

FEUAT

Monitoring Project

Report on the 17th data collection
Changes during the second half of 2008



2008



EUROPEAN ACTION ON DRUGS

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1. Background and history of the *Monitoring* Project

At the end of the 1990's twelve drug helplines participated in the evaluation project of FESAT. The results were published in the report "Evaluation on Drug Telephone Helplines. A Transnational European Project."

In the years that followed, the experiences from this project were used in the planning of a new data collection system for drug helplines in FESAT. Also, the motives of the reporting system shifted from evaluation to monitoring. The main goal was to identify new drugs and new drug trends as early as possible. Another goal was to give drug helplines a possibility to compare the latest trends registered by their own helpline with trends in other parts of Europe i.e. to see the work of their own helpline in a European context.

This shift in goals was inspired by the fact that drug helplines are at the interface between people concerned with or confronted by drugs and services for prevention, treatment and care. Very often they are fulfilling the role of frontline services and are the first point of contact. Drug helplines across Europe have contact with tens of thousands of callers and deal with a very diverse and complex range of questions related to drugs. All these contacts can provide potentially relevant information.

In practice, the idea of a bi-annual data collection is the same idea that has been used by the Swedish Council for Information on Alcohol and Other Drugs (CAN) in Sweden.

A pilot study based on this methodology was done at the beginning of 2001. Twenty-two drug helplines in fifteen countries from all over Europe participated. The experiences of the pilot study were mainly positive. A large majority of the FESAT helplines participated and the few comments were positive.

With this background, it was decided at the FESAT Board meeting in June 2001 to continue the *Monitoring* project on a regular basis. The first regular data collection covered the first six months of 2001. It is also worth mentioning that when the *Monitoring* project started, it following consultation with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in Lisbon, a collaboration that has continued on a regular basis.

After each data collection a simple but informative report is produced and distributed to the members of FESAT, the EMCDDA, REITOX Focal Points and other interested bodies. The reports are also made available for download on the FESAT website (www.fesat.org).

Up until the fifteenth data collection and report, the *Monitoring* was dealt with by Björn Hibell. He was responsible from the first data collection in 2001 and continued to do so until 2007 when he retired from the Board of FESAT. In 2007, this task was taken over by Tom Evenepoel, FESAT Vice President.

Since Spring 2009 the data collection has been made possible online. Thanks to the FESAT-website all participating members are now in the possibility of filling in the questionnaire online, via a login-protected application.

2. Methodology

Bi-annual data collection

The idea of the *FESAT Monitoring* system is to collect data twice a year, using a simple questionnaire about changes that have been noted in the previous six months, when compared with the six months before that.

As mentioned earlier the data collection was inspired by a similar monitoring in Sweden, where data were collected twice a year from about 200 reporters in about 25 municipalities all over the country. The study is of a rapid assessment nature, with the intention to identify trends but not to quantify the size of a change.

Likewise, the FESAT monitoring collects data twice a year, using a simple questionnaire about changes occurring during the first six months of the year and the last six months.

A qualitative questionnaire

The data collection has a qualitative nature, which means that the intention is to identify trends but not to quantify the size of a change. The helplines are asked to fill in any changes for the calls they answered during a six months period compared to the previous six months (eg. Did they notice an increase in questions on cannabis?) Two of the questions in the questionnaire include several sub-questions. However, once the idea of these questions is clear, it will not take the respondent a long time to answer them.

On reporting

FESAT has a wide variety of helplines amongst its members. Some countries have one helpline and others have several, some of which are regional. Some helpline belong to governmental bodies and operate nationwide, others are small non-governmental organisations. Some are staffed by professionals, other rely on volunteers. Since helplines are very different in size, geographical coverage and experience, it is sometimes doubtful in the report to mention that, for example, a new drug has been reported from a helpline in a named country when in fact this is reported from one helpline only. Because of that reason, the report will not include references to a certain country, but specify the helpline that has reported the data.

The size of the helplines varies a lot. This of course has to be kept in mind when looking into the data of this report. It is one of the reasons why details on the size of each participating helplines are included in each report.

It is important to stress that one certainly cannot expect to get a clear picture about changes in the use of different drugs via data from drug helplines only. That is why it is important to see the FESAT monitoring system as a complement to other kinds of data collected nationally or internationally.

Changes in the questionnaire

At that time, the questionnaire in the pilot study seemed to function quite well. However, discussions with EMCDDA and within FESAT resulted in some additional questions in the questionnaire of the second data collection.

The reliability of the answers from a helpline may vary depending on whether the respondent answers the questionnaire alone or talks to colleagues. Another factor that might influence the possibility to give reliable information is whether the respondent has access to some kind of statistics produced by the helpline. To clarify this validity aspect a question has been added whether the respondent answered the questionnaire all by her-/himself or consulted colleagues and/or helpline statistics.

From the first data collection covering 2005 the alternative "Not applicable" was added in the question on different drugs. Starting from the data collection covering the first half of 2006 a sub question on the number of contacts was added. In addition to asking about the number of telephone and e-mail enquires we also ask about the number of individual/private chats.

Since the data collection covering 2006, each questionnaire for the last half of a year was extended with a question on the total number of calls, e-mails and chat sessions on a yearly basis.

On occasion, some tailored questions were added. For example: in view of the FESAT conference which was held in Lisbon in October 2007 and which focussed on cannabis, a couple of extra questions related to cannabis were inserted. The answers to these extra questions were the basis for a plenary presentation at that conference.

3. The Data Collection

Timing

This report present the result of FESAT's 17th data collection and covers the last six months of 2008. The respondents were asked to report about changes during this period compared to the previous six months period (i.e. January 1 – June 30, 2008).

The questionnaire was distributed in June 2009 to all FESAT helplines (please note that not all FESAT members operate helplines). It was sent to the contact persons reported to FESAT or, when appropriate, to the person who answered the questionnaire in the previous data collection. The questionnaire and a cover letter were distributed by email.

Response

The FESAT House rules state that membership for FESAT is open to telephone helplines and services using other communication technologies to provide help and information on drugs, alcohol and tobacco. Membership is also open to other organisations in the drug field (and drug related helplines) and to networks. Consequently not all of the approximately 40 services linked to FESAT at the time of the data collection operate a helpline.

Furthermore helplines located outside of Europe (eg. two Australian members of FESAT) are not required to participate in the data *Monitoring* because of the limited relevance of data comparison.

Regrettably not all helplines respond to the questionnaire. During the years that the *FESAT Monitoring* has been running, there is an overall decline in the number of participants. This evolution is probably due to the fact that since 2004 FESAT has experienced funding difficulties, which affect the resources and time that can be devoted to this task. The downscaling of FESAT's activities has inevitably led to lower involvement of the members.

Furthermore the follow-up of the data collection is no longer done by professional staff. It involves the distribution and gathering of the questionnaires, a task that in the past was done by FESAT's former Project Administrator, Mariana Musat, Since then Tom Evenepoel took over these tasks on a voluntary basis..

Despite the decline, the last data collections show a fairly stable response rate.

4. Methodological Considerations

The intention of the data *Monitoring* is to identify changes and trends but not to quantify the size of a change. The questionnaire (of which an example is added in annex) also contains some questions of a qualitative nature. Two of the major questions include information about possible changes about the type of persons contacting the helplines and about the kinds of questions asked.

The helplines are asked to report whether there was a “large increase”, “some increase”, “no change”, “some decrease” or a “large decrease” during the last six months. For pragmatic reasons these concepts are not objectively defined. Hence, one cannot avoid that the respondents have interpreted these concepts differently, which calls for caution in the interpretation of the data. However this approach was chosen due to the fact that not all participating helplines record data in the same way or in the same detail.

Because of the qualitative nature of the questionnaire and the fact that not all participants base themselves on their helplines statistics, one might assume that the respondents are inclined to report more increases than decreases on the questions about who is calling and what the reasons are for calling. Yet, in reality this is proven not to be the case. Even though it seems reasonable to assume that it is “easier” to notice an increase than a decrease and that people would take longer to notice a decrease, the results in previous monitoring reports show that contrary is often true. This means that the risk of over reporting increases and underreporting decreases rather limited.

Size or weight of drug helplines

Some helplines are relatively small, with few contacts a day, while others deal with a large number of daily enquiries. The size of the helplines, measured by the number of phone calls and online contacts, varies a lot. The smallest helpline answers less than 1 call per day and the largest helpline answers up to 100 calls.

In the presentation of the results there is no distinction made between answers from small and large helplines. The same is also true for regional and national helplines, a fact which also calls for some caution in the interpretation of the results. However, when showing the answers to open-ended questions the name of the helpline is given. This will allow the reader to better assess the background and source of that information. Information about the number of calls as well as about the number of email and chat contacts per day of each participating helpline are described in detail in the results further on.

Finally, it should be stressed that the data in this report say nothing about the size of a possible change or about the magnitude of the number of calls about a specific subject. This might for example mean that a “no change” relates to one hundred calls about a subject in a large helpline, while a “large increase” might mean an increase from 0 to 5 calls at a small helpline.

Impact of external factors on number of calls

Another aspect is how to interpret a “true” increased number of calls about a specific subject. Does this indicate something more than an increased number of contacts, for example an increased number of people using that specific drug? In many cases the answer to this is probably “no”. A more probable explanation is that media have reported more than usual about drugs in general or maybe about a specific drug. Another reason might be that national, regional or local authorities have run a campaign about drugs or a specific drug or about a helpline.

Changes within a helpline can of course also influence the number of calls. If the number of people working at a helpline increases, or the opening hours increase, the result will most probably be an increased number of calls (and the other way around if there is a reduction in staff or opening

hours). Yet another aspect to consider is whether an increased number of calls about a specific drug to a large extent is a part of a general pattern of more people contacting the helpline.

However, aspects related to possible changes in the number of calls to a helpline are partly “controlled for” since the questionnaire includes information about the number of calls, emails and chats. Of course, the scope of a reported increase (or decrease) has to be measured or compared to the number of calls individual helplines get.

To get a better understanding of important changes in the types of persons contacting the helpline, or in the content of the questions, the respondents have been asked to give comments or interpretations in open-ended questions.

Consulted sources

In all kinds of surveys, one of the main methodological key issues is the validity, i.e. whether the answers reflect the true situation at the helplines. The risk of misjudgements is probably larger if the person answering the FESAT questionnaire does this all by themselves rather than if the answers are given after discussions with colleagues or after consulting possible statistics produced at the helpline.

Table 1 below shows that slightly more than half of the respondents consulted their drug helpline’s statistics (6 out of 12 respondents). Two respondents consulted colleagues at the helpline. Two of the respondents did both consult statistics and colleagues. Three persons filled in the questionnaire by themselves.

Table 1. Possible consulting when answering the questionnaire
(More than one answer was allowed)

What or who did you consult?	Number
Did it all by myself	3
Talked to colleagues at the helpline	4
Consulted drug helpline statistics	6
Total number of participating helplines	12

} out of which 2 did both

All the different methodological aspects which were discussed above stress the importance of carefulness when interpreting the data. This emphasises the comment that results from the FESAT Monitoring system mainly should be seen as a complement to other kinds of data produced nationally or internationally.

5. Results and Analyses

5.1. Information on the participating helplines

In total 12 drug helplines returned the questionnaire. They are located in the following countries (in alfabetic order): Belgium (2), Cyprus (1), Finland (1), Germany (1), Greece (1), Ireland (1), Latvia (1), the Netherlands (2), Norway (1) and Portugal (1) i.e. all together 10 countries.

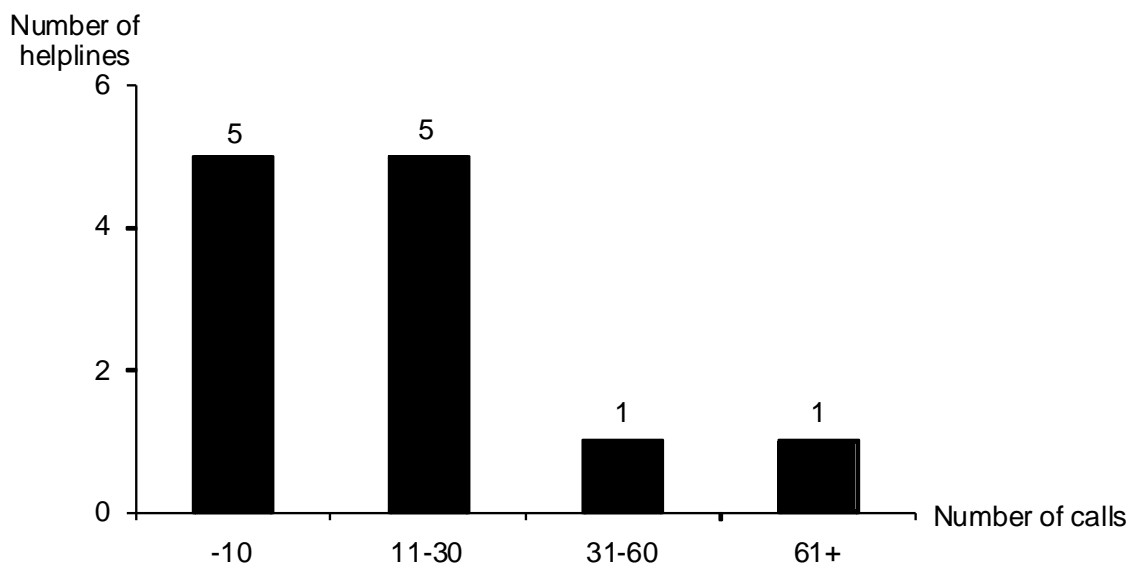
Various data collections in the past lead to differences as to which helplines responded. On this occasion however, all helplines that responded also took part in the previous (16th) data collection.

Telephone calls

As mentioned on several occasions earlier in this report, FESAT is a network of very diverse drug helplines. The wide range of differences in size and scope of these helplines is reflected in the numbers of calls they answer.

Figure A below shows that 4 helplines (out of 11 participating services) get 10 calls or less per day, 5 helplines answer 11 to 30 calls, 1 helplines 31-60 calls and 1 helpline deals with 61 or more calls per day. The two smallest each get about 1 call a day and the largest answer 45 and 15 calls per day. The median is 12 daily calls, which is comparable to the median in the previous data collection (11).

Figure A. Number of calls per day



Online contacts: e-mail and chat

In the past years several helplines broadened their service to the public by offering counselling via e-mail or online chat sessions. Several helplines notice a decline in number of calls, which is sometimes compensated by the increase of number of online enquiries.

The extent to which drug helplines have embraced online communication tools is illustrated by the fact that eight of out of the eleven helplines that sent in the questionnaire provide counselling via e-mail. There are however large differences in the amount of e-mails they answer. The lowest numbers are 'less than one' or one e-mail per day, the largest numbers of e-mails are 5.7 per day and 15 per day. The median is 3 e-mails per day. Taking into account that the median for calls is 12, all of this is an illustration that online counselling has become an established fact in drug helplines across Europe.

Two helplines have had experiences with online individual chat sessions (Linha Vida SOS Droga in Portugal and Drugs Infolijn in the Netherlands) whilst others have plans to engage in chat applications in the near future. The chat service of the Drugs Infolijn was part of a pilot project that ended in the summer of 2008. For that reason this helpline reported only 128 chat contacts. There are no figures available for the Linha Vida SOS Droga in Portugal.

5.2. The number of calls and email contacts in detail

Table 2 shows the average number of calls, e- mails as well as chat contacts per day and per helpline.

The helpline with the largest number of calls, 75 per day, is **Linha Vida SOS Droga** in Portugal. Next in size is **Drogennotdienst Berlin** in Germany which answered 45 calls per day.

Out of all 11 helplines that answered the question, 9 services reported to get an average of less than 20 calls per day. Two services mentioned 5 or less daily calls, which is once more an illustration of the large differences between the participating helplines.

As mentioned earlier, counselling via e-mail gets an increasingly important role in drug helplines. For example the **LSOVD Helpline** in the Netherlands pointed out in their reply that they noticed a decline in the number of telephone calls but an increase in the number of e-mails. The same kind of evolution has been reported earlier by **De DrugLijn** in Belgium.

Still the number of e-mails answered is on average considerably lower than the number of calls. The **Drugs Infolijn** in The Netherlands reported the highest number with an average of 15 e-mails per day. This figure is considerably higher than in previous data collections; an increase which is due to the fact that early 2008 the Drugs Infolijn merged with the Alcohol Infolijn, which in itself answers 10 e-mailinquiries per day. Next in line is **De DrugLijn** in Belgium with 5.7 e-mails per day. Several other helplines answer about 3 e-mails per day.

Table 2. Number of calls, email and chat contacts per day

Country	Respondent	calls	e-mails	chat
Belgium	De DrugLijn	17	5.7	-
Belgium	Infor Drogues	12	3	-
Cyprus	Perseas	1	-	-
Finland	HUCH Psychiatric Unit for Drug Dependency	4		
Germany	Drogennotdienst Berlin	45	3	-
Greece	OKANA SOS Drug Helpline	10	-	-
Ireland	Drugs/HIV Helpline	16.3	-	-
Latvia	Riga Addiction Prevention Confidential Line	12	3	-
The Netherlands	Drugs Infolijn	17	15	0.5
The Netherlands	LSOVD	1	1	-
Norway	RUStelefonen	10	-1*	-
Portugal	Linha Vida SOS Droga	75	2	-

* less than one

5.3. Annual number of calls and e-mails

Telephone calls

Earlier FESAT monitoring questionnaires only collected data about the number of calls, e-mails and chat contacts per day. Since 2006 however, the survey for the last half of each year also enquires about the corresponding numbers on an annual basis. As this report regards the second half of 2007, the questionnaire included a question on annual data.

Calls as mentioned in Table 3 are defined as a real conversation with a telephone counsellor. This sounds logic, but one must not forget that not all lines are open 24 hours and that not all callers get immediate access to the helpline. This means the number of calls out of opening hours (when people e.g. hear a recorded message) or “busy tones” are not included in this number. Another aspect that is worth mentioning is the use of so-called Voice Response Systems (VRS). These systems allow the caller to chose a dial and listen to pre-recorded messages. The **Drugs Infolijn** in The Netherlands is one helpline that operates such a service. In fact the number of VRS calls (7 000 in the year 2008) to the Drugs Infolijn outnumbers their amount of calls which a counsellor.

However, calls to a VRS are not include in Table 3 either. They are of less relevance as they do not allow to collect the specific data about target groups and drug trends which are gathered by monitoring questionnaire.

In 2008 there were more than 15 000 calls received by **Linha Vida SOS Droga** in Portugal. The second largest was **Drugs Infolijn and Alcohol Infolijn**, two helplines in the Netherlands who merged that merged early 2008. Together they received 4 600 calls (excluding the 7 000 VRS calls they received during that year).

Furthermore it is worth mentioning that the **Drugs/HIV Helpline** from Ireland pointed out in their questionnaire that there was a 16% increase in calls during the 2nd half of 2008 when compared with the 1st half of 2008.

E-mails

When looking at the number of e-mails answered, the picture is quite different. The largest number of received e-mails in 2007 was reported by **De Druglijn** in Belgium (2 231) and the merged **Drugs Infolijn** and **Alcohol Infolijn** in The Netherlands (2 650). The latter figure however does not only include e-mails, but also consultations of questions on the website of the Alcohol Infolijn. It has to be pointed out that in previous data collections the **Riga Addiction Prevention Centre Confidential Line** in Latvia reported a considerable amount of annual e-mails as well (1 775 in 2008). Unfortunately the helpline did not report any annual totals on this occasion.

For most drug helplines who offer both telephone and e-mail-counselling, the number of calls is considerably higher than the number of e-mails. This is probably an indication of the historic fact that most of them simply started off as telephone helplines. It also illustrates that despite evolutions in online communication technology, telephone counselling is and remains their ‘core business’.

Online chat session

In this data collection only one helpline reported offering online chat contacts. The **Drugs Infolijn** in the Netherlands ran a pilot project until the summer of 2008, after which the chat service was stopped due to lack of funding. During 2008 the helpline had 128 online chat sessions.

Table 3. Number of calls, email and chat contacts in 2008

Country	Respondent ⁽¹⁾	calls	e-mail	chat
Belgium	De DrugLijn	4 672	2 231	-
	Infor-Drogues	3 899	387	-
Cyprus	Perseas	210	-	-
Germany	Drogennotdienst Berlin	3 604	130	-
Greece	OKANA SOS Drug Helpline	2 435	-	-
Ireland	Drugs/HIV Helpline	3 787	-	-
The Netherlands	Drugs Infolijn ^{(2) (3) (4)}	4 600	2 650	128
	LSOVD	177	47	-
Norway	RUStelefonen	3 192	341	-
Portugal	Linha Vida SOS Droga	15 860	707	16 ⁽⁵⁾

⁽¹⁾ Riga Addiction Prevention Confidential Line from Latvia and HUCH Psychiatric Unit for Drug Dependency did not mention any annual totals in their response and are therefore not mentioned in this table.

⁽²⁾ The amount of calls mentioned is the sum of the calls to Drugs Infolijn and Alcohol Infolijn, two helplines who merged that merged into one early 2008.

⁽³⁾ The amount of e-mails mentioned is the sum of e-mails answered by the Drugs Infolijn and Alcohol Infolijn as well as internet inquiries at the website of the Alcohol Infolijn.

⁽⁴⁾ The chat service of the Drugs Infolijn was part of a pilot project that ended in the summer of 2008. For that reason this helpline reported only 128 chat contacts for the whole of 2008.

⁽⁵⁾ Linha Vida SOS Droga in Portugal offers online chat sessions, but not on a continuous basis, therefore the annual figure of sessions is low.

5.4. Changes in the type of persons contacting drug helplines

Reported changes during the last 6 months in the type of persons contacting the helpline are presented in Table 4 on the next page. When interpreting these figures it is important to notice that some categories of callers are not applicable for some helplines.

For all categories of callers the by far most frequent answer is that the number of callers was unchanged during the second half of 2008 compared to the situation during the first 6 months of that year. The only exception to that rule are the categories of “Drug using men, 26–35 years” for which 5 helplines reported a small increase, “Parents or guardians of drug users” for which 5 helplines reported a some decrease and “Drug using young women, 20–25 years” for which 4 helplines reported a some decrease

For “Drug using women, 36–50 years” an equal amount of 4 helplines reported a three some increase and no change.

The same pattern goes for the group of “Partners of drug users” where “no change”, “some increase” were each reported by 4 helplines.

In total and for all categories, “no change” was scored 166 times.

In the open question (question 2 in the annexed questionnaire) referring to these categories 3 helpline added some comments concerning the groups of people contacting them. The **Drugs/HIV Helpline** from Ireland pointed out that some decreases in contacts (eg. parents/ partners/ siblings) are likely to be due to records not being completed fully.

Drogennotdienst Berlin from Germany reported an increase of inquiries concerning Spice and especially by Media/Press, Teachers and Parents.

The **Riga Addiction Prevention Centre Confidential Line** in Latvia reported in increase in the number of inquiries made by employers.

5.4.1 Increased number of contacts

In total and for all categories, “some” or “large increase” was scored 48 times.

The categories of drug users for which the largest number of helplines reported increases are listed below:

Some increase or large increase reported for:

- Drug using men from 26-35 years: reported by 5 helplines
- Drug using women from 36-50 years: reported by 4 helplines
- Drug using boys from 17-19 years: reported by 4 helplines
- Partners of drug users: reported by 4 helplines

Additionally, it is worth mentioning that each time 1 large increase was reported for the category of “drug using women from 26-35 years”, “drug using men from 36-50 years and for “police or customs officers”.

Table 4. Changes in types of persons contacting drug helplines

	Large increase	Some increase	No change	Some decrease	Large decrease	Do not know	Not applicable	No answer
Drug using girls up to 13 years			7	1	1		3	
Drug using girls, 14–16 years			4	2	2		4	
Drug using girls, 17–19 years		2	5	3	1		1	
Drug using young women, 20–25 years		3	2	4	2		1	
Drug using women, 26–35 years	1	2	6	2			1	
Drug using women, 36–50 years		4	5	1	1		1	
Drug using women, 51 years or older			6	2	2		2	
Drug using boys up to 13 years			4	4	1		3	
Drug using boys, 14–16 years			3	3	2		4	
Drug using boys, 17–19 years		4	3	3	1		1	
Drug using boys, 20–25 years		3	5	1	2		1	
Drug using men, 26–35 years		5	5	1			1	
Drug using men, 36–50 years	1	1	6	1	1		2	
Drug using men, 51 years or older		1	7	1	1		2	
Parents or guardians of drug users		1	4	5	2			
Siblings of drug users		2	8	1	1			
Other relatives of drug users			10	2				
Partners of drug users		4	5	2	1			
Friends of drug users		1	8	2			1	
Work colleagues/drugs professionals		1	8		1		2	
Social workers		1	8	1			2	
Doctors, nurses			10				2	
Police or customs officers	1	2	7				2	
Students			9	1	2			
Teachers		1	8	2			1	
Media/press		2	7					
Others		1	6	2			3	

5.4.2 Decreased number of contacts

In total and for all categories, “some” or “large decrease” was scored 71 times. This number is higher than the number of reported increases.

The categories of drug users for which the largest number of helplines reported a decrease are listed below.

Some decrease or large decrease reported for:

- Parents or guardians of drug users: reported by 7 helplines
- Drug using young women from 20-25 years: reported by 6 helplines
- Drug using boys up to 13: reported by 5 helplines
- Drug using boys from 14-16 years: reported by 5 helplines
- Drug using girls from 14-16 years: reported by 4 helplines
- Drug using girls from 17-19 years: reported by 4 helplines
- Drug using boys from 17-19 years: reported by 4 helplines

It is striking to see that the category “drug using boys from 17-19 years” occurs both in the list of most recorded increases as well as in the above list of decreases.

In fact, when this category is looked at in more detail, one sees that “some increase” for this category was reported 4 times but more, whereas “some decrease” was reported three times and a “large decrease” once.

Two categories in Table 4 only got scores of increases or decreases. This is the case for “police and customs officers” for which only increases were reported and for “students”, a category for which only decreases were scored.

5.5. Changes in the questions and drugs and aspects of drug use

As drug helplines deal with a wide variety of people contacting them, it is no surprise that they also get a broad variety of questions on a whole range of drugs and aspects related drug drugs use. This is perfectly illustrated by the extensiveness of Table 5.

It must be pointed out that when the word “drug” is used, this relates not only to illicit drugs, but to all types of psycho-active substances. The drugs that are mentioned in italic in Table 5 are drugs that are not listed on the questionnaire. These were added or filled in by the respondents in order to specify within a category of drugs.

When looking at the data, it is also important to know that not all drug helplines differentiate between marijuana and hashish or between cocaine and crack in their own statistics. Others do not differentiate between different ways of using drugs in their helpline’s statistics. This explains why “not applicable” is scored relatively high for some drugs or types of drug consumption.

Just like for the categories of people contacting drug helplines, the most frequent answer in Table 5 is that the number of questions on drugs and drugs aspects was unchanged. The answer “no change” was scored 159 times.

The biggest number of helplines that reported an increase is to be found in the question on **alcohol** as well as **cocaine**: 6 respondents noticed an increase for each of these drugs. This is a somewhat different picture from previous FESAT monitoring report, where the highest numbers of increases reported were related to amphetamine. Moreover, the fact that alcohol is increasingly mentioned substance at drug helplines (which the public might perceive as services meant for illicit drug problems) is not without importance.

The third most mentioned drug when it comes to increases is **GHB**: 5 helplines reported an increase. One of those was a “large increase”. The rise of questions on GHB seems to be of specific concern to the Dutch helplines (**LSOVD** and **Drugs Infolijn**) as both underlined this increase in additional notes to the questionnaire. They more specifically pointed out that they also noticed an increase in questions on GBL, a precursor to GHB.

For the drug **Ecstasy**, just like for “**magic mushrooms**” there is an equal amount of reported increases and decreases. For **hashish and marijuana** a slightly higher number of increases than decreases was reported.

Another remarkable fact is that several drug helplines notice a decrease in the number of questions on **heroin** (mainly injected but also on smoking heroin). This is in line with the decrease in questions on heroin mentioned in the previous FESAT monitoring. In fact a decrease has been reported by several helplines for sixth reports in a row.

Last but not least, a larger number of decreases and only one increase in questions on amphetamines was reported. This is remarkable as amphetamine was the drug for which the highest number of increases was reported in the previous (16th) data collection.

5.5.1 Increased number of contacts on drugs

In total and for all categories, “some” or “large increase” was scored 52 times. As will be illustrated further on, this number is in perfect balance with the number of reported decreases.

The drugs or categories of drugs for which the largest number of helplines reported an increase in contacts are:

Some increase or large increase reported for:

- Alcohol and cocaine: reported by 6 helplines
- GHB: reported by 5 helplines
- Ecstasy and marihuana: reported by 3 helplines

The three reports of an increase on Ecstasy should be put in perspective with an equal amount of decreases (one of was a “large increase”).

5.5.2 Decreased number of contacts

In total and for all categories, “some” or “large decrease” was scored 52 times. As mentioned this is exactly the same amount as the number of reported increases.

The drugs or categories of drugs for which the largest number of helplines reported an decrease in contacts are:

Some decrease or large decrease reported for:

- Heroin injecting: reported by 4 helplines
- Ecstasy, benzodiazepines and ‘other medication’: reported by 3 helplines

The reported decreases in questions on heroin were discussed earlier in this report. For Ecstasy it was already pointed out that the reports for these drugs are ambivalent: an equal amount of drug helplines reported an increase and a decrease.

Just like in the previous data collection, one helpline reported a ‘large decrease’ in questions on **benzodiazepines**. Once more it was **OKANA SOS Drug Helpline** from Greece who reported this. In fact, this helpline also that reported a ‘large decrease’ for the category ‘**other medication**’.

5.5.3 Specific mentions

The drugs that are mentioned in *italic* in Table 5 are drugs that are not listed on the questionnaire sent out to the respondents. Each drug mentioned in *italic* in the table was added or filled in by the respondents in order to specify within a category of drugs.

In the category ‘other opiates’

De DrugLijn from Belgium marked ‘some increase’ in the number of questions on **methadone**. **OKANA SOS Drug Helpline** from Greece mentioned an increase regarding Subutex and subutone. In a comment they added noticing an ‘increase of questions concerning substitutes and ways of using them’.

On the other hand, the **Riga Addiction Prevention Centre Confidential Line** in Latvia reported a decrease in the number of calls regarding Tab. Tramadolium

In the category 'other synthetic drugs'

The **Riga Addiction Prevention Centre Confidential Line** in Latvia reported some decrease in the number of calls about **DMT**, **PCP** and **BZP**. Furthermore it should be noted that **methamphetamine** which was mentioned in the previous data collection was no longer reported by any of the participants on this occasion.

In the category 'inhalents'

De DrugLijn from Belgium reported a 'large decrease' in both the number of questions on **poppers** and **solvents (gasses)**.

In the category 'other drugs'

'**De DrugLijn** from Belgium mentioned that they did not notice any significant change in the number of inquiries about Ketamine.

Spice, a drug contain synthetic cannabinoids, which was reported in previous FESAT Monitoring reports, was mentioned by two helplines. However, one of them reported 'some increase', whilst the other mentioned a 'large decrease'. **Drogenotruf Berlin** from Germany added following feedback: 'Some increase in counselling / information on spice, especially by media/press, Teachers and parents, but not by the users themselves. The large decrease was reported by the **Riga Addiction Prevention Centre Confidential Line** in Latvia

The **Drugs Infolijn** from the Netherlands mentioned a 'small increase' in number of questions related to **GBL**, which is of course linked to the increase in number of questions on GHB, as GBL is the precursor for this drug. However, the Drugs Infolijn added that this increases was 'partly due to an increase in media coverage'.

Furthermore, the **Riga Addiction Prevention Centre Confidential Line** from Latvia reported a large decrease in the question about **Efedrine** and some decrease in the number of questions about herbals such as **Salvia Divinorum**, **Kratom**, **Ipomea** and **Sida cordifolia**.

5.5.4 Changes in contacts on aspects of drug use

Regarding the contacts on prevention, medical aspects, legislation and relationship problems, most helplines once more report a majority of 'no change'.

However, two drug helplines report a small increase in the question on legal aspects. The history of the FESAT monitoring shows that such changes in the number of questions on legal issues are often linked to changes in national legislation in specific countries. As drug legislation as well as tobacco and alcohol legislation have proven to be all but static in several European countries, this kind of increases occur more often.

Table 5. Changes in number of questions on drugs and aspects of drug use (Part 1 of table)

	Large increase	Some increase	No change	Some decrease	Large decrease	Do not know	Not applicable	No answer
Hashish		3	7	2				
Marihuana	1	2	6				3	
Injecting heroin		1	7	3	1			
Heroin smoking	1		7	1	1		2	
Other opiates:			4	1			3	
<i>methadone</i>		1						
<i>Subutex, subotone</i>		1	2					
<i>Tab. Tramadolom</i>				1				
Cocaine		6	5	1				
Crack			8				4	
LSD		1	7	2			2	
"Magic mushrooms"		2	6	1	1		2	
Injecting amfetamines			8	1			3	
Amphetamines in other ways -		1	5	2		1	2	
Ecstasy		3	5	1	2		1	
Other synthetic drugs:		1	5	1			4	
<i>DMT</i>		1						
<i>PCP</i>		1						
<i>BZP</i>		1						
Khat			8				4	
GHB	1	4	5				2	
Benzodiazepines			7	2	1		2	
Other medication		2	5	2	1		2	
Inhalants:				7			3	
<i>poppers</i>					1			
<i>solvents (eg. gasses)</i>					1			

Table 5. Changes in number of questions on drugs and aspects of drug use (continued)

	Large increase	Some increase	No change	Some decrease	Large decrease	Do not know	Not applicable	No answer
Anabolic steroids or other doping		1	8	1			2	
Alcohol	1	5	2	2	1		1	
Tobacco		1	8	1	1		1	
Other drugs		1	3			1	3	
<i>Ketamine</i>			1					
' <i>Spice</i> '		1			1			
<i>GBL</i>		1						
<i>Efedron</i>					1			
<i>Sida cordifolia</i>				1				
<i>Salvia Divinorum</i>				1				
<i>ipomea</i>				1				
<i>Kratom</i>				1				
Contacts about prevention		2	7		1		2	
Contacts about legal aspects	2		8				2	
Contacts on medical aspects		1	8	1			2	
Contacts about relational problems	1	1	7		1		2	

Annex: Example of the questionnaire

FESAT Monitoring System. Fall 2008

Name:
Drug helpline:
Date:

1. Compared to the situation in the first half of 2008 (January-June) the type of persons contacting the helpline in the second half of 2008 (July-December) have changed in the following way:

	Large increase	Some increase	No change	Some decrease	Large decrease	Don't know	Not applicable
Drug using girls up to 13 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug using girls, 14–16 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug using girls, 17–19 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug using girls, 20–25 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug using women, 26–35 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug using women, 36–50 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug using women, 51 years or older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug using boys up to 13 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug using boys, 14–16 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug using boys, 17–19 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug using boys, 20–25 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug using men, 26–35 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug using men, 36–50 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug using men, 51 years or older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents or guardians of drug users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Siblings of drug users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other relatives of drug users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partners of drug users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends of drug users	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work colleagues/drugs professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doctors, nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police or customs officers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Media/press	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Any important changes about the contacts that you want to stress?

(For example explaining/commenting important increases or decreases or new categories that have begun to contact the helpline)

No

Yes →

Please describe and interpret:

Please describe and interpret:

Please describe and interpret:

3. Do you have any comments about the number of contacts from people asking for information BEFORE they use a drug ('potential use') rather than asking for help because they have a problem regarding drugs that they have ALREADY used?

No

Yes →

Please describe and interpret:

Please describe and interpret:

4. Compared to the situation in the first half of 2008 (January-June), the number of questions (which can be telephone calls, e-mails or chat sessions) during the second half of 2008 (July-December) about different drugs and aspects have changed in the following way:

	Large increase	Some increase	No change	Some decrease	Large decrease	Don't know	Not applicable
Number of contacts about hashish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of contacts about marihuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of contacts on injecting heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of contacts about the smoking of heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of contacts about other opiates, such as	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Number of contacts about cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of contacts about crack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of contacts about LSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of contacts about "magic mushrooms"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of contacts about injecting amphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of contacts about using amphetamines in other ways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of contacts about Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of contacts about other synthetic drugs, such as (<i>fill in</i>)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Number of contacts about khat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of contacts about GHB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of contacts on benzodiazepines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of contacts on other medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of contacts about inhalants, such as (<i>fill in</i>)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Number of contacts about anabolic steroids or other doping agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of contacts about alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of contacts about tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of contacts about other drugs, such as (<i>fill in</i>)	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Number of contacts about prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of contacts about legal aspects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of contacts on medical aspects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of contacts on relational problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Any important changes about the number of questions about different drugs that you want to stress?

For example explaining/commenting increases or decreases in the number of questions about some specific drugs (question 4) or comments about changes in the relationship between calls and callers (question 1)

No

Yes →

Please describe and interpret:

Please describe and interpret:

6. Any important changes in the pattern of drug use during the second half of 2007 (July-December)?

No

Yes →

Please describe and interpret:

Please describe and interpret:

7. About how many telephone and e-mail enquiries or individual chat contacts during the second half of 2007 (July-December) do your answers relate to?

About telephone calls a day

About e-mail enquiries a day

About individual/private chat contacts a day

7 b. Additional question: How many contacts did your helpline have in the whole of the year 2008?

.... telephone calls with a counsellor in 2008

.... telephone calls to recorded messages in 2008 (*if applicable*)

..... telephone calls outside of the helpline's opening hours in 2008 (*if applicable*)

.... e-mail enquiries in the whole of 2008 (*if applicable*)

.... individual/private chat sessions in the whole of 2008 (*if applicable*)

8. Are there any important differences between the nature of the telephone enquiries and e-mail enquiries or chat sessions?

No

Yes → *Please describe and interpret:*

--

9. Did you get questions during the second half of 2007 (July-December) about any new type of drug, which you have not reported before or about old drugs that are used in a new way?

No

Yes, about the following drug(s):

Type of drug / name / street name:
Appearance:
Route of administration:
Quantities consumed:
Who uses it:
Known symptoms:
Perceived health risks:
Perceived social risks:

Type of drug / name / street name:
Appearance:
Route of administration:
Quantities consumed:
Who uses it:
Known symptoms:
Perceived health risks:
Perceived social risks:

10. Did you answer the questionnaire all by yourself or did you talk to colleagues at the help line and/or consult statistics produced by your helpline? (Mark all that apply)

- | | | | |
|--------------------------|---|---------------------------------------|-----------------------------|
| I did it all by myself | I talked to colleagues at the help line | I consulted drug help line statistics | I consulted other source(s) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If you consulted other sources, please specify in the box below

11. Any other information you want to give?

(E.g. example changes in your service that might have influenced changes reported above)



FESAT- The European Foundation of Drug Helplines

FESAT is a network of Drug Helplines services across Europe and beyond who aim to promote co-operation and exchange between its members, with the ultimate aim of improving the quality of drug helplines services being offered to its service users. The network holds a charter of ethical principles to which all members much adhere.

FESAT was officially founded as an NGO in 1993. Since that date and with the support of the European Commission, it managed to run several projects.

FESAT work includes:

- FESAT Monitoring- statistical reports monitoring trends in drug use across member organisations.
- Conferences
- Learning Exchange visits between Drug Helplines in Europe
- Training seminars on relevant topics
- Publications such as Families and Drug Helplines; Guidelines for Good Practice on telephone helplines (German) ; Guidelines for setting up a helpline; Equal Access for all Ethnic Minorities and Drug Helplines; and Drug Helplines and Legal Aspects.
- A series of magazines in French and English entitled Lines
- Regular e-newsletters from 2005 to date

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