

A PREVENTIVE RESPONSE TO A NEW PARTY DRUG (GHB)

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I will talk a bit about what possibilities there are for prevention, an approach to GHB in the Netherlands, I will show some results from a consensus route we did in Holland, and I will talk about what information should be given to consumers of GHB. I work at the Trimbos institute for mainly two programmes: one is substance use and youngsters; the other is a nation-wide prevention support division.

The ministry of Public health, welfare and sport in Holland, asked us to do several things, mainly to coordinate the information and the prevention activities in a better way than it had been done previously. There were a lot of activities and prevention initiatives going on and prevention material being produced, but it was not always of a high standard. So we evaluated the provisions and tried to improve on them.

In order to do this we looked at what was going on in terms of prevention outside of the Netherlands, then we tried to get a consensus on what information should be given to the users of GHB and to the general public. We also worked on implementation and tried to agree about what information should be given to professionals that are working in the clubs.

In this presentation I want to provide information about the activities I have mentioned, and I want to show and to present a decision model (decision 3) on how you can approach a new drug, in this case GHB. I will show this model and I will show also that it can be used for other new drugs.

I have worked in the prevention sector for about 10 or 15 years already, and GHB has been present in parties throughout this time; it has been around for about 10 years – I think it was at the beginning of the '90s that GHB began to appear on the market. Since then it has decreased and increased variously, and it is still there.

In this presentation I want to look at GHB prevention and information outside of the Netherlands, and what we can learn from that. The second thing is to question if there is a possible consensus on what information should be given to users and what are these measures, what do you want to explain to the users – what is your message? But the main focus will be on the process: what did we do in order to get these messages?

(Referring to screen) This is the decision model, which contains 3 stages: First you must do an assessment of the new drug, in this case GHB. As a new situation and a new drug on the market, you want to know how many people are using this drug. You want to know will this drug be on the market for a long time and how strong it is? This is so you can do a risk assessment for the first stage in this model. The second stage is that you want to look at the research that has been done on GHB, both in the Netherlands and outside. And we want to look at the practices – what are the inventories of the interventions that are already in existence? And we did an inventory of the relevant parties and all the people involved in GHB, including users and professionals working in clubs, and researchers.

(Referring to screen) Then the last stage of this model is that you want to try and get consensus of what approach you want to choose; you need to agree or decide what prevention methods you can use, which ones you can use best; what information methods you want to give; you need to choose your target groups and lastly you want to decide whether you integrate this approach into the existing intervention or not. Do you want to create or develop new interventions, or is it possible to integrate it into the already existing interventions? So this is the model that we used.

What are the results of mainly stage two, the orientation of prevention and the information practice? We did not find that much existing specific research on GHB. In Holland there has been one big study, by the University of Amsterdam, by Dirk Korf, who is sitting at the back there. He was doing this research with the first people and the study is called 'GHB: between Ecstasy and narcosis.' There was a lot of information in that study but no exact figures given for number of users. So we do not know exactly in the Netherlands, how many people are using GHB; but it is not a very big group at the moment and I think there were more people using it two years ago than at this moment.

What we did at this stage was we tried to get information, and we succeeded in identifying the core messages for users that we could use at a consensus meeting. Later on we organised a meeting with all the experts at which we could show these core messages, and then we agreed about what was the most important information we want to give and we should give to consumers of GHB. This orientation did not get any totally new insights; we found a lot of specific information material about GHB, in the form of leaflets, websites with information about GHB; we found this outside and inside of the Netherlands, and you could say that GHB information has gradually come to occupy a place of its own among club drugs. It is just one of the drugs that is being used in clubs and in nightlife, so you have to look at it.

What did we do at the consensus route? It was a meeting we organised for all relevant parties, so police officers were there, drug prevention workers – especially, drug experts, first aid workers, researchers, and so on, and altogether we talked about what were the most important risks we wanted to highlight, especially to the consumers of GHB. At the same time, we were already developing, at our institute, a leaflet and a consumer folder, so now we have a folder that contains the information that we all agreed as being the most important things to communicate.

What are the results of this consensus route? Important that everyone felt that the nature and the size of GHB use in the Netherlands is serious enough to deserve specific attention. As I have already said, the use is declining but it is still serious enough to warrant specific attention. We have now got broad support for a consumer folder and its core messages, and this is the most important result I think. The folder contains information about dosages, including overdoses; about losing consciousness; going out; comas; it contains information about combined drug use; and also about GHB in relation to sex and 'drink spiking'; the folder also contains information-giving tips for safer use and first aid that you can give when someone is having a bad experience with GHB.

This folder I am talking about will be used in the Netherlands by all parties involved. A result of this consensus route is that we all agreed that we should not give much

information to the general public about GHB; the main target group are the consumers of GHB. We also agreed that it was not a good idea to have a large-scale campaign, we felt it was better to provide information when someone asks for it – so the special target groups. It is not so easy to reach only that group but that is what we want to achieve.

So what are the next steps that we want to take? We want to integrate GHB information into already existing prevention activities; we want to stipulate that only the new material is being used, so that we can ensure that the poorer information which already exists is no longer used and distributed; thirdly, we want to stipulate that important clubs make a link with our website, with the right information about GHB. I think the use of Internet is very important, there are many possibilities for users to communicate with each other over the Internet and we need to link in with that. So our goal is to launch target information and prevention efforts for professionals in the club circuit, which we can do in the first aid course we organise and also in the course for doormen and for all professionals working in the clubs.

Now I come to my conclusions: the consensus meeting we held was a success, everyone who attended felt that way, and also said that we should do it more often. In providing information, first priority should be given to the users of GHB. And what we achieved was a consensus about what information messages we should give to consumers/ users. There is a folder now that has broad backing, which is very important. Our second target group were the professionals working in the clubs, so we have to go on with these activities. I think the model that I have shown and the decisions that I have shown highlight the importance of choosing the right strategy and I think that it will also be possible to use it for other new drugs.

Thank you very much.