

FESAT



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9th FESAT Newsletter March 2007

Board Meeting of FESAT

After three years of telephone-calls meetings, the board members met last month in Brussels to discuss the future and prepare the next FESAT Conference.
(Travel costs were covered by each board members own service).

FIRST ANNOUNCEMENT

FESAT CONFERENCE "TAKING A CALL ON CANNABIS" - DRUG HELPLINES RESPONSE

LISBON 1-2 OCTOBER 2007

FESAT conference on cannabis will be organised in collaboration with EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) and IDT (Inst Português da Droga e Toxicodependência)

The first draft of the Conference Programme is presented on the next page.

Some key details:

CONFERENCE FEE:

- a) The Associated Services that have paid the 2007 yearly membership: **free of charge**
- b) Participants from outside FESAT network: **60 Euro**.
- c) Participants from Associated Services that have not paid the yearly membership will have to pay for each of their participants the **60 Euro fee**.

The three organisers of the conference will take in charge the cost of venue, technical equipment, lunches and coffee breaks during the conference. The Conference language will be English.

The participants are requested to organise and cover their own accommodation and travel. A list of hotels at discount prices will be circulated.

Further details and a call for abstracts will be circulated by mid March.

A SELECTION OF THEMATIC AREAS ON EMCDDA WEBSITE.

CLICK ON THE LINK TO ACCESS THE DOCUMENT

[DRUG USE IN THE GENERAL POPULATION](#)

[HARM REDUCTION](#)

[DEMAND FOR TREATMENT](#)

[AVAILABILITY OF TREATMENT](#)

[DRUG TRENDS IN YOUTH](#)

[PREVENTION OF DRUG USE](#)

[DRUG-RELATED INFECTIOUS DISEASES](#)

[DRUG TREATMENT OVERVIEWS](#)

[PROBLEM DRUG USE](#)

[DRUG-RELATED DEATHS](#)

FESAT Conference Draft Programme

Taking a Call on Cannabis- Drug Helplines Response

LISBON 1-2 OCTOBER 2007

Monday 1 October 2007

10h00 – 10h30 **Welcome speeches**
EMCDDA, IDT and FESAT president

10h30 – 11h30 **Plenary sessions**

1. Epidemiological trends in Cannabis use across Europe - EMCDDA
2. Cannabis and Drug Helplines data analysis - FESAT Vice president / Björn Hibell

11h 30 –12h00 **Coffee break**

12h00 - 13h00 **Plenary sessions**

1. Lifestyle and cannabis speaker to be confirmed
2. Cannabis and Health speaker to be confirmed

13h00 – 14h00 **Lunch**

11400 – 15h30 **2 Parallel Workshops**

1. Cannabis concerns in helplines calls and e-mails (frequently asked questions)
2. Helpline campaigns on cannabis

15h30-16h00 **Coffee break**

16h00 **Meeting of the Associated Services of FESAT**

20h00 **Dinner**

Tuesday 2nd October 2007

9h45 – 10h30 **Plenary**
Helplines Intervention options speaker to be confirmed

10h30 - 11h00 **Coffee break**

11h00 – 12h30 **2 Parallel Workshops**

1. Young people, parents, cannabis and helplines (counselling, short intervention)
2. Selective (Mis) perceptions of cannabis

12h30- 13h00 **Plenary**
Cannabis Legal aspects - EMCDDA

13h00 – 13h15 **Official closing session**

13h15 **Lunch**

NEWS FROM FESAT NETWORK MEMBERS

FESAT Monitoring Project – Changes during the first half of 2006 Björn Hibell, Vice - President of FESAT

18 FESAT helplines in 14 countries participated in the twelfth monitoring project covering the first 6 months of 2006. For all kinds of callers, the most frequent answer was that the number of calls was relatively unchanged also during the first half of 2006 compared to the situation during the last 6 months of 2005. A similar pattern of an unchanged situation is also reported about the number of questions about different kinds of drugs.

In the four latest data collections, the category with the largest number of helplines reporting an increased number of calls was “parents or guardians of drug users”. This time it was the second largest category (9 out of 18 helplines), while drug-using boys aged 20-25 years was mentioned by one more helpline.

An increased number of calls about drugs were mainly reported about cocaine (8 helplines), followed by hashish, marihuana and ecstasy (5 helplines each). Cocaine and hashish were included in the “top section” also in the four latest data collections.

Three helplines informed about new types of drugs, which they had not reported before. Mothball was reported from SOS OKANA in Greece. Drugs Infolijn in the Netherlands reported about the two new drugs Original 69 and Ethyltryptamine. RUS-telefonen in Norway also mentioned two drugs that they had not reported about before (Methamphetamine and Ayahuasca/Yagé).

The full monitoring report has been sent to all associated services of FESAT as well as to all EMCDDA focal points. The report is also available at the FESAT webpage www.fesat.org.

The ICAA Jubilee Conference

International Council on Alcohol and Addictions (ICAA) celebrates its 100 anniversary by returning to its city of birth Stockholm. June 10-15 is the date of the Jubilee conference. It will give a unique possibility to listen to some of the worlds leading alcohol and drug researchers, to share experiences with colleagues from all over the world and to present your own activities in one of the ICAA sections in the afternoons.

The conference fee does not only include the participation in the conference but also a reception in the Stockholm City hall as well as the conference dinner.

The programme, registration and abstract forms as well as a lot of practical information is available at the conference web page www.icaaconference.se

June is usually the best time of the year to visit Stockholm so I am looking forward to seeing many from the FESAT network at the conference

Björn Hibell
CAN, Stockholm

RUStelefonen, National Drug Helpline, Norway

Since the 30th of September we have had one question about Polaramine*. This is the first time we have had an enquiry about this drug at RUStelefonen.

* Polaramine (Dexchlorpheniramine) is an antihistamine with sedative properties.

SHARED SPACE:

Motivation: important in drug treatment as well as in working with volunteers! **DrugLijn - Belgium**

Our helpline is partly staffed by working with volunteers. The volunteers often rely on the paid staff of our service for extra information on the how drug treatment centres actually work, on how much or how little callers can actually expect from treatment centres. No doubt this often has to do with the feeling that at times there is so little support that we ourselves as helpline workers can give on the phone.

It is a fact that we ourselves often can do little more than give our callers the advice to talk about their problems and concerns over and over again. But in conversations with parents, partners, siblings and friends one often hears the despair although they have done nothing else but trying to keep talking with the drug user. It is motivating for our volunteers to know that even these little interventions of showing concern about the drug use, are important in the motivation process. Knowing this and grasping the principles of motivational interviewing stimulates our volunteers and help them keep things in perspective.

Another important thing for them to know is that treatment centres notice that patients with little or no motivation to change their drug use can become more motivated during the course of their therapy or treatment. Of course we all know that you can't force a drug user to stop abusing drugs unless he or she really wants to, but in reality drug abusers often need a little push before they accept help or treatment. It is always a very delicate exercise to find where the thin line between motivating and pushing someone is, but it is even more important to make parents, partners and siblings aware that motivation is something than can grow.

There seems to be an evolution in drug treatment to work with people who don't seem to be motivated for change at all. Sometimes even in forced treatment (e.g. Drug users referred to treatment by law) motivation can grow. This knowledge creates new possibilities and perspectives. Motivation for change is of course always a requirement for successful drug treatment, but perhaps in the past the opinion that when the drug user doesn't want any help there is nothing you can do was more the norm. However it seems that this fatalistic point of view belongs more and more to the past. Even helping the family or other persons close to the drug user, giving them information about what they can do, and what is better not to do, can have a positive effect on the motivation process.

During a recent update of our referral guide we noticed another encouraging evolution concerning hospitals. So called "liaison psychiatry" makes it possible to address people who are in hospital for physical problems caused by alcohol and/or drug abuse by a psychiatrist who works within the medical emergency team. In the past a hospital would often restrict itself to the medical treatment of alcoholic liver problems for example, without focusing in on the drinking behaviour of the patient. Nowadays it becomes more common that such patients have a conversation with a psychiatrist. The fact that hospitals pay more attention to this, is another supporting thought for the relatives. After all, many people with drug or alcohol problems who leave hospital without a serious talk about their use can consider this as a kind of proof that they basically don't have a drink of drug problem (because "the doctors didn't say anything about it!").

Fondazione Villa Maraini **Telefono in Aiuto, Italy**

As a new development in our way of working, we are trying to involve the families of drugs users more, so we have implemented two new family self-help groups.

HUS/HUCH/Psychiatric unit for drug dependency, Finland

We are receiving an increased number of questions about heroin.

Confidence Line **Riga Addiction Prevention Centre, Latvia**

In April/May we will organize a Youth Conference, involving teenagers who are implementing several projects against drugs, tobacco, alcohol, computer addiction (16 teams). The conference will be the first event of that kind, when teenagers will talk about addiction.

Drugs/HIV Helpline, Ireland

We recently noted a health alert that was issued in the UK regarding the contamination of herbal or 'skunk-type' cannabis with microscopic glass-like beads. This health alert was issued by the Department of Health to General Practitioners in the UK. There are anecdotal reports of some cases of the development of symptoms such as sore mouth, mouth ulcers, chesty persistent coughs and a tight chest lasting a few days. They are not yet able to determine the possible or likely risks to the health of cannabis smokers. They advise that those with concerns should seek medical help but also that it may be possible to detect if your supply of cannabis is contaminated if it appears gritty when rubbed between moistened fingers.

We are reassessing the information that we record on each call, considering the usefulness of data when it comes to reporting statistics as a local, national and European level. This hopefully will make our input on the FESAT monitoring questionnaires better.

DrugLijn - Belgium

Substitution therapy with methadone or subutex (Buprenorfine) has been available in Belgium for many years. However, all this time the prescription took place based on a consensus between doctors and the government. In the end of 2006 the substitution therapy with methadone has at last been officially regulated by law.

The banning of cigarette smoking in the workplace implemented in Belgium in 2006 was extended from January 1st 2007 to include restaurants. For the time being it is still allowed in bars and pubs, but the public debate on it seems to be growing stronger

FUTURE CONFERENCES

National Journey of "Socidrogalcohol"

22 - 24 March, Valencia, Spain <http://www.socidrogalcohol.org>

"National health: tobacco smoking, alcohol and drugs"

9 April 2007, Moscow, Russia

18th International Conference on the Reduction of Drug Related Harm

13 - 17 MAY 2007 WARSAW, POLAND <http://www.harmreduction2007.org>

The 5th European Workplace Drug Testing Symposium

24 -25 May 2007 Stockholm, Sweden

info@drugtestscandinavia.eu - <http://web.mac.com/averstra/iWeb/Stockholm%202007/Home.html>

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!