

# FESAT



[fesat@skynet.be](mailto:fesat@skynet.be) Tel/fax: +32 2 219 2887 [www.fesat.org](http://www.fesat.org)

## 7th FESAT Newsletter June 2006

### FESAT Monitoring System

The latest data collection covering 2<sup>nd</sup> part of 2005 is now closed; 21 completed questionnaires have been received.

The report will be ready and circulated to all Associated Services and Focal Points before the summer holiday and it will be possible to download it from our website: <http://www.fesat.org>

### Report on Alcohol in Europe

As part of the Health information and knowledge system under the EU Public Health Programme, a series of health reports have been issued on various issues concerning public health. Europe has the highest alcohol consumption per capita in the world. In established market economies such as the European Union countries the burden of disease and injury attributable to alcohol is estimated to be situated between 8% and 10% (World Health Organization's Global Burden of Disease Study).

As part of this series of health reports, the European Commission put out a call for tender for a report on alcohol use in Europe, which was contracted to the Institute of Alcohol Studies in London. To download the "Report on Alcohol in Europe" follow the link below:

[http://ec.europa.eu/health-eu/news\\_alcoholineurope\\_en.htm](http://ec.europa.eu/health-eu/news_alcoholineurope_en.htm)

### Latest news about EMCDDA

<http://www.emcdda.europa.eu/>

Following the direct links below you can access several thematic reports on drugs and treatment topics in European Union in English:

#### Drug use

[Drug use in the general population](#)

[Problem drug use](#)

[Drug trends in youth](#)

[Drug-related infectious diseases](#)

[Prevention of drug use](#)

#### Treatment

[Demand for treatment](#)

[Availability of treatment](#)

[Drug treatment overviews](#)

[Harm reduction](#)

## NEWS FROM FESAT NETWORK MEMBERS

### **RUStelefonen, - National Drug Helpline, Norway**

#### **STUDY TRIP TO LISBON**

The April 26<sup>th</sup>, six employees from the Norwegian Drug Helpline, including our project manager, went to Lisbon to visit the Drug Helpline there, Linha Vida SOS Droga (Life helpline SOS drug).

In Portugal the use and possession of drugs is decriminalised. This is very different from the situation in Norway and most other European countries. There are commissions in every district in Portugal, in front of which those found using or in possession of drugs, appear. The commission aims to motivate and guide drug addicts towards treatment, to promote the social integration of the offender and inform them of the risks associated with drug use, as an alternative to imposing penalties. It is always possible to suspend the penalty if the addict agrees to undergo voluntarily treatment.

As the Norwegian Drug Helpline is quite new (established in December 2002), we wanted to visit a helpline that had been operating for a while. In that way we could get valuable guidance for future improvements of our service. In order to find a European helpline to visit, we asked FESAT whether they had any to recommend. They came up with three options, of which one was Lisbon. Through FESAT we got in touch with the manager of the Portuguese drug helpline, who then suggested an agenda for our visit.

The Drug Helpline in Lisbon was founded in March 1988 and belongs to the prevention department of the IDT (Portuguese Drugs and Addiction Institute). Opening hours are between 10am and midnight every day. The service is confidential and free of charge. The people who work there all have relevant education, with specific training in drug related issues.

In 2005, the service had 47,132 calls, but of these calls only 12% were true calls. Of the remaining calls 63% were prank calls, 23% were silent calls and 2% were insulting calls. The Drug Helpline is of the opinion that the reason for the low number of serious calls is because the service is free. That is why they do not recommend having toll free numbers for helplines. They are currently trying to change their services back to a charge call.

Of the people making appropriate use of the services, 54% are women and 46% men. 92% of the calls are drug related. July is the busiest month, probably because of the school holidays. The service also receives questions by e-mail and women are the most active e-mail writers. Cannabis related questions are most frequent, followed by questions about heroin and cocaine.

After visiting the Drug Helpline, we went to CAT Restelo, where we met Dr. Manuela Pereira. She told us about how they treat different drug abusers there. The last visit was at CT Restelo, where we met Dr. Cristina Mesquita. She told us about the Therapeutic Community there and showed us the lovely house and garden.

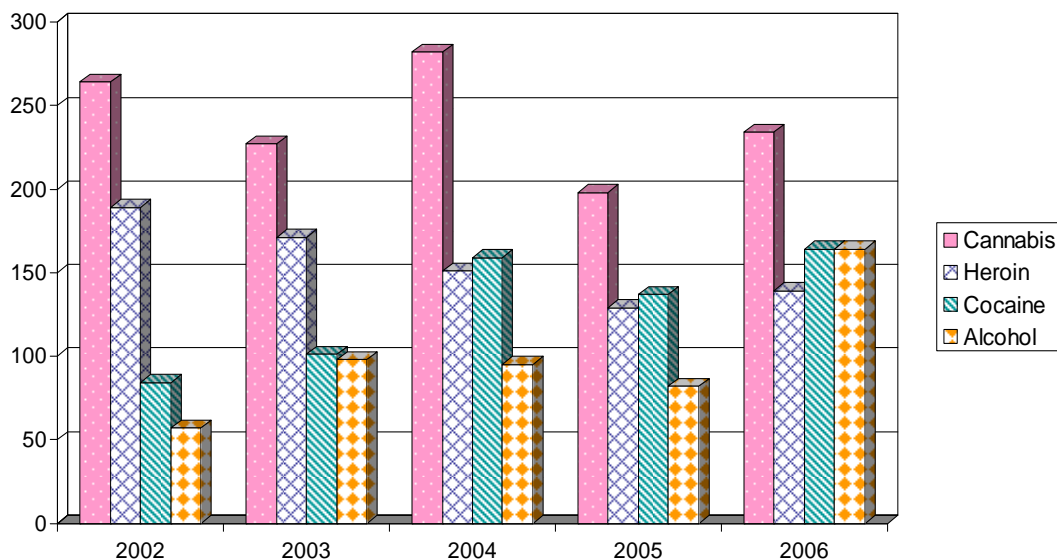
To summarise, the Portuguese team gave us a valuable introduction to their working methods. Given the differences between the drug laws in Portugal and Norway, one would perhaps think that the two helplines would be dissimilar. This was, however, not the case. Despite the geographical distance and the fact that we are newly established, the similarities between the two helplines by far outnumber the differences. The visit to Lisbon gave us confirmation that our work so far has been in the right direction. It is also worth mentioning that the number of calls our service receives is similar to the amount of true calls received by the Portuguese service (relative to the population of the two countries).

Finally we will take the opportunity to thank the different teams that we met in Portugal for a well-organised study trip and we recommend all other helplines to make similar study trips to visit colleagues all over Europe.

## Drugs mentioned during calls at “Drugs/HIV Helpline”, Ireland

In recent years there has been much talk of the increase in cocaine use in Ireland and our helpline has also noticed this trend. We looked at our figures from calls to our service, for the first four months of this year and compared them with the same period for the previous four years, details of which can be viewed in the graph below. It appears now that the level of calls about cocaine is starting to stabilize and that the trend of using it with alcohol has become more usual and almost always the case with callers to our service. Cannabis remains our most referred to drug and heroin queries have reduced slightly. Calls about cocaine use present several challenges to helpline staff. Often callers talk about paranoia; the threat of violence due to debts and relationship problems. This often means that the caller, who is often a parent, partner or other family member, is presenting with great urgency and fear and has high expectations of how the helpline might assist them. They are not just seeking help to tackle a drug problem but are seeking solutions to what appear to be critical situations. The table below illustrates the drugs mentioned in calls to our service for the same four months over the last five years.

**DRUGS MENTIONED IN CALLS TO DRUGS/HIV HELPLINE DURING FIRST FOUR MONTHS OF THE YEARS 2002-2006:**



### Drogennotdienst Berlin Germany

For changes taken place in the law in drugs related topics in Germany our colleagues invite the other associated services of FESAT to visit this website

[www.dhs.de](http://www.dhs.de)

### Drug Stop Budapest Association Hungary

We recently established a website, which are still developing but it can be visited on:

[www.drog-stop.hu](http://www.drog-stop.hu)

We are planning to have an interactive chat-line on it, we are working on it. We would like to establish international connections and we consider that this feature of our website could be the first and easiest step towards it.

### **RUStelefonen, national drug helpline, Norway**

Since February 25<sup>th</sup>, we have had two questions about methamphetamine, one question about Norspan (buprenorphine transdermal patches), and one question about Ayahuasca/Yage (a powerful psychedelic South American brew/tea\*). This is the first time we have had enquiries about these drugs at RUStelefonen. \*Ayahuasca is a brew originally used as an enteogen beverage by South American Shamans. Traditionally it is made from the plants Banisteriopsis caapi (containing harmala alkaloids, which functions as MAO-inhibitors) and Psychotria viridis (or other DMT-containing plants).

\*\*\*\*\*

Finally, after much ado, we are looking forward to launch our new website around the 1<sup>st</sup> of June ([www.rustelefonen.no](http://www.rustelefonen.no)). The new website will be more interactive and more interesting for young people, than the old one. It will also contain more information for parents and about the different drugs.

### **De DrugLijn – Belgium**

Our service organised a first training in e-counselling for our volunteers. Because of the increasing importance of our e-mail service and thanks to a local funding initiative we managed to organise a full days training on the specific requirements of written communication and online communication. Of course the volunteers were free to choose if they wanted to take part and engage in e-mail counselling in the future. The response was both big and enthusiastic. The training will result in the active involvement of the volunteers in our e-mail service in the near future, allowing them to share in its success.

The DrugLijn started a pilot project on e-mail counselling in 2004. It involved the development of an online application integrated in our existing website and the training of staff in written and online communication. E-mail counselling soon appeared to be very successful and the helpline figures for 2005 show that the amount of people using is ever growing:

In 2005 our service answered 1348 e-mails, which is an increase of 789 compared to 2004, the year the service was launched. E-mails represent 22% of all enquiries our line gets and we have little doubts that this will continue to increase in future years.

It is very inspiring to see that the e-mail service allows our helpline to reach more young people. Our annual figures show that 31% of all e-mailers are between 15 and 20 years old, 75% of the mailers are under 30 (in comparison: on the phone only 6% are between 15 and 20 years). On the other hand we noticed that only 8% of the e-mails are sent in by parents, while the percentage of parents that calls our line is increasing every year (34% of our callers are parents, which is even a larger figure than the number of drug users!).

Finally we want to mention that this success was reached without any form of publicity. Because of the limited staff our service has and the fact that they now have to answer both telephone calls and e-mail, we are very cautious not to get our service overwhelmed by a too big workload in e-mails. This means that neither our leaflets, nor our website itself explicitly mention the possibility to reach our helpline via e-mail. We hope that extra staff capacity in 2006 will allow us to start promoting the e-mail service allowing even more (young) people to get their questions on drugs and drug use answered.

More information: [www.druglijn.be/contact](http://www.druglijn.be/contact)

### **Helsinki Deaconess Institute Clinic for Drugs Addiction Finland**

We have received an increasing number of calls from pensioners asking questions about the interaction between of alcohol and medicine and also some increasing calls from girls aged 14-16yrs, about cannabis.

### **K – CENTRUM SANANIM, Czech Republik**

Change in opening hours:  
Monday - Friday 9am to 8pm; weekends 1pm to 8pm.

### **OKANA SOS DRUG HELPLINE 1031, Greece**

We received 1 question concerning the use of narghile (water pipe smoking).

\*\*\*

We have started to organise Educational meetings regarding drug related problems.

## CHAT SPACE WELCOME

### From Drugs/HIV Helpline, Ireland in response to RUStelefonen in Norway

In the 6th FESAT Newsletter, a member from RUStelefonen in Norway noted the trend of young people buying 'new' drugs over the internet such as Salvia Divinorum. We recently received a call about this substance and it seems that it can be purchased legally in this country. We were not familiar with it but found the following information on [www.drugscope.org.uk](http://www.drugscope.org.uk):

#### **SALVIA DIVINORUM**

**(Hallucinogenic) sage, *Salvia divinorum*, salvia, the matrix**

Salvia is derived from the American plant *Salvia divinorum*, a member of the mint family. It is used by the Mazatecs and others in Meso America. It is marketed in the UK under many guises. In head and sex shops it is often sold as herbal ecstasy, using names such as Eclipse. It is also sold as a dried natural high, intended for smoking (in variable amounts) or as a herbal remedy under its botanical name, or as the matrix or 'hallucinogenic sage'.

"Salvinorin A" the active component of *Salvia Divinorum*, is most effective when vaporized and inhaled, but the most common way to take it is by swallowing or smoking. Its effects are more hallucinatory than other legal highs - though high doses of the raw plant are usually needed to achieve these effects.

A dose of 200-500 mcg produces profound hallucinations that last from 30 minutes to an hour or two, while doses over 2mg are effective for much longer. According to the literature, doses greater than 500 mcg can cause the user to become completely unaware of their surroundings and enter a state of uncontrollable delirium during which they must be watched carefully. [1]

[1] *Salvia Divinorum and the Unique Diterpene Hallucinogen Salvinorin (Divinorin) A.*, Valdes, L.J., From: *Journal of Psychoactive Drugs*, vol.26 (3), 1994. p.277-283.

## Future Conferences

49<sup>th</sup> International ICAA Conference on Dependencies; Edinburgh, UK - 3-8 September 2006

\*\*\*

ISBRA World Congress on Alcohol Research; Sydney, Australia -10-13 September 2006

\*\*\*

Club Health 2006. 4th International Conference on Nightlife, Substance Use and Related Health Issues - Piran, Slovenia - 20-22 September 2006

\*\*\*

9th International Symposium on Substance Abuse Treatment; Helsinki, Finland 9-10 October 2006

\*\*\*

EUPHA. 14th European Conference on Public Health; Montreux, Switzerland - 16-18 November 2006

\*\*\*

5th Annual International Conference on Urban Health (ICUH); Amsterdam, Holland - 25-28 October 2006

\*\*\*

Second Eurocare Bridging the Gap conference (Alcohol); Helsinki, Finland - 20-22 November 2006

This newsletter is a compilation of news sent by several FESAT Associated Services and news researched and compiled by the FESAT project manager, Mariana Musat.  
The Board of FESAT acts as an editorial committee.

**Our thanks go to those services that took the time to contribute to this issue.**

**If you want to be informed.....keep us informed!**