerging Drug Trends Panel first looks up in the Intervention Tool which interventions are indicated for the described risks for the target group of PUDHs. This includes, for example, Test service, Expert meeting for medical staff, and Information by outreach workers. The LEDTP now colour-marks the interventions with a risk score of 5 red, the interventions with a risk score of 4 pink, and the interventions with a risk score of 1 green (see Table 3 below). The interventions marked in red have priority over the ones marked in pink and yellow, and the ones marked in pink have priority over those marked in yellow. Depending on what the local situation allows for (in terms of means and local and national regulations), the LEDTP advises to first implement the interventions and methods marked red, and then those marked pink, and then the one marked yellow.

Table 3: Interventions and methods selected based on Rapid Risk Assessment output

Individual health	
Acute toxicity	Test service
	Information campaign
	Naloxone treatment (opiate overdose)
	Expert meetings for medical staff
Chronic toxicity	Information by outreach workers
Physical dependency	Information by outreach workers
	Substitute treatment
	Information by outreach workers
	Support in becoming self-sufficient
	Motivational interviewing
	Peer support
Psychological dependency	Focusing on social and personal skills
Public health	
Spreading of the trend	Control measures

Descriptions of interventions

In Table 4 below international sources are listed describing different types of and methods for interventions. Please note that this list is not exhaustive. We encourage each locality to add to this list their own local sources of information – also because not all workers looking for information about interventions understand English. Examples could be websites of national focus points and portals for health promotion, and organisations providing courses and trainings pertaining to a safer nightlife scene. Each locality is recommended to chart and compile these local and national websites



and projects describing interventions related to drug use. The sources naturally need to be reliable, and preferably the interventions described have been evaluated and / or are evidence-based.

Table 4: Examples of interventions related to substance use and where to find them*

Intervention	Target Group / Setting	Source
Information for users (through website)	Nightlife scene	http://www.rednetproject.eu
		http://www.talktofrank.com
		http://www.globaldrugsurvey.com/brand/the-highway-code
	Psychonauts	Davey, Z., Schifano, F., Corazza, O., & Deluca, P. (2012). e-Psychonauts: Conducting research in online drug forum communities. <i>Journal of Mental Health, 21</i> , 386-394.
Information and support for users (through online chat)	Drug users	http://sittool.eu/
Staff training	Nightlife scene	Wood et al. (2008). Improvement in the pre-hospital care of recreational drug users through the development of club specific ambulance referral guidelines. <i>Substance abuse treatment, prevention, and policy, 3</i> , 14.
		EMCDDA (2012). Responding to drug use and related problems in recreational settings. Lisbon: EMCDDA URL: http://www.emcdda.europa.eu/publications/thematic-papers/recreational-settings
		http://www.camh.ca/en/education/about/camh_publications/Pages/safer_bars_program.aspx
Environmental strategies	Nightlife scene	http://www.club-health.eu
		http://www.partyplus.eu
		http://www.safernightlife.org/field-interventions
		EMCDDA (2012). Responding to drug use and related problems in recreational settings. Lisbon: EMCDDA URL: http://www.emcdda.europa.eu/publications/thematic-papers/recreational-settings
Community-based interventions**	Nightlife scene	Calafat, A., Juan, M. and Duch, M. A. (2009), Preventive interventions in nightlife: A review, <i>Adicciones 21</i> (4), pp. 387–413 URL: http://www.adicciones.es/ficha_art_new.php?art=657
		EMCDDA. (2010). <i>Harm reduction: evidence, impacts and challenges</i> . Lisbon; EMCDDA URL: http://www.emcdda.europa.eu/publications/monographs/harm-reduction
Harm reduction	PUDHs	O’Leary Tevyaw et al. (2004). Motivational enhancement and other brief interventions for adolescent substance abuse: Foundations, applications and evaluations. <i>Addiction, 99</i> , 63-75 URL: http://onlinelibrary.wiley.com/doi/10.1111/j.1360-0443.2004.00855.x/abstract
Motivational interviewing	Youth on the street	Riper et al. (2009). Curbing Problem Drinking with Personalized-Feedback Interventions: A meta-analysis. <i>American Journal of Preventive Medicine, 36</i> , 247-255



Considerations

A number of things have been taken into account when developing the Intervention Flowchart and Intervention Tool. Below an overview of these considerations is given. They provide background and help understand why certain choices regarding the Flowchart and Tool have been made.

- Interventions related to high prevalence are not listed here, since the aim of the Tools is to act before the tipping point of a new drug trend has been reached.
- The Tool is mainly intended for use with trends in new psychoactive substances. Since often little is known about these substances, the Tool does not focus on risks related to their quality (e.g. the percentage of active ingredients the substances contain, and the type and quality of additional ingredients/auxiliary agents) and the reliability of this quality.
- Vulnerability of the user group has not been included as a separate risk category in the Tool. As interventions are listed per user group the vulnerability of each group is taken into account implicitly.
- The setting of drug use is not included separately in the Tool. Instead, a combination is made of user group and setting.
- Although Naloxone treatment is recommended in case of opiate overdose only, this intervention was included in the Tool because of its effectiveness in decreasing mortality rates. Currently, opiate use is mainly observed in PUDHs groups. If a new trend in opiate use emerges which involves target groups other than PUDHs Naloxone treatment may be indicated for these groups as well. Therefore, the intervention is also plotted in the Tool for the other Target Groups.



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Figure 2: Intervention tool

Also see comments and footnotes below the tool

Risk	Group			
	Trendsetters in the nightlife scene	Psychonauts at home and in the nightlife scene	PUDHs on the street, in basic care, and at home	Youth on the street
Pharmacological / Effects of substance				
Stimulants	Climate control ¹ Avoid hidden areas ¹ Evacuation plan ¹ Premise patrol ¹ Chill out rooms ¹ Provide food and snacks ¹ Provide vitamins and free water ¹	Climate control ¹ Avoid hidden areas ¹ Evacuation plan ¹ Premise patrol ¹ Chill out rooms ¹ Provide food and snacks ¹ Provide vitamins and free water ¹		
Depressants	Avoid hidden areas ¹ Evacuation plan ¹ Premise patrol ¹ Chill out rooms ¹ Provide food and snacks ¹	Avoid hidden areas ¹ Evacuation plan ¹ Premise patrol ¹ Chill out rooms ¹ Provide food and snacks ¹		
Hallucinogens	Avoid hidden areas ¹ Evacuation plan ¹ Premise patrol ¹ Provide food and snacks ¹	Avoid hidden areas ¹ Evacuation plan ¹ Premise patrol ¹ Provide food and snacks ¹		
Individual health				
Acute toxicity (toxicity and acute adverse events)	Test service Information campaign ² Naloxone treatment (in case of opiate overdose) ³ Expert meetings for medical staff	Test service Information campaign ² Naloxone treatment (in case of opiate overdose) ³ Expert meetings for medical staff	Test service Information campaign ² Naloxone treatment (in case of opiate overdose) ³ Expert meetings for medical staff	Test service Information campaign ² Naloxone treatment (in case of opiate overdose) ³ Expert meetings for medical staff
Chronic toxicity (long-term adverse events)	Information on website	Information on website	Information by outreach workers/peer	Information on website Information by outreach workers/peers



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Physical dependency (long-term adverse events)	Information on website	Information on website	Information by outreach workers/peers Substitute treatment	Information on website Information by outreach workers/peers Parental involvement ⁴
	Information on website	Information on website	Information by outreach workers/peers Support in becoming self-sufficient ⁵ Motivational interviewing (by peers or outreach workers) Focusing on social and personal skills Peer support	Information by outreach workers/peers Support in becoming self-sufficient ⁵ Alternative leisure time activities Parental involvement ⁴ Motivational interviewing (by peers or outreach workers) Normative feedback by self-tests Focusing on social and personal skills Peer support
Psychological dependency (long-term adverse events)				
Public health				
Availability	Control measures ⁶	Control measures ⁶	Control measures ⁶	Control measures ⁶
Health-related incidents	Information on website	Information on website	Information by outreach worker/peers Health tests Staff training Test service Provide clean materials Provide user rooms Peer support	Information on website Information by outreach workers/peers Staff training Test service Normative feedback by self-tests
	Staff training Test service	Staff training Test service		
Nuisance-related incidents (public safety and nuisance)	Provide late night transport Staff training Clear, visible house rules	Provide late night transport Staff training Clear, visible house rules	Staff training Focusing on social and personal skills	Staff training Lighting on the street Parental involvement ⁴ Focusing on social and personal skills
Users' risk perception	Information on website	Information on website	Information by outreach worker/peers	Information on website Information by outreach workers/peers



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Spreading of the trend	Peer education (e.g. online) Control measures ⁶	Peer education (e.g. online) Control measures ⁶	Peer support Control measures ⁶	Peer support Control measures ⁶
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¹ These interventions are part of so-called “Environmental strategies” that are relevant for the nightlife scene. For the home, basic care and street setting the same interventions can be implemented for different types of substances.

² If flyers are used as a means of providing information to (potential) users, make sure the workers distributing them have knowledge about their subject. In this way, they will be able to answer questions and be taken more seriously.

³ Currently opiate use is observed mainly within PUDHs groups. If a new trend in opiate use would involve other target groups, Naloxone in case of overdose may be indicated for these groups as well.

⁴ Through parental involvement parents can be made aware 1) of their child’s drug use; and 2) of the effectiveness rules (strict rules for youth are effective as long as control does not become too compulsive).

⁵ This includes help in finding housing and employment.

⁶ On the website of the UNDOC and the EMCDDA the various options are described in more detail.

http://www.emcdda.europa.eu/attachements.cfm/att_211267_EN EMCDDA_POD_2016 Controlling%20new%20psychoactive%20substances.pdf

and <https://www.unodc.org/LSS/Page/NPS/LegalResponses>

Terms between brackets in the “Risk” column refer back to those on to the Risk Evaluation List and Score Sheet from the Risk Assessment Guideline.



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SUMMARY

The Intervention Flowchart and Tool provide a means for the Local Emerging Drug Trends Panel to select suitable interventions for emerging trends when the panel has decided that the risks of the trend warrant a response. The Intervention Flowchart guides the process of intervention implementation. It helps check whether all information is there that is needed for selecting interventions that can act on the risks of the trend for the current Target Group in its current setting. When all necessary information has been collected, the Intervention Tool can be filled out and suitable interventions can be chosen. Colour-marking helps prioritise suitable interventions. Depending on the local situation and local and/or national regulations, the interventions corresponding to the highest risks can be implemented first. At the end of the process an evaluation can yield insight into the effectiveness of the interventions and the process of its implementation. This knowledge can be stored in an Online Communication Platform for future reference.

