

# Implementing Methamphetamine Prevention Strategies into Action

## IMPRESA

### Presentation at the final project conference

#### Work package 6:

#### Promotion of evidence-based methamphetamine prevention in Europe (Dissemination)

#### Deliverable 6.3

#### Work package lead:

Republican Centre for Addictive Disorders, Vilnius (RPLC)



#### Contributing consortium partners:

Pavol Jozef Šafárik University in Košice,  
Faculty of Arts, Department of Educational Psychology and Psychology of Health (UPJŠ)



Akademia Pedagogiki Specjalnej (Maria Grzegorzewska University, Warsaw)



Department of Addictology, Charles University Prague (CUNI)



FIRST FACULTY  
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Pracownia Badan I Inicjatyw Spoecznych Spolka z Ograniczona Odpowiedzialnoscia, Warsaw



Centre for Interdisciplinary Addiction Research of the University of Hamburg (UKE/ZIS)



Vilnius/Hamburg, 30.06.2023



Co-funded by the European  
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Drugs Policy Initiatives

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## Agenda Closing Conference

**Date:** 23<sup>rd</sup> of June 2023

**Time:** 10:00 until 12:30 (UTC/GMT+1)

**Venue:** virtual via “Zoom”, hosted by the University of Hamburg secured servers, not recorded

Please note that an updated Zoom application must be installed on your device to participate in the meeting

### ***Join the Zoom Meeting:***

<https://uni-hamburg.zoom.us/j/66823113712?pwd=VFBtcGZ5QXNhaU1zNU9ueHplZTJlZz09>

(Meeting ID: 668 2311 3712, Passcode: 23094643)

**Participants:** representatives of DG Home, EMCDDA, the responsible national ministries in the partner countries, stakeholders in the pilot regions and country, all project partners and their teams

Conference language is English and Questions and answers are always included

**Chair:** Marcus Martens (University Medical Center Hamburg-Eppendorf –UKE, Germany)

10:00 A short overview of the project and its available outcomes

(PL PD Dr Uwe Verthein, University Medical Centre Hamburg, Germany)

10:20 Remarks on the project from the EU drug policy perspective

(Miriam Graute, Policy Officer – Drugs, DG Migration & Home Affairs)

10:35 Remarks on the project by EMCDDA

(Iciar Indave, MD, MPH, PhD, Specialist in Preventive Medicine and Public, Scientific agent EMCDDA))

10:50 Brief Intervention approach combining motivational interviewing and a cognitive behavioral strategy in Jelenia Gora, Poland

(Magdalena Rowicka, PhD, Maria Grzegorzewska University, Poland & Janusz Sierosławski, PBIS, Poland)

11:10 Brief interventions for partygoers and chemsex harm reduction in Prague, Czech Republic

(Mgr. Benjamin Petruželka, PhD, Charles University Prague)

11:30 3-day methamphetamine use prevention program based on Social Determination Theory in Košice, Slovakia

(MSc. Jozef Benka, PhD, Pavol Jozef Šafárik University in Košice)

11:50 Education and harm reduction among recreational psychoactive substance users in Lithuania

(Dovilė Mačiulytė, Republican Centre for Addictive Disorders, Lithuania)

12:10 Activities promoting safer nightlife among clubs and partygoers in Chemnitz, Germany

(Harald Lahusen, UKE)

12:30 End of the closing conference

# **A short overview of the project and its available outcomes**







IMPRESA Closing Conference, 23.06.2023

# A short overview of the project and its available outcomes

Uwe Verthein  
Harald Lahusen  
Moritz Rosenkranz  
Marcus Martens

Gefördert durch:



Bundesministerium  
für Gesundheit

aufgrund eines Beschlusses  
des Deutschen Bundestages



Co-funded by the European  
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Drugs Policy Initiatives

## The IMPRESA Consortium

University Medical Center Hamburg-Eppendorf – UKE,  
Centre for Interdisciplinary Addiction Research (ZIS), Germany



Charles University - Addictology, Prague – Czech Republic



FIRST FACULTY  
OF MEDICINE  
Charles University



Pavol Jozef Šafárik University in Košice, Department of Psychology, Slovakia



Maria Grzegorzewska University & NGO PBIS, Warsaw, Poland

The Maria Grzegorzewska  
**UNIVERSITY**  
established 1922



Republican Centre for Addictive Disorders, Vilnius, Lithuania



REPUBLICAN  
CENTRE FOR ADDICTIVE  
DISORDERS



## Background

- “Long-standing consumer markets” for methamphetamine in Czech Republic and Slovakia.
  - Last decade: increasing prevalence of methamphetamine use in the border regions of neighboring countries such as Poland and Germany.
  - In recent years: increase of methamphetamine use reported for Spain, Cyprus and several northern European countries such as Lithuania, Finland and Norway.
- Methamphetamine use is spreading in the EU (according to wastewater analyses in more than 60 European cities and studies of the European drug markets (EMCDDA, 2020; EUROPOL, 2019)).
- As problematic methamphetamine use often results in severe (sometimes irreversible) physical and psychological consequences for the user (Marshall & Werb, 2010), tackling this epidemic represents a relevant public health need for Europe.

## EU Action Plans on Drugs

2017-2020 : Action No. 29b:

“Strengthen the cooperation to **tackle the rising trend of stimulant addiction, in particular methamphetamine**, between relevant government bodies and the NGO sector, focusing on creating and sharing **best practices in preventing** the spread from local epidemics, including demand and supply reduction efforts, and sharing information on the prevention of misuse of medicinal products for methamphetamine production.”

2021-2025 : Action No. 46:

“Continue to **reduce drug-related deaths** and non-fatal overdoses (including the role played by poly substance use), by introducing, maintaining and where needed enhancing measures to reduce fatal and non-fatal overdoses, and other risk and harm reduction and policy measures, where appropriate and in accordance with national legislation, including: [...] (iii) **innovative approaches including digital health for people who use stimulant drugs and for young people in nightlife settings, such as peer-led outreach work, online street work in user fora or drug checking.** [...]”

## General objective



To prevent methamphetamine use in Europe by providing an in-depth understanding of the translation processes of best-practice selective and indicated methamphetamine prevention programmes.

## Specific objectives

1

To synthesise the latest evidence on selective and indicated methamphetamine prevention in order to select the most adequate evidence-based prevention strategies

2

To establish and maintain multi-stakeholder partnerships (MSPs) on methamphetamine use prevention in five European pilot cities: Chemnitz (DE), Jelenia Góra (PL), Košice (SK), Prague (CZ), Vilnius (LT)

3

To tailor and implement best practice strategies to prevent methamphetamine use in five European pilot cities

4

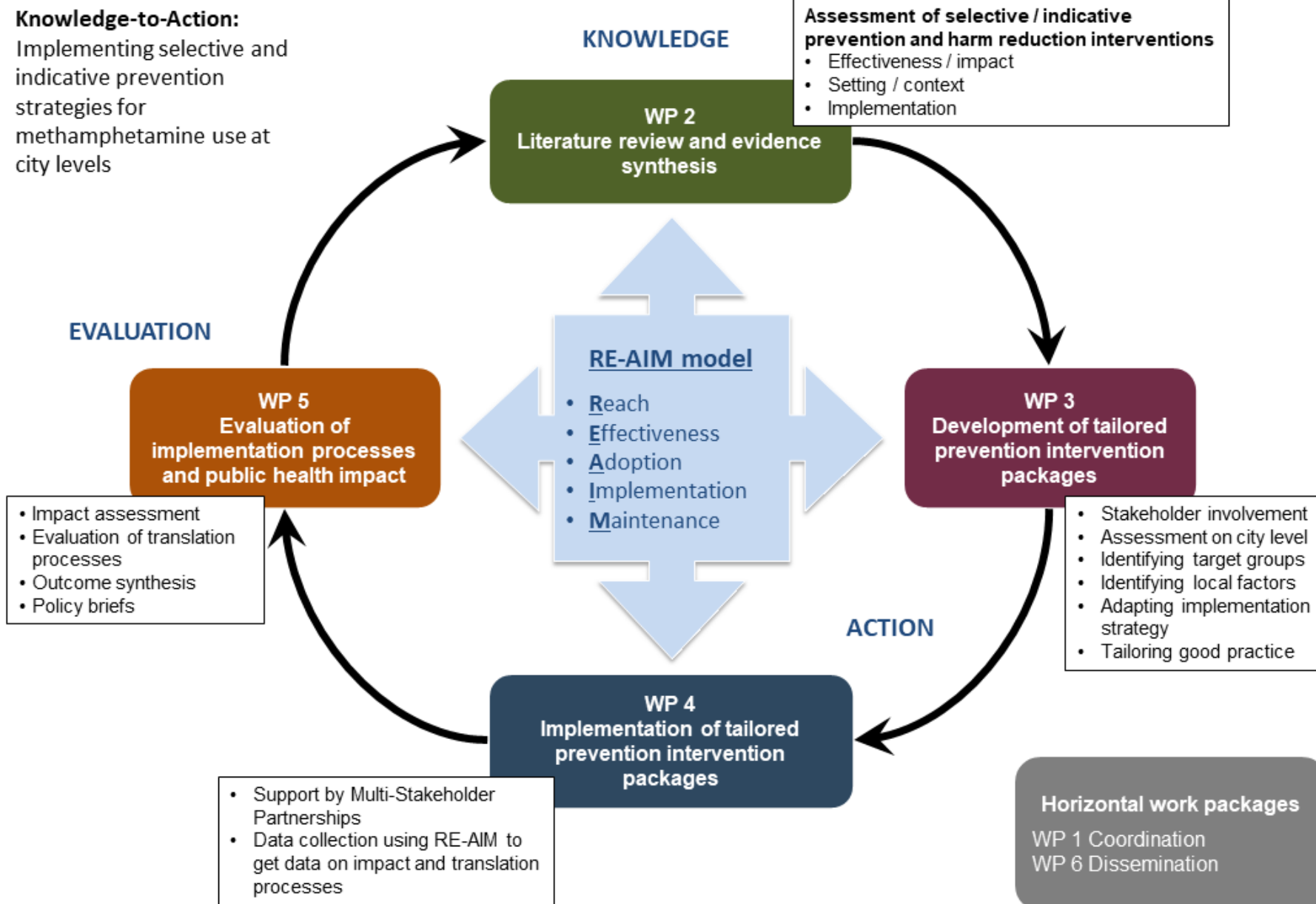
To evaluate translation processes and public health impact of tailored intervention packages to prevent methamphetamine use and to disseminate results and guidance

## Methodology: 3 key elements

City-level  
Multistakeholder  
Partnerships  
(MSPs)

Implementation  
of locally  
tailored,  
evidence-based  
interventions

Theory-informed  
monitoring and  
evaluation  
framework:  
RE-AIM



## Project Overview



## Work package 2: Literature review and evidence synthesis (WP lead: CUNI, Prague)

### Activities:

- International literature review on evidence-based selective / indicated prevention and harm reduction interventions
- National mappings of existing measures
- Delphi Expert Consensus Process



### Output:

- 1 working paper on Delphi results
- 1 publication of results (in progress)

# Delphi Working Paper

- Results of literature review and national mapping of measure of selective and indicated prevention and harm reduction
- Ranked list of 41 evidence-based interventions as result of Delphi expert consensus process



Implementing Methamphetamine Prevention Strategies into Action  
**IMPRESA**

**Aim, methodology and summarized results of the literature review and the Delphi expert consensus finding process**

Work package 2: Literature review and evidence synthesis  
Deliverable 2.1

Work package lead:  
Department of Addictology, Charles University Prague (CUNI)   

Contributing consortium partners:  
Centre for Interdisciplinary Addiction Research of the University of Hamburg (UKE/ZIS)  

Akademia Pedagogiki Specjalnej (Maria Grzegorzewska University, Warsaw) 

Pavol Jozef Safarik University, Kosice (UPJS) 

Republican Centre for Addictive Disorders, Vilnius (RPLC)  

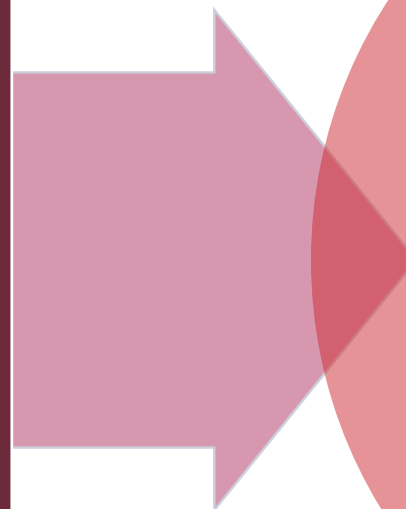
Prague/Hamburg, 31.12.2021

  
Co-funded by the European Union's Justice Programme – Drugs Policy Initiatives

## Work package 3: Development of tailored prevention intervention packages (WP lead: APS, Warsaw)

### Activities:

- Establishing multi-stakeholder partnerships
- Desk review of city-level delivery context (needs assessment)
- Online surveys among local stakeholders and people who use stimulants
- Selection of best practice strategies for each city
- Production of tailored city-level intervention strategies



### Output:

- 5 narrative reports on the city-level delivery context
- 5 drafts of tailored city-level intervention packages

# 5 reports on the city-level delivery context



## Implementing Methamphetamine Prevention Strategies into Action IMPRESA

### 5 narrative reports on the city-level delivery context based on desk review and RE-AIM informed survey

Work package 3: Development of tailored prevention intervention packages  
Deliverable 3.1

#### Work package lead:

Akademia Pedagogiki Specjalnej (Maria Grzegorzewska University, Warsaw)

#### Contributing consortium partners:

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Pracownia Badan i Inicjatyw Społecznych Spółka z Ograniczoną Odpowiedzialnością, Warsaw (PBIIS)

Warsaw/Hamburg, 31.01.2022



# 5 drafts of city-level intervention packages



## Implementing Methamphetamine Prevention Strategies into Action IMPRESA

### 5 drafts of tailored city-level intervention packages for all case cities

Work package 3: Development of tailored prevention intervention packages  
Deliverable 3.2

#### Work package lead:

Akademia Pedagogiki Specjalnej (Maria Grzegorzewska University, Warsaw)

#### Contributing consortium partners:

Centre for Interdisciplinary Addiction Research of the University of Hamburg (UKE/ZIS)

Pavol Jozef Safarik University, Kosice (UPJS)

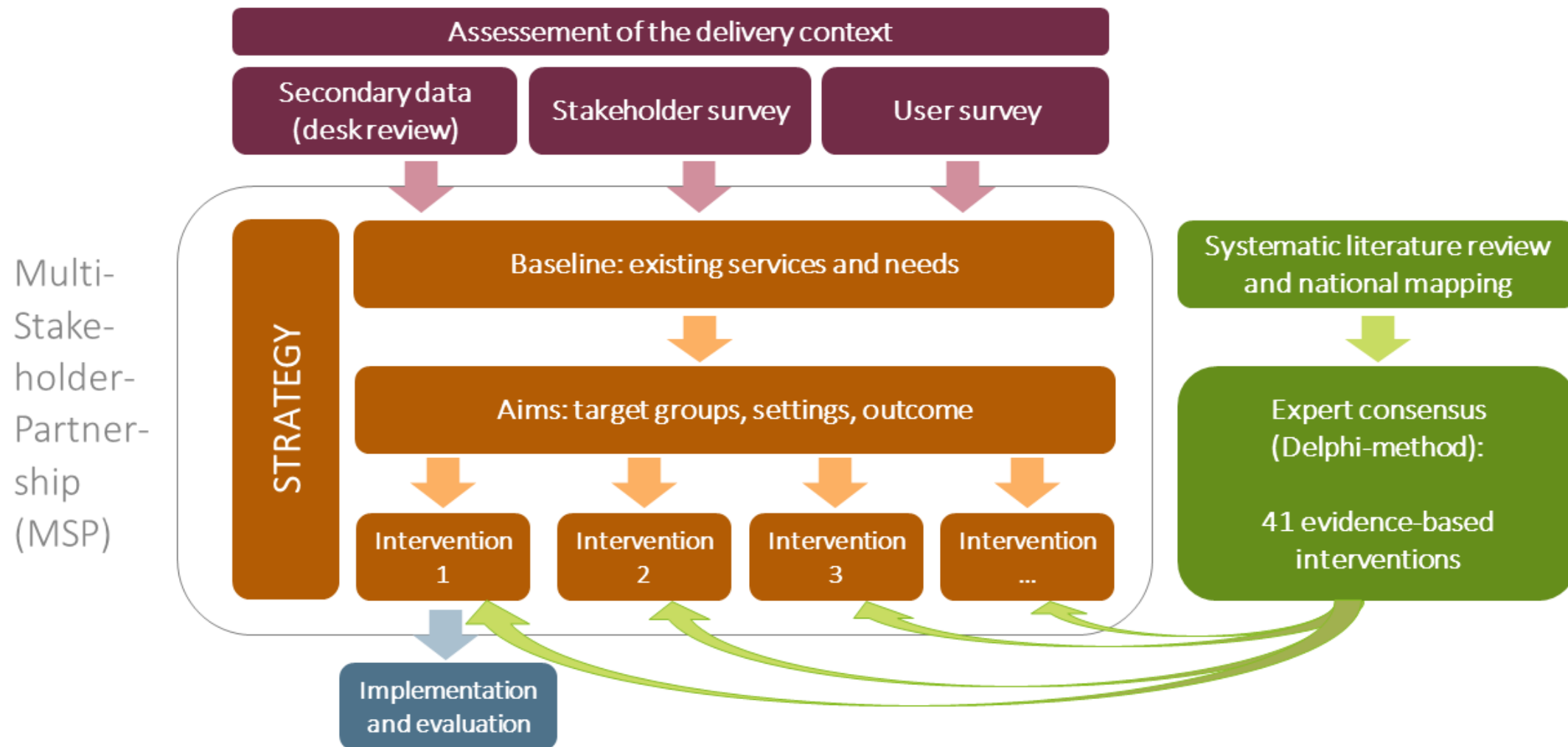
Republican Centre for Addictive Disorders, Vilnius (RPLC)

Department of Addictology, Charles University Prague (CUNI)

Pracownia Badan I Inicjatyw Społecznych Spolka z Ograniczona Odpowiedzialnoscia, Warsaw

Warsaw/Hamburg, 31.03.2022

## Strategy and intervention selection process



## Work package 4: Implementation of tailored prevention intervention packages (WP lead: UPJS, Košice)

### Activities:

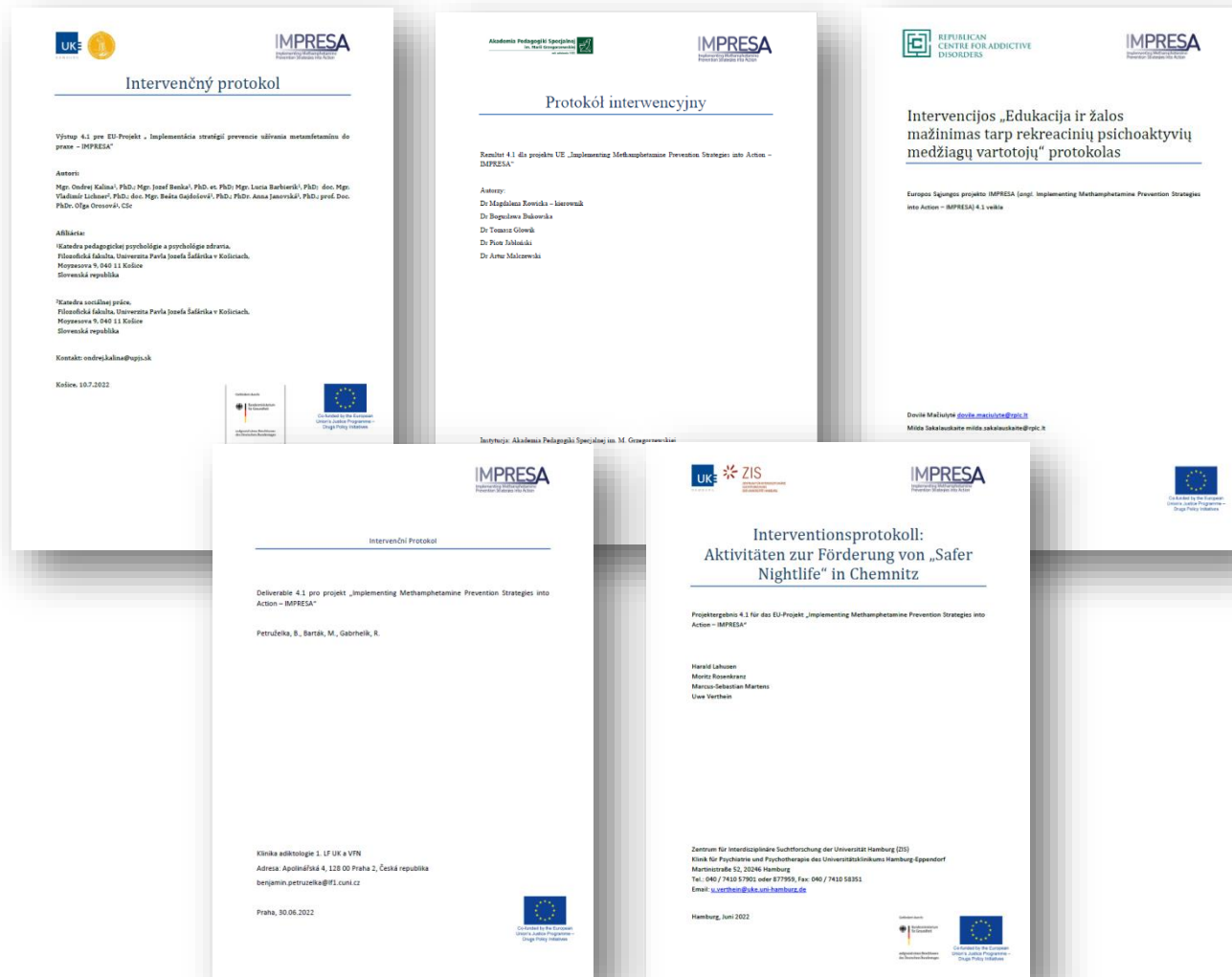
- Production of city-level intervention protocols
- Preparation of the implementation including recruitment and training of providers
- Implementation
- Data monitoring processes



### Output:

- 5 city-level intervention protocols
- 5 sets of training and intervention materials

# 5 study protocols



## Implementing Methamphetamine Prevention Strategies into Action IMPRESA

### 1 Study protocol per city for the implementation of tailored city-level intervention packages Work package 4: Implementation of tailored prevention intervention packages Deliverable 4.1

#### Work package lead:

Pavol Jozef Safarik University, Kosice (UPJS)

#### Contributing consortium partners:

Centre for Interdisciplinary Addiction Research of the University of Hamburg (UKE/ZIS)

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Pracownia Badań i Inicjatyw Społecznych Spółka z Ograniczoną Odpowiedzialnością, Warsaw (PBIIS)

Kosice/Hamburg, 12.07.2022



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# 5 sets of intervention materials



## Implementing Methamphetamine Prevention Strategies into Action IMPRESA

### Set of training and intervention materials incl. assessment tools for each city

Work package 4: Implementation of tailored prevention intervention packages  
Deliverable 4.2

#### Work package lead:

Pavol Jozef Safarik University, Kosice (UPJS)

#### Contributing consortium partners:

Centre for Interdisciplinary Addiction Research of the University of Hamburg (UKE/ZIS)

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Pracownia Badan I Inicjatyw Społecznych Spółka z Ograniczoną Odpowiedzialnością, Warsaw

Kosice/Hamburg, 12.07.2022



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## Work package 5: Evaluation of implementation processes and public health impact (WP lead: UKE/ZIS, Hamburg)

### Activities:

- Assessment of Reach, Effectiveness, Adoption, Implementation and Maintenance
- Mixed-methods data integration
- Compilation of city case study reports
- Formulation of context specific recommendations and conclusions

### Output:

- 5 city case study reports
- 1 publication of evaluation results (in progress)
- 1 guidance document on local implementation
- 1 policy brief on effective methamphetamine prevention strategies

# 5 city case study reports (available in English and local languages)



## Implementing Methamphetamine Prevention Strategies into Action IMPRESA

### 5 city case study reports on implementation outcomes incl. target specific recommendations

Work package 5: Evaluation of implementation processes and public health impact  
Deliverable 5.1

#### Work package lead:

Centre for Interdisciplinary Addiction Research of the University of Hamburg (UKE/ZIS)



#### Contributing consortium partners:

Pavol Jozef Šafárik University in Košice,  
Faculty of Arts, Department of Educational Psychology and Psychology of Health (UPJŠ)



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Akademia Pedagogiki Specjalnej (Maria Grzegorzewska University, Warsaw)



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Pracownia Badań i Inicjatyw Społecznych Spółka z Ograniczoną Odpowiedzialnością, Warsaw



Hamburg, 30.05.2023



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# Policy Brief for political decision makers (available in English and local languages)

## Prevent methamphetamine related harms in your community

Methamphetamine use has been on a steady rise in Europe for the last decade with substantial negative impact on society in the affected regions.

This policy brief summarizes the steps for planning and implementing methamphetamine use prevention and harm reduction strategies on the local level.

### 1. Establish evidence on effective prevention and harm reduction measures

Scientific evidence is essential to clarify what works for whom in which settings. In an evidence synthesis based on an international literature review, a national mapping and a subsequent evaluation by experts (Delphi Consensus Process) we could show that effective interventions are available. All 41 effective interventions that were found in the process are presented described in the Delphi Working Paper.

### 2. Involve all relevant stakeholders

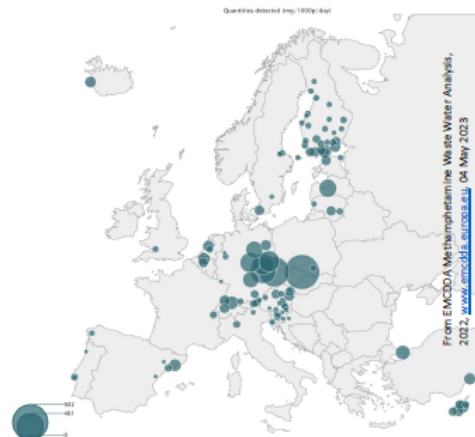
In order to develop an effective prevention strategy which adequately addresses local needs, it is important to identify and involve the relevant stakeholders working in the field and the target group itself. These stakeholders should meet regularly and drive all stages of the process, from designing to implementing and evaluating the strategy. For strategies related to amphetamine type stimulant (ATS) use, stakeholders may include representatives from local administration, social and health care providers, harm reduction facilities, research, nightlife venues and people who use stimulants.

### 3. Assess the local needs

An understanding of existing problems and responses is necessary to identify the needs which have to be addressed. An assessment of local needs should include an analysis of existing secondary data, but should also take into account the perceptions of relevant stakeholders working in the field and the target group itself, in this case – people who use ATS. These can be assessed via surveys administered by paper and pencil or using online tools.

### 4. Adapt a suitable prevention strategy

Together the stakeholders should prioritize the identified needs and select appropriate interventions from the evidence base which address the most relevant target groups, settings and expected outcomes. If necessary, the



interventions should be adapted to the local context and adequate intervention providers need to be selected. Generally, the selected strategy should be embedded in a broader stimulant or drug related prevention strategy.

### 5. Implement the prevention strategy

Adequately trained implementers should be assured. Monitoring process of implementation is necessary to secure that all is done according to the strategy protocol. Any barriers or obstacles have to be identified to develop and implement remedies. The crucial point is the proper coverage of the intervention or strategy, taking care about good collaboration with the target population and other stakeholders involved in implementation.

### 6. Evaluate the prevention strategy

Every strategy should be evaluated in order to assess whether it effectively addresses the identified needs or whether further adaptations are needed, e.g. in order to respond to new trends. In IMPRESA we used the RE-AIM framework ([www.re-aim.org](http://www.re-aim.org)) not only for measuring the outcome regarding the dimensions of Reach, Effectiveness, Adoption, Implementation and Maintenance, but for guiding all steps of the planning and implementation process in order to ensure a successful translation of evidence into practice.

### Evidence and guidance for implementation

This approach was successfully piloted within the EU funded Project "Implementing Methamphetamine Prevention Strategies into Action" (IMPRESA) in order to tackle the specific Methamphetamine-related problem situations in five European regions.

As the results show, affected communities can develop effective prevention and harm reduction strategies.

The guidance document "How to Address Problems Related to the Use of Methamphetamine and Other Stimulants on the Local Level" and all project results are available in the [supplementary material](#)<sup>4</sup>.

This material will enable you to successfully promote an evidence-based approach to prevention and harm-reduction in your community.

### Contributing IMPRESA Partners

Centre for Interdisciplinary Addiction Research  
of the University of Hamburg (UKE/ZIS)

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(Maria Grzegorzewska University, Warsaw)

Department of Addictology, Charles University Prague  
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Pavol Jozef Safarik University, Kosice  
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Republican Centre for Addictive Disorders, Vilnius  
(RPLC)

<sup>4</sup> [https://www.zis-hamburg.de/wp-content/uploads/2023/04/impresa\\_materials.zip](https://www.zis-hamburg.de/wp-content/uploads/2023/04/impresa_materials.zip)

# Guidance document for local authorities and service providers

(available in English and local  
languages)

- step-by-step  
approach
- with links to further  
information

## Guidance Document: How to Address Problems Related to the Use of Methamphetamine and Other Stimulants on the Local Level

Deliverable 5.2 for the EU-Project „Implementing Methamphetamine Prevention Strategies into Action – IMPRESA“

### Work package lead:

Centre for Interdisciplinary Addiction Research  
of the University of Hamburg (UKE/ZIS)



### Contributing consortium partners:

Akademia Pedagogiki Specjalnej  
(Maria Grzegorzewska University, Warsaw)



Department of Addictology, Charles University Prague  
(CUNI)



Pavol Jozef Safarik University, Kosice  
(UPJS)



Republican Centre for Addictive Disorders, Vilnius  
(RPLC)



Hamburg, June 2023



Co-funded by the European  
Union's Justice Programme –  
Drugs Policy Initiatives

### Introduction: How to use this Guidance Document

This guidance document was compiled within the framework of the project “Implementing Methamphetamine Prevention Strategies into Action – IMPRESA” which is co-funded by the European Union's Justice Programme – Drug Policy Initiatives. The aim of this document is to provide interested stakeholders with a step-by-step approach to tackle Methamphetamine and other amphetamine type stimulant (ATS) related problems on a local level. It is therefore directed at local authorities and providers working in the field.

While this approach was originally developed for addressing methamphetamine-related problems with measures of selective and indicated prevention as well as harm reduction, it can also be adapted for the broader field of stimulant use or even illicit drug use in general. Each step of the approach is described in one chapter of this document.

①

The first step of the approach is to gather the existing evidence on effective interventions in order to have an overview of what works for which target group in which setting and with which outcome. This process is described in:  
*Chapter 1 – Evidence Base: How to set it up.*

②

Next, you want to bring together all relevant stakeholders who are working in the field or are mainly affected by the measures. By closely involving this local expertise in all stages from planning to implementation and evaluation you can ensure that the future prevention strategy is broadly accepted by the main stakeholders and designed to meet the local needs. How this can be done is illustrated in:  
*Chapter 2 – Stakeholders: How to find them and involve them.*

③

Developing an effective strategy further requires a detailed understanding of the problem context, e.g. which groups are primarily affected and what responses are already in place. Therefore, it is important to conduct an assessment of the local needs before starting to develop a specific response. How to carry out such an assessment is subject of:  
*Chapter 3 – Needs assessment: How to conduct it.*

④

The following step is to prioritize identified needs, select adequate interventions from the established evidence base to address them within a broader prevention strategy, and adapt them to the local context together with the relevant stakeholders. How to design such an intervention strategy is illustrated in:  
*Chapter 4 - Implementation: How to design a prevention strategy and its interventions.*

⑤

Last but not least, every strategy should be evaluated in order to assess whether it produces the desired outcome. An evaluation can provide information on existing barriers and facilitators for implementation which are important for future implementation. The RE-AIM framework is one method for assessing implementation outcome which focusses particularly on the process of efficiently translating evidence into practice. How to apply this methodology is described in:  
*Chapter 5 – Evaluation: How to use the RE-AIM framework.*

All presented documents (and more) are available at:

[https://www.zis-hamburg.de/wp-content/uploads/2023/04/impresa\\_materials.zip](https://www.zis-hamburg.de/wp-content/uploads/2023/04/impresa_materials.zip)





# Thank you for your attention!

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[www.uke.de](http://www.uke.de)

# **Remarks on the project from the EU drug policy perspective**







# IMPRESA Closing event

Miriam Graute, DG HOME

General drugs policy landscape + specific comments

*23 June 2023*

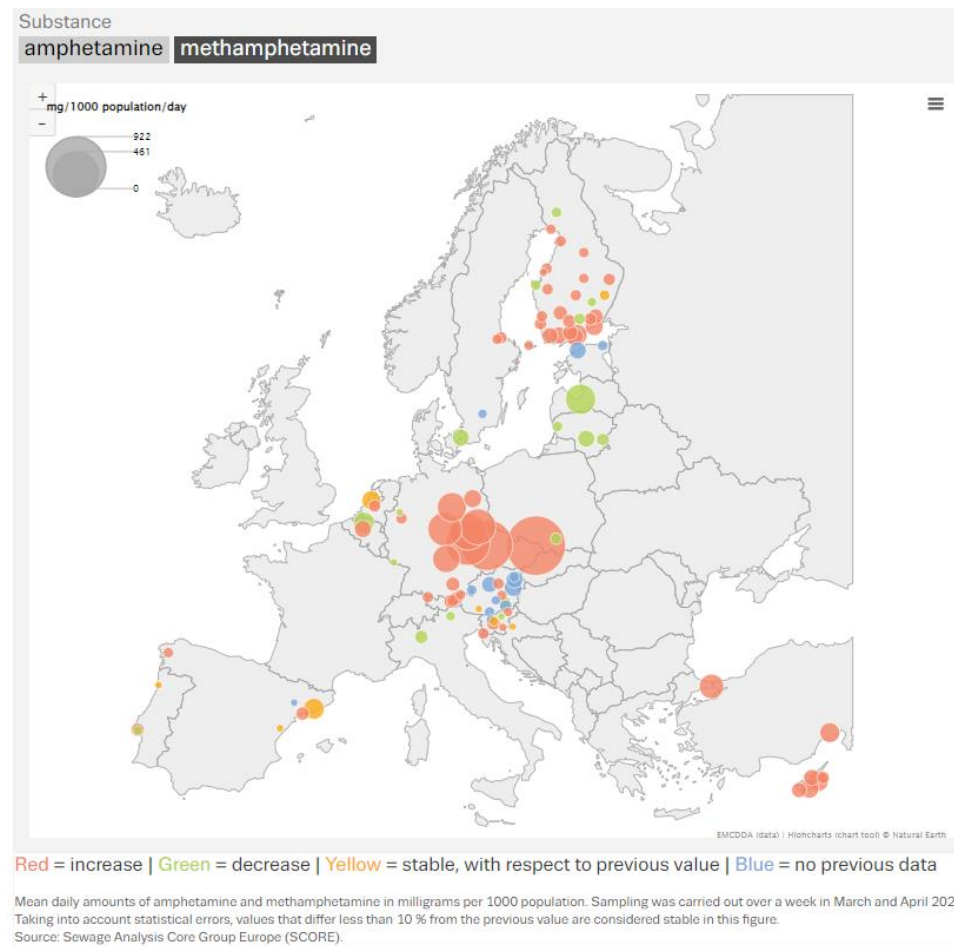
# (Policy) trends and challenges

- Complexity at policy level: actors (health, police, customs authorities)
- Everything, everywhere, everyone
  - New psychoactive substances: 1 new substance a week, incl. stimulants (cathinones)
  - Purity/potency increasing with prices stable or decreasing
  - Records in seizures year on year (e.g. 213 tonnes cocaine in 2020)
- Cathinones, violence and collaboration between EU and LA criminal networks

# (Policy) trends and challenges: methamphetamine

- EDR 2023: methamphetamine and synthetic cathinones are now contributing more significantly to Europe's overall stimulant-related problems
- Ephedra crop (AFG)
  - Less visible, may have been curtailed
  - Parallel: opium poppy ban; significant reduction in Helmand province

[Synthetic stimulants – the current situation in Europe \(European Drug Report 2023\) | www.emcdda.europa.eu](#)



# EU competencies in drugs policy

- Treaty of the Functioning of the European Union (TFEU)
- Titel V: Area of Freedom, Security and Justice; Art. 82 & 83: Judicial Cooperation in Criminal Matters
  - Special status: Ireland and Denmark
- Titel XIV: Public Health; Art. 168: Health protection, prevention, cross-border health threats
- Schengen acquis – Convention implementing the Schengen Agreement Chapter 6 on Narcotics

# Main EU Institutions



European Commission



Council of the EU



European Parliament



External Action Service

# Actors of EU drugs policy

- HOME.D.5: coordination within the Commission (demand and supply)
- Civil Society Forum on Drugs
- International dimension: United Nations system, G7, Council of Europe, Dialogues

# EU Agencies relevant for Drugs



European Monitoring Centre  
for Drugs and Drug Addiction



# New Mandate: Largely untouched aspects

- Activities in the area of demand and harm reduction
- Tasks in the collection and analysis of information and data
- Role in the dissemination of information, data and its analyses
- EU early warning system for New Psychoactive Substances



# Main changes in the Agency's mandate - Scope (I)

Wider coverage of poly-substance use

To monitor the phenomenon of **poly-substance use** (the use of psychoactive substances - licit or illicit - when used at the same time or sequentially within a short period of time with drugs)

Monitoring and exchange of best practice targeting multiple substances holistically

Enhanced capacity in supply and security issues and on precursors

Explicitly address drug supply and drug market issues

Competence in the area of drug precursors

Clarification of the international dimension

Clear mandate to analyse global developments and developments in third countries, which have the potential to affect the EU

International cooperation as a core task of the Agency



# Main changes in the Agency's mandate – Networks (II)

## Strengthened role of REITOX National Focal Points

Strengthen their tasks,  
funding, scientific  
independence

Assessment procedure

Regular information of the  
Reitox network and the  
national focal points on  
national data collection and  
activities of other networks  
of the Agency

## Establishment of a virtual forensic & toxicological laboratory

Network of forensic and  
toxicological laboratories  
generating data,  
exchanging information,  
organising training,  
supporting harmonisation  
and quality assurance  
schemes

## Increased cooperation with civil society organisations

Single contact point in the  
Agency

Regular provision of  
information on the Agency's  
activities

Dedicated exchanges on  
specific topics



# Main changes in the Agency's mandate - Activities (III)

Enhanced capacity for  
threat assessment

Strengthen the Agency's  
monitoring and health and  
security threat assessment  
capabilities

Reinforce the ability to react  
to new challenges

Evidence-based  
interventions and risk  
communication

Competence to act on its  
analysis

Develop and promote  
evidence-based  
interventions and best  
practices

Set up a European drug  
alert system and issue  
targeted alerts

Training and support to  
Member States

Possibility to provide of  
specialised training and  
training-related tools

Support available to  
Member States in  
organising training,  
assessing national  
measures or implementing  
and evaluating national  
drug policies



# Strategic Drugs policy in the EU



1990

Past EU strategies,  
action plans

& evaluations

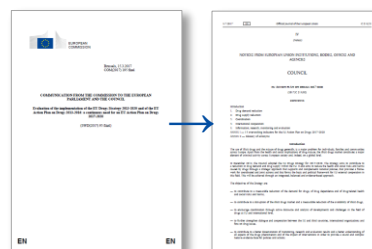
2013

EU Drugs Strategy 2013-20  
EU Action Plan 2013-16



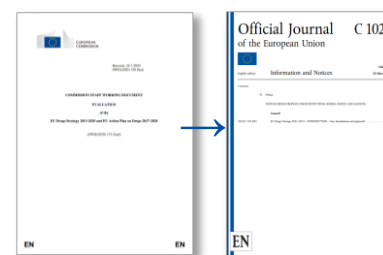
2016

Mid-term evaluation  
→ EU Action Plan 2016-20



2020-2021

Evaluation  
→ **EU Drugs Strategy 2021-25**



# 3 main strands supported by 3 cross-cutting themes

Drug supply reduction:  
Enhancing Security

Drug demand reduction:  
prevention, treatment and  
care services

Addressing drug-related  
harm

International cooperation

Research, innovation and foresight

Coordination, governance and implementation



# 1. Disrupt and dismantle high-risk drug-related organised crime groups operating in, originating in or targeting the EU Member States; address links with other security threats and improve crime prevention



## 2. Increase the detection of illicit wholesale trafficking of drugs and drug precursors at EU points of entry and exit





### 3. Tackle the exploitation of logistical and digital channels for medium- and small-volume illicit drug distribution and increase seizures of illicit substances smuggled through these channels in close cooperation with the private sector

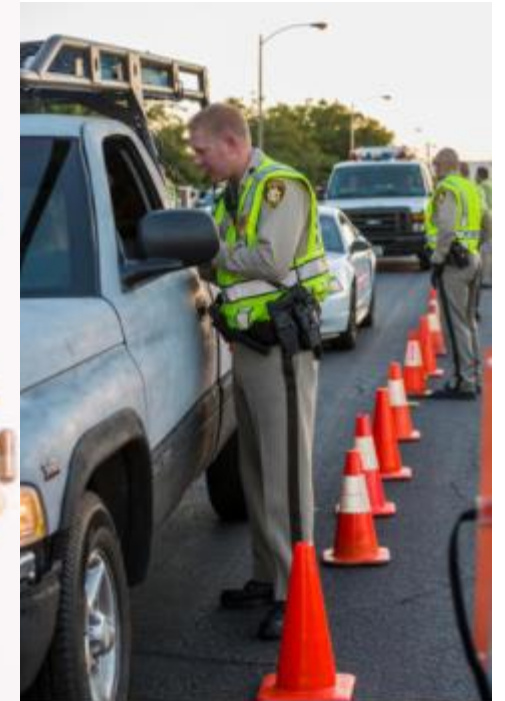




## 4. Dismantle illicit drug production and counter illicit cultivation; prevent the diversion and trafficking of drug precursors for illicit drug production; and address environmental damage



## 5. Prevent drug use and raise awareness of the adverse effects of drugs





## 6. Ensure access to and strengthen treatment and care services



## 7. Risk- and harm-reduction interventions and other measures to protect and support people who use drugs





## 8. Address the health and social needs of people who use drugs in prison settings and after release



# Thank you



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# Remarks on the project by EMCDDA



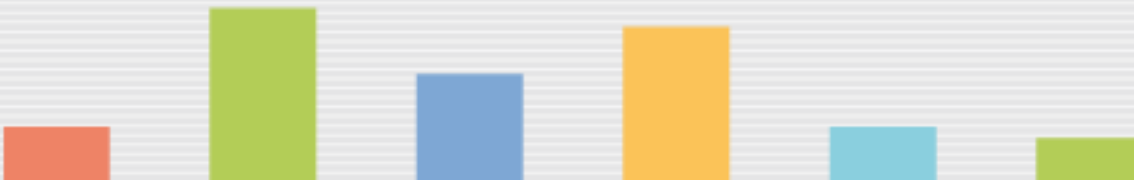


European Monitoring Centre  
for Drugs and Drug Addiction

# Synthetic stimulants

Iciar Indave, Public health unit, EMCDDA

23 June 2023





# European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)



## 🎯 Mission

The EMCDDA supports EU and national policymaking by providing evidence-based information on drugs, drug addiction and their consequences.

## 🤝 Partners

Cooperation with EU institutions, the Reitox network and regional and international organisations has been an important part of the EMCDDA's work since its creation in 1993

# European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)



Press release | 12 January 2022 | Brussels

## Commission proposes stronger mandate for EU Drugs Agency as illicit market proliferates

Page contents

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[Print friendly pdf](#)

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The Commission is [proposing](#) today to strengthen the mandate of the European Monitoring Centre for Drugs and Drug Addiction, transforming it into the European Union Drugs Agency. The proposed changes will ensure that the agency can play a more important role in identifying and addressing current and future challenges related to illicit drugs in the EU. This includes issuing alerts when dangerous substances are knowingly sold for illicit use, monitoring the addictive use of substances taken together with illicit drugs, and developing EU-level prevention campaigns. The EU Drugs Agency will also play a stronger international role.

Vice-President for Promoting our European Way of Life, Margaritis **Schinas**, said: *“Drug production and drug trafficking have adapted to the disruptions during the pandemic. Organised crime groups quickly adjusted their drugs operations to the new situation. Now more than ever we need clear, up-to-date and reliable evidence and analysis capabilities on illicit drugs in the EU. This is why we are proposing today a stronger mandate for the EU Drugs Agency. We will continue fighting against illicit drug trafficking and addressing the impact of illicit drugs on*

# European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)



The work of the EMCDDA is underpinned by two long-term goals: to contribute to a **healthier Europe** and to a **more secure Europe**. To achieve our mission, we have developed a systemic approach that brings together the human **networks**, **processes** and scientific **tools** necessary for **collecting**, **analysing** and **reporting** on all aspects of the European drugs phenomenon.



## **Publications database**

Searchable catalogue of products published by the EMCDDA.



## **Statistical Bulletin**

Based on national data submitted to the EMCDDA and published yearly.



## **European Drug Report**

The EMCDDA's annual analysis of the drugs problem in Europe.



European Monitoring Centre  
for Drugs and Drug Addiction

# European Drug Report

Trends and developments

EMCDDA's flagship publication



# EDR 2023: Europe's drug situation in 2023

**Availability** of most illicit substances remains high

Greater **diversity** in drug availability and use is creating new health and policy challenges

Evidence-based and joined-up **responses** can work, but they are often not sufficiently available



# EDR 2023: Growing support for implementing evidence-based substance use prevention

**Substance use prevention:** stop or delay drugs use, avoid developing drug use disorders

Not all approaches effective, now more interest in **evidence-based prevention** programmes

**European Prevention Curriculum:** improve effectiveness of prevention, 25 EU MS and neighbouring countries have national European Prevention Curriculum trainers



European Monitoring Centre  
for Drugs and Drug Addiction

MANUALS EN

## European Prevention Curriculum

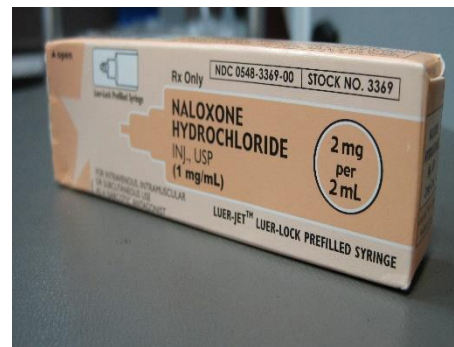
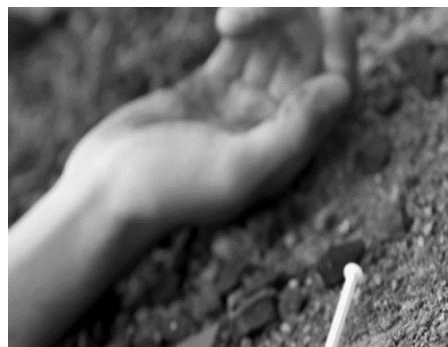
A handbook for decision-makers, opinion-makers  
and policy-makers in science-based prevention  
of substance use

11



# EDR 2023: Harm reduction services still require scaling up, enhanced evidence base

- **Acute and chronic illicit drug use harms:** harm reduction accepted as key part of healthcare
- **2022:** all EU MS and Norway have needle and syringe exchange and opioid agonist treatment
- **Newer services in European countries:** drug checking (12), take-home naloxone (16), drug consumption rooms (10)
- **Research and evaluation needs:** further develop evidence base for policy makers



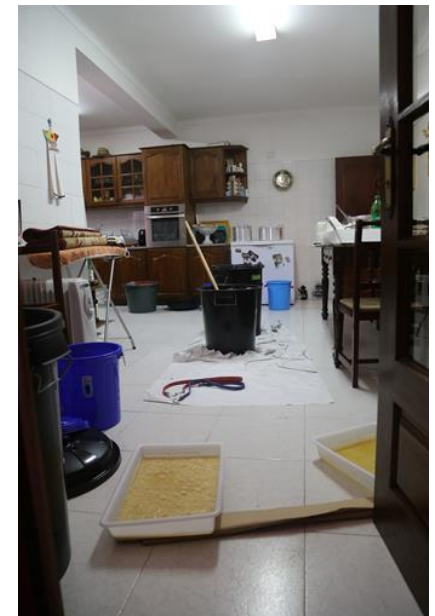
# EDR 2023: Scale and complexity of illicit drug production within Europe continues to grow

## Dismantled laboratories: 434 reported in 2021

Heroin (3)	Cocaine (34)
Amphetamine (105)	Methamphetamine (261)
MDMA (15)	Cathinones (15)
Ketamine (1)	

228 drug production waste dumping sites reported in 2021

**Wider set of chemicals:** complex challenge for customs, law enforcement and legal regulation





# EDR 2023: Synthetic stimulants

## Amphetamine market in Europe (EU+2)

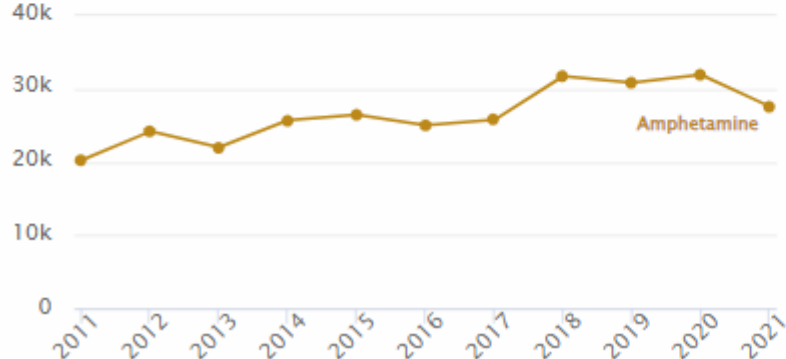
Number of seizures, EU+2



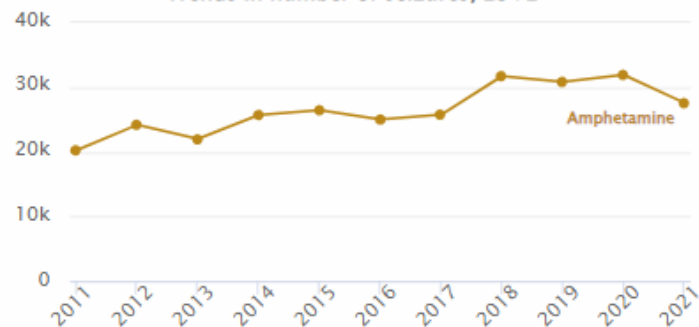
Quantity seized (tonnes), EU+2



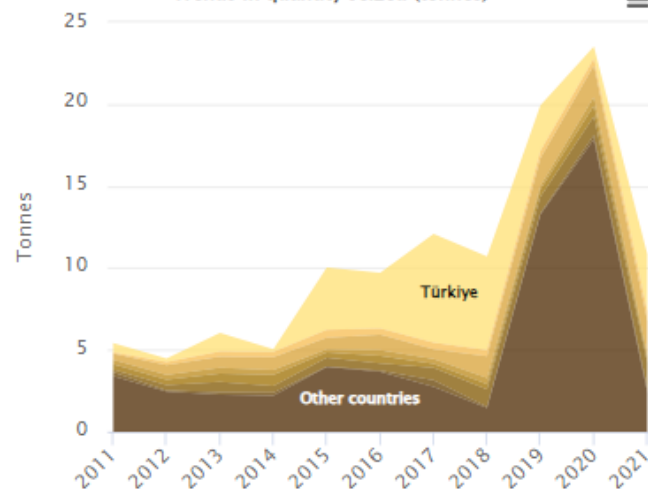
Trends in number of seizures, EU+2



Trends in number of seizures, EU+2



Trends in quantity seized (tonnes)

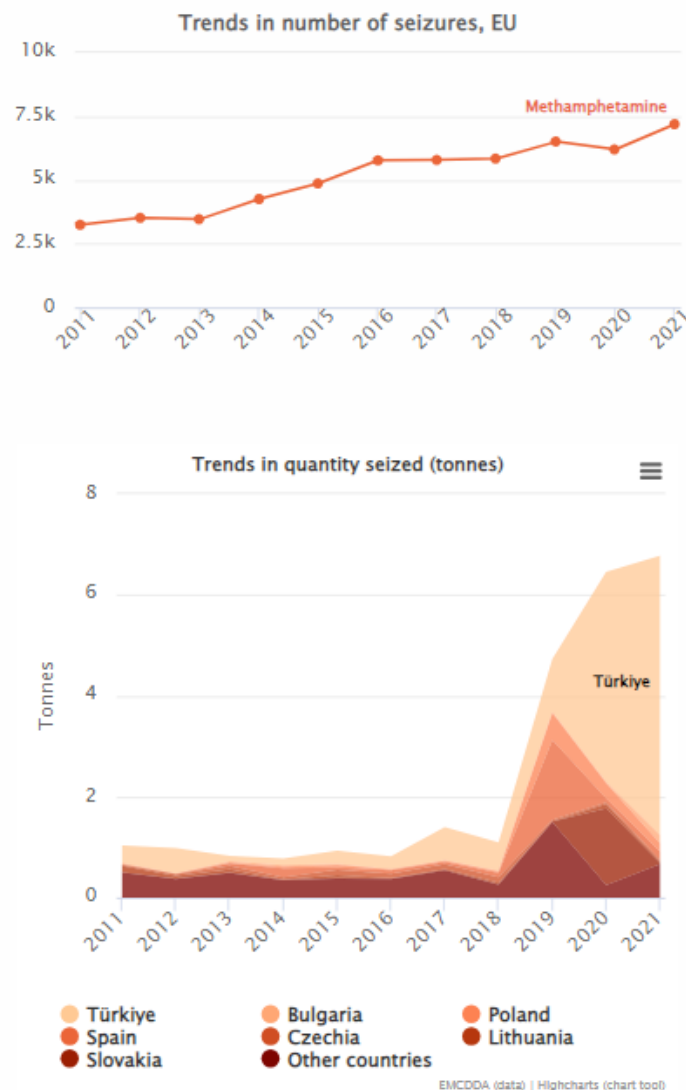
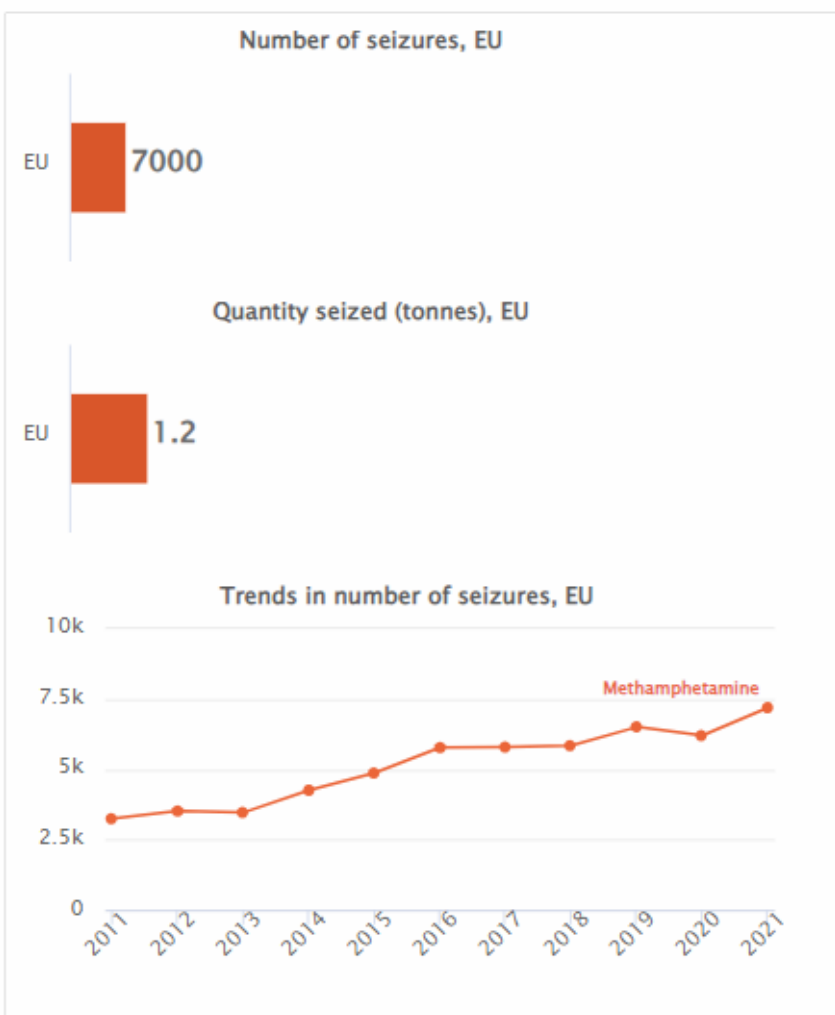


- Türkiye
- Norway
- Poland
- Denmark
- Spain
- Sweden
- Bulgaria
- Other countries

EMCDDA (data) | Highcharts (chart tool)

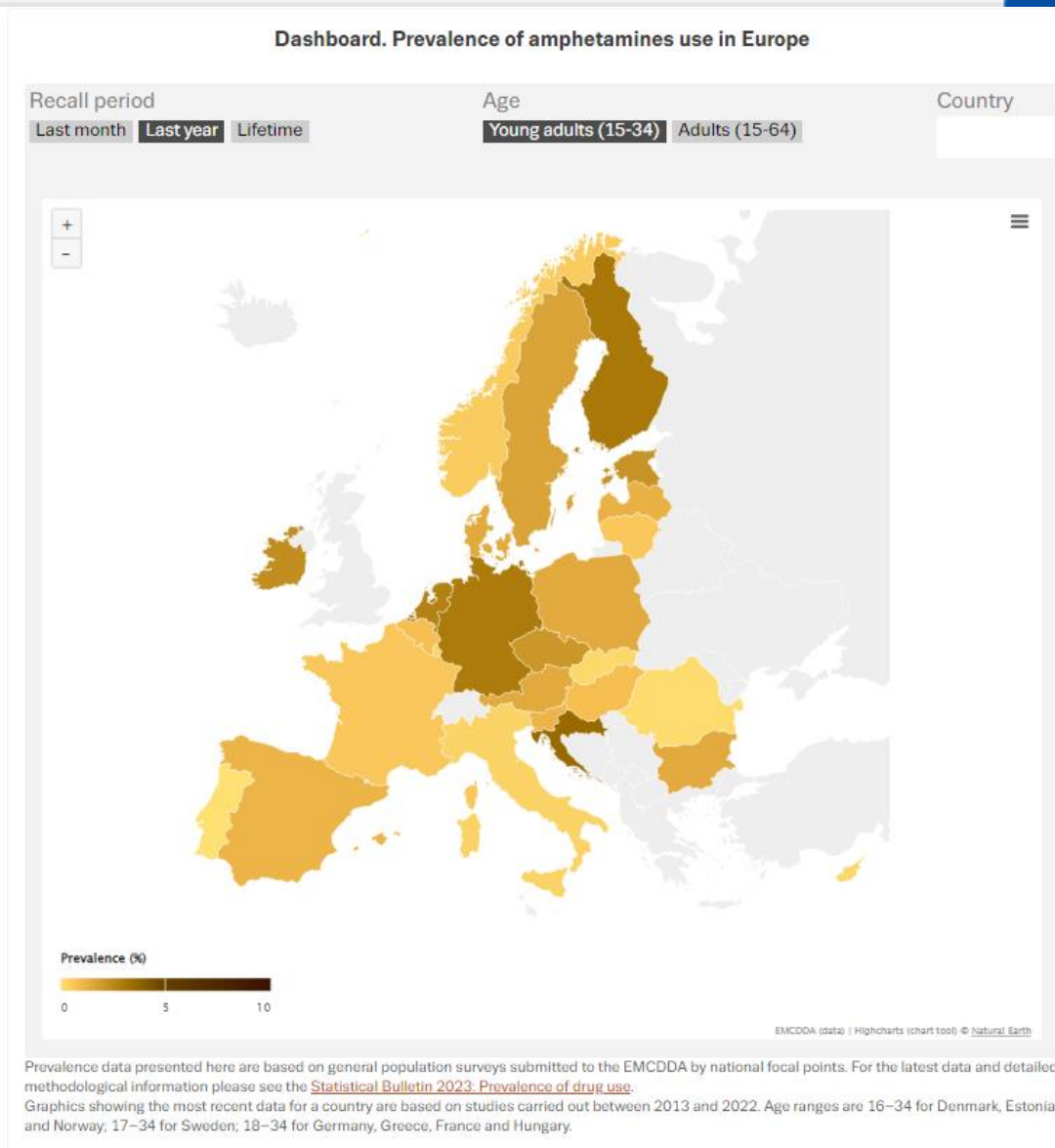
# EDR 2023: Synthetic stimulants

## Metamphetamphetamine market in Europe (EU+2)



# EDR 2023: Synthetic stimulants

**Diversity increasing  
in the availability  
and use of  
stimulants in Europe**

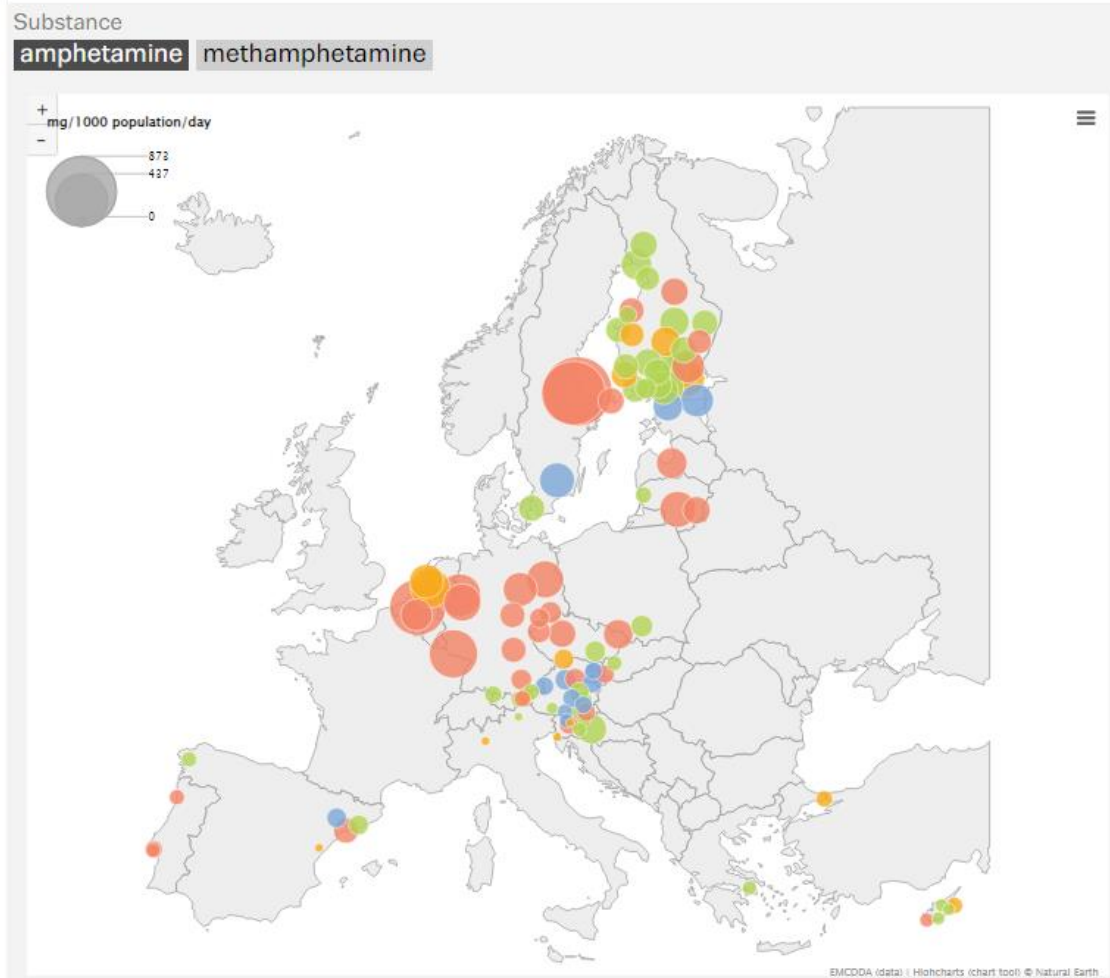


# EDR 2023: Synthetic stimulants

Of the 54 cities with data on **amphetamine** residues in municipal **wastewater** for 2021 and 2022:

- 20 reported an increase
- 9 a stable situation
- 25 reported a decrease.

Figure. Amphetamine and methamphetamine residues in wastewater in selected European cities: changes between 2021 and 2022



Red = increase | Green = decrease | Yellow = stable, with respect to previous value | Blue = no previous data

Mean daily amounts of amphetamine and methamphetamine in milligrams per 1000 population. Sampling was carried out over a week in March and April 2022. Taking into account statistical errors, values that differ less than 10 % from the previous value are considered stable in this figure.

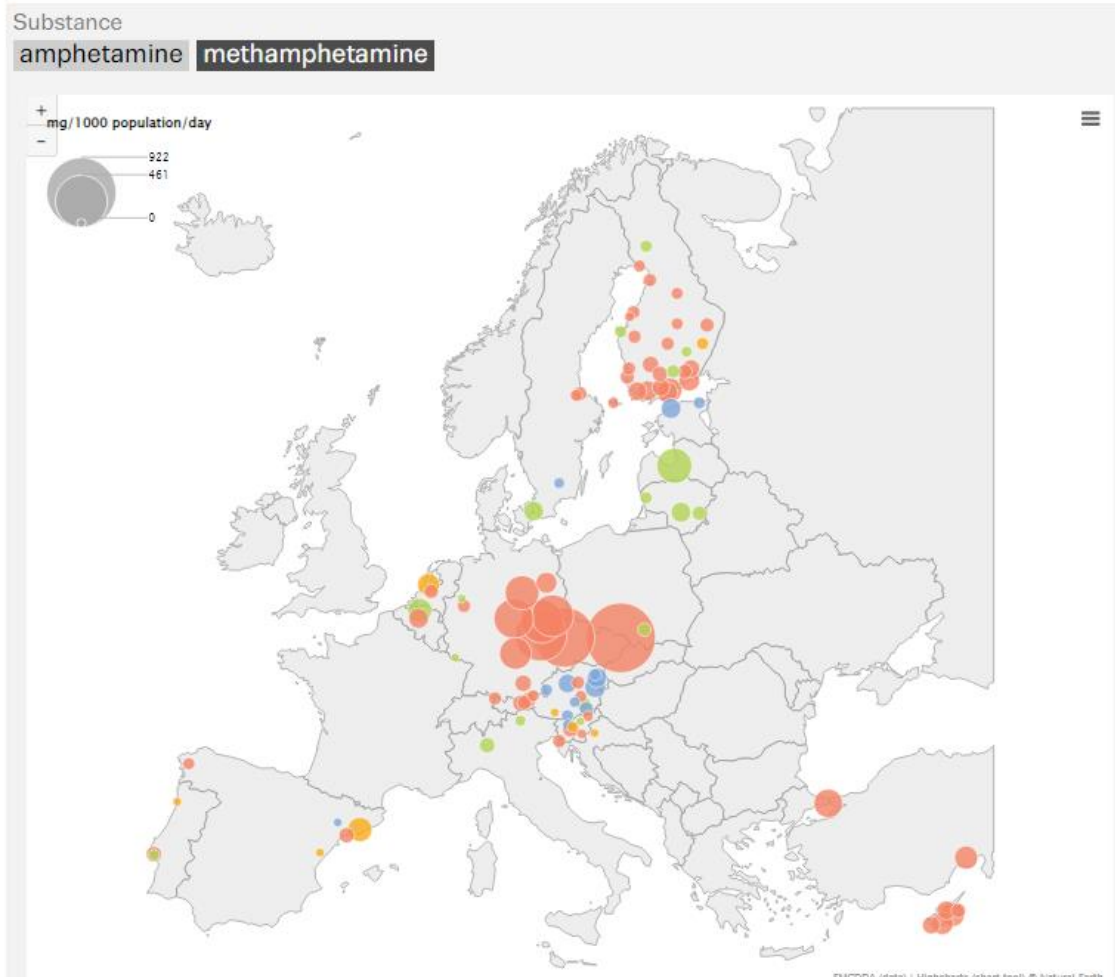
Source: Sewage Analysis Core Group Europe (SCORE).

# EDR 2023: Synthetic stimulants

Of the 59 cities that have data on **methamphetamine** residues in municipal **wastewater** for 2021 and 2022:

- 39 reported an increase
- 6 a stable situation
- 14 reported a decrease.

Figure. Amphetamine and methamphetamine residues in wastewater in selected European cities: changes between 2021 and 2022



Red = increase | Green = decrease | Yellow = stable, with respect to previous value | Blue = no previous data

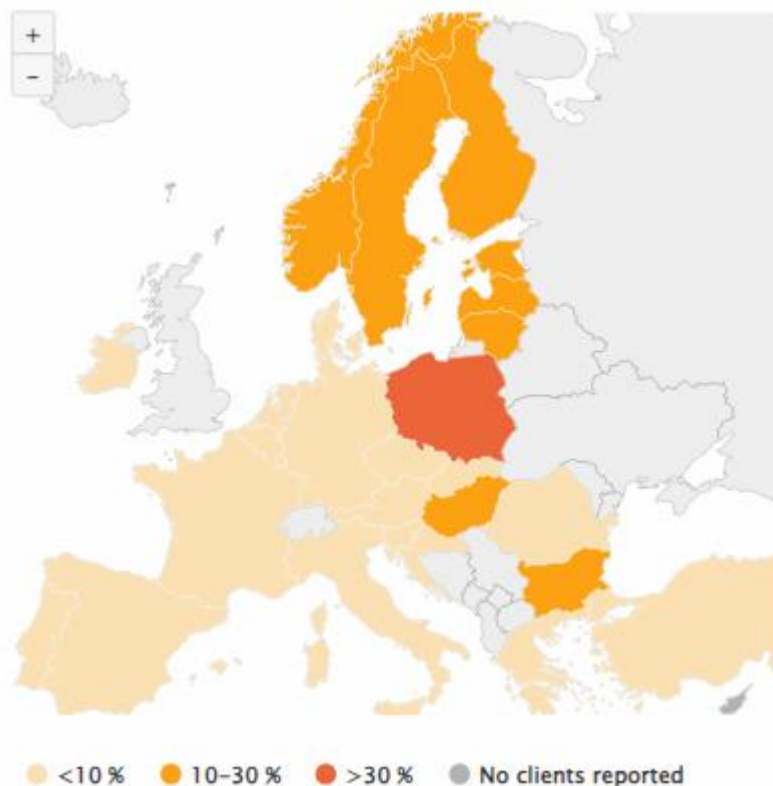
Mean daily amounts of amphetamine and methamphetamine in milligrams per 1000 population. Sampling was carried out over a week in March and April 2022. Taking into account statistical errors, values that differ less than 10 % from the previous value are considered stable in this figure.

Source: Sewage Analysis Core Group Europe (SCORE).

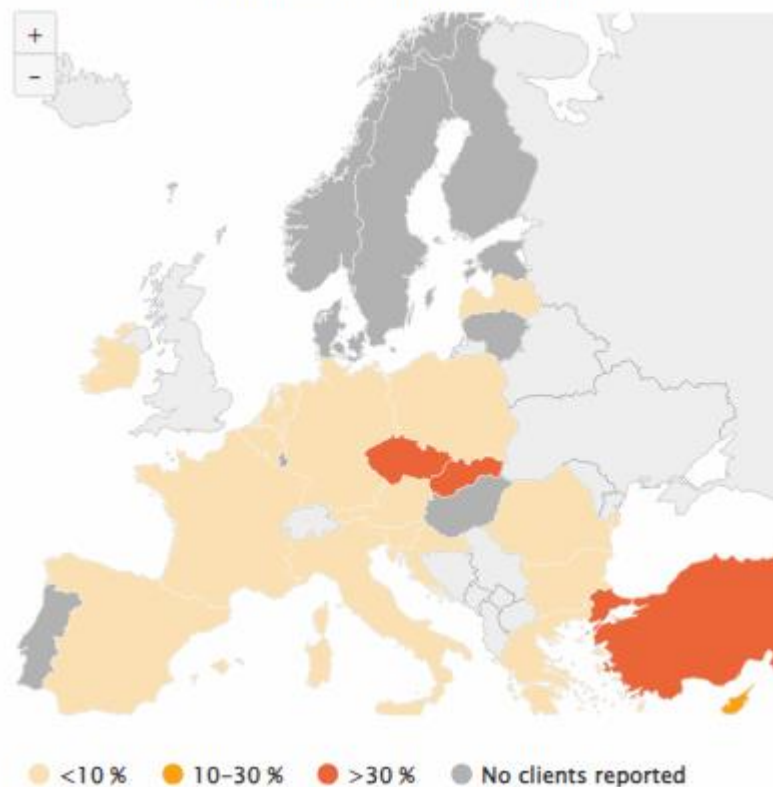
# EDR 2023: Synthetic stimulants

In 2021 or the most recent year available, **amphetamine or methamphetamine** clients accounted for at least 15 % of **first-time treatment** entrants in Bulgaria, Czechia, Estonia, Latvia, Poland, Slovakia, Finland and Türkiye.

Amphetamine. Entrants for this substance as a share of all first-time treatment entrants



Methamphetamine. Entrants for this substance as a share of all first-time treatment entrants





# EDR 2023: Synthetic stimulants – more diversity in the illicit drug market linked to more risks for public health

- **Commonly used synthetic stimulants:** alongside cocaine and amphetamine, signs that methamphetamine and cathinones are now also contributing more to Europe's drugs problems
- **Consumers:** may view different stimulants as functionally similar, willing to try new products
- **Administration routes:** swallowing, sniffing, inhaling and injecting
- **Availability:** found in similar looking powders or pills, risk consumers unaware what stimulants or drugs mixtures they are taking
- **Harms:** greater risk of adverse health outcomes, including poisonings, acute and chronic mental health problems, infectious diseases and deaths



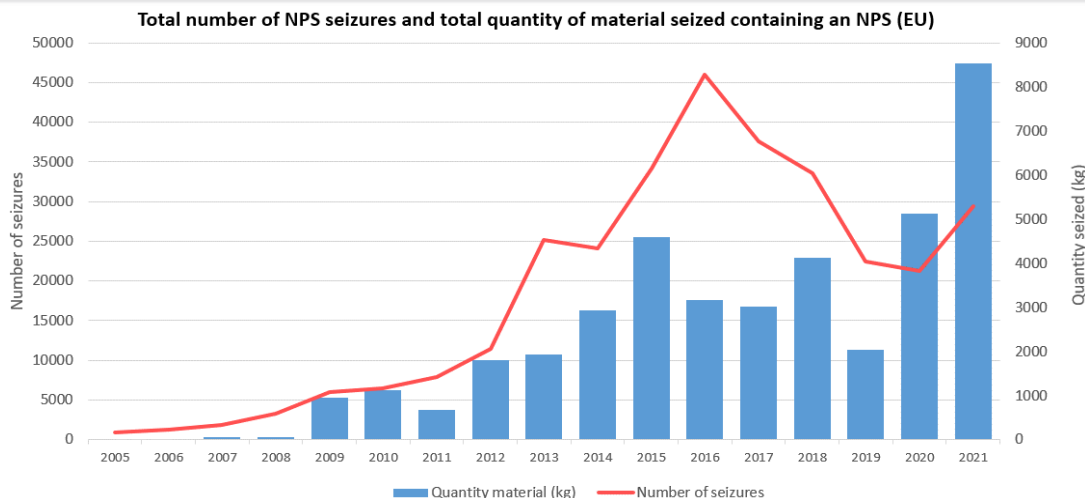
# EDR 2023: Greater recognition of the role played by stimulants in harms associated with drug injecting

- **Diverse drugs injected:** opioids, heroin, amphetamines, cocaine, synthetic cathinones, opioid medications and other medicines
- **Syringe residue analysis:** out of 1 845 used syringes in 2021-22, heroin most commonly detected drug, but stimulants (mostly cocaine) detected in all cities
- **Use patterns:** a third of syringes contained two or more drugs, most commonly stimulant and an opioid, indicating polydrug use or re-use of injecting paraphernalia
- **Harms:** blood-borne infections, vascular damage, drug overdoses, death
- **Responses:** understanding harms from injecting patterns key to designing interventions

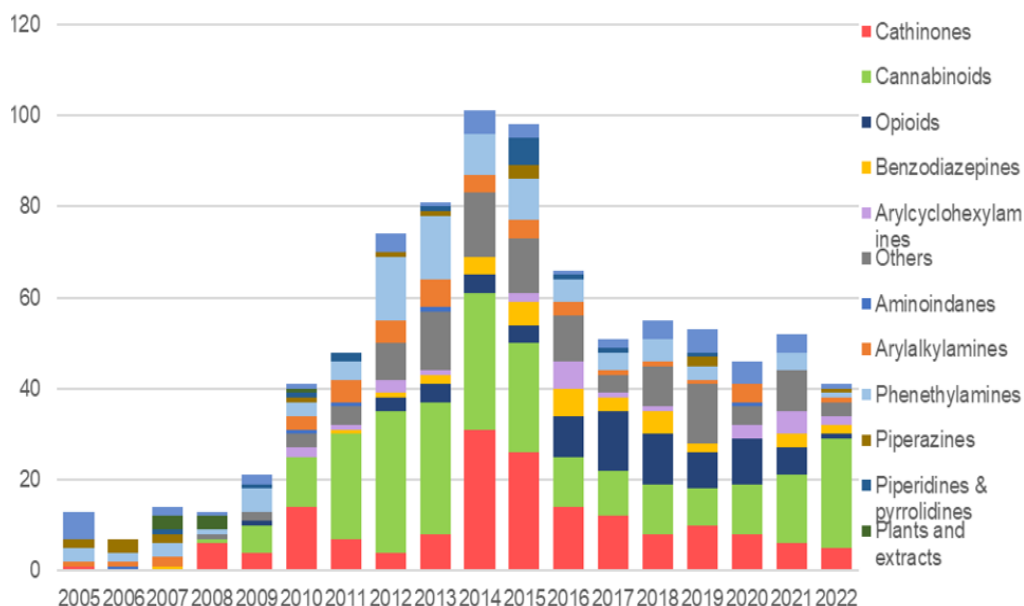




# EDR 2023: New psychoactive substances - potentially harmful drugs continue to appear



**Number of new psychoactive substances reported for the first time to the EU Early Warning System, by category, 2005–2022**





# Statistical Bulletin 2022 — prevalence of drug use

Prevalence of drug use > Amphetamines > Last month prevalence > All adults (15-64)

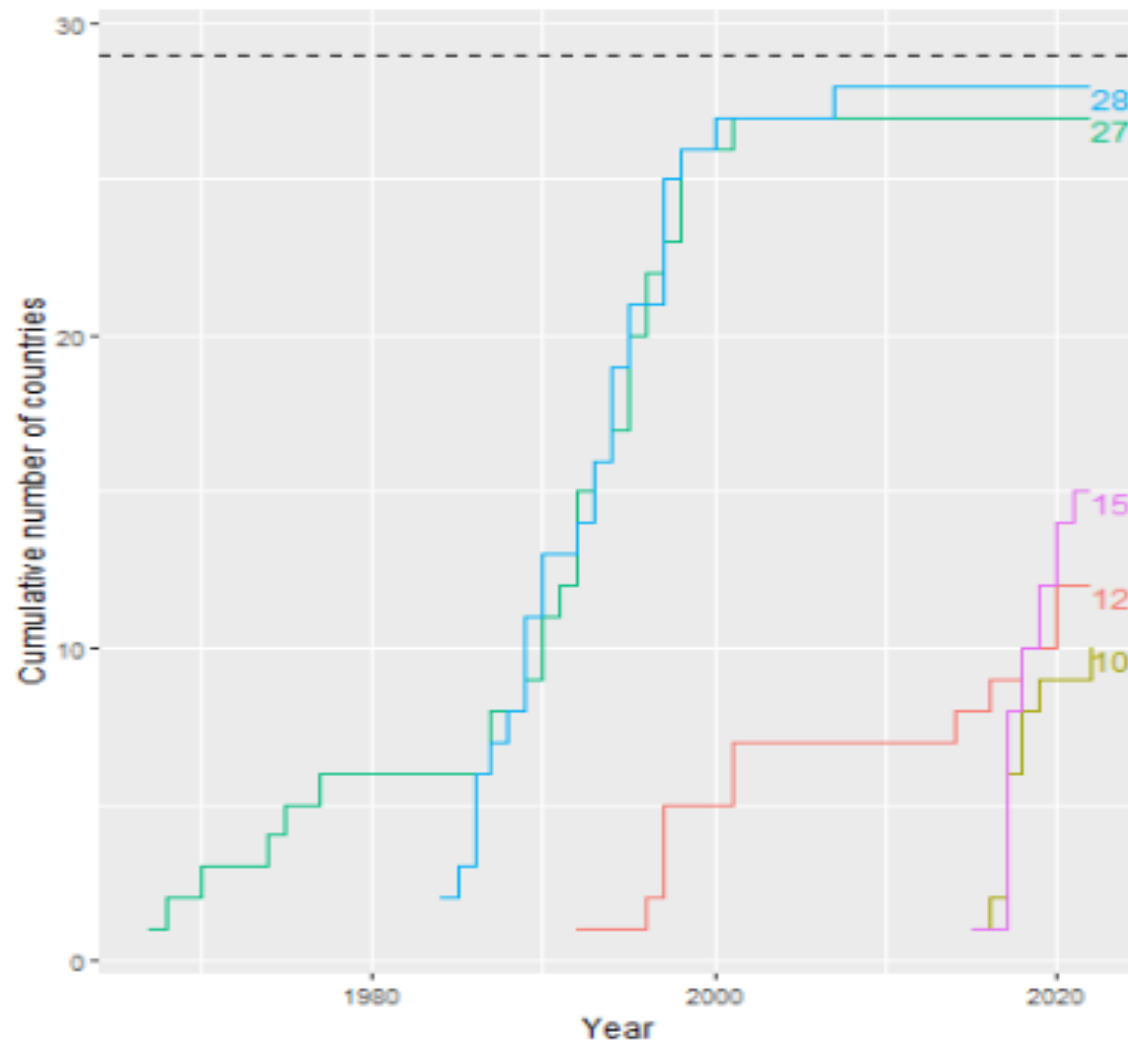
Permanent link to this table: [www.emcdda.europa.eu/data/stats2022#displayTable:GPS-57](https://www.emcdda.europa.eu/data/stats2022#displayTable:GPS-57)

[Download as Excel file \(.xlsx\)](#)

						Search: <input type="text"/>
Country	Year	Sample size	Males	Females	Total	
Austria	2020	4650	.3	.1	.2	
Belgium	:	:	:	:	:	
Bulgaria	2020	3838	.3	.2	.2	
Croatia	2019	4994	1.3	.5	.9	
Cyprus	2019	3511	.2	0	.1	
Czechia	2020	2701	.6	0	.3	
Denmark	2021	7378	.4	.1	.2	
Estonia	2018	2234	.9	.1	.4	
Finland	2018	2957	.7	.4	.6	
France	:	:	:	:	:	
Germany	2018	9267	.7	.4	.5	
Greece	:	:	:	:	:	
Hungary	2019	1385	.5	.3	.3	
Ireland	2019	:	.4	.1	.3	
Italy	2017	10502	0	0	0	
Latvia	2020	4616	.7	.3	.5	
Lithuania	2016	4794	.4	0	.2	
Luxembourg	2019	3514	0	0	0	
Malta	:	:	:	:	:	
Netherlands	2020	5312	.5	.7	.6	
Norway	:	:	:	:	:	
Poland	2018	3013	.5	.5	.5	
Portugal	2016	9632	0	0	0	
Romania	2016	7200	.1	0	0	
Slovakia	2019	4039	.1	0	.1	
Slovenia	2018	9161	.3	.1	.2	
Spain	2020	17899	.4	.2	.3	
Sweden	2017	7990	.3	.2	.2	
Turkey	:	:	:	:	:	
United Kingdom	2018	23072	.2	.1	.1	

(1) In surveys with small sample sizes results should be interpreted with caution.

# Cumulative number of European Countries that reported implementation of selected harm reduction interventions at some level



European Monitoring Centre for Drugs and Drug Addiction

Home → Data → Statistical Bulletin 2022 → Prevalence of drug use

Statistical Bulletin 2022

Main page  
Prevalence of drug use  
Overdose deaths  
Drug-related infectious diseases  
Problem drug use  
Treatment demand

Statistical Bulletin 2022 — prevalence of drug use

Prevalence and patterns of drug use in the general population (adults or school children) is assessed through surveys based on representative probabilistic samples of the whole population under study. Interview surveys are based on self-report of participants regarding present and past behaviours, personal characteristics, knowledge and attitudes regarding drugs or other health topics. Methods and definitions for the data on this page can be found on the [Prevalence of drug use methods and definitions](#).

Data tables  
Use the menu below to find data sets of interest.

Graphics  
Click on a graphic from the thumbnails below

## Intervention

- Drug checking
- Drug consumption rooms
- Methadone maintenance treatment
- Needle and syringe programmes
- Take-home naloxone

Source: EMCDDA Statistical bulletin 2022.



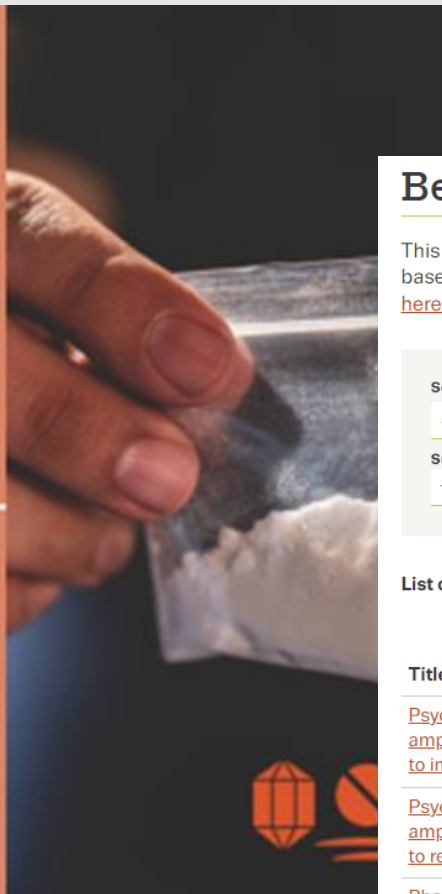
European Monitoring Centre  
for Drugs and Drug Addiction

# Stimulants: health and social responses

MINIGUIDE

Health and social responses  
to drug problems:  
a European guide 2021

emcdda.europa.eu



## Best practice portal – evidence database

This database gives you access to the latest evidence on drug-related interventions. The information is based on systematic searches is updated regularly. To get started use the search boxes below. [Click here for more information about the Evidence database \(including methods\).](#)

<b>Search Terms</b>	<b>Evidence rating</b>	<b>Desired outcome</b>	<b>Area</b>
amphetamine	- Any -	- Any -	- Any -
<b>Substance</b>		<b>Target group(s) or setting(s)</b>	
- Any -		- Any -	
		<b>GO</b>	<b>Reset</b>

### List of Evidence Summaries

Title	Area	Substance	Target group(s) or setting(s)	Evidence rating
<a href="#">Psychosocial interventions for amphetamine-type stimulants use disorder to improve treatment outcomes</a>	Treatment	amphetamines		Beneficial
<a href="#">Psychosocial interventions for amphetamine-type stimulants use disorder to reduce risk behaviours</a>	Treatment	amphetamines		Likely to be beneficial
<a href="#">Pharmacotherapy for methamphetamine withdrawal</a>	Treatment	amphetamines		Unknown effectiveness
<a href="#">Pharmacotherapy for amphetamine and/or methamphetamine use</a>	Treatment	amphetamines		Unknown effectiveness



European Monitoring Centre  
for Drugs and Drug Addiction

# Stimulants: health and social responses

MINIGUIDE

Health and social responses  
to drug problems:  
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[emcdda.europa.eu](https://emcdda.europa.eu)



*“Choosing the appropriate responses that are likely to be effective in dealing with a particular drug-related problem requires a clear understanding of the primary objectives for the intervention or combination of interventions.*

*Ideally, interventions should be supported by the strongest available evidence; however, when evidence is very limited or unavailable, expert consensus may be the best option until more conclusive data is obtained.”*

# Evidence summaries

## Overview of the evidence on ... treatment for problematic stimulant use

Statement	Evidence	
	Effect	Quality
<b>Psychosocial and behavioural interventions, especially contingency management</b> (alone or together with community reinforcement or cognitive behavioural therapy), can improve treatment outcomes	<b>Beneficial</b>	Moderate
Overall, there is insufficient evidence to support the use of <b>pharmacological interventions</b> to improve treatment outcomes in people who use stimulants.  Very recent evidence has shown that prescription stimulants may be associated with a small reduction in cocaine use but not amphetamines. However, further studies are needed.	<b>Unclear</b>	Low

### Evidence effect key:

**Beneficial:** Evidence of benefit in the intended direction. **Unclear:** It is not clear whether the intervention produces the intended benefit. **Potential harm:** Evidence of potential harm, or evidence that the intervention has the opposite effect to that intended (e.g. increasing rather than decreasing drug use).

### Evidence quality key:

**High:** We can have a high level of confidence in the evidence available. **Moderate:** We have reasonable confidence in the evidence available. **Low:** We have limited confidence in the evidence available. **Very low:** The evidence available is currently insufficient and therefore considerable uncertainty exists as to whether the intervention will produce the intended outcome.







**IMPRESA**  
Implementing Methamphetamine  
Prevention Strategies into Action

## IMPRESA – AIMS, SCOPE & METHODOLOGY

ka, Magdalena Rowicka,

# IMPRESA

Implementing Methamphetamine  
Prevention Strategies into Action

  
REPUBLICAN  
CENTRE FOR ADDICTIVE  
DISORDERS

  
Co-funded by the European  
Union's Justice Programme –  
Drug Policy Initiatives



European Monitoring Centre  
for Drugs and Drug Addiction

# Thank you

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# References:

- EMCDDA (2017) *Health and social responses to drug problems: a European guide*. Luxembourg: Publications Office of the European Union, October 2017. Available online : [http://www.emcdda.europa.eu/publications/manuals/health-and-social-responses-to-drug-problems-a-european-guide\\_en](http://www.emcdda.europa.eu/publications/manuals/health-and-social-responses-to-drug-problems-a-european-guide_en)
- EMCDDA (2018) Preventing overdose deaths in Europe. EMCDDA Series: *Perspectives on Drugs*, June 2018. Available online : <http://www.emcdda.europa.eu/topics/pods/preventing-overdose-deaths>
- EMCDDA (2018) *Drug consumption rooms: an overview of provision and evidence*. EMCDDA Series: *Perspectives on Drugs*, June 2018. Available online : <http://www.emcdda.europa.eu/topics/pods/drug-consumption-rooms>
- EMCDDA (2016) *Preventing opioid overdose deaths with take-home naloxone*. EMCDDA Series: *Insights*. Luxembourg: Publications Office of the European Union, 2016. Available online: [http://www.emcdda.europa.eu/publications/insights/take-home-naloxone\\_en](http://www.emcdda.europa.eu/publications/insights/take-home-naloxone_en)
- EU Drugs Strategy 2021-2025. Available online: <https://data.consilium.europa.eu/doc/document/ST-14178-2020-INIT/en/pdf>
- EMCDDA (2021) *European Drug Report 2021: Trends and Developments*. Luxembourg: Publications Office of the European Union, June 2021. and Statistical Bulletin 2021. EMCDDA Lisbon, June 2021.

# **Brief Intervention approach combining motivational interviewing and a cognitive behavioral strategy in Jelenia Gora, Poland**



# Brief intervention for regular methamphetamine users in Jelenia Góra, Poland

Magdalena Rowicka, Bogusława Bukowska, Tomasz Głowik, Piotr Jabłoński, Artur Malczewski

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[mrowicka@aps.edu.pl](mailto:mrowicka@aps.edu.pl)

Janusz Sierosławski

The Agency of Research and Social Initiatives, Poland



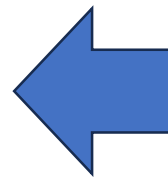
# Overview

## 1. Multi-Stakeholder Partnership (MSP)



## 2. Need Assessment via Stakeholder survey and User survey:

- ✓ Target groups
- ✓ Settings
- ✓ Needs



Interventions (Evidence-based from Literature review and Delphi consensus)







Target groups	Settings	Identified needs	Interventions
Pupils (minors), students (university level), young adults;	Schools	<ul style="list-style-type: none"> <li>• Legal counselling;</li> <li>• Early interventions include various skills training;</li> </ul>	<ul style="list-style-type: none"> <li>• Peer activists training</li> <li>• A school-based preventive brief intervention</li> </ul>
Individuals with various psychological problems, including addictions / other substance use disorders;	Streets (particular places in the city)	<ul style="list-style-type: none"> <li>• Psychological counselling;</li> <li>• Safer use information/training (to reduce related risks), including information regarding substance abstinence</li> </ul>	<ul style="list-style-type: none"> <li>• Peer networking intervention</li> <li>• Street work</li> <li>• 10-step brief intervention for substance users</li> </ul>
Individuals with low socioeconomic status, unemployed;	Outpatient drug treatment and/or counselling centers and drug prevention facilities		<ul style="list-style-type: none"> <li>• Brief intervention consisting of motivational interviewing and cognitive behavioural strategies</li> </ul>
Workers at factories, manual workers performing monotonous type of work, workers working in shifts (e.g. in three-shift days), truck drivers			





# Selected intervention for Jelenia Góra

A brief cognitive behavioral intervention for regular (meth)amphetamine users (adapter from Baker, 2002):

- 2 – 4 structured session:
  1. Motivational Interviewing
  2. Coping with craving
  3. Controlling thoughts about using
  4. Relapse prevention
- Target group:
  - 120 regular methamphetamine users x 2-4 session (once a week)
- Setting:
  - Outpatient Clinic (MONAR): August 2022 – January 2023
- Goal:
  1. to increase motivation to limit or seas;
  2. to reduce the use;
  3. to improve well being.





R

**REACH:** Who is being reached? How many people are being reached? How are they being reached?

E

**EFFECTIVENESS:** What are the positive effects of the intervention? Are there any negative effects?

A

**ADOPTION:** How many people/institutions are willing to adopt the intervention? Are there any barriers to adoption? What factors facilitate or hinder adoption?

I

**IMPLEMENTATION:** Was the intervention delivered as intended? Were there any modifications? What are the facilitators and barriers to implementation?

M

**MAINTENANCE:** Is the intervention still being delivered after the initial implementation? What factors influence the sustainability of the intervention?



# REACH: Who is being reached? How many people are being reached? How are they being reached?

N = 130

Methamphetamine use (N=130)	n
In the last 30 days prior to the intervention	110
within 12 months prior to the intervention	16
lifetime	4

The average number of days of use (within the last 30 days) was  $M = 14.77$  ( $SD = 7.00$ ).

Methamphetamine use	n
sniffing	104
inhaling or orally	21

## Social demographics

Gender	Male	56%
	Female	34%
	No answer	9%
Age	M (SD)	30.5 (7.3)
	range	19 - 47
Education level	Vocational qualification	36%
	High school	23%

RECRUITMENT

high schools and universities  
transportation companies  
industrial factories  
health care facilities  
social welfare facilities  
social media and the provider's website



Co-funded by the European Union's Justice Programme – Drugs Policy Initiatives



Ministry of Education and Science  
Republic of Poland





# EFFECTIVENESS: What are the positive effects of the intervention? Are there any negative effects?

N = 51

## GOALS

- 1. to increase motivation to limit or seas;
- 2. to reduce the use;
- 3. to improve well being.

the stage of change ladder	Pre-test	Post-test
maintenance	13	20
action	20	27
preparation	10	3
contemplation	6	0
precontemplation	1	0

(Beiner & Abrams, 1991)

the stages of change	Pre-test	Post-test
precontemplation	3	1
contemplation	27	10
action	21	39

(Heather & Rollnick, 1993)



$$Z = - 4.06; p < .001; r = 0.57$$

$$Z = - 3.91; p < .001; r = 0.55$$



# EFFECTIVENESS: What are the positive effects of the intervention? Are there any negative effects?

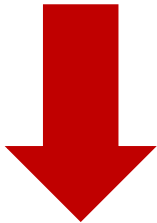
N = 51

## GOALS

- 1. to increase motivation to limit or seas;
- 2. to reduce the use;
- 3. to improve well being.

	Pre-test	Post-test
12 months prior (but not last 30 days)	12 (24%)	23 (46%)
Last 30 days	35 (70%)	25 (50%)

	Pre-test	Post-test
Number of days of use (in the last 30 days) M (SD)	14.52 (6.63)	8.61 (7.20)



$Z = - 3.67; p < .001; r = 0.77$



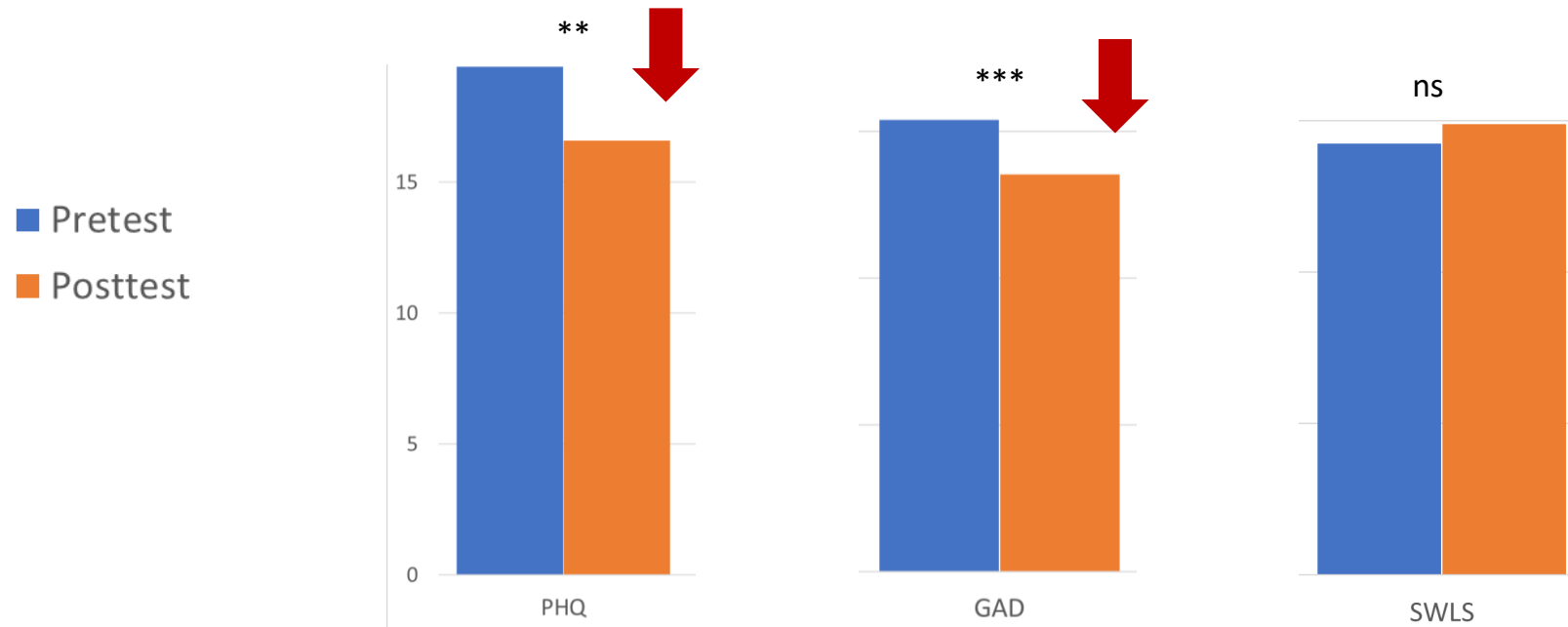
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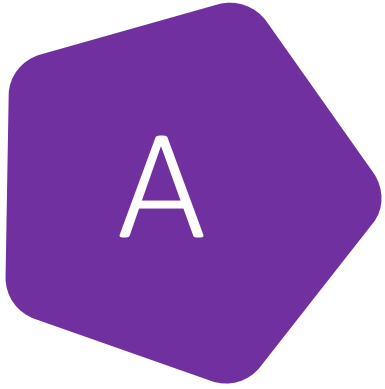
**EFFECTIVENESS:** What are the positive effects of the intervention? Are there any negative effects?

N = 51

## GOALS

1. to increase motivation to limit or seas;
2. to reduce the use;
3. to improve well being: depressive symptoms (PHQ-9), generalized anxiety symptoms (GAD-7), life satisfaction (SWLS)

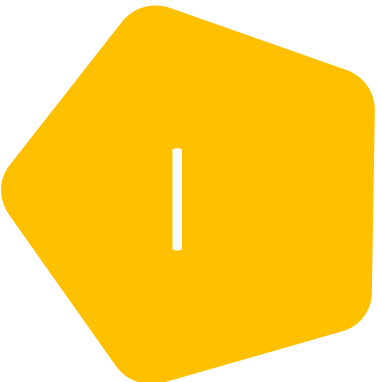




**ADOPTION:** How many people/institutions are willing to adopt the intervention? Are there any barriers to adoption? What factors facilitate adoption?

- 5 out of 7 specialists participated in the implementation
- FACILITATORS:
  - Ready to use program (convenient for less and more experienced specialists)
  - Lack of any other low threshold offer for methamphetamine users
  - Lack of additional training (MI and CBT experience required)
- BARRIERS:
  - MI and CBT experience required and no additional training





# IMPLEMENTATION:

Was the intervention delivered as intended? Were there any modifications?  
What are the facilitators and barriers to implementation?



- 4 out of 5 specialists implemented the program according to the developed protocol;
- 1 specialist deviated a little bit from the protocol:
  - the order of the sessions or topics within a session;

## Suggested modifications:

- Too much content for some clients:
  - To extend the time frame (instead of 4 – 6 sessions)
  - To extend the time per session (to 90 min)
  - To limit the content (per session but to keep 4 sessions)
- Barriers:
  - Formal question of funding / financing

## COSTS and TYPES OF COSTS:

Recruitment (80 - 100 h)

Materials: posters, leaflets

Sessions: 2-4 per client (120 x 4 = 480 h)

Total: 11 000 EURO (91 Euro / client)





**MAINTENANCE:** Is the intervention still being delivered after the initial implementation? What factors influence the sustainability of the intervention?

- Due to the effectiveness of the program – high willingness and interest among specialists (Jelenia Góra)
- FACILITATORS:
  - The program (and its delivery) is **cost-effective** (e.g. no license)
  - The program is supported by the **detailed protocol** (yet allowing for some flexibility)
  - The program being low-threshold provides a **diversification of services**
- **BARRIERS:**
  - Still requires further evaluation and hence, additional funding (for evaluation)





# Lessons learnt

- MSPs and their immense role in the need assessment and the final choice of interventions to be implemented
- Strengths of the program:
  - Brief intervention (short)
  - Low threshold program (e.g. no requirement of abstinence)
  - Full anonymity increased willingness to participate
- Barriers:
  - Evaluation is tough (for the clients and for the staff)
  - Need for an extended evaluation (with control group and follow-up)
  - Coalition among local decision-makers and stakeholders
- After the evaluation and formal recommendation – 😊





# Thank you

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The Agency of Research and Social Initiatives, Poland





# **Brief interventions for partygoers and chemsex harm reduction in Prague, Czech Republic**



# Harm reduction and prevention in nightlife and chem-sex

Implementation of the IMPRESA project in the capital of the Czech  
Republic Prague

The logo for the IMPRESA project, featuring the word "IMPRESA" in a bold, blue, sans-serif font. Above the text is a horizontal bar with a blue-to-white gradient. Below the text is another horizontal bar with a white-to-blue gradient.

Implementing Methamphetamine  
Prevention Strategies into Action



Co-funded by the European  
Union's Justice Programme –  
Drugs Policy Initiatives

This project has received co-funding from the European Union's Justice Programme – Drug  
Policy Initiatives under the grant agreement No 957715.

# Implementation of the IMPRESA project in the Czech Republic

- How and why were the activities selected and put into the prevention strategy package?
- What activities were implemented?
- What did we learn applying RE-aim framework?

How and why were the activities selected and put into the prevention strategy package?

# How and why were the activities selected?

- The desk survey: indicated and selective prevention activities are least prevalent in Prague
- Public administration and provider representatives: preference for interventions fitting into the existing funding schemes
- Local actors: the only part of the harm reduction service system that is not currently available are drug consumption rooms
  - the obstacles created by the current legislation were seen as insurmountable.
- Survey among people who use methamphetamine: preference for drug testing
  - However, similar situation was encountered as in case of harm reduction services
- Local actors and desk survey: interventions focused on the nightlife environment and the LGBTQ+ community are not adequately financed and have potential for further development, both settings and target group were shown to be at risk and are in Prague
  - these activities were selected

What activities were  
implemented in Prague?



### **Activity 1: Brief intervention**

- Cooperation with Progressive, Party Harm Reduction
- Focused on nightlife environment
- The target group consisted of people over 18 years of age who use stimulants in the context of nightlife
- The activity included the provision of a short intervention, which was complemented by harm reduction services (however, harm reduction services were not the subject of our study).
- The aim of the short intervention was first to map the use of stimulants and consequently based on these results to provide information on the harmfulness of the use of stimulants, its consequences and possible solutions.
- These services were provided at stands in clubs and at festivals in the capital city of Prague and its surroundings.

### **Activity 2: Chem-sex intervention**

- Cooperation with Podané ruce, Hard&Smart
- Aimed at disseminating information about chem-sex in nightlife and entertainment environments
- The intervention focused on people present at events that are widely attended by the LGBTQ+ community.
- However, the activity was not only aimed at people with a specific sexual orientation, but also at people who are interested in the topic of chem-sex.
- The intervention consisted of harm reduction counseling, distribution of chem-sex information materials (lecture and leaflet on chem-sex), involved a peer worker from the community, and distribution of lubricants, condoms and other harm reduction materials.

# What did we learn applying RE-aim framework?

Selected issues

# Reach estimates

Re-AIM

# Activity 1: Brief intervention

- Non-techno events were unsuitable for intervention
- No short intervention was provided in four of these non-techno events
- The number of stimulant users among the participants was probably low at these events
- Sniffing straws were provided to a higher proportion of attendees at techno events than at other types of events.

		Estimate of reach (based on the information about clients)		
	Number of festivals participants	Number of brief interventions provided	Estimated size of target group	Percentage of group covered
<b>Techno events</b>	4950	<b>13</b>	247	<b>5 %</b>
<b>Other events</b>	3500	<b>0</b>	35	NA

# Activity 2: Chem-sex

- Proportion of target group receiving the intervention ranges from 2% to 51%
- the coverage at different events varied
- The lowest coverage was at Prague Pride festival which was probably also caused by the low number of participants from the target group (public also attends the event)

Type of event	Estimate of participants at the event	Total number of participants receiving intervention	Estimate of proportion of target group receiving the intervention
Prague Pride	5000	97	19%
Prague Pride	5000	123	25%
Prague Pride	50000	94	2%
Prague Pride	5000	39	8%
Music event	1800	57	32%
Music event	4000	128	32%
Music event	3500	180	51%
Total	74300	718	10%

# What did we learn?

- to be effective in reach, it is a key to select right events for the interventions



# Effectiveness

Re-aim

# Activity 1: Brief intervention

- The participants evaluated the intervention in a brief on-line questionnaire administered via tablet
- In two cases, even though the individual implementers attended to the issue specifically, the answers to the questionnaire are missing
- Problems with the internet connection in the large concrete buildings where the techno events were held.
- All participants agreed that they would recommend the interview (the talk which was part of the intervention) to someone else

Activity 2: easy and interactive evaluation on tablet (<https://www.impresa-tlacitko.cz/>)

**Při rozhovoru jsem se dozvěděl/a  
nové informace o rizicích chem-  
sexu.**



☐ ANO

☐ NE

# Activity 2: Chem-sex

- Around 60% of the participants filled out the questionnaire.
  - More than 90% of participants agreed with the statements.
  - The number of respondents who felt that they had been made aware of the risks was higher than that of those who felt that they had found out about new risks of chem-sex.
- This suggests that some respondents already had known about some risks.

		N	%
During the interview, I learned about new risks of chem-sex.	Yes	379	92%
	No	35	8%
The interview makes me more aware of the risks associated with chem-sex.	Yes	401	97%
	No	13	3%

# What did we learn from this?

- Designing the evaluation in the night-life and entertainment environment is challenging due to:
  - a) nightlife participants might want to have “fun” and not to participate in long evaluation, they already participated in the intervention,
  - b) limitations of space (lack of space, light, internet connection...).
- it is a key to design effective and “fun” evaluation on-line tool
- interventions seem to be effective

# Implementation

RE-aim



# What were perceived barriers and facilitators?

- Intoxication of participants (alcohol)
  - Motivation and willingness to come and talk about the topic of substance abuse or chem-sex
  - Physical environment (e.g. internet connection, noise, space, overcrowding, place for stand)
  - Communication skills of providers (very demanding topics)
  - Evaluation (hindering intervention?)
- 
- continuous training in communication skills
  - careful preparation of physical environment

# Maintenance

Re-aim

# What are the main issues and possibilities of maintenance?

- Possibility to obtain sufficient funds in the future
- Including activities as part of regular organizational activities

# What did we learn applying RE-aim?

Discussion and conclusion

# Discussion and conclusion

- Activities in the intervention package were shown to be effective tools

What can we learn?

- Careful selection of type of events is important for reach (mapping or research of events?)
- Physical environment demands good preparation
- Need of continuous training in communication skills
- Evaluation:
  - a) Need to capture and hold attention of clients (relatively simple, attractive, but at the same time sufficiently rich in information).
  - b) Convince providers about the usefulness of evaluation.

# **3-day methamphetamine use prevention program based on Social Determination Theory in Košice, Slovakia**





## 3-day methamphetamine use prevention program among first year Bachelor students in Kosice, Slovakia

### Presentation of the chosen intervention strategy and its results

#### Authors:

**Mgr. Jozef Benka, PhD. et. PhD**

**Mgr. Ondrej Kalina, PhD**

**prof. PhDr. Olga Orosova, CSc.**

Department of Educational Psychology & Health Psychology

Faculty of Arts, Pavol Jozef Šafárik University in Kosice

## 3-day methamphetamine use prevention program based on Social Determination Theory in Košice, Slovakia

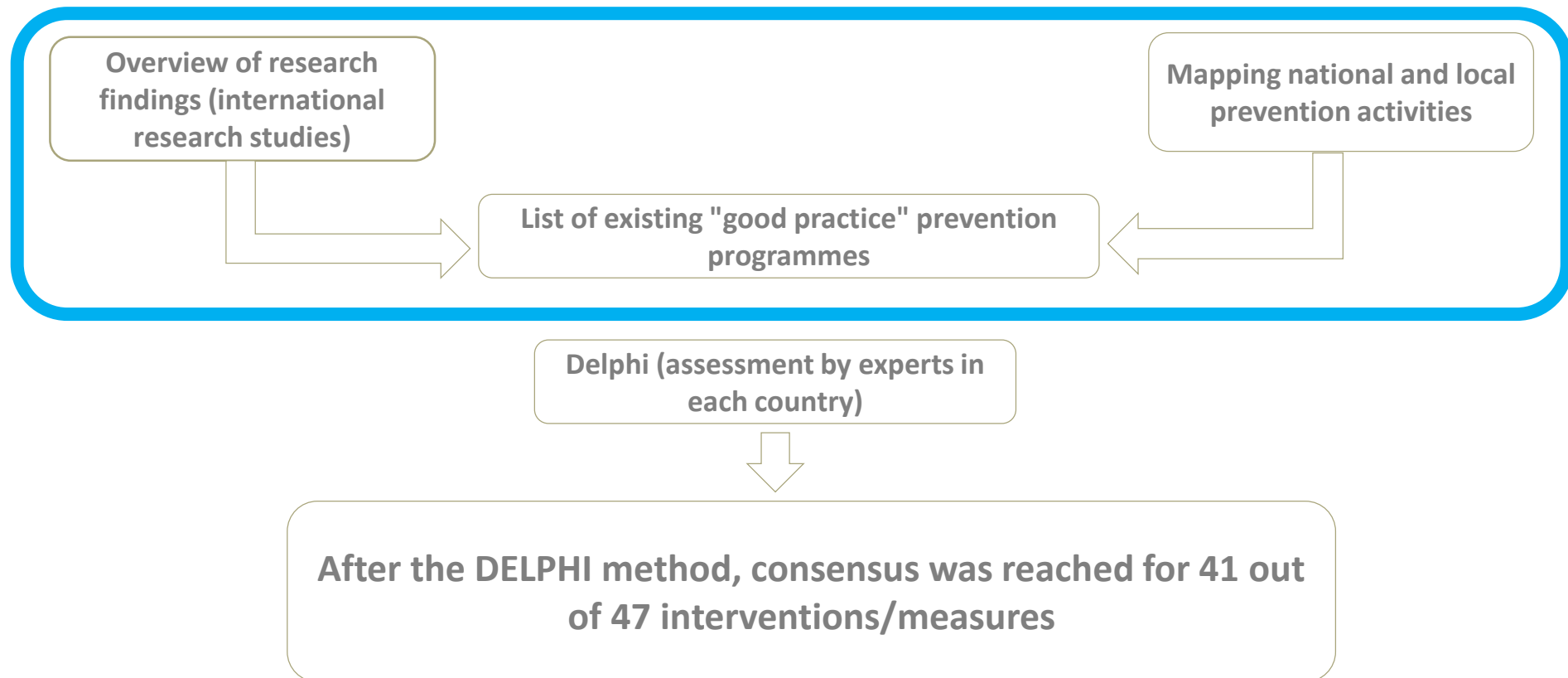
### Presentation of the chosen intervention strategy and its results

#### Content overview:

1. Intervention strategy selection process
2. Form and type of strategy adopted
3. Application of intervention
4. Results
5. Discussion
6. Recommendations

## 1. Intervention strategy selection process

### Towards a synthesis of knowledge...



## 1. Intervention strategy selection process

### Examples of evidence-based interventions to prevent and reduce the risks associated with methamphetamine use

Motivational talks aimed at reducing drug use in clubs

A programme aimed at teenagers who are experimenting with psychoactive substances

Brief KBT for for regular methamphetamine users in OST  
Tular methamphetamine users in OST

Outreach work aimed at providing information on drug use and treatment options

Intervention providing psychoeducation on substance use, trauma and HIV

Strengthening parenting competencies in parents of methamphetamine abusers

Mobile app to help monitor methamphetamine use

Counselling centres providing assessment, brief interventions and information

A risk reduction model implemented in clinics to treat perinatal addictions

## 1. Intervention strategy selection process

Meeting and discussion with experts in the local environment:

- presentation of interventions
- SWOT analysis

The three most important intervention programmes were selected for evaluation

Selective:

- Peer activist training
- Street work to provide information on drug use and treatment options
- Peer network intervention





## 1. Intervention strategy selection process

Indicated:

- SKOLL (ind\_24). Prevention targeted at high - risk users (meth.) The intervention is aimed at supporting the competence of self-control (self-management, risk awareness, taking responsibility for oneself) in order to achieve responsible management of one's own use.
- Street work (ind\_18): mobile outreach program to find and establish contact with drug users and sex workers directly on the street
- Motivational interviewing focused on reducing club drug use (ind\_11)

Harm reduction intervencie:

- Drug checking at festivals (hr\_41)
- Street work with meth. Users (hr\_36)
- Drop in centres (hr\_33). Drop-in centres. Centres providing clean and safe material (needles, syringes), accessible directly in the field or mobile drop-in centres.



## 2. Form and type of strategy adopted

### Intervention:

Based on the findings and a mutual discussion between MSPs, it was decided to proceed with creating and applying selective prevention in the form of a three-day peer training for the population of first year university students focusing on psychological resilience, well-being and motivation.

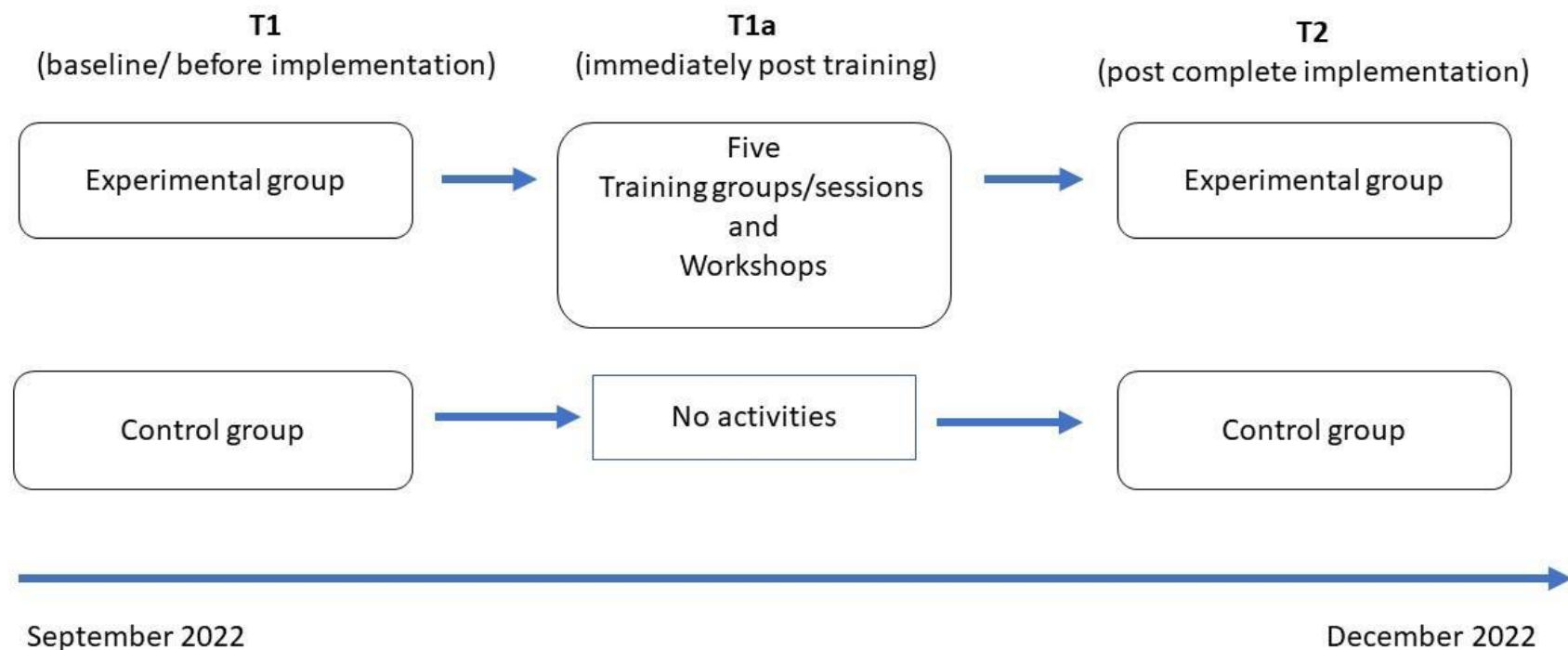
### Specific objectives:

- (1) To provide a psycho-social training program based on Self-determination theory improving the general satisfaction of basic psychological needs (relatedness, autonomy and competence) and building personal resilience and skills to avoid substance use as a means of compensating for their frustration
- (2) To increase the motivation of not using methamphetamine by increasing awareness of its impact on psychological, social and physical health
- (3) Dissemination of information. The information dissemination strategy will be based on workshops with experts on psychological, pedagogical, medical and legal-criminal aspects of prevention which will take place after completing the program. In total, each student attends 4 workshops



## 2. Form and type of strategy adopted

### Data collection plan / intervention design



Graph 1: Implementation of intervention and data collection



### 3. Application of intervention

- Location: UPJŠ Training Facility, Danišovce
- Design and method: 5 training groups, 87 participants in total, 2 lecturers
- Duration: 3 days (Thursday to Saturday)
- Target group
- First year Bachelor university students at the University. The total final number of students who participated in these trainings and workshops resulted in 87 participants. A control group of students who did not take part in the trainings or in any of the workshops was also collected.
- Data collection
- 1st year students at UPJŠ were offered to take part in the training during the winter semester of 2022. The training took place during the teaching part of the semester and was advertised on the university website of the academic information system. The data collection itself took place online through the Survey Monkey program.



### 3. Application of intervention

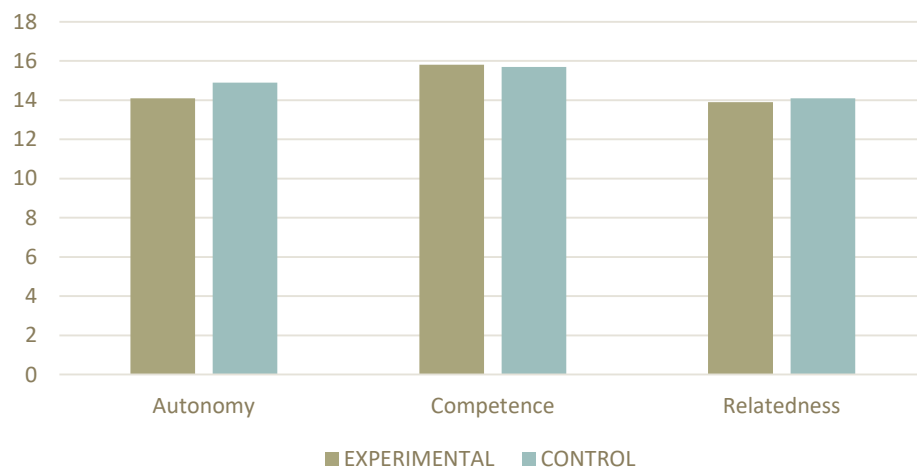
### Adopted SDT model



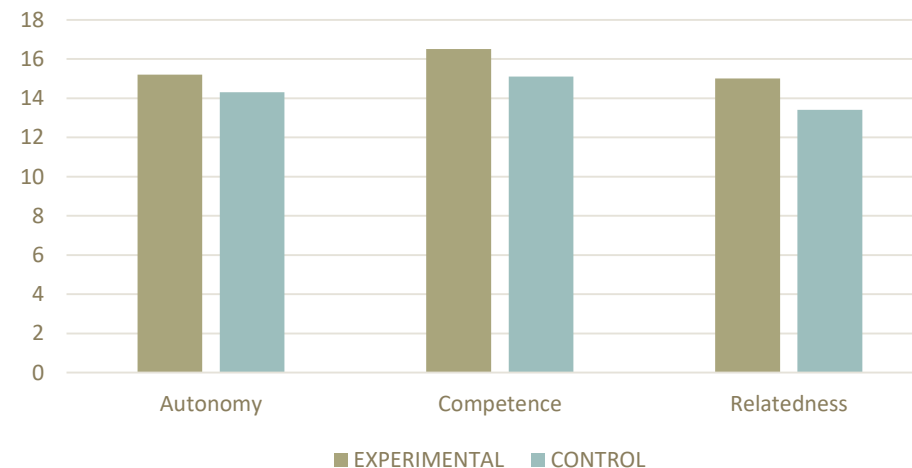
(Ryan & Deci, 2008; modified)

## 4. Results: Basic psychological needs

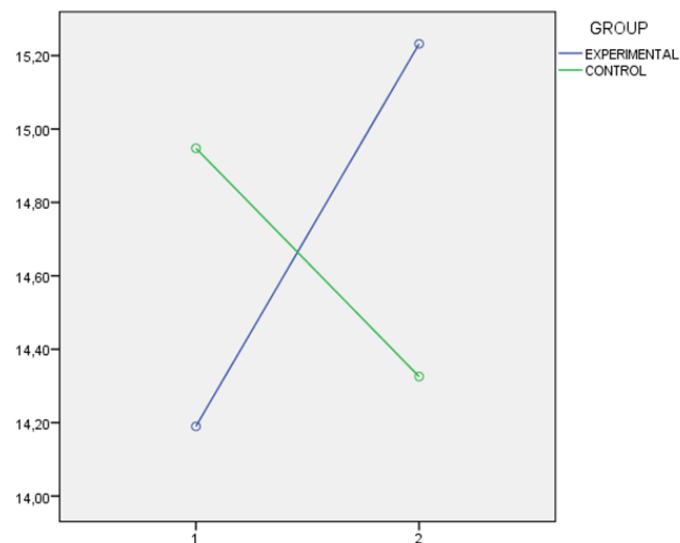
Comparison of need satisfaction at T1



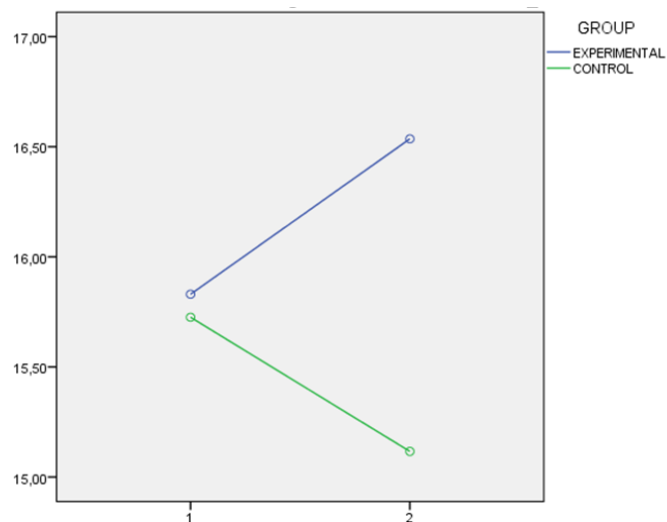
Comparison of need satisfaction at T2



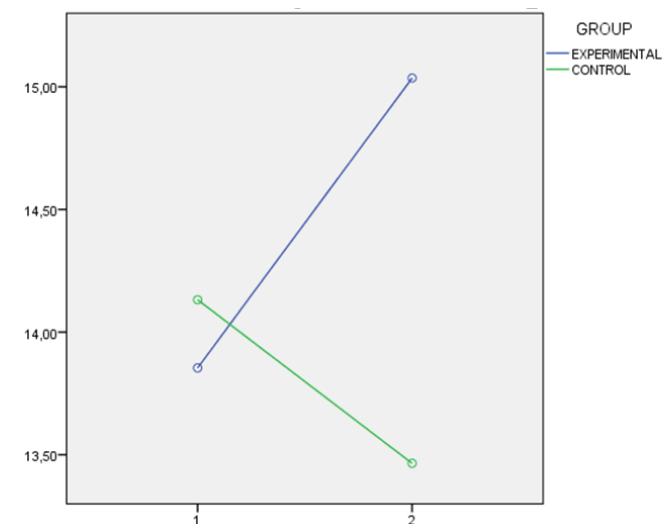
## 4. Results: interaction effects



The interaction term shows the satisfaction with the need autonomy before and after the intervention in the experimental and the control groups ( $F(1,97)=7.328$ ,  $p=0.008$ ).



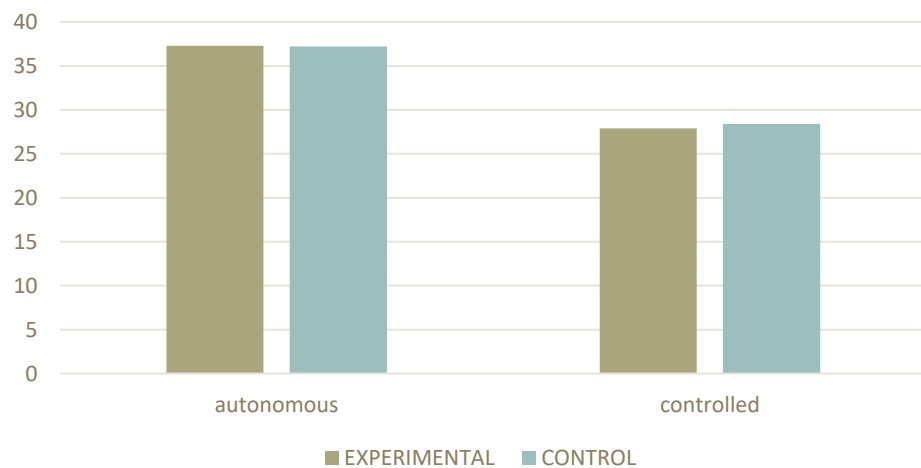
The second presented interaction term shows the satisfaction with the need relatedness before and after the intervention in the experimental and the control group ( $F(1,97)=5.582$ ,  $p=0.020$ ).



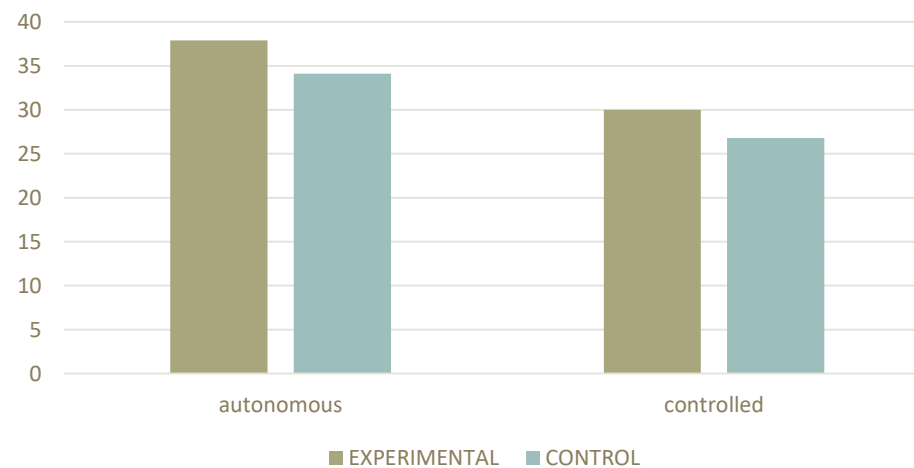
Finally, the third interaction term shows the satisfaction with the need competence before and after the intervention in the experimental and the control groups ( $F(1,97)=9.841$ ,  $p=0.002$ ).

## 4. Results: Motivation not to use methamphetamine

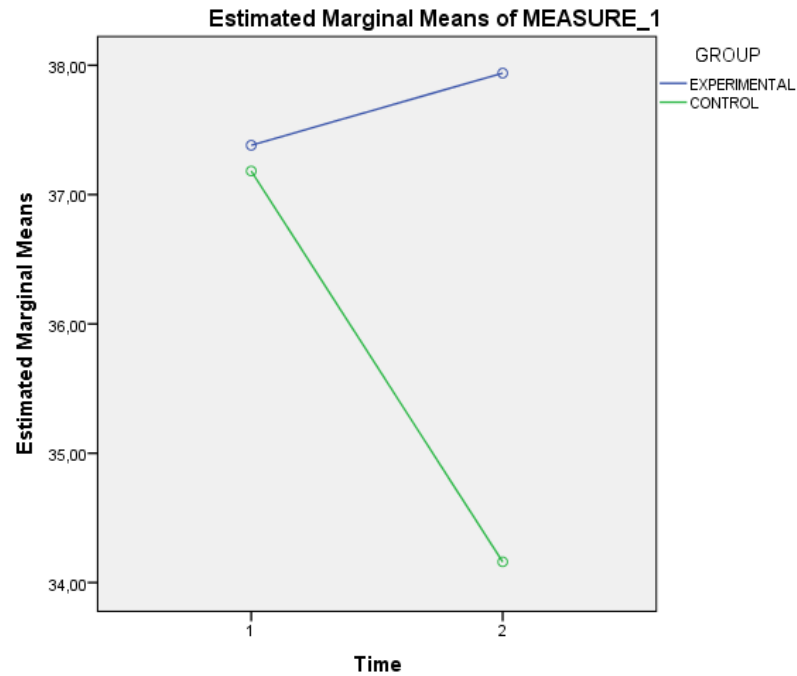
Motivation not to use methamphetamine



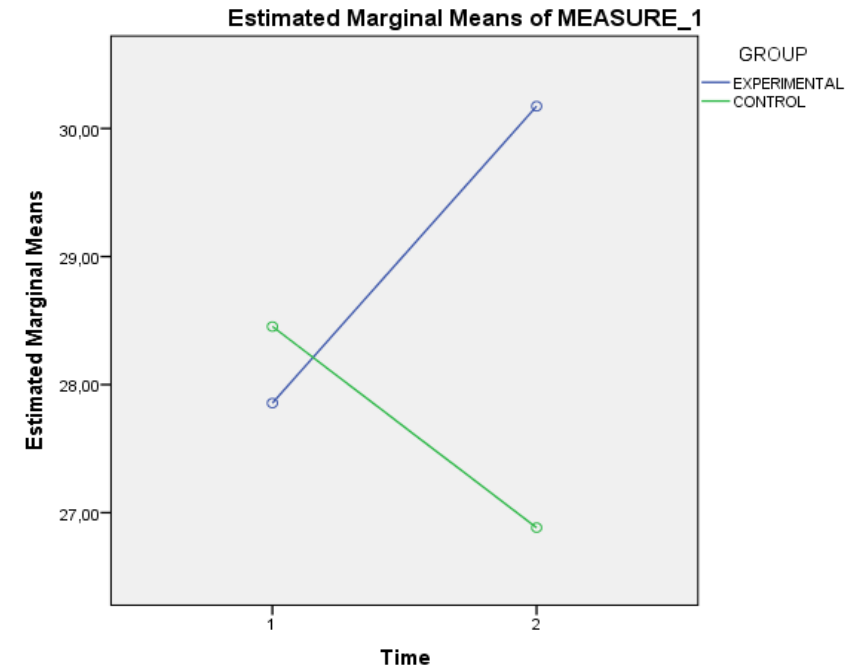
Motivation not to use methamphetamine



## 4. Results: interaction effects



The interaction term shows the level of autonomous motivation not to use methamphetamine measured before and after the intervention in the experimental and the control groups ( $F(1,97)= 4.560, p=0.035$ )



The interaction term shows the level of autonomous motivation not to use methamphetamine measured before and after the intervention in the experimental and the control groups ( $F(1,97)= 4.875, p=0.030$ ).

## 5. Discussion

- Based on the overview of the context and the identified needs together with local stakeholders, the intervention seen as most suitable for this local context was focused on the at-risk student population.
- It was aimed at increasing their psycho-social resilience regarding drug use with a focus on stimulants and methamphetamines. The chosen approach was based on the tenets of SDT theory assuming that substance use is related to basic psychological needs and their fulfilment.
- The provided trainings together with workshops providing information resulted in being more aware as well as more psychologically resilient to using stimulants and methamphetamine in particular.
- The results generally show trends in line with the theoretical assumptions of SDT increasing the satisfaction of basic psychological needs and motivation not to use stimulants and methamphetamine (Van-steenkiste & Ryan, 2013).
- The evaluation of the program with local stakeholders has suggested that it reflected the needs of the context well.
- However, further research is needed to provide more evidence for the effectiveness of this approach.



## 6. Recommendations

The findings clearly indicate the **presence of methamphetamine in the university student population**. Despite most program participants not having had direct experience with it, many of them were aware of the presence of this stimulant in the university environment.

The MSPs have shared similar observations during meetings where they have confirmed the presence of this drug among the young population, including students. Despite methamphetamine being represented in the student population, in the future it may be difficult to get students to take part in such a program since it is not directly about users, but **rather about a risk population**.

For this reason, students may not feel a direct need to participate in this program since their motivation is not directly related to the need to avoid methamphetamines. **Therefore, more attention and efforts should be paid to promoting such types of preventive programs, especially in the population of young people who are experiencing life changes such as starting university.**

The evaluation of the program indicates that this intervention can be applied in both university and high school environments. Depending on the place chosen for the course of the three-day program, it is also possible to consider high price efficiency since universities or other school facilities offer favorable conditions.





**Thank you for your attention!**

# **Education and harm reduction among recreational psychoactive substance users in Lithuania**



# EDUCATION AND HARM REDUCTION AMONG RECREATIONAL PSYCHOACTIVE SUBSTANCE USERS IN LITHUANIA

Dovilė Mačiulytė  
2023 June 23



# OVERVIEW

1. Background
2. Activity overview
3. Results
4. Discussion
5. RE-AIM evaluation
6. Conclusions and recommendations

# BACKGROUND

- Various studies have indicated that amphetamine-type stimulants (ATS) are being used in Vilnius and in other cities.
- [Wastewater analysis](#) conducted since 2017 - constant consumption of methamphetamine and amphetamine throughout the week.
- In recreational venues amphetamine is a commonly utilized substance. A nightlife setting survey - 53% consume psychoactive substances during the music festivals (data from Vilnius City Municipal Public Health Bureau, 2022).

Within IMPRESA project. Based on the results of literature search and needs assessment surveys the MSP (multistakeholder partnership) came up with a prevention strategy to address the needs of the local methamphetamine (and other stimulant) users.

The prevention activities should:

- a) be targeted at individuals, including men who have sex with men (MSM), who use amphetamine type stimulants recreationally, i.e. while socializing, engaging in chemsex (using psychoactive substances to enhance physical sensations and/or psychological experience during sexual activities), and in similar contexts;
- b) focus on providing education to users on all aspects related to psychoactive substance use, with particular emphasis on harm reduction.

# THE ACTIVITIES

From 41 effective interventions that were identified with IMPRESA 2 were selected and adapted

## ACTIVITY ONE

an educational lecture on chemsex for recreational psychoactive substance users, with a primary focus on MSM, during the music festivals

## ACTIVITY TWO

drug checking (drug test distribution) and counseling on harm reduction during the music festivals

## Objectives

Activity 1 - to expand the knowledge of the music festival goers (specifically MSM) on the topic of chemsex, focusing on associated risks and harm reduction practices.

Activity 2 - to provide festival participants with the opportunity to test their psychoactive substances and receive consultations on safer substance use and harm reduction.

# THE PARTNERS/ PROVIDERS

ACTIVITY ONE DEMETRA, RCAD



[www.demetra.it](http://www.demetra.it)

ACTIVITY TWO BE SAFE LAB

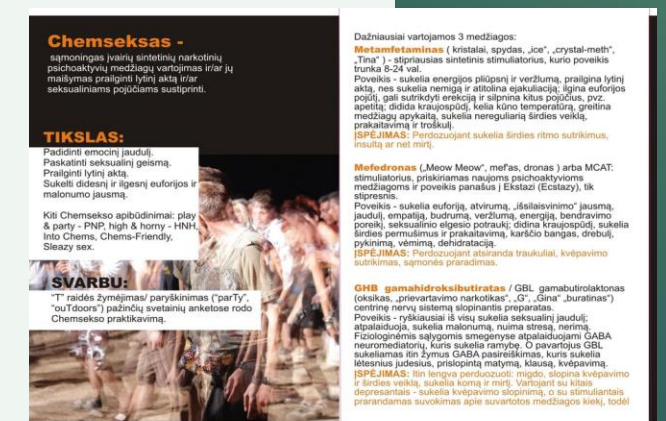
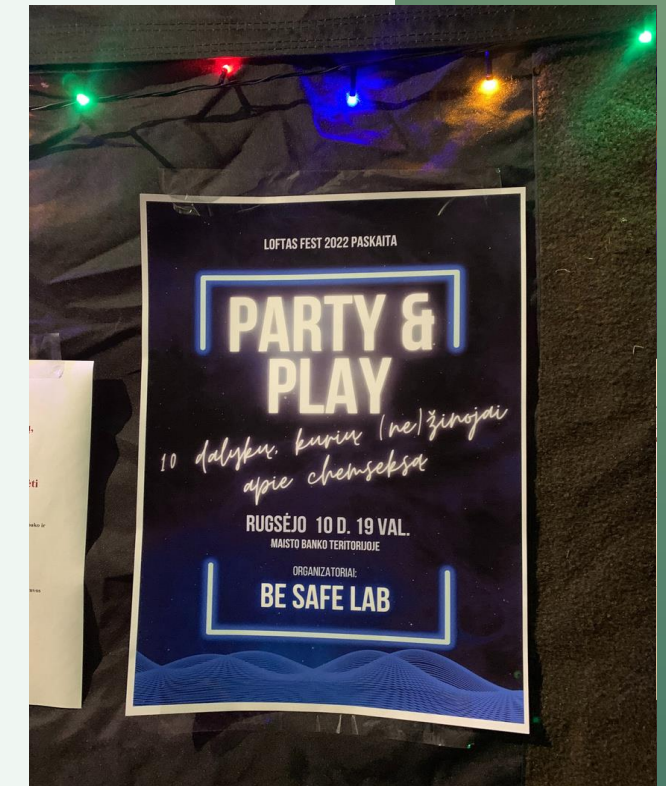


[www.besafelab.it](http://www.besafelab.it)



# ACTIVITY 1 – EDUCATIONAL LECTURE

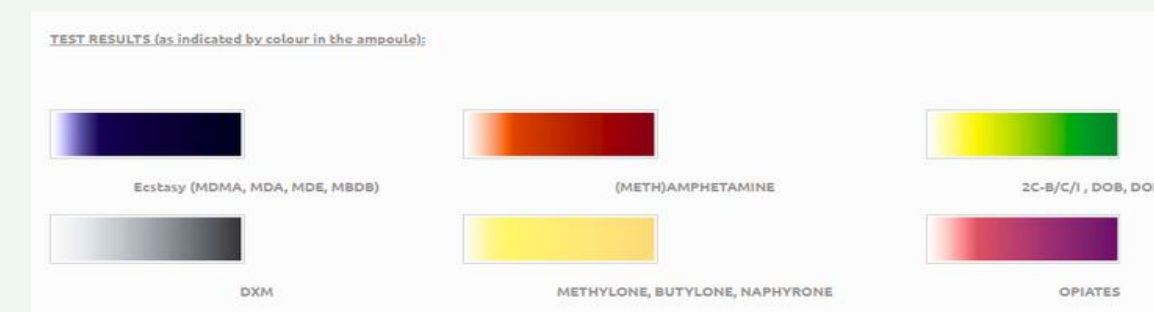
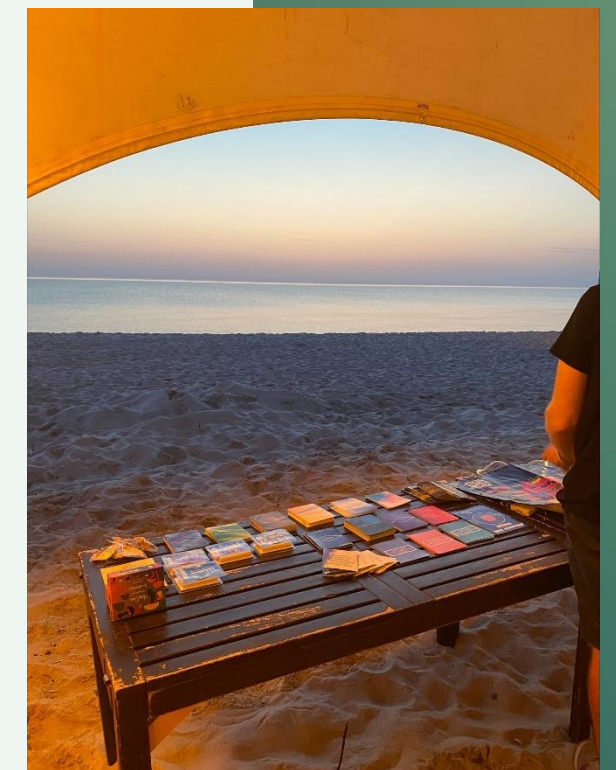
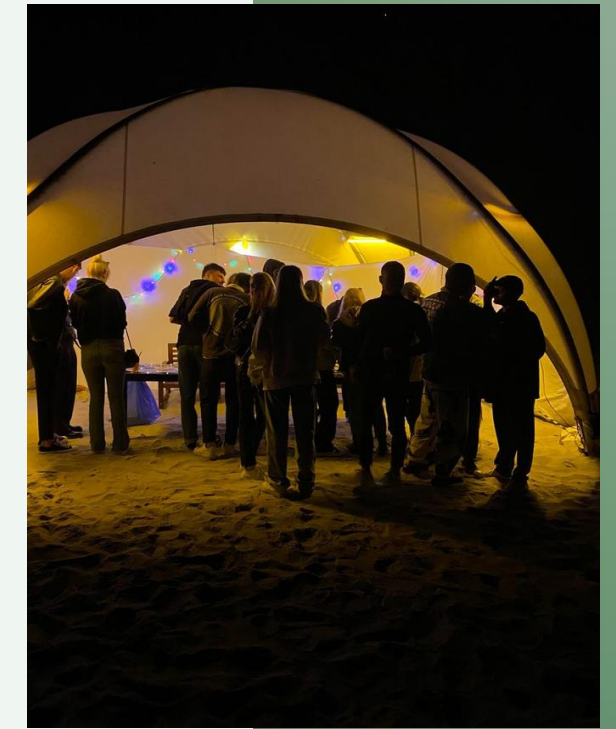
- In collaboration with the association Demetra, an educational lecture on the topic of chemsex was prepared.
- The lecture was delivered to the attendees of the "Yaga Gathering" and "Loftas fest" music festivals.
- The duration of the lecture was 45 minutes. The content of the lecture was developed by Demetra and RCAD.
- The lecture was scheduled to take place on the third day of the music festival (Saturday), during the daytime, in a designated area provided by the festival organizers.
- The attendees of the lecture were asked to complete a short pre-lecture and post-lecture survey questionnaire.





# ACTIVITY 2 – DRUG CHECKING SERVICES

- The psychoactive substance tests were distributed at 5 music festival for self-administration. Among other harm reduction and information services, “Be Safe Lab” volunteers were giving out drug checking test kits.
- The single-use tests were specifically designed for a rapid substance analysis. The test package included instructions and an explanatory diagram of the results.
- Participants who wished to test their substances were asked to complete a pre-test and post-test questionnaire.
- The distributed tests included: Ecstasy amphetamine 2C-B, LSD, GHB, Cocaine cuts and Bath salts tests.



# RESULTS



## City Case Study Report Education and Harm reduction activities among recreational psychoactive substance users

Deliverable 5.1 for the EU-Project „Implementing Methamphetamine Prevention Strategies into Action – IMPRESA”

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Vilnius, Lithuania, May 2023



Co-funded by the European  
Union's Justice Programme –  
Drugs Policy Initiatives



## Intervencijos „Edukacija ir žalos mažinimas tarp rekreacinių psichoaktyvių medžiagų vartotojų” ataskaita

Europos Sąjungos projekto IMPRESA (angl. Implementing Methamphetamine Prevention Strategies into Action – IMPRESA) 5.1 veikla

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Vilnius, 2023



Co-funded by the European  
Union's Justice Programme –  
Drugs Policy Initiatives



REPUBLICAN  
CENTRE FOR ADDICTIVE  
DISORDERS

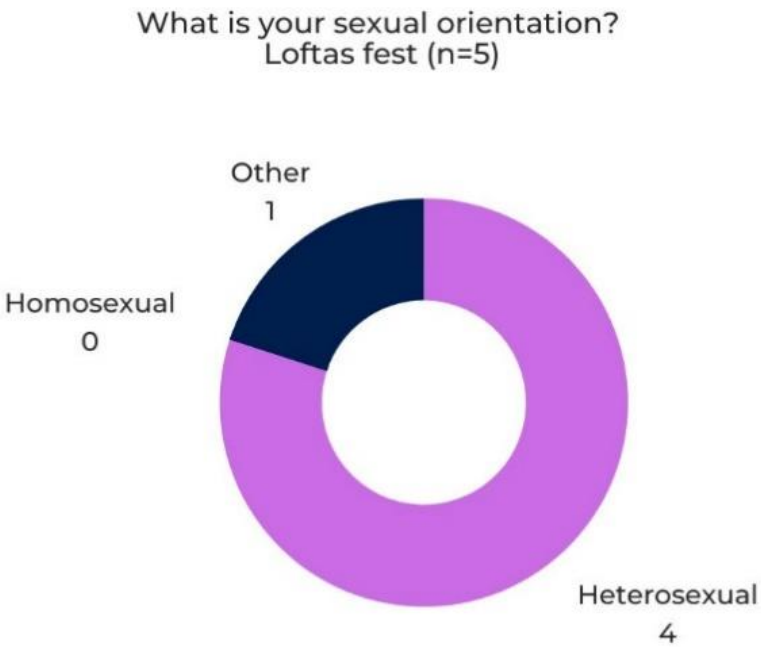
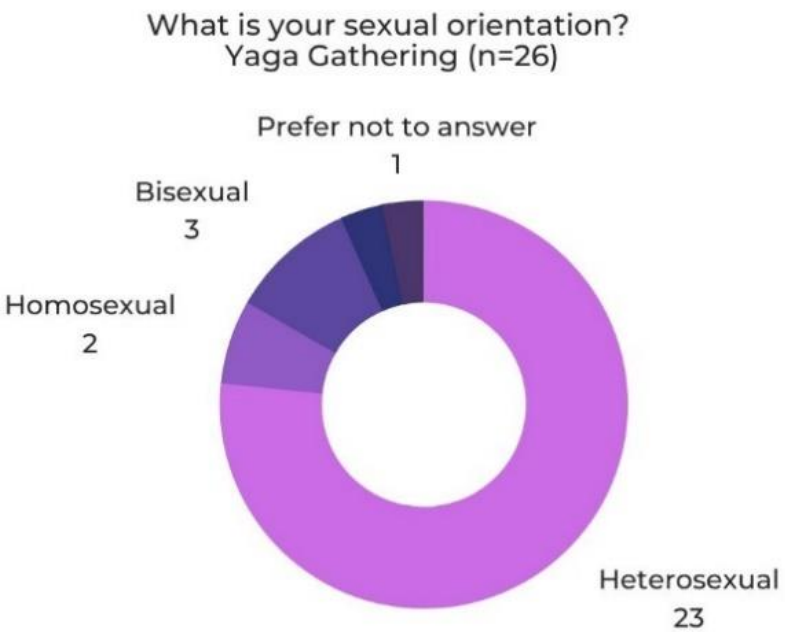
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<https://www.rplc.lt/apie-mus/projektai/impresa/>



# RESULTS RE-AIM – REACH Activity 1

- Yaga Gathering - the number of potential participants reached **100%**
- Loftas fest – **16%**
- The target audience of MSM – very small number.

Festival	Number of festival attendees (n)	Number of lecture attendees (n)	Number of potential participants in the space (n)	Festival attendees who participated (%)	Potential participants (%)
Yaga Gathering	1500	36	35-40	2.4 %	100%
Loftas fest	6000	8	50	0.13%	16%



# RESULTS RE-AIM – REACH Activity 2

- A total of 407 psychoactive substance testing kits were distributed and 96 surveys were completed.
- Portion of the festival attendees who use psychoactive substance and who used drug checking services varied from 25.6% to 0.9% across five music festivals.
- Reach of specifically ATS users was very low (4 service recipients)

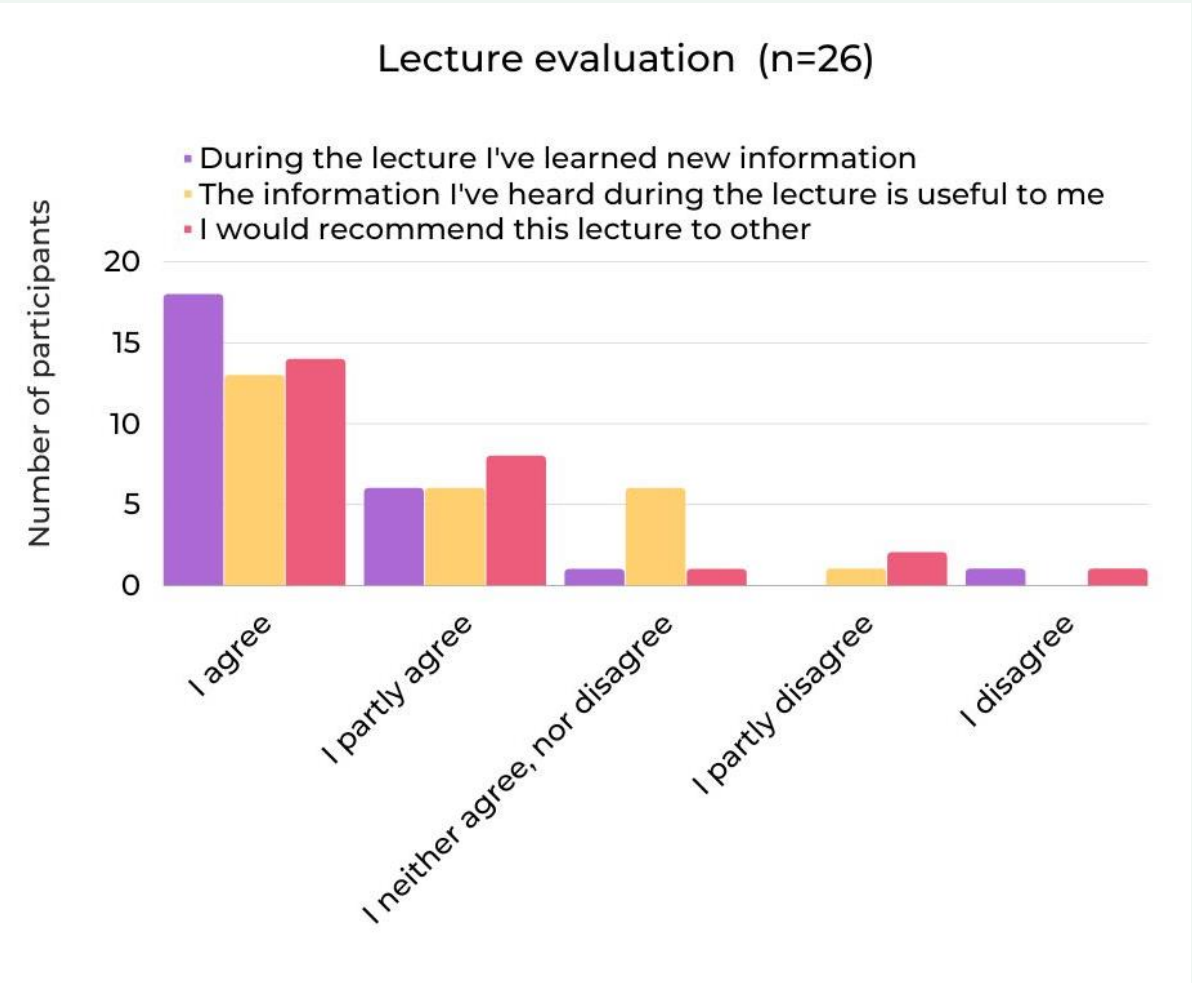
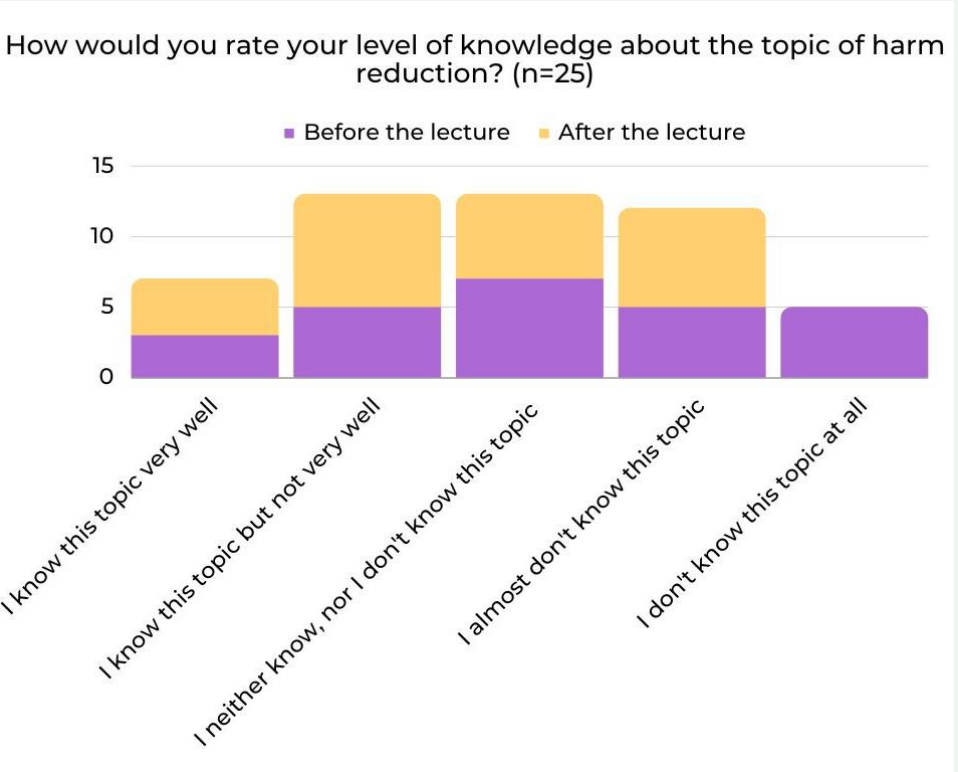
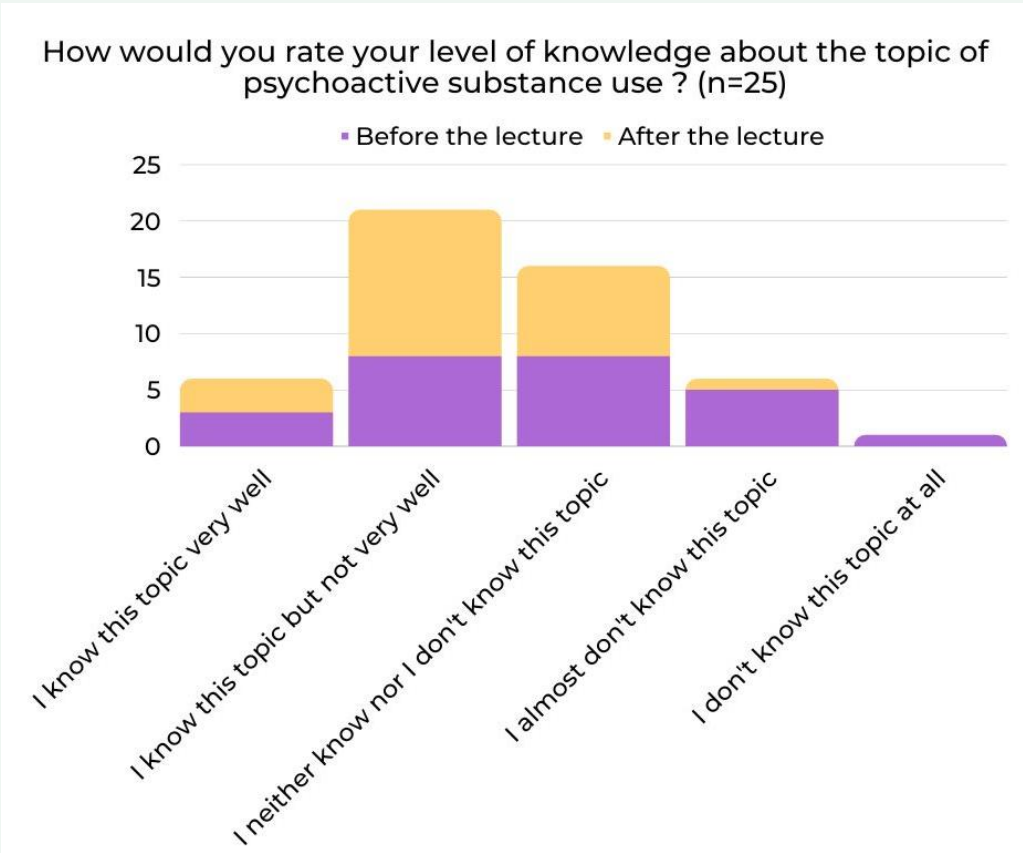
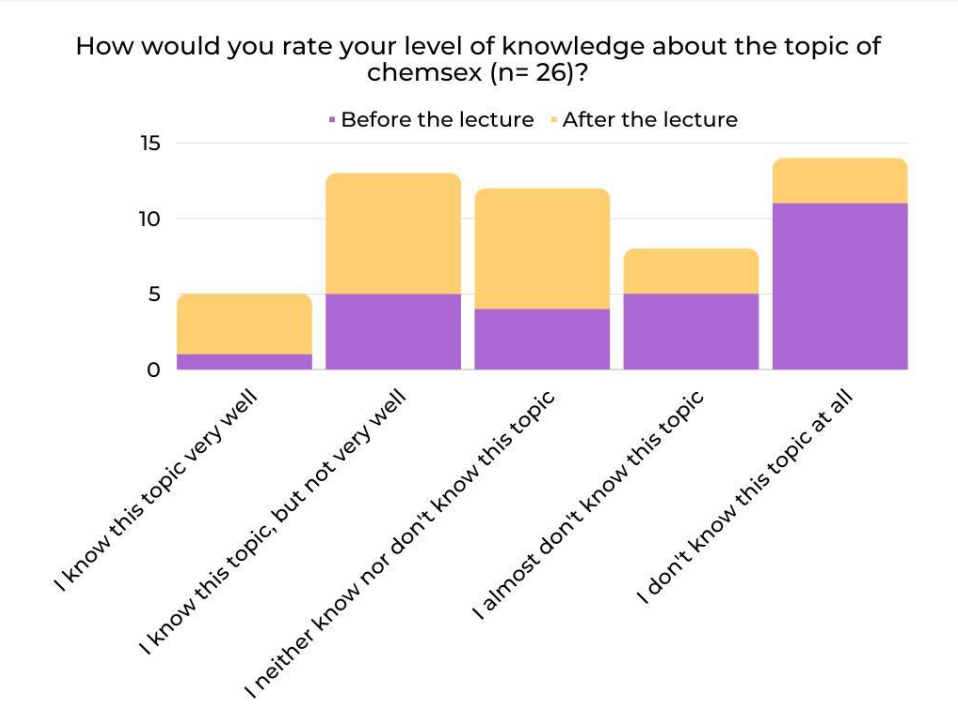
Festival	Number of festival attendees (n)	Service recipients (n)	Portion of the festival attendees who use psychoactive substance and who used drug checking service* (%)
Yaga Gathering	1500	77	a) 25.6% b) 17.1% c) 12.8%
Karklè	12000	15	a) 0.6% b) 0.4% c) 0.3 %
Granatos Live	No data	10	No data
Ant Bangos	4000	45	a) 5.6% b) 3.75% c) 2.8%
Loftas fest	6000	23	a) 1.9% b) 1.3% c) 0.9%

Number of people a service recipient was planning to share his/her psychoactive substance

Answers (n= 93)	
I am not planning to share with anyone	23
I’m not sure/ I don’t want to disclose	30
Those, who indicated that they will share the substance	n=40
The mean, median and mode number of people with whom the substance will be shared	
Mean	2.63
Median	2.00
Mode	2
Std deviation	2.084
Minimum	0
Maximum	10

# RESULTS RE-AIM – EFFECTIVENESS Activity 1

- There was a positive change in knowledge gained
- The lecture was perceived useful among participants at both lectures.

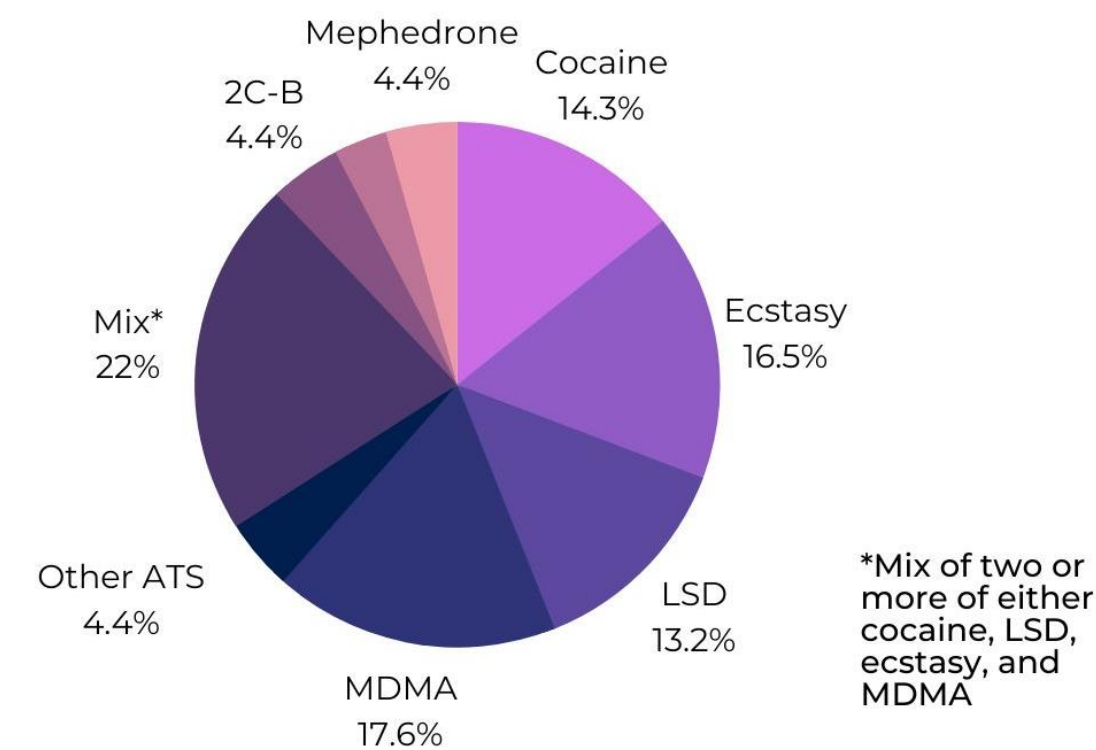


# RESULTS RE-AIM – EFFECTIVENESS Activity 2

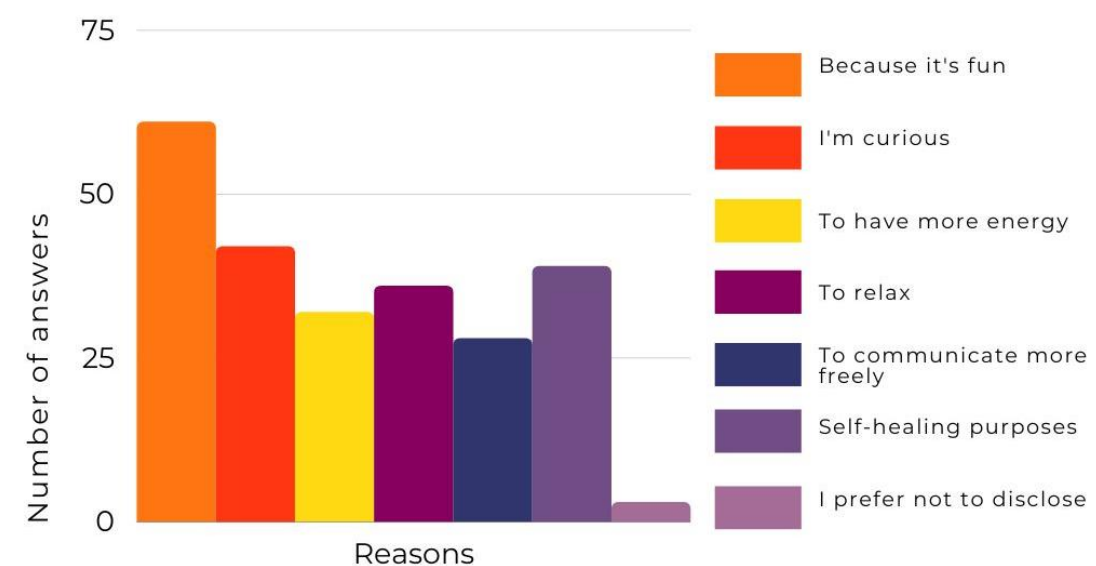
- Very small number of ONLY ATS users.
- Lack of feedback after the post-test.
- In the absence of the opportunity to test the substance, individuals rely on their own and their friends' past experiences of substance use (67 respondents), trust the information provided by the seller (36 respondents), attempt to assess based on the appearance of the substance (24 respondents), and only a small number (12 respondents) choose to first try a small quantity of the psychoactive substance.

Gender		Psychoactive substance to be tested									Total
		Cocaine	Ecstasy	LSD	MDMA	Other ATS (amphetamine, metamphetam ine)	Two or more substances from either: LSD, cocaine, MDMA and ecstasy	2C-B	Ketamin e	Mephed rone	
	Woman	4	8	3	2	1	6	0	1	2	27
	Man	9	6	9	13	2	14	4	2	2	61
	Other	0	0	0	1	1	0	0	0	0	2
	Prefer not to disclose	0	1	0	0	0	0	0	0	0	1
Total		13	15	12	16	4	20	4	3	4	91

Type of psychoactive substance to be tested (n=96)



What are your main the reasons for using psychoactive substances? (n=96)



# RESULTS RE-AIM – ADOPTION Activity 1

- Acceptance by music festival organizers was high.
- The lecture method is suitable and can be adopted to other social events, but the setting need to be carefully selected according to the target audience.
- Sensitive, stigmatized topic – lecturers need to be well informed.

*"While this (i.e., the topic of chemsex) concerns more than one group of individuals, in my opinion, it is best that the lecture on this topic be read by a person belonging to the MSM group."* (Provider)



# RESULTS RE-AIM – ADOPTION Activity 2

- Not all music festivals are suitable.
- Some prioretize control, hesitant to openly address psychoactive substance use during their events
- Important to take into account factors such as the music genre, audience and organizers' willingness to collaborate.
- Drug checking can be met with significant mistrust –a substantial majority (76%) of service recipients declining to complete the questionnaires despite having received the tests kits.
- Within a suitable festival - the integration of drug checking services can be easily facilitated.
- Essential that testing services and harm reduction consultations are provided by specialists in the field.

Festival	Number of festival attendees (n)	Service recipients (n)
Yaga Gathering	1500	77
Karklė	12000	15
Granatos Live	No data	10
Ant Bangos	4000	45
Loftas fest	6000	23

# RESULTS RE-AIM – IMPLEMENTATION Activity 1

- Activity was implemented according to the protocol.
- When working with volunteers a flexibility is needed.
- Key facilitators:
  - topic is of interest
  - positive attitude of potential providers
  - effective format
- Key barriers:
  - lack of human and financial resources
  - hard to reach target audience.

*„I think that the topic is very important and interesting, but if we consider the possibility of continuing delivering this message, for example, at other events, the question of payment becomes very important “*

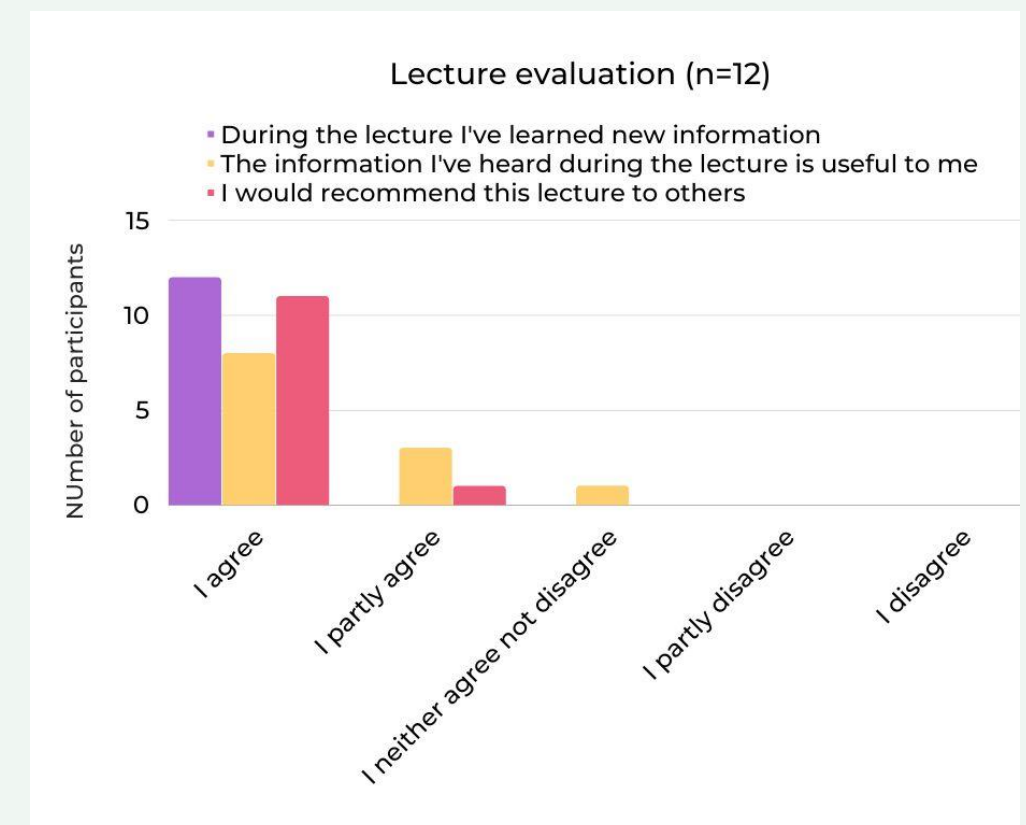
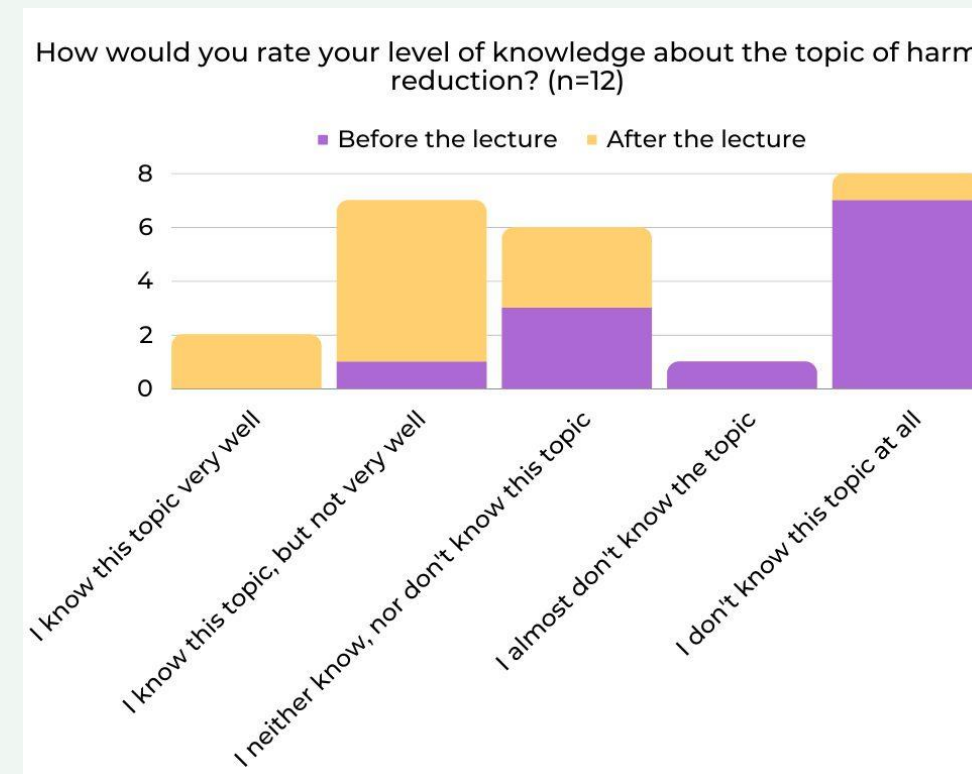
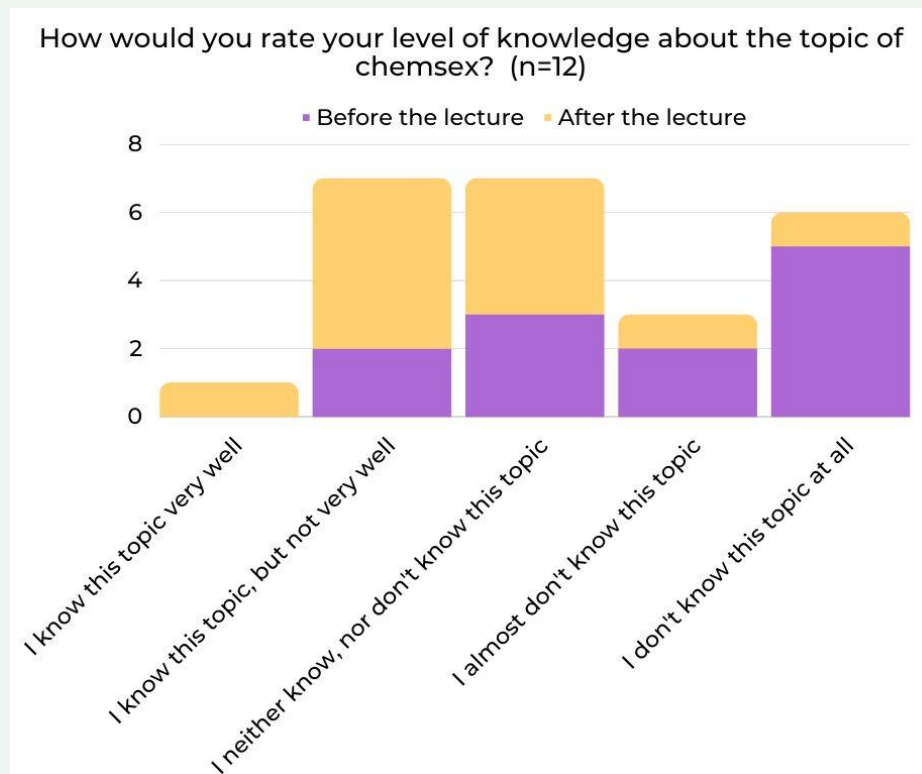
Provider

# RESULTS RE-AIM – IMPLEMENTATION Activity 2

- The activity was implemented as planned, except that no follow-up data was collected from the target audience.
- Key facilitators:
  - perceived need among users and providers
  - easy integration to other harm reduction services
- Key barriers:
  - lack of financial resources for skilled staff
  - criminalization aspects
  - negative attitude among festival organizers

# RESULTS RE-AIM – MAINTENANCE Activity 1

- An educational lecture in recreational environments can be a suitable format.
- An additional lecture was organized outside of IMPRESA.
- The lecture was adopted and provided in Vilnius nightlife setting and all attendees were from the target group.



# RESULTS RE-AIM – MAINTENANCE Activity 2

- In 2023 music festival season, the activity is planned to be continued at Yaga Gathering, Ant Bangos and Loftas fest music festivals
- Services can be adapted and provided at nightlife settings, for example clubs.
- But legal issues remain.

# CONCLUSIONS

- Results from IMPRESA show that prevention and harm reduction measures can be successfully implemented in nightlife/music festival settings
- When well targeted both interventions are well accepted among key audiences (the providers and the target group)
- Reaching individuals who engage in recreational use of methamphetamine and amphetamine-type stimulants poses a significant challenge
- In order to assess the impact of the drug checking services on an individual's decision to use or not to use the psychoactive substance, it is crucial to obtain post-test feedback.
- Drawing on the experience from the educational lecture on chemsex – it is feasible to reach the MSM at the nightlife setting; however, active engagement in events and locations specifically tailored to this target group is needed.

# RECOMMENDATIONS

- Interventions targeting recreational psychoactive substance users consuming methamphetamine and other ATS, should be aimed more broadly and include all recreational psychoactive substance users.
- Interventions for MSM should be more targeted to group specific settings. Expanding the range of specialists, organizations, and activities working with this population and their health is very important.
- Need to ensure the collection of high-quality data.
- For future interventions - it is essential to set up a local experts group, develop a well-planned strategy and to allocate appropriate funding.



# SPECIAL THANKS

Coalition I Can Live and Be Safe Lab initiative with all volunteers



Association Demetra



All IMPRESA partners



FIRST FACULTY  
OF MEDICINE  
Charles University



Colleagues at RCAD, especially Milda Sakalauskaitė and Aušra Širvinskienė

# EDUCATION AND HARM REDUCTION AMONG RECREATIONAL PSYCHOACTIVE SUBSTANCE USERS IN LITHUANIA

Dovilė Mačiulytė, [dovile.maciulyte@rplc.lt](mailto:dovile.maciulyte@rplc.lt)  
2023 June 23



# **Activities promoting safer nightlife among clubs and partygoers in Chemnitz**





IMPRESA Closing Conference, 23.06.2023

# Activities promoting safer nightlife among clubs and partygoers in Chemnitz, Germany

Harald Lahusen  
Marcus Martens  
Moritz Rosenkranz  
Uwe Verthein

Gefördert durch:



Bundesministerium  
für Gesundheit

aufgrund eines Beschlusses  
des Deutschen Bundestages



Co-funded by the European  
Union's Justice Programme –  
Drugs Policy Initiatives

# BACKGROUND

## Selection of the intervention for Chemnitz: “Activities promoting safer nightlife among clubs and party-goers”

- selected as a component of the local prevention strategy developed by the local MSP,
- derived from the literature review and Delphi consensus process, and
- addressing the needs identified via secondary data analysis (desk review) and two online surveys (among local stakeholders and people who use stimulants) which include:
  - additional harm reduction services,
  - expansion of prevention services in nightlife settings, and
  - information on safer use and drug checking services for people who use methamphetamine and other amphetamine-type-stimulants (stakeholder and user survey)



# Target group, settings, and objectives of the intervention

## Target group

*Primary target group:* Party-goers (exclusion criteria: < 18 years, no intention to use, limited cognitive capability)

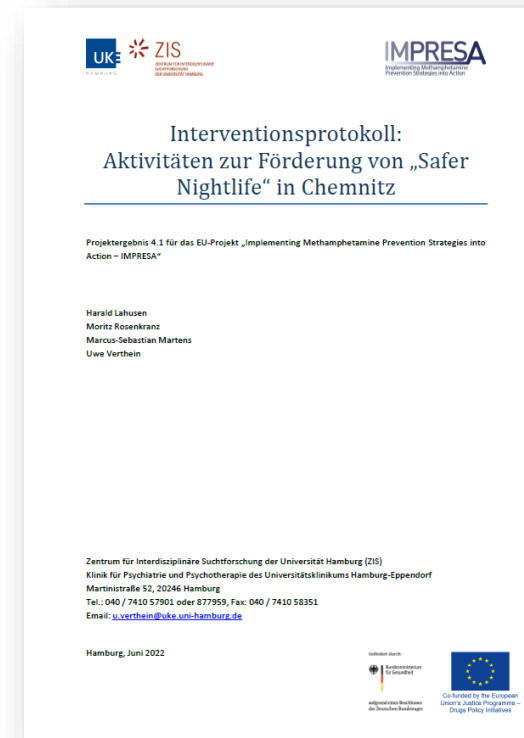
*Secondary target group:* Peer educators (18-35 years, club scene affinity, non-judgemental attitude towards drugs and PWUDs, no excessive use/dealing); Club owners (20 clubs identified in Chemnitz)

## Setting

Participating clubs in Chemnitz

## Objective

Raising awareness for safer use and harm reduction with regard to methamphetamine among party-goers and club owners in Chemnitz





## Planned activities

### Activity 1: Involvement of club owners in the "Safer Nightlife " process

- 20 club owners invited to take part in discussion meeting and in activities 2 and 3

### Activity 2: Information talks with party-goers on methamphetamine use in clubs

- Recruitment of 20 peers (remuneration)
- Two trainings à 7 hours
- 12 club events covered between October 2022 and January 2023
- Provision of information on effects, risks, and safer use
- if needed provision of crisis intervention and information und futher drug care services

### Activity 3: Distribution of safer use kits in clubs including

- Information on methamphetamine, amphetamine, cocaine, safer snorting and „Breaking Meth“ website + overview of local counseling and treatment options (pocket size)
- Earplugs, paper for rolling snorting straws, condom, dextrose, alcohol wipes, isotonic saline solution, chewing gum

# RESULTS

according to RE-AIM

## City case study report: Activities to promote Safer Nightlife in Chemnitz

Deliverable 5.1 for the EU Project 'Implementing Methamphetamines Prevention Strategies into Action – IMPRESA'

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Hamburg, May 2023



## Ergebnisbericht: Aktivitäten zur Förderung von „Safer Nightlife“ in Chemnitz

Projektergebnis 5.1 für das EU-Projekt „Implementing Methamphetamine Prevention Strategies into Action – IMPRESA“

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Hamburg, Mai 2023



Interventions received and gender of information booth visitors (6 events in total)

		Visitors at booth	
		N	%
<b>Intervention received</b>	Information talk (total)	187	79,9%
	among these: Substance-specific talk	85	36,3%
	Flyer	144	61,5%
	Safer use kit	76	32,5%
	Crisis intervention	2	0,9%
	Information on further care services	1	0,4%
	<b>Total (all visitors at booth)</b>	<b>234</b>	<b>100,0</b>
<b>Gender</b>	Male	120	53,8%
	Female	99	44,4%
	Other	4	1,8%
	<b>Total</b>	<b>223</b>	<b>100,0</b>

Substance(s) the information talk was related to (multiple response) (6 events in total)

	N	%
Other ATS (MDMA, Amphetamine)	21	24,7%
Methamphetamine	14	16,5%
Hallucinogens	13	15,3%
Alcohol	11	12,9%
Cannabis	11	12,9%
Solvents	10	11,8%
Caffeine	8	9,4%
Cocaine	7	8,2%
Opioids	5	5,9%
Tobacco	3	3,5%
Other substances	9	10,6%
<b>Total</b>	<b>85</b>	<b>100,0%</b>

Intervention received by, gender, and age of information booth visitors compared to all partygoers (6 events in total)

		Visitors at booth	
		N	% / mean
<b>Intervention received</b>	Information talk	119	90,2%
	Safer use kit	75	56,8%
	Total (all visitors who completed questionnaire)	132	100,0
<b>Gender</b>	Male	60	45,8%
	Female	50	38,2%
	Other	21	16,0%
	Total	131	100,0
<b>Age in years (mean)</b>		127	24,3 (sd=5,6; median= 23,0)

Illegal substances used in the last 30 days (multiple response) (6 events in total)

	N	%	Minimum	Maximum
None	43	32,6%	15,8%	46,4%
Do not want to answer	5	3,8%	0,0%	11,8%
Cannabis	69	52,3%	42,9%	57,9%
Other ATS (MDMA, amphetamine, ritalin)	45	34,1%	18,8%	52,6%
Cocaine	25	18,9%	0,0%	31,6%
Opioids	20	15,2%	0,0%	36,8%
Ketamine	17	12,9%	0,0%	18,5%
Methamphetamine	16	12,1%	3,6%	29,6%
Benzodiazepine	7	5,3%	0,0%	15,8%
GHB/GBL	6	4,5%	0,0%	14,8%
Hallucinogens	6	4,5%	0,0%	7,4%
Mephedrone	5	3,8%	0,0%	8,0%
<b>Total</b>	<b>132</b>	<b>100,0%</b>	<b>(N = 16 to 28)</b>	<b>(N = 16 to 28)</b>

Intervention received, gender and age among all partygoers at participating events (estimates)

		All Partygoers
<b>Intervention received</b>	Information talk (substance or non-substance specific)	11%
	Information talk (substance specific )	5%
	Flyer	9%
	Safer use kit	5%
	Crisis intervention	0%
	Information on further care services	0%
	<b>Total (all visitors at booth)</b>	<b>(15%); N=1.575</b>
<b>Gender</b>	Male	51%
	Female	44%
	Other	4%
	<b>Total</b>	<b>N=1.575</b>
<b>Age in years (mean)</b>		24



Credibility and usefulness of information and safer use material as reported by visitors of information booth (6 events)

	Talk: Information was credible		Talk: Information was useful		Flyers: Information was credible		Flyers: Information was useful		Safer- Snorting- material was useful	
	N	%	N	%	N	%	N	%	N	%
Completely disagree	2	1,6%	1	0,8%	4	3,5%	3	2,7%	5	4,8%
Somewhat disagree	2	1,6%	5	4,1%	2	1,8%	2	1,8%	4	3,8%
Neither agree nor disagree	5	4,1%	5	4,1%	3	2,7%	4	3,6%	5	4,8%
Somewhat agree	9	7,4%	23	18,9%	22	19,5%	22	19,8%	12	11,5%
Completely agree	104	85,2%	88	72,1%	82	72,6%	80	72,1%	78	75,0%
<b>Total</b>	<b>122</b>	<b>100%</b>	<b>122</b>	<b>100%</b>	<b>113</b>	<b>100%</b>	<b>111</b>	<b>100%</b>	<b>104</b>	<b>100%</b>

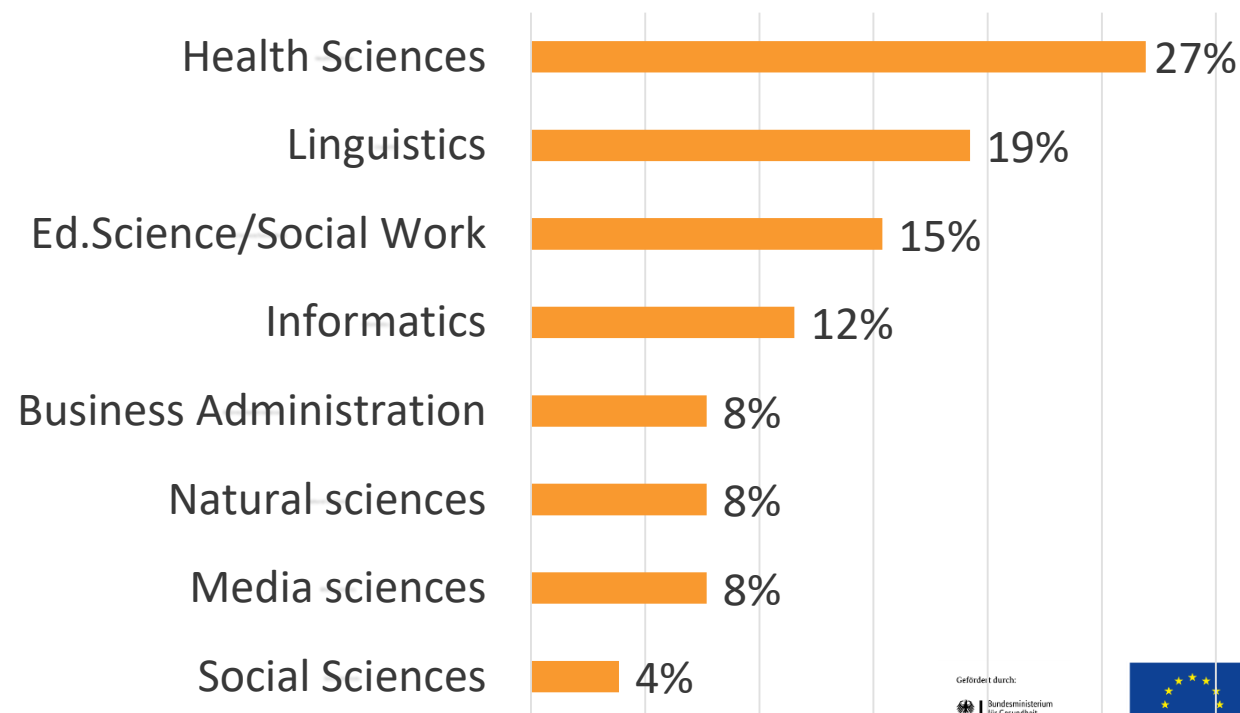
**31 peers were recruited and trained**

**13 peers actively participated in implementation during 6 events**

## Social demographics of peers (N=26)

Social demographics		
Gender	Male	35%
	Female	42%
	Other	19%
Age	M (SD)	26.4 (5.8)
Professional qualification (multiple response)	University qualification	36%
	Vocational qualification	16%
	Current University student	60%
	Other	12%

## Subject area of peers (graduates & current students (N=20)



**2 clubs participated in information meeting (out of 20 clubs invited)**

**4 clubs participated in implementation (out of 20 clubs contacted)**

**6 events (with different organizers) covered in total from October 2022 to January 2023**

Description of events according to music played, number of floors and total number of visitors,  
(estimates by peers)

	Events	
Music played	Electronic music (mainly techno):	4 events
	Mainstream music (e.g., 80ies):	2 events
Number of floors	1 floor	3 events
	2 floors	1 event
	3 floors	2 events
Total number of visitors	Up to 150 visitors	3 events
	Up to 300 visitors	2 events
	Up to 600 visitors	1 event

## Barriers and facilitators as reported by peers, clubs/organizers, and administration

	Peers (N=6)	Clubs/Organizers (N=3)	Administration (N=1)
Barriers for implementation	<ul style="list-style-type: none"> <li>Unfavorable location of the booth (too hidden, too little space, too loud);</li> <li>Recruiting and communication with clubs was strenuous</li> </ul>	<ul style="list-style-type: none"> <li>Too little space for information booth</li> </ul>	<ul style="list-style-type: none"> <li>Low interest of clubs in information event;</li> <li>Peer initiative policy (e.g. no cooperation with clubs due to door policy);</li> <li>Mediating institution could be helpful</li> </ul>
Facilitators for implementation	<ul style="list-style-type: none"> <li>Preparation meetings with clubs;</li> <li>Fellow peers</li> <li>Funding for material, fruit/snacks and safer use kits;</li> <li>Familiarity with safer clubbing concept among both organizers and guests;</li> <li>beverage vouchers</li> </ul>	<ul style="list-style-type: none"> <li>Professional atmosphere for handling crisis situations;</li> <li>Service was perceived positively by guests</li> </ul>	<ul style="list-style-type: none"> <li>Compensation for peers;</li> <li>Financing of materials and trainings</li> </ul>

## Implementation costs

### Training costs

- 2.400 Euro for 2 trainings à 15 participants

### Peer compensation

- 1.250 Euro for 6-hour-activity at 6 events
- 5.300 Euro for coordination (recruitment/ coordination of peers and clubs, coordination of data collection )

### Material costs

- 126 Euro for 100 safer use kits
- 500 Euro for 2.000 information flyers

Potential for future delivery of intervention by peers, clubs/organizers, and administration

	Peers (N=6)	Clubs/Organizers (N=3)	Administration (N=1)
Should intervention be delivered in future?	<ul style="list-style-type: none"> <li>• Yes, certainly</li> <li>• Yes, but only after a break, because it was strenuous</li> <li>• Yes, but only if there is financial compensation</li> </ul>	<ul style="list-style-type: none"> <li>• Yes (at least at certain intervals)</li> <li>• Yes, in general, but not enough space</li> </ul>	<ul style="list-style-type: none"> <li>• Continuation planned on the basis of cooperation agreement;</li> <li>• Application planned for funding of materials and peer compensation</li> </ul>
What is needed for future delivery?	<ul style="list-style-type: none"> <li>• Adequate financial compensation and funding of materials</li> <li>• No constant change of clubs</li> <li>• Fixed space for information booth in clubs</li> <li>• Analysis of needs with clubs</li> <li>• Only selected targeted events</li> <li>• but also: expansion of network to include new clubs</li> </ul>	<ul style="list-style-type: none"> <li>• Suitable place for information booth (+ retreat for acute crises)</li> <li>• Agreements concerning areas of responsibility;</li> <li>• Guidelines for handling drug use in club settings</li> </ul>	<ul style="list-style-type: none"> <li>• Signed cooperation agreement</li> <li>• Concrete agreements regarding number of events and implementing peers, as well as the clubs to be covered</li> </ul>

## Discussion

- Results confirm findings that safer nightlife is highly accepted among target group (Bleeker et al. 2009, Silins et al. 2013)
- High reach of people using illicit substances in this setting
- People who used methamphetamine in the last 30 days could be reached, but rates remain low (according to self-reporting) for some events
- Motivation among implementing peers is high; peers are highly qualified
- Low reach of clubs, maybe due to legal situation?
- Implementation demands intensive planning and communication with clubs



## Recommendations

- Particularly clubs need to be involved more effectively, e.g. via club associations, safer nightlife labels, „night mayor“
- Activities should be more targeted towards specific events with high needs
- Activities should be targeted towards events with a minimum number of visitors (e.g. 300)
- Adequate compensation for implementation and coordination of peer-led activities is needed
- Adequate funding of material is needed
- Combination with drug checking services in future? (large need according to user survey, also see Betzler et al. 2019)
- All stakeholders should be involved in planning of future safer nightlife activities

# Thank you for your attention

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# **Lessons learnt and final remarks**



# Final remarks: Lessons learned

- The focus in prevention and harm reduction activities should not be limited exclusively to methamphetamine but should include all amphetamine type stimulants (ATS)
- There are effective measures for prevention of ATS related problems but uptake remains low
- On EU, national and local level very few selective and indicated prevention programs are applied which effectiveness has been shown. Also, almost no evidence based ATS specific treatment offers are in place.
- ATS prevention and harm reduction lack adequate funding and also risks this project's sustainability
- Still very high need of further research in the field of ATS and interventions for these substances, but funding remains very low

# Thank you for your attention

All presented documents (and more) are available at:

[https://www.zis-hamburg.de/wp-content/uploads/2023/04/impresa\\_materials.zip](https://www.zis-hamburg.de/wp-content/uploads/2023/04/impresa_materials.zip)

