

**Observations on trends and new insights concerning NPS
by the participants of the 2017 Executive Training
for the attention of the Permanent Correspondents
of the Pompidou Group**

While the overall assumption that 90% of existing demand reduction approaches and strategies can applied to NPS may still hold true today, the remaining 10% require possibly require more investment and innovative thinking for the development of new or significantly adjusted responses than previously assumed.

Many NPS users would never come into contact with face to face services. They either do not consider themselves at risk or as addicted, or simply want to avoid connections with official services. At the same time there are strong indications that NPS users are in general deeply engaged with all types modern communication technologies for different purposes of engagement.

This requires not only an integrated but also an interconnected approach between different communication platforms and modes when planning and delivering demand reduction services and responses – possibly more so with any other drug.

Given the fact that NPS prevalence, use and target groups vary greatly in different countries and even regions, it is difficult to conclude and promote concrete proposals for action other than those of a more general kind. Nonetheless the participants believe that the presentations, discussions and exchanges of experience during the 2017 Executive Training brought some insights and understandings that can be of concrete utility in every country in some way or another.

The internet

The internet with all its levels like darknet and the deep web, appears to play an ever increasing role as a market place for NPS, communication platform for users, and provider for different on-line services for the benefit of the user.

In terms of NPS demand reduction the following have gained high significance for users, as well as service providers: User communication via twitter, drug testing services, risk alerts and warnings, consumer safety information, self-assessment and counseling tools.

As for the mode of communication, written communication enjoys far more preference among users and professionals for the possibility to respond at a time of choice and to have more than one 'conversation' at the same time.

Given that target groups use different types of communication platforms, integrated demand reduction responses should encompass the range of tools and platforms use by the target groups for different purposes and settings. Only a clear understanding in which circumstances which mode of on-line communication is the most appropriate, and the ability to combine these, will lead to a successful intervention.

Substance testing

Substance testing appears to gain increasing recognition in many countries. The extent of the services varies and ranges from local on-site testing free of charge at parties and dance events to drug testing of samples sent in by post for a set fee. Some of these services are already offered internationally in full compliance with and observation of legal provisions.

Unlike results and information from official early warning systems, drug test results of on-site testing are often made generally available to the overall audience of an event given that often the same substances are consumed at the locality at that moment in time. Some NGOs claim to have a high reach of risk information this way.

Another important aspect of drug-testing is the ability to get a continued overview of developments concerning NPS in a setting or with a certain group of users. This can, at least for the local level but also in some countries already for the national level, be an important source of real—time data which can help to set priorities and initiate action.

To avoid costly investments into expertise and technical infrastructure to conduct such test, it has proven effective to create cooperation with different partners who may be able to provide technical components for testing services, such as laboratories, data collection expertise, counseling services etc. possibly free of charge or at a lower cost. There are several examples that such cooperation can create desired synergies and reduce costs significantly.

The key for an effective and meaningful substance testing service is an integrated approach that combines testing with awareness raising, harm and risk reduction, counseling and referral and data collection.

Monitoring

A fast evolving and changing phenomenon like NPS poses a challenge for monitoring. Not only are existing mechanisms comparatively slow in delivering the required data to decision makers, also the tools and indicators used may not be feasible to catch the target populations and substances on the market.

The organisations and services which are in contact with NPS users seem to have a good overview of substances, prevalence, and consequences, trends and consumptions mode. While this information is not always systematically collected and not standardized, it provides frequently an in-depth picture of the situation in certain settings and environments.

Different authorities responsible have already set up cooperation with organisations providing services to drug users. In view of the extremely varied situation of NPS use in different countries and settings, such sources of information can be highly useful to develop responses tailored to the needs and specific settings and the target groups that are within the range of these services.

Training

The variety of NPS on the market is wide and extremely variable. At the same time often health effects and risks are not or only partially known. This requires that those in contact with the different user groups require regularly up-dated information and training on NPS and the consequences and risks of use.

The training should target staff and volunteers of organisations and institutions that are in direct contact with the different user groups. For prisons this does not only involve the different professions but also prisoners who often are ready to act as volunteers in awareness raising or are the first ones on site in emergency interventions.

In party and night-life settings it often only NGOs who are in contact with the NPS users in this scene. These NGOs appear to have good knowledge of the local scene and developments but require information on more global developments and training on specific interventions such as substance testing, counseling, medical emergencies, legality issues etc. Equally important is the staff working in commercial settings such as bars, clubs and festivals, including the security staff who are often present in significant numbers and also often the first ones on the site of an emergency.

Appendix 1

Matrices elaborated during the working group sessions.

Relevant professions and their role and contribution in engaging with NPS users in different settings

Intervention Settings	WHO is in contact ?	WHAT can they do ?	HOW can it be done ?	Requirements to do the job
Prison	Prison guards. Prison doctors. Prisoners willing to lend aid. Substance misuse teams. Mental health teams.	Raise awareness. Render first aid. Provide mental health counseling and alternatives to drug use.	Educating prison personnel and prisoners on NPS effects and ways to respond to side effects. Sharing knowledge and experience between teams.	An understanding of the dual diagnosis of psychopathology and other complex needs of prisoners.
Nightlife	Outreach workers. Service Staff. Security guards. Medical personnel.	Act as first responders to incidents by identifying at risk individuals. Potentially intervene and provide advice. Improve pre-hospital management.	Adapting strategies to combat alcohol abuse and other drugs by retraining personnel to interact with NPS users.	Able to frame and target urgent communication about potentially harmful drugs and their effects. An understanding of pre-hospital patient management and first response care.
Emergencies	Doctors. Paramedics. Counselors.	Provide screening, brief advise, and referrals to community support.	Rendering support to individuals who otherwise wouldn't interact with drug services.	Ability to provide salient, acute care within a chaotic environment; able to develop treatment and best practice protocols
Sexual Health Services	LGBT community center outreach workers. Members of the community.	Provide information and raise awareness on well-being consequences. Act as a center for community mobilisation and one-to-one intervention.	Through the dispensing of non-judgmental advice and harm reduction techniques by culturally competent individuals.	A multidisciplinary approach that responds to health concerns surrounding both health issues surrounding chemsex and NPS use in a sexual setting

Existing institutions and their potential to provide NPS related services to different risk groups

Risk Groups:	Institution / Service Provider	Intervention / Service Provided	Adaptation needed?	Results of Interventions
Young People	Schools with the incorporation of external organizations, the family, social media and technology.	Accurate and clear education on the risks of NPS usage. Provide a source of honest, relevant information.	School personnel are not always apt to provide NPS education, thus informed external groups are necessary. Careful not to normalize NPS usage - still a small school age population who uses.	Development of effective health/well-being techniques, while emphasizing the risks associated with NPS usage.
Party Scene	Club services alongside bar staff, consumer outreach services, on-site medical support during festivals and nightlife settings.	Drug checking services provide information and advice on the makeup of particular drugs, most importantly their toxicity. At the same time, bar staff and club services are trained to provide urgent care and act alongside medical personnel.	Club personnel play an adapted role of reducing the harm of NPS through the development skills to combat overdose that are distinct from alcohol and other drug related activities.	Substantial harm reduction. Information/data on NPS drug composition and usage would be made benefit government services to better understand these drugs. Newly trained bar services are better equipped to deal with NPS.
Habitual Users	Needle exchange programs, safe injection sites, emergency rooms and emergency personnel.	Disease lessened through safer using procedures, centers act as sites for one-to-one counseling and intervention, drug checking reduces fatalities within habitual users.	Unlike brief emergency room encounters with occasional users, habitual users require more substantial intervention and proper assessment/care within a medical atmosphere.	Immediate reduction in harm and disease contracted by users. With time, intervention, counseling, and substitution therapy gradually lead to the rehabilitation of users.
Chemsex and MSM	LGBT community and health service centers who are focused on partnership approaches.	Clear, honest and non-judgmental advice on safe sex practices and drug use (partnership approach). Centers for sexual health advice, harm reduction techniques, and community mobilization campaigns for NPS information.	Developing specific cultural competencies when interacting with ostracized groups, de-stigmatizing conversation in a safe environment.	Partnership strategies and cooperative LGBT services will hopefully be a decrease in sexual risk taking behavior and the practice of 'sober sex.' Culturally competent interventions will play a large role in encouraging MSM to enter a safe and de-stigmatized environment.