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Evaluation of Party Drug Prevention in the City of Zurich

Streetwork, the youth advisory service of the city of Zurich, has been providing prevention services at Zurich's nightspots since 1995. A recent evaluation of its highly varied services confirms that the target group can only be reached with a realistic, acceptance-based approach, and that drug-checking has an important role.

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Introduction

Today going out and having fun, or to use the more colloquial term «partying», was identified in a survey carried out in Zurich in 2003 as one of the main leasure activities in our society.[1] That study found that 35% of the employed populace said they went out at least once a week; 35% also stated that they visited a bar and/or restaurant at least once a week.

Partying, however, is not a recent invention. In Germany, the first discotheques opened in the 1960s. In the mid-90s, as a result of the relaxation of Switzerland's hospitality laws (change of closing times) and the mass phenomenon of a burgeoning techno-culture, partying became increasingly important to teenagers and young adults. This was associated with an increase in the use of party drugs, which in turn became more and more a political issue. In 1994 the Institute for Preventative Medicine of Zurich University (ISPM) created the steering group «Ecstasy Info», which also included the youth advisory service Streetwork (originally Project Streetwork – established in 1992). This was effectively the birth of Streetwork Party Drug Prevention.

In 1995 Streetwork ended its co-operation with the university and began to work independently in this field. 2001 saw a comprehensive reorganisation of the service. As a result of positive experiences with on-site drug checks in Switzerland in the Bernese project Pilot E[2] and Eve&Rave[3], and the legal certainity concerning drug-checking in Switzerland since 1997[4], the city of Zurich decided to add mobile drug-checking to Streetwork's recreational drug prevention service. The drug information centre, DIZ, was added in 2007. DIZ is a contact point on the subject of party drugs that is open once a week for three hours, and which offers drug-checking as well as information and advice. This is done in co-operation with GAIN, a service provided by ARUD Zürich.[5] Thanks to this collaboration, further help can be more easily provided when required. Other current services offered by Streetwork are listed in Ill. 1.

Development of individual services at a glance

The following list describes the individual services provided with regard to take-up, advisory figures and other specific aspects. As well as statistical figures, it contains the results of of a recent evaluation of the questionnaires obtained when drug-checking, as well as the results of the substance analyses.

DIZ Drug-checking and Drug Information Centre

Between 2001 and June 2010, 84 events were visited by the mobile laboratory, and the DIZ Drug Information Centre was open on 172 days. A total of 7622 consultations lasting at least 15 minutes were held. Table 1 shows just how much the user groups of the DIZ and mobile drug-checking unit differ.

A total of 2055 analyses were carried out, and warnings were issued for 517 samples. The majority of these warnings were for Ecstasy tablets that contained ingredients other than MDMA. However, in recent years there has also been an increase in warnings for cocaine samples. These extenders are often other psychoactive ingredients (m-CPP in Ecstasy tablets) or medicines (phenacetin in cocaine). What is of concern is that most of the effects and side effects of these products are completely unknown (see Table 2).

The warnings have been published on the website *www.saferparty.ch*, and also via an internal warning mailing list sent to various pubs and clubs and national nightlife stakeholders such as club owners, security companies, the police, the toxicological institute, paramedics and A&E departments.

Online service

Around 213 individual users visit the website safertparty.ch every day, and since 2001 there has been an average of 18 online consultations a month. In 2010 there has been an average of six email consultations per month.

«On-site» services on the subject of alcohol

As part of the specific service provided on the subject of alcohol, over the course of 29 events there were 680 extended consultations (with an average of 23 people per event). This service was provided

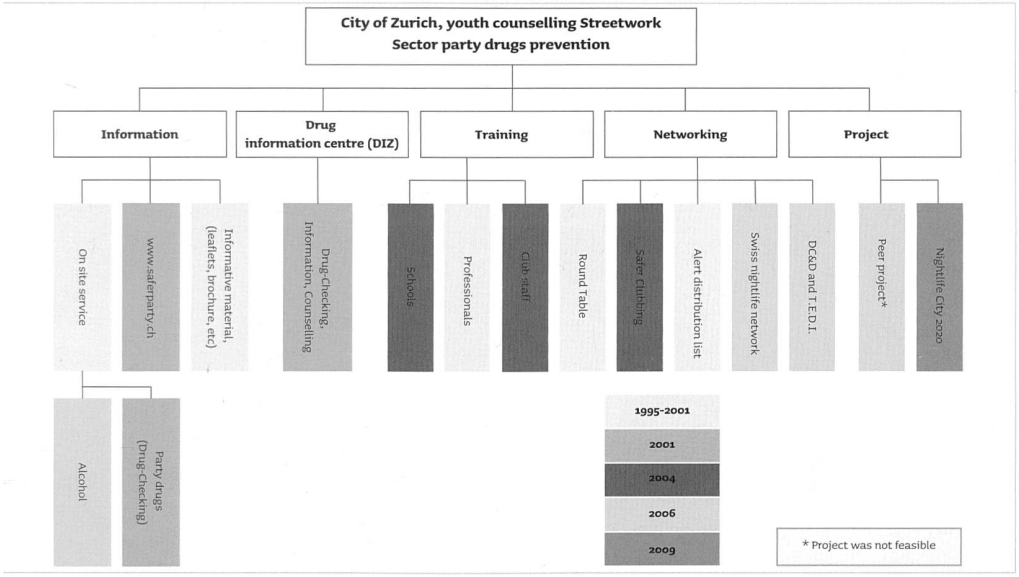

Fig. 1: **Party drug prevention service provided by the Streetwork youth advisory service. Development of services provided from 1995-2009.**

in clubs, at major events and in co-operation with various partners in public areas.

«Scene» experience and networks

In order to achieve the necessary knowledge of the «scene», two to four observations of the club culture have been undertaken Each year. To promote the network amongst Zurich's party culture, Streetwork set up the Zurich «Round Table» in 2002. To date there have been 29 «Round Tables», attended by a total of 477 different stakeholders (club operators, security companies, police, paramedics). This equates to an average of 16 participants per «Round Table».

The «Safer Clubbing» working group was set up during the course of these «Round Tables». The Safer Clubbing[6] association was established in Zurich in 2004. Today this association is active nationally, although the ten original member clubs of the «Safer Clubbing Section Zurich» continue to work closely with Streetwork youth advisory service. As part of this collaboration Streetwork has held 22 training courses on the subject of recreational drugs since 2004, which were attended by 426 club employees. As the use of party drugs is not a local phenomenon, and these drugs are manufactured all over the world, it is important to be networked regionally (occupational group Nightlife[7]), nationally (Coordination National Nightlife) and internationally (Democracy, Cities and Drugs[8]). Since 2001 Streetwork has attended around 50 national and international exchange meetings. The highlight of this network has probably been the co-organisation of the Club Health Congress in Zurich in 2010.

Evaluation of the questionnaire

Since drug–checking was introduced in 2001, users of this service have been obliged to complete a questionnaire anonymously with a professional from the Streetwork service.[9] The questionnaire has two different functions; in the first instance, it is used to obtain important information about a group of users that has hitherto been largely unknown. Secondly, the questionnaire is also used as a guideline to structure the consultations provided in accordance with this service.

Periodic evaluation of the questionnaires has been carried out in 2003 by the city of Zurich, and in 2005 in co-operation with the Substanzstörung research group of the Psychiatric University Clinic Zürich.[10] The third evaluation in 2010 was financed by Infodrog,[11] and was carried out in co-operation with the Institut für Sucht- und Gesundheitsforschung ISGF, and the Institute for Addiction and Health Research.[12] The results from previous years were also taken into account, which revealed trends and developments over time. However, when comparing certain variables, it must be remembered that the questionnaire was partly adapted over time. For example, until 2007 the frequency of use was recorded over the previous twelve months, whereas from 2008 it was over the previous 30 days.

Description of random sampling

The evaluated random sample consisted of a total of 1376 (N) persons.[13] 22% were women, and the average age was 28 years. At the time of the survey, the youngest person was 15 years of age and the oldest 70. Between 2004 and 2009 the average age increased by five years (from 25.3 to 30.5 years). 40% of respondents cited vocational training as their most recently completed education/training. 17.4% had a tertiary education degree. Around 7% of those interviewed had not completed their formal education or had only been to primary school. 58.2% said they were in employment at the time of the survey; 16.8% were in vocational training, and 19.8% were not employed.

Use behaviour

As shown in Ill.2, most of those interviewed had consumed alcohol (98.6%), cannabis (93.9%), Ecstasy or MDMA powder (92.7%), cocaine (80.8%) and/or Speed (74.8%) at least once in their life.

In the analysis of frequency of use over the previous 30 days, the regular use of cannabis was especially noteworthy. 27.2% of

	DIZ	Mobile
Age (average)	30,5 years	27,4 years
Gender		
female	28,8%	20,0%
male	70,2%	79,0%
Education		
none	1,3%	1,2%
primary school	6,5%	9,3%
vocational training	57,6%	64,0%
university/technical college	30,7%	19,1%
Test experiences		
yes	30,1%	23,7%
no	69,9%	75,1%
Mixed use		
yes	76,2%	86,0%
no	23,8%	14,0%

Tab. 1: **Differences in clientele of the DIZ and mobile drug-checking.**

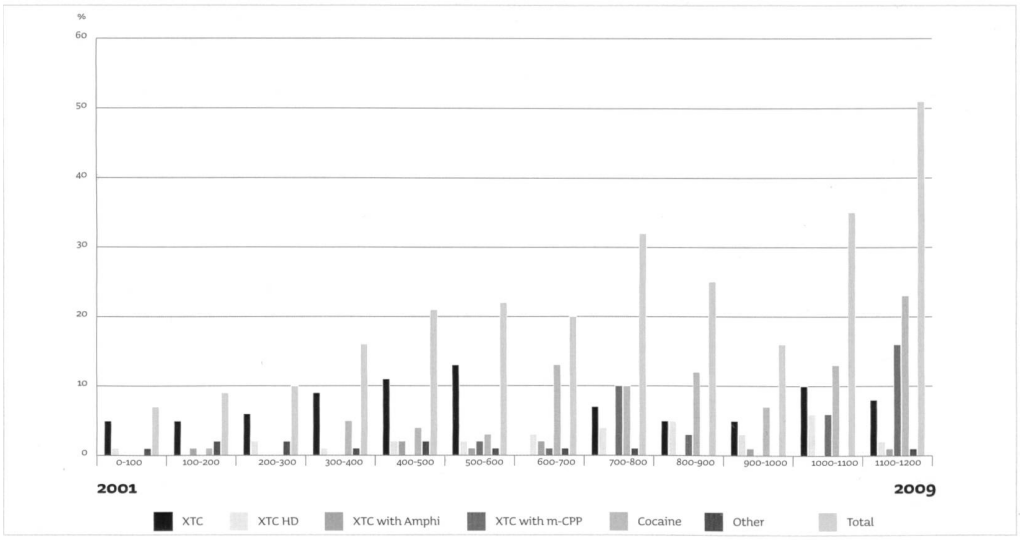

Fig. 2: **Development in substance warnings (number of warnings/100 samples).**

those interviewed claimed to use cannabis daily, while only 8.6% said they drank alcohol on a daily basis. 18% of the interviewees reported consuming alcohol once or twice a week. This leads to the conclusion that most alcohol is drunk at the weekend. Other substances such as Ecstasy, GHB/GBL, cocaine and speed were used one to three times a month. Thus for instance, 17% of those interviewed used Ecstasy one to three times a month. In 2004, 80.3% of interviewees said they used tobacco on a daily basis. In 2009 this figure was around 24% lower, i.e. 56.4%.

81.1% of respondents admitted to mixed use, that is to say the consumption of several substances (excluding tobacco) during one night's partying. Most people were aged between 20 and 25 years when they first tried recreational drugs. With regard to legal substances, the consumption of tobacco and alcohol began at around 15 years of age. For the majority, the first illegal substance to be used was cannabis; where the average age of onset was 16 years. With regard to the problems since 2008 associated with the use of party drugs, most (37.6%) said they had had a «bad trip». 20.9% said that they had suffered from symptoms of depression, and 14.9% from panic attacks. 24.8% had had problems within the family and/or with their partner, and 31.3% had had dealings with the legal system. With regard to information behaviour, in addition to the offer of Streetwork Zurich, 32.4% of respondents had used the Internet as a source of information, and 13.2% asked friends for advice. Just 1.4% said they had made use of the classic consultation offer from prevention centres.

Risk groups

In order to achieve a better estimation of potential risk use, the information on frequency of use and mixed use was divided into risk groups (clusters). As no (international) standards existed at the time, the first attempts to assign users to risk groups by specific organisational criteria were made in this evaluation. The division was based on the one hand on the frequency of use, and on the other on the extent of mixed use in the light of current pharmacological and neurobiological findings. Risk estimations regarding the frequency of use were cumulated, which is to say twice the risk use became an increased risk use. Further information regarding the division based on frequency of use is contained in in Table 2. It must be noted here that a person only had to indicate a minimal frequency of use in order to be assigned to a risk group. That is to say that the entire random sample was not assigned to risk groups; no person who reported a low or zero frequency of use were included in this categorisation. However this only affected 22 persons, or 1.5% of the entire random sample. They were mostly dependents of users who wanted to know what kinds of substances were being consumed.

Description of the risk groups

Risk use: Basically, the use of any drug presents a risk. This is why respondents with an irregular mono use of a few individual days a year were assigned to a risk group even though by the rules of Safer Use this would rarely lead to undesirable side or long-term effects. In the literature, this kind of use is also called experimental or recreational use.

Higher risk use: A person came under the category of higher risk use if they consumed regularly but said their use was limited to «several times a month», or if they used a so-called hard substance together with a soft drug. One exception was the combination of GHB/GBL and alcohol, which is always associated with a very high level of risk. The frequency of use or mixed use in this group is associated with a higher risk of mental and/or physical side effects such as physical deficiencies and/or mental symptoms such as exhaustion or feelings of depression. Considered over longer periods, there would also probably be neurological impairments (impairment of the short-term memory, deregulation of the serotonin system).

High risk use: High risk use is if a person uses regularly (weekly) or consumes a mix of two so-called hard drugs (or GHB/GBL and alcohol). This pattern of use is associated with a higher risk of mental and/or physical side effects such as physical deficiencies and/or mental symptoms such as exhaustion, depressive tendencies, depression and/or persecution phobia. Over longer periods, there would also be neurological impairments (impairment of the short-term memory, deregulation of the serotonin system).

Addiction: An addiction exists if a substance is used daily, with no distinction being made between mental and physical symptoms. However, as the quantity of a substance was not recorded, but is as important in the assessment of a cannabis or alcohol addiction as the frequency of use, the group who used alcohol or cannabis daily was not included. The situation regarding daily tobacco consumption is different. This is usually associated with a serious addiction, but is none the less not included in this categorisation, as otherwise most of the people interviewed would fall into the category of addicts. This would rule out an assessment with regard to the risk resulting from the use of party drugs, although this is what we are assessing here.

Distribution of risk groups

In accordance with the categorisation by frequency of use and mixed use, around 58% of respondents came into the category of high risk use. The proportion of persons with a higher risk use is around 25%, and that of risk use some 13.3%. Addicted use, that is to say daily use (without cannabis or alcohol), was observed in 4% of interviewees.

If we include those who use cannabis and/or alcohol on a daily basis

in the group of addicts, then this proportion rises to 35.5%.

Daily use: Daily use of alcohol, cannabis and tobacco is most definitely a feature of the consultations. Aside from cannabis (27.2%) and alcohol (8.6%), the proportion of those who use cocaine daily is the highest (2.2%). Interestingly, three people admitted to using Ecstasy on a daily basis. Unsurprisingly no one said they used LSD, methamphetamines or hallucinogenic mushrooms on a daily basis.

Age and age of onset: The risk groups differed significantly in age at the time of the survey. People in the high risk use group had an average age of 27 years and were quite clearly the youngest, whereas the group with addictive use had the highest average age at 31 years.

There were also some significant differences in the age of onset between the risk groups. For example, people in the high risk use group were much younger when they first used cannabis, cocaine, Ecstasy or hallucinogenic mushrooms than people in the group with a risk or higher risk use. The lowest age of onset for most substances was that of the group with addictive use.

Test experience: There was also a significant difference between the risk groups with regard to test experience; the greater their risk of use, the greater the proportion of persons who had already had a substance tested. This means that people who used frequently and/or mixed several substances made more use of that offer than those with a lower risk use.

Mixed use: Further evaluations also revealed that mixed use was more often the reason for a person being in the category of high risk use than frequency of use. If we consider only mixed use as the

	Risk use	Increased risk use	High risk use	Addiction
Alcohol	up to 3-6 x/times/week	–	–	–
Cannabis	up to 1-2 x/times/week	from 3-6 x/times/week	–	–
Cocaine	up to 1-3 x/times/ month	from 1-2 x/times/week	from 3-6 x/times/week	Daily
Ecstasy	«occasionally»/ year	from 1-3 x/times/ month	from once/times/week	Daily
Speed (Amphetamine)	up to 1-3 x/times/ month	from 1-2 x/times/week	from 3-6x/times/week	Daily
GHB	up to 1-3 x/times/ month	from 1-2 x times/week	from 3-6 x/Week	Daily
LSD/Mushrooms	once/year	«occasionally»/year	from 1 x/times/month	Daily
Meth	once/year	«occasionally»/year	from 1 x/times/month	Daily
Heroin	up to 1-3 x/times/ month	from 1-2 x/times/week	from 3-6 x/times/week	Daily

Tab. 2: **Categorisation by risk groups based on frequency of use in days.**

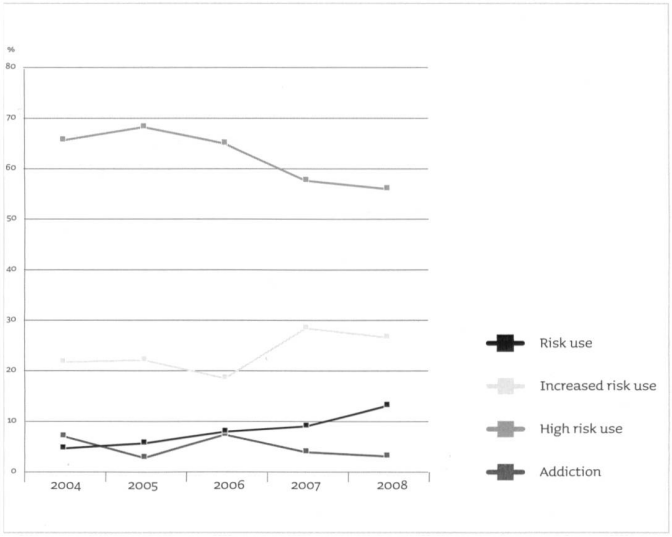

Fig. 3: **Groups of risk users.**

criterion for categorisation, then some 62% of users had a high risk, whereas categorisation by frequency of use affected only 43.2%.

Changes: When observing the temporal course of risk group categorisations over time, the most remarkable fact is that since 2004 there has been a slight reduction in the proportion of the group with a high risk use (approx. 10%). As mixed use was not specifically the issue in 2008 (the question was: «What did you use the last time you partied?»), these people (N=237, or 17.2% of the entire random sample) could not be categorised by a particular risk group.

Limitations

The limitations on which risk group categorisation is based can be seen in the detailed report. The detailed report can be obtained directly from the authors or will soon be available online at *www.saferparty.ch*.

Discussion of individual results

The results of the evaluation of the questionnaire show that, contrary to general social opinion, the users of party drugs did not form a homogenous group with regard to age, education or occupation. Therefore it can be assumed that use occurs in every social level; the proportion of people with no compulsory education is significantly lower than the national average at 13.1%.[14] The proportion of people with no employment is much higher among those interviewed than Switzerland's unemployment rate of 3.6%.[15]

Changes in average age

One other result that cannot be interpreted conclusively is the development in the average ages of respondents, which has increased by 2 years since 2007 (the launch of the two services). It is not clear whether this increase in age is because the use of illegal drugs is less of an issue for young people today than it was when the service was launched, or because the service appeals more and more to older people. However, in view of the selection of events and consistent frequency of use per evening, this is unlikely.

Drug-checking increases the appeal of the services

Drug-checking is an important part of the service. If we compare local contact figures since 1996 (max. 5 longer consultations per event) with those since 2001, then it is quite clear that drug-checking increases the appeal of the services. The main reason for this is probably the direct benefit to the users who were given the opportunity to have substances that had been acquired illegally on the black market analysed. There would also appear to be a greater willingness for a consultation, as is evident from the increase in longer consultations since the launch of drug-checking (an increase of 1500%). This increase largely legitimises the higher costs of currently approx. CHF 5000 per mobile operation. For many users this is the first point of contact with the social support system, as is indicated by the European Pill-testing study.[16] Drug-checking is becoming increasingly important today: the substance market is in a state of upheaval, and the number of annual warnings has increased by 500% since 2001. Thanks to active co-operation with specific further support services, the requirements of the target group can be better met and those affected can, when necessary, be transferred to further treatment more quickly, and thus more efficiently. This is also evident from the number of triages at the DIZ.

Drug-checking forces confrontation with use

The evaluation of the questionnaires showed that the target group reached is that of high risk users, who, in view of the daily use of cannabis and tobacco, are often addicted users. The proportion of those who smoke on a daily basis is, for example, 35% higher than Switzerland's average number of smokers in 2009.[17] This clearly indicates that drug-checking is a selective prevention instrument that is utilised both by high risk and addicted users. The evaluation revealed that the group of high risk users most frequently submitted substances for testing. The slight decrease in the proportion of high risk users between 2004 and 2009 (-10%) could be interpreted as a consequence of drug-checking associated with a consultation. This could mean that the results of the analysis increase the plausibility of preventative messages, and facilitate an important form of self-reflection. Users can associate bad and positive experiences with the quality of the substance. This could also lead to the conclusion that it is not the substance that causes an unpleasant high or trip, but the circumstances, the individual's frame of mind at the time, the place of where the substance was consumed and the amount, the mix use and/or pattern of use. However, it must be emphasised that the available data does not allow us to clearly respond to the subject of the effects of this consumption behaviour; this would require a specific investigation.

Furthermore, the available results also indicate that a drug-checking service does not, as some would claim, encourage consumption: there was no increase, either in the category of high risk use or in addiction.

The Internet as an important information instrument

Just how important a website is in preventing the use of party drugs is evident from the fact that 72% of respondents said they turned to the Internet for information on the effects, risks and side effects of substances. The substance information available at saferparty.ch has been further developed and continuously improved. As a result of which general questions regarding substances have almost stopped, and these pages are among the most frequently visited. However the decline in the number of online consultations could also be a sign that individuals seeking help prefer to discuss their problems in person (by phone, locally and/or at the DIZ) rather than anonymously by email.

Evaluation and networks

Thanks to a consistent evaluation of the services and the evaluation of the questionnaires, the city of Zurich today has a much greater knowledge of the substances used, and various aspects of use (frequency and type of use etc.). This information is always useful for early recognition, and facilitates more targeted interventions. The same also applies with regard to the knowledge of the substances in circulation, the quality and composition of which is made known to the stakeholders and other interested parties through training and at the Round Tables. Thanks to this network, the services are more widely supported, and the youth advisory service Streetwork is widely recognised as a source of information.

As the result of exchanges by various specialist committees, both usage and substance trends can be predicted earlier, and benefits can be drawn from the expertise of a wide range of specialists.

Summary

Discussion of the results shows that preventing the use of party drugs has to be embedded in a local overall concept. In order for such a service to succeed and be accepted, there must be networking and co-operations between the various stakeholders and actors such as politicians, the police and/or medical-treatment services. Strong networks and the corresponding transfer of findings are quite clearly of tremendous benefit to public health.

The results of the evaluation of the questionnaires indicate the need for various measures to be accessible to a heterogeneous group of party drug users who use various substances in a wide range of settings. The low proportion of users of the DIZ and mobile drug-checking who claimed to obtain information through traditional prevention services indicates that the service has to be acceptance-orientated in order to reach the target group. Otherwise there is a risk of preventative measures being perceived as «well-meant», but of not having any effect on behaviour, or only reaching a limited group of users of party drugs. Sociologists indicate that the role of ‹going out› at the age of 15–25 years is so important that it can be called part of daily life.[18] As the results of the questionnaire confirm, this is when the first contact with illegal substances and the first use of party drugs occur. However the lives of party-goers change as they become older, and party culture becomes less important in their daily lives. Yet the use of recreational drugs continues – no longer at parties, but increasingly in other settings. In order to reach these users, we need a service that also appeals to those who consume drugs in settings other than clubs and events. That is the only way to reach users in whose lives the party culture has never featured.

The number of people reached, and the length of consultations has increased consistently since 2004; this confirms that Streetwork is largely managing to present an acceptance-orientated range of measures. In addition to the appeal of the individual services or the possibility to analyse substances, this is also because various services are presented in different forms. These are virtual (websites), leisure (clubs) or geographically delineated areas (Zurich) that correspond to the various life worlds of the consumers of recreational drugs. The orientation towards acceptance of these services provides a contact to whom they can turn; a contact who also critically questions their issues as well as understands them.

Possible extensions to the service

The present service still has a number of gaps as well as the poor inclusion of the target group. Thus, for example, because of the increasing importance of alcohol to teenagers in particular, an attractive, acceptance-orientated service on the subject of alcohol is necessary for use in clubs and in virtual areas (video games). Such a tool could possibly also be used to increase the appeal of the website.

The service could also be extended by low-threshold usage reduction groups in co-operation with medical-therapeutic services. This would also tie in with the finding that although the persons reached are often high-risk users, they rarely have an addicted pattern of use. However, as the existing service also reaches daily consumers of cannabis and tobacco, there is a call for stronger integration of these subjects. There is also a requirement for further social and legal consultations. As drug-checking has also proved to be an attractive and useful service, an extension of the target group by so-called gutter users could also be considered – not least because the analysis of «gutter substances» would be worthwhile in line with the «public health idea». For instance, it is a well-known fact that above averagely cut heroin is significantly more dangerous than a strong Ecstasy tablet. Such a service would naturally have to be based within the daily lives of these users.●

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Endnotes

1 Stadt Zürich 2005:12.
2 Cf. Allemann/Pauli 2000.
3 www.eve-rave.ch
4 Cf. Albrecht 1997, Seiler 1997.
5 ARUD: Arbeitsgemeinschaft für risikoarmen Umgang mit Drogen (Working Group for the Low-Risk Use of Drugs). www.gain-zh.ch
6 www.safer-clubbing.ch
7 www.fachverbandsucht.ch/fachgruppen.php?pg=fgr&gr=28
8 www.democitydrug.org
9 Interestingly, most people see this obligation as something. positive rather than as a reason not to use the offer.
10 Cf. Senn/Bücheli/Schaub et al. 2007.
11 Schweizerische Koordinations- und Fachstelle Sucht Infodrog, www.infodrog.ch
12 Institut für Sucht und Gesundheitsforschung, www.isgf.ch (Institute for Addiction and Health Research).
13 As one person can have up to three samples analysed, the number of completed questionnaires does not correlate to the number of samples.
14 Cf. Bundesamt für Statistik 2009.
15 Cf. Staatssekretariat für Wirtschaft SECO 2010.
16 Benschop/Rabes/Korf 2003: 12.
17 Cf. Tabakmonitoring Schweiz 2009.
18 Werner 2001: 41.