

‘Click for Support – REALized’

Newsletter #1: July 2017

1. Introduction

In January 2017, the 2-year ‘Click for Support – REALized’ project (co-funded by the European Commission) with thirteen partner organisations from Austria, Belgium, Cyprus, Germany, Greece, Finland, Italy, Latvia, Luxembourg, The Netherlands, Portugal, Slovakia, and Slovenia. Within the scope of this project, a web-based intervention for young consumers (14-25 years) of New Psychoactive Substances (NPS) will be developed.

In June 2017, the first workshop was held in Riga, hosted by the Latvian partners of the Educational Centre for Families and Schools. The programme included knowledge exchange by four invited external experts from Germany, The Netherlands, Belgium, and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The workshop focused on the NPS phenomenon in Europe, accessing the target group of young NPS users and on how to perform an evaluation of a web-based intervention.

Additionally, important issues surrounding the development phase of the WBI (between July 2017 and May 2018) as well as the dissemination of the project and promotion of the WBI have been discussed with the project group. Decisions regarding the structure, design and content (of information and intervention) have been made based on the presentation of possibilities and frameworks by Dutch IT Company Wildsea, involved in the project for the technical development of the WBI.

The web-based offer for young NPS consumer will focus on support and intervention, and will include information and a self-assessment test, as well as a consumption diary incorporated in a 30-day intervention programme (and also offered separately). The intervention programme will consist of three different modules, focusing respectively on brief intervention, risk minimisation advice based on personal consumption patterns, and intervention for reducing or quitting consumption.

In the next phase, the contents of the informational part of the WBI and the intervention modules will be developed in cooperation with project partners and Dutch partner Tactus Addiction Care. In April 2018, the second workshop will be held in Brixen, Italy, in which prevention experts will be trained in online counselling and working with the web-based intervention.

Read more below about the complexities of the NPS phenomenon by the EMCDDA’s expert, and the experiences in the project so far by Tactus’ (NL) and CAD’s (BE) prevention experts!



2. Good Practice Research Results

All project partners and the project coordinator have conducted (inter)national research in order to find out which prevention activities are currently undertaken for NPS specifically. The objectives of this exercise were to:

- Find out which information is offered to the target group of young NPS users:
- Find out how the target group of young NPS consumers is accessed;
- Find out what methods for communication and motivation are used.

23 prevention offers were found which were at least partially focused on NPS. They were offered in Australia, Austria, Belgium, Finland, Germany, Israel, Italy, Latvia, Luxembourg, The Netherlands, Slovenia, and the United Kingdom. The programmes nearly all used online methods to access the target group, and are largely based on the principles of Motivational Interviewing, Brief Intervention, social norms, and peer education. Most of the prevention offers have not been evaluated for effectiveness. What can be learned from the Good Practice Research is the importance of using online tools to access and engage the target group and provide a low-threshold method of establishing contact. The results also show the importance of involving the target group (peers) in disseminating and promoting the offer.

3. National Focus Group Results

All project partners have conducted national focus groups with the target group of young NPS consumers to receive feedback on needs, wishes, concerns and preferences concerning the concept, content and design of the WBI. The objectives of the focus groups were to:

- Involve the target group in the development of the WBI;
- Finding out about national and/or cultural particularities of NPS use;
- Finding out which substances are most popular among the target group;
- Discussion a possible attractive name for the WBI;
- Finding out which social media are preferred among the target group.

An online questionnaire was used as an additional tool for the project partners to gather information from the target groups, and most importantly to spread awareness about the national focus groups among the target group and recruit participants.

A total of 194 youngsters with an average age of 21 have participated in focus groups in the 13 partner countries. The groups ranged from 2 to 15 persons, and some individual conversations were held. The results showed concern over anonymity and privacy, and a wish for reliable and accurate information (where possible scientifically supported). An attractive design and use of interactive elements (such as video material) were also requested. The ideas of a self-assessment test and consumption diary were generally met with positive responses, as long as these will be person- instead of substance-focused. Synthetic cannabinoids and cathinones are the most widely used NPS among the target group, and Facebook, Instagram and Youtube are the most popular social media.

4. New Psychoactive Substances in the EU: many and diverse

By the end of 2016, the EMCDDA was monitoring more than 620 New Psychoactive Substances that have appeared on Europe's drug market. These substances are not covered by international drug control regimes, and make up a broad range of drugs such as synthetic cannabinoids, stimulants, opioids, and benzodiazepines. In most cases, they are marketed as 'legal' replacements for illicit drugs, while others are aimed at small groups who wish to explore them for possible novel effects.

In many cases, new substances are produced in bulk quantities by chemical and pharmaceutical companies in China. From there, they are shipped to Europe, where they are processed into products, packaged, and sold. In addition, some new substances may be sourced as medicines, which are either diverted from the legitimate supply chain or sourced illegally. The substances may also be produced in clandestine laboratories, either in Europe or elsewhere. Various indicators, including detections of illicit laboratories, analysis of dumped synthetic drug waste and precursor seizures, suggest an increase in this form of production in the last few years in Europe.

Some new substances are sold openly on the surface web and in specialised physical shops - often as branded 'legal high' products. In addition, they are sold on Darknet markets and on the illicit market, sometimes under their own name, and sometimes falsely as illicit drugs such as heroin, cocaine, ecstasy and benzodiazepines.

More than 70 % of new substance detections through the European Union Early Warning System (EWS) have been made in the last 5 years. During 2016, 66 new substances were detected for the first time in Europe. This is fewer than in either of the previous 2 years, but is similar to the numbers detected in 2012 and 2013. The causes of this decrease are unclear, but may in part be due to measures taken by national governments in Europe to prohibit new substances, particularly their open sale as 'legal highs'. In addition, control measures and law enforcement operations in China targeting laboratories producing new substances may be another factor. Growing links with the broader illicit drug market may also be important.

The number of new substances detected each year is just one of a range of metrics that the EMCDDA uses in order to understand the overall market. For example, of the 620 new substances currently being monitored, 423 (almost 70 %) were detected on the drug market during 2015; this compares with 365 in 2014 and 299 in 2013 — illustrating how complex this market has become.

(Figure 1 next page)

- Alessandro Pirona, European Monitoring Centre for Drugs and Drug Addiction



Number and categories of new psychoactive substances notified to the EU Early Warning System for the first time, 2005–16

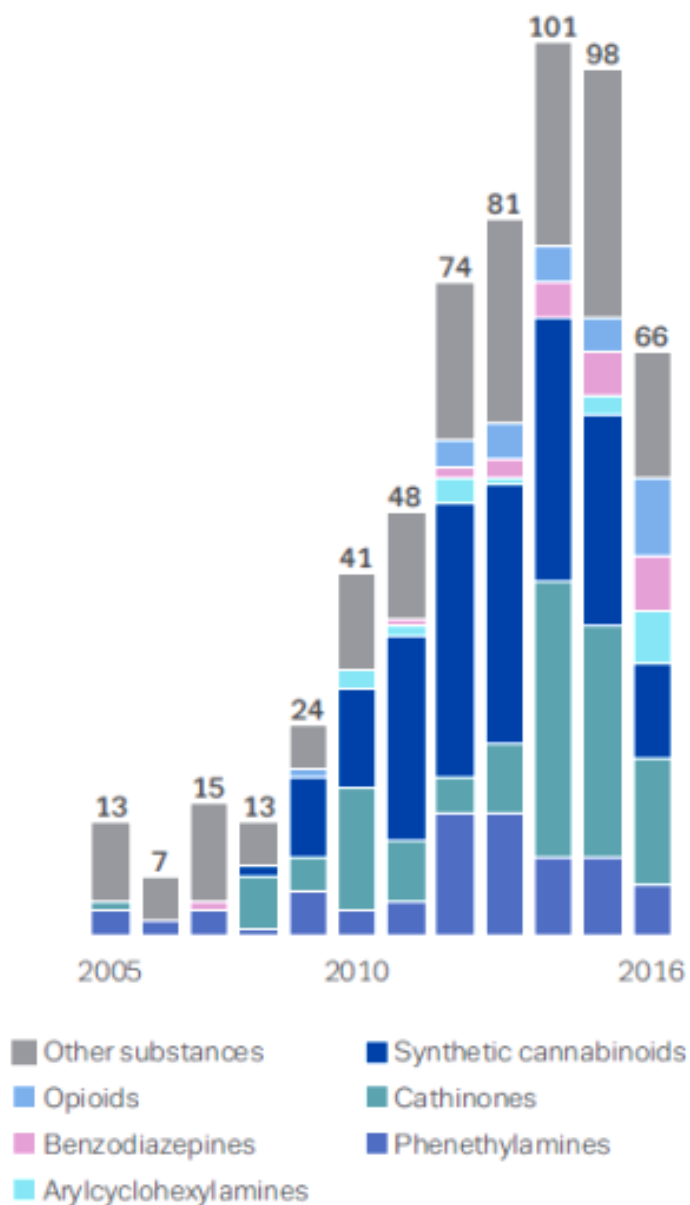


Figure 1: New Psychoactive Substances monitored by the EMCDDA's EWS.



5. The 'CfS-REALized' project so far

Working on a topic like New Psychoactive Substances (NPS) was new for me. Although I'm working in the prevention field for over more than ten years, my main focus has always been community based and online interventions, and selective alcohol and drug prevention. Combining the 'knows' of online interventions with the unknown of NPS and NPS consumers was quite challenging.

I was very interested in the ideas that our target group of young NPS consumers has about a web-based intervention. Focus groups with the target group in Belgium were organized in collaboration with the nightlife project 'Safe 'n Sound'. Safe 'n Sound is a peer support initiative that performs harm reduction at electronic dance events and festivals. They arranged four meetings across the country with peers who also use or used NPS.

Important topics that came forward in the focus group discussions were the need for clear, accessible and scientifically linked information on NPS, the need for harm reduction messages, the possibility to track your own consumption, reflect on your consumption and get feedback on it, and the possibility to come into contact with a professional counsellor. Data protection and anonymity were also very important concerns, and in a way, health organizations like ours are linked to law enforcement. This is also why our web-based intervention should preferably not be coloured (dark)blue (the colour of police uniforms)!

With these important outlines from the Belgian target group in mind, we participated at the first project workshop in Riga with twelve other partner countries. It became very clear on the first day that being part of a European project portrays the rich diversity of input and also national emphases from the participating countries. The big challenge of the first workshop was to put all the wood behind one arrow, resulting in an agreement on the outline of the new web-based intervention. As the workshop was nearing its last day, a meaningful (Belgian) compromise was reached that summarizes the approaches from all participating partners, that hooks in with the opinions and concerns of the target group, and is in line with the project proposal.

I'm eager to see what the output will look like!

- David Fraters, prevention expert at CAD Limburg, Belgium



6. The Search for NPS

When asking our colleagues and prevention workers of several addiction organisations about NPS, their first reaction was in almost all cases: "NPS? What's 'NPS'?" As we explained about research chemicals, bath salts, and 4-FA (4-fluormethamphetamine), recognition dawned. However, it became clear almost immediately that NPS are not, or at least not yet, a significant item of concern for addiction care in the Netherlands.

This also became apparent in our search for participants for the focus groups. In our famously liberal country, as far as drug use is concerned, NPS users seemed few and far between. As efforts to find NPS users for face to face contacts via prevention workers failed, we eventually contacted two youth clinics where young drug users are admitted for several months. Initially, even the professionals in those clinics doubted that any NPS users would be found, but they were willing to ask around. To their amazement, quite a few youngsters admitted having used NPS, usually not as their main drug of choice, yet regular use was not uncommon.

Problem solved as far as the focus groups are concerned. But the question remains why we, who deal with drugs and drug users all day long, seem to neglect or overlook NPS as the growing issue that it is, at least according to several European studies. Or are we an exception, and is NPS use in the Netherlands really not that big of a problem?

There is probably no clear-cut answer, but there are a few issues that might contribute to an answer: we really (still) are a liberal country as far as drugs are concerned. Cannabis can easily and (sub)legally be bought in coffee shops and even illegal drugs like XTC (ecstasy / MDMA) and amphetamines are relatively easily and cheaply available, negating the need for synthetic substitutes. Furthermore, NPS are not all that 'new'; drug-test facilities in the Netherlands saw a spike in NPS detection around 2014 and 2015. Since then, the amount of NPS brought in at these facilities has declined. So maybe, NPS is really not that much of an issue now that the 'new' has worn off for youth (at least in The Netherlands).

But maybe we just don't always see what is really there. Maybe we are too focused on the traditional drugs to see the new stuff that is also definitely being used. If NPS are here to stay, even it's only as a side-kick to the usual suspects, we still need to pay attention and keep learning. This could be where 'Click for Support – REALized' can also have an impact: not only in helping NPS users finding information and support, but in putting NPS on the map for prevention workers and addiction care facilities in the Netherlands.

- Bert-Jan van Regteren, prevention expert at Tactus Addiction Care, Netherlands

7. Project partner organisations



Athina Ygeia – Center for Prevention of Addictions & Promotion of Psychosocial Health, Greece



LWL – Coordination Office for Drug-Related Issues, Germany



CAD – Centra voor Alcohol- en andere Drugproblemen, Belgium



CePT – Centre de Prévention des Toxicomanies, Luxembourg



Education Centre for Families and Schools, Latvia



EHYT – Finnish Association for Substance Abuse Prevention, Finland



Forum Prävention, Italy



Institut Suchtprävention – pro mente Oberösterreich, Austria



IREFREA - Instituto Eurpeu para o Estudo dos Factores de Risco em Crianças e Adolexcentes, Portugal



LWL-Universitätsklinik Hamm – der Ruhr-Universität Bochum – Klinik für Kinder und Jugendpsychiatrie, Germany



Kenthea – Center for Education about Drugs and Treatment of Drug Addicted Persons, Cyprus



National Institute of Public Health, Slovenia



Prevention V&P, Slovakia



Tactus Addiction Treatment, Netherlands

The 13 European partner organisations to 'Click for Support – REALized'.





The project partners and invited external experts during Workshop I in Riga.

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