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LIGNES LINES LINEAS LINIEN

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N° 12 - 3^d TERM 2002



EUROPEAN FOUNDATION
OF DRUG HELPLINES



Our present contract with the European Commission is for 21 months; it began on 1-11-2001.

It is a very exciting time for FESAT with dramatic changes and developments in technology. FESAT provides a forum to better adapt to a constantly changing environment.

Helplines are a valuable source of information about new drugs and new drug trends. The Monitoring Project of FESAT continues in this contract aiming to achieve the goal of monitoring this information.

FESAT has consulted with the (European Monitoring Centre for drugs and drug addiction) EMCDDA in Lisbon about the data collected by FESAT Monitoring Project; this data should be seen as a complement to other kinds of data collected nationally or internationally.

Among other tasks in this contract is a study of (ad hoc) lines and their responses to periodic needs for information about drugs i.e. lines set up for media campaigns, cross cultural phone lines etc

FESAT as a network is ever increasing with the collaboration of 47 helplines in 18 European countries; the collaboration has taken the form of exchanges of experience and best practice through bursary grants and the bursary grants continues.

An external evaluation of FESAT will be carried out to provide us with an aid to finding the most effective route to consolidating and developing an effective network.

Rosaleen Hanton,
President of FESAT
Coordinator of "South East Regional Drug Helpline", Waterford, Ireland

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“BEDROGEN?”

An awareness campaign for both clubbers and nightlife professionals»

“Club Health 2002”, the 2nd International Conference on Night-Life, Substance Use and Related Health Issues was held in Rimini, Italy between 24 - 27 March 2002.

Some FESAT-members, among which the Dutch Drugs Informatielijn, participated in the conference and Druglijn from Brussels, Belgium had the opportunity to present its campaign on ‘party drugs’ in a session on “campaigns and clubbing”. The text below is an extract of that presentation.

From the overall 10,000 calls received each year by Druglijn (the Flemish drug helpline), more than 30% include questions on ‘party drugs’. The misconceptions callers still have on ecstasy and ‘party drugs’ in general are sometimes striking. Druglijn notices that a lot of clubbers are still convinced that the look of powders or pills are an indication of their composition, quality or safety. Belgium was confronted with two PMA-related deaths in the summer of 2001. These tragic incidents showed how misleading the size, shape, logo or colour of pills can be (the PMA-tablets looked like regular ecstasy-tablets or even mentioned the letters “XTC”) and increased the Druglijn’s urge to launch an awareness campaign on ‘party drugs’.

This nightlife health promotion campaign was the first of its kind in Flanders. It was set up in close co-operation with professionals from the dance-scene, with whom contacts were built up over the past years. The starting point was one of respect for “dance” as a positive



and creative lifestyle for a whole generation of young people, stretching far beyond the limits of the nightlife industry.

The main aims were to sensitise and to inform. “You never know what you take” and “Get informed” were the main slogans of the campaign. Short, factual information on party drugs had to make clubbers think about how much they really know about party drugs. Apart from some basic harm reduction advice, all campaign material mentioned the telephone number of the Druglijn for personal support and information. Communicating

the helpline number offers the possibility to everyone to access personal and tailor-cut information or advice.

Druglijn chooses a push and pull communication strategy. The push strategy was meant to reach clubbers. It involved advertising in the main dance magazines and the distribution of posters, stickers and flyers in nightlife flyer networks. The pull strategy was aimed to raise the interest of all the involved intermediaries and to invite them to take action on a more local level. A mailing offered the opportunity to club and shop owners, youth clubs,

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youth workers as well as prevention workers to order a free information package on ‘party drugs’. This resulted in a response of almost 50%.

The pull strategy was also an attempt to find partners to develop prevention strategies and policies in a longer term. So far it has resulted in some interesting collaborations including “I Love Techno”. With more than 30.000 clubbers, this is Europe’s biggest indoor techno festival. Druglijn was present with huge video wall projections, posters in toilets and the distribution of 20,000 pocket cards. The collaboration with I Love Techno and other organizers has resulted in facilities at several large dance music events in Flanders (e.g. free water distribution, better climate control or a better co-ordination of safety measures in general).

Such collaborations with nightlife professionals, resulting in a better co-ordination of a whole range of measures (from door staff training to water supply, prevention campaigns, fire security, safe chill-outs, etc.) are the best guarantee of preventing drug-related incidents and to make nightlife a safer environment for the large number of young people who go out clubbing all over Europe. One of the major aims of the conference “Club Health 2002” was to work out a set of “international guidelines to protect health in the night environment”. More information on these guidelines, as well as some interesting links on ‘party drugs’, can be found at www.clubhealth.org.uk

Mark McLean - National Drugs Helpline - United Kingdom

Drugs

THE IMPACT OF CHANGES TO DRUG LAWS ON HELPLINES

Proposed changes to the penalties for the supply and possession of cannabis in the UK have had a clear impact on the enquiries received by helplines in that country. Parents, for example, have been concerned about the credibility of the signals that they have been sending out to their children. Professionals are concerned about

the currency of drug education materials following the new announcements. And the way that the media have reported the intentions of the Government has led to confusion for many callers.

The UK is not alone in facing changes to drug laws and its helplines are not alone in how they respond to changes, and in how

they respond to the responses of callers to the changes. We want to know about the experiences of helplines in other countries on these questions for an article in the next edition of Lines. Please can you send your contributions before 27 October 2002 to Mark McLean on mmclean@healthwise.org.uk.

Austria – Vienna - National Meeting, June 21st, 2002

NEW TECHNOLOGIES IN A COUNSELLING SETTING

Standards in e-mail counselling

In co-operation with the associated FESAT member CheckIt the Austrian board member institution ANTON PROKSCH INSTITUTE "Treffpunkt" had organized the first national meeting on the above topic in Vienna, June 21, 2002.

A questionnaire was included with the invitations to better establish an approximate overview of the way that e-mail counselling was currently being dealt with in Austria.

In addition to "Legal Aspects", many questions came up concerning "Ethics In Cyberspace". At a next professional meeting on "E-mail Counselling" to take place in Vienna, in September 2002, further exchange on these two focal topics – among others – will be possible.

At this national meeting it seemed important to all participants to continue insisting on additional professional training e.g. as "E-mail Counsellor", as to be especially equipped to deal with this new medium "E-mail Counselling", with all its particularities and

boundaries, adequately. Already in autumn 2002, a regular meeting on the various focal topics will be set up to comply with the wish for increased networking, which is already taking place informally.

The defined goal of the various discussions on the subject matter was to find a basic consensus, to foster further internal discussions at the various institutions and information exchange between them – and beyond the national borders.

The participants voiced a pronounced need for supplementary and other additional training regarding e-mail counselling. The following areas of additional professional training were elaborated:

- Expressiveness and forms of expression to be employed in new electronic medium (medium-specific usage of language; specific communication regarding age and scene terminology; non-usage of subjunctives; text interpretations - what was and was not addressed specifically in an e-mail ? where do the boundaries lie in text interpretation, where does the realm of speculation begin?)
- E-mail counselling techniques -

how do we answer concisely ?;
dealing with life crisis

- Technical know-how

Here are the results of the three workgroups:

Working Group – A – Specific characteristics, strengths and weaknesses of e-mail counselling

The characteristics are:

- Prompt, non-obligatory, cost-effective
- Direct medium; 24hr availability - enquirer can act upon a spontaneous impulse (would be frustrated by answering machine or wait periods when seeking contact)
- No fear of barrier: feelings of guilt or impression of asking a stupid question is not at issue > question/problem can be articulated easier/thematised (advantage for enquirer)
- Apparent anonymity - possible testing of behaviour of enquirer (regarding role/identity change)



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- Offers the possibility to test out institutions and/or individual counsellors

The strengths are:

- The act of writing itself will help to structure and clarify the request
- Enquirers only pose the single question which they want to be answered, they do not need to be confronted with the counsellor personally, who would possibly introduce hypotheses in regard to other questions
- User can select any service in the internet in which they have confidence (= not bound to geography)

The weaknesses are:

- For the counsellor: no other information than the written (no mimic, gestures, language...)
- Large time expenditure to answer the e-mail, since absorption of the individual case is necessary
- Insecurity of the counsellor when questioning is not precise = misunderstandings
- Counsellor lacks "qualifications" since specific professional training is not available yet
- Lack of knowledge and/or experiences - the internet medium is itself too young
- Lack of standards: who may counsel? Legal questions (e.g. liability, criminally relevant affairs become known...)
- In part inadequate organisational structures => who reads/answers e-mails?, lacking resources = additional service offering without own financing (where can the necessary time be economized?)
- Specific internet language: many abbreviations, stylistic insecurities (addressing, capitalization or not...)
- For the enquirer: actual anonymity not guaranteed (possibility of back-tracing)
- No control over who actually answers my questions

The suggested requirements are:

- That the organisation offering e-mail counselling has clearly defined responsibility for this service
- Possibility of exchange (shared handling of enquiries, case reviews)
- Protection for the counsellor (legal clarification)
- Documentation and evaluation (categorization of the incoming e-mails) = data-gathering to open up additional financial resources for this service.

Concluding feedback and further mode of proceedings:

- Planning of meeting dates/clarification of possibilities of financing
- Memo for spring meeting
- Selection of legal experts (forwarding of prepared questions with the request for replenishment)
- Possible networking with e-beratung@netbridge.at

Working Group – B – Contextual standards of answering e-mail requests (quality characteristics, concepts)

The following questions were addressed repeatedly during the discussion:

- How do the institutions proceed with e-mail counselling?
- Which forms of language and communication are appropriate for reply and/or non-ability to answer question?
- How was e-mail counselling initiated and/or organized?

Some participants showed how they organise their work with e-mail-counselling:



Treffpunkt sorts out the incoming e-mails into the categories of

- Those which can be dealt with by other institutions more efficiently or where available information is sufficient for response – this is done by the secretary, who uses the internal guidelines.
- Questions which require a more in-depth response will be reviewed by the team the following Monday and answered no later than Tuesday. This procedure is the same as with a first contact interview.

Waggon Mödling is linked with www.rbx.at of Rennbahnexpress and is responsible for the areas living, addiction, legal questions, school-job, violence and family. E-mails will be printed out and filed. Every team member, who has time, will routinely pick up incoming questions. There are no team reviews, but the timely reply works well (max 2 days). Support should be primarily encouragement and referrals are made to other counselling institutions.

FSW provides access to 19 experts on selected subjects through the portal www.drogenhilfe.at. The enquiries are forwarded by the management staff to the experts, who are responsible for the reply, which does not always happen promptly.

The Forum rat&hilfe of Wien Xtra has many hits and enquiries to process. The team members work in successive shifts. All subjects

which affect young people are categorized. Postings about suicide and auto-aggression have sharpened an awareness for guidelines. The team has developed a standard in the practical work which, however, is not recorded in writing. For example, the youthful jargon will not be imitated but, however, a response compliant with the tone of the posting will be made. Phrases of address and saying goodbye are important; there is attention paid to this, even if a standard guideline does not exist. No further enquiries will routinely be made - the construction of a relationship with the user is not desired and/or interaction in general will not be promoted. Messages of the staff are clearly marked. Application of censorship will be discussed with the management.

It is desired that the team could discuss the occurrences and approaches of dealing with them – but this is not possible because of working in successive shifts and time shortage. The management has still not realized, that online work requires a specific competence, but rather continue to have faith in the transferability from the person-to-person contact work (still being offered).

At VWS (Verein Wiener Sozialprojekte CheCKiT) a working group of four people has put together a guideline for e-mail counselling. The goal is assurance of quality and the training of team members. The completed guide should (only) be made available to the e-mail co-ordinators (two per institution). In approx. 27 duty hours the following were dealt with:

- Classification and dealing with e-mails according to categories of questions
- Various points from these guideline: Every e-mail will be answered, even when a fake is suspected. The e-mails are sorted according to question content. The answers are discussed with colleagues. A serious and trustworthy tone will be maintained, even when an adjustment of style of enquiry (e.g. more casual or informal) takes place. A "soft" approach is chosen: personal address, possible reference to earlier contacts and when greeting the name will be used with reference to the institution ("XY for Ganslwirt"). The possibility of personal counselling is mentioned. Specific enquiries will be forwarded to the better qualified experts concerning the matter at question.

The enquiries are processed secondarily according to enquirer category (family member; multiplier etc.). Primarily the selection and processing of e-mails is conducted according to categories of enquiries:

The 1st category is information mails, i.e. those which inquire about a limited information, where the concrete question is to be answered. In addition, further information is to be offered concerning harm reduction. If e.g. information about deadly nightshade is asked, the dangers will also be elaborated. If a question cannot be answered for professional reasons ("How do I force my child to..."), then the reasons will be explained.

Secondly there is the support enquiries, i.e. e-mails with an explicit plea for help. Thereby, aside of the advice given, it will also be pointed



- What is possible with e-mails or not in comparison with communication between persons actually present
- General response procedures
- Structure and form of language of a response-mail





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out that e.g. there is no singular solution; there will be general supportive encouragement given. One's own interpretations and suppositions will be formulated explicitly.

The 3rd category consists of all the remaining e-mails, e.g. insults or those without real content or inappropriate topics in regard to the subject matter, etc. It cannot be generalized and/or it is unclear how a reaction to these e-mails could be: An enquiry from the counsellor could lead to an undesired construction of relationship.

For example, in the case of a helpline in Krefeld (www.telefonseelsorge.de/wir/index4.html), guidelines for answering e-mail enquiries were established for full-time staff members (currently still a draft).

If you are interested, please get the two-page outline from VWS-WG or rat&hilfe! Or get in contact with the FESAT board member api.treffpunkt@aon.at to get the information from this service.

In course of the discussion the idea of what a good title for a website address could be came in question. "Help" promises too much sometimes. "Let's talk about drugs" seems rather boring, but seems to be accepted by all age groups very well. In sum the expectations of the counselling services seem to be rather too high and self-responsibility too low.

Sometimes the same e-mail enquiries will be addressed to two or more institutions. The answer could be – just as with a good physician – to reference to other professional opinions, e.g. through links, persons or literature recommendations.

Working Group – C – Enquiry issues which could surface during e-mail counselling

- Anonymity (coding?)
- Data protection
- Is missing information false information - How contextually complete must answers be?
- What happens when wrong information is given - What is within human error?
- Questions of liability - To which extent is "postal privacy" applicable?
- "Criminal law"(local jurisdiction) - Where is the provider headquartered and which jurisdiction/liability there is e counsellor's location (of the responding institution) or of the location of the provider? (state criminal law?)

- "Private law"
- Who is liable? The institution's and/or the project's management or the responding counsellor?
- Question of age - as a respondent, one does not know the age of the enquirer. With underaged it is a legal responsibility to report suspicion of suicide intentions
- Is the legally binding oath of secrecy applicable? The right to refuse to give evidence?

As a provisional result of this workshop the following question arose for another meeting:

Which laws can be applied with the installation of an e-mail counselling service (criminal law / media law / penal code regarding data protection / civil rights ?)

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COMPARISON OF TWO MEDIA PREVENTION CAMPAIGNS

Prevention communications in their various forms (posters, broadcast ads) are discussions about drugs. They are produced by some particular groups and are received by and have specific effects on others. In this leaflet we will attempt a modest analysis of two types of media campaigns, each linked to a strategy of prevention. Let's bear in mind that preventative messages have an educational aim. It's always about acquiring or modifying behaviours in these cases.

ANALYSIS

The analysis presented here has been conducted by Bénédicte Meiers and Françoise Kinna from the agency 'Question santé' in the brochure 'Images de la Santé – Réflexions et enjeux' (Question santé, 1997).

As the producer of one of the analysed promotional materials, Infor-Drogues prefers to hand over to an established organisation whose mission is to offer a 'neutral' analysis.

Both materials have been produced in the context of a drugs prevention campaign, one lead by Infor-Drogues in 1994 ('by the way, drug use could start with a lack of understanding') and the other by the Publicis agency in 1995 ('the more he takes, the more cheerful he gets').

1. What is shown to us

First of all, you need to know that that the 'image' is analogue. It gives meaning by using resemblance

and by imitation (as opposed to language, which could be described as digital). The perception of an image is only possible only through a continual comparison between what we are seeing in the present and what we have already seen. 'Similitude' is the "sine qua non" condition for achieving recognition.

The analogue quality of an image implies that it can be only be affirmative. It cannot be negated since it brings things into the present.

In the advert 'The more he takes', the image is photography. It

shows a face without eyes but with a central mouth which reveals the browned stumps of teeth. Showing one part of a real person, the image does not link to a particular person but to everyone with these same characteristics.

In the 'By the way' ad, the image is a drawing using a minimum of strokes necessary for you to recognise two people interacting. What is shown is stylised and is not therefore realistic. Unlike the first ad, this one does not relate to particular clear characteristic but to any individual.

2. What we interpret

An interpretation is imposed over the visual message. This is a subjective message, because it depends on the capacity of the receiver to decode it, and on external factors such as mood, weather etc.

'The more he takes ...'

The close up on the mouth shows us 'one part for the whole' (metonymy). The mouth full of



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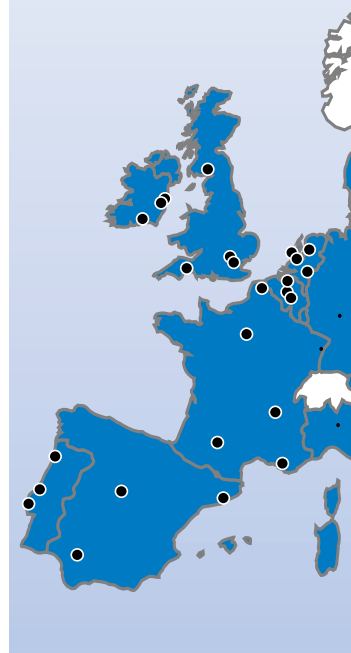
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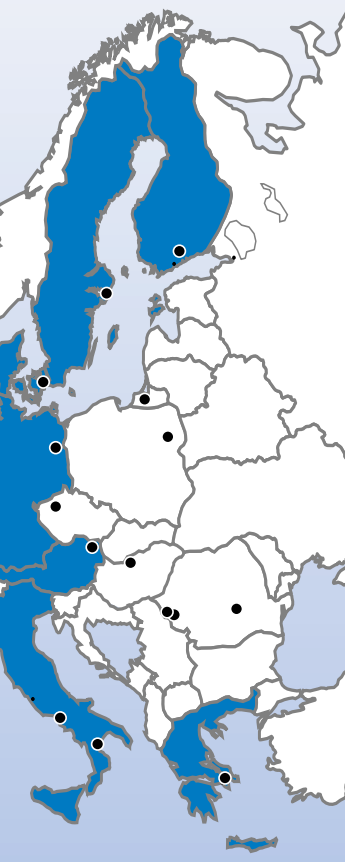
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ION OF DRUG HELPLINES

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COMPARISON OF TWO MEDIA PREVENTION CAMPAIGNS

▼
▼
▼
▼
▼

tainted teeth is supposed to represent the 'drug addict' type. It is the accompanying text 'drugs swallow you up' that effects this link. The jump from the one thing to the other is compelling, isn't it? From one of the possible effects of drug use, you get to the drug addict.

The expression of the mouth introduces an element of ambiguity: is it a smile, a laughter or a cry of suffering? The image does not on its own allow us to solve the puzzle. We are therefore left to interpret the message however we want, up to the point of believing that the ambiguity is intentional because, with drugs, the line between pleasure and suffering is indistinct. In contrast, if we think about the strapline 'The more he takes, the more cheerful he gets', a smile appears. It then seems to be telling us about a link between how much of the drug is taken and an associated level of cheerfulness. From that point, the smile changes into a cry of suffering. Drugs are instinctively associated with suffering – you don't need the 'swallow you up' of the slogan, nor do you need to see the deplorable condition of the teeth shown on the ad). The senses are provoked – hijacked even. But to what end – shock, rejection, fear? And in relation what – drugs or people who take them? The door is open to all possible attitudes.

The absence of eyes is equally significant. Are the eyes not windows on the soul, or at least do they not provide access to man's heart? Isn't it dehumanising to remove the soul? We are presented with a literally disfigured human face, eaten up by drugs (if we refer to the words 'drugs swallow you up').

These words are equally interesting because they turn the concept of 'drug consumption' on its head and infer that the object (drugs) assume power over the subject (the consumer) to deprive him of this dignity and to destroy him.

To sum up, everything in this ad comes together to show us the effects of drugs, to point out the harm and to recognise it in other people in cases where we wouldn't always have come across it. Given that every image is an imitation and that in return it directs the way we see things (the imitation shown has been chosen amongst others), we may wonder how the recipient of this ad is going to view the drug taker once they have seen the ad. In this analogue message, the interpretation is imposed by the written words.

By the way, drug use could start with a lack ...

The style of the drawing, not very figurative and bordering on the abstract, is a choice that can be interpreted as an attempt to withdraw from the analogue – one didn't want to stick too closely to reality for fear of losing all its complexity. One doesn't want to embody the object in question – this embodiment can only be arbitrary or partial. So one is limited to contours, and yet the contours look as malleable as plasticine. You can shape it however you like. There is no characterisation of the people – neither in age, sex, skin type ... each thing can be about anything and everything.

The style of the drawing is possibly reminiscent of a TV cartoon from the 1970s. The creator was drawing 'live'. You could see his hand behind the picture and, at the end of the sequence, he made his characters disappear by pulling on the strokes and the lines which constituted them in order to start a new story. Doesn't have that suggest that an intervention would be possible in this field so that by pulling on the right thread or knocking on the right door, you could possibly turn over a new leaf?

In a cartoon, a balloon which contains with three dots shows that

the character is thinking. The reader is therefore involved in the thoughts and is invited to identify with them and put himself in the position of the character. The affirmation 'Nobody understands me!' and the 'calimero' head of the character invites compassion, which literally means 'suffering with'.

The strapline 'By the way, drugs ...' seems redundant in relation to the illustration. It says what the drawing shows. As far as we are concerned, it does not add anything other than an interference due to an interrogation, whereas the proposition is not an interrogative one (in which case it would have been 'By the way, couldn't drug use start with a lack of understanding?').

The alternation of red and blue colours recalls the day / night alternation in the Infor-Drogues logo. The blue/night invests the characters and perhaps evokes the dark side of all of us. On this dark part is printed the invitation 'We can talk about it if you like, followed by a signature, that is to say, a reference to the advertiser. The audience is personalised. It is addressed directly, but the message is not delivered such that the it is left alone with the message received. If the ad touches a nerve in its audience, it can then engage with the advertiser.

Prevention strategies

The communication styles that we have just brought out make reference to the advertiser's ideology, the way they understand health and prevention. Estelle Lebel has shown that there are two types of communication: constructive (which may be oblique or mythical) and representational (which can be referential or substantial).

In this context, we can say that the Infor-Drogues ad is of the constructive-oblique type. It has a constructive sense. The picture suggests a

new vision of drug use, a vision which the audience may not have thought of. It plays the incongruous and non-immediate. The advertiser is acknowledging and appealing to the reader's interpretative competence. The subject matter – drugs – is decentralised in order to focus on the hypothesis of a cause – lack of understanding or of dialogue. By this device, the best possible form of prevention is unlocked, taking place before any addiction has appeared, and victimisation of the drug user has been avoided.

The constructive-mythical ad exploits the greatest reference points in popular culture in using the slogan. This can be in a positive way, for example in 'health = happiness' or, in the past, 'healthy = clean', or in a negative way, as in 'syphilis = slaughter'. The text and pictures suggest happiness and sadness just as the shoe merchant doesn't so much sell shoes as sells happy feet. The tone is generally affirmative, dogmatic even and does not tolerate contradiction. A viewpoint is imposed on health and prevention.

The Publicis agency's ad is of the representational-substantial type. A truth is brutally revealed. A strong emotion is suggested from represented facts which illustrate cause and effect at the same time. Prominence is given to the product and its consumer is an anti-hero. Substantial characters are exploited by aesthetic values – the close up, the texture of the face, the typography (which makes it fashionable and therefore young). One is in search of neither interaction nor of discussion, but is instead stuck in a gap between advertiser (who is practically absent from the ad) and the receiver. By the means it employs, this ad refers to the 'publicity' mode of representation, publicity having become a dominant cultural media in our consumer society. In the way health is presented, it is the illness that is valued.



Agence Publicis, 1995

Outside of that, the representation of drug-taking devalues and stigmatises, as if it is thrown like food to the throng, exposed to public condemnation. It's fear which is used as a means of prevention.

Finally, in the representational-referential ad type (such as the ad with the slogan *You can do plenty of things without catching HIV or AIDS*), truth is conceived as appropriate reality. The facts are enumerated and represented in such a way that the recipient says 'I like that, they're talking about my reality'. One aims to represent the discussion as 'real' – descriptive, non-abstract and non-normative. The lessons are concrete and anecdotal. There are no adjectives or slogans. The text and the pictures are very realistic, almost technical. Each relates to the other.

These examples show that prevention is constructed differently according to the type of message. In representational communication, the referential ads would be more suited to realistic description of the facts rather than to exploitation of aesthetic values as in the substantial ads. In constructive communication, the models proposed by mythical ads can appear impossible to reach. The oblique ads, in seeking participation in putting together a meaning, offer more possibilities of using the imagination in prevention.

FEAR AS PREVENTION: THE CONTRIBUTION OF SCIENCE

This chapter is an extract from a journalistic memoir entitled 'The background to a publicity campaign which created its own publicity – Drugs swallow you up' Valerie Cincotta, ULB 1996.

Many drug and alcohol prevention programmes, and a large proportion of informal messages given out on these subjects by adults, are based on appeals to fear.

In their experimental study, Fritzen / Mayer (1975) compared one group of students that had been submitted to particularly frightening messages about alcohol with another group which had been exposed to moderately worrying messages. The first group had shown, immediately after the experience, an increased feeling of fear, but only in those subjects who had already shown more anxiety than their peers. The participants noted no difference in attitude towards alcohol use, neither between the two groups, nor between the anxious and barely anxious members.

On the other hand, an English study (London Institute for the Study of Drug Dependence, 1974, cit. Par Blum, 1976) compared the effects produced by four types of courses given to young people:

- a) a course about drugs given in the same way as any other course by a teacher
- b) a medical film about 'bad trips'
- c) a 'shock' film biography about an addiction which results in death
- d) a pharmacological film

The study showed that in the short term, the effects on the pupil groups vary according to the material used. The most important immediate effect was provoked by showing the shock film and translated itself into an affirmation from the students that they would never take drugs. At a test two months later, it needs to be stated, however, that the almost total differences between the groups had disappeared. By all accounts, frightening messages effect only a short term modification of attitudes. Smart and Feyer made an important statement in this respect in 1974: the effect of appeals to fear is a function of the extent of existing familiarity with the drug being talked about – if there is a familiarity with the drug, then an appeal to fear is less likely to influence the intention to take it.

Since the 1950s, a range of models has been developed to try and explain people's reactions to messages which arouse fear. In the majority of these, a certain dose of fear contained in the message ensures that the receiver realises the gravity of a specific threat (e.g. that AIDS results in death) and recognises the risk they may run.

But most of the time, fear is not sufficient in getting the target audience to conform with the health message. They must be convinced, in particular, that in adopting the behaviour prescribed in the message, the threat will be avoided. They must also be convinced of the effectiveness of the behaviour prescribed and of its real efficacy. Without this effectiveness, there is a large chance that the target audience will turn away from the frightening message. Conversely, it turns out that without any form of fear, it is difficult to motivate people toward a specific behaviour (Eagly and Chaiken, 1993 / Maibach and Parrot, 1995).

Gerjo Kok, Professor at Limbourg University, notices that for the lay people (he so calls people who are not up to date with the scientific literature), incitement to fear is an efficacious method for changing behaviour. Lay people often give the impression that, when information doesn't work, you need to reinforce the message. So comments about style like 'the harder, the better' are frequently heard. But this is far from the case, as the previously cited outcomes demonstrate.

Following analysis, then, we can affirm that a bitter report emanates from the available literature on the prevention of drug use. In fact, this demonstrates the negligible specific effectiveness of this approach towards an anticipated behaviour modification (reduction in demand and consumption). Caution is thus advised. Using the advice of experts in the area of prevention, and carefully studying the different research would seem to make up the preliminary stage of any publicity campaign.

COMPARISON BETWEEN PREVENTION PROGRAMMES

Studies have been conducted in the 1970s in order to get to know the effects of different prevention programmes. Let's take for example the study of De Haes and Schuurmann in 1975, who tried to find out which of the following three approaches was the most effective:

- warning
- informative
- person-centred

Their work was carried out in Rotterdam around 1,000 young people from 14 to 16 from 50 different schools. After analysis, it appeared that the first two approaches have a perverse effect. Only the third approach had a positive effect. Other studies carried out subsequently reinforced these results.

So, all the literature seems to confirm that substance-oriented education programmes, that is, those centred on an information and warning approach, do not have any effect, or if they have a negative effect, have one which is inverse proportion to the expected effect.

Conversely, the programmes which focus on the young people themselves (who they are, where they live, teaching them to overcome the difficulties from day to day) are efficient not only in reducing drug use but also in their rebellious, attention-seeking behaviour.

BETWEEN LINES

On 23 May 2002 in IPDT (Instituto Português da Toxicodependência) headquarters, the first national helplines meeting was held, with the aim of sharing experiences, promoting a wider connection between the various helpline services, as well as developing common action and evaluation strategies. This meeting was organized by “Linha Vida – SOS Droga and by ”Sexualidade em Linha” with full support of Instituto Português da Droga e da Toxicodependência and of the Instituto Português da Juventude.

Out of 38 helplines contacted, 32 enrolled (and only one of those was absent). Two representatives of each service enrolled and the total number of enlisted participants was 75.

Seventy people were present representing the several services that participated.

The first meeting part took place in the morning with the presentation of all the services, the way they are organized, the call types they get and some statistical information as well. In the afternoon, the participants joined one of five different workshops where the following topics were debated:

- “Symptoms of burn-out” - co-ordinator: António Maia, from CAT (Drug addiction Support Centre) of Xabregas.
- “Helplines – What teams? Training and supervision” – co-ordinator: Patricia Pissarra from Linha Vida – SOS Droga of Lisbon.
- “Difficult calls” - co-ordinator: Nuno Nodin from Linha Vida – SOS Droga de Lisboa.
- “Assessment Methods” – co-ordinator: Vitor Silva from Linha Vida – SOS Droga do Porto.
- “Interchange and interdisciplinarity between helplines – co-ordination: Isabel Hapetian, from Sexualidade em Linha.

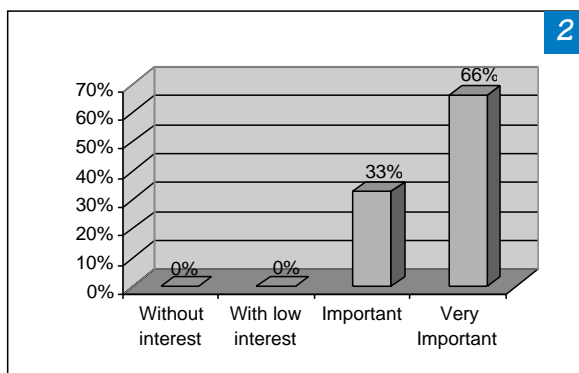
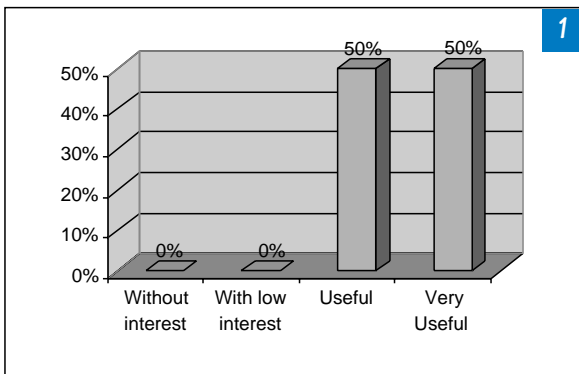
In order to evaluate the meeting, a questionnaire was filled by the participants at the end of the day. There were 48 completed questionnaires. The results were as follows:

1 Do you consider that this meeting contributed to a larger services knowledge?

50% of the services considered the meeting very useful, while the other 50% considered it useful in order to know how similar services work.

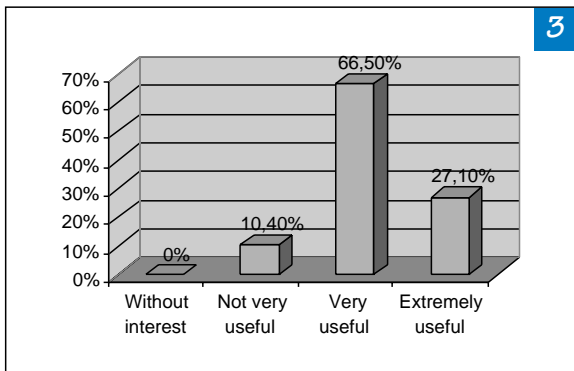
2 Do you consider the discussed subjects relevant to your work/ service?

The problems discussed in the meeting were considered very important by about 66,6% of the respondents and as very important by 33,3% of them.



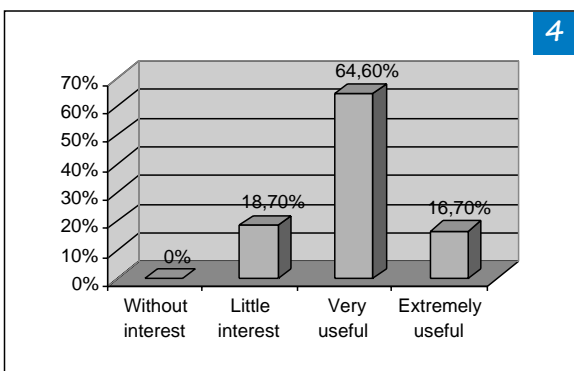
3 Do you consider that this event contributed to greater networking amongst the services?

10,4% considered that the meeting was not very useful to increase relationships between services; 66,5% thought that the meeting was very helpful and 27,1% stated that the meeting helped the connection between services.



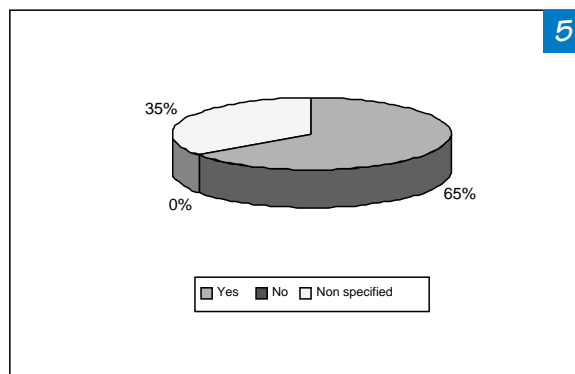
4 Do you consider that this meeting was important to your work development?

From the respondents, 18,7% considered that the meeting had little interest to the development of their professional practice, 64,6% answered that it was very helpful and 16,7% stated that it was fairly good to the development of their professional practice.



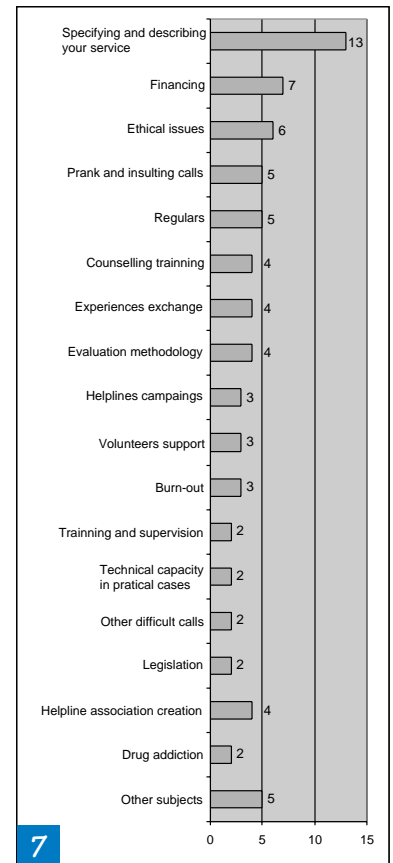
5 Are you interested in attending another meeting?

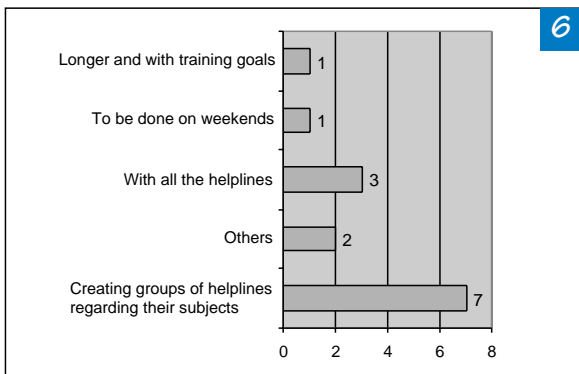
As for the idea of setting up another meeting, 65% of respondents thought this would be useful in order to continue sharing experiences. It is important to say that there were no negative answers to this question.



7 Topics to be dealt with in future meetings:

The area that gathered larger consensus was that of the connection between services followed by the problem of finding financing for them. According to many participants, ethical problems should also be discussed.

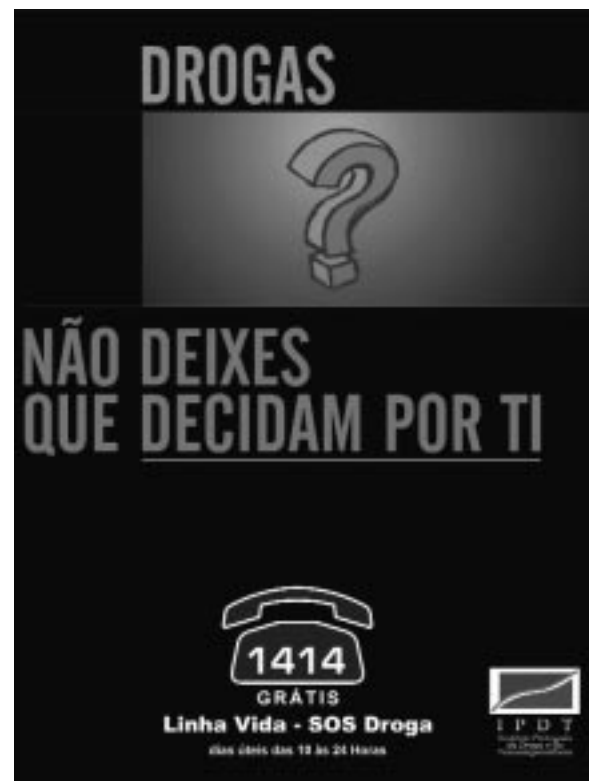




Conclusions

This meeting was something that the workers of the lines had been waiting for a long time. Bearing in mind the characteristics of the helplines, there is a lot of curiosity about how the others services work, what are their resources and how they organize their services. The lack of meetings between these services until now has been the cause of some isolation. It has also created the need to share and discuss common problems and spe-

cific issues. For all these reasons this event was enthusiastically welcomed from the beginning. Sharing experiences became the main point of this initiative. We consider that this was a very special moment to give and receive information about the national services working in the area of answering, helping and giving advice through the telephone. This exchange may have opened the possibility for a necessary structure of connection between the different services. There was still time to work in



groups according to the most-noted topics. However, we realised that the time dedicated to this work was not sufficient. We learned that better results are to be expected if we have two different events: a general gathering of all the helplines and another one discussing topics according to different areas of shared interest.

This meeting was, from an early stage, envisaged as a general meeting for those who answer the phone according to their needs. It was seen as a first step in improving the commitment and fulfilment of the persons who took part in it.



THE DEVELOPMENT OF TELEPHONE DRUG ADVICE SERVICES IN GERMANY⁽¹⁾

Historical background

The development of a systematic, unified drug 'help system' began with a telephone advice service.

In the mid-60s a raft of various regional initiatives offering telephone help in the field of drugs was established. In particular 'Release' groups were busy at that time offering continuous help with drugs by telephone. The anonymity of the telephone provided an ideal opportunity to arrange legal advice, information on substances and addresses.

After the setting up in the mid-70s of mobile (youth and drug advice services) and fixed services, the status of drug advice by telephone rapidly declined (in contrast to other European countries such as Great Britain, France and Italy). But the telephone had still allowed an appointment to be made for face-to-face advice with this or that organisation. Advice over the telephone was nonetheless refused and even conceptually dismissed under the motto 'if someone's serious about doing something to address their drug problem, they don't just take the easy way and call us on the telephone, they come in to the advice centre' (almost a test of motivation to determine willingness to change).

In the mid-70s, the offer of drug advice by telephone consequently vanished from the spectrum of available help.

The positive experiences of the AIDS helpline in overcoming the public panic and problems from the middle to the end of the 80s led to a new debate about the suitability of telephone help facilities.

At the beginning of the 90s, drug helplines were set up in some cities (Munich, Berlin, Hamburg, Dusseldorf, Cologne and Bremen). In 1994 in Cologne, the Federal Centre for Health Education (BZgA) set up a countrywide telephone information service on addiction prevention. At the beginning of the 90s, the specialist association Drugs and Intoxicants e.V. in Hanover tried to set up a single countrywide telephone number for drugs advice. However, since only a handful of advice agencies could meet the opening times and staffing required (opening until 8 pm on some occasions), this number, which was almost analogous to the emergency numbers 110 and 112, was not successful (only in Berlin are advice-seekers served with a drug emergency service round the clock by calling 19237).

Concepts, functions and objectives

In the meantime, in connection with the developments in new communication media, an independent and varied system of electro-communicative drug information and advice services has grown up across the country, aiming at different target groups.

The variation in conceptual execution and objective is wide. It's not just about availability outside the opening hours of youth and drug advice agencies. It's also about offering the following variety of services :

- A 'clearing house' for an initial analysis of the caller's problem
- Information about existing regional helping services, including giving out of telephone numbers, addresses and contact people
- Help in developing intentions for change in the sense of motivational work
- Crisis intervention with acute problem situations; emotional support with subjective feelings of anxiety or threat
- Ongoing support with long-term processes of change
- Advice for people who cascade this knowledge

The following methodologies have been developed in telephone drug advice services (see also FESAT 2000) :

- Call handling which is tailored to the situation, the problem and the person
- Trying to find out together with the caller what practical or emotional problems they would like to discuss
- Providing all the information that caller requests as their disposal
- Considering the caller and letting them choose what they would like to do or what steps they would like to take

There is a highly colourful variety of staff at telephone advice services. Whilst the teams at the drug emergency service in Berlin and on the Austrian hotline are steered exclusively by professionals educated in social sciences or medicine, the addiction telephone advice service in Munich is principally operated by dedicated officials with special training. Professionals, ex-users and substitutes work alongside each other at the Frankfurt drug emergency line.

F.E.S.A.T.

Publications

ORDER FORM

*All publications are available
in English and French.*

I would like to receive :

in French in English

- I would like to receive "Lines" on a regular basis
- A folder of information about the Bursary Scheme
- "Guidelines of good practice" (a publication of the Telephone Helplines Working Group, UK, 1993). *Also available in German*

Thematic reports :

- FESAT Training Activities 1997 - 1999
- Drug Helplines and Legal Aspects
- Equal Access for All - Ethnic Minorities and European Drug Helplines Services
- Towards a Common Telephone Number for European Drug Helplines Services
- Families and Drug Helplines

Name : _____

Service : _____

Address : _____

Please return to :
Permanent Office FESAT
19 rue du Marteau
B-1000 Brussels

An analysis of calls over one year at the addiction telephone line at the BZgA showed that 60% of calls relate to legal drugs such as nicotine, alcohol and/or material addictions (eating disorders, gambling). The proportion of callers with their own problematic illegal drug use is around 10%.

In contrast, 80% of calls to the Frankfurt drug emergency line concern illegal drugs and 40% of callers have a problem with their own use of heroin and cocaine, or, for that matter, synthetic opiates.

Comparing different substances shows the differences for each agency by drug and by target group. Whilst only 5.3% of the 526 callers about cannabis wanted help for themselves, some 56.5% were relatives of cannabis users. A further interesting finding is hidden behind the figures about calls on ecstasy. Whilst only 2.9% of callers devote themselves to this subject, these are almost exclusively the cascaders of information – possibly shocked by corresponding reports in the media – that are using the BZgA addiction telephone line here.

These figures provide further evidence that, when one documents the utilisation of these services in a proper, ordered manner, basic socio-political positions, media influences and general perceptions of the drug problem become clear. To this extent, it should be demanded that telephone drug advice services be more strongly incorporated in research evaluation and monitoring in the future.

Outlook

What drug advice by telephone offers is effective because it can achieve direct, anonymous, confidential advice and service at minor expense in a unified concept of 'drug help'.

A telephone advice service on drugs must describe the way it sees itself and its aims clearly. In the end, telephone advice services face the same dilemma that is continually discussed and sometimes controversially dealt with by traditional drug services – the question of whether drug use presents a warning sign of increased problems or whether it is, amongst young people, a normal part of their development and an expression of youthful experimental behaviour. Concepts of information and advice will develop different structures accordingly.

What is 'objective' drug information ?

Should I advise along the lines of rejecting drugs or how to use them with minimal risk ?

Do I provide abstinence or acceptance-orientated messages ?

How seriously does the caller take the agency ?

A debate has emerged out of all these questions as to whether the term 'drug emergency service' is still suitable for the variety of what is on offer. Drug advice by telephone isn't just about overcoming emergency situations – it's also very much about concepts of advice on harm minimisation, addiction prevention and support.

The different hotlines on new drugs (techno-drugs, party-drugs and designer-drugs) follow just these new directions, both in their technologies (e.g. use of the internet) as well as in their conception (as a resource for experimenters, users, professionals and cascaders of knowledge).

*(1) This is a shortened version of :
Happel, H.-V. (2002) : Drug advice
by telephone. In Bollinger, L; Stover, H
(ed) : Drug practice, law and therapy.
With the kind permission of the
Frankfurt Fachhochschulverlag.*

Drug Helplines are telephone services, providing any caller who telephones them with a high quality of service, which is reliant upon the competence of the staff who run them and ethical guidelines regarding human rights.

They represent an essential link in the national and/or local strategy for reducing the demand of drugs.

They can be defined by their function, the place they have within the different sectors involved (social, health and education) and the conditions which allow their existence.

THE CHARTER



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<http://www.fesat.org>

Their function

By actively listening and not judging, drug helplines inform, guide, befriend, support, advise and help in order to:

- break the taboos surrounding drugs;
- take away the isolation and feelings of exclusion;
- help the caller start upon or maintain a process of change.

In order to fulfil these functions the services are reliant upon the many skills of the people who run them - people who are specially trained in listening and helping over the phone and in the problems of drugs use and drug abuse.

Their place in society

With regard to drug issues, drug helplines have their place at the interface of the public and the services which provide help, treatment and prevention. They provide specialist answers to callers' questions and offer a general service to organisations which specialise in drug addiction.

With regard to the people who use them (young people, adults, professionals, drug users and those around them) they aim to facilitate links and contact with them and promote equal access to the resources available (of information and care).

With regard to their particular place in society, drug helplines can provide a permanent guide to:

- changes and trends in the availability of drugs;
- changes in the way drugs are taken;
- whether or not there is an adequate or inadequate number of general or specialised drug services;
- public feeling, their needs and difficulties;
- the effect of political, social and legal affairs.

The condition of their existence

In order to fulfil their function, drug helplines must be able to rely on a contract which guarantees their financial stability; defines the nature of their links with funders; sets the statutory proceedings they may have to follow and how to resolve any lobbying they may be subject to.

In order to provide the public with a fully effective service they should offer a permanent service with a process of ongoing training.

Drug helplines should guarantee the anonymity of the caller and make sure any information taken remains confidential.

They must guarantee to provide the telephone advisors with ethical guidelines, which set limits and rights through a contract, the contents of which must be open to public knowledge.

Equally in the contact with callers and in their links with society, drug helplines must seek to develop an environment which is conducive to talking and for questions to be answered on the subject of drug use without dramatisation, without trivializing, and without exclusion or rejection.