

**NEWIP** | NIGHTLIFE EMPOWERMENT  
& WELL-BEING  
IMPLEMENTATION PROJECT

TEDI

# TEDI Drug Checking Consultation and Counselling Guidelines



This Guidelines for Drug Checking Consultation and Counselling Guidelines arises from the Nightlife Empowerment & Well-being Implementation Project which has received funding from the European Union, in the framework of the Health Programme

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# 01

## Introduction

Prevention and harm reduction services have been available in nightlife culture for over thirty years now. These efforts have been mostly based on peer support with the aim of reducing the health risks related to party drug consumption. The main intervention has been the providing of information about the risks of so-called party drugs, based on the experiences of drug consumers. The peer approach has become an important method of prevention and harm reduction in nightlife culture. Another common intervention involves low-threshold access to these interventions and the acceptance of recreational drug use as a fact of contemporary life – people are basically going to take drugs in our society no matter what anyone tells them.

The first Drug Checking services were established in Amsterdam in 1986, and since then, several other countries and cities have also introduced these services in their nightlife prevention efforts. Looking at the history of over thirty years of Drug Checking we can see that the analyses of substances and the provision of personal support is an efficient and pragmatic prevention and harm reduction measure. This approach has also led to an increase in **information** concerning the actual contents of popular and available drugs. This information has meant that prevention and harm reduction interventions have become more effective; pursuing a user-oriented process has led to a **decline in** overdoses and medical emergencies. A Drug Checking service is, for many recreational drug users, their first contact to introduction into the social welfare and support system. Experience has shown that people who approach a Drug Checking service consider it more reliable if it offers a drug analysis service. A service with a drug checking facility is an ideal platform for offering personal support to the recreational drug user. The focus of this guideline will be on this aspect because we advocate that professionals working in nightlife culture initiate consultation or counselling with the very people who seek out their services.

The aim of harm reduction or prevention measures in a nightlife setting should always be to offer the optimal personal health option within a chosen lifestyle. Thus the main goals are:

- Increasing individual knowledge
- Promoting individual risk behaviour changes
- Early detection of problematic behaviour patterns involving consumption
- Early intervention, if necessary, and if the client is willing.

Because so-called party drugs are not solely used within a nightlife setting, these guidelines will opt for the terms “recreational drug” and “recreational drug user”. These guidelines will serve as TEDI’s introduction into the area of consultation and counselling in a nightlife setting that targets recreational drug users. The goal is to empower professionals (mediators) working with recreational drug users and to enable them to detect problematic or risky behaviour earlier and to improve the response times of their

personal support system, including making timely referrals for further treatment. The content of these guidelines is based on the best practices as established by different Drug Checking services throughout Europe. However, these guidelines need to be expanded and so the teaching of practical skills such as conversation and interview techniques that can be applied in everyday practice have been introduced into training sessions for consultation and counselling professionals.

## 02

# How to provide personal support in a nightlife setting that requires Drug Checking

When a recreational drug user approaches a Drug Checking service, every point of contact in this context can be considered part of the consultation process. Recreational drug users usually contact a Drug Checking service because they don't have sufficient knowledge or information about the contents, effects and side effects of most recreational drugs. We have to accept recreational drug use as fact of contemporary life that is not going to go away. We should see our goal as providing the best possible support for those who choose this lifestyle. General experience shows that recreational drug users are fairly forthcoming about their personal experiences, their problems and social situations. This, of course, depends on circumstances and the setting (such as during an on-site intervention). The data they usually provide includes the drugs they have used before as well as any prior experiences they have had with these types of services. They consider us experts, but not in a negative way. This usually serves as a good foundation for the initiation of a unique personal support process. By "unique" we mean that not every one of our clients needs the same level of support. Short consultations offering some advice about harm reduction and risk management are usually enough for many users. But when problematic or risky behaviour or signs of addiction are detected during the course of a consultation, professionals should initiate the counselling process or provide additional assistance. What is important at this juncture is that professionals are aware of the limits of the particular setting or their own professional capacities and skills to avoid potentially risky situations. Besides awareness, voluntary, positiveness and acceptance form other key points that must be considered for any nightlife prevention or Drug Checking service. A questionnaire is essential for any professional risk assessment during a consultation.

For a better understanding of these guidelines, the terms regarding voluntariness, positiveness, the questionnaire, acceptance, conversation guidelines and conversational techniques are explained below:

**Voluntariness** is an important issue when dealing with low-threshold interventions. For example, voluntariness simplifies access to a Drug Checking service. It also ensures that there is an agreement between the client and the service professional, which minimises misunderstandings. In the realm of these guidelines, this means that a client must voluntarily agree to fill out a questionnaire or attend a consultation.

An agreement concerning possible further steps in the support process must be agreed to by both the client and the counsellor assigned to a particular case. Various conversational techniques can be applied to persuade the potential client to seek additional personal support.

**Positiveness**, or a state of mind in which one is free from doubt, is an important concept because how and what a professional says during a consultation or counselling session, influences the output of the entire intervention. Positiveness does not imply that everything is acceptable or that there are no difficult issues that may arise related to the consumption patterns of the client or that professionals should lie in certain situations. The term basically means that attention should remain focused on the situation at hand and on how the client can be best aided. The recreational drug user who reveals problematic or addictive behaviour should be made aware of the possibility altering one's behaviour and furthermore, they should be encouraged to change their consumption habits. Positiveness also implies that interventions are not predicated on passing moral judgement.

**Acceptance** implies that one acknowledges that drug use is a fact of life. Personal orientation and one's behaviour patterns have a significant impact on the level of risk a drug user is willing to accept. The dangers concerning the unknown contents and the purity of a particular drug sample can be alleviated by taking it to a Drug Checking service. Acceptance does not necessarily mean that every decision or desire of a particular user is acceptable or will be approved by the service mediator. His or her role can best be described as a critical, nonjudgmental mediator. Acceptance should not be solely focused on the client's drug use; in other words, the individual user should be accepted for who he or she is concerning his or her lifestyle or current social situation.

**Questionnaire:** The use of an anonymous questionnaire during the consultation process is essential for a structured risk-assessment. A questionnaire can provide important general information about the risk behaviour of a target group or an individual user. The questionnaire can provide background information that can be used to create a structure for the ensuing personal consultations, which will lead to providing the proper level of support.

Beside these four basic points, conversational techniques are also considered a significant factor in a successful consultation or counselling session. This skill can mean the difference between a casual and an effective, professional discussion. Everyday conversational skills can also be useful in certain casual settings such as clubs or raves. Some conversation guidelines may help in the structuring of a consultation and the integration of early intervention and detection skills.

**Conversational techniques** are part of a professional's skill set and are essential in initiating an individual consultation. One's conversational abilities may help convince a recreational drug user to seek additional counselling. Conversational techniques are necessary for obtaining essential personal information. The aim of the motivational interview, for example, is to alleviate the user's personal doubts. Using the technique of mirroring with which a mediator or counsellor can encourage the client to look at him- or herself

and thereby increase the awareness about one's own personal situation. Mediators should also address the client's personal wishes in order to better understand how to improve his or her situation. An overview and a short description of various useful conversational techniques will be developed during the next phase of the TEDI project.

**Conversation guidelines:** These should be based on the various levels of intervention. A questionnaire can be a useful tool in structuring an effective conversation. Conversational tools can be used in conjunction with a questionnaire to help a mediator better assess a client's current situation. Early detection and intervention strategies should also be integrated into this process.

Questionnaires, communication skills and conversation guidelines are topics that will be further developed in the following phase of the TEDI project. We will now focus on the difference between consultations and counselling sessions in these guidelines and how this will be handled within a particular Drug Checking service with regard to the individual recreational drug user. The current Drug Checking service questionnaire can also be used in conjunction with the guidelines and the NEWIP evaluation questionnaire.

## 03

# What is the difference between a consultation and counselling?

**Consultation** focuses on a brief risk assessment based on the questions and needs as expressed by recreational drug users attendee by a Drug Checking service. A consultation usually implies a short intervention, which includes the providing of facts based on currently available Drug Checking data, as well as general health information and short harm reduction or risk management recommendations. The goal of a consultation is to provide an opportunity for the concerned user to improve his or her own risk management skills. This intervention is important because there is a general lack of drug knowledge and health issues when it comes to the consumption of illegal drugs. The primary goal here is to increase one's knowledge about safer use, but also about the effects, the potential risks and the actual content of the drugs in question. If a risk assessment reveals problematic or addictive behaviour patterns or other relevant social issues then the counselling process would be the recommended next step.

**Counselling** involves a longer, more in-depth, intervention process that includes assisting individuals in developing their own educational, vocational, and psychological capacities, which may lead them to achieving higher levels of personal happiness and increased feelings of self-worth in society in general. The theory of counselling is that it is essentially a democratic process; the assumptions underlying its theory and practice are, first, that each individual has the right to shape his own destiny and, second, that the relatively mature and experienced members of the community are responsible for ensuring that each person's choice shall serve both his own interests and those of society.

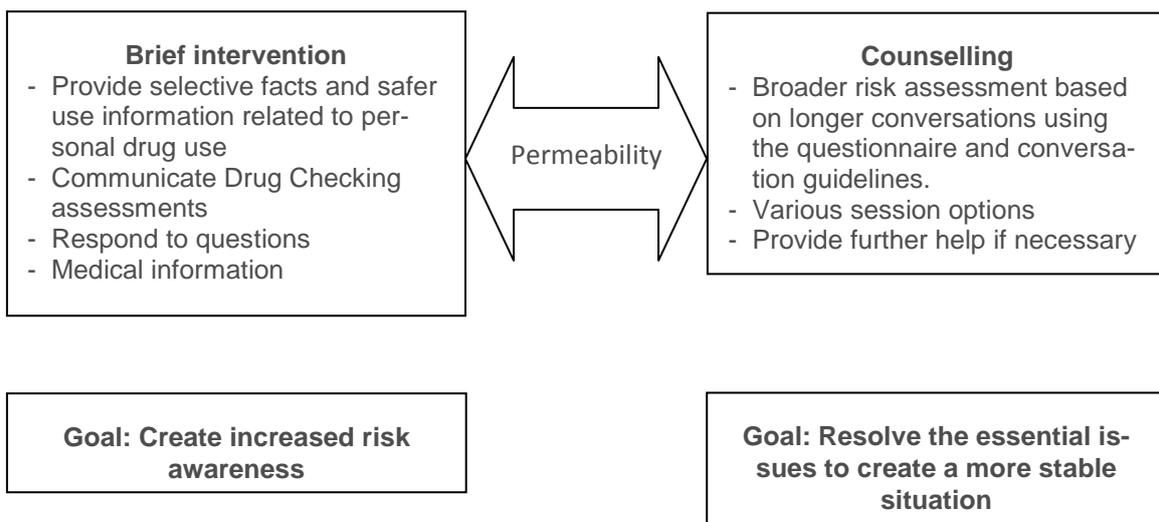
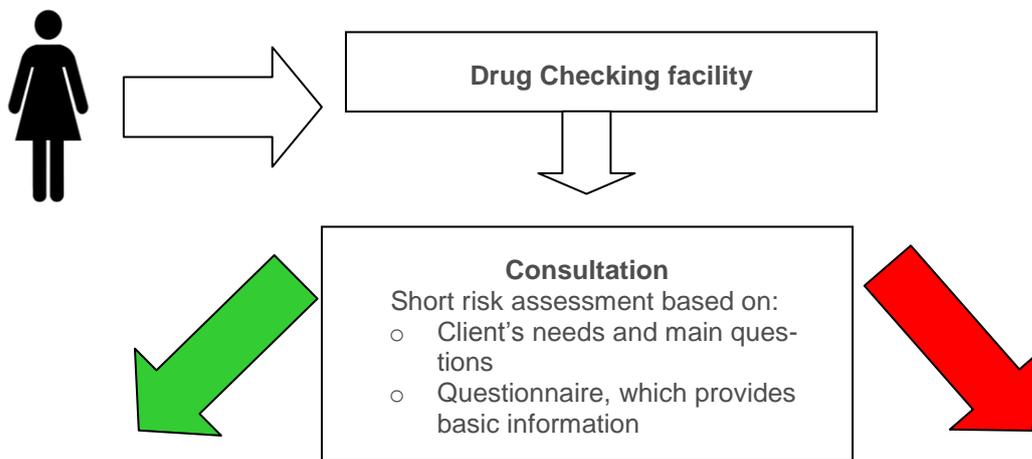
The above terms will be used in the following ways:

- **Consultation:** This short-risk assessment based on a client's actual requests, questions or needs focuses on a brief intervention about a specific substance or on health-related issues. For example, personal risk reduction and safer use information, short recommendations such as not mixing drugs and encouraging the use of personal risk reduction strategies.
- **Counselling:** This involves a generally longer intervention process that leads to a broader risk assessment based on a discussion utilising the questionnaire and the aforementioned conversation guidelines. The goal is to improve a problematic situation. If addiction is the issue, then further assistance should be made available. Issues involving addiction usually involve applying extra motivation and encouragement to the involved user to seek extra counselling.

To ensure low-threshold access to the full range of Drug Checking services, consultation and counselling must be voluntary and based on positiveness. There is no single method; there are, however, numerous available methods and options that can be applied to provide more efficient and effective personal assistance. Every personal situation and setting has its own unique combination of methods and measure of flexibility to ensure a satisfactory resolution to a given situation. Mediators play an important role because they assume responsibility for how deep any particular conversation with a client will go. Furthermore, mediators do not, however, have a choice in the clients that are assigned to them.

# 04

## Consultation and counselling at a typical Drug Checking service

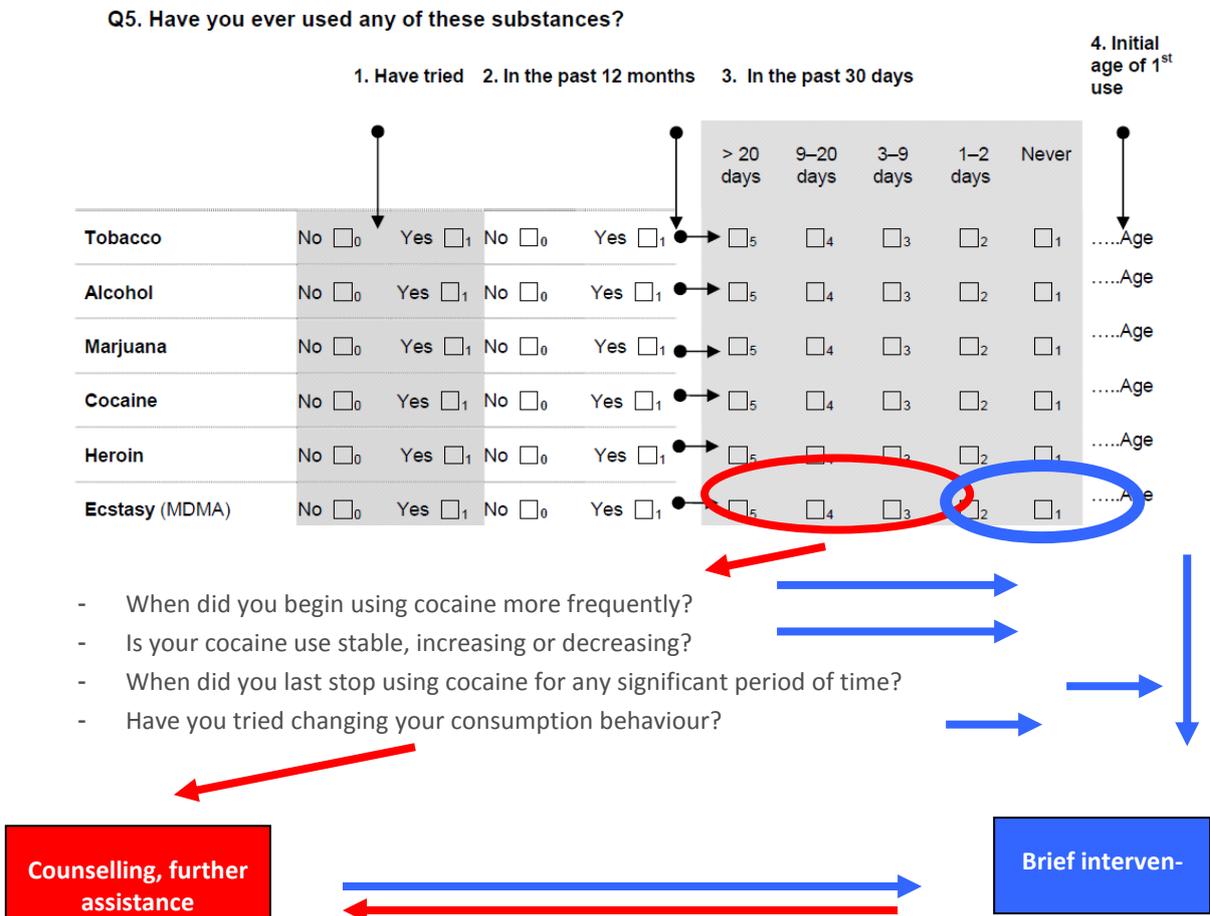


It may not be necessary to use a questionnaire during the initial consultation because it may be more useful to do risk assessment based on the client's unique questions and remarks. But a questionnaire is necessary to obtain all of the relevant information about someone's personal situation. As a professional point of view interesting topics include drug consumption behaviour (frequency, multiple drug use, and dosage), personal situation (employment status) and short- or long-term side effects. This information forms the basis for any further individualised interventions.

The questionnaire can be filled in by the user him- or herself or by the mediator during the consultation session. It should take no longer than fifteen minutes to fill in. The questionnaire must remain anonymous, but it may be used during the initial personal conversation while the mediator poses various questions and will likely also be used during the counselling phase and then combined with the conversation guidelines.

The conversation guidelines delve deeper into the entire drug consumption risk behaviour issue than the questionnaire. Some sample questions may include: How long were you using cocaine twice a week? Is this a recent development? Has your consumption increased since the last time? This line of questioning will be structured in the form of a decision-making diagram. The Drug Checking service professional assigned to a particular client consultation has the freedom to come up with his or her own line of questioning depending on the client and the situation. It's important to ensure that the process does not sound condescending as if the user is being interrogated or being morally judged, which may lead to an uncomfortable situation whereby the user will be unable to answer questions forthrightly. The privacy of the individual user must also be ensured.

Example of the structure of a decision-making diagram, based on a questionnaire (For the whole questionnaire see the annex):



# 05

## Different levels of personal support for the recreational drug user

There are a number of different levels of possible intervention depending on the client's personal situation. The most important is, of course the brief initial intervention because at this point someone's personal details usually only calls for short advice concerning someone's drug consumption or health risk behaviour. The advice is usually along the lines of: don't mix GHB with alcohol or after you take XTC it's better to wait four weeks before taking it again. These short advices are based on currently available research data. The advice should focus on the user's questions and on the results of the short risk assessment during the initial consultation session. But it's also important not to burden the user with too much information and data about various drugs. It's better to communicate one clear message. It is also important to have a flier or pamphlet on hand with all of the relevant information that the user can read in his or her own free time. This kind of brief intervention may also eventually lead to more extensive counselling depending on the circumstances.

If someone's situation indicates that a counselling session is required, and the user agrees, then this can be arranged immediately, and often on site. Otherwise, the client can make an appointment at an official Drug Checking site. If this is not possible, or if the user's condition requires immediate intervention, he or she can be directed to an appropriate partner institution.

It is important to cooperate with the various levels of care and counselling institutions as well as with the client who may feel more comfortable seeing his or her own doctor. This multifaceted personal knowledge approach will be more successful than merely handing out a flier because it creates an effective support group for the entire target group.

Counselling interventions may be one-off sessions or they may involve a more in-depth intervention. It's important that the users' needs and desires are kept in mind and that they are aware of all of the details and what will be required of them in return. The aim is to focus on the user's particular needs and to transfer him or her to the appropriate medical, therapeutic or social facility if necessary.

# 06

## Professional counselling structure

Counselling interventions should be based on earlier sessions and issues discussed with the client (for more information on brief interventions that target cannabis users, see also ACCU: <http://www.sciencedirect.com/science/article/pii/S0740547205001364>).

1. **Assessment:** This phase consists of a structured interview that assesses a person's of substance use history, including discernible patterns of use, abuse and dependence, the perceived pros and cons of continued use, expectations regarding increased or decreased use, the perceptions of risk associated with cannabis, and the current level of usage. The questionnaire and related conversation guidelines should be consulted during this phase.

2. **Feedback:** Structured feedback, in the form of an individual feedback report, includes the amount of drugs one uses compared to data that indicates general usage for one's age group, the pros and cons of using drugs and the user's own observations regarding his or her interactions with the drug and how this affects one's personal goals. This feedback report will be gathered by using motivational interviewing techniques (Miller & Rollnick, 2002), with the goal of helping young users make detailed and objective assessments about their levels of use and the role their use plays in their lives without making them feel uncomfortable about their current circumstances.

3. **Skills and strategies:** Participants are provided with pragmatic strategies for quitting or reducing their drug use. The session includes a discussion that covers issues such as dependence, recognition of personal triggers, managing craving, the setting of goals, planning for changes in one's life, self-monitoring of one's behaviour, and relapse prevention.

4. **Further advice:** Most European countries have a broad range of options related to issues concerning risky drug behaviour and addiction. Treatment goals include abstinence, reduction of consumption, or stabilising one's consumption or substituting one drug for another. The success of counselling interventions hinge on maintaining a network of partner institutions in the region.

# 07

## Obstacles related to the nightlife setting

The very nature of nightlife presents various obstacles to effective Drug Checking efforts. The most common obstacles involve the perception recreational drug users have of Drug Checking services. Many of them wrongly believe that the chief aim of these services is to get people to stop using drugs – abstinence, in other words and that all drug use is frowned upon. Another major obstacle is the general lack of knowledge regarding risky drug use. There are other obstacles that are of a more structural nature such as the type of personal assistance a Drug Checking service may offer, which depends on the individual services themselves and the networks they manage to create with other institutions. There remains some confusion about where support can be offered by any one service such as whether it can offer onsite counselling – at a party or rave, for instance. Other questions involve the staff of Drug Checking services: For instance, do they include professional social workers on their staffs? This is why, despite the fact that it may sometimes be difficult, TEDI strongly recommends creating a multidisciplinary team at each participating Drug Checking service facility that includes laboratory technicians, social workers as well as volunteers. TEDI also recommends that each facility offer onsite interventions. All of these elements are essential in creating an effective Drug Checking service.

# Annex: Questionnaire

From saferparty.ch

**Type of intervention:** - outreach - information stand - Drug Checking - chill out - - office

**Type of party:** - club - one-off-party - outdoor-party - festival - public spaces - bars - other

**Visitors at the event:** < 200 - 200-500 - 500-1000 - 1000-2000 - 2000-5000 > 5000

<b>Q1. Age</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Q2. Sex</b>	M <input type="checkbox"/>	F <input type="checkbox"/>
<b>Q3. Last educational level completed (1 answer only)</b>					
none	primary school	Vocational education	high school	university or academy	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Q4. Current employment situation (limit: )?</b>					
Education	Working	Searching a job	Not active on the job market		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**Q5. Have you ever used any of these substances?**

1. Have tried      2. In the past 12 months      3. In the past 30 days

4. Initial age of 1<sup>st</sup> use

	1. Have tried		2. In the past 12 months		3. In the past 30 days					4. Initial age of 1 <sup>st</sup> use
	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	<input type="checkbox"/>	> 20 days	9–20 days	3–9 days	1–2 days	Never
<b>Tobacco</b>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	.....Age					
<b>Alcohol</b>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	.....Age					
<b>Marjuana</b>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	.....Age					
<b>Cocaine</b>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	.....Age					
<b>Heroin</b>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	.....Age					
<b>Ecstasy (MDMA)</b>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	.....Age					
<b>Speed (Amphetamine)</b>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	.....Age					
<b>Methamphetamine (Thaipille, Crystal, Meth)</b>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	.....Age					

<b>GHB/GBL (Liquid Ecstasy)</b>	No <input type="checkbox"/> _0	Yes <input type="checkbox"/> _1	No <input type="checkbox"/> _0	Yes <input type="checkbox"/> _1	● →	<input type="checkbox"/> _5	<input type="checkbox"/> _4	<input type="checkbox"/> _3	<input type="checkbox"/> _2	<input type="checkbox"/> _1	.....Age
<b>LSD</b>	No <input type="checkbox"/> _0	Yes <input type="checkbox"/> _1	No <input type="checkbox"/> _0	Yes <input type="checkbox"/> _1	● →	<input type="checkbox"/> _5	<input type="checkbox"/> _4	<input type="checkbox"/> _3	<input type="checkbox"/> _2	<input type="checkbox"/> _1	.....Age
<b>Ketamine</b>	No <input type="checkbox"/> _0	Yes <input type="checkbox"/> _1	No <input type="checkbox"/> _0	Yes <input type="checkbox"/> _1	● →	<input type="checkbox"/> _5	<input type="checkbox"/> _4	<input type="checkbox"/> _3	<input type="checkbox"/> _2	<input type="checkbox"/> _1	.....Age
<b>Poppers</b>	No <input type="checkbox"/> _0	Yes <input type="checkbox"/> _1	No <input type="checkbox"/> _0	Yes <input type="checkbox"/> _1	● →	<input type="checkbox"/> _5	<input type="checkbox"/> _4	<input type="checkbox"/> _3	<input type="checkbox"/> _2	<input type="checkbox"/> _1	.....Age
<b>Psilocybin mushrooms</b>	No <input type="checkbox"/> _0	Yes <input type="checkbox"/> _1	No <input type="checkbox"/> _0	Yes <input type="checkbox"/> _1	● →	<input type="checkbox"/> _5	<input type="checkbox"/> _4	<input type="checkbox"/> _3	<input type="checkbox"/> _2	<input type="checkbox"/> _1	.....Age
<b>Smart Drugs, Research Chemicals, Legal Highs Other?: _____</b>	No <input type="checkbox"/> _0	Yes <input type="checkbox"/> _1	No <input type="checkbox"/> _0	Yes <input type="checkbox"/> _1	● →	<input type="checkbox"/> _5	<input type="checkbox"/> _4	<input type="checkbox"/> _3	<input type="checkbox"/> _2	<input type="checkbox"/> _1	.....Age

1. Have tried      2. In the past 12 months      3. In the past 30 days

4. Initial age of 1<sup>st</sup> use



More than 20 days	9 to 20 days	3 to 9 days	1 or 2 days	Never
-------------------	--------------	-------------	-------------	-------



<b>Prescription drugs (Names?: _____)</b>	No <input type="checkbox"/> _0	Yes <input type="checkbox"/> _1	No <input type="checkbox"/> _0	Yes <input type="checkbox"/> _1		<input type="checkbox"/> _5	<input type="checkbox"/> _4	<input type="checkbox"/> _3	<input type="checkbox"/> _2	<input type="checkbox"/> _1	.....Age
<b>Non-prescription drugs (Names?: _____)</b>	No <input type="checkbox"/> _0	Yes <input type="checkbox"/> _1	No <input type="checkbox"/> _0	Yes <input type="checkbox"/> _1	● →	<input type="checkbox"/> _5	<input type="checkbox"/> _4	<input type="checkbox"/> _3	<input type="checkbox"/> _2	<input type="checkbox"/> _1	.....Age
<b>Others (Names?: _____)</b>	No <input type="checkbox"/> _0	Yes <input type="checkbox"/> _1	No <input type="checkbox"/> _0	Yes <input type="checkbox"/> _1		<input type="checkbox"/> _5	<input type="checkbox"/> _4	<input type="checkbox"/> _3	<input type="checkbox"/> _2	<input type="checkbox"/> _1	.....Age



**Q8. What did you consume at a typical party?**

<input type="checkbox"/> Tobacco	Number of cigarettes: __	<input type="checkbox"/> Magic Mushrooms
<input type="checkbox"/> Alcohol	Number of standard drinks: __	<input type="checkbox"/> Ketamine (Grams consumed ____ in what form?.....)
<input type="checkbox"/> Marijuana	Number of Joints: __ Number of Bongs/Pipes: __	<input type="checkbox"/> Methamphetamine (Thaipille, Crystal, Meth) (Grams or pills consumed in what form:.....)
<input type="checkbox"/> Cocaine	Grams snorted: __ Grams smoked: __ Grams injected: __	<input type="checkbox"/> Poppers
<input type="checkbox"/> Heroin	Grams snorted: __ Grams smoked: __ Grams injected: __	<input type="checkbox"/> Energy Drinks
<input type="checkbox"/> Ecstasy / MDMA	Number of pills: __ Grams of powder swallowed: __	<input type="checkbox"/> Smart Drugs, Research Chemicals, Legal Highs (names and amounts :.....)

<input type="checkbox"/> Amphetamine (Speed) <input type="checkbox"/> GHB/GBL <input type="checkbox"/> LSD	Grams of powder snorted: __	<input type="checkbox"/> Prescription drugs (names?: .....) <input type="checkbox"/> Non-prescription drugs (names?: .....) <input type="checkbox"/> Others <input type="checkbox"/> Nothing
	Grams of powder swallowed: __ Grams of powder snorted: __	
	Amount in milliliters: __ Number of trips: __ Number of drops: __	

**Q10. Experiences after the consumption of psychoactive drugs (fill in as many as applicable)**

Short term	Long term
<input type="checkbox"/> Bad trip	<input type="checkbox"/> Problem with family member or partner
<input type="checkbox"/> Unconsciousness	<input type="checkbox"/> Problem with friends
<input type="checkbox"/> Hospital emergency department	<input type="checkbox"/> Problem at school or work
<input type="checkbox"/> Unwanted, unprotected sex	<input type="checkbox"/> Problem with the police
<input type="checkbox"/> Accident (car crash, falling down)	<input type="checkbox"/> Debts
<input type="checkbox"/> Violence (victim or offender)	<input type="checkbox"/> Sexual dysfunction
<input type="checkbox"/> unwanted sexual encounter	<input type="checkbox"/> Avolition (lack of motivation)
<input type="checkbox"/> Driving under the influence of drugs or alcohol	<input type="checkbox"/> Chronic sleep problems
<input type="checkbox"/> Relapsing anxiety and panic	<input type="checkbox"/> Chronic infection (hepatitis, HIV)
<input type="checkbox"/> Anxiety or panic attacks	<input type="checkbox"/> Depression
<input type="checkbox"/> Epileptic shock	<input type="checkbox"/> Other(What:.....)

**T1. Have you ever used a Drug Checking service before?**

Yes <sub>1</sub>    No <sub>0</sub>    If yes, which institution? ..... date of last visit:.....  
 How often: <sub>1</sub> 1 x    <sub>2</sub> 2 – 5 x    <sub>3</sub> more than 5 x

**T3 What is important in determining the quality (content, dose) of a substance?**

<input type="checkbox"/> <sub>1</sub> Buy from the same source	<input type="checkbox"/> <sub>6</sub> Prior experiences of friends
<input type="checkbox"/> <sub>2</sub> The logo – its colour, etc. of substance	<input type="checkbox"/> <sub>7</sub> Try a small dose
<input type="checkbox"/> <sub>3</sub> The colour and taste of the substance	<input type="checkbox"/> <sub>8</sub> Whatever, I will try anything
<input type="checkbox"/> <sub>4</sub> Price	<input type="checkbox"/> <sub>9</sub> Other criteria: .....
<input type="checkbox"/> <sub>5</sub> Prior experiences with the substance	