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# Good Practice Standards

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## Drug Checking Service

## Foreword

The mission of the Nightlife Empowerment & Well-Being Implementation Project (NEWIP) is to promote a safer nightlife, in collaboration with all safer nightlife stakeholders (nightlife professionals, peers, harm-reduction NGOs, public institutions, etc.) by implementing a variety of health promotion, community empowerment and harm/risk reduction strategies.

Some of these strategies were already being implemented in parts of Europe in the 1990s. These early strategies involved peer education interventions and Drug Checking services in nightlife settings (Charlois, 2009). Since then we've seen the development of Safer Nightlife Labels in a number of cities throughout Europe. We are currently seeing the development of very promising and innovative interventions related to emerging media and interactive technologies.

It seems that some of these intervention strategies have gained their own implementation momentum. Many of the early projects found themselves working in isolation. Many of them lacked the appropriate research that could measure their effectiveness. In their infancy, these projects – even when they were well designed – often faced significant challenges in the implementation and evaluation processes.

To ensure and improve the quality of the field work interventions an objective of the NEWIP project was defined as improving and standardizing existing interventions reducing synthetic drugs related harm, facilitating their transferability and implementation.

In the course of developing and implementing the Good Practice Standards, the various partners and participants working on the Standards frequently raised the issue of how best to standardise these interventions. In the course of numerous discussions, standardisation emerged as an essential – but also difficult to implement – aspect of any intervention service. A chief concern is that standardisation will limit local creativity, especially in the area of field interventions in the ever-changing nightlife world. Any standardisation effort should involve the key stakeholders in ensuring flexibility and the ability to adapt to local or specific realities regarding context, culture and environment. This means maintaining a sensitivity to, and respect for, nightlife culture.

NEWIP's Good Practice Standards are the result of a consensus of experts and based on real-life experiences. This document will be useful for anyone interested in establishing or improving Peer Education interventions, Safer Nightlife Labels or Charters, Drug Checking or Emerging Media programs, because it presents a helpful overview of practical and useful interventions.

To ensure their implementation, the Standards should be widely distributed to program staff, peer educators, and partners. Everyone participating in the planning, im-



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[www.safernightlife.org](http://www.safernightlife.org)

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plementing, and evaluating of the program must be familiar with, and ultimately support, the Standards. Publicising the Standards will show how the program adheres to a set of mutually accepted standards. We believe in being pro-active instead of reacting to a situation where standards are demanded and then developed at the last minute and in a top-down manner. Moreover, having clear and accepted standards will make funding efforts easier in the long run.

## Acknowledgements

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*Judith Noijen*

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# 1. Introduction

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## Responding to drug use and related problems in nightlife settings in Europe

In 2013, we celebrated the 25th anniversary of “dance” music in Europe. This fast-growing youth music culture is characterised by its preference for electronic music and dancing. Nightlife is an essential part of personal growth and social development for many people in Europe as well as globally. Nightlife is commonly associated with celebration, festivals and a sense of community. It is a creative outlet for talented people in the music, arts and entertainment fields. Nightlife can also offer opportunities for some to demonstrate their business, management and organisational skills (DC&D, 2007).

This cultural development came with its own set of problems, clubs, festivals and underground raves, which provide the setting for risk taking and experimentation especially regarding the consumption of alcohol and so-called party drugs. The term “party drugs” refers to a variety of substances that are frequently used at raves and dance parties. Surveys confirm that drug use is more prevalent in nightlife settings than in the general population (EMCDDA, 2006).

Drug and alcohol use in nightlife settings are linked to a range of health and social problems. These include: acute health problems (e.g., unconsciousness and unintentional injury); aggressive behaviour and violence; unsafe and unwanted sex; and driving under the influence of alcohol and drugs. There are also long-term risks such as brain damage and addiction. According to the EMCDDA: “The increased mobility of young people and the globalisation of the entertainment industry make it necessary to address these problems in Europe, especially in popular tourist destinations in southern Europe” (EMCDDA, 2012).

The European Union has addressed drug and alcohol use in recreational settings through its [2009–12 EU drugs action plan](#) and, more recently, through the adoption of the [Council Conclusions](#) (Council of the European Union, 2010). The conclusions herein refer in part to an EMCDDA report and mentioned the “acute drug-related health harms and mortality in recreational settings”. The Council, in an effort to address these problems, recommends enhancing the safety of recreational settings by employing a health promotion approach with the participation of the various nightlife stakeholders.

## What has been accomplished in Europe thus far

Recreational drug use in nightlife settings has become a common feature in European cities. There have been many interesting responses to this new set of circumstances, problems and needs of the potential consumers of evolving synthetic drugs, especially for those involved in the rave scene.

These responses were initiated in the 1990s by various grassroots peer projects that were emerging in the party scenes. The initial aim of these projects was harm reduction. These organisations served as key figures in defining the needs and problems of the rave scene as they developed strategies to deal with these problems, which often involved providing pleasant and healthy spaces at techno events, clubs and festivals, and by formulating essential risk-reduction messages in an intelligible and straightforward manner. The dialectical exchange between self-organised and state-sponsored projects helped generate an extensive database of knowledge, experience, and goal-directed methods. These self-organised or state-sponsored organisations can be reduced to several common denominators: They all pursue harm or risk reduction strategies and gather valuable data on the needs, problems, and consumption patterns of consumers of new synthetic drugs (Kriener, 2001).

A range of tools are employed to increase the partygoers' awareness of the risks involved in drug use and to promote a safer environment via drug information leaflets, chill out spaces, drug checking, websites, safer dance guidelines, charters and labels (Charlois, 2009). For an historical overview, check the [SaferNightlife in Europe document](#).

## European Networks Involved in a Safer Nightlife

### NEW Net

[www.safernightlife.org](http://www.safernightlife.org)

The Nightlife Empowerment & Well-being Network (NEW Net) is a European network of community-based NGOs operating in the fields of health promotion and nightlife, as well as nightlife professionals, local and regional authorities and agencies, treatment professionals and scientific researchers.

NEW Net emanates from the Nightlife Empowerment & Well-being Implementation Project (2011-2013) and is based on the alliance of the Basics Network with the Democracy, Cities & Drugs Safer Nightlife Platform and proposes specific responses to the new challenges in the fields of harm reduction and health promotion, using recreational settings as initial outreach locations.

### T.E.D.I.

[www.tediproject.org](http://www.tediproject.org)

T.E.D.I. (Trans European Drug Information) is a European database system that collects, monitors and analyses the evolution of the various European drug scenes and reports on them on a regular basis. Drug Checking organisations share their data on the T.E.D.I. database, which was originally established in conjunction with projects that worked directly with drug users (first-line projects).

This monitoring and information system aims to help improve public health and intervention programs. It serves as an early warning system and a tool for monitor-

ing the evolution of drug markets in Europe. Moreover, it has become an essential knowledge base in the area of recreational drug use.

The TEDI project also focuses on: 1) standardising the various processes related to Drug Checking; 2) making recommendations to help improve first-line project field interventions; and 3) monitoring the evolution of new substances and new trends throughout Europe.

### PARTY +

[www.partyplus.eu](http://www.partyplus.eu)

PARTY +, the European network for safer party labels, aims to improve nightlife settings and promote health in Europe's cities and regions by implementing and enhancing quality Labels and Charters for nightlife venues.

### Club Health Project

[www.club-health.eu](http://www.club-health.eu)

The Club Health – Healthy and Safer Nightlife of Youth – project, supports the European Commission in its public health and other related strategies to reduce the social costs and harm associated with risky nightlife youth behaviour. The project gathers experts from around the world to exchange information on the latest research, policy and evidence concerning the protection and promotion of health in nightlife settings.

The Club Health project has published interesting standards, guidelines and reports that support professionals in the implementation of interventions for a safer nightlife. References to these publications and the project itself have been added to the reference section of these Good Practice Standards.

### IREFREA

[www.irefrea.org](http://www.irefrea.org)

The IREFREA network was founded in 1988 with experts from several European countries and it is one of the oldest professional drug networks. The Spanish group has had the scientific leadership of the different research projects since the group's initiation. The areas covered by IREFREA include alcohol and drug prevention (research, evaluation and programme implementation) covering issues such as risk factors, risky behaviours, related violence and the programs' efficiency, among others. IREFREA has since 1996 been dedicated to the study of recreational nightlife and specifically its relation to alcohol and drug use.



## Mix of interventions

The EMCDDA recently published a thematic paper – *Responding to drug use and related problems in recreational settings (2012)* – that was based on the EU Council Conclusions and included details of how to prevent and reduce the health and social risks associated with the use of illicit drugs and alcohol in recreational settings.

The report highlights the need for a balanced mix of prevention, harm reduction and law enforcement interventions to tackle the issue. It also describes how environmental strategies, targeting the economic and physical context of substance use, can be effective (e.g., safe venues, crowd management, chill-out rooms).

The report notes that establishing partnerships between stakeholders (e.g., municipalities, police and health authorities) can aid in the implementation of successful nightlife interventions. Research shows that community-based programs that deliver coordinated measures through multi-agency collaboration are more effective than single interventions.

## Development of Guidelines

At the European level, with the support of EU funding programs, city and NGO networks have carried out practice-sharing projects on safer nightlife issues and useful guidelines are currently available to support local initiatives. These guidelines aim to promote a safer environment that deal with issues such as overheating, overcrowding, water availability, etc. (*Club Health, 2011*) and training the club and party staffs (mainly the bouncers) (*Mendes & Mendes, 2011*).

Various practical guidelines on how to implement the interventions have been developed within the NEWIP project. They are complementary to the Standards and all references to developed guidelines will be mentioned within the relevant sections and can be found at [www.safernightlife.org](http://www.safernightlife.org).

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## 2. Drug Checking Services

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Over the last 10 years, cocaine has established itself as the most commonly used illicit stimulant drug in Europe, although most users are found in a small number of high-prevalence countries, some of which have large populations. It is estimated that about 15.5 million Europeans have used cocaine at least once in their life; on average, 4.6 % of adults aged 15–64 years). Moreover, drug prevalence estimates suggest that about 13 million Europeans have tried amphetamines and 11.5 million have tried ecstasy (EMCDDA, 2012).

Most of the countless recreational substances currently available, except alcohol, are illegal throughout Europe. The main substances used in recreational settings continue to be MDMA, amphetamines and cocaine. Over one hundred years of experience show that only repressive measures don't prevent all people from taking drugs. Drugs are produced because there is a demand for them in our society. The clandestine nature of the illegal drug trade and the drive to maximise profits are two of the major forces that shape this market. One of the adverse effects of these conditions is that illegal drugs are often cut or replaced with other, mostly cheaper substances to increase profits. This means that not only exists a risk related with the drug, also with its quality. An example is the presence of adulterants with a level of safety very low. Some examples are the different fatal cases reported in Europe with PMMA sold as ecstasy or 4-Methylamphetamine sold as Amphetamine (EMCDDA, 2003; EMCDDA, 2012). Fortunately, in most cases this risk does not become lethal, although the presence of adulterants that have a cumulative toxicity is habitual. In 2009 it was reported in the U.S. and Canada and the occurrence of agranulocytosis associated with cocaine adulterated with levamisole (Knowles et al, 2009; Zhu, Legatt, and Turner, 2009). Levamisole is an immune suppressive substance why regularly and high dosed users risks more serious health problems.

Even if the substances are not cut or replaced by another substance, there is a risk related to the unknown purity, like dangerously high dosed XTC Tablet. For recreational drug user this means that there is not only a risk related to taking a specific substance there is also a risk related to the quality of illegal drug. Even if this risk is not often fatal, in terms of neurotoxicity of Ecstasy, several scientific studies pointed out that, among other factors, the probability for possible neurotoxic damage in the serotonergic system grows with the amount of MDMA being consumed (Cuyás et al., 2011). Furthermore, it has been suggested that a proportion of the harms associated with ecstasy use (e.g., increased toxic effects) can be attributed to psychoactive ingredients other than MDMA that are contained within pills sold as ecstasy (Parrott, 2004; Vanattou-Saïfoudine, McNamara and Harkin, 2012).

A Drug Checking service represents a direct response to the need to reduce these health risks of illegal drug use. The Drug Checking results shows that illegal drugs varies greatly and with regional differences with regard to their levels of purity and the number and percentage of adulterants (TEDI, 2012). Comparing the different monitoring results in Europe in recent years, it is evident that every country shows its own unique drug market composition and dynamic. Roughly, and not surprisingly, the different Western European Ecstasy markets show more resemblance to each other as to Eastern Europe or Western Australia, for instance (Brunt & Nieskink, 2011).



## What is Drug Checking?

The term “Drug Checking” is referred to an integrated service that basically enables individual drug users to have their synthetic drugs (e.g., cocaine, ecstasy, GHB, or LSD) chemically analysed as well as receiving advice, and, if necessary, counselling.

Drug Checking represents an essential aspect of public health policy as recommended by the World Health Organization and has been further developed by both EU agencies and various European nations.

The Drug Checking service’s chief tools include:

- > The monitoring of drug markets for new/dangerous drugs and drug-taking methods
- > The creation of a service that appeals to the target group
- > The offering of a full range of educational information, the recognition of early symptoms, and counselling and referral services that focus on effective forms of treatment within the existing drug care system.

An integrated Drug Checking service creates awareness about a drug’s effects and side effects, educates users about the methods of risk reduction, and thereby reduces the risks for drug users. Moreover, substance alerts can reveal the risks of drug use to a larger audience. Warnings issued regarding a particular drug, after chemical analysis, can have far-reaching and positive effects on those most closely involved in drug use. Research involving three nations reveals that integrated drug testing methods do not stimulate increased drug use and may even slightly reduce drug-use levels among the target audience (Benshop, 2002). In addition, evaluations of the Party Drug Prevention in the City of Zurich shows that since Drug Checking was implemented, the number of people who consume more than one drug or abuse one substance is on the decline (Hungerbuehler, Buecheli, Schaub, 2011).

## Why Drug Checking?

There are many reasons to justify the use of a Drug Checking as a preventive tool.

A Drug Checking service:

- > Helps to reduce the number of drug-related accidents.
- > Increases the effectiveness of the government’s response when new or lethal drugs emerge (monitoring and warning campaigns).
- > Helps to reduce the short- and long-term adverse health effects of alcohol and drug use.
- > Introduces early intervention by reaching a group of drug users who are usually in the earlier stages of their ‘drug careers’ (Hungerbuehler, 2011) and who have not previously sought out the services offered by a substance abuse organisation.

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# 3. Standards

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Despite the proliferation of harm-reduction interventions in nightlife settings, many academics have questioned the efficacy of the current models and suggest that projects frequently fail because they fail to properly define in their literature what constitutes “good practice” (Walker and Avis, 1999). For example, Shiner (1999, p. 565) states that “Good practice in relation to peer education involves careful consideration of the extent to which the approach used fits the location and the needs and circumstances of the people involved”.

Standards can provide an important quality-management tool for improving the effectiveness and efficiency of harm-reduction programs and services. The EMCDDA has defined quality standards as “generally accepted principles or sets of rules for the best/most appropriate way to implement an intervention. Frequently they refer to structural (formal) aspects of quality assurance, such as environment and staff composition. However they may also refer to process aspects, such as adequacy of content, process of the intervention or evaluation processes” (<http://www.emcdda.europa.eu/themes/best-practice/standards>). The [Best Practice Portal](#) of the EMCDDA is an important resource for professionals, policymakers and researchers in the drugs field. This portal also provides an overview of the available quality standards and guidelines in EU Member States.

## Lack of scientific evidence

Harm-reduction programs and services that operate in nightlife settings can often not be evaluated in a controlled research setting or through randomised controlled trials. Calafat et al. (2003) reviewed a sample of 40 prevention programs addressing the recreational context and activities in 10 European countries and found that none of the initiatives were evidence-based. This means they are frequently developed in practice and based on expert opinion.

If harm-reduction programs are developed, implemented and evaluated according to best practice principles, they can result in effective health promotion strategies. To do so, they need clearly defined aims, objectives, interventions, strategies and process and outcome indicators to demonstrate their value.

“Popular types of interventions [such] as providing information or pill testing are not evidence-based. Other interventions [such] as responsible beverage services or designated driver programmes, backed by the industry, are not exactly the most effective, especially if they are not enforced. Others, like community approaches, can be effective but it can be a problem [regarding] how to achieve their continuity. From the present review, what emerges as the best strategy is the combination of training, cooperation and enforcement. ‘Classical’ measures (taxation, reduced BAC limits, minimum legal purchasing age...) are also evidence-based and effective” (Calafat et al., 2009).

The gaps in science should make us cautious, but should also not deter us from taking action.

A proven prevention approach in one area of the world is probably a better candidate for success than one created locally and based only on good will and guesswork. This is certainly the case for interventions and policies that address risks and risky behaviour that are comparable across cultures (e.g., adulterated substances, environmental risks or lack of knowledge).

Prevention practitioners, policymakers and community members involved in Harm reduction and substance-abuse prevention have a responsibility to incorporate the lessons they have learned into their interventions.

What we must rely on to some extent is indications that tell us the right way to proceed. By using this knowledge and building on it with more evaluations and research, we will be able to provide professionals with the information they need to develop interventions that are based on best practice and, if available, scientific research that supports nightlife professionals in different settings and European countries to create positive, healthy and safe bars, clubs and festivals.

## The European Drug Prevention Quality Standards

In the development of Good Practice Standards for Peer education, Drug Checking, Safer Nightlife Labels and Charters and Serious Games in Nightlife Settings, we have chosen to work with the standards created by another European project on quality standards that was co-funded by the Executive Agency for Health and Consumers (EAHC), and researched at the Centre for Public Health, John Moores University Liverpool, UK.

[The European Drug Prevention Quality Standards](#) were developed in 2011 and published by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). These Standards provide the first European framework for the delivery of high-quality drug prevention. The EDPQ Standards were developed by the [Prevention Standards Partnership](#) during [Phase I](#) of the Prevention Standards project. Available national and international drug prevention standards and guidelines were collated, and documents suitable for review were identified. The different items were rated, focus groups with experts organised and their practical applicability was explored.

This feedback enabled the partnership to produce a final version of the Standards, consisting of basic and expert Standards and detailed guidance on how to use them.

The Standards are available for free to download from the EMCDDA website.

### Phase II

This project is currently in so-called Phase II, the objective of which is to develop practical tools and training that will facilitate the integration and implementation of the European Drug Prevention Quality Standards, and also to strengthen a consensus within Europe on what “high-quality drug prevention” actually is. A report is expected in May 2015. Check <http://prevention-standards.eu/phase-2/and> <http://prevention-standards.eu/category/news/> for updates.

## The NEWIP Good Practice Standards

The EDPQ Standards, which are adaptable to local circumstances, formed the basis for the development of quality standards within the NEWIP project. Prior to the EDPQ Standards, quality standards for Peer Education in Nightlife settings, Safer Nightlife Labels and Charters, Drug Checking and the use of Serious Games in nightlife settings did not exist.

The development of these Standards required the involvement of a wide range of stakeholders from the different interventions to ensure that the four Good Practice Standards are practice-based and gain increased support and acceptability.

Quality standards and guidelines should be seen within the context in which they were developed. The Good Practice Standards within the NEWIP project are Standards at the intervention level based on harm (risk) reduction. To adapt the EDPQ Standards to the specific contexts of the safer nightlife interventions, the NEWIP workpackage on ‘Standards’, that emerged out of a group of nine stakeholders from six different European countries, started by identifying specific questions, searching for, retrieving and assessing available guidelines, and preparing a working draft of the guidelines. The most relevant items regarding a safer nightlife in Europe are provided in the Standards and in the Safer Nightlife digital library.

After a full review of the literature and guidelines, a draft of the Good Practice Standards was written and distributed to the TEDI workpackage manager.

The workpackage manager distributed the draft version to the members of their Steering Committee and discussed the different topics during meetings and workshops organised with partners on this theme.

The participants participated in brainstorm sessions and steering Committee meetings where they managed to come up with a consensus on recommendations for the final Good Practice Standards.

The next step was to send the basic standards to the partners and ask them to complete an online survey about implementation and feasibility. The responses to this survey are described in an implementation report and provides relevant information as a background document on how the European programs work, what interventions they implemented, how feasible they believe the items are and if they experienced any problems during the implementation of the standards.

The final step was to add all the notes and references, taking into account the literature, the results from the survey, the needs of practitioners and policy makers, and the expert meetings and workshops. The re-write was monitored and approved by experts and partners from each group.

In summary, a number of processes were gathered that informed the development of the Good Practice Standards including:

- > A review of academic literature on the different approaches and on Nightlife Settings
- > A search for and the retrieval and assessment of available guidelines

- > Meetings with experts working on safer nightlife interventions
- > Meetings with experts on developing standards
- > Workshops and brainstorm sessions with project partners involved in (setting up) the interventions
- > A Survey of existing interventions on implementation and feasibility of a draft version of the standards.

The result was that the existing European Drug Prevention Quality Standards were complemented by notes to consider and relevant references to practical guidelines, manuals and background documents, for each program, to improve the practice of existing programs, and to improve the efficiency of seeking funding. All of these notes were based on a consensus of expert thinking and experience. The standards are practice based and were developed by a broad spectrum of experts working in the field of harm reduction in Nightlife Settings.

The additional information is mainly drawn from real examples and the experiences of practitioners and thus describes the potential benefits and details how established projects have dealt with challenges in the past. The aim was to create an easily accessible, relevant and practical framework for those working in nightlife settings. The Good Practice Standards don't prescribe one fixed, inflexible model but aim to share core principles and a framework of relevant references that can be applied to developing good practices.

## How to use the Good Practice Standards

The Good Practice Standards are based on the [self-reflection checklist](#) that was developed together with drug professionals. The checklist offers insight into how to support implementation of the European drug prevention quality standards. The Standards offer a summary of the basic standards for each component. They also provide component notes for the practice of each harm-reduction intervention in a nightlife setting.

How the Standards are used depends on the stage of a particular program – they can be used to design a new program or offer guidance about assessment and quality improvement of an already-existing program. The Standards serve as a useful reference guide to harm-reduction interventions in nightlife settings as they progress through their various stages. It can be read from cover to cover or alternatively referred to when necessary. The standards should be applied with flexibility in mind and be readily adapted to the realities of a program's context.

The tables in the checklist consist of three columns:

### Basic Standards (summary)

“This section contains the titles of the components and summarises the basic standards in each of these components. While considering each component, users should consult the full version of the Standards to compare the basic and expert standards in greater detail.”

## Notes on Drug Checking Services

Additional information useful in the development or implementation phase of an intervention in Nightlife Settings. Each Standard entry offers to ensure that the Standards are being met. It also presents challenges, lessons learned, issues to consider, and examples of how the various European programs have addressed these issues.

## References

Provides references to specific manuals, guidelines and checklists developed within the NEWIP project and other relevant documents that supports practitioners in the implementation of the Standards. This is not exhaustive reference section but it does attempt to include the most important publications in the field.

References are divided into categories: guidelines, reports, online tool(kit)s, relevant websites and scientific articles. They have been added to the digital library at [www.safernightlife.org](http://www.safernightlife.org), which provides a short abstract and a link to the original document. (All links were last accessed on 19.09.2013 unless otherwise noted.)

## Additional Guidance

Please note that the original European Drug Prevention Quality Standards provide additional guidance that can be very useful in implementing the Standards: <http://www.emcdda.europa.eu/publications/manuals/prevention-standards>. A list that includes a selection of general resources and links to drug-related policy and legislation on both EU and international levels.

## Glossary for Use with the EDPQS

Provides brief explanations of key terms used in the EDPQ Standards.

## Self-Reflection Checklist

Contains an abbreviated version of the Standards; can be used to determine the current achievement level of the EDPQS and to identify areas for future improvement.

## Implementation Considerations

Outlines considerations to be taken into account during implementation of the EDPQ Standards in practice. Examples are from countries participating in the Prevention Standards Partnership (Italy, Hungary, Poland, Romania, Spain and UK).

## EDPQS Translations

Hungarian: [http://www.emcdda.europa.eu/attachements.cfm/att\\_196135\\_EN\\_konyv\\_vegleges.pdf](http://www.emcdda.europa.eu/attachements.cfm/att_196135_EN_konyv_vegleges.pdf)

Polish: [http://www.cinn.gov.pl/portal?id=15&res\\_id=454227](http://www.cinn.gov.pl/portal?id=15&res_id=454227)



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# 4. Cross-cutting considerations

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**A. Sustainability and funding:** The programme promotes a long-term view on drug prevention and is not a fragmented short-term initiative. The programme is coherent in its logic and practical approach. The programme seeks funding from different sources.

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## Notes on Drug Checking Service

➔ Drug Checking services are cost-effective. They reach drug users at an earlier stage and their on-site analyses can provide beneficial results to general public health. Drug Checking helps minimize the short- and long-term adverse health effects of illegal drug use and, as a result, reduces both short- and long-term costs to society by offering a full range of information, education, early detection and warning, counselling, and treatment referrals when necessary.

## References

Do you need more information? Check it here:

💡 [Guidelines](#)

💡 [Scientific articles](#)

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**B. Communication and stakeholder involvement:** The multi-service nature of drug prevention is considered. All stakeholders relevant to the programme (e.g. target population, other agencies) are identified, and they are involved as required for a successful programme implementation. The organisation cooperates with other agencies and institutions.

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### Notes on Drug Checking Service

- Stimulate the participation of clubbers, youth and partygoers within Safer Nightlife projects.
- Raise awareness and develop participation of local politicians, nightlife organisers, health, justice and law enforcement services and civic community leaders, in promoting health and safer nightlife.
- Consider to become a partner in the T.E.D.I network.

### References

Do you need more information? Check it here:

- 💡 [Guidelines](#)
- 💡 [Reports](#)
- 💡 [Websites](#)

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**C. Staff development:** It is ensured prior to the implementation that staff members have the competencies which are required for a successful programme implementation. If necessary, high quality training based on a training needs analysis is provided. During implementation, staff members are supported in their work as appropriate.

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### Notes on Drug Checking Service

- Staff development and specifically if the service is working peer educators, the selection of peer educators are essential. The method relies on the influence of peer educators but will fail if the peer educators are not perceived as appropriate, knowledgeable or credible by the target population.

### References

*More notes on the selection of staff see 'Setting the team'. If working with peer educators we refer to the Good Practice Standards on Peer Education in Nightlife settings*



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**D. Ethical drug prevention:** A code of ethics is defined. Participants' rights are protected. The programme has clear benefits for participants, and will not cause them any harm. Participant data is treated confidentially. The physical safety of participants and staff members is protected.

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### Notes on Drug Checking Service

→ **Accept that each generation will test boundaries**

Nightlife is part of personal growth and social development for many young Europeans and provides a setting where the inevitable risk taking and experimentation of youth takes place. This risk taking may take the form of sexual experimentation; use of substances including alcohol, drugs and other intoxicants; physical stunts and activities to heighten mental and physical sensations.

We recognise that there is a need to constantly refresh our information and resources for promoting safer nightlife, by listening to young people and nightlife “consumers” and monitoring new trends.

→ **Take a community development perspective**

Nightlife can be associated with celebration, festival or community gathering. It is a creative outlet for people talented in music, the arts and entertainment. It can also be a demonstration of enterprise, management skill and organisational ability. ‘Underground’ events reveal the power of communication networks among the youth and the ability of young people for spontaneous planning. These skills, talents and qualities should be recognised and supported, to enable them to be achieved safely and positively.

→ **Safety, health, enjoyment**

We recognise that many people choose to enhance their experience of nightlife through using legal and illegal drugs. Our aim is to enhance young people and revellers’ enjoyment and social experience by providing information and support which helps them stay safe and make healthier choices.

→ **Promote positive nightlife**

All aspects of nightlife, even those deemed marginal or ‘anti-authority’, offer young Europeans a sense of belonging and identity, and an opportunity for integration. Our work should ensure that young people are supported to continue to meet in ways which broaden their social horizons and enable them to celebrate their youth.

→ **Be realistic about the context**

Some nightlife is geared towards exploiting a lucrative youth market where profit is the main driver. In some countries nightlife is a significant part of the local economy, attracts foreign investment and boosts tourism. It is essential that nightlife “consumers” safety is protected by appropriate policy or legislation, and also that the benefits of the industry are maximised.

We must engage with commercial nightlife providers as well as consumers in pragmatic and realistic ways.

→ **Be realistic about the challenge**

In all nightlife settings, profit from selling drugs is part of a world-wide industry worth billions. Traditional legislation and enforcement has proved powerless in the face of this industry, which will continue to create new markets and new products, of which partygoers and youth are eager consumers.

We must continue to learn about the effects and the impact of drug use and monitor market trends, to ensure that short-term and long term negative effects of substances are prevented as far as possible, and that responses are planned for at local and national levels to meet emerging health and social needs.

→ **Work in partnership**

Every community, at every level, is touched by the need to ensure the safety of young people and nightlife “consumers” and to promote their freedom to enjoy life. We need to ensure collaboration between partygoers and youth, service providers, policy makers and funders, to increase participation and develop partnerships.

We will share our understanding of nightlife and substance use with all partners in ways which further our shared aim to promote safer nightlife.

### References

Do you need more information? Check it here:

💡 [Guidelines](#)

💡 [Websites](#)

# Project stage 1: Needs assessment

**1.1 Knowing drug-related policy and legislation:** The knowledge of drug-related policy and legislation is sufficient for the implementation of the programme. The programme supports the objectives of local, regional, national, and/or international priorities, strategies, and policies.

## Notes on Drug Checking Service

- There has to be a legal foundation for drug checking projects:
  - > Showing awareness of, and correspondence with, the objectives of relevant strategies and policies will maximise the chances for increased support. This is a chief criterion for the obtaining of government funding in some countries. They serve as the legal framework for a Safer Nightlife Label.
  - > Special attention should be paid to current policies and legislation that cover harm-reduction and nightlife since these can have a large impact on a Drug Checking service. In some countries Drug Checking is totally prohibited while in others, Drug Checking in injection rooms is prohibited.
- Possibilities of including drug checking into existing regulations:
  - > Use drug checking results for scientific purposes.
  - > Always connect with a short advice or prevention and harm reduction messages.
- The intervention includes informing partygoers, which, in turn, means legislation amendments that cover the material, training sessions, and the current legal status of various substances.

## References

Do you need more information? Check it here:

- 💡 [Guidelines](#)
- 💡 [Reports](#)
- 💡 [Online Toolkits](#)
- 💡 [Websites](#)
- 💡 [Scientific articles](#)

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**1.2 Assessing drug use and community needs:** The needs of the community (or environment in which the programme will be delivered) are assessed. Detailed and diverse information on drug use is gathered. The study utilises existing epidemiological knowledge as possible, and adheres to principles of ethical research.

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### Notes on Drug Checking Service

- Assessing actual information and study results concerning the most used substances of the reached target group.
- Assessing the level of knowledge about any local situation in terms of health in a nightlife setting involves problems associated with legal and illegal drug consumption, sexual risks, noise levels, violence, road safety, etc.
- Besides the incidence and prevalence, the frequency of use, situations and circumstances of use, frequency and extent of occasional, regular, and/or heavy use, hazardous practices, populations at greater risk should all be assessed.
- Special attention should be paid to the dynamics of the New Psychoactive Substances (NPS) market.
- Local information as well as (inter)national data concerning the drug market is relevant to the effectiveness of any Drug Checking service.
- Forensic laboratories, hospital Laboratories and those of border control agencies can be relevant sources of information.
- Information on drug use and community needs within different subcultures, music scenes, nightlife areas, indoor/outdoor parties, home parties, etc. should be gathered.
- Have the proper information of the setting, club, or festival available on-site. Important aspects include: organisational structure at the location, government legislation, availability of condoms and earplugs, and noise (decibel) levels.
- Note that drug use can be both pleasurable and risky. There is no one-size-fits-all solution regarding health and safety issues. Being healthy means different things to different people and different types of drug-users or partygoers. What is important here is recognising and valuing the choices people regarding their lives, including decisions about the use of legal or illegal mind-altering substances.

- The circumstances of people's lives, their emotional state at any given time, their previous experiences and their views of their own families, friends and peers, also affects their point of view and how people approach the issue of risk.
- Involve the target community: A thorough and well thought-out assessment of needs that involves the target community will not only provide essential information that can be employed when establishing a Drug Checking service, it will also help in building up a dependable relationship with other community members.
- The description of needs or problems should always include the real-life perspectives of those who have experienced a particular dilemma or situation (Suarez-Balcazar, 1992).
- The anonymity of all respondents should be ensured and one should not stigmatise or denigrate the various subcultures, music scenes, venues, etc.

### References

Do you need more information? Check it here:

- 💡 [Guidelines](#)
- 💡 [Reports](#)
- 💡 [Online Toolkits](#)
- 💡 [Websites](#)
- 💡 [Scientific articles](#)

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### 1.3 Describing the need – Justifying the intervention:

The need for an intervention is justified. The main needs are described based on the needs assessment, and the potential future development of the situation without an intervention is indicated. Gaps in current service provision are identified.

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#### Notes on Drug Checking Service

##### → Needs of the target population:

- > Users are concerned about the contents of their drugs brought on the black or grey market (such as NPS). Moreover, most of them are anxious about the presence of any toxic substances.

##### → Identify gaps in current service provision:

- > Be aware of any existing or recent programs that contribute to harm reduction services in nightlife settings and identify them in order to identify gaps in service provision.
- > Examples of programs include peer education programs, existing quality labels or charters, Drug Checking services, staff training, etc.
- > It's often difficult to reach recreational drug users with conventional prevention and harm-reduction methods (such as an information stand or leaflet distribution). Offering Drug-Checking is an instrument to attract visitors to onsite harm reduction interventions. Drug Checking services have a high level of credibility in the eyes of potential consumers of illicit substances
- > It can be seen as perfect base for safer-use messages, counselling and prevention work in general.
- > Drug Checking services that are integrated into a consultation facility, will facilitate early detection of problematic consumption behaviour.
- > A Drug Checking Service is a very specific and unique service that can fill an important gap in existing harm-reduction strategies.

##### → Justifying the need:

- > As long as an illegal drug market continues to exist, there will be a need for Drug Checking Services.

- > An effective Drug checking service will lead to a decrease in the costs of drug-related incidents (directly) attributable to contaminated substances or dosage variations.
- > A Drug Checking service offers the possibilities to plan scientific studies on patterns of use and related dangers but also monitoring of personal and sub-cultural needs, problems and other factors.
- > A Drug Checking service enables representatives from the fields of prevention, drug information, and public health to respond quickly and adequately to new trends.

#### References

Do you need more information? Check it here:

- 💡 [Guidelines](#)
- 💡 [Reports](#)
- 💡 [Online Toolkits](#)
- 💡 [Websites](#)
- 💡 [Scientific articles](#)



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**1.4 Understanding the target population:** A potential target population is chosen in line with the needs assessment. The needs assessment considers the target population’s culture and its perspectives on drug use.

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### Notes on Drug Checking Service

- ➔ One cannot fully understand the target population without also involving them in the process.
- ➔ Perspectives to consider when assessing the target population include: self perception, cultural aspects (habits, beliefs, social rules and values), the rituals and rules involved in illegal drug use, attitudes and the “language” of the target population as well as the risks and safety issues involved in drug use.
- ➔ Differences between various subgroups within the nightlife scene should be taken into account.
- ➔ **Examples of perceptions to consider:**
  - > Consider that usually ravers or partygoers who use recreational drugs do not define themselves as “drug users”.
  - > The perceptions of those who obtain contaminated substances and the way they perceive the potential health risks.
  - > The expectations one has for a Drug Checking service’s objectives are important in establishing a trustworthy relationship.
  - > Target populations’ views of the media and their perception of the drug prevention or drug “promotion” messages disseminated by the media are important when creating a media strategy for the effective dissemination of warning messages via the media.
  - > Be aware that there are several levels of risk and that Drug Checking services must adjust their services to meet individual needs. The various levels of risk include harmless use, risky consumption, high-risk consumption and addiction.

### References

Do you need more information? Check it here:

- 💡 [Guidelines](#)
- 💡 [Reports](#)
- 💡 [Online Toolkits](#)
- 💡 [Scientific articles](#)



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# Project stage 2: Resource assessment

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**2.1 Assessing target population and community resources:** Sources of opposition to, and support of, the programme are considered, as well as ways of increasing the level of support. The ability of the target population and other relevant stakeholders to participate in the programme is assessed.

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## Notes on Drug Checking Service

- Once information and data have been gathered, most service providers find that plans to develop programs to promote a safer nightlife will be much more effective especially if they can secure the support of local partners in the health, youth services, police and judicial sectors, as well as among local authorities, and nightlife organisers.
- Among the various partners and the broader community, there may be varying degrees of readiness to address the issues and the need for a program that promotes a safer nightlife (DC&D, 2007).
- The fostering of cooperation among the various authorities, professional laboratories and substance abuse organisations is a crucial aspect of any effective Drug Checking system.
- This includes Stakeholders such as party organisers, club owners, national early warning systems, hospitals, emergency medical services, safety companies, the media and police departments who can all help in the sustainable establishment of local or regional Drug Checking services.
- A clear understanding of the roles and aspirations of different stakeholders in different settings is essential.
- **External Laboratories**
  - > For proposing a Drug Checking service a partnership with a external laboratory is needed. There are several option of joint venture, it starts by a simple quality control and it ends by a complete external analyse of the sample.
  - > Be aware that the chosen laboratory must have the necessary licences to implement Drug Checking in a legal way. Support and advice is provided by the European TEDI network.



- > Several organisations are analysing substance brought on the black or grey market. The forensic laboratory of the Police, Hospital laboratories and the laboratory of the border control. To compare the data's and the avoid obstacles a link with them is needed. A data exchange can be useful for all of them.

#### → Politicians and police

- > Generally, a minimum of political backing and good cooperation with the local police force seem to be necessary to run drug checking services. In particular, there has to be an exchange of views or agreement with the police in order to avoid them intervening at on-site Drug Checking –especially if the police are actually forced by law to intervene in view of potentially illegal acts, which is the case in most European countries (Kriener, 2001)
- > It should be noted that officials often worry that their support of Drug Checking services will be perceived as encouraging or condoning drug use. The TEDI Factsheet on Drug Checking in Europe provides more info on what support of a Drug Checking service means.

#### → Emergency medical services:

- > In case of offering an on-site drug-checking service cooperation with Emergency Medical Service can contribute to exchanging information on site, and Drug Checking project staff can direct there customers to emergency staff in the case of physical problems whereas the latter ask for help in cases of psychological problems.

#### → Joint venture

- > A system of collaboration with external partners can ensure that the needs of target group such as medical and therapeutic agencies are met. A joint venture between both regional and national and both professional and nonprofessional prevention and harm-reduction organisations in the Nightlife field are also desirable.

#### → Share information

- > Create links with EMCDDA and national focal points for delivering the information quickly.
- > Any Drug Checking service involves standardised methods and the target population and relevant stakeholders should be invited to participate in the development of a Drug Checking facility and its integration into the local community. The stakeholders should also be involved in the development and dissemination of effective information.

## References

Do you need more information? Check it here:

💡 [Guidelines](#)

💡 [Reports](#)

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## 2.2 Assessing internal capacities: Internal resources and capacities are assessed (e.g. human, technological, financial resources). The assessment takes into account their current availability as well as their likely future availability for the programme.

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### Notes on Drug Checking Service

- If your organisation is currently not yet involved in a Drug Checking service or in harm reduction strategies in nightlife settings, it is important to create internal support for these ideas.
- Human Resources needs a qualified consultation staff and staff members with a broad knowledge of chemistry. An organisation should also critically evaluate the actual facilities and equipment necessary for running a Drug Checking service (see TEDI doc).

### References

Do you need more information? Check it here:

💡 [Guidelines](#)

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# Project stage 3: Programme formulation

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**3.1. Defining the target population:** The target population(s) of the programme is (are) described. The chosen target population(s) can be reached.

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### Notes on Drug Checking Service

- The potential target population of a Drug Checking service are consumers and potential consumers of psychoactive substances bought on the black or grey market.
- A secondary target group are the stakeholders who benefit from Drug Checking activities, including employees working for peer projects and drug treatment agencies, (local) governments, politicians and grassroots organisations.
- Think of possible inclusion and exclusion criteria such as how one should properly handle drug dealers/producers or users from representative minorities who visit a Drug Checking service, or users who come with parents who have discovered drugs on their offspring?
- The main beneficiaries of Drug Checking services such as an early warning system and emergency medical services will be stakeholders like the national drug awareness organisations, club owners and festival organisers.

### References

Do you need more information? Check it here:

- 💡 [Guidelines](#)

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**3.2 Using a theoretical model:** The program is based on an evidence-based theoretical model that allows an understanding of the specific drug-related needs and shows how the behaviour of the target population can be changed.

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### Notes on Drug Checking Service

- ➔ Use any available information on Drug Checking services and related changes in behaviour (see references).
- ➔ The question is whether changes in behaviour are indeed the purpose or goal of the Drug Checking service. And this is often also a key question that funders ask.
- ➔ Consider asking an expert in behaviour change theories to become a member of the project group or steering committee.
- ➔ Counselling services or brief interventions should follow the methodology and techniques developed in evidence-based, theoretical models (see TEDI guidelines).

### References

Do you need more information? Check it here:

*If working with peer educators we refer to the section on using a theoretical model in the Good Practice Standards on Peer Education in Nightlife settings*

- 💡 [Guidelines](#)
- 💡 [Scientific articles](#)

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**3.3 Defining aims, goals, and objectives:** It is clear what is being ‘prevented’ (e.g. what types of drug use?). The programme’s aims, goals, and objectives are clear, logically linked, and informed by the identified needs. They are ethical and ‘useful’ for the target population. Goals and objectives are specific and realistic.

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### Notes on Drug Checking Service

- ➔ Possible aims of a Drug Checking services are:
  - > Monitor illegal drugmarkets
  - > To prevent drug users from using especially dangerous or contaminated substances
  - > To communicate “safer-use” messages
  - > To improve the users’ factual knowledge about substances and risks
  - > To influence the users attitude towards drugs.
- ➔ The targeted drug(s) should be specified. For example, does the Drug Checking service only target illegal drugs, or does it also include prescription medicines, and various “legal highs”? If the drug Checking service targets a particular range of (risky) behaviours, the types of behaviour should also be defined.
- ➔ 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
  - > Early detection of problematic behaviour patterns involving consumption
  - > Early intervention, if necessary, and if the client is willing.
- ➔ This includes overdose prevention, reduction of the unconscious use of unwanted substances, the raising of awareness regarding high dosages of substances and/or cutting agents used in the making of psychoactive drugs.

- Reducing the harm caused by the use of substances purchased on the black or grey market.
- Any behavioural change should be socially desirable and one should consider whether harm reduction is acceptable in the particular society one is targeting.

## References

Do you need more information? Check it here:

- 💡 [Guidelines](#)
- 💡 [Reports](#)
- 💡 [Scientific articles](#)

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**3.4 Defining the setting:** The setting(s) for the activities is (are) described. It matches the aims, goals, and objectives, available resources, and is likely to produce the desired change. Necessary collaborations for implementation of the programme in this setting are identified.

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## Notes on Drug Checking Service

- Drug Checking services can be offered in a drug counselling centre or on-site at parties, raves, and festivals.
- The setting is defined as the social and/or physical environment in which the intervention takes place, such as a festival or club. The intervention itself may have to be adapted depending on the setting. Most Drug Checking services do not operate in just one setting; many are available at a variety of locations.
- The most important on-site settings for a Drug Checking service are clubs and festivals where the use of substances is very visible. But because some recreational drug users consume substances in a variety of settings, the existence of a regular (stationary) Drug Checking service can ultimately reach a larger target group.
- A Drug Checking service's chief collaborations will be with club owners and event/festival organisers. Cooperation must be established with the company in charge of safety and security, as well as with first aid and emergency medical services and police officers assigned to a particular festival or event site.
- If one is working on-site, be aware of the broad variety of nightlife settings, which includes their own sets of rules and regulations. Also note that the actual location of an event may not be suitable for all types of intervention (think of noise levels, the ability to have a conversation, etc).
- Favourite places for Drug Checking interventions are either near the entrance or near the chill-out area (Chai-Shop, Space-Bar). The work-site should be as close and visible to the audience and as quiet as possible (Kriener, 2001).

## References

Do you need more information? Check it here:

- 💡 [Guidelines](#)
- 💡 [Reports](#)

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**3.5 Referring to evidence of effectiveness:** Scientific literature reviews and/or essential publications on the issues relating to the programme are consulted. The reviewed information is of high quality and relevant to the programme. The main findings are used to inform the programme.

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### Notes on Drug Checking Service

- Use the latest literature for information on Drug Checking developments but do not let a lack of substantiated evidence prevent you from taking action.
- One should also consult the conclusions of various European Drug Checking studies and use the databases of existing European Drug Checking services.
- Evidence is often specific to particular target populations and environments. Use the evidence but do not let it replace the professional experience of practitioners. Where scientific evidence of effectiveness is unavailable, professional experiences and stakeholder expertise may be employed instead to make educated judgements regarding the effectiveness of any particular intervention.
- The reviewing and incorporation of new evidence requires certain investments of time and funds.
- Involved stakeholders should conduct an outcome evaluation as part of its aim of contributing to the existing database.

### References

Do you need more information? Check it here:

- 💡 [Guidelines](#)
- 💡 [Websites](#)
- 💡 [Scientific articles](#)

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**3.6 Determining the timeline:** The timeline of the programme is realistic, and it is illustrated clearly and coherently. Timing, duration, and frequency of activities are adequate for the programme.

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### Notes on Drug Checking Service

- Do not underestimate the time necessary to contact club owners and organisers and create a sustainable collaborative partnership.
- The time needed to properly analyse substances should be taken into consideration when developing a timeline for on-site interventions.
- Keep in mind the limitations of professionals working at other labs who, for example may not be so keen on spending entire nights in clubs or at festivals.

### References

Do you need more information? Check it here:

- 💡 [Guidelines](#)

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# Project stage 4: Intervention design

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**4.1 Designing for quality and effectiveness:** The intervention follows evidence-based good practice recommendations; the scientific approach is outlined. The programme builds on positive relationships with participants by acknowledging their experiences and respecting diversity. Programme completion is defined.

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## Notes on Drug Checking Service

- Before creating an intervention, one should consult a variety of sources, such as systematic reviews on the effectiveness of peer education interventions (if working with peer educators) and, if available, evaluations of the results and procedures used by other Drug Checking services. This will ensure that interventions follow (evidence-based) good practice recommendations.
- It is recommended that professionals use valid and proven Drug Checking techniques.
- One should combine chemical analyses and interview data, which is important when estimating the impact of specific drug trends on individual and public health.
- The active participation and involvement of the target population and the building of positive relationships are key issues when one employs Drug Checking services.

## References

Do you need more information? Check it here:

- 💡 [Guidelines](#)
- 💡 [Reports](#)
- 💡 [Scientific articles](#)

*If working with peer educators we refer to the section on using a theoretical model in the Good Practice Standards on Peer Education in Nightlife settings*



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**4.2 If selecting an existing intervention:** Benefits and disadvantages of existing interventions are considered, as well as the balance between adaptation, fidelity, and feasibility. The interventions' fit to local circumstances is assessed. The chosen intervention is adapted carefully, and changes are made explicit. Authors of the intervention are acknowledged.

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### Notes on Drug Checking Service

- The mere establishment of a Drug Checking service implies that a proven intervention will be employed!
- A Drug Checking Service should be part of a broader set of interventions.
- Consider policy and legislation differences between various countries, regions and settings.
- There are a variety of choices between existing Drug Checking services in any particular region. For instance, the chemical analysis of drug substances should be performed, using an existing method. Moreover, consideration should also be given to how the Drug Checking service will be integrated into a particular setting.
- Regarding types of intervention, Drug Checking services are available for two types of situations. Some agencies offer both types of services:
- Mobile (on-site) service: Drug Checking facility is active in the habitat of party drug user and located at raves, clubs, festivals or public spaces and mostly in connection with an information stand and/or a chill out space that offers consultation services.
- Regular facility services: Drug Checking facilities will collect and initially analyse the substance in question and will let them be further analysed by a participating external lab. This facility has established opening times at least one day per week. This facility aims to integrate prevention and information services with consultation and counselling.
- The analytical techniques used for evaluating particular substances may vary. For further information on specific techniques and their benefits and limitations, see the TEDI project's guidelines on methodology.

- Examples of elements to implement besides Drug checking:
  - > Distribution of information materials
  - > Offering information talks
  - > Offering crisis intervention on-site
  - > Hosting a website
  - > Publishing scientific articles
- Think about how you will present the results to the target population: *who* shall get *which* information about quality and quantity of tested substances.
- Notes to consider:
  - > Should everybody have access to all information available, for example through the Internet?
  - > Should everybody have information on especially dangerous substances but not on all tested substances?

*More information on arguments for different models: Kiener, 2001.*

### References

Do you need more information? Check it here:

- 💡 [Guidelines](#)
- 💡 [Reports](#)
- 💡 [Online Toolkits](#)
- 💡 [Scientific articles](#)

*If working with peer educators we refer to the section on using a theoretical model in the Good Practice Standards on Peer Education in Nightlife settings*

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### 4.3 Tailoring the intervention to the target population:

The programme is adequate for the specific circumstances of the programme (e.g. target population characteristics), and tailored to those if required. Elements to tailor include: language; activities; messages; timing; number of participants.

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#### Notes on Drug Checking Service

- ➔ Tailoring to a target population is done with the active participation of relevant representatives of the target group.

#### References

Do you need more information? Check it here:

- 💡 [Guidelines](#)

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### 4.4 If planning final evaluations:

Evaluation is seen as an integral and important element to ensuring programme quality. It is determined what kind of evaluation is most appropriate for the intervention, and a feasible and useful evaluation is planned. Relevant evaluation indicators are specified, and the data collection process is described.

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#### Notes on Drug Checking Service

- ➔ To plan and conduct evaluation one needs a scientific background to describe “what one is doing” in terms of a scientific system of definitions. Applying the expertise of, for instance, a university with an academic interest in the program is invaluable in developing a valid evaluation methodology is essential for the implementation of effective monitoring and evaluation functions. This expertise may be provided on a voluntary basis by a partner in exchange for benefits such as field experience. However, the total evaluation process may be costly, time-consuming and complex.

#### References

Do you need more information? Check it here:

- 💡 [Guidelines](#)
- 💡 [Reports](#)
- 💡 [Online Toolkits](#)
- 💡 [Scientific articles](#)

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# Project stage 5: Management and mobilisation of resources

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## 5.1 Planning the programme - Illustrating the project plan:

Time is set aside for systematic programme planning. A written project plan outlines the main programme elements and procedures. Contingency plans are developed.

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### Notes on Drug Checking Service

- The establishment of an effective Drug Checking service is almost always considered an ongoing process.
- It is essential to properly outline the procedures used for cooperating with external employees or agencies. It is also important to come up with an effective communication strategy.

### References

Do you need more information? Check it here:

- 💡 [Guidelines](#)
- 💡 [Reports](#)

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**5.2 Planning financial requirements:** A clear and realistic cost estimate for the programme is given. The available budget is specified and adequate for the programme. Costs and available budget are linked. Financial management corresponds to legal requirements.

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### Notes on Drug Checking Service

- Consider the contribution of partners, party organisers who are willing to donate or exchange services.
- The program assets and resources for each section of the work plan including training, supervision, materials, etc.).
- **Keep laboratory fees in mind.**
- > Equitable salary structures are often a challenge for low-budget programs. In most cases, peer educators are volunteers. Tensions as a result of the different pay scales among peer educators and staff may arise. It is not impossible to create a program with an unpaid volunteer staff.
- Consider a system of encouragement and non-financial incentives for volunteers. Incentives could include recognition, awards, rewards, social activities, exchange (and travel) opportunities as well as advancement within the group when possible.
- Check the regulations and possibilities for offering volunteers various allowances.
- Take insurance issues into consideration because there are significant differences between countries regarding the payment of volunteer allowances.

### References

Do you need more information? Check it here:

- 💡 [Guidelines](#)
- 💡 [Reports](#)

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**5.3 Setting up the team:** The staff required for successful implementation is defined and (likely to be) available (e.g. type of roles, number of staff). The set-up of the team is appropriate for the programme. Staff selection and management procedures are defined.

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### Notes on Drug Checking Service

- A multidisciplinary team that includes psychologists, social workers and laboratory technicians must be assembled in order to create a Drug Checking service. The social workers should be familiar with various recreational settings and have counselling skills to work with drug users. They must also work with lab technicians to develop a set of effective Drug Checking techniques. Having a specific contact person who deals with stakeholders such as party organisers can be a big plus
- Colleagues called upon to work with peer educators should check the Good Practice Standards on peer education.
- Be sure that the intervention regulations and policies are properly communicated as well as those of the central organisation, if relevant, during the training or selection procedures.
- The basic safety rules and regulations should be defined (health and safety requirements):
- Note that the Drug Checking team will be working with various chemical agents and the relevant safety measures will need to be clarified. This is especially relevant when a Drug Checking facility is operating in a recreational setting.
- The rules governing the setting up of an on-site facility includes clearly communicating enforcement issues and policy.
- **Steering committee**
- > A successful project team recognises its limitations and involves other relevant stakeholders and experts when necessary. An Steering committee could offer objective advice and identify key areas or ideas of interest that may be overlooked by the team. The members of the Steering committee might also have contacts that may be beneficial to the project, especially in the area of promoting it.

- ➔ Having a project team or steering committee member with drug policy and legislation expertise is a definite plus because staying up to date on legal issues is a complicated and time-consuming affair.
- ➔ To plan and conduct evaluation one needs a scientific background to describe “what one is doing” in terms of a scientific system of definitions. Having a partnership with a university or adding a researcher to the project team or steering committee should be considered.
- ➔ Training: It is essential that selected staff members receive comprehensive knowledge and learn essential skills during training.

## References

Do you need more information? Check it here:

💡 [Guidelines](#)

💡 [Reports](#)

*If working with peer educators we refer to the section on setting the team in the Good Practice Standards on Peer Education in Nightlife settings.*

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**5.4 Recruiting and retaining participants:** It is clear how participants are drawn from the target population, and what mechanisms are used for recruitment. Specific measures are taken to maximise recruitment and retention of participants.

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**5.5 Preparing programme materials:** Materials necessary for implementation of the programme are specified. If intervention materials (e.g. manuals) are used, the information provided therein is factual and of high quality.

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## Notes on Drug Checking Service

### ➔ Materials:

- > Guidelines, training manual, protocols (Red Alert, Media etc).
- > Materials to promote the service on site:
- > Project flyers, rave or event flyers,
- > posters, signposts or by setting up desks for distributing the information.

## References

Do you need more information? Check it here:

💡 [Guidelines](#)

💡 [Reports](#)

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**5.6 Providing a programme description:** A written, clear programme description exists and is (at least partly) accessible by relevant groups (e.g. participants). It outlines major elements of the programme, particularly its possible impact on participants.

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## Notes on Drug Checking Service

- ➔ Used terminology must be well defined in the program description.

## References

Do you need more information? Check it here:

💡 [Guidelines](#)

💡 [Reports](#)



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# Project stage 6: Delivery and monitoring

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**6.1 If conducting a pilot intervention:** A pilot intervention is conducted if necessary. It should be considered, for example, when implementing new or strongly adapted interventions, or if programmes are intended for wide dissemination. The findings from the pilot evaluation are used to inform and improve the proper implementation of the intervention.

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**6.2 Implementing the programme:** The programme is implemented according to the written project plan. The implementation is adequately documented, including details on failures and deviations from the original plan.

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## References

Do you need more information? Check it here:

- 💡 [Guidelines](#)
- 💡 [Reports](#)
- 💡 [Scientific articles](#)

*If working with peer educators we refer to the section on using a theoretical model in the Good Practice Standards on Peer Education in Nightlife settings*

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**6.3 Monitoring the implementation:** Monitoring is seen as an integral part of the implementation phase. Outcome and process data are collected during implementation and reviewed systematically. The project plan, resources, etc. are also reviewed. The purpose of monitoring is to determine if the programme will be successful and to identify any necessary adjustments.

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### Notes on Drug Checking Service

- Set up a focus group, do informal interviews, or hand out questionnaires to get feedback to better monitor the implementation process with party organisers, club owners and municipalities.
- Establish practical ways for target audiences and stakeholders to share their views about the program and make suggestions for improvement.
- Drugs trends and the risks partygoers take are continuously changing as new markets develop and are exploited. Colleagues must accept the fact that the scene will always be mutating, which requires dynamic and innovative responses.

### References

Do you need more information? Check it here:

- 💡 [Guidelines](#)
- 💡 [Reports](#)

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**6.4 Adjusting the implementation:** Flexibility is possible if required for a successful implementation. The implementation is adjusted in line with the monitoring findings, where possible. Issues and problems are dealt with in a manner that is appropriate for the programme. Adjustments are well-justified, and reasons for adjustments are documented.

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### Notes on Drug Checking Service

- Local circumstances may change rapidly (the nightlife scene may suddenly grow or shrink) or new trends may emerge, requiring a flexible approach from Drug Checking employees.

### References

Do you need more information? Check it here:

- 💡 [Guidelines](#)

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# Project stage 7: Final evaluations

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**7.1 If conducting an outcome evaluation:** The sample size on which the outcome evaluation is based is given, and it is appropriate for the data analysis. An appropriate data analysis is conducted, including all participants. All findings are reported in measurable terms. Possible sources of bias and alternative explanations for findings are considered. The success of the programme is assessed.

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## Notes on Drug Checking Service

- The evaluation of results is an extremely complicated process in this field. Measuring behavioural changes via a Drug Checking service in nightlife settings is complicated but remains an important function. In some cases, this research will entail employing an independent researcher, which may lead to budgetary issues.
- Self-evaluations often serve as the only available indicators for outcome evaluation. One should question the findings but they may be the only evidence of an intervention's success.
- Possible outcome indicator:
  - > Number of persons who do not consume the substance after they are informed about dangerous ingredients.

## References

Do you need more information? Check it here:

- 💡 [Guidelines](#)
- 💡 [Reports](#)
- 💡 [Online Toolkits](#)

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**7.2 If conducting a process evaluation:** The implementation of the programme is documented and explained. The following aspects are evaluated: target population involvement; activities; programme delivery; use of financial, human, and material resources.

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### Notes on Drug Checking Service

- Consider the area of conflict concerning process evaluation. On the one hand, process evaluation gets easier the more one knows and
- documents what is going on, on the other hand this objective meets serious restraints by the type of work the social workers and psychologists
- have to carry out at raves – only easy and quick documentation is possible in this specific setting. The challenge is to find the right balance (Kiener, 2001).
- Establishing relevant indicators means selecting results that focus on the aims of the program. Be aware of what kind of results and evaluation measures are demanded by funders. It should also be noted that some indicators may be very sensitive such as those detailing actual drug use.
- There should be an established protocol for information gathering, data management, the dissemination of leaflets and other information and dealing with the adverse effects of the above.
- Possible process indicators:
  - > Number of people reached
  - > Age and sex of the persons
  - > Number of analysed samples
  - > Does the person consume the substance before the testing result is ready?
  - > Questions about testing motivation, drug consumption and risk behavior
- Information talks:
  - > Number of people reached
  - > Age and sex of the persons
  - > Topics of information talks
  - > Problems that occur and suggestions for improvements

- Establish practical ways for the target population and stakeholders to share views about the program and make suggestions for improvement. Feedback should not be considered an evaluation of the results. But this information is important because the program's effectiveness depends on stakeholder participation.
- Questionnaires, focus groups and periodic interviews with stakeholders, peer educators and target group members can help gather opinion data and measure stakeholder satisfaction.
- Data gathering should be incorporated into the program's basic procedures because proactive feedback accumulation leads to more timely and positive reactions.
- Developing a questionnaire for drug users is recommended to better understand the usage patterns of partygoers who seek out a Drug Checking service and to help make improvements to the intervention. The questionnaire may also help establish better contacts with drug users. A follow-up questionnaire a year after the initial intake will help to better evaluate the impact of a Drug Checking service's detection methods and whether it is able to actually reduce drug consumption.

### References

Do you need more information? Check it here:

- 💡 [Guidelines](#)
- 💡 [Reports](#)
- 💡 [Online Toolkits](#)
- 💡 [Scientific articles](#)

*If working with peer educators we refer to the section on using a theoretical model in the Good Practice Standards on Peer Education in Nightlife settings*

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# Project stage 8: Dissemination & improvement

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**8.1 Determining whether the programme should be sustained:** It is determined whether the programme should be continued based on the evidence provided by monitoring and/or final evaluations. If it is to be continued, opportunities for continuation are outlined. The lessons learnt from the implementation are used to inform future activities.

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## References

Do you need more information? Check it here:

💡 [Guidelines](#)



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## 8.2 Disseminating information about the programme:

Information on the programme is disseminated to relevant target audiences in an appropriate format. To assist replication, details on implementation experiences and unintended outcomes are included. Legal aspects of reporting on the programme are considered (e.g. copyright).

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### Notes on Drug Checking Service

- Throughout the term of the project, you will need to maintain the interest of funders and stakeholders by providing regular updates, by polling them, holding regular meetings, engaging in negotiations, and maintaining close personal contact. This same strategy should also be applied to sponsors and policymakers.
- Drug Checking services share information with various other organisations such as hospitals, emergency medical services, substance abuse organisations, policymakers (i.e., National Risk Assessment Centres), the various national early warning systems, and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).
- The involved parties are notified whenever a dangerous drug has infiltrated the market. This early warning strategy enables aid services to react in a timely fashion.
- Organising press conferences and preparing a press kit is an important function. Consider creating protocols specific for media.
- The creation and dissemination of well-prepared communication tools is essential to (promotion of) the Drug Checking service. The appropriate communication tool varies from brochures focused on a particular topic, posters, flyers, postcards, website posttown maps, display stands, etc. Most of these tools will need the input of an editorial committee, layout and graphic designers, printers and circulation plans.
- Drug Checking service reports are an interesting source of information for stakeholders that details the newest detected trends, the adulteration of drugs, the latest NPS discovered in various recreational settings and any other valuable data. An annual newsletter or trendreports for example, is very much appreciated.

### → Red Alert Protocol

- > By 'Red Alert' actions, the following circumstance is meant: warning campaigns which are conducted if public health is threatened by the appearance of highly hazardous drugs on the illicit markets or highly risky situations concerning drugs. These actions are aimed at institutions for health and addiction care, potential drug users, health professionals, Drug Checking-network and the mass media.

### References

Do you need more information? Check it here:

💡 [Guidelines](#)

💡 [Reports](#)

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**8.3 If producing a final report:** The final report documents all major elements of programme planning, implementation, and (where possible) evaluation in a clear, logical, and easy-to-read way.

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## Cross-cutting considerations

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#### 💡 Websites

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The ethical framework in which the NEWIP partners operate is stated at the Safer Nightlife website: [www.safernightlife.org](http://www.safernightlife.org)

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#### 💡 Online Toolkits

- > Club Health. NightSCOPE. <http://www.nightscope.eu>

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*If working with peer educators we refer to the section on using a theoretical model in the Good Practice Standards on Peer Education in Nightlife settings.*

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## Project stage 4: Intervention design

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## Project stage 5: Management and mobilisation of resource

### 5.1

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## Project stage 6: Delivery and monitoring

### 6.2

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## Project stage 7: Final evaluations

### 7.1

#### 💡 Guidelines

- > DC&D. *Safer Nightlife Projects. A European proposition to promote evaluation and share good practices*. [http://www.safernightlife.org/pdfs/digital\\_library/DC-DII%20Evaluation%20Guideline.pdf](http://www.safernightlife.org/pdfs/digital_library/DC-DII%20Evaluation%20Guideline.pdf)
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#### 💡 Online Toolkits

- > UNFPA. *The Program Managers Planning, Monitoring and Evaluation Toolkit*. <http://www.unfpa.org/monitoring/toolkit.htm>

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- > Calafat, A. (2010). *Lifestyles and drugs. Prevention interventions in recreational settings*. Council of Europe. <http://www.coe.int/t/dg3/pompidou/Source/Files/minconf/P-PG-PREV-2010-7-en.pdf>
- > Kriener H.(2001). *An inventory of on-site pill-testing interventions*. Lisbon: European Monitoring Centre for Drugs and Drug Addiction. [http://www.emcdda.europa.eu/attachements.cfm/att\\_2878\\_EN\\_pill\\_testing\\_report.pdf](http://www.emcdda.europa.eu/attachements.cfm/att_2878_EN_pill_testing_report.pdf)

#### 💡 Online Toolkits

- > EMCDDA. Evaluation Instruments Bank (EIB). <http://www.emcdda.europa.eu/eib>
- > UNFPA. *The Program Managers Planning, Monitoring and Evaluation Toolkit*. <http://www.unfpa.org/public/home/publications/pid/360>

#### 💡 Scientific articles

- > Bücheli, A., Quinteros-Hungerbühler, I., Schaub, M. (2010) Evaluation of Party Drug Prevention in the City of Zurich, *SuchtMagazin* 5/2010:41-49. [http://www.tediproject.org/uploads/downloads\\_file\\_1334053662.pdf](http://www.tediproject.org/uploads/downloads_file_1334053662.pdf)
- > Hungerbuehler, I., Buecheli, A., Schaub, M. (2011). Drug Checking: A prevention measure for a heterogeneous group with high consumption frequency and polydrug use - evaluation of zurichs drug checking services. *Harm reduction journal*, 10 June 2011, vol./is. 8/1(16). <http://www.harmreductionjournal.com/content/pdf/1477-7517-8-16.pdf>
- > Uhl, A., Ives, R. (2010). *Evaluation of the drug prevention activities: theory and practice*. Council of Europe. <https://wcd.coe.int/ViewDoc.jsp?id=1705385>  
*If working with peer educators we refer to the section on using a theoretical model in the Good Practice Standards on Peer Education in Nightlife settings.*

## Project stage 8: Dissemination & improvement

### 8.1

#### 💡 Guidelines

- > DC&D (2007). Safer Nightlife Projects. A European proposition to promote safer nightlife and share good practice [http://www.safernightlife.org/pdfs/digital\\_library/DC-DII%20Evaluation%20Guideline.pdf](http://www.safernightlife.org/pdfs/digital_library/DC-DII%20Evaluation%20Guideline.pdf)
- > HNT (2010). *Handbook Healthy Nightlife Toolbox, How to create a healthy & safe nightlife*. [http://hnt-info.eu/File/handbook\\_section.aspx?id=1](http://hnt-info.eu/File/handbook_section.aspx?id=1)

### 8.2

#### 💡 Guidelines

- > Club Health. (2013) *Media guidelines on nightlife for public health workers*. [http://www.club-health.eu/docs/Media\\_influence\\_guidelines\\_FINAL.pdf](http://www.club-health.eu/docs/Media_influence_guidelines_FINAL.pdf)
- > Coppel, A. (2008). Drug use, frontline services and local policies - Guidelines for elected officials at the local level. Vottem: Les presses de Snel. [http://www.democitydrug.org/uploads/DCD1\\_Guidelines/EN/DC\\_D\\_-\\_Drug\\_use\\_frontend\\_services\\_and\\_local\\_policies\\_EN.pdf](http://www.democitydrug.org/uploads/DCD1_Guidelines/EN/DC_D_-_Drug_use_frontend_services_and_local_policies_EN.pdf)
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- > HNT (2010). *Handbook Healthy Nightlife Toolbox, How to create a healthy & safe nightlife*. [http://hnt-info.eu/File/handbook\\_section.aspx?id=1](http://hnt-info.eu/File/handbook_section.aspx?id=1)

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- > Jongbloet, J., Kreeft, P. van der., Havere, T. van. (2013). *Media influence on health and safety in nightlife*. Literature review. Club Health. [http://www.club-health.eu/docs/Media\\_influence\\_literature\\_review\\_FINAL.pdf](http://www.club-health.eu/docs/Media_influence_literature_review_FINAL.pdf)
- > Kriener H.(2001). *An inventory of on-site pill-testing interventions*. Lisbon: European Monitoring Centre for Drugs and Drug Addiction. [http://www.emcdda.europa.eu/attachements.cfm/att\\_2878\\_EN\\_pill\\_testing\\_report.pdf](http://www.emcdda.europa.eu/attachements.cfm/att_2878_EN_pill_testing_report.pdf)
- > TEDI trend reports (2012, 2013). <http://www.tediproject.org/index.php/main/trends>



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