

Standards Drug Checking Counselling Module

PUBLISHER

Infodrog
Swiss Office for the Coordination of Addiction Facilities
PO Box 460, 3000 Bern 14
Switzerland
+41(0)31 376 04 01
office@infodrog.ch
www.infodrog.ch

AUTHORS

Roman Brunner, CONTACT, Foundation for Addiction Facilities, Berne
Anja Lischer, saferparty.ch, Zurich
Roxane Morger Mégevand, action Nuit Blanche?, Geneva
Elisabeth Schätti, Saferdance Basel
Dominique Schori, Infodrog

COPY EDITING

Marianne König, Infodrog

TRANSLATION

Apostroph Bern AG

LAYOUT

Martin Reck, Infodrog

Counselling

A compulsory counselling session is conducted with every person who seeks mobile or outpatient drug checking services. The content and the timeframe of this short-term intervention are based primarily on the needs of the individuals seeking help. In the mobile setting, the waiting time between the submission of the substance and the provision of the analysis results (typically approx. 20 minutes) provides an ideal timeframe for this. The objectives of the counselling session are:

- Assessment of consumption behaviour, early detection of risk behaviours and problematic patterns of consumption (risk assessment)
- Fostering of consumption competence¹ and support of self-help abilities
- Increasing awareness of risks by conveying Safer-Use² messages
- Impulses for critical reflection of one's own consumption behaviour
- Support and assistance in stabilising or reducing consumption
- Networking with further services (e.g. outpatient addiction counselling)
- Reduction of existing anxieties about seeking higher-level offers such as outpatient or inpatient addiction support institutions

Thanks to the lab analysis results, the published substance warnings and the long-term data on drug trends and the expert knowledge of the counsellors, it is possible for the drug checking services to offer fact-based counselling sessions for recreational drug consumers. These can be used particularly to fill gaps in consumers' knowledge and to correct misinformation about the respective substances (e.g. concerning the degree of purity or adulterants). For legal reasons, in every counselling session those seeking help must be made aware of the fact that the consumption of most psychoactive substances is forbidden and that any consumption of psychoactive substances is associated with risks.³

Many recreational drug consumers handle psychoactive substances responsibly. In this group of consumers, the primary goal is to support them in continuing to be capable of "*maintaining in all of their life phases [...] a low-risk handling of substances or behaviours.*"⁴ The fostering of consumption competence by providing up-to-date information about substances, possible risks and the hazards of consumption, as well as about safer use are therefore a focal point of these counselling sessions.

Other people seeking help exhibit problematic patterns of consumption without showing the characteristic signs of dependency. And some potentially endanger themselves or others through their behaviour under the influence of drugs (for example, by not following the rules of safer sex or operating a vehicle while under the influence of drugs). For this group, the counselling session offers an ideal opportunity to detect risk behaviour and problematic patterns of consumption and to make those seeking assistance more aware of safer use. The brief session can help them to critically reflect on their own consumption behaviour. If there is a willingness to change their behaviour, the clients are supported in stabilizing or reducing their consumption. If needed, further counselling services can be arranged. Online-based offers such as email counselling by experts or apps designed to support controlled consumption can be specifically recommended because they can be used anonymously and could therefore be especially attractive for the inconspicuous group of recreational drug consumers who often hide their consumption.

1 "*Skills that can help the individual to control his or her behaviour of consumption in such a way that his or her own physical, mental and social health is preserved, as is the health of his or her surroundings.*" (Berthel et al., 2015, p. 5).

2 Safer use means strategies and measures that contribute to lower-risk and less harmful handling of psychoactive substances.

3 cf. Seiler, 1997, p. 13; Albrecht, 1997, p. 6

4 National Strategy on Addiction 2017 -2024, p. 54

Those seeking assistance for whom the risk assessment shows a dependency with corresponding symptoms (such as e.g. withdrawal symptoms upon discontinuation of consumption, tolerance development, loss of control, etc.) are encouraged, if possible, to accept further professional help in an outpatient or inpatient setting.

Regardless of whether a substance is analysed or not, anyone who is interested should fundamentally have the opportunity to receive counselling on this subject. In the mobile setting, significantly more people (within the framework of brief counselling sessions at the information stand) can be informed and made more aware of these issues. In an outpatient setting, the offer is fundamentally made available to even further groups of people such as e.g. family members who are affected.

Instruments and informational material

The [Nightlife and Recreational Drug Consumption questionnaire](#) can be used for the counselling session. Filling out the questionnaire is voluntary for the person seeking counselling. It serves as a basis for the counselling and provides the option of guiding the counselling session through the use of a structured guideline. In addition, the answers serve as a source of data for the analysis of the consumption behaviour of the difficult-to-reach group of recreational drug consumers. The corresponding difficulties or problematic patterns of behaviour of those who seek help can then be investigated further on an individual basis.

The drug checking also offers up-to-date information about the substances that are commonly used in various scenes as well as the latest warnings. When used in a mobile setting, substance warnings that are printed out or displayed on computer screens can attract the interest of potential clients seeking counselling at the information stand.

A diverse offer of informational and preventative materials are available from the drug checking services. These include leaflets, brochures and references guides, information on sexual health (HIV, viral hepatitis, safer sex) as well as basic medical information about the physical and mental effects of recreational drug consumption. It is also possible to request safer use and safer sex materials (safer sniff kits, condoms, etc.). Further instruments (such as e.g. a breathalyser for increasing awareness of the dangers of excessive alcohol consumption) can also be used.

Data protection / Protection of privacy

Drug checking services are anonymous and free of charge for those who use them. All services are handled confidentially. Generally, only data that are necessary for counselling and the analysis of the submitted substance are gathered. Counsellors are subject to professional confidentiality pursuant to Art. 320 of the Swiss Criminal Code (StGB). Details and exceptions (such as e.g. exemption from professional confidentiality as pertains to criminal proceedings) are the subject of Federal and Cantonal law.

The outpatient drug checking services premises and entryways should be designed to provide maximum discretion for those making use of the services. In mobile services, attention should be paid to ensuring a minimum of privacy during the counselling session, depending on the spatial accommodations available at the site.

Access to drug checking should be made as easy as possible. The principle of gender equality and equality of opportunity for all those seeking help applies.

Role allocation of the involved parties

The mobile drug checking counselling team is made up of three different groups: Social workers, lab staff, and – provided they are conceptually embedded in the offer – peers. Depending in the offer, mobile drug checking does not provide on-site lab staff. The precondition for that is for the receiving site (or respective contractual partner) to have a permit from the Federal Office for Health pursuant to Art. 8 NarCA (Narcotics Act).

The social workers are primarily responsible for the counselling sessions for those seeking help and for attending to the peers. The lab staff accept the samples, document and analyse them, and advise the users about the results. If no lab staff are on site, the substance counselling is conducted by the social workers. The results of the analysis of the substance – depending on the offer and the setting – are reported by social workers or lab staff.

The peers are qualified volunteer workers who conduct counselling sessions with those seeking help under the guidance of the social workers. Research shows that when used as a supplement to professional addiction counselling, peer work can increase the awareness of problems in consumers of psychoactive substances and help to affect a change in behaviour.⁵

It is the responsibility of the social workers to prepare peers to conduct a counselling session (briefing) and to perform a review afterwards to reflect on and evaluate the conducted counselling sessions. Peers are to be made particularly aware of the fact that those seeking help in a mobile setting may be under the immediate influence of psychoactive substances and that this influence may affect the counselling session.

Counsellor competencies

The counsellors must have various competencies that are essential to this counselling context:

- Advanced knowledge of the substances, their effects, modes of consumption, risks, and of the respective rules of safer use
- Knowledge of risks specific to nightlife activities:
 - *Substance-related*: unknown dose and purity of substances, side effects, combination consumption / drug interactions, possible mix-ups
 - *Behaviour-related*: risky consumption, dehydration, sexually risky behaviour/ sexual health, risky traffic behaviour, violence, legal violations, accidents
 - *Environment-related*: high levels of volume, overcrowded events, poor ventilation, no access to drinking water, weather conditions, light (lasers, etc.)
- Knowledge of networks of support. What further support services are available?
- Knowledge about how addiction/dependency develops (low-risk behaviour / risky behaviour / dependency)
- Knowledge of motivating factors for consumption
- Knowledge of the various instruments used (data gathering, questionnaires, etc.)
- Knowledge concerning the legal aspects related to dealing with narcotics
- Basic conversational skills and the necessary social competencies for counselling
- Relationship to the realities of lives of those seeking help

Regular attendance of further education and training courses should ensure that the counsellors are able to gain the necessary competences and that their knowledge is up to date.

5 Strathdee et al., 2006

Perspective

Counsellors have a professional, considered and nuanced perspective on the consumption of psychoactive substances. This includes refraining from making moralizing, dramatizing or idealistic statements. The counselling sessions are acceptance-oriented. This includes the conviction that the consumers of psychoactive substances are “*mature people capable of self-responsibility and self-determination*”⁶. Those seeking assistance are therefore not fundamentally viewed as requiring treatment “*in the meaning of classical therapeutic or social-pedagogical interventions*”⁷. They should rather be primarily supported in their “*competencies to act and resources to help themselves*”⁸. Acceptance-oriented also means accepting that “*the consumption of illegal drugs can represent a ‘lifestyle’*”⁹. The counselling is intended to promote consumers’ responsibility and independence so that they can make decisions on their own “*with awareness and at the risks of the possible consequences*”¹⁰. At the same time, those seeking counselling who exhibit signs of dependency or endangerment should be helped to gain access to further addiction support services. When doing so, the principle of voluntariness must be considered. The counselling session should be fundamentally designed to be open-ended so that those seeking help are in a position to make decisions “*concerning the form, intensity and objectives of the support, as well as the level of commitment to the contact*”¹¹.

6 Akzept, Leitlinien der akzeptierenden Drogenarbeit, p.13

7 ibid.

8 ibid.

9 ibid.

10 Leitgedanken der Strategie Sucht

11 Wiggers, p.11

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