

Demand Reduction Activities in the Field of Synthetic Drugs in the European Union

Final Report 1999

Tossmann, Boldt & Tensil – SPI Forschung Berlin

Coordinator: Gregor Burkhardt – EMCDDA



E.M.C.D.D.A.

European Monitoring Centre

for Drugs and Drug Addiction

Contents

- 1. Introduction 1
- 2. Purpose of the study 2
- 3. Methods 3
 - 3.1 Recruiting strategy 3
 - 3.2 Sampling procedure 4
 - 3.3 Questionnaire 5
- 4. Results 6
 - 4.1 Demand reduction activities in Europe 6
 - 4.2 Sample of the study 9
 - 4.3 Target groups 10
 - 4.4 Objectives of the projects 12
 - 4.5 Measures and actions 16
 - Professions of the people responsible for the project 17
 - Estimated demand 18
 - 4.6 Evaluation 22
 - Self assessment of the projects 22
 - Systematic evaluation of the programs 23
 - Evaluating personnel 24
 - Guidelines for evaluation 25
 - Results of evaluation ? 28
- 5. Developments in demand reduction activities 31
- 6. Bibliography 33
- Annex 35

1. Introduction

In the 90s, an increase in the consumption of drugs like Ecstasy and amphetamines was observable in most of the states in Europe (European Monitoring Centre for Drugs and Drug Addiction EMCDDA, 1997, Griffiths & Vingoe, 1997, IFT Institut für Therapieforschung, 1996, Schuster & Wittchen, 1996, Power, 1995, Institute for the Study of Drug Dependence, 1995, Rehm, 1995, Yoshida, 1997). According to these studies, it can be assumed that currently about 5-10 % of all 16-25 year-olds, especially in western European countries, have had experience with synthetic drugs.

In a European study on the drug-using scene, in which more than N=3.500 visitors of Techno parties were surveyed (Tossmann, Boldt & Tensil, 1999), it was shown that the consumption of synthetic drugs during Techno parties (in the metropolis Amsterdam, Berlin, Madrid, Prague, Rome, Vienna and Zurich) is similarly widespread. In all of the metropolis it was also shown that users of Ecstasy and amphetamines have a comparably high drug affinity to other illegal substances like cannabis, hallucinogenics and cocaine (Tossmann, Boldt & Tensil, 1999, see also Ayer, Gmel & Schmid, 1997, Rakete & Flüsmeier, 1997, Tossmann, 1997, Tossmann & Heckmann, 1997).

Although the health risks involved with the consumption of synthetic substances have to date not been studied exhaustively, these new trends in drug consumption behaviour present a major health-political challenge in which the question arises as to what preventive actions (on a national as well as international level) are suitable in the effort to reduce the consumption and involved risks.

For this reason, the *European Monitoring Centre for Drugs and Drug Addiction EMCDDA* commissioned the Centre for HIV/AIDS and Drug Studies, Edinburgh in 1996 to prepare a preliminary overview on the “*demand reduction activities related to new synthetic drugs in European Union member states*” (Lewis & Sherval, 1997). In the scope of this study, a total of 15 preventative projects were included and documented for the first time. The group of experts involved in the study summarise their conclusion with: *„Most Member States run, or are planning to run, activities specifically related to synthetic drugs. In general, the number of activities organised follows the rough prevalence of synthetic drug use. (...) The education of legislators, policy-makers and planners about the complexities of recreational and dance drugs will become an increasing priority in the future“* (Griffiths, Vingoe, Jansen, Sherval & Lewis, 1997, p. 90/91).

2. Purpose of the study

With the study at hand, the objective was to first – two years after the preliminary research – update the research. With this, the *demand reduction activities* in the field of synthetic drugs which are currently being implemented within the European Union were to be collected. A differentiated picture of the goals that these projects/programs follow and which target groups are being addressed was to be compiled. A further aim was to present the measures/methods which were implemented in the scope of the *demand reduction activities* and which measures in the field of synthetic drugs were considered to be especially important. A focus for the study at hand was to assess the current status of the *evaluation*. Here the point was to see if the implemented measures were being evaluated as to their acceptance, practicability, and effectiveness and if the evaluation guidelines prepared by the EMCDDA are adequately known about or had even proven to be helpful in the evaluation of the projects.

On the basis of the current data and the information from the first studies to *demand reduction activities* in the field of synthetic drugs, it should become clear which conceptional or methodological changes are observable. Finally, based on the information and insights gained from the study of the current *demand reduction activities*, an assessment of adequate preventative strategies should be made possible. This assessment will be able to, for example, uncover the goals and methods of the prevention in connection with the consumption of synthetic drugs which seem adequate and with which preventative messages the target groups are reachable.

3. Methods

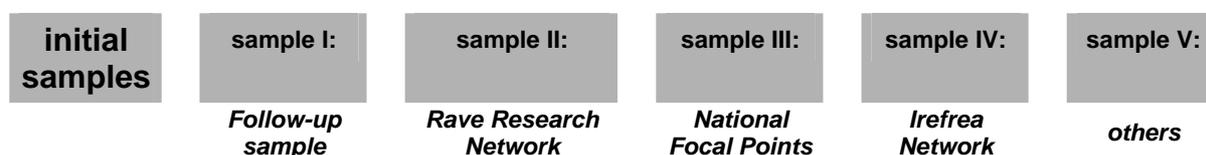
3.1 Recruiting strategy

In order to achieve a comprehensive overview of the current *demand reduction activities related to synthetic drugs*, two methodological principles were followed:

- The variance of access to the object of study
- The method of snowball-sampling

Considering the comparably tight time schedule for the project (1. January.1999 – 30. June.1999), the combination of both of these recruitment principles enabled the concurrent usage of many levels, or rather networks, for acquisition of relevant information.

In all, five different accesses or rather initial samples were selected. All accesses represent specific information carriers, from which a competency in the field of *demand reduction activities* can be assumed. The first initial sample (follow-up-sample) was composed of those projects or rather organisations which had been included in the scope of the first study in 1996/97 (Lewis & Sherval, 1997).



The second access to the object of study was made possible through the ‘Rave Research Network’. This network is composed of the co-operation partners from the authors’ previous study of *Drug affinity amongst youths within the Techno party scene in European metropolises* (Tossmann, Boldt & Tensil, 1999). The following organisations were included:

- Institut für Sozial- und Gesundheitspsychologie, Vienna
- Verein Wiener Sozialprojekte, Vienna
- Institut Genus, Barcelona
- Agencia Antidroga de la Comunidad de Madrid
- Gruppo PARSEC, Rome
- Gruppo Abele, Turin
- Institut für Suchtforschung, Zurich
- Addiction Research Institute, CVO Universiteit Utrecht
- National Institut of Public Health, Prague

The sample III was brought together from the 'National Focal Points' of the EU member states. It consists of 16 members of the European Information Network on Drugs and Drug Addiction. The IREFREA Network (sample IV) consists mainly of social scientists, youth and drug researchers from France, Germany, Greece, Italy, Portugal and Spain, who have continuously been researching new drug consumption trends.

All those persons and organisations, which became known to the authors in connection with research- and practical projects in the field of synthetic drugs (in particular those initiatives which were completed in Germany), were assigned to sample V.

3.2 Sampling procedure

In order to produce the most comprehensive overview of the status of current projects, all organisations and persons from the initial samples (sample I – sample V) were questioned not only in regards to their own project profile, but also to any further *demand reduction activities* related to synthetic drugs which were known to them. This strategy (*snowball sampling*) thus produced information about further relevant organisations/projects, which could be included in the study (2nd level sample). With these newly acquired samples, the same procedure was applied: All named organisations were asked to give information about their project(s) in the field of synthetic drugs and about further initiatives in this field which were known to them. This procedure was continued until a saturation was reached, that is, until the number of repetitions was larger than the naming of previously unknown initiatives.

A very important aspect of the study was to find the most effective procedure for the survey in terms of a high compliance and responsiveness of the contacted persons. For this reason we developed a procedure which was time efficient and easy to handle for the contacted persons. This provided a high number of returns and therefore new contact addresses.

This procedure is called the *rapid-info-fax* procedure, in the course of which all contact persons from the address-pool, and for whom we had a fax number, were sent a fax. This fax consists of two pages: page no. 1 provides some information about the study. Page no. 2 was designed to be returned immediately. On that page we simply asked two questions: a) Do you work in the field of synthetic drugs? and b) Do you know of other projects working in this field?

Information about further projects was then immediately placed into the existing databank and the effort was made (by using the *rapid-info-fax*) to contact the respective organisation. Those organisations that confirmed (via fax) that they had been working in the field of synthetic drugs within the last 12 months, were immediately sent a questionnaire.

3.3 Questionnaire

In order to capture relevant information about those programmes that work in the field of synthetic drugs with *demand reduction activities* and the programmes which they conduct, a questionnaire was developed (languages: English, French, German, Italian, Spanish), which collects data from the following areas (annex):

Implementing organisation

- Name, address, contact person
- Project dealing with synthetic drugs
- Publications on synthetic drugs

Objectives of the project

- General purpose
- Specific objectives
- Evaluation of the project

Main characteristics of the project

- Target group
- Measures and activities
- Persons involved

Evaluation

- Description of the evaluation
- Results
- Problems
- Evaluation guidelines

A large part of the data from the questionnaires was transferred into electronic data processing (SPSS 8.0 for Windows) and was used for the interpretation of the study.

4. Results

4.1 Demand reduction activities in Europe

The European-wide questioning (via rapid-info-fax) proved to be a quick and efficient research tool. From the 135 contacted institutes, 91 responded to the question regarding their own conducted projects in the field of synthetic drugs. In all, it was possible to identify a total of **74** organisations and institutions which conduct projects in this field.

The following overview map should give a rough idea of where in Europe such specific programmes are currently being conducted. Every star stands for at least one organisation. The exact number of organisations is not ascertainable from the graphic, since in several of the cities (e.g. Barcelona or Berlin) several organisations are conducting several initiatives in this field.

Graph 1: Demand reduction activities in the field of synthetic drugs



A differentiated overview on the collected *demand reduction activities* in the EU member states can be taken from the following table which lists according to country.

Table 1: Organisations that conduct demand reduction activities

Austria	
Dornbirn Vienna	SUPRO – Werkstatt für Suchtprophylaxe Risiko – Verein für Prävention und Intervention Verein Wiener Sozialprojekte
Belgium	
Brussels	Concertation Toxicomanies Bruxelles
Denmark	
Copenhagen Esbjerg Galborg	National Board of Health (Sundhedstyrelsen) Center for Misbrug i Ribe Amt Youth Center „BIXEN“
France	
Bordeaux Chambery Lyon Marseille Metz Montpellier Nanterre Paris	Comité d'Etude et d'Information sur la Drogue (CEID) Association LE PELICAN Centre National de Documentation sur les Toxicomanies (CNDT) Keep smiling Le Tipi Service écoute accueil échange Techno Plus pays d'oc Techno Plus Nanterre Forum Européen pour la Sécurité Urbaine Médecins du Monde – Mission Rave Techno Plus Paris
Germany	
Aachen Berlin Bielefeld Bochum Bremen Collogne Essen Frankfurt/Main Hamburg Hannover Kassel Leipzig Mönchen-Gladbach Munich Münster	Chillout e.V. Aachen Boa – Jugend- und Drogenberatung e.V. Drogennotdienst Eclipse Eve & Rave Berlin Therapieladen e.V. Way & Sun Universität Bielefeld, Fakultät für Gesundheitswissenschaften Krisenhilfe Bochum e.V. Institut für Suchtprävention und angewandte Pädagogische Psychologie Bundeszentrale für gesundheitliche Aufklärung Eve & Rave NRW e.V. Köln Krisenhilfe Essen e.V. Safe Party People Büro für Suchtprävention der Hamburgischen Landesstelle gegen die Suchtgefahren drobs Hannover Eve & Rave Kassel Drug Scouts Leipzig Netzwerk Suchtberatung Eschweiler (Rave Shuttle) MINDZONE Eve & Rave Münster

Nuremberg	Koordination und Information für Partydrogen (KIP)
Saarbrücken	Mudra Aktionsgemeinschaft Drogenberatung Stabsstelle Gesundheitsförderung
Great Britain	
Belfast	Falls Community Council
Cardiff	Inroads Street Drugs Project
Edinburgh	Crew 2000
Leeds	D 3
Liverpool	HIT
Manchester	The Lifeline Project
Redruth	Cornwall Community Drug Team
Greece	
Athens	STROFI
Italy	
Padove	SERT 2
Rome	Associazione onlus "La Tenda" Cooperativa il cammino Cooperativa Magliana '80 PARSEC
Torino	Gruppo Abele
Venice	Irefrea Italy
Luxemburg	
	Centre de Prevention des Toxicomanies Ministère de la santé, Service d'Action Socio-Thérapeutique (AST)
Portugal	
Coimbra	Irefrea Portugal
Spain	
Barcelona	Associació Bienestar y Salut (Energy Control) Grup A.B.S. Institut Genus Plan de Acció sobre Drogas de Barcelona
Bilbao	Edex
Madrid	Agencia Antidroga de la Comunidad de Madrid
Palma de Mallorca	IREFREA Spain
Sevilla	Comisionado para la Droga de la Junta de Andalucía
Sweden	
Stockholm	Ministry of Health and Social Affairs
Switzerland	
Solothurn	Eve & Rave Schweiz
The Netherlands	
Amsterdam	Jellinek, Preventie en Consultancy
Utrecht	Trimbos-instituut

From the table it becomes clear that not the same amount of organisations (which conduct specific measures in the field of synthetic drugs) were registered for each EU member state. Even when the project group was able to, in one or another country, achieve an (almost) complete registration of all currently conducted

programs (e.g. in France, Spain, Germany), it can be assumed that in the other countries a larger number of organisations in this field of drug prevention are active than are actually documented in the scope of this study. The fact that the inclusion of a large number of German institutions was successful is surely attributable to the contracted and conducting Institute's (SPI-Research) own work over several years in the field of synthetic drugs, which has produced a wide range of contacts to other organisations also working in Germany.

On the other hand, it can also be assumed that not all of the EU member states are affected by the spread of synthetic drugs in the same way. Differences in regards to the number of implemented preventive measures can thus be reasonably seen as a reflection of the actual need in prevention.

4.2 Sample of the study

Subsequent to the rapid-info-fax research, questionnaires were sent to those organisations which had stated that they conduct demand reduction projects in the field of synthetic drugs. From the **74** organisations and institutions, which had, through the rapid-info-fax, stated to be conducting projects in the field of synthetic drugs, 41 took part in the subsequent written survey and gave detailed project information. Since some organisations had conducted or still were conducting several projects, data from a total of **52** projects was able to be collected.

In the following, those 52 projects which were registered through the questionnaire, will be presented in an overview. Subsequently, the results of the analysis will be described. The results may not be, because of the selective data collection and the small case number, interpreted to be a representative study of the situation of *demand reduction activities*. The results, though, can give insight into the characteristics of projects in the field of synthetic drugs.

Table 2: Overview of the projects registered in the scope of the study

Austria	Projects
Risiko – Verein für Prävention und Intervention	1
Verein Wiener Sozialprojekte	1
Denmark	
Center for Misbrug i Ribe Amt	2
National Board of Health	1
France	
Comité d'Etude et d'Information sur la Drogue (CEID)	1
Forum Européen pour la Securite Urbaine	1
Service écoute accueil échange	1
Germany	
Aktionsgemeinschaft Drogenberatung	2
Boa – Jugend- und Drogenberatung e.V.	1
Bundeszentrale für gesundheitliche Aufklärung	2

Büro für Suchtprävention der Hamburgischen Landesstelle gegen die Suchtgefahren	2
Chillout e.V. Aachen	1
drobs Hannover	3
Drogennotdienst	1
Drug Scouts Leipzig	1
Institut für Suchtprävention und angewandte Pädagogische Psychologie	1
Koordination und Information für Partydrogen (KIP)	1
Krisenhilfe Bochum e.V.	1
Krisenhilfe Essen e.V.	1
Mudra	3
Netzwerk	1
SPI Forschung gGmbH	1
Stabsstelle Gesundheitsförderung	1
Suchtberatung Eschweiler (Rave Shuttle)	1
Therapieladen e.V.	1
Universität Bielefeld, Fakultät für Gesundheitswissenschaften	1
Way & Sun	1
Great Britain	
Cornwall Community Drug Team	1
Crew 2000	1
D 3	1
Falls Community Council	1
Inroads Street Drugs Project	1
The Lifeline Project	1
Luxemburg	
Centre de Prevention des Toxicomanies	1
Spain	
Agencia Antidroga de la Comunidad de Madrid	2
Associació Bienestar y Salut	1
Comisionado para la Droga de la Junta de Andalucía	1
Edex	1
IREFREA Spain	3
Sweden	
Ministry of Health and Social Affairs	1
The Netherlands	
Jellinek, Preventie en Consultancy	1

4.3 Target groups

Preventative measures orient themselves in their aims and methods, in most cases, on the age and life context of the chosen target group. Those projects which were documented in the scope of the study to *demand reduction activities* in the field of synthetic drugs focus with their programs, for the most part, a specific age group. Only a few projects address a more heterogenic target age group. The prioritised age group for the programs currently being conducted are youths or rather young adults (table 3). Since the questionnaire allowed more than one answer in regards to the age of the target population, absolute numbers in table 3 cannot be summed up.

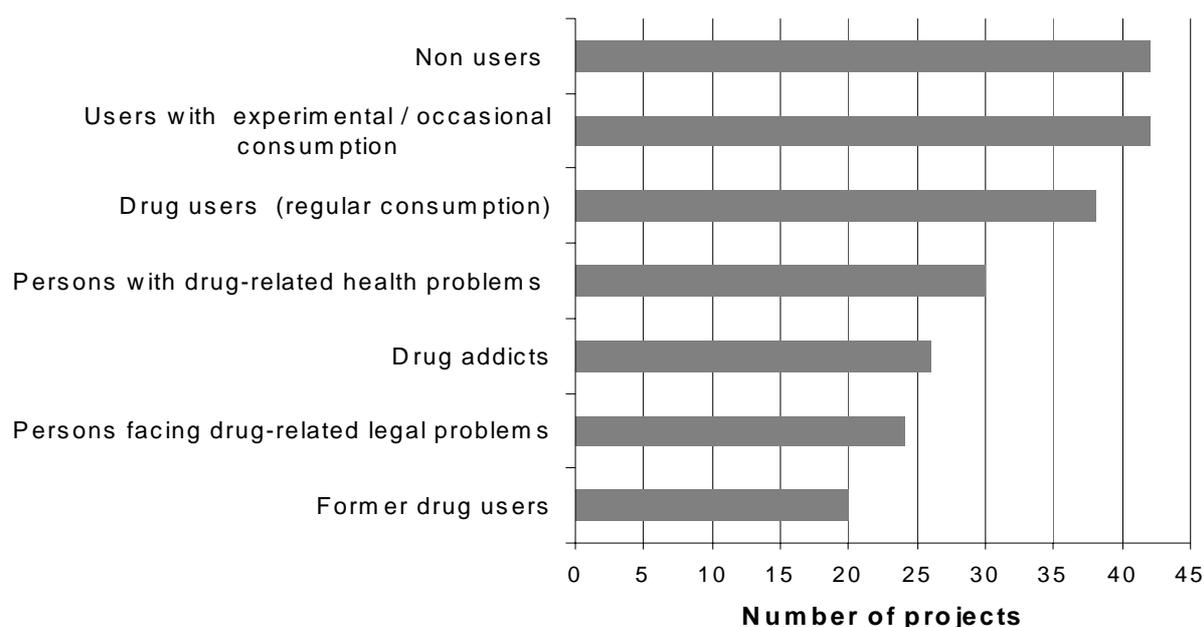
Table 3: Age of the target groups (N=52)

	Age	Frequency
Children	< 12	1
Teenagers	13 – 18	29
Young adults	18 – 25	41
Adults	> 25	9

The two most commonly named age groups for the *demand reduction activities* which were conducted in EU member states are young adults between the age of 18 and 25 years (n=41) and the teenage group between the ages of 13 and 18 years (n=29). These age ranges correspond fairly well with the time frame in which the consumption of alcohol and illegal drugs is most likely (Silbereisen, 1985). Only one project deals with children under 13 years, whereas at least 9 of 52 projects also address adults over 25 years of age.

Besides the definition of the age ranges which a project concentrates on, the status which the target group shows in respect to the current usage of illegal drugs, is also a relevant criteria for the characterisation of a demand reduction project. For example, one can differentiate consumers from non-consumers, and then further differentiate the former. First, the question was what target group was actually being addressed, irregardless of the projects possible focus on them. Graph 2 gives an overview of the number of projects which address the respective target groups.

Graph 2: Status of the target groups in respect to illegal drugs (N=52)



The group of non-consumers and the occasional consumer are respectively named by 42 projects as being the target group. In 38 projects, consumers using drugs regularly are aimed at in the measures. So, in almost every project non-consumers are addressed as well as consumers. As is shown further down, the differing concentrations are manifested within a project through various offers, which, on the one hand inform and support abstinent attitudes. On the other hand, harmful effects are worked against by offering various services to the consumers. If one takes a closer look at the projects in regards to their target groups that are mainly being addressed, then a somewhat different picture emerges.

Table 4: Order of the main target groups

1	Users with experimental / occasional consumption
2	Drug users (regular consumption)
3	Non users
4	Drug addicts
5	Persons with drug-related health problems
6	Persons facing drug-related legal problems
7	Former drug users

The analysis shows that occasional- and regular consumers, but not drug addicts, make up the main focus of the measures in the field of synthetic drugs. Non-consumers also enjoy increased attention, whereas persons who have legal or health problems are seldom the focus of the efforts. Former drug consumers are barely given, if at all, in the scope of the implemented measures in the EU member states, consideration.

4.4 Objectives of the projects

In the scope of the study, those projects, programs and initiatives that work in field of demand reduction in regards to synthetic drugs in the EU member states were questioned. One of the differences between the approached projects is their personnel and financial situation, their perspective of time/running time and their institutional bindings. This heterogeneity is also found in their set aims. For example, an initiative that evolved out of the Techno scene in Berlin has made it their aim to hinder the growing misuse of synthetic drugs in the Techno culture by supporting drug-free raves. On the other hand, the aim of a state subventioned school prevention program, being implemented by the Agencia Antidroga in Madrid, has reduction of drug consumption as well as the minimisation of risks involved in consumption as its aim.

In the following, the similarities and differences in the objectives of the projects will be summarised. The respective objectives can be categorised in these three groups:

- **Prevention**
- **Treatment and Help**
- **Research**

Prevention

For the most part, the projects involved have taken responsibilities which can best be described by the term *prevention*. As an especially important instrument of the summarised measures, the distribution of objective and current information about drugs as well as the education about drug consumption was named. It was often emphasised that the presentation should be as neutral as possible (without questioning the actual consumption of drugs). This is seen as very important in respect to the target group's acceptancy level.

Another group of objectives can be summarised as *development of concepts and programmes* for the prevention. Here, very specific objectives, such as an early detection system for consumption trends, which the Office for Addiction Prevention in the Hamburger State Office for Addiction Endangerment set up, can be found. A French project in Metz, in comparison, has the goal to better understand the connection between new drugs and new music. With this knowledge they plan to develop the appropriate preventive measures. A further preventive objective which can be found here, is seen in e.g. the project conducted by IREFREA Spain which aims to gain an exact understanding of the trends in the scene and their relationship to drug consumption in five Spanish and nine European cities. The Comité d'Etude et d'Information sur la Drogue, in contrast, organised an international meeting of experts in Bordeaux/France in an effort to develop preventative programs and/or harm reduction programs.

Another focus in the field of prevention is *communication* in all thematic areas concerning drugs. Here, in the most general terms, the initiation, support and improvement of communication is meant. Thus, several of the questioned projects, e.g. the Jugend- und Drogenberatungsstelle ‚drobs‘ (youth- and drug counselling centre) in Hannover/Germany, made it their aim to improve the dialog between youths and adults or also between consumers and non-consumers of drugs. Another project, the Webpage ‚drugsmart‘ from the Swedish Ministry of Health and Social Affairs, was established to offer a forum in which aspects of drug consumption can be discussed and arguments presented.

The two largest groups of aims can be categorised into the areas of primary prevention and secondary prevention. All of the objectives which can be summarised

under the term *prophylactic*, belong to the area of primary prevention. In general, it deals with the improvement of drug education, since the aim is to improve the knowledge about drugs and to renew and strengthen drug education. The project „Ecstasy und neue Drogen – Was tun!?“ (Ecstasy and new drugs- what to do!)? from the Psychosozialen Beratungsstelle für junge Menschen in Saarbrücken/Germany (Psycho-social Counselling Centre for young people) has gone beyond the pure distribution of knowledge by also educating/training parents, teachers and multipliers in factual, practical and inter-relational competencies in an effort to improve their interaction with synthetic drug consumers.

Another strategy in the field of primary prevention is used by several projects in the area of primary prevention: offering alternatives to drug consumption. Several projects have made it their aim to offer alternatives to the usual leisure activities involved in the Techno field (parties and drugs), like e.g. drug-free raves. The ‚Synthesis Project‘ of the Communitary Resources Centers EDEX‘ in Bilbao/Spain, on the other hand, aims at reducing the interest of youths in synthetic drugs and supports an alternative drug-free lifestyle. A CD-ROM, which contains information about drugs, young people and lifestyles as well as didactic units for teachers, was produced especially for this. The club „Way & Sun“ in Berlin/Germany which developed out of the Techno scene, offers e.g., in the scope of its work as a contact and counselling centre, workshops in which the basis and prerequisite for electronic music, the computer, is approached creatively. Through this, a transformation from a consumption-oriented attitude into the role of a creative producer should be successful and thus show that the vitality of the Techno movement is also possible without drugs.

A third aspect in the area of prophylaxis is the *promotion of health*. The project ‚Rave Shuttle‘ from Eschweiler/Germany, for example, is a converted bus whose front part now serves as an information centre and the back as a chill-out room. One of the objectives of this mobile project, that offers information at the scene as well as assistance in a crisis situation, is to enable the consumers to responsibly consume drugs and to furthermore take care of their own bodies and their health. Other projects, like the ISAPP „party-project“ from Bremen/Germany, focus on very specific aspects in the spectrum of health prevention like e.g. the support of abstinent behaviour in regards to party drugs.

The second emphasis of objectives in the field of prevention lies within the area of secondary prevention. These projects address young people who are currently consuming illegal drugs. Projects that have the reduction of consumption or/and the minimisation of harm through drug consumption as an aim belong in this ‚*Harm Reduction*‘ group. The Counselling centre for synthetic drugs and cannabis in Bochum/Germany, for example, aims to work against, on an individual and structural level, tendencies to develop an addiction. For youths that do not wish to live abstinely, the project focuses on encouraging a self-determined, pleasure-oriented consumption. The project ‚Energy Control‘ in Barcelona/Spain has a search approach. They carry out their preventive work on location, in an effort to reduce the harm which results from drug consumption. Another large-scale Spanish project

‘Attention Pills’ has made it its aim to prevent the increase in the distribution of synthetic drugs in Andalusia. Since 1995 they have produced, among other things, comic-brochures, flyers, posters, T-shirts, videotapes as well as a CD-ROM and have placed announcements in radio and television. The Jellinek-Zentrum in the Netherlands has been carrying out, since 1996, the project ‘Unity’, whose goal it is to increase the safe usage of drugs and to reduce potential harm. The Organisation of Viennese Social Projects in Austria works towards a reduction in harm involved in the consumption of party drugs by using the method of ‘drug checking’

Treatment and Help

All of the project objectives summarised in the area of treatment and help refer to therapeutic and medical offers of counselling and treatment. They are mainly aimed at youths and young adults who have turned to the appropriate centre because of problems that have arisen during their consumption of party drugs. Three emphases were identifiable: *help in a crisis, therapeutic work with the consumers* as well as *establishment and improvement of a helping system*.

The objectives of several projects was to first *establish and improve the helping structure* in the area of synthetic drugs. This dealt with the creation of new offers and the identification of new groups at risk. For example, the aim of the organisation ‘mudra – Alternative Jugend- und Drogenhilfe’ in Nürnberg/Germany is to establish offers which exist between the lines of youth help and drug help. The objective is to offer a wide range of help for youths and young adults who pursue experimental or dangerous consumption of synthetic drugs. An example for the re-organisation and networking of the given structure so as to better serve the new target group of party drug users is seen in the work of the drug-emergency-unit in Berlin. By using media campaigns, contacting other counselling centers in the country, contacting clubs and being present with a Chill-out area on the Love Parade, the drug-emergency-unit has been able to market its party-drug-hotline and with that has made the target group aware of its offers of assistance. Another goal of the already mentioned ‘Rave Shuttles’ is to register the high-risk-groups in the area of party drug consumption and to make ties between these persons and the given assisting infrastructure.

Projects in the area of crisis help are mostly intervention programs and thus work mainly on the scene. Their objectives are mainly individual counselling during an actual drug-specific problem as well as offering a quick referral to emergency services. One example of a project that works on-the-scene is ‘D³’ from Leeds/Great Britain, one of whose goals it is to give practical and psychological support to consumers with psychological or emotional problems arising from drug consumption as well as the appropriate aftercare.

The third group in this section is likewise designed for cases where problems during the consumption of synthetic drugs have already arisen. Thus, these projects aim, with appropriate objectives, at doing *therapeutic work with the consumer*. An example for this is the ‘Therapieladen’ in Berlin, which has as a goal out-patient

therapeutic treatment of misuse and addiction problems within the spectrum of party drugs. A very specific problem within the circle of party drug consumption is the focus of the Cornwall Community Drug Team from Great Britain. This team has been specialising itself, since 1992, on the treatment of intravenous amphetamine misuse.

Research

Some of the registered projects and programs have less of a practical approach to the issue of *demand reduction activities*: Instead, they deal mainly with the research of all phenomena involved in the issue of synthetic drug consumption. Objectives in this area are, for one, concentrated on evaluating former measures. In this respect, the Forum Européen Pour La Sécurité Urbaine in Paris/France, for example, is interested in examining the relevancy of current preventative messages for synthetic drugs for children, youths and other risk-groups. The Project ‚Ecstasy Prävention‘ at the University Bielefeld/Germany has a very strong scientific approach. It deals with the conceptual development, practical implementation and scientific evaluation of an educational unit for party-drug-prevention with an emphasis on ecstasy.

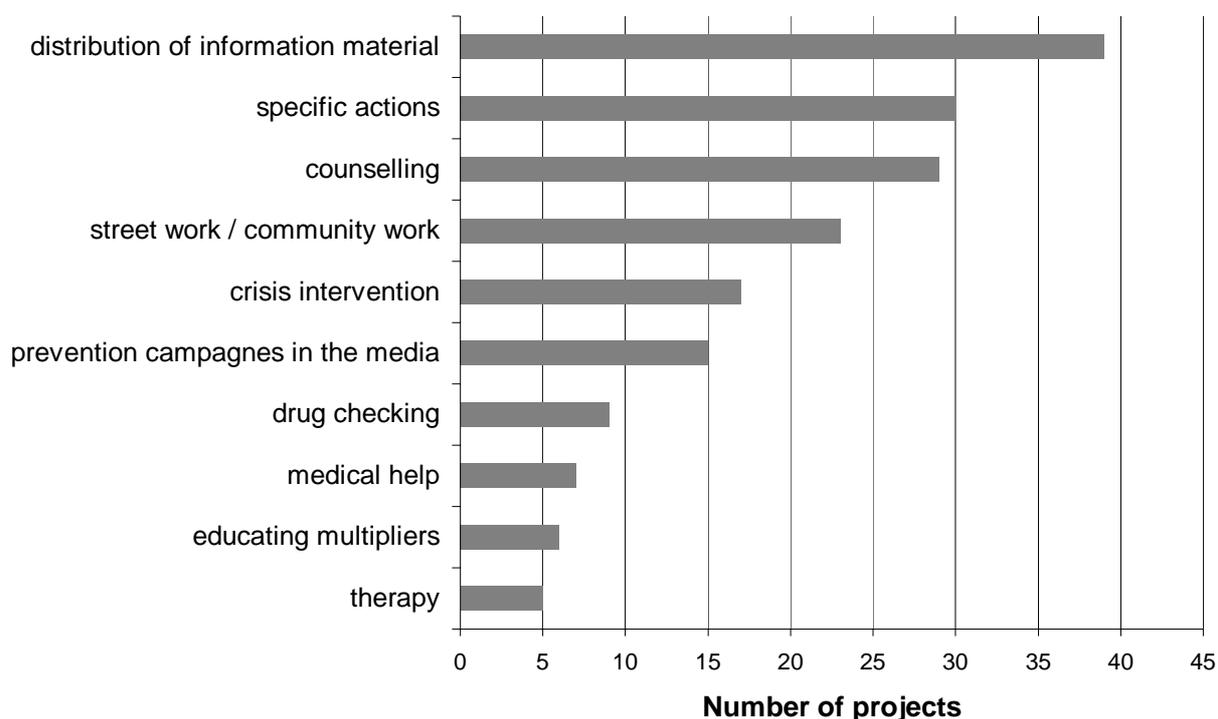
Another aspect in the area of research is documenting the current status of research in a country. The National headquarters for health education in Cologne has in this respect published a booklet with the title „Prävention des Ecstasykonsums – empirische Forschungsergebnisse und Leitlinien“ (Prevention of ecstasy consumption – empirical research results and guidelines).

Very specific and locally limited is, in contrast, the objective of the Spanish IREFREA group, that has the evaluation of problems for the general health and safety of Mallorca through the party-leisure-lifestyle as its focus.

4.5 Measures and actions

In the following, the methods or rather measures for achieving the above formulated goals of *demand reduction activities* in the field of synthetic drugs will be presented. The next overview (graph 3) clearly shows the breadth and the frequency of the activities which are implemented in the area of synthetic drug consumption prevention.

Graph 3: Measures and actions of demand reduction projects (N=52)



According to this overview, the distribution of informational material has the most significant importance in the field of demand reduction. 39 of 52 projects claimed to implement these measures in their programs. In 30 projects specific activities are organised and 29 projects offer counselling. Drug Checking is a measure which is specifically oriented towards ecstasy pills. Its priority is, through analysis of the contained substances, to screen the quality and purity of the illegal drug. It is a service especially for youths who (want) to consume ecstasy in connection with their attendance at a Techno-party. It is done to protect the consumers from ‚bad‘ pills and to have a way of making initial contact with the target group of synthetic drug consumers. The Drug Checking is offered comparably seldom, but this is probably attributable to the problematic legal situation of such programs.

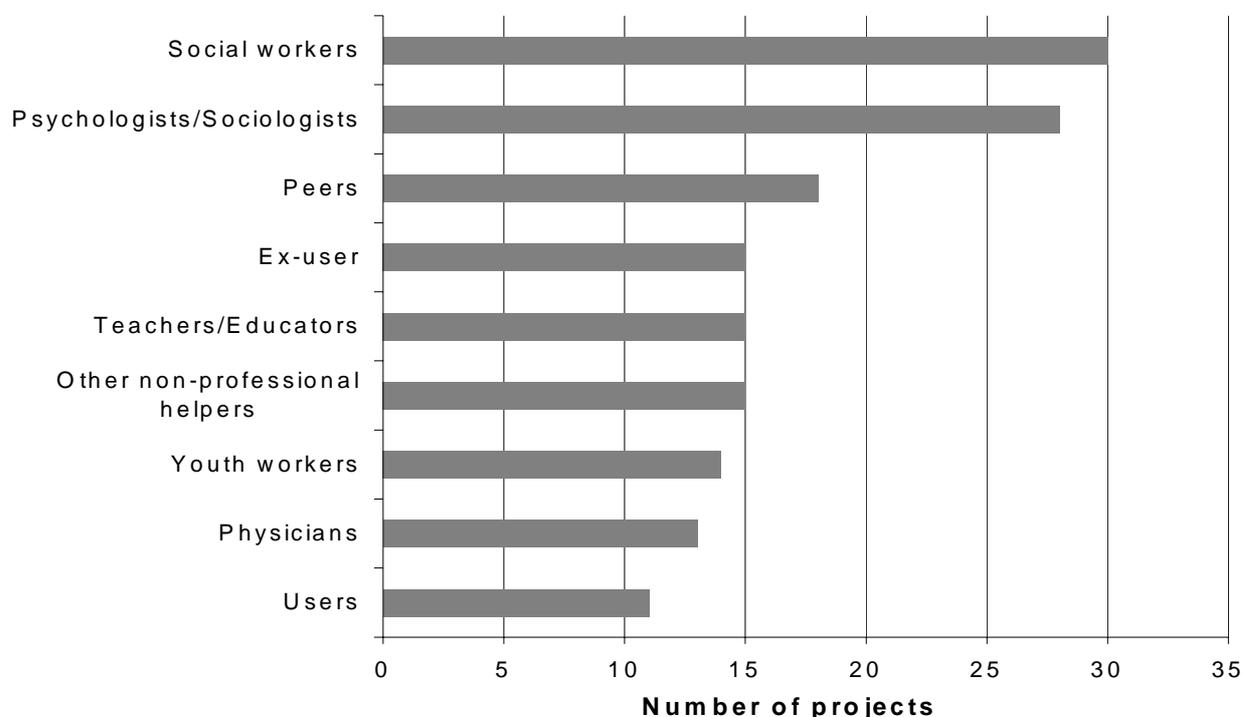
Medical help and therapy are offered the least. This isn't very surprising considering that these measures can be counted as part of the *demand reduction activities* in more general terms and have, in comparison, probably somewhat less of a demand or rather are used less often.

Professions of the people responsible for the project

Next, the professions of the people involved in the measures to demand reduction will be presented. As one can see in graph 3, most of the projects are implemented by professional prevention personnel. Social workers (n=30) and psychologists or rather sociologists (n=28) make up the main professional group. In 18 or rather 15 of

the questioned projects, non-professionals as well as peers and ex-users are working.

Graph 4: Professions of the people responsible for the project



Drug consumers may be the least represented, but they play a role in nonetheless 11 of the 52 projects. Not considering the self-organised projects like e.g. Eve & Rave or Techno Plus - which are exclusively made up of consumers and scene-insiders - professionals and non-professionals usually work together.

Estimated demand

Besides registering the characteristics of projects, the study presented here was also used to ask the experts working in this field of prevention about the actual demand for *demand reduction activities* in the field of synthetic drugs. Contact persons were thus asked to determine the importance of different measures as seen from their point of view.

In the following, the importance of the individual measures will be described. Subsequently, further needs in the field of synthetic drugs that are of importance as seen from the gathered experience of the experts will be named.

Importance of the measures

In table 5 the statements that rated the respective need as important and very important are summarised. The statements were taken from 52 projects, but only from 38 different people. So as not to weight the individual opinion more because of his/her representation of several projects, double namings were removed from the analysis.

Table 5: Ranking of the estimated demand (N=38)

	n
1 counselling	35
2 street work / community work	34
3 drug checking	32
4 distribution of information material	31
5 specific actions	30
6 crisis intervention	28
7 medical help	22
8 therapy	20
9 prevention campaigns in the media	15

35 of the 38 qualified personnel that were questioned estimate the need for counselling and scene-work as the most important part of prevention work. Although the differences between the frequency of namings are not so significant, taken together the needs in the ranking 1 and 2 imply the need for a scene-oriented contact to the (potential) consumers of synthetic drugs. This hypothesis is supported by the „last position“ in the need-ranking-list where media campaigns that are relatively non-specific and addressed to the general public, are estimated as being the least important. If one recalls the frequencies of the implemented measures then it becomes obvious that, in respect to counselling and scene-work, but also in respect to the organising of specific actions, a relative congruency between the frequency of what is being offered and the estimated importance of the needs prevails¹.

In a rough comparison, the *drug checking* does not fit in with the rest. This measure for reducing harm is actually implemented significantly less often than one would expect given the experts estimated need for it. It can be assumed that this is attributable to the missing legal requirements in all of the states of the EU. Although it is a service for ecstasy consumers and a possibility to come into contact with consumers, the measure belongs to the category of scene-oriented measures for (potential) consumers. The *distribution of information* as an instrument for education

¹ A more exact analysis comparing the differences between the needs and the measures actually being implemented would be interesting at this point, but statistically, due to the small size of the sample, not very sound.

is offered the most often, but in respect to the importance it is comes after the above mentioned actions. The relatively good supply of information in the field of synthetic drugs is probably the reason why this measure is given such a low priority.

The need for *crisis intervention* is also estimated as being comparably important. In comparison, *medical help* and *therapy* do not seem to possess a particular priority. Can one assume that the consumers really rarely need help of this kind or is the need simply considered less important because it does not fall into the area of a social workers duties? According to previous studies, consumers of party drugs² estimate the health risks involved in consumption as high, but if one asks them about their personally perceived susceptibility for serious problems which could develop from usage, then most of the users do not see themselves as being at risk or only at a minimum risk. According to them, they are safe from risk since they have the consumption under control and can discontinue usage at any time. (Tossmann, Boldt & Tensil, 1999). As a result, only a small percentage of the consumers take up offers of medical help on account of their consumption (compare Tossmann, 1997). Seen in this way, it becomes understandable that the need is assessed here as being less important.

Taken as a whole, one can observe that the majority of the questioned prevention experts still see a large demand for *demand reduction activities* in Europe, with an emphasis on counselling and scene-oriented work.

Further needs

In the scope of the questionnaire survey, the qualified prevention personnel was asked which further needs in the area of drug prevention or rather help in connection with the consumption of synthetic drugs, as seen from their perspective, still exist. In answer to this question, a variety of activities and measures were named. They will be presented in the following. The named needs can be categorised into the areas of *research*, *further development of previously done prevention work* and *new measures*.

Research

Several questioned experts formulated the need for continual scientific assessment of their drug prevention programs. The need for a stronger evaluation of implemented measures is seen as very important in respect to the measures that focus on the relatively new phenomenon of party drug consumption. The questioned qualified personnel see a necessity to conduct studies to the effectiveness of preventive messages as well as studies to the appropriateness and effects of interventions in

² The term partydrugs includes not only Ecstasy, Amphetamines and LSD but also natural hallucinogenics (e.g. Psilocybin) und Cocaine.

the scene. There is also an obvious need for current drug-specific scientific knowledge, like e.g. about the effects of continual consumption of synthetic drugs.

Further developments of previous preventative work

A majority of the perceived needs concern the various changes and improvements for currently implemented prevention work. A part of the recommendations are towards adjusting the prevention measures so that they are better suited for the new target group of consumers of synthetic drugs. In order to do this, the inclusion of youths and also of the consumers in the development of prevention messages is encouraged. This should increase the acceptance level in the target group. Beyond this, other institutions and administrations or also event organisers should be involved. Other demands called for the appropriate changes in the treatment and helping facilities so that they can reach the new clientele of party drug consumers. In general, co-operation and the networking of the drug-assistance-infrastructure was wished for. Since the phenomenon of party drug consumption is mainly characterised by new substances, new forms of consumption and consumption forms as well as new consumer groups, it is clearly necessary to tailor the prevention work and treatment/help structure to this phenomenon. The needs which the experts expressed are an indication of this.

New measures

A large part of the additionally given needs for the prevention in the field of synthetic drugs are recommendations for new measures and activities that should be implemented. On the one hand, these are recommendations for creating facilities presumably accepted by youths such as meeting points (club houses) and places for youths to go (Chill-out-Cafés and Internet-Cafés). Also included in this conception is e.g. the usage of new media like the Internet. This access should enable preventative measures to become embedded in the everyday life of the target group of consumers.

Other needs concern the further professional training of multipliers especially in regard to the new consumption patterns for illegal drug consumption. Not only the inclusion of youths as multipliers is promoted but also the schooling of bar/pub/night club personnel for emergency situations and as multipliers for the prevention. Furthermore, in view of the changing drug consumption forms, the further development of addiction prevention programs in schools is considered important.

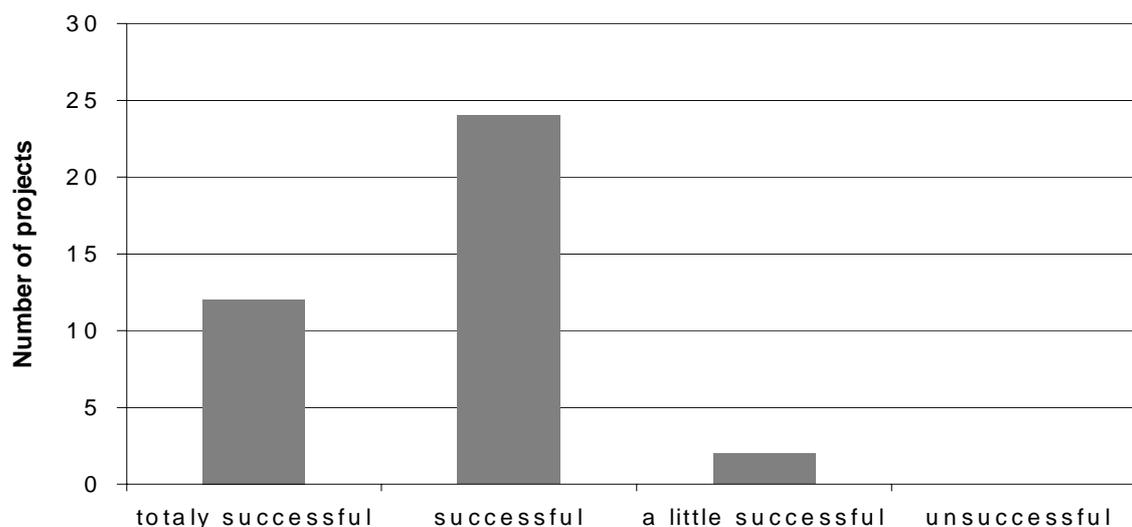
4.6 Evaluation

Measures in drug prevention must also be answerable to the question (as is any social-political program) of whether the aims which their measures were trying to reach were actually reached. Only in the last few years did *demand reduction activities* in the field of synthetic drugs begin to develop. Until now, they have barely been studied. In the scope of the study presented here, the effort was made to determine the quality/type of evaluations.

Self assessment of the projects

The contact persons for the respective projects were asked to, independent of the status of the evaluation (see next section), estimate how successful the project in regards to the set objectives were. It was possible to respond on a scale from „not successful“ to „totally successful“. Graph 5 depicts the result of the self assessment.

Graph 5: Self assessment of the project (N=38)



In sum, 36 of 38 projects that had responded to this inquiry, declared that their project was successful. 12 projects were even rated as very successful. Only 2 projects make restrictions in their assessment of the success and none of the questioned projects rate themselves as „not successful“. One could possibly allege a lack of differentiation and a tendency to certify ones own efforts. This more intuitive form of evaluating social work – the subjective self assessment through the persons responsible for the project – does *not* fulfil the criteria that must be used in the scope of quality management for social interventions.

Systematic evaluation of the programs

In the scope of this study, the included demand reduction projects were questioned about the goals, target groups, methods and, lastly, to the current status of the evaluation. Evaluation was defined as „*the systematic and scientific collection, processing and analysis of programme implementation data in order to ascertain the effectiveness of a programme*“. Using this definition, the contact persons of the respective projects were to report on evaluations (being) done.

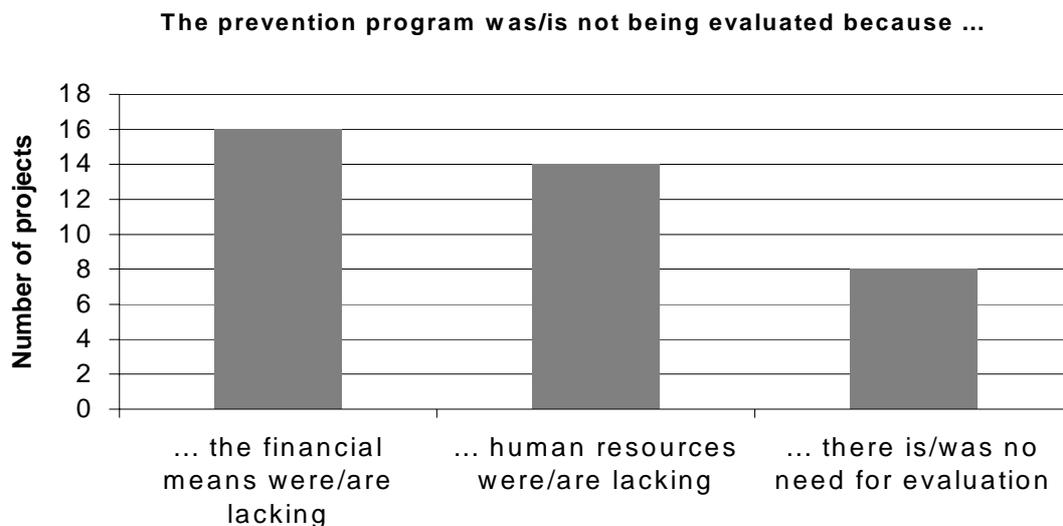
Table 6: State of evaluation (N = 51)

Evaluation ...	n
... has been carried out / is in progress	30
... has not been / is not carried out	21

According to the questioned contact persons, 30 of 51 projects were (being) evaluated. This number can be estimated as comparably high, since the evaluation of a project demands additional resources. One must assume, though, that a *selection effect* falsifies the results of the study. This effect always arises when the participation in a study is voluntary. One must assume that the non-respondents of the study systematically differ from those that take part. In regards to the study presented here, the projects that implemented an evaluation were probably more willing to take part in the survey. This seems to be even more probable considering that the method of evaluation was explicitly and specifically asked about in the scope of the questionnaire-survey.

Nevertheless, 21 projects or rather 41% percent of the questioned persons stated that their projects have *not* been evaluated. If one wants to research the progress in the field of evaluation, then the reasons for not having implemented an evaluation are also of interest. Graph 6 presents the most common named reasons.

Graph 6: Reasons for not having evaluated the project



Predominately, financial reasons hindered the evaluation of a project. It is also possible that scientific evaluation possesses a lower priority and that, if need be, costs are saved in this area. If personnel reasons were made responsible, then these are surely confounded with the financial reasons. The relevant qualifications and instrumental competencies which are needed to conduct an evaluation may also be missing. For 8 projects, the evaluation of the program was not regarded as being necessary.

How necessary or superfluous an evaluation actually is in each individual case can not be determined. What is important is the fact that, in almost all cases where a program was not (being) evaluated, a *lack of resources* was made responsible. In order to further develop the scientific evaluation of *demand reduction activities*, better financial support seems to be, on the one hand, necessary. On the other hand, it is also worth considering a targeted promotion of specific dual practice-evaluation-programs which would strengthen the competencies necessary for an evaluation.

Evaluating personnel

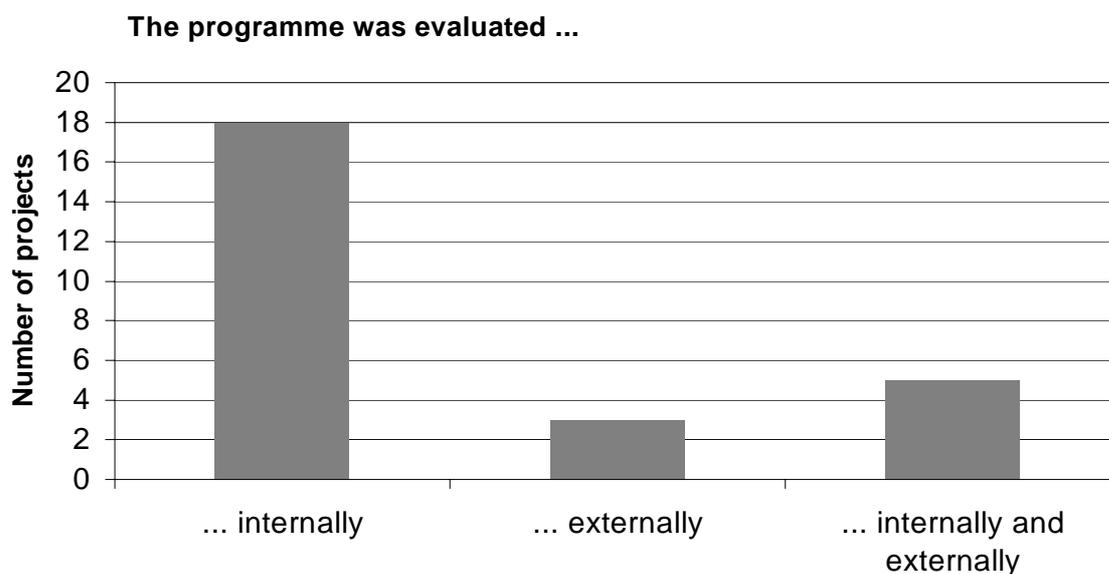
Through the questionnaire, a definition – as stated above – was given. But it can not be guaranteed that the projects really followed this definition. Perhaps they advocate a different interpretation of what is meant by professional evaluation. But a certain standard is necessary in this area, otherwise the evaluation of the effectiveness of measures underlies random standards and a comparative discussion is not possible.

In regards to the „goodness“ of a evaluation, besides the systematic approach in the evaluation of program-planning, the process and the results, the question as to whether the program was implemented by project personnel or an external institute/external person should be a decisive one. Taking this into consideration, the

participants in the demand reduction study were asked to name the conductor of the project evaluation.

As becomes clear in the following graph, 18 of 26 projects stated that their project was evaluated internally. Only 3 of the projects stated that an external institution had been contracted to conduct the evaluation. 5 projects were evaluated both internally and externally. The majority of the questioned projects were thus evaluated by persons from the same organisation.

Graph 7: Location of the evaluating personell (N=26)

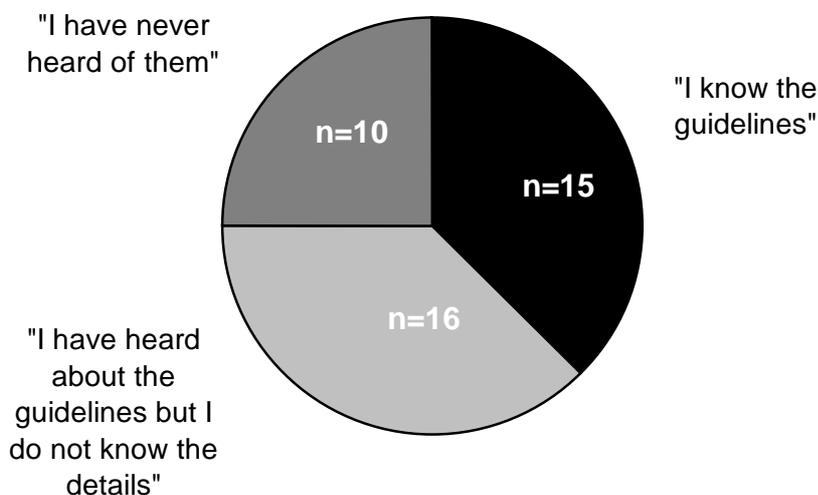


The fact that the majority of the evaluated projects were evaluated internally by project personnel lets one assume that also here the above mentioned resource deficits played a role.

Guidelines for evaluation

In connection with a further question of interest in this study, it should be determined if the guidelines which EMCDDA proposed for the evaluation of measures to addiction prevention were known to and if they were implemented by the projects in the field of synthetic drugs. Answering these questions also gives an indication as to whether the project evaluations meet the given scientific quality standards. Graph 8 shows the distribution of the degree of familiarity of the EMCDDA guidelines.

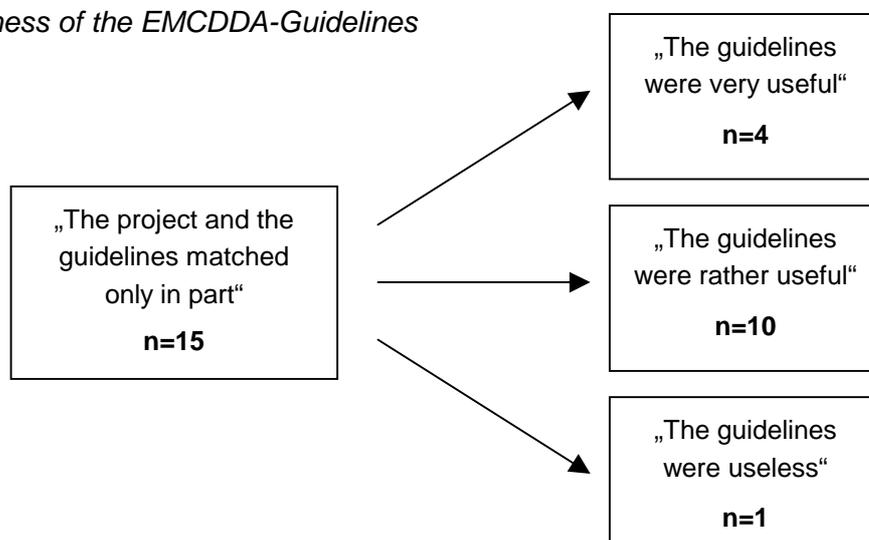
Graph 8: Degree of familiarity of the EMCDDA guidelines (N=41)



Of the 41 questioned contact persons, 31 or rather 75% are familiar with the EMCDDA-guidelines. However, about half of these persons state that the guidelines are only vaguely known to them. 10 of the questioned, though, have never heard anything about the guidelines.

In view of the implementation of the guidelines, it was shown that all 15 persons who were responsible for a project and familiar with the guidelines stated that the projects have „partially“ oriented themselves on these. To the question as to how useful the guidelines were perceived to be, only one person answered „not at all useful“. For 10 projects the guidelines were somewhat useful. For 4 of 15 projects they were even seen as very useful. Graph 9 shows the degree of familiarity as well as the usefulness of the guidelines.

Graph 9: Usefulness of the EMCDDA-Guidelines



Finally, the question remains open as to how well-known the EMCDDA-guidelines are in the EU member states. Table 7 depicts the distribution of the degree of familiarity in the EU member states in relation to the number of the questioned contact persons.

Table 7: Distribution of the familiarity of the EMCDDA-guidelines in Europe

	interviewed contact persons (N=41)	„I know the guidelines“ (N=15)
Austria	2	2
Denmark	2	0
France	3	1
Great-Britain	6	0
Germany	19	5
Luxembourg	1	1
Spain	5	5
Sweden	1	0
The Netherlands	1	1

Some organisations claim to be responsible for several projects, but one and the same contact person always answered for the projects of one organisation. In the question as to how well-known the EMCDDA-guidelines are, double statements from one person had to be taken out of the statistic so that, in total, only 41 persons (as representatives of their organisation) gave information and were included in the analysis.

If one compares the number of persons that are familiar with the guidelines with the total number of questioned persons from the respective countries, then large differences between the countries are ascertainable. Once again it is to be emphasised that these results are *not* to be taken as representative results, since the selection effects have to be taken into account and the sample is comparably small. But it is interesting to note that in Spain all 5 questioned persons are familiar with the guidelines whereas in Germany only 4 of 19 questioned persons are familiar with the guidelines. As to the distribution, one can at least state that the guidelines are known in several countries.

Seen as a whole, the evaluation of *demand reduction activities* can not be seen as a matter of course. Although more than half of the studied projects were evaluated as to their effectiveness, an independent, external evaluation is still more of an exception. Certainly, even an external evaluation does not guarantee the reliability of the results. But a scientific training/education is definitely a necessary prerequisite for

the evaluator. For one thing, a scientific evaluation is recognisable by its precise use of terminology which first makes a communication/discussion of the results at all possible. But it can be assumed that even the term 'evaluation' is interpreted differently and that the evaluations thus took place on different levels with different standards.

A scientific standardisation in the field of evaluation does not seem to exist in Europe. A uniform standard, with the guidelines of the EMCDDA, which were specifically developed for this, as a basis, would be advisable. The analysis of the results shows that the familiarity of the guidelines is relatively high. But half of those who are familiar with the guidelines have (according to their own statements) never actually read them. Even if they are known, they are only partially being implemented. But if one considers that the survey sample is distributed across all of Europe and the implementation of the guidelines is a question of personal initiative, then the numbers could be seen positively. But if one wants evaluation of *demand reduction activities* to be the norm and unitary guidelines to be used, then efforts in this field are still necessary. Amongst these would be e.g. improving the financial and personnel resources.

Results of evaluation ?

One of the goals of this study was to assess the current status of evaluation and to see how well-known and wide-spread the EMCDDA-guidelines are in areas within the EU-member states where projects for synthetic drugs exist. Beyond that, it is naturally of interest to ask what *results* the evaluations have come to.

If one is to make reliable statements about programs or rather interventions and their effects, then two methodological methods can be selected from: The undoubtedly most reliable approach is the direct and professional evaluation of a project. Ideally, this evaluation through independent experts begins with the project planning and includes all of the further processes of the project and results of the program which occurred during the implementation of the measure. Another possibility is a meta-analysis, where all available data from concluded evaluative studies are brought together and analysed systematically in order to evaluate the goodness and validity of the results. An appraisal of the methods which were used plays an important part. The study at hand, though, had neither the objective to evaluate projects nor to carry out a meta-analysis with the given data from the evaluations.

Based on the statements which the surveyed project participants gave, it is only possible to give an *overview* which outlines, from the perspective of the project workers, the experiences which have been made with the measures. The questioned contact person was thus asked to briefly summarise the results of the evaluation.

As was described previously, 30 from a total of 52 demand reduction projects stated that these had also been evaluated. But only about half of these projects (18 of 30) made statements about the results of the evaluation. Although it remains unclear

why, in these cases, incomplete statements were given, one can assume that there is a systematic distortion here. That means that an answer to the more detailed question could only occur in those cases where the project evaluation, for the most part, followed the EMCDDA criteria. Since many of the projects were evaluated internally, that is through project co-workers whose qualifications lay in the implementation and not the evaluation of the project (compare Salvador-Livina, 1998), one can assume that the measures used for the evaluation of the projects do not meet with the standard of quality which one can, for example, expect when dealing with an external research institute.

Beyond that, it is plausible that project co-workers are quite able to critically scrutinise their own work or rather their own programs, but that in the end – also with the pressure of legitimisation – are more likely to search for information which confirms their own work.

A further indication for the many definitions of evaluation can be seen in the finding that the EMCDDA guidelines were known to only 9 of the 30 evaluated projects. Even in the cases where they were known, they were only partially applied. One can thus assume that most of the internally implemented evaluations are, in comparison to a strict evaluation, more like a feedback-analysis of the target group. If the evaluation is meant to serve the further development of the project, then this type of evaluation is completely legitimate. But, in the end, it is not a reliable source in answering the question of the effectiveness of the measure.

But the restrictions for the goodness of the evaluation which have been mentioned are probably due to an inherent problem which stems mainly from the project's financial situation, since a project usually does not have additional research funds which would allow for an external evaluation. For example, in those cases where an evaluation did not take place, the most commonly given reason was the lack of financial and personnel resources (see p. 26). The internal evaluation of a project may be a reasonable alternative, but the absolute necessity of using qualified personnel cannot be ignored.

So what do the results look like? In summary, one can ascertain that in almost all of the projects, success in terms of reaching certain goals was confirmed, but the success was not further quantified. In analysing what exactly success means in the realm of the demand reduction projects, it becomes clear that effectiveness in terms of a consumption reduction or abstinence is not meant. Instead, criteria like implementation, familiarity or acceptance were used. For example, it was discovered that *Flyers* with safer-use information were very popular and usually also seen as being useful and good. If *co-operation with club managers* was the objective, then the respective persons, who offer their co-operation, were usually found. The attempt to establish *networking* among rave organisers and peers in order to use them as multipliers, was usually successful. But after, for example, the Danish project 'Safe rave' discontinued its involvement, the network also broke apart. Projects that worked without the co-operation of insiders (people involved in the scene) generally had a problem with credibility, since they were perceived as coming 'from outside' and especially drug consumers react upon that sceptically.

In all, although the quality of the measures was evaluated, results which would allow inferences regarding the effectiveness of certain interventions, were rarely named. Surely, acceptance belongs to one of the criteria that should be studied in an evaluation. But whether or not the intervention actually has an effect on the target group and which consequences this leads to, it cannot be inferred from this criteria. The question as to whether or not the behaviour or the consumption of synthetic drugs was influenced in one way or another, must therefore (at this point) stay unanswered.

5. Developments in demand reduction activities

If one compares the current status of preventive measures for synthetic drugs being implemented in the EU, one must first realise that there are a variety of different projects in most of the member states. Without a doubt, the number of specific projects is today a great deal higher than two years ago. One could say that the specific prevention programs have developed in the course of epidemiological trends and that, in the meantime, they represent an elementary part of the catalogue of measures.

It is also ascertainable that the *demand reduction activities* in the field of synthetic drugs have become diversified. The current measures prove to be comparably heterogeneous in regards to the addressed target group, the project goals as well as the methods of the projects. Unlike a few years ago, one can today find not only a large amount but also a large variety of measures in the field of drug prevention for synthetic drugs. Besides the distribution of relevant information, a series of other preventive measures are implemented in the EU member states. For example, scene-embedded, scene-oriented psycho-social and medical counselling or the educating of relevant multipliers who are working with youths.

It is also important to note that there has been observable progress in regards to the evaluation of prevention projects in the field of synthetic drugs. Maybe this progress is seen less in the actual number of evaluated projects, but more in the fact that the organisations which were studied here did not doubt the necessity of a professional evaluation of the measures. Of course, this process should be optimised and qualified in the near future.

At this point, in conclusion, the question should be asked as to whether the current preventive measures adequately meet the standards and which problems *demand reduction activities* in the field of synthetic drugs must solve in the future. In connection to this, let it be pointed out that the majority of the currently implemented projects address drug-abstinent youths or casual drug-consumers. The important question to ask is which measures must be undertaken so that specific groups with especially risky consumption of synthetic drugs can be addressed. Especially here, there seems to be a necessity for intervention.

The second aspect which we want to point out deals with the high-priority implementation of information distributing measures. As was shown, 39 of 52 of the here studied prevention projects produce and distribute material that pertain to drugs and to the dangers involved in drug consumption. And this, although the questioned experts considered the scene-oriented contact and counselling work to be much more important (compare chapter *Estimated demand*). Especially vulnerable groups of drug consumers should be able to profit more from more personal-communicative measures than from information.

The need for harm-minimisation measures (such as drug checking) which the questioned qualified personnel named is most probably a fought over issue

politically. In order to objectify the discussion about the preventive potential of such programs, it would be advisable to systematically analyse the experience which has been made with such Drug Check Programs. In connection to this, the question of *behavioural relevancy* of measures should be answered in addition to the question of *acceptancy*.

If one views the current status of the evaluation of demand reduction activities in the member states of the EU, then one must point out a great necessity for further development. Although, at present, a greater acceptance and readiness in evaluating own social-pedagogical programs can be ascertained, there are still large deficits in the area of implementation. Still missing are necessary competencies or rather material as well as personnel resources. One can also assume that the standards for evaluation which were published by the EMCDDA are still relatively unknown to most organisations and projects. In the scope of this study, it also became clear that even if the standards are known, it in no way means that a professional evaluation is being implemented.

If the implementation of evaluations of *demand reduction activities* should be developed further, then specific *development programmes* seem to present a suitable method for achieving this. These could consist of, for example, large scope training measures, but also implementations of individual good-practice-projects. In both cases, one can assume a multiplicative effect.

6. Bibliography

- Ayer, S., Gmel, G. & Schmid, H. (1997). Ecstasy und Techno - Eine Befragung in der französisch-sprachigen Schweiz. *Sucht*, (3), 182-190.
- European Monitoring Centre for Drugs and Drug Addiction EMCDDA (1997). Annual Report on the State of the Drugs Problem in the European Union. Lisbon.
- Griffiths, P. & Vingoe, L. (1997). The use of amphetamines, ecstasy and LSD in the European Union: A review of data on consumption patterns and current epidemiological literature. EMCDDA: Lisbon.
- Griffiths, P. Vingoe, L., Jansen, K., Sherval, J. & Lewis, R. (1997). New Trends in Synthetic Drugs in the European Union: Epidemiology and Demand Reduction Responses. In: European Monitoring Centre for Drugs and Drug Addiction EMCDDA (Ed.). *Insights - New Trends in Synthetic Drugs in the European Union*. EMCDDA: Lisbon.
- IFT Institut für Therapieforschung (1996). Repräsentativerhebung zum Gebrauch psychoaktiver Substanzen bei Erwachsenen in Deutschland. Schriftliche Erhebung 1995. Bundesministerium für Gesundheit, Bonn.
- Institute for the Study of Drug Dependence (ISDD) (1995). Drug misuse in Britain. ISDD: London.
- Lewis, R. & Sherval, J. (1997). Demand reduction activities related to "new synthetic drugs": MDMA (ecstasy), other amphetamines and LSD in the European Union member states. EMCDDA: Lisbon.
- Power, R. (1995). Shifting drug patterns among British drug users, in: CEWG (1995) Epidemiologic trends in Drug Abuse. NIH. Maryland.
- Rakete, G. & Flüsmeier, U. (1997). Der Konsum von Ecstasy. Empirische Studie zu Mustern und psychosozialen Effekten des Ecstasykonsums. Ergebnisbericht. Bundeszentrale für gesundheitliche Aufklärung (BZgA): Köln.
- Rehm, J. (1995). Konsumformen und Verbreitung illegaler Drogen in der Schweiz. In: H. Fahrenkrug et al. (Hrsg.). *Illegale Drogen in der Schweiz 1990-1993*. Zürich: Seismo.
- Salvador-Llivina, T. (1998). Barriers and challenges to evaluation. In: European Monitoring Centre for Drugs and Drug Addiction EMCDDA (Ed.). *Evaluating Drug Prevention in the European Union*, 45-55. EMCDDA: Lisbon.
- Schuster, P. & Wittchen, H.-U. (1996). Ecstasy- und Halluzinogengebrauch bei Jugendlichen - Gibt es eine Zunahme? *Verhaltenstherapie*, 6.

- Silbereisen, R. K. (1985). *Jugendentwicklung und Drogengebrauch: Entwicklungspsychologische Perspektiven*. TU-drop Jugendforschung, Bericht 60/85. Technische Universität-Berlin: Berlin.
- Tossmann, H.P. (1997). Ecstasy - Konsummuster, Konsumkontexte und Komplikationen. Ergebnisse der Ecstasy-Infoline. *SUCHT*, (2).121-129.
- Tossmann, H.P. & Heckmann, W. (1997). Drogenkonsum Jugendlicher in der Techno-Party-Szene. Eine empirisch-explorative Untersuchung zur Notwendigkeit und den Möglichkeiten einer zielgruppenbezogenen Drogenprävention. Ergebnisbericht. Bundeszentrale für gesundheitliche Aufklärung (BZgA): Köln.
- Tossmann, H.P., Boldt, S. & Tensil, M.D. (1999). Drug affinity amongst youths within the Techno party scene in European Metropolises. Final Report. European Commission: Luxembourg.
- Yoshida, T. (1997). Use and misuse of amphetamines: An international overview. In: H. Klee (Ed.). *Amphetamine misuse: International Perspectives on Current Trends*, 1-16. Harwood Academic: Amsterdam.

Annex

Rapid-Info-Fax

Questionnaire (English version)

Addresses of the organisations