

# FESAT

The European Foundation of Drug Helplines

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## **FESAT Monitoring Project – Changes during the first half of 2004**

### **Summary**

26 FESAT helplines in 16 countries participated in the eighth monitoring project covering the first 6 months of 2004. The size of the helplines, measured by the number of calls, vary 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 indicate an increased curiosity and/or an increased concern from professionals, parents or partners.

For all kinds of callers, the most frequent answer was that the number of calls was relatively unchanged during the first half of 2004 compared to the situation during the last 6 months of 2003. A similar pattern of an unchanged situation is also reported about the number of questions about different kinds of drugs.

The category with the largest number of helplines reporting an increased number of calls was “parents or guardians of drug users” (9 out of 26 helplines). Other categories mentioned by a relatively large number of helplines were “social workers” and “doctors, nurses” (8 helplines each). Among drug users the category with the largest number of helplines reporting an increased number of calls was 20-25 years old girls (8 helplines).

An increased number of calls were mainly reported about alcohol (11 helplines) and cocaine (10 helplines). Six helplines informed about a decreased number of calls about heroin injection.

Three helplines informed about new types of drugs, which they had not reported before (Absint, Ayahuasca and Oxanest). LSOVD in the Netherlands stressed about continuous problems related to the use of cocaine.

## **Introduction**

### **Background**

At the end of the 1990s' twelve 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. The goal of the reporting 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.

### **Pilot project and earlier data collections**

A pilot study was done at the beginning of 2001. Twenty-two drug helplines in 15 countries from all over Europe participated. The data collection started in February 2001 and ended in May.

The experiences of the pilot study were mainly positive. A large majority of 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.

In the pilot study the goal was to monitor changes during the last 6 months from February 2001 and backwards. However, at the FESAT Board meeting in June 2001 it was decided to specify the time of reference to the first 6 months of a year (with data collection in September) and to the last 6 months (with data collection in February). These periods, directly linked to the working year, were judged to be more useful for participating helplines. 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 eighth data collection covers the first half of 2004 in relation to the situation during the last 6 months of 2003.

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, EMCDDA and other interested bodies.

The size of the helplines vary a lot. Hence, when reporting some data from a specific helpline it is of great interest whether this is reported 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**

One 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 the questionnaire and the data collection. These contacts have continued on a regular basis.

In the pilot study many respondents did not answer the open-ended questions. Since one reason might have been that it sometimes is difficult to answer in a foreign language, EMCDDA kindly offered to translate information not written in English or French. Hence, respondents may now answer the open-ended questions in their own mother tongue.

### **Changes in the questionnaire**

The questionnaire in the pilot study seems 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.

An increased number of contacts from potential drug users, i.e. people who don't use drugs but consider doing so, might indicate an increase in future drug use. To learn more about potential drug users a question was added about possible comments about the number of contacts from persons considering using drugs compared with the number who have already used drugs (Q3).

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).

## **Data collection and methodological considerations**

### **Data collection and participation**

The period covered in this report is the first six months of 2004. 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, 2003.

The questionnaire was distributed in November 2004 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 e-mail. However, when no e-mail address was available the questionnaire was sent by fax. The questionnaire, as well as the accompanying letter, has been available both in English and French.

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

At the time of the data collection FESAT had 50 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. In addition to this one helpline answered that they did not have information available to be able to participate. One helpline has mentioned earlier that they do not want to participate in the study and thirteen did not respond at all.

**Table 1. Participating helplines**

FESAT associated services		49
Not relevant helplines		<u>8</u>
		41
<b>Answers</b>		
Returned questionnaires		26
Information not available	<u>1</u>	27
<b>Don't want to participate</b>		1
<b>No answer /no information</b>		13

Of the 36 relevant helplines 27 answered in some way, out of which 26 returned the questionnaire. Hence, data presented in the report are based on information from 26 helplines. These helplines are found in Austria (3 helplines), Belgium (2), Cyprus (1), Czech Republic (1), Finland (2), Germany (2), Greece (3), Ireland (1), Italy (2), Latvia (1), Luxembourg (1), the Netherlands (2), Portugal (1), Russia (1), Spain (2) and the United Kingdom (1), i.e. all together 16 countries.

### **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 qualitative questions. 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 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 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 contacts. The size of the helplines, measured by the number of phone calls, varies a lot. The smallest helpline answers on average less than 1 call per day and the largest about 165. Figure A shows that 8 helplines (out of 23 answering this question) get 1-10 calls per day, 9 helplines 11-30 calls, 4 helplines 31-60 calls and only one helpline 61 or more calls. The smallest get 0, 0.3 and 2 calls a day and the largest 55 and 166. The median is 15 daily calls.

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

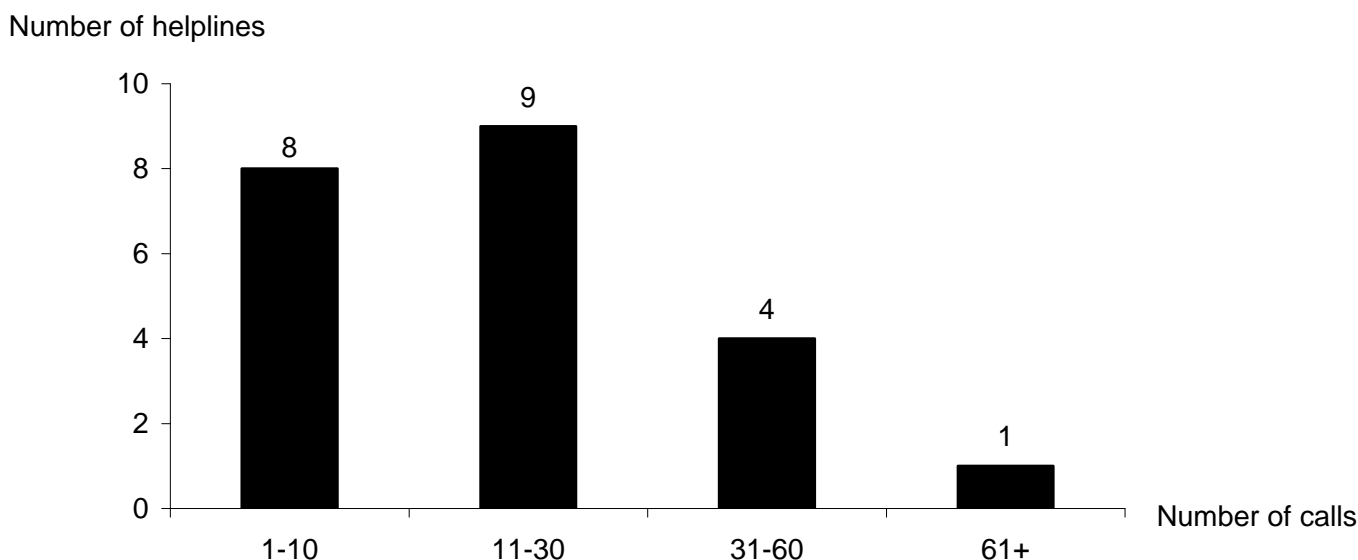


Table 3 also includes information about the number of calls and e-mails in the previous data collection. It shows that the numbers have been rather unchanged for a large majority of the helplines.

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 and e-mail contacts per day are reported in table 3.

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 mean, to give an example, several 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. 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.

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

(More than one answer was allowed)

Did it all by myself	2		
Talked to colleagues at the helpline	17	} out of which 7 did both	} out of which 1 answered all 3
Consulted drug helpline statistics	16		
Consulted other sources	1		
Number of participating helplines	26		

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 and e-mails. (Table 3 shows the number of calls and e-mails 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 clearly indicates an increase for that specific drug. However, if 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 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 indicates clearly that nearly all respondents answering the questionnaire either talked to colleagues at the helpline (17 out of 26 respondents) or consulted drug helpline statistics (16). Nearly one third of the respondents (8) did both. Only 2 respondents answered the questionnaire alone, which minimise the risk that a possible misjudgement by a single respondent would bias the results.

An experience from the pilot study was that few helplines answered the open-ended questions about interpretations and comments. As mentioned above, since one reason for this might be that respondents felt uncomfortable answering in a foreign language, EMCDDA offered to translate information not written in English or French.

The possibility of answering the open-ended questions in the mother tongue was mentioned in the introductory letter as well as in the questionnaire. However, very few used this possibility, which indicates that language problems have not been a major reason for not answering open-ended questions.

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 e-mail contacts**

Table 3 shows the number of calls and e-mail contacts per day. Out of the 26 helplines that returned the questionnaire, 23 gave an answer about the number of calls and 22 about the number of e-mails. Unfortunately, some few helplines did not answer this question.

The helpline with the largest number of calls, about 165 per day, is Linha Vida SOS Droga Lisboa in Portugal. Next in size is considerably smaller with about 55 calls a day. This is Treffpunkt Drogenberatung in Austria.

Sixteen out of the 23 that answered the question about the number of calls have reported 20 calls or less per day. Eight of them mentioned 5 or less daily calls, which clearly shows the large difference between the smallest and the largest helplines.

Twenty-two out of 26 participating helplines have given an answer to the question about the number of e-mail contacts. Very few have more than a few e-mail inquiries a day, the largest being Drogennotdienst in Germany with about 20 e-mail contacts per day. Next in size is SANANIM in the Czech Republic with 6 daily e-mails, followed by Confidence Line in Latvia with 5.

Hence, during the first half of 2004 e-mail counselling was still very uncommon at FESAT drug helplines. A large majority of the helplines has no or only single daily e-mails. Only 4 reported 4 or more e-mails a day.

### **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 the most frequent answer is that the number of callers was unchanged during the first half of 2004 compared to the situation during the last 6 months of 2003. When changes are reported the number of helplines reporting an increase exceeds the number reporting a decrease for nearly all kinds of callers.

The categories of drug users for which the largest number of helplines have reported an increased number of contacts are drug using girls 20-25 years old. This was reported by 8 helplines. Next come drug using girls 14-16, boys 17-19 and men 26-35 years old (7 helplines each) (figure B). Looking at non-drug users, the category with the highest proportion of reported increases was "parents or guardians of drug users". This was reported from 9 helplines. Next to that was "social workers" and "doctors, nurses" (8 helplines each) (figure B).

"Parents or guardians of drug users" is the category for which the largest number of helplines (6) has reported a decreased number of calls during the first 6 months of 2004 (figure C). Next follow siblings of drug users (5) and "other relatives of drug users" (4).

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

Number of helplines reporting “large increase” or “some increase” (out of 26)

## a) ... drug users

girls, 20-25 years	8
girls, 14-16 years	7
boys, 17-19 years	7
men, 26-35 years	7

## b) ... other categories

parents or guardians of drug users	9
social workers	8
doctors, nurses	8

Some helplines have commented the most important changes. Two helplines relate changes in the number of calls to media activities. One is Perseas Drug Prevention Centre in Cyprus that got an increased number of calls during the last half of 2003 after a media campaign. However, the increase was temporary. When the campaign was over the number of calls dropped during the first half of 2004.

Drogennotruf in Germany got an increases number of calls about cannabis after a high media interest. Another reason for an increased number of calls was that a new national helpline started in 2003 with 7 operators, which gave Drogennotruf about 300 more calls a year.

Drogennotruf also reports more problems related to the consumption of cannabis, especially among young people.

Exeter Drugs Project in the UK comments an increased number of calls from many kinds of callers. These increases are related to the growth of their Young People’s Project.

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

Number of helplines reporting “large increase” or “some increase” (out of 26)

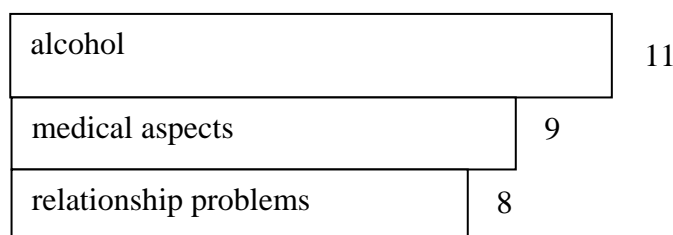
parents or guardians of drug users	6
siblings of drug users	5
other relatives of drug users	4

**Figure D.** Increased number of contacts about ...  
Number of helplines reporting “large increase” or “some increase” (out of 26)

a) ... drugs



b) ... other aspects



**Changes in the content of the calls**

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

Ten helplines (out of 26) indicate an increased number of calls about cocaine (figure D). A relatively large number of helplines also report an increased number of calls about hashish (9 helplines) and marihuana (8).

All together 11 helplines answered that they had noticed an increased number of contacts about alcohol, which is the highest figure for non-narcotic substances.

Some people contacting the helplines talk about other aspects than drugs. The subject with the largest number of helplines reporting an increase was “medical aspects” (9 out of 26 helplines). Next to that follow “relationship problems”, which was reported from 8 helplines.

Only few helplines reported a “large increase” in the number of calls about different drugs and other aspects. The largest figure is 3 and relates to cocaine as well as “medical aspects”.

For some kinds of calls a relatively large number of helplines have reported a decreased number (figure E). The most important are “injecting heroine” and ecstasy that have got a reduced number of calls at 6 helplines each. Next in size is calls about “LSD”. A decreased number of calls about this is reported from 5 helplines.

Comments and interpretations about important changes in the number of questions about different drugs are given by 6 helplines. Drogennotdienst in Germany stresses the large increase in the number of calls about cannabis. Increases are found among cannabis users as well as among their parents. Increased number of calls are also reported from teachers as well as from doctors at psychiatric clinics for children and youth.

**Figure E.** Decreased number of contacts about ...  
Number of helplines reporting “large decrease” or “some decrease” (out of 26)

injecting heroin	6
ecstasy	6
LSD	5

Perseas Drug Prevention Centre in Cyprus mentions that they had got an increased number of calls in May and June 2004 about a specific type of marihuana (skunk).

Drugs Informatielijn in the Netherlands reports a small increase from 0.2 to 0.6 % in the proportion of calls about ketamine.

Drug Dependency Treatment unit in Finland has commented an increased number of calls about Oksicondonihydrokronide (OxiCont, Oxicondon) and Oksicontin (Oxanest) which are opiate like painkillers used by Finnish opiate users. Some of these drugs are bought in Estonia.

Helsinki Deaconess Institute in Finland mentions that they have got an increased number of calls about hepatitis.

SANANIM in the Czech Republic reports that there is an increased number of calls about drug-combinations, especially in the e-mail counselling.

### **Calls from potential users**

Only very few helplines have commented the question about potential drug users, i.e. people asking for information before they might try a drug. De Druglijn in Belgium comments that they only recently have started to answer e-mail questions but that a preliminary impression is that questions from possible potential drug users are more common via e-mails than telephone calls.

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

The respondents were asked to report about questions during the first half of 2004 about new types of drugs, which they had not reported before, or about old drugs used in a new way. Three helplines reported about new drugs. The answers are summarised in the list below.

De Druglijn in Belgium has got a few questions about the legislation related to Absint, which is something you drink. The calls are due to the “re-introduction” of absint in some other European countries.

Drug Dependency Treatment Unit in Finland reports calls about Oxanest. It is mentioned that it is a painkiller that is injected and an overdose can lead to sudden death. It is mainly used by opiate users, mostly those who use buprenorphine. Information about quantities consumed are not known from the users, but as painkillers in hospitals a normal dose is 4-6 mg.

Linha Vida SOS Drogas in Portugal mentions that they have got calls about Ayahuasca. It comes from a plant and is drunk, usually together with tea. It is a psychedelic drug related to “religious cults”.

<b>Reported by</b>	<b>Name</b>	<b>Appearance</b>	<b>Route of administration</b>	<b>Users</b>	<b>Symptoms/Risks</b>
De Droglijn Belgium	Absint	drink	oral		
Drug Dependency Treatment Unit, Finland	Oxanest		intravenous	opiate users, mostly those who use bu- prenorphine	overdose can lead to sudden death
Linha Vida SOS Drogas Lisbon, Portugal	Ayahuasca	plant	drinking (some- times mixed with tea)	religious cults	psychedelic experiences

### **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 they were asked to report such changes (during the first half of 2004).

Continuous problems with the use of cocaine is reported by LSOVD in the Netherlands. It is stressed that the costs are high and that many users are aggressive, which give many parents a lot of problems.

### **Some more information**

Drogenotruf in Germany reports that Germany started a 24 hours national drug helpline at the end of 2003. It is run by 7 operators in different parts of the country.

Drug Dependency Treatment Unit in Finland has changed the focus of the service to addiction psychiatry. Earlier they had a lot of contacts with opiate users, now most of their patients are amphetamine or hashish users.

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**Table 3. Number of calls and e-mail contacts per day<sup>1)</sup>**

	Calls <sup>2)</sup>		E-mails <sup>2)</sup>	
<b>Austria</b>				
Rat & Hilfe	0	(0) <sup>3)</sup>	0.5	(0.5)
Treffpunkt Drogenberatung	55	(50)	4	(10)
ChEckIT	0.3		1	
<b>Belgium</b>				
De Druglijn	28	(30)	3	(5)
Infor-Drogues	20	(23)	3	(3)
<b>Cyprus</b>				
Perseas Drug Prevention Centre	3	(8)	0	(0)
<b>Czech Republic</b>				
SANANIM	4	(4)	6	(3)
<b>Finland</b>				
Drug Dependency Treatment Unit	5	(5)	0	(0)
Helsinki Deaconess Institute	11	(6)	< 1	(0)
<b>Germany</b>				
Drogennotruf	?		0.5	
Drogennotdienst	45		10	
<b>Greece</b>				
Antike Grammi	4	(10)	0	(0)
OKANA	15	(12)	0	(1)
ITHAKI Drughelpline	5		0	
<b>Ireland</b>				
Drugs/HIV Helpline, Dublin	16	(14)	0	(0)
<b>Italy</b>				
Linea Verde Droga, Milan	9	(10)		
Fondazione Villa Maraini	35		0	
<b>Latvia</b>				
Confidence Line	30	(6)	5	(3)
<b>Luxembourg</b>				
Sucht telefon		(5)		
<b>the Netherlands</b>				
Drugs Informatielijn	17	(25)	1	
LSOVD	2		0	
<b>Portugal</b>				
Linha Vida SOS Droga, Lisboa	166		2	
<b>Russia</b>				
Drug Helpline, St Petersburg		(14)		(0)
<b>Spain</b>				
IPSS	20	(20)	0	(0)
FAD	45		3	
<b>United Kingdom</b>				
Exeter Drugs Project	12	(3)		

<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> This is an e-mail helpline

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

**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
Number of calls about hashish	1	8	10	2	0	3
Number of calls about marihuana	1	7	11	1	0	3
Number of calls about injecting heroin	0	5	11	5	1	2
Number of calls about the smoking of heroin	0	4	11	4	0	4
Number of calls about other opiates, such as	1	3	8	1	1	5
Number of calls about cocaine	3	7	9	3	0	2
Number of calls about crack	0	4	10	3	1	6
Number of calls about LSD	1	1	12	3	2	5
Number of calls about "magic mushrooms"	0	3	13	1	0	6
Number of calls about injecting amphetamines	0	2	10	0	1	9
Number of calls about using ampheta- mines in other ways	0	4	13	2	1	3
Number of calls about Ecstasy	0	5	10	6	0	1
Number of calls about other synthetic drugs, such as	0	2	5	0	0	5
Number of calls about khat	0	0	9	1	1	11
Number of calls about GHB	0	1	11	1	1	8
Number of calls about benzodiazepines	0	2	14	2	0	5
Number of calls about other medications	0	5	10	2	0	4
Number of calls about inhalants, such as	0	3	3	3	1	4
Number of calls about anabolic steroids or other doping agents	0	2	11	0	1	8
Number of calls about alcohol	0	11	9	2	2	1
Number of calls about tobacco	1	2	13	1	1	6
Number of calls about other drugs, such as	1	1	2	0	0	6
Number of calls about preventive aspects	0	5	8	3	1	4
Number of calls about legal aspects	0	7	11	0	1	4
Number of calls about medical aspects	3	6	8	1	1	3
Number of calls about relationship problems	0	8	11	1	0	3



**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:



**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 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 first half of 2004 (January-June)?**

No

Yes → Please describe and interpret:

Please describe and interpret:

**7. About how many telephone and e-mail enquiries during the first half of 2004 (January-June) do your answers relate to?**

About          telephone calls a day

About          e-mail enquiries a day

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

No

Yes → Please describe and interpret:

**9. Have you got questions during the first half of 2004 (January-June) 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 / streetname:
Appearance:
Route of administration:
Quantities consumed:
Who uses it:
Known symptoms:
Perceived health risks:
Perceived social risks:

Type of drug / name / streetname:
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),  
please specify in the box below  
 ↓

**11. Any other information you want to give?**

*(For example changes in your own service that might have influenced changes reported above)*