QUALITY MODELS AND APPROACHES FOR PREVENTION IN RECREATIONAL SETTINGS

In this field, as there is no tradition of evaluation research, it is hard to define hard and evidence-based criteria for project quality. But for funding decisions and priority allocations in an intervention area, where a definition of professionalism is still missing and intuitive ad-hoc activities are still frequent, some minimal criteria are needed. Therefore, some preliminary criteria have been defined in a panel of European experts: these are results and recommendations of an expert survey in the preparation of a related EMCDDA meeting in September 2002.

Experts were: Belgium: Fabienne Hariga (French-speaking community and Wouter Devriend (Flemish Community); Denmark: Anne-Marie Sindballe and Hans Hendrik Philipsen; Germany: Peter Tossmann; Greece: Vicky Yotsidi; Spain: Sonia Moncada; Ireland: Martin Keane; Netherlands: André Gageldonk; Austria: Harald Kriener; Portugal: Jorge Negreiros and Joaquim Fonseca; Finland: Markku Soikkeli; Sweden: Ulla-Brit Hedenby; UK: Mark Bellis and Jim Sherval Norway: Odd Hordvinn; Slovenia: Matej Kosir.

Questions were:

1. What would you consider to be Quality Models or Mandatory Quality Elements for projects/interventions in the Party Setting?

2. Please name projects you consider examples of good practice in your country (and give references in order to obtain more information on them)?

1.) Quality Models or Mandatory Quality Elements for projects/interventions in the Party Setting

(AU) Regarding prevention: Projects have to meet the expectations of the target-group regarding content of information, scene-specificity, language,… (measured by number of visitors and satisfaction with the project); information (booklets, posters, word of mouth) should always be coupled with counseling-offers; interventions have to concentrate on needs of people, i.e. risk reduction information and empathic talks; pill-testing-offers have to be coupled with information and counselling; pill-testing methods and results have to be reliable (no quick-tests only); there has to be at least a minimum amount of documentation and evaluation; projects should link up with counselling and treatment centers; Regarding awareness campaigns: should be run by institutions regarded trustworthy by the targeted scene/people; have to offer more than just written or oral information - institutions have to be prepared (counseling, more requests than usual,…)

(BE – Fabienne Hariga) Independent organisation from the party organiser; good relation with party organiser; harm reduction activities rather than
prevention; diffusion of information on drugs and related risks; distribution of material: condoms, ear plugs etc.; access to free drinking water; access to cool areas; prevention teams placed in an area where it is possible to talk but where it is easy to find them; prevention of car accidents; no police around health area; professional staff and peers; possible referral to community services. Perhaps no media and no; the range of activities depend on the type of event and, in major events (festival type) bad trip management teams; pill testing is a good "added value";

**BE – Wouter Devriendt** Interventions/projects have to be a part of global and complementary prevention strategy and have to meet the expectations of the target-group:

- Sensitisation, information and peer education (-i.e. risk reduction)

  (Critical success factors: credibility by targeted scene, communication channels, i.e. multimedia-, transfers to counselling services -i.e. drug help line).

- Structural guidelines and networking and collaboration with professionals in the field of nightlife -i.e. creating a safe physical environment, reducing the harm from drug use-

Remark: pill testing is not an option for the Flemish-speaking part of Belgium -not yet and not for the near future- (in the opposite to the French-speaking part of Belgium)

- Rules and instructions by (local) policy makers

- Cure and care: presences of first aid staff in dance events, arrangements between club owners and emergency departments of local a hospital.

**DK – Hans Henrik Philipsen** Since The National Board of Health just has started developing a programme addressing this issue, there are currently no finalised evaluated results. But in terms of model-testing the interim experience show the importance of: organizing intervention at community level e.g. coordinate shareholders meetings (business owner (and their org.), police, municipal/county authorities, staff, hospital(s), parents, etc.); good experience with mobile units (caravans) for peer-based counselling (in contrast to outreach preformed at the discothèques, cafés, etc), esp. when the unit is situated between the In-places; the young peer counsellors must be well-trained and have access to supervision and coaching. Concerning experience with workshops for owners/staff: facilitate exchange of exp. among businesses, good working relations (also informal) between staff and police, etc. (Pls. also see question 6.) (More info: in 2001 Danish National Report, pp. 99 under [http://www.emcdda.eu.int/multimedia/publications/national_reports/2001/NR_Denmark_2001.pdf](http://www.emcdda.eu.int/multimedia/publications/national_reports/2001/NR_Denmark_2001.pdf))

**DK – Anne-Marie Sindballe** Elements: Goal setting relevant to the actual level of drug taking (A: low prevalence: zero tolerance, B: high prevalence: harm reduction) - A: A drug policy, public - officially approved doormen - a responsible serving policy, public - cold water - chill out room(s) available - supervised toilets
- first help instructions/training to all employees. B: as A + personal contact for information and counselling - printed information on drugs and addresses for help-seeking - (pill-testing)

(FI) 1. A model shown to be effective 2. separate from any anti-drugs messages, 3. planned and carried out together with the target group

(GE) (a.) Significant acceptance among the target group, (b.) professional project management and evaluation (c.) impact of the project/intervention on behaviour and/or attitude of the target group

(IE) Mandatory Quality Elements of projects/interventions should include the following: Training of nightclub staff to recognise symptoms of drug use, information material for distribution on site e.g. posters, leaflets etc., 'cooling down room, where water, contraception and support is available. A Quality Model to base project/intervention on would be the Public Health Model' used in by Outreach workers in party/rave settings. This model appears to have the fluidity to embrace new forms of drug use as the inevitably emerge in the club/rave scene.

(PT – Joaquim Fonseca) The use of peer to peer strategy; The promotion of safe environments (e.g. Chill-out areas), the quality of the pill testing (should be done with technical support and made by professionals), the existence of a close working relationship with club owners and event promoters

(PT – Jorge Negreiros) 1) Establishing relationships based on trust and confidence; b) Projects should be oriented towards the promotion of an active participation of the clients; c) Interventions should be based on a deep knowledge of the group needs and sub-cultural characteristics (i.e., the client should be the centre of concern).

(SL) General recommendations or provisions for party organisers should be developed and they should include provisions on first aid, presence of medical staff, proper air conditions, air-conditioning or ventilation, free water facilities, preventive materials etc.

(SP) The elements required to insert a programme in EDDRA database, which are referred to the methodology of the intervention.

(UK – Mark Bellis) Chill out rooms, Provision of free cold water, Availability of harm reduction information, Qualified first aid staff (trained to deal with drug problems), Basic environmental standards - maximum capacity, maximum noise levels, clear and well signposted fire exits, regular fire and electrical equipment checks, clean and sufficient washroom facilities, Trained and registered door supervisors, sufficient transport facilities for getting home from the club, Well lit vicinity, Affordable non-alcoholic drinks, Good ventilation, temperature control, Record all incidents (first aid and violence/crime), Agreed Drug Policy

(UK – Jim Sherval) Be close to current trends, maintain a high presence at various venues, focus on key messages, deliver accurate, objective culturally relevant information etc. I think a consensus on key features should be quite easy to construct (although not all of it will be evidence based).
Conclusion:

Generally, most experts highlight the importance of responding to needs, expectations and language of the target group. A possible way might be to involve directly the target group in the planning. Also a broader prevention framework around (e.g. fitted into a community-based prevention programme) is deemed a quality criterion.

Concerning the measures themselves, there are at least two categories of items:

1. Referring to the **content** of measures, there is a strong agreement on the following points
   - To link information material with **personalised** talks and counselling. Credibility is a key parameter: accurate and objective message.
   - Peer to peer counselling methods and active participatory information methods

2. Referring to structural and organisational conditions
   - Good cooperation with organisers/club owners
   - Good cooperation with health/social services, possibility of referrals
   - Equipment of venues: availability of drinking water, ventilation, chill-out areas (also in order to facilitate counselling/information talks), first aid staff in place (or trained nightclub staff), affordable non-alcoholic drinks.

Most of these recommendations are in line with existing [Safer Clubbing Guidelines](http://example.com/safer_guidelines), available on the Internet, but which are still not very largely implemented, as an additional [question of this survey](http://example.com/question) indicates.

Concerning on-site pill testing interventions, there is no common position of the experts.

Only one expert explicitly points at the need to provide safe transportation offers, an aspect which is not very developed in most countries, according the [expert’s views](http://example.com/expert_views).
2.) Examples of good practice

(AU) ChEck iT! - Verein Wiener Sozialprojekte, Project-Manager: Sophie Lachout, Tel.: +43-1-8101301-501, E-Mail: sophie.lachout@vws.or.at
Web: http://www.checkyourdrugs.at/

In EDDRA:
http://eddra.emcdda.eu.int:8008/eddra/plsql/showQuest?Prog_ID=1780

Drogenberatungsstelle des Jugendzentrums Z6; Project-Manager: Markus Göbl, Tel.: +43-512 - 580808;

Fachstelle für Suchtverbeugung Niederösterreich; director: DSA Kurt Fellöcker; Tel.: +43-2742-31440, Mail: info@suchtvorbeugung.at, Web: http://www.fachstelle.at/ (there are sporadic interventions at festivals (information, counseling).

(BE – Fabienne Hariga) Peer prevention project: information and harm reduction in party setting (Modus Vivendi). (I am a bit embarrassed but as far as we know there are, a part from our initiative covering the whole French Community there is only one other initiative. Currently there is one Interregio project starting in September including mobile pill testing).

(BE – Wouter Devriendt) Awareness campaign ‘(roughly translated: Cheated/tricked? Don’t know!’) http://www.vad.be/ of wouter.devriendt@vad.be

Task force in Ghent: developing a local policy for party life and party drugs. Participants: prevention workers, local policy makers, emergency department, red cross (first aid), police, nightlife professionals). fillip.desager@gent.be

CAD: interventions in summer music festivals carlo.beaten@cadlimburg.be

A starting semi-peer support project in the party scene in Antwerp jan.desmet@hotmail.com

(DK – Hans Henrik Philipsen) There have been several minor community-based meeting addressing the issues related to ATS in the nightlife. The target group have typically been concerned parents, invited business owners, local police, and at some events local politicians. These interventions are limited to the scope of the events themselves. Another example is the introduction of so-called "drug-free areas"-package, which is a drug preventing package offered to discothèques, cafés, etc. The package includes posters, T-shirts, shirts, marking ribbons, beer coasters, etc. all carrying the characteristic logo “Drug-free area” in yellow and/black. Furthermore, the in-places will have business cards lying around, which refer to hotlines, counselling and treatment centres. As part of the planning activities, the business owners are invited to an informative meeting by the municipality’s license board. The project intervention lasts for a month at each In-place. The project has not been formally eval. (info: 2001 Nat.Report)

(FI) A number of organisations are present on major music festivals as well as other youth-dominated events. Principal methods are information leaflets and
personal contact and dialogue. The Finnish Association for a Human Drug policy are preparing risk reduction leaflets to be distributed at parties.

A pilot study by Pauliina Seppälä in Stakes is being completed on rapid assessment of new drug phenomena. One outcome of the study shall be a two-way information channel, where experts are provided a possibility to react quickly to risks posed by changes in drug-taking patterns by distributing accurate information, among others, to the target group. A co-operation project to produce and distribute information in party settings has been started. Participants are Finnish Association for a Humane Drug Policy (HPP), A-Clinic Foundation and Stakes, the national research centre for welfare and health.

(GE) In Germany there are about 12-15 outreach projects in the Party Setting. In most cases these "programmes are not evaluated, because of this it's not possible to identify "good practice". For a small overview of Party-Projects see: http://www.drugcom.de/Projekte

(IE) Sound Decisions: A Nightclub Initiative. Contact Dr. Nazih Eldin, North Eastern Health Board, Ireland. ph. 353 1 046 76400. Details in EDDRA

(PT – Joaquim Fonseca) Conversas de Rua Associação - "Pójecto de redução de riscos e minimización de danos junto de consumidores de drogas de síntese". Largo do Río Seco nº 1 R/C letra E, 1300-496 Lisboa. Tel: +351 21 795 99 65 E-Mail: Helluis@mail.telepac.pt

(PT – Jorge Negreiros) Outreach work in recreational settings in Portugal has been basically confined to large cities, namely Lisbon and Porto. The projects in this field have been scarce and fragmented. Nevertheless our recently approved Local Plan for Drug Use Prevention specifically defines four major areas of intervention, being one the outreach work in recreational and sportive settings. It is hoped that in the near future drug services working in major Portuguese cities will have an outreach component. Major problems associated with the implementation of outreach projects include: a) the actual political climate, which seems to be not particularly favourable to outreach interventions; b) training of workers, c) co-ordination between administrations.

(SL) Government Office for Drugs and non-governmental organisation DrugArt had developed general recommendations for rave-party organisers and they are included already in procedure of getting permission by local administration. Also Ministry of Health had developed its own provisions with regard to medical point of view (presence of professional medical staff, first aid equipment etc.). We are now in a situation that those two provisions or recommendations compete to each other. We will have to decide about only one document in the next months.

(SP) To reach 'good practice' level, sound evaluation research and replication studies must be implemented. This is not the case in Spain in this field... Any way there are two interventions programmes that are becoming popular and some research is being implemented:

Energy Control run by ABD and

In EDDRA:

Side-B, run by ABS, both in Barcelona.
(UK – Mark Bellis)

D3 (D cubed): drug service for nightclubs and events on the dance scene. Provides harm reduction information, door supervisor training, works with medics/first aid staff on correct care of drug problems, provides drug prevention info to teenagers at discos etc. Contact: D3 Tel: +44 (0) 1132 777323

In EDDRA:
http://eddra.emcdda.eu.int:8008/eddra/plsql/showQuest?Prog_ID=1603


Touch: Sexual health and safer drug use in student night club using peer educators, provide harm reduction info and free condoms, talk to clubbers and watch for those in difficulty. Contact: +44(0) 1772 893761. Crystal Clear: Reducing glass related injuries, HIT, contact: +44(0) 870 990 9702. Manchester City Centre Safe: Private policing on nightlife, contact: jan.brown@gmp.police.uk

(UK – Jim Sherval) I feel there has been little innovation since 1996-7 in this field and a number of projects have disappeared because of funding. The main barrier to good practice has been sustaining it. Also access to venues and the prioritisation of other areas of drug use by funders.

Beside these examples proposed by the experts, more examples can be found in the EDDRA analysis of interventions in recreational settings, where we have analysed projects from the EDDRA database for common content and evaluation characteristics.

For more information websites on Drugs, especially party drugs, look through the Infosites.

Under http://www.drug-prevention.de/ges_engl/index2.htm an overview and examples of secondary prevention approaches can be found. Most of the presented concepts are related to recreational settings.