

FESAT



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FESAT 2007 Associate Service Membership fee

FESAT Membership fee for 2007 stays at 125 €

An invoice will be circulated shortly giving FESAT bank account details for your transfer.

Latest news at EMCDDA

Personal possession of cannabis: a European 'legal map'

The Centre's European Legal Database on Drugs (ELDD) has published an updated *Topic overview* on the legislation applicable to personal use of cannabis across the EU. The table represents a country by country outline of how it is dealt with. Copy and paste the following link to look at the document.

<http://eldd.emcdda.europa.eu/index.cfm?fuseaction=public.Content&nNodeID=5769&sLanguageISO=EN>

New trend in magic mushrooms reflects young Europeans' appetite for intense experiences

'Hallucinogenic Mushrooms: an emerging trend case study'. This paper was released to mark International day against drug abuse and illicit trafficking. It highlights the importance of lifestyle trends and economic interests in the diffusion of and responses to an emerging drug trend. It is the first in a series of reports to be published under a new EMCDDA pilot project to help detect, track and understand emerging drug trends in Europe ('European Perspectives On Drugs'/E-POD). For more details and access to full article visit their new website address: www.emcdda.europa.eu

New topic overview examines laws on drugs and driving

Laws on drugs and driving are examined in a new *Topic overview* on the EMCDDA's European Legal Database on Drugs (ELDD). www.emcdda.europa.eu

Council of Europe Pompidou Group seminar on "Road Traffic and Drugs": "Alcohol combined with cannabis considerably increases the risk of fatal accidents"

"Alcohol continues to be a major road safety problem, but its effects are further increased when it is combined with cannabis or other drugs" according to Wolf Rüdiger Nickel, Psychologist, President-Elect of the "International Council on Alcohol, Drugs and Traffic Safety" (ICADTS) and Rapporteur-general at the two-day seminar on *Drugs and Driving* held at the Council of Europe on 10 and 11 July. His observations are based on surveys carried out in France and Scandinavia.

NEWS FROM FESAT NETWORK MEMBERS

Drugs screening in school across Europe

Recently you have been asked to give information on this topic in your country; we are listing below the answers received from several FESAT AS

Hungary, Drug Stop Budapest Association

Drug testing is not common in Hungarian schools. We know only of 2 or 3 schools where it is in practice but it cannot be stated that it is not used elsewhere. In most cases, the primary aim of drug testing is prevention and the reduction of drug use. Drug testing is carried out according to the accepted school regulations and signed at registration, by the students.

The topic of drug testing has prompted public debates. Supports of drug testing consider it as a kind of prevention programme, ensuring the safety of the students. Those who stand up against it, see it as a corrosion of trust within the school. The tests are carried out by random sampling which is very controversial because suspicious or reported students usually come to the fore. The consequences of a positive result are contained in the rules of the schools, necessitating attendance at a programme for those who tested positive. In the case of continued drug use, expulsion may be a consequence.

In one case of the Commissioner for Educational Rights (No.K-OJOG-462/2001) a school was inspected. According to the Commissioners position on this question the school has no jurisdiction on handling special personal data. For handling special personal data written consent is necessary. The consent has to be voluntary, categorical and well informed. This voluntary consent is not attainable, as the student cannot be sure that the test will not put him at a disadvantage. Consent cannot be substituted by accepted rules of the school or by the approval of the majority of the parents or students. The Commissioners position is that drug using is an indictable offence. However, investigating crime is not the function of educational institutions. The schools have neither the right nor the tools to perform this function and in the process the guarantees of the participant students' rights are unobserved. In this case the Commissioner determined that drug testing should cease with immediate effect. Neither the teachers nor the directors of the schools have the obligation to prosecute the use or sale of drugs.

Belgium, Druglijn

In Flanders, there is no legal ground for drug screening in schools and it remains a very controversial subject. We sometimes hear that a particular school is using drug tests, but it is certainly just a very, very small group and it amounts to random drug testing (generally it is in the context of treatment).

We do have information on drug detection raids in schools by the police: Data from 56 police-force areas in Flanders tell us that between 2002 and 2004, 11 police-force areas conducted 26 drug detection raids in schools (generally with sniffer dogs). Most of the time, this occurs at the school Principal's request.

Belgium, Infor-Drogues

There is no systematic screening in the schools of French community in Belgium. The National Medical Council had issued two documents (21/6/2003 and 4/6/2005) stating clearly that the systematic screening in schools is not in any case part of the doctors' duties. However the later document gives the possibility to a doctor to practise drug screening in the case where a provisional agreement between the student and the school was reached and a drug use situation was already acknowledged. Such practices are however a very rare occurrence.

Luxembourg and Malta

There is no drug screening in schools and there are no plans to introduce it.

Finland, Helsinki - Deaconess Institute

We do not have systematic drug screening in schools. If teachers or school nurses suspect someone has use drugs they can ask for a drug test.

Ireland, Drugs/HIV Helpline

Home- testing kits are available through diagnostics companies and we regularly get asked about them. We have heard from callers of schools that distributing leaflets for these companies and suggesting that parents should consider drug testing their kids, but this seems rare. We have guidelines dealing with queries about home testing kits, where offer to explore the issue and ramifications of taking this step with callers. We neither recommend nor discourage their use. It seems to appeal to parents and schools and so we might hear more of it in the future.

INFOR-DROGUES 35 YEARS! **Belgium – helpline for French speaking community**

Since 1971, Infor-Drogues has dedicated **12,775 days** to the reception, the meeting and the assistance of persons confronted with drugs, including drug users young and old, their close relations, professionals, journalist, politicians etc.

420 months have been dedicated to informing in a fairest and objective way. We have discussed the facts of the concern without prejudice or approval, trying to remain open to the complexity of a situation in a constant state of change.

70 halves of the year have been spent challenging the stigma and discrimination against drug users, in society and particularly the media.

We have called on many icons to join our 35th birthday celebrations. They include Venus de Milo; Godzilla; The Archangel Gabriel; Géricaults- Raft of Jellyfish; the Battleship Potemkin; Nancy Reagan, Rodins- The Thinker; Romeo and Juliet; the snake from Genesis; Valdermort; etc. Where traditionally a birthday of this type might be celebrated with a seminar, congress and serious publication, we decided to celebrate these 35 years of reason and passion in our own way!

How?

Faithful to our principles, we wanted to invite you to take a step into the alternative.

Take a virtual tour through some of our favourite themes. To get there, we have developed a new website: www.infordrogues35ans.be. This site will exist alongside our 'official' website www.infor-drogues.be for some time. It smiles on the past, evokes the present and envisages the future with hope.

With a fireworks explosion we have developed 16 stickers concocted with our Belgian sense of humour. The situations, contexts and formulae are a bit quirky (with a badly hidden pleasure).

However, this site and these stickers also constitute tools. Because we not only wanted to make you laugh or smile but also to open a dialogue and review on the subject of drugs. Far from moralizing comments and blaming, we want to promote discussion, reflection and examine our understanding and how we act and speak on the topic.

In November, a mini book to dismantle 35 clichés in the common language will be published.

Humour is another way to talk about serious things. We will know more in the coming months...

Thank you for your feedback on the stickers that we distributed and apologies that this article had to be translated from the 'old language' (French).

Ph. Bastin
Infor-Drogues
Belgium

Embracing new technologies – Can this be an answer?

The Portuguese Drug Helpline – *Linha Vida SOS Droga* (LV) has been for the last eighteen years a cost-free, anonymous and confidential service of the Portuguese Drug and Addiction Institute (IDT). This is a service where families, drug addicts, students and the general population come for information, counselling and referral regarding Drugs and Drug Addiction¹. During the last six years the LV has received around 50,000 calls annually. Unfortunately most of these calls do not correspond to a real request/problem, as has been previously here debated. However the problem still remains and for the last years it has been the LV team's major concern.

Table 1 – Distribution of calls according type

Year	True Calls	Prank calls	Silent calls	Insult calls
1998	65,09%	11,21%	22,39%	1,31%
1999	41,10%	27,52%	28,21%	3,16%
2000	17,21%	38,74%	40,50%	3,55%
2001	15,71%	47,79%	33,29%	3,21%
2002	16%	49,89%	31,63%	2,48%
2003	14,61%	55,32%	27,73%	2,34%
2004	12,67%	62,25%	23,36%	1,71%
2005	11,64%	64,02%	22,66%	1,68%

In the second semester of 2003, taking advantage of new instruments to reach the public, namely the IDT's Webpage, a new e-counselling service was developed. Consequently the LV enlarged its intervention and started counselling, informing and referring through e-mail, maintaining at the same time and with the same characteristics, the telephone service. In the past year the LV has answered more than 800 e-mails.

This experience has drawn attention to the new technologies potential as a health promotion/education instrument and for the year 2006 the service established as its main goal the development of a youth playful-pedagogical website in the area of Drugs and Drug Addiction. Besides betting on this new prevention instrument the project was also based in other facts, such as the large number of calls and e-mails sent by young people with ages understood between the 11 and 20 years; the large number of information requests made through telephone and email regarding the drug effects, associate risks associates, etc.; the necessity to create mechanisms of civic education to explain the helpline's misuse consequences²; and last but not least, the inexistence of such a prevention/promotion instrument aimed at the Portuguese young people. In conclusion, the creation of a Website for young people will fulfill the Portuguese Institute's prevention goals, will bring a brand new way of intervention with the Portuguese young people, taking advantage of new technologies and strategies. The site will hopefully reverse the long-term trend of prank calls. Its contents as well as its dynamic construction were drawn to generate

¹ ALTHOUGH BEING DRUGS AND DRUG ADDICTION THE MAIN INTERVENTION AREA WE RECEIVE SEVERAL CALLS REGARDING OTHER AREAS, NAMELY MENTAL HEALTH, SEXUALITY, ADOLESCENCE, FAMILY RELATIONS, HIV, HEPATITIS, ETC.

some awareness to the misuse of telephones and the consequences of continuous prank invasion. Explaining the aims of the telephone service and giving also some space to ask, play, comment and learn, will create a proper instrument for this population, saving the telephone service from inadequate use.

After analysing the last six years annual reports we came to the conclusion that our higher number of information calls come from young people (as well as the prank calls). This new project was mainly created for them. Nevertheless this website also provides information for parents, health and education professionals that, together with young people, can find new ways of communicate, learn and relate.

Although being a *drug focused* project it is clear to us that drug prevention must be (at first) health promotion. It is fundamental to start with health behaviours promotion and from there build drug prevention ideas/projects. This was (and is) our general goal – to inform and promote healthy behaviours using an adequate strategy and instrument to the needs of this specific population.

The website will present a dynamic young image with simple, informative and interactive contents promoting the curiosity and dialogue between the user and the website. These dynamics will be obtained through games, presentations, queries and others, present throughout the website.

After analysing several identical ideas (websites from all over the world, European, Canadian, North American, Australian, as for example: www.talktofrank.com, <http://www.lifebytes.gov.uk/>, <http://www.mindbodysoul.gov.uk/>, <http://www.talk4teens.co.uk>, <http://teens.drugabuse.gov/>, <http://www.girlpower.gov>, <http://www.thecoolspot.gov/>, <http://www.youthco.org/cms/>, <http://www.zoot2.com/index.asp>, <http://www.health.qld.gov.au/istaysafe/default.asp>

We concluded that a project of this nature is based on two types of contents, the graphic contents and the written contents. Regarding the graphic contents, it was established since the beginning that this website had to be colourful and attractive with an appealing and dynamic layout and yet simple to access. Several of these other websites also use cartoon characters. These illustrations correspond to stereotyped young characters working as communication facilitators through a process of identification, containing a general message of health promotion. Nevertheless the website must allow creativity and an interactive communication. Consequently, we felt the need to consult young people regarding this graphic aspect. We visited two Lisbon schools and created several focus groups involving 218 young people with ages understood between the 10 and 21 years. Through this work young people expressed how they preferred the website to look mentioning the need to have different characters representing boys and girls, the different races and social classes. They also expressed their desire to have website characters representing the different young stereotyped looks (the surfer, the dread, the gothic, the hippie, the nerd, the clean-look, etc). It was also present the general request to have modern and *not very infantile* characters. Besides the characters characterization, the consulted young people mentioned the need to

² AS YOU PROBABLY KNOW THROUGH OTHER ARTICLES PUBLISHED IN THIS NEWSLETTER, THE PORTUGUESE HELPLINE MAIN PROBLEM IS THE EXTREMELY HIGH NUMBER OF PRANKS – AROUND 80%.

have a colourful appealing structure that can take advantage from different juvenile cultures and settings (for example having different group images, in school, going out; using graffiti, music, etc).

As previously mentioned this project aimed to address the perceived need for appropriate and direct information on drugs and addiction (in a large health promotion context) regarding young people. Bearing this in mind we faced two challenges: the need for language clarity (creation of direct, simple and to the point contents) and the need for varied contents. Consequently, we established rules regarding the content creation and approach all the IDT Departments for collaboration. Being a prevention service we require the active collaboration of all different departments (treatment, social rehabilitation, harm reduction, local intervention, etc.).

In our opinion this has been the first step towards the use of new technologies as a potential instrument in health promotion combined with the need to do some civic education and create the respect for this kind of intervention (telephone and web). We realize that this kind of awareness raising work is not possible through the telephone, it requires a long term civic education in schools. As this has been difficult to achieve and learning from the new technologies different countries experiences, we realized this could be a good strategy.

The experience that some Helpline professionals have collected during the Cannabis Forum (June 2004), alerted us to the need to create a general Forum as part of the Helpline activities. The creation of a proper space for this kind of answer has been an important part of the website development. The website is preparing to have a Forum, however, it will not be launched until the appropriate criteria and infrastructures for use are developed. This Forum will be online in the beginning of 2007.

We expect that during the last week of November, the website will be online and although the written contents will be in Portuguese you can express your opinion about the graphics. We will be counting on your insights.

SARA MOREIRA

Núcleo de Atendimento e Informação
IDT - Instituto da Droga e da Toxicodependência,
Portugal

RUStelefonen, National Drug Helpline, Norway

Since the 25th of May we have had one query about Tramadol*. This was our first query about this drug at RUStelefonen. *Tramadol Hydrochloride is an atypical opiate which is a centrally acting analgesic, used for treating moderate to severe pain. It is a synthetic agent, unrelated to other opioids, and appears to have actions on the GABAergic, noradrenergic and serotonergic systems.

We now have information about our service in English on our new website, www.rustelefonen.no

K – CENTRUM SANANIM, Czech Republik

We are seeking information on a drug called Kelvin Clain

Drugs/HIV Helpline, Ireland

We have recently started to specifically record the number of calls regarding Over-the-Counter opiate drugs such as Solpadeine and Nurofen Plus. Up until now we have had a general category entitled 'Other Opiates'. Hopefully this will give us useful statistics on how many calls we get about these drugs. Also we have started to record specific references to GHB and Salvia Divinorum.

DrugLijn, Belgium

Sometimes we hear about young people who use or abuse drugs frequently and also seem to have irresponsible behaviour with the internet or computer games. Parents often see that their sons or daughters spend time on the computer for hours and that their sleep-wake-rhythm is disturbed by their behaviour. By our knowledge scientific information about so-called 'internet addiction' or possible links between drug abuse and 'computer addiction' is rather rare.

We had a question from a teacher whose students told him that they could smoke tobacco with a waterpipe in a café in Antwerp. The students believed that it was less harmful to smoke herbal tobacco with a water pipe. The use of a water pipe is often a whole ceremony and creates a special atmosphere. It also seems that there are a lot of misunderstandings about the physical risks. Also here we could not find much information.

Last week a mother contacted our helpline with questions about: 2CC, DOC, 2CE, 5 MEOAMT and 5 MEODIPT. Her son was using some of these products. He had found information from Dr. Shulgin about these products on the internet. The mother was in desperate need for scientific information about the dangers of these drugs, so she could convince her son not to take these drugs.

Our helpline started using an IVR-system (interactive voice response) on August 1st. This system provides a more professional service to our callers, especially when calling outside opening hours or when all lines are busy. It provides extra advice on what to do in emergencies as well as extra information on how the DrugLijn can be contacted (eg. e-mail, website).

The opening hours of our helpline have changed. We did a thorough evaluation in 2005 on the hours of the day and days of the week that callers contacted us or (when the helpline was closed) tried to contact us. This revealed that the number of calls during the evening hours and Sundays was decreasing over the years. The number of people trying to call us in the middle of the night was very low, which led us to conclude that the public rightly considers the DrugLijn more as an information line rather than an emergency helpline. The evaluation led to the first change of our opening hours since 1996. From August 1st, our telephone line is open from Monday to Friday from 10.00am to 20.00pm. Of course this change also brought about internal changes (i.e. working hours of staff and volunteers).

Future Conferences

Lisbon, Portugal 26-27 October 2006
3rd INEBRIA Congress- Brief Interventions for Alcohol Problems

Saint-Petersburg, Russia 30 October - 2 November 2006
(<http://psychology.demonsoft.net>)The sixteenth Annual International Conference of
"Russian Association of Emergency Support Helplines"

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

Helsinki, Finland 20 - 22 November 2006
Second Eurocare Bridging the Gap-Conference on Alcohol Issues

Warsaw, Poland 13 - 17 May 2007
18th International Harm Reduction Conference

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!