"Guidelines

to setting up a Drug Helpline"

FESAT
THE EUROPEAN FOUNDATION OF DRUG HELPLINES

FESAT

Created in 1993, FESAT, the European Foundation of Drug Helplines is a network, which now joins together over 50 European drug helpline services. FESAT has representatives from the member states of the European Union and Eastern Europe the majority of who are experts in drug field or/and telephone helplines **and is actively supported by the European Commission as a community project aiming at trans-national and intercultural co-operation..**

Our objectives are:
- To continue the organisation of an exchange of experience, the definition of methodological guidelines and the search for solutions to common problems in order to improve and guarantee the quality of the information, help and prevention service offered to the public on drug questions;
- To continue to organise and offer training and exchange sessions to workers in drug helplines on:
- Common themes met by the services, such as working with young people, news types of use, "new" synthetic drugs, evaluation and collection of data, new technologies,
- Themes of particular interest to certain types of helplines, such as the needs of particular populations, using paid or volunteer staff and others.
- To ensure that adequate information is circulated to the different publics involved, by using appropriate communication tools;
- To improve the understanding of the phenomenon of drugs and drug abuse by making the information collected by drug helplines, as a first line source of help, more readily available, in particular information about new methods of drug use. This project is in collaboration with the European Monitoring Centre for Drugs and Drug Addiction, Lisbon, and other concerned organisations;
- To reinforce the actions of FESAT in the 15 Member States, and Eastern countries in developing the support given to drug helplines.

% The expansion **of the FESAT network is part of the development of prevention of drug problems on a Trans-national level. It is important to recognise the place and the fundamental role of drug helplines in the field of drugs and drug policy, in demand reduction, in harm reduction, in prevention and in information. Our experience has shown us that one important and cost-effective tool for prevention is the use of drug helplines as a first line contact for reaching people. Your experience will probably confirm this.**

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CONTENTS:

1. Introduction

The goal of these guidelines is to help professionals or volunteers in setting up a new drug helpline. We'll go though the main issues which should be under consideration when setting up a new helpline service.

These guidelines try to cover all common problems and questions asked by someone establishing a helpline. The guidelines provide general recommendations based on practical experience of helplines all over Europe and may be used as an tool to check capacity and readiness of a new service for its daily operation. We are aware that this book does not cover everything that you may want to know or need know about helplines and working in helpline.

The following topics will be discussed within the Guidelines:
- Purpose of helpline
- Policy documents
- Managing a helpline
- Data management
- Recruitment and training
- Publicity
- Funding
- New information and communication technology

For each of these themes, a set of general statements has been formulated. These statements are based on the FESAT charter and its principles and do come from daily practice of FESAT associated services. The statements allow us to identify the minimum standards which should be followed by any professional group that is going to start a helpline operation.

Besides, in each topic there are also several key questions asked. Some of them are answered by authors and some others simply provide the opportunity for further discussions with colleagues when making decisions regarding practical aspects of helpline work.

"The Guidelines to setting up a drug helpline" is part of the FESAT project 2001 – 2003 and is funded by the European Commission.

When we in FESAT talk about helpline we mean; "Telephone helplines and services using other communication technologies to provide help and information on drugs" *(FESAT Houserules, 1. article).*

The writers behind this publication are *Tapio Jaakkola*, Finland and *Dmitry Rechnov* Russia. We thank all the services for answering the questionnaire of the writers. And we wish also to thank for their invaluable help Rosaleen Hanton, Mark McLean and Mariana Musat from the Permanent Office of FESAT. We sincerely hope that these *Guidelines of to setting up a Drug Helpline* will be useful in every day's work and thank FESAT and the European Commission for the opportunity to write these guidelines.

2. Purpose of Helpline

There are many kinds of drug helplines. They can be regional, municipal or national and in form of a NGO, helpline or helpline integrated with treatment facility. They all have their own target groups; drug users, parents, families, young people, professionals, public at large - one of these or even all of them. Drug helplines can give;

- only information
- or information and support
- information and support & referrals
- information and support & referrals & prevention
- information and support & referrals & prevention & care.

2.1. Strategic plan

General statement
When setting up a helpline, you should first have a strategic plan where you specify the following:
- Goal/mission of the helpline - e.g. "To prevent drug abuse by supporting and helping drug users and their families."
- "Business idea" – e.g. - "NE drug helpline gives information and support to drug addicts and their families in the North East region"
- Target group and its needs – e.g. drug addicts and their families
- Area of operations – e.g. North East region

And these should be based on analysis like:
- Competitor analysis – Who else are giving similar service and how does that effect our service? With whom are you competing for financial resources? etc.
- Interest group analysis – With whom do you cooperate/whose support can you obtain (treatment facilities, authorities, client groups etc.)? Who are your potential supporters (financially or otherwise)? etc.
- Client analysis – To whom/target group you give service? How many possible clients? Where are they? What are their needs? etc.
- Environmental analysis – political, economical, sociological, legal, technical and environmental factors that might have effect on our plan/work? etc.

Key question
Have you thought about and made plans for all these three alternative futures:
- *The worst?*
- *The probable?*
- *The best case?*

2.2. Purpose and Nature of helpline

General statement
The objective of the helpline is to provide a confidential service which offers information, support, guidance and referral for all those concerned with any aspect of substance misuse. The drug helplines are at the heart of programmes of prevention and treatment of drug abuse. Helplines also constitute an essential interface between people concerned with or confronted by drugs (for whatever reason) and services which offer a concrete response to request for help (what ever their exact task).

Key question
Which kind of substances are dealing with? - Drugs only or any other substances like alcohol and tobacco?
Which kind of addictions are under consideration? - Drug addiction? Gambling? Bulimia? Smoking? etc.
What is the target group? - Families, young people, public at large, drug users?
Why a helpline ? - HL is an universal multifunctional and multi-targeted care unit which provides a wide range of services on the principles of confidentiality, non-judgmental and client-

oriented policy. A helpline is also the one of the cheapest ways to provide direct service to people who need help and support.

Why Drug Helplines?

For more than ten years drug telephone helpline services have played a first line role in the prevention of the harm associated with the use of drugs. Helpline services are both a tool for public health policy and a tool for helping individuals. There are at least ten good reasons for promoting drug helpline services.

Drug Helplines:

- are a cost-effective way of providing information, advice, referral and help

- are a provide first help, easily accessible, available and close to most of the population, as close as the nearest telephone

- are interactive; callers are actively listened to and heard by someone with an understanding of their situation, they are not alone with their problem

- are personalised and adaptable to individual needs, callers are helped to find answers for themselves

- are confidential and ensure anonymity

- are tools for observation of issues regarding use of drugs, new ways of administering drugs, new drugs and other phenomena

- are easy to publicise, making the public aware of their existence and phone number

- respect ethical principles, set out in the form of a Charter

- complement and link into other social and treatment services

- offer a safe and easy first contact with sources of information and with the treatment sector

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2.3. Helpline approach to callers

General statement

Caller is a person who needs help and support to resolve some personal or interpersonal problem at the moment of the call. Any caller has an opportunity and right to address his/her needs to the helpline. We must respect caller and the principles of confidentiality, anonymity, non-judgmental approach and be client-oriented. It is more to listen than to give advice.

Often callers don't know what to expect when they call to a drug helpline. It is about helpline worker's professional skill to find out whether the caller really wants only referral to local service or has need of support. A call to drug helpline may be the first and only attempt to seek help. This opportunity must not be wasted and it is a enormous challenge and responsibility to the helpline worker.

The caller can be angry, ashamed, distressed, tired. Supporting the caller then is very demanding. You can acknowledge the caller's anger and help him to move from it or perhaps accept that the caller might not be able to be receptive to information

Key question
Do you respect caller's rights to decide how far they wish to go in exploring their feelings? – In order to respond appropriately and effectively to the needs of the caller you need to know about drug problem, abuse and e.g. have understanding of family dynamics and to be aware of the role of which substance abuse may play in families.

2.4. What the helpline offers callers

General statement
There are at least three functions which a helpline can and should be dealing with:
1. An emergency service for people who are in crisis at the moment of the call. There are no limits or target groups for advice in these circumstances. Any call of this kind must be accepted.
2. An information service, providing the information about drugs, treatment services etc.
3. An advice service providing help in resolving some personal, social and other problems related to drug use. Support for caller in times of need.

For each of these types of call, special strategy limits and techniques exist and it is extremely important to identify which type of caller is on the line at this moment.

Parents often call to talk about suspected drug use. They need as well emergency service because even the thought of drug use can cause a crisis in the family. And they do need information about drugs and support for how to bring up the subject of drug use with their children.

In some helplines workers do not give direct advice but help callers to make their own decisions in an informed and supported way. Because the callers have to live with whatever the decisions are.

There are questions asked that may be against your helpline policy. But even then it is not enough to say "Sorry we can not help you, our policy does not allow us to give this kind of information." Worker can still be sympathetic, give some practical information or referral to other service, encourage the caller to contact other service, clinic or on emergency service.

The role of the counsellor is to respond sensitively and emphatically, in a non-judgemental way. To be fully aware and up to date with current trends, issues and services for treatment and prevention. And not to depend on the helpline to meet their own emotional needs.

Key questions.
How to identify which type of caller is on the line and be able to give right kind of assistance? Should a new helpline start operating with all these types of calls at the same time in the very beginning of its functioning?

Protocols
We can formulate protocols for our clients and workers on how to act. It is reassuring and easier for a client when he or she knows how and what to do. And the same is true with our workers. We should circulate these things widely enough so that they are known.

And as well as the helpline having procedures to respond to the callers who seek help, it should have procedures of how to deal with hoax calls. You will almost certainly get some of them. As well you should be open to referring caller to other services if you can't provide help.

3. Policy document

General statement

The FESAT Charter is perhaps the most commonly used policy document in the existing services to define the ethical principles and working of a helpline.

In a drug helpline, ethical principles and values of the organisation are very important. Helpline work is largely based on them. So you have to use considerable effort to make sure that the principles and values of the organisation are common throughout the organisation and that the ethical principle as well are known, common and part of the daily work of each person. The response of helpline worker to the caller should reflect the policy of the helpline.

The common ethical principles in helplines are; confidentiality, non-judgmental approach, anonymity, equal opportunities.

Confidentiality means that *all information we share with the caller or is taken remains confidential within the helpline and we do not discuss or reveal it to any other party. It is intended to create a safe environment where callers may be able to speak freely.*

When we say that our drug helpline is non-judgmental *it means that we do treat all our callers as equal human being and it is not for us make judgement about their behaviour but to give advice, information, help and support.*

Anonymity in our service means that *people can call us without revealing their identity. And we do not store any records that have information about callers identity unless it is appropriate e.g. if we send information to them..*

Equal opportunities in our service *means that we acknowledge and accept differences in society and an ensure that the service is aimed to meet the needs of all likely callers. And that we also apply this in everything the helpline does; selection of volunteers and staff, its promotion, training, supervision…*

Furthermore you may need to have a clear policy statement considering general drug policy issues i.e. needle exchange, harm reduction, drug testing, substitution treatment etc.

Key question
Does your staff have a common understanding of policy issues? - It is essential that these very important principles be in writing so that you can be sure of every worker understanding the principles in the same way. This is important in order to create a safe environment where caller feels able to speak freely. Ethical principles are among the first to be presented in any training that is provided to your workers. The same applies any other policy issues that your service has. Training and supervision is the key to assuring that everybody in the service understands and applies these in the same way.

4. Managing the helpline

Helplines are structured in different ways. Some have hierarchical structure, are managed as a group or team or project. Managing means taking responsibility for the running the helpline. And it is essential is to have clear areas of responsibility and accountability. Furthermore you need to clarify the nature and purpose of your helpline clear to both your workers and the public. And to able to do your duty, adequate resources are needed.

Adequate resources means that you have resources enough to fulfil the objectives you have chosen. In practice it always seems like you are short of resources (either staff or money – hopefully not both). It is sometimes cheaper to buy some resources needed in running the helpline from outside (e.g. to buy accounting services outside than to have your own accountant). But all in all you need a qualified and motivated staff plus enough financial resources.

4.1. Resources

General statement
There are four types of resources which are essential for successful operating of a helpline:
1. Human and administrative resources (people who pick up the phone, are responsible for managing the helpline, supervisor, technical assistant). First of all any helpline is a team which clearly understands general principles and purpose of its work.
2. Time. It is essential to be sure that you and your team mates have enough time for working on the helpline.
3. Information.
4. Equipment.
5. Money.

Key question
What is the most important type of resources?

Comment. When they start thinking about a new helpline professionals are often oriented on money and equipment. However, daily practice demonstrates that all types of resources are equally important for good work. But the most difficult is to build a team and to train people for professional working in a helpline. It takes a lot of time and professionalism.

Development program for the staff - The staff, whether they be professionals or volunteers, are your most important resource. And it is most important to pay much attention to develop their knowledge, abilities and skills. This development plan for your staff should be a integral part of your strategy and should be revised from time to time. In the development program you should have at least:
- Recruiting - policy and principles
- Training – policy, individual training programs
- Reviewing the person specification of staff
- Maintaining skills
- Health at work
- Supervision

As important as it is to give good on-going training and supervision to your staff, it is also advisable to try to arrange some sort of possibilities to relax and enjoy things together. It can be picnics or bowling, barbecue or whatever your team likes and the service can afford.

You may also need debriefing in cases of difficult calls for example a suicide call. If you can not arrange this inside the service, the worker should have at least possibility to call a backup (senior worker) to do debriefing or have list of numbers where to call.

General statement
There are two different ways of organising a helpline:
1. The helpline is a separate agency. In this case, the agency should have all attributes of any other public service or NGO.

2. The helpline is one of several projects within the structure of an existing organisation.

Key question
What are the advantages and disadvantages of each?

The way you choose depends on the local situation, administrative capacity etc. But in case you can make a choice between these two types you should understand that there are some important differences in
- Recruiting people
- Information work
- Fundraising
- Training and supervision
- Burnout prevention
- Establishing partnerships.

Conditions of employment - There is a very wide range of employment conditions and there is much differences depending on whether we are talking about paid workers (wages, contracts of employment, insurances, training….) or voluntary workers (commitment for how long, compensation for travelling, training…).

General statement
The conditions of employment vary from one country to another. You must choose according to your local situation, laws and policy, trade union agreements etc.

Conditions should cover the following aspects:
1. Working hours
2. Pay and other benefits
3. Responsibilities and duties
4. Ethical principles

The most important thing is that the employees should understand and accept the rules of employment which you offer. You also should provide the information about when these conditions may be changed and who initiates these changes.

If you choose to base your helpline on voluntary workers make sure that you understand about principles of voluntary work. Especially important is to remember that you can't give orders to voluntary worker in same way as to a paid worker. You can't expect same standards of professionalism from voluntary worker than paid. And remember that training is the principle guiding tool you have when working with voluntary staff.

4.2. Legal aspects

Key question
What is our responsibility as a telephone helpline? - Once the various possibilities have considered in the call it is the caller's responsibility to make the choice. Remember to find out what are the listener's legal duties? When must we inform authorities of the contents of a call, for example? Consult a legal advisor to find out how do you stand as telephone helpline in the legal aspects.

General statement
When thinking about legal aspects you must not forget ethical principles and confidentiality. Protection of privacy – each national law must be checked to see what guarantees are provided concerning collection, registration and holding of personal data.

There are laws governing specific protection of medical data and, in some countries, social welfare and their clients. There are also restrictions to confidentiality. These apply, according the European Court of Justice:
- where the person concerned has expressly given his consent;
- where doctor is acting in context of administrative testing procedures, so that there is no spontaneous relationship of trust which is the basis of confidentiality
- where recourse to the principle of medical confidentiality would have the effect of preventing the normal course of justice.

4.3. Operating hours

General statement.
24-hour, round-the-clock operation may not be the main goal of the service. It is the quality of work. The operating hours depend on several circumstances, the most important of which are the needs of the population in the area you are going to operate. That is why we recommend a needs assessment before you start planning and managing your helpline. If the decision about operating hours is made on the wrong basis, you will be at risk of wasting money and time and also of causing burnout.

Operating hours may be changed in the future - it is not a problem if you do not have enough people, time and money for 24-hour work in the very beginning. There are a lot of examples of 4-hours-a-week helplines becoming round-the-clock services in a couple of years.

Key question
What are your resources? What are the needs of your target group? Do you have enough staff to maintain a 24 hour service?

4.4. Evaluation

Effectiveness of helpline - The effectiveness of the helpline and how often it is reviewed is a important question. Every organisation needs feedback. Evaluation is also a part the development work of every organisation. As for helplines, the feedback from clients is difficult to get. Evaluation needs tools and action plans to involve the workers.

General statement
A helpline is a service which has no opportunity to get direct feedback from its clients. That is why it uses a set of indirect instruments to check the effectiveness of its work..

The first instrument is analysis of calls. Another one is demand statistics (number of calls etc.) And the third one is supervision. There is also a possibility that workers collect client satisfaction data alongside other data collected.

It is extremely important to understand that supervision is the instrument of professional development as well as an evaluation instrument. That is why supervision is a specialised function which requires a high professional level and cannot be run on an occasional basis. It makes sense to include a paragraph which describes supervision in the work contract or any other document which you sign with the employee.

You may also wish to commission external evaluation.

In a questionnaire to the FESAT associated services we asked about evaluation and how helplines supervise and define good quality. In the answers services gave, the methods they used were;

- supervision;
- internal monitoring with established criteria;
- quantitative and qualitative analysis by internal team of drug advisers;
- supervision and analysing statistics;
- training;
- external evaluation;
- call statistics, internally evaluated;
- parallel listening by trainees and continuous education;
- follow-up statistics and monitoring, periodic individual evaluation of everybody's work on phone;
- external supervision every 2 weeks.

Key questions
What does the supervision consist of? What kind of problems does it help to resolve? Who may work as a supervisor? What is the difference between monitoring and evaluation? How often it should be conducted?

4.5. Things to remember

Development - Benchmarking is a way to improve your service. A client compares not only organisations but also their services. They may compare not only drug helpline A with drug helpline B but for example the ability to reach helpline A with a big call centre. So they are doing the comparison from the viewpoint that is important to them.

General statement
It is important also to the helpline not only to do benchmarking to same kind of organisation (of course it always useful to compare your work and organisation with the best in business) but you have to do the comparisons/benchmarking with the most suitable agencies. So when thinking about your service's ability to reach more clients or to answer more calls, you could perhaps look at how that is achieved in big call centres.

You have to remember that a client sees your services not only as you offer them but also in the light of his own expectations. That is why you have make it as simple and easy as possible for a client:
A. To access your services
- Is it easy to interact with your organisation, to find the number? Is it free of charge and available on the internet?
- A well functioning menu system works as a script to the client when calling. – Easy instructions to help decision making if you have different kind of services e.g. "Dial 1 to information on drugs, dial 2 to information on HIV " etc..
B. Socially and personally accessible
- The client feels emotionally and physically safe and as comfortable as possible
- Much depends on the workers you have

One question that is not easy to answer is – 'How can we make our services interactive? How can our clients contribute to development of our services and quality?

Networking – In order to be able to do your work well, you need to co-operate and network with other organisations and services such as:
- Other helpline services
- Drug treatment facilities, intoxication facilities, emergency services
- Health care professionals
- Client organisations e.g. Narcotics Anonymous

- Authorities – social workers, police, schools
- Church, NGO's
- Media
- Suppliers – e.g. Telecom company.

Insurances - It is recommended that you have insurance for your service and staff in case your client or any other for that matter sues you or you end up in some other legal dispute.

Legislation - Remember to take into consideration also your own country's laws concerning data protection, management, taxation, drugs and criminal law.

5. Data management

Helpline services have often data which rarely are used unless specifically requested. This information can be used:
- To better understand the requests made to them;
- To learn the realities of drug users;
- To analyse trends in drug use;
- To contribute to the development of strategies of intervention and prevention of drug abuse;
- PR;
- Help funding.

Every helpline collects some data from the calls. It differs a little bit from service to service. Here are some examples:
- Call; hour of day, day, length, area, mobile phone or not, district of the call;
- Caller/client; gender, age, user/parent/professional/other, emotional state, drugs used, history of drug use, secondary substance, ways of use, length of use, previous therapeutic contact, health status (HIV etc.), working status, ethnic origin;
- Outcome of call; treatment, visit;
- Worker; name;
- Other: how caller found out about the service.

Some information is possible to get from your telecom company such as number of calls, average call duration, origin (area) of call.

The information collected can be used when assessing or evaluating the service.

5.1. Call records

General statement
The call record is the only one source of information about the caller and the call. That is why call details must be registered.

There are three ways of making call records – computer database, hand-written records and combined methods. More and more the calls are registered in a computer database. Every service does have a standardised form/sheet for recording data.

Key questions
What kind of information should be collected what should not? How often do you need to analyse call records? What information can they give to the helpline manager and supervisor?

5.2. Information resources

General statement
Workers should have sufficient, accurate, up to date and easily accessible information for example on substances, treatment etc. They should know where and how to get information needed. When possible, these information resources should be made available also for clients.

Key questions
Do you have access to relevant databases? How is your own information and data in your office stored?

5.3. Data management

General statement
Some attention should be given to databases, electronic forms and reporting. All your databases should be in accordance to the laws governing data protection. Also, if you really do want to use the information collected from calls either as statistics or when same person calls again, then a computerised database is the most effective way. There are different common database programs (e.g. Access, Paradox) which can be used as a tool to build your own database system.

Usually this work requires helpline professionals to define the requirements of the system and a professional to do programming.

Data protection - Data security is also essential when we are dealing with somewhat delicate information. All data/computer systems should be protected against computer viruses and hackers. You must have good anti-virus programs and reliable firewalls to protect your clients.

You need also to take care of backing up your records That can be automated so that backup is made every evening from all your records/new records/changed records to a backup server that is situated somewhere out of your office so that your records are safe also in case of fire.

Key questions
Have you checked the laws governing databases and records? Are anti-virus programs and firewalls kept up to date? Do you take backups regularly?

Statistics as PR - Statistics are very useful as PR. Most of FESAT's associated services use them to promote their services, to describe their activities to the public and donors. Also EU's drug monitoring centre, EMCDDA in Lisbon is interested in that data. They have an early warning system for new drug-using habits and can profit from the information that helplines collect. FESAT has had a monitoring project to identify trends in drug use.

6. Recruitment and training

General statement
Helpline needs to be staffed by people who have personal and professional capacity in the fields of both knowledge of drugs and ability to listen. Very often they are fulfilling the important role of first line services, or first contact. You should give the public very clear reassurances about your procedures for selection and training.

6.1. Recruitment

General statement
There is a set of recommendations regarding recruiting staff. These recommendations are based on practical experience of FESAT members and may prevent difficulties.
1. Life experience (age)
2. Education
3. Working experience
4. Drug history
5. Motivation
6. Personal and psychological problems
7. Communication skills.

Life experience, age is a common criteria but you must respect the employment and discrimination laws in your own country). You should have enough life-experience and knowledge to be able to help parents and drug abusers as well. Services with paid, professional staff have fixed requirements for formal education (university degree in social sciences, education, psychology etc.) but those using volunteer worker consider more personal skills and motives. Drug history is not an obstacle but present drug use usually is. Motivation is very important. What are the motives to join a helpline? Personal and psychological problems of worker can be an obstacle. One should have good listening skills and be able communicate clearly in telephone. And then there are of course skills and knowledge that can be bettered via training. There are services that say that communication skills are more important than knowledge. And there are services that select their staff assessing not only their personal abilities and skills but even their voice.

Key question
Do you have clear picture about who you are seeking and do you have clear job descriptions and person specifications for all helpers? - You should be clear about what kind of workers you are looking for. Some services have probationary period for new helpers. Recruitment procedure aims to identify motivation, personal and professional background of a person who is going to join helpline team.

Here is one example of recruitment procedure given.

Motivation
Every person who wishes to join the group should write the application letter, pass the motivational interview and take the entrance test.

Application letter
1. ***Personal details*** (age, contact information, basic education, drug use history). A candidate must be not younger then 23 years of age because working with the main target group, drug users, consultant should be able to protect himself from high risk of manipulation and to stay constructive in any situation related to client's pressure, aggression, or depression. Educational criteria – at least 2 years of high school or university (social sciences, psychology, teacher training) Candidates who have no basic education of this kind were offered to pass the special placement test. The most important requirement to candidates – not to use any illegal drugs for last 2 years and don't promote liberal drug policy in terms of drug legalisation. But of course, occasional experiments with drugs in the past are not a bar to employment.

2**. *Motivation essay***. The essay is the "up to you" part of the letter. No frameworks are given to the candidates to express on one page their own vision and attitude towards work as helpline consultant and no questions like "What should I write about?" are answered. The goal of this essay is to help a person to formulate the main ideas to pass the next stage. After the motivation

letter is completed and send to the helpline manager every person, who meets the criteria, is called for the interview.

Motivational interview
The structure of the interview is as follows:
a) What are your expectations from work on drug helpline?
b) Who is an "ideal counsellor"?
c) What do you think you've had to be a good counsellor?
d) What kind of training do you wish to have first of all?
e) Who would be an ideal client for you?
f) How do you understand the word "help" regarding to your work?
g) How much time are you going to spend working for the drug helpline?
h) What way would you like to be encouraged?
i) How this work may (and will) help you in your future?

The interview is not aimed to select "good" candidates from "bad" but it shows real motives and responsibility level of each person and helps the manager to construct the most suitable training course. The only one reason to refuse to the candidate is the intention to push his or her advantages above client's needs. We also had to refuse several people who were emotionally unstable, first of all to prevent them from self-destructive behaviour.

Entrance test
Candidates who passed the interview should take the entrance test. This test consists of 40 questions (multiple choice) and encompasses all topics related to drug use.
a) Drug use – current situation
b) Drug use – state policy and legalization
c) Drug use – substances
d) Drug use – techniques
e) Drug use – consequences
f) Addiction
g) Co-dependence
h) drug user – attitude
i) Drug user – appearance
j) Drug user – slang
k) Drug use and HIV/AIDS
l) Drug use and discrimination
m) Drug use – treatment

The goal of the test is to show the level of knowledge regarding to drug use and other related problems. There is nothing "competitive" in the test. The results help trainers to choose the right strategy for the next stage – briefings (seminars), to select the most important issues to focus on and discuss.

After the procedure is completed, the selected group starts the training course.

Recruiting staff
Examples of recruiting procedures used on of FESAT services
✳ Advertisement in a newspaper is common, own website, via regional organisations for addiction;
✳ Those services with professional staff recruit their workers from e.g. University students;
✳ Some use a period of voluntary service and after that you can start working as counsellor;
✳ Many services do require some experience in the field of substance abuse;
✳ Service check other qualification such as motivation, communication skills, attitude, ability to fit in the team, education;
✳ There can be a three stage procedure; application form, telephone assessment, interview;
✳ Training and practising with or without more experienced colleagues finishes the selection procedure.

Key questions
How to refuse people who are motivated, but can not work on the phone because of some other reasons?

6.2. Training

General statement
Training is one of the most important issues when you are setting up a new helpline. A huge number of different training programs have been worked out already. All these programs may be divided into two parts initial and additional training.

1. Initial training

Any initial training is aimed to provide your team member with knowledge and skills to answer the calls professionally. Initial training should cover all main aspects of practical works such as drugs, addiction, legal aspects/law concerning drugs and helpline service, listening, response, giving support, helpline policies. Here is an example of an initial training program.

Briefings (seminars)
This part of the training course includes eight four hour long meetings – seminars (one session a week) and 30 hours so called "passive practice" on the phone. Each session is interactive – some elements are prepared by trainer, some by other participants in advance, some exercises and plays don't require any preparation. Passive practice means active listening. Every one from the group should spend 30 hours in the drug helpline room listening to the real calls in earphones. He or she may make written remarks for further discussion during the seminars but may not answer calls, discuss anything listened with the consultant, make records and break confidentiality.

Seminars
Session 1."Welcome"
- "Getting started" – introducing, my reasons to come here, my expectations and fears
- "Helpline today – history, basic principles, statistic, problems and perspectives" – trainer's report
- "Power of the group" – active exercises to build up a real working group
- "Helpline's role in our organisation. History and daily practice" – trainer's report
- "Rules of the passive practice – what does active listening mean?" – group discussion and conclusions.

Session 2 "Facing the problem"
- "Client's demand" – trainer's report
- "Pick up the phone" – role play. (How to start talking)
- "Phone call card. What is it?" – mini training
- "Drug use" – references review
- Participant's reports. Every person should make a 10 minute long presentation as the base for the discussion. The first report on the session 3. Topics of the presentations: "Drug use in the world", "Drug use in Russia", "Drug use in St. Petersburg. Are we typical?", "Illegal drugs – short review. Medical, psychological and social consequences of drug use", "Addiction", "Cannabinoids", "Opiates", "Stimulants", "Hallucinogens", "Substitutes"

Session 3 "Information"
- Group discussion
- "Client asks for the information. What does it mean?" – hidden motives and client's fears.
- "Reception" – role play (How to use the database, how to work with information request)
- Database update – practice. Every participant gets several addresses from helpline database (treatment units and so on) to check if everything is still correct.

- Addiction – trainer's report.

Session 4 "Drug use. Legal aspects"
- Group discussion
- "What does the word "illegal" mean? Why drugs are illegal?" – trainer's report
- Database update – checking the results
- Communication skills – micro training
- Call records – analysis of one day calls – how to work with statistic data – practice. Every volunteer works with number of call records to make an analysis of the helpline day.

Session 5 "Drug use. Prevention"
- Group discussion
- Movie "Metro" – group discussion
- Drug abuse prevention as a science – trainer's report
- "Public speech on drug prevention" – role play. (Four groups work, making public presentation for different target groups – parents, teachers, youngsters, policy makers etc.)

Session 6 "Co-dependence"
- Group discussion
- "How to work with co-dependant people" – trainer's report and open discussion
- "Phone counselling and counselling "face to face" – advantages and disadvantages" – group discussion
- Passive practice – questions, remarks. Home task – to write the review of calls listened.

Session 7 "Drug use and I"
- 4 hours long role play "My own attitude towards drug use and user" (discrimination, fears, public opinion and my role)

Session 8 "Final meeting"
- Questions, remarks and comments
- Passive practice – results and conclusions. Meeting with the drug helpline staff.
- Our perspectives – group discussion

Though the seminars are interactive they are not aimed at training on counselling. This course is the base for the main stage of the whole course – the training session. After the informational meetings are finished the group are ready for the next step. Eighteen people passed the motivational interview, but only 12 came through the whole seminar cycle.

Counselling training session
This is 80 hours long active training course. Eight days the group works very intensive, having two 4 hours long sessions daily. Morning sessions goal is to train volunteers for phone counselling (in general). Evening sessions are focused on specific issues on counselling for drug users and their relatives. The training gives practical skills on counselling. Every evening session may be used as single educational module for example, to train people who work for "non-specific" helplines. Common elements of all sessions are morning and evening sharing and analysis as well as group discussion after each exercise.

Day 1. Session 1
- Welcome – program of the training
- Group rules and "contract"
- Making a real group
- What does the word "help" mean?
- How can I help?

Day 1. Session 2.
- Drug use in my own life – group discussion
- An ideal counsellor – group discussion
- Role plays, sharing

Day 2. Session 1.
- Active listening
- Conversation: encoding and feedback

Day 2. Session 2.
- Drugs and personality
- Am I free from addiction?

- Reflecting back and paraphrasing
- Addictive behaviour

Day 3. Session 1
- Leadership
- Empathy
- Counselling techniques (I)

Day 3. Session 2
- Reasons for giving or not giving up drugs
- Real opportunities of drug addicts

Day 4. Session 1.
- Therapeutic alliance
- "A call" – role play
- "Mirror" – role play

Day 4. Session 2.
- Slang
- Overdose
- Suicide

Day 5. Session 1.
- Confidence and confidentiality
- Voice and intonation as an instrument
- Counselling techniques (II)

Day 5. Session 2.
- Drug use an HIV/AIDS

Day 6. Session 1.
- Crisis
- Aggressive clients
- Silent calls

Day 6. Session 2.
- Peer pressure
- Manipulations
- Co-dependents

Day 7. Session 1.
- Final stage of the call
- Client's choice and decision
- Professional protection

Day 7. Session 2.
- Discrimination
- Prevention of drug use – work with parents and teachers

Day 8. Session 1.
- Data analysis (statistic)
- Traineeship planning
- Supervision

Day 8. Session 2
- Questions, remarks. Comments
- Final shearing
- Final test

After the course is over the work placement starts. It involves 30 hours of active work on the phone under the supervision of staff helpline consultant (who listens all calls answered by volunteer over the earphone) and weekly supervision sessions with the drug helpline manager. Placement period finishes with 3 day long camp with all drug helpline staff and volunteer group. The main idea of the camp is team building.

Key questions
How long should the initial training last? Who are the trainers? Should staff start work immediately after initial training?

2. Additional training

Additional training is aimed at developing skills/potential of your team. This kind of training may be initiated by workers if they feel they need to be trained in some specific fields, or by the supervisor if they understand that all team members face the same problem while working, or by the helpline manager in case it is planned, for example, to add a new target group or problematic field or to set up a new registration procedure etc.

7. Publicity of helpline

7.1. Public image

General statement
Image is as important to a helpline as it is to a large company. So when we talk about publicity, it is not only about how clients get to know about our services but also about what is our public image. It is difficult to get funding if our public image is poor. Other agencies don't refer clients on to helplines if their image is poor. The most important factor in your public image is the quality of your work and how you are trusted. PR-campaigns come only second.

Key questions
How do you present your good work? Do you know if you are valued? Is there a need to brighten your public image?

7.2. Advertising helpline

General statement
Advertising is essential on a regular basis. Drug helpline should advertise as widely as possible. There are traditional and modern ways of promoting your helpline. Here are some examples about how it may be organised.

Your telephone number should be in telephone directories (by name and also alongside other emergency numbers or helplines) and on your own website - try to get your pages linked to as many sites as possible, shopping malls, police stations, churches, health stations, social work etc..

It is essential to have good publicity of our services;
- For different age groups, different publicity supports can and should be used
- 15 – 18 school material
- Drug addicts and their families – television
- The phone book!

Advertisements give rise to questions and reflections. If you advertise be ready to receive more calls.

Remember your own website in promoting your service. Is it up to date, easy to use/access, does one find information about your service and telephone number easily etc.

You can also use;
- Flyers – cheap
- Leaflets
- Magazines
- Radio – especially local radio stations which can be interested in having programmes about drugs
- TV – expensive

Many services also advertise in many ways to get new workers

Key questions
What is the primary task? - Is it operating the service or advertising ?

Why should we advertise? - At least you must make sure that your target group, those who need your services, know how to reach you and can find your number. Make it as simple as possible. There are a number of ways to do it cheaply and lots of media where you can advertise your service.

What do you hope to achieve? Do You want to make your service known, get more call, reach new people? - You have to decide upon the media, target group and message. Type of media depends on money and target group. TV is expensive, leaflets are cheap.

8. Funding a helpline

8.1. Sponsors

General statement
Funding and fundraising policy depends on your management and organisational structure. There are services funded mostly by authorities, local or national, those who are supported mainly by private donations and support and those in between.

Key questions
Can you obtain more resources from outside? Who are those that can benefit from your service either directly or indirectly?

8.2. Free of charge?

General statement
One key question when setting up a new helpline is; should it be free of charge? It depends how you think your future clients see the matter and also what is your budget. Whether your service is free of charge or, like many of FESAT's associated services, operates at local call rate, you must remember that your service has to pay for at least part of the call, which can be very expensive, particularly if a client a makes a long call from a mobile phone.

Key questions
Resources/funding - can you maintain free of charge services? Does the charge limit the possibilities of your target group to seek help?

9. Telecommunication and new technology
- Internet, chat rooms, mobile phones, SMS and e-mail

Key questions
Do the new technologies give you more opportunities to reach out to your target group? Do you have the means and staff to use these technologies?

General statement
The Internet is about information and communication which are both the helpline's areas of work. All the time more and more people have access to internet. You can use it as to provide information about your service but also to provide advice, information and support to your clients.

Website - Websites are increasingly important. They can be used as a way of providing interactive service. More often, they are promotional tools for an organisation but they are also a

useful tool for information gathering. Not all associated services yet have websites or are using them as resources for interaction with clients. It needs someone to maintain them, a "webmaster".

E-mail - You can use internet and e-mail as means to communicate in your own service e.g. between various offices or helpline workers. You can publish your newsletters easily on the internet and e-mail them.

E-mail is often considered as a almost instant medium of communication so you have to consider how you inform your clients of the time span of answering their mail. You should also make it clear if there are any limitations on your site for example if you only give service to a certain area or group of people.

In order to have your internet/e-mail service working you might need to give your staff extra training and also take into account that also supervision procedures and support is available to them.

Confidentiality is perhaps the main concern when using e-mail. You should publicise your confidentiality policy on your site. You should also develop clear procedures of dealing with that e-mail, make sure that all your technical solutions and software are adequate

Key questions
How fast can you answer incoming e-mail? Are your technical solution, software and hardware good enough? How about viruses and hackers? Who will read the e-mail? How are the coming mail stored and answered? Can someone send you anonymous e-mail?

General statement
Telephone helplines are starting to use Internet and e-mail services in providing help. When using these tools, some consideration has to be taken how to guarantee confidentiality and the anonymity of the client so that the number or e-mail address of the client does not show but the service can still respond.

Mobile phone calls are usually more expensive. So if you are planning a free line, remember this when planning your budget. You can also use SMS (short message service) of mobile phones to answer simple questions. Mobile phone techniques are evolving rapidly and will present new opportunities also for helplines in the near future through more advanced technology.

E-mail is also useful tool for answering questions that deal with information. It is not so suitable for counselling help because of lack of personal involvement and contact. The characteristics of e-mail are:
-   prompt, non-obligatory, cost-effective;
-   direct medium, 24 hour availability;
-   no fear of barrier;
-   apparent anonymity.

The strengths of e-mail counselling are:
+   act of writing itself can help to clarify and structure the answer;
+   enquirers pose the single question;
+   user can select any service in the internet.

The Weaknesses of e-mail counselling are:
-   no other information than written;

- large time expenditure;
- insecurity of counsellor;
- lack of knowledge and/or experiences;
- lack of standards;
- specific internet language;
- actual anonymity not guaranteed (possibility of backtracking);
- protection for the counsellor;
- documentation and evaluation.

Guidelines for e-mail working are needed and some FESAT services do already have their own.

Key questions
How can you guarantee and protect the anonymity of the caller? How is your data protection? What happens if wrong information is given? Who is liable? Which laws can be applied (Criminal law/media law/ penal code regarding data protection/civil rights)?

Chat room:
✳ Interactive
✳ Needs staff to overview
✳ Difficult to control
✳ Can be taken over by drug users
✳ Needs a moderator
✳ Needs some to be in charge

Website:
✳ Easy source of information
✳ Information has to be up to date
✳ Easy to access
✳ Has to be linked with your network
✳ Can be used as a tool of prevention
✳ Can you up date your website easily and fast

What services do you provide via internet?
✳ Is it only information?
✳ Is it interactive?
✳ Do you follow up?
✳ Do you have a webmaster?

Password access for specific pages e.g. users own pages can be very useful for specific groups for specific information or conversation/chat.

Intranet
✳ A way of communicating with your organisation inside your organisation
✳ You can provide closed chat or conversations
✳ Sharing information
✳ Calendar/schedules
✳ Policy documents
✳ Databases
✳ Common documents, forms etc.

More about telemetric services in addiction prevention and treatment can be found on Prevnet which is a European Commission funded project.

10. **FAQ's**

General statement
Some general points can be made about out in the calls to drug helplines. Principal users of services are parents or friends of drug users and drug users themselves. In 50 % of calls the caller is seeking information. Help and support are essential components in the conversation. Mothers call four times more than fathers. The usual items/questions in calls are:
- Help
- Advice
- Information about a service
- Referral, addresses
- Information on the law

FAQ's - most **F**requently **A**sked **Q**uestion by callers:
- Information about drugs i.e. information on the risks and effects of different drugs of abuse.
- Ask for help and advice/referral addresses, addresses contact numbers for different addiction services.
- Suspicion of/ problems with drug use of child. What can I do to help my daughter/son who is involved in drugs?
- Problems due to own use.
- Ways of recognising drug use. How can I be sure if someone is taking drugs?
- Legal information.

Key question
Did you listen to the caller? - Always remember that the first question asked may not be the one the caller wants to ask i.e. not the reason why he/she is seeking for help/advice. Listen and talk so maybe the real reason underlying there will surface.

11. **General Check list**

> **Check list for a New Drug Helpline**
>
> ☒ Are you sure your plan, strategy and values are thoroughly thought out?
> ☒ Who are your target group?
> ☒ Listening is everything
> ☒ Policy - confidentiality, anonymity, non judgemental – do all agree and abide?
> ☒ Are your resources adequate?
> ☒ How about your budget – need more sponsors?
> ☒ Write guidelines for new workers
> ☒ Find out about best practise.
> ☒ You need evaluation of your service – feedback
> ☒ Networking is essential.
> ☒ Your staff needs easily available and up to date information resources.
> ☒ Remember to take care of your data collection. How is your data protection organised?
> ☒ Staff recruitment/qualifications?
> ☒ Do you have training program for your staff?
> ☒ Supervision is essential and so is support for workers.
> ☒ How people can find your service – advertise
> ☒ Can you get government/municipal funding?
> ☒ How long opening hours can you have?
> ☒ Can you have free of charge line or not?
> ☒ Can you make use of new technology; web, e-mail, chat?
> ☒ How can you protect the anonymity of the caller over e-mail?

12. List of relevant/useful publications and references

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FESAT, 1994.

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