

# FESAT

The European Foundation of Drug Helplines

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## **FESAT Monitoring Project – Changes during the first half of 2007**

### **Summary**

20 FESAT helplines in 13 countries participated in the fourteenth monitoring project covering the first 6 months of 2007. The size of the helplines, measured by the number of calls, varies a lot. Data, collected twice a year, should mainly be seen as a complement to other kinds of statistics produced nationally or internationally. An increased number of calls about a specific drug that is not a part of a more general trend cannot automatically be seen as an indicator of increased consumption. It might as well be a result of marketing activities, indicate an increased curiosity and/or an increased concern from professionals, parents or partners.

For all kinds of callers but one, the most frequent answer was that the number of calls was relatively unchanged also during the first half of 2007 compared to the situation during the last 6 months of 2006. A similar pattern of an unchanged situation is also reported about the number of questions about different kinds of drugs.

Half of the helplines (10) reported an increased number of calls from “parents or guardians of drug users”. Next in size was drug using boys aged 20-25, which was reported by 6 helplines.

An increased number of calls about drugs were mainly reported about hashish, marihuana and cocaine (6 helplines each). The same number of services also reported an increased number of calls about “other medications” and “preventive aspects”.

Three helplines informed about new types of drugs, which they had not reported before. RUS-telefonen in Norway reported about two drugs with sedative effects. One was Polarmine, a tablet that is taken orally, and the other Dormicum, which is injected. De Droglijn in Belgium had got calls about LSA (Morning Glory), which was reported by Drugs/HIV Helpline in Ireland in the previous data collection. Drogennotdienst in Germany informed that they had got calls about Fentanyl.

## **Introduction**

### ***Background***

At the end of the 1990s' twelve drug helplines participated in the evaluation project of FESAT (The European Foundation of Drug Helplines). Experiences from this project have been used in the planning of a new data collection system for drug helplines in FESAT. However, the goal of the reporting system has changed from evaluation to monitoring. The main goal in the new project is to identify new drugs and new drug trends as early as possible.

The idea of the FESAT monitoring system is to collect data twice a year, using a simple questionnaire, about changes occurring during the last 6 months. It is the same idea that has been used by the Swedish Council for Information on Alcohol and Other Drugs (CAN) in Sweden for several years where data are 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.

A pilot study was done at the beginning of 2001. Twenty-two drug helplines in 15 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.

### ***Goals and strategy***

The main goal of the monitoring project is to identify new drugs and new drug trends as early as possible. Data are collected twice a year about changes during the last 6 months, covering the first or the second half of a year, compared to the situation in the previous 6 months period. This report from the fourteenth data collection covers the first half of 2007 in relation to the situation during the last 6 months of 2006.

The questionnaire is rather short and simple and can hopefully be filled out in a relatively short period of time (see Appendix 1). After each data collection a simple but informative report is produced and distributed to drug helplines, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), EMCDDA Focal Points and other interested bodies.

The size of the helplines varies a lot. Hence, when reporting some data from a specific helpline it is of interest whether this comes from a small or a large helpline. Information about this can be found in table 3.

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. Hence, it is important to see the FESAT monitoring system as a complement to other kinds of data collected nationally or internationally.

### ***Co-operation with EMCDDA***

An important actor in the international arena is the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in Lisbon. Thus, it was natural for FESAT, before the first data collection, to consult EMCDDA about the idea of the monitoring project as well as about the questionnaire. After this the contacts have continued on a regular basis.

### ***Changes in the questionnaire***

The questionnaire in the pilot study seemed to have functioned pretty 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 (Q10).

From the first data collection covering 2005 the alternative “Not applicable” was added in Q4. Starting from the data collection covering the first half of 2006 we have added a sub question in question 7. In addition to asking about the number of telephone and email enquires we also ask about the number of individual/private chats.

## Data collection and methodological considerations

### ***Data collection and participation***

The period covered in this report is the first six months of 2007. The respondents were asked to report about changes during this period, in relation to the previous 6 months period, i.e. July 1 – December 31, 2006.

The questionnaire was distributed in October 2007 to all FESAT 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. Whenever possible it was distributed via email. However, when no email address was available the questionnaire was sent by fax.

The data collection, which included two reminders, was administrated by Mariana Musat at the FESAT office and ended in December.

At the time of the data collection FESAT had 39 associated services (table 1). Eight of them were not relevant for participation in the monitoring project. Reasons for this included not really being a drug helpline (but more of a treatment or an information centre), being specialised in other matters than drugs (including legal aspects, alcohol or aids) or being a newly opened helpline. One helpline has mentioned earlier that they do not want to participate in the study and 10 did not respond at all.

Of the 31 relevant helplines 20 returned the questionnaire. Hence, data presented in the report are based on information from 20 helplines, which are a few more than in the previous data collections. These helplines are found in Austria (1 helpline), Belgium (2), Cyprus (1), Finland (3), Germany (2), Greece (3), Ireland (1), Italy (2), Latvia (1), the Netherlands (1), Norway (1), Portugal (1) and Russia (1), i.e. all together 13 countries.

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***Table 1. Participating helplines***

FESAT associated services	39
Not relevant helplines	<u>8</u>
	31
<b>Returned questionnaires</b>	20
<b>Don't want to participate</b>	1
<b>No answer /no information</b>	10

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### ***Methodological considerations***

The intention of the study is to identify changes and trends but not to quantify the size of a change. The questionnaire 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 6 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.

The results show that more respondents usually have reported increases than decreases on the questions about who is calling and what the reasons are for calling. This is most probably also the case. However, it seems reasonable to assume that it is “easier” to notice an increase than a decrease, which also is the experience of the Swedish surveys. To give an example: If a helpline gets 10 calls about a new drug they have never heard of before, this probably contributes to a discussion among the helpline workers. On the other hand, if the number of calls about a commonly used drug decreases with 25 from 150 to 125 a week, it will probably take much longer until this is commonly discussed and noticed as a decrease. Hence, the risk of over reporting increases, and underreporting decreases, should be kept in mind when reading the results.

Some helplines are relatively small, with few contacts a day, while others are large with many daily calls. The size of the helplines, measured by the number of phone calls, varies a lot. The smallest helpline answers less than 1 call per day and the largest 121. Figure A shows that 9 helplines (out of 20 participating services) get 10 calls or less per day, 9 helplines 11-30 calls, 1 helpline 31-60 calls and 1 helpline 61 or more calls. The smallest get 0.5, 2 and 3 calls a day and the largest 50 and 121. The median is 15 daily calls (16 in the previous data collection).

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, which also call 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 to indicate whether the information is reported from a small or a large helpline. Information about the number of calls as well as about the number of email and chat contacts per day are reported in table 3.

***Figure A.*** Number of calls per day

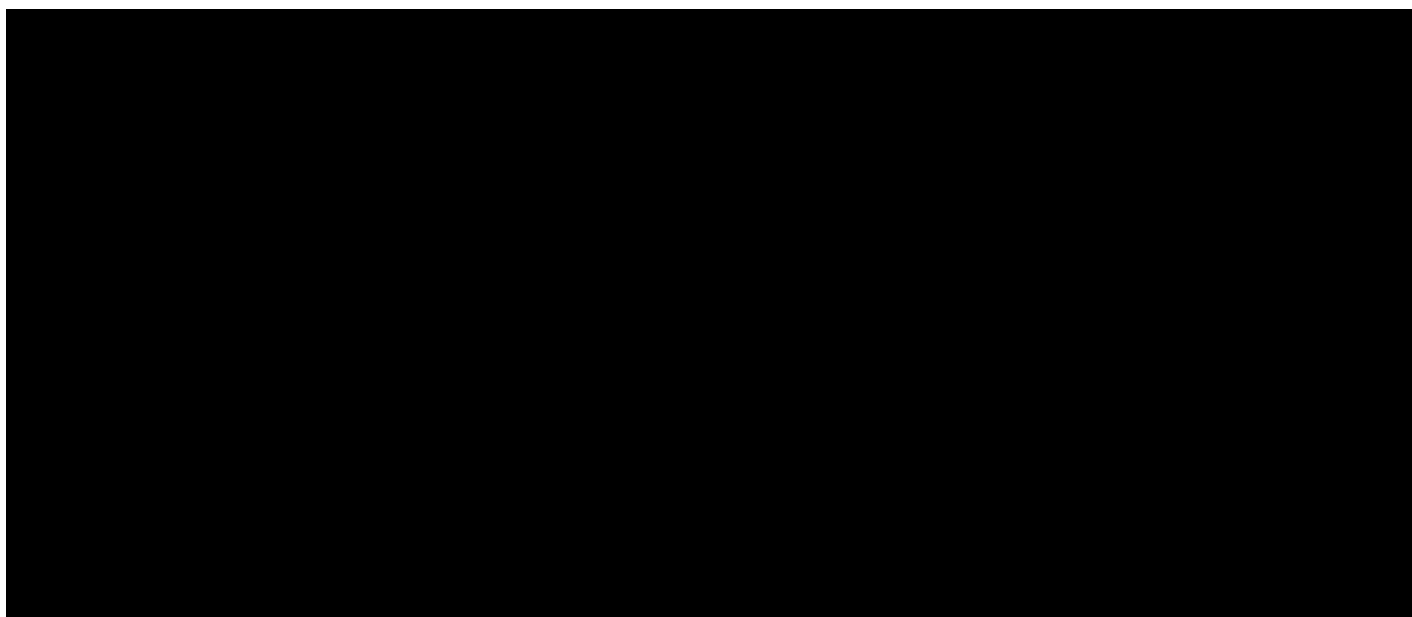


Table 3 also includes information about the number of calls, emails and chat contacts in the previous data collection. It shows that the numbers have been rather unchanged for a large majority of the helplines.

It should be stressed that the study says nothing about the size of a possible change or about the magnitude of the number of calls about a specific subject. Hence, a “no change” might, to give an example, mean up to one hundred calls about a subject on a large helpline, while a “large increase” might mean an increase from 0 to 5 calls at a small helpline.

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 the services of (a) helpline(s).

Changes at 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. (Table 3 shows the number of calls, emails and chats reported in the latest as well as in the previous data collection.) Whether a reported increase (or decrease) is a part of a more general trend is also indicated when looking at individual questionnaires. If a helpline has reported a limited number of changes they cannot be seen as a part of a general tendency.

Hence, if for example the number of calls about a specific drug is reported to have increased during the last 6 months while the total number of calls has been unchanged, and/or whether only some few changes are reported from relevant helplines, this indicates an increase for that specific drug. However, when this is the case it is still uncertain whether this indicates an increased drug use or is “caused” by other reasons, for example an increased curiosity about a drug, increased media interest or an increased concern by professionals, partners, parents or other relatives.

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.

In all kinds of surveys, one of the main methodological aspect is about 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 him-/herself than if the answers are given after discussions with colleagues or after consulting possible statistics produced at the helpline.

Table 2 shows that all respondents but three that answered the questionnaire either talked to colleagues at the helpline (12 out of 20 respondents) or consulted drug helpline statistics (12). Seven of the respondents did both. This pattern indicates that a possible misjudgement by a single respondent does not bias the results to any important degree.

**Table 2. Possible consulting when answering the questionnaire**

(More than one answer was allowed)

Did it all by myself	3	
Talked to colleagues at the helpline	12	} out of which 7 did both
Consulted drug helpline statistics	12	
Number of participating helplines	20	

**To sum up:** Different methodological aspects 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 complements to other kinds of data produced nationally or internationally.

## Some results

### **The number of calls and email contacts**

Table 3 shows the number of calls, emails as well as chat contacts per day. All 20 helplines that returned the questionnaire gave an answer about the number of calls, 14 about the number of emails and 7 about the number of chat contacts. Unfortunately, some helplines did not answer all sub questions. However, it seems relevant to assume that helplines that have not answered about the number of emails and/or chat contacts probably don't include this service.

The helpline with the largest number of calls, 121 per day, is **Linha Vida SOS Droga Lisboa** in Portugal. Next in size is **Drogennotdienst in** Germany with 50.

Seventeen out of the 20 that answered the question about the number of calls have reported 20 calls or less per day. Four of them mentioned 5 or less daily calls, which clearly show the large difference between the smallest and the largest helplines.

There are only very few helplines that report more than a few email inquiries a day, the largest being **De Druglijn** in Belgium with 8 email contacts per day. Next in size is **Riga Addiction Prevention Centre** in Latvia with 6 followed by **Drugs Informatielijn** in the Netherlands with 5 daily emails.

Hence, during the first half of 2007 email counselling was still uncommon at FESAT drug helplines. A majority of the helplines has no or only single daily emails. Only 7 reported 3 or more emails a day.

The only two helplines that report an important number of personal/individual chat contacts are **Telefono in Aiuto** in Italy with 10 daily contacts and Anikti **Grammi** in Greece with 9. This kind of service is also available at **Linha Vida SOS Droga** in Portugal with 2 contacts a day and at **Drugs Informatielijn** in the Netherlands that gets 1 such a contact a day.

**RUS-telefonen** in Norway reported that the increased number of calls to the helpline probably was the result of increased marketing. This is also mentioned by **Drugs Informatielijn** in the Netherlands as the major reason for the increased number of email contacts.

### **Changes in the type of persons contacting the helpline**

Reported changes during the last 6 months in the type of persons contacting the helpline are presented in table 4 and summarised in figure B. 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 but one the most frequent answer is that the number of callers was unchanged during the first half of 2007 compared to the situation during the last 6 months of 2006. The only exception was “parents or guardians of drug users” for which half of the helplines reported an increased number of calls.

The categories of drug users for which the largest number of helplines reported an increased number of contacts are boys 20-25 years (6 helplines) followed by girls 20-25 years and boys 14-16 years (5 helplines each) and girls 14-16 years (4 helplines). This means that increases mainly are reported for the same age group among boys and girls (i.e. 14-16 and 20-25 years old).

“Parents or guardians of drug users” is the category for which the largest number of helplines (10) has reported an increased number of calls during the first six months of 2007. Next follow “partners of drug users” and “media/press” (5 each). This means that “parents or guardians of drug users” is back as the most important category of callers after a “temporary break” in the previous data collection.

Like in the previous data collections very few helplines have reported “large increases” (table 4).

Five helplines reported a reduced number of calls from drug using men aged 26-35 (figure C). Next in size were several categories with decreases reported from 3 helplines (table 4).

**Figure B.** Increased number of contacts from ...

Number of helplines reporting “large increase” or “some increase” (out of 20)

a) ... drug users

boys, 20-25 years	6
girls, 20-25 years	5
boys, 14-16 years	5
girls, 14-16 years	4

b) ... other categories

Parents or guardians of drug users	10
partners of drug users	5
media/press	5

**Figure C.** Decreased number of contacts from ...

Number of helplines reporting “large increase” or “some increase” (out of 20)

Drug using men, 26-35 years	5
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Five helplines have given comments about a changed numbers of calls, most of which commented changes related to some specific groups. **De Druglijn** in Belgium reports a strong increase in the number of contacts from partners, which most probably was an effect of a campaign aimed at partners of people with alcohol problems. Also Drogenotruf in Germany stresses that they have got more calls from partners, as well as from parents and journalists.

**Drugs Infolijn** in the Netherlands has received more contacts with young people from the party scene, which possibly was a result of posting messages on a drugs forum. The same helpline also comments about increases in the number of emails, as a result of putting an email address on the website, and chats.

**Infor Drogues** in Belgium reports that more and more users of speed or methamphetamine are taking heroin after abusing these stimulant drugs. **Free From Drugs** in Finland comments that also young drug users often don't get the care they need.

### ***Changes in the content of the calls***

Reported changes in the content of the calls are summarised in figures D and E and shown more fully in table 5. For all categories the most frequent answer is that the number of questions was unchanged.

Six helplines (out of 20) indicated an increased number of calls about hashish, marihuana and cocaine (figure D). With the exception of the last survey hashish and cocaine were in the top categories in the four previous data collections and are, thus, back in this group again.

#### ***Figure D.*** Increased number of contacts about ...

Number of helplines reporting "large increase" or "some increase" (out of 20)

##### a) ... drugs

hashish	6
marihuana	6
cocaine	6

##### b) ... other aspects

other medications	6
preventive aspects	6
alcohol	5
legal aspects	5
medical aspects	5
relationship problems	5

**Figure E.** Decreased number of contacts about ...  
Number of helplines reporting “large decrease” or “some decrease” (out of 20)

injecting heroin	8
ecstasy	5
alcohol	5

Six helplines answered that they had noticed an increased number of contacts about “other medications”, which is the highest figure for non-narcotic substances (table D). Next to that was alcohol which was reported by 5 helplines. These two categories were also the most important in the previous data collection.

Some people contacting the helplines talk about other aspects than only the drugs themselves. The subjects with the largest number of helplines reporting an increase were “preventive aspects” (6 helplines) followed by “legal aspects”, “medical aspects” and “relationship problems” (5 helplines each).

Relationship problems were included among the non-illegal drugs aspects that were mentioned as increases also in the surveys covering 2004, 2005 and 2006.

Like in the previous data collections only very few helplines reported a “large increase” in the number of calls about different drugs and other aspects (table 5).

For some kinds of calls a relatively large number of helplines has reported a decreased number of calls (figure E). The most important is “injecting heroin” that have got a reduced number of calls at 8 helplines. Next in size is “ecstasy” and “alcohol”, which were reported to have decreased by 5 helplines.

Heroin injection with a very high figure of 8, was also mentioned in the previous four data collections.

One helpline has given written comments about changes in the content of the calls. **De Druglijn** in Belgium comments that they, for the first time in several semesters, have got an increased number of calls about cannabis, which might have been caused by a high media attention about cannabis and brain damage as well as about cannabis and schizophrenia.

### ***Differences between calls and email inquiries***

In a separate question the respondents were asked to comment about important differences between the nature of the telephone and email inquiries. Comments about this were mainly given by 4 helplines. **Riga Addiction Prevention Centre** in Latvia reports that more emails than telephone calls are about amphetamines, ecstasy and BZP. **Helsinki Deaconess Institute** in Finland comments that email questions usually are more specific than those received by telephone.

**De Druglijn** in Belgium refers to earlier answers in which it has been mentioned that email often is used by young people, users, their siblings, other relatives and partners. The telephone is more used by parents and professionals.

The most detailed answer is given by **RUS-telefonen** in Norway that started their email service January 1, 2007. Like at the **De Druglijn** more drug users and students and less parents and professionals use email. 70 % of the people contacting the helpline by email are 25 years or younger (compared to 38 % of the callers). They also report significantly more inquiries about legal and medical aspects via email than by phone.

### ***Calls from potential users***

Only one helpline has commented the question about potential drug users, i.e. people asking for information before they might try a drug. **SOS OKANA** in Greece writes that a lot of callers ask questions about the use of naltrexone.

### ***Questions about new types of drugs***

The respondents were asked to report about new types of drugs, which they had not reported before, or about old drugs used in a new way. Three helplines reported about all together 4 new drugs, some of which have been reported by other drug helplines in previous data collections. The answers are summarised in table 6 below.

Two of the drugs were reported by **RUS-telefonen** in Norway. Both of them have sedative effects with a danger of overdoses. One is called Polarmine, which is a tablet that is taken orally. The other is an injection drug called Dormicum.

**De Druglijn** in Belgium informs about LSA/Morning Glory, which was reported from Ireland in the previous data collection. LSA is a plant seed and is taken orally. It is used by people interested in hallucinogenic drugs and experimental users of “smart drugs”. The effects are comparable to LSD and hallucinogenic. It is reported to be harmful during pregnancy. During the first half of 2007 the helpline got about 3 questions about LSA.

**Drogennotdienst** in Germany reports about Fentanyl without giving any further comments.

### ***Reported changes in the pattern of drug use***

As discussed above, a change in the number of calls about a specific drug cannot automatically be interpreted as a change in the use of that drug. There are usually other reasons behind a changed number of calls. However, since some helplines might have knowledge about changes in the pattern of drug use the questionnaire includes such a question. However, there was no helpline in the present data collection that reported about any changes in the pattern of drug use.

***Table 6. New type of drugs***

<b>Reported by</b>	<b>Name</b>	<b>Appearance</b>	<b>Route of administration</b>	<b>Users</b>	<b>Symptoms/Risks</b>
<b>RUS-telefonen</b> Norway	Polarmine,	tablets	orally		sedative effects, danger of overdose
	antihistamine				
	Dormicum,	injection	injected		sedative effects, danger of overdose
	benzodia- pine derivative	fluid			
<b>De Druglijn</b> Belgium	LSA, Morning Glory	plant seed	orally	people inte- rested in hallucinogenic drugs, experi- mental users of “smart drugs”	like LSD, halluci- nogenic effects
<b>Drogennotdienst</b> Germany	Fentanyl				

***Some more information***

A few helplines have given additional information at the end of the questionnaires. However, that information is already included in earlier sections of the report so there is nothing to report in this section.

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**Table 3. Number of calls, email and chat contacts per day<sup>1)</sup>**

	<b>Calls<sup>2)</sup></b>	<b>Emails<sup>2)</sup></b>	<b>Chat contacts<sup>2, 3)</sup></b>
<b>Austria</b>			
ChEck iT	2 (1)	3 (3)	
<b>Belgium</b>			
De Druglijn	19 (18)	8 (7)	0 (0)
Infor Drogues	15 (17)	3 (3)	(4)
<b>Cyprus</b>			
Persea Drug Prevention Centre	0.5 (0.5)	(na)	(na)
<b>Finland</b>			
Free From Drugs	3 (4)		
Drug Dependency Treatment Unit	3 (5)	0 (0)	
Helsinki Deaconess Institute	6 (40 <sup>4)</sup> )	1 (4)	
<b>Germany</b>			
Drogennotruf	4 (4)		
Drogennotdienst	50 (50)	2 (3)	
<b>Greece</b>			
Anikti Grammi	9		9
OKANA	15 (20)	0 (0)	na (na)
Ithaki Helpline	10 (10)		
<b>Ireland</b>			
Drugs/HIV Helpline, Dublin	15 (15)	(0)	
<b>Italy</b>			
Linea Verde Droga, Milano	15 (18)	1 (0)	
Telefono in Aiuto, Roma	15	3	10
<b>Latvia</b>			
Riga Addiction Prevention Centre	17 (15)	6 (4)	0
<b>the Netherlands</b>			
Drugs Informatielijn	15 (17 <sup>5)</sup> )	5 (2 <sup>5)</sup> )	1 (1)
<b>Norway</b>			
RUS-telefonen	8 (6)	1 (0)	0 (0)
<b>Portugal</b>			
Linha Vida SOS Droga, Lisboa	121 (108)	3 (2)	2 (2)
<b>Russia</b>			
Drug Abuse Prevention Center, St Petersburg	27	0	0

<sup>1)</sup> When the number of calls is reported in another way, for example the number of calls last month, they are recalculated to a number per day. When an interval is reported, the interval middle is shown in the table.

<sup>2)</sup> Figures within brackets are from the previous data collection

<sup>3)</sup> Individual or private chat contacts

<sup>4)</sup> Number of incoming calls. Due to restricted resources all of them were not answered

<sup>5)</sup> Corrected figure compared to the previous report

**Table 4. Compared to the situation 6 months ago, the type of persons contacting the helpline 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	0	1	11	1	0	1	6
Drug using girls, 14–16 years	0	4	10	1	0	1	4
Drug using girls, 17–19 years	0	2	11	2	1	0	4
Drug using girls, 20–25 years	1	4	12	1	0	0	2
Drug using women, 26–35 years	0	3	12	3	0	0	2
Drug using women, 36–50 years	0	2	14	1	1	0	2
Drug using women, 51 years or older	0	2	14	1	0	1	2
Drug using boys up to 13 years	0	1	11	1	0	1	6
Drug using boys, 14–16 years	0	5	7	3	0	1	4
Drug using boys, 17–19 years	1	3	13	1	0	0	2
Drug using boys, 20–25 years	1	5	12	1	0	0	1
Drug using men, 26–35 years	0	3	10	4	1	0	2
Drug using men, 36–50 years	0	3	14	1	0	0	2
Drug using men, 51 years or older	0	1	13	3	0	1	2
Parents or guardians of drug users	1	9	8	1	0	0	0
Siblings of drug users	0	2	15	2	0	0	0
Other relatives of drug users	0	4	15	0	0	0	0
Partners of drug users	0	5	12	1	1	0	1
Friends of drug users	0	3	13	2	0	0	0
Work colleagues/drugs professionals	0	2	15	1	0	0	2
Social workers	0	1	14	2	0	0	3
Doctors, nurses	0	3	12	0	1	1	3
Police or customs officers	0	0	12	1	1	1	5
Students	0	4	10	2	1	1	2
Teachers	0	2	11	1	2	1	3
Media/press	0	5	7	0	1	1	5
Others:	0	0	7	0	1	1	4

**Table 5. Compared to the situation 6 months ago the number of questions 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 calls about hashish	1	5	12	1	0	0	1
Number of calls about marihuana	0	6	9	1	0	0	2
Number of calls about injecting heroin	1	0	10	8	0	0	1
Number of calls about the smoking of heroin	0	1	11	4	0	0	3
Number of calls about other opiates, such as	0	0	10	2	0	1	1
	0	1	1	2	1	0	1
Number of calls about cocaine	0	6	11	3	0	0	0
Number of calls about crack	0	2	13	3	0	0	2
Number of calls about LSD	0	3	13	2	0	0	1
Number of calls about "magic mushrooms"	1	2	11	2	1	0	3
Number of calls about injecting amphetamines	0	2	9	2	0	1	6
Number of calls about using amphetamines in other ways	0	2	13	3	0	0	2
Number of calls about Ecstasy	0	3	10	5	0	0	1
Number of calls about other synthetic drugs, such as	0	1	6	1	0	1	2
	1	0	2	1	0	0	2
Number of calls about khat	0	0	12	2	0	1	5
Number of calls about GHB	0	3	9	3	0	1	4
Number of calls about benzodiazepines	1	4	12	1	0	0	1
Number of calls about other medications	0	6	11	1	0	0	2
Number of calls about inhalants, such as	0	3	9	1	0	1	1
	0	1	1	1	0	0	2
Number of calls about anabolic steroids or other doping agents	0	1	13	1	0	1	3
Number of calls about alcohol	1	4	10	5	0	0	0
Number of calls about tobacco	0	3	14	1	0	0	2
Number of calls about other drugs, such as	0	1	5	1	0	1	3
	0	0	1	2	0	0	2
Number of calls about preventive aspects	0	6	10	2	0	0	1
Number of calls about legal aspects	1	5	10	2	0	0	2
Number of calls about medical aspects	2	3	11	3	0	0	1
Number of calls about relationship problems	1	4	13	1	0	0	1