

FESAT

The European Foundation of Drug Helplines

Björn Hibell

FESAT Monitoring Project – Changes during the first half of 2005

Summary

25 FESAT helplines in 16 countries participated in the tenth monitoring project covering the first 6 months of 2005. 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 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, the most frequent answer was that the number of calls was relatively unchanged during the first half of 2005 compared to the situation during the last 6 months of 2004. A similar pattern of an unchanged situation is also reported about the number of questions about different kinds of drugs.

Like in the two data collections covering 2004, the category with the largest number of helplines reporting an increased number of calls was “parents or guardians of drug users” (8 out of 25 helplines). Other categories mentioned by a relatively large number of helplines were “partners of drug users” and “work colleagues/drugs professionals (7 helplines each). Among drug users the category with the largest number of helplines reporting an increased number of calls was 17-19 years old boys (8 helplines) and 14-16 years old boys (7 helplines).

An increased number of calls about drugs were mainly reported about hashish (9 helplines), followed by cocaine and marijuana (8 helplines each). Cocaine and hashish were included in the “top section” also in the two data collections about changes during 2004.

The category with the largest number of increased calls was “relationship problems”, which was reported by 10 helplines.

Three helplines informed about new types of drugs, which they had not reported before. Absint was reported by a Greek helpline. A Finnish helpline informed about DTM, which is grass snorted by “very young” people. It was reported from Norway that they had got questions about *Salvia divinorum* and *Datura* spp, which comes from a plant/herb, is consumed orally and is reported to have psychoactive effects.

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.

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 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.

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 tenth data collection covers the first half of 2005 in relation to the situation during the last 6 months of 2004.

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 vary 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

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. After this the 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).

In the latest data collection the alternative "Not applicable" was added in Q4.

Data collection and methodological considerations

Data collection and participation

The period covered in this report is the first six months of 2005. 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, 2004.

The questionnaire was distributed in October 2005 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 49 associated services (table 1). Nine 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 14 did not respond at all.

Table 1. Participating helplines

FESAT associated services	49
Not relevant helplines	<u>9</u>
	40
Answers	
Returned questionnaires	25
Don't want to participate	1
No answer /no information	14

Of the 40 relevant helplines 25 returned the questionnaire. Hence, data presented in the report are based on information from 25 helplines. These helplines are found in Austria (2 helplines), Belgium (2), Cyprus (1), Czech Republic (1), Finland (3), Germany (2), Greece (1), Ireland (1), Italy (3), Latvia (1), Luxembourg (1), Malta (1), the Netherlands (2), Norway (1), Portugal (1), Russia (1) and Spain (1), i.e. all together 17 countries.

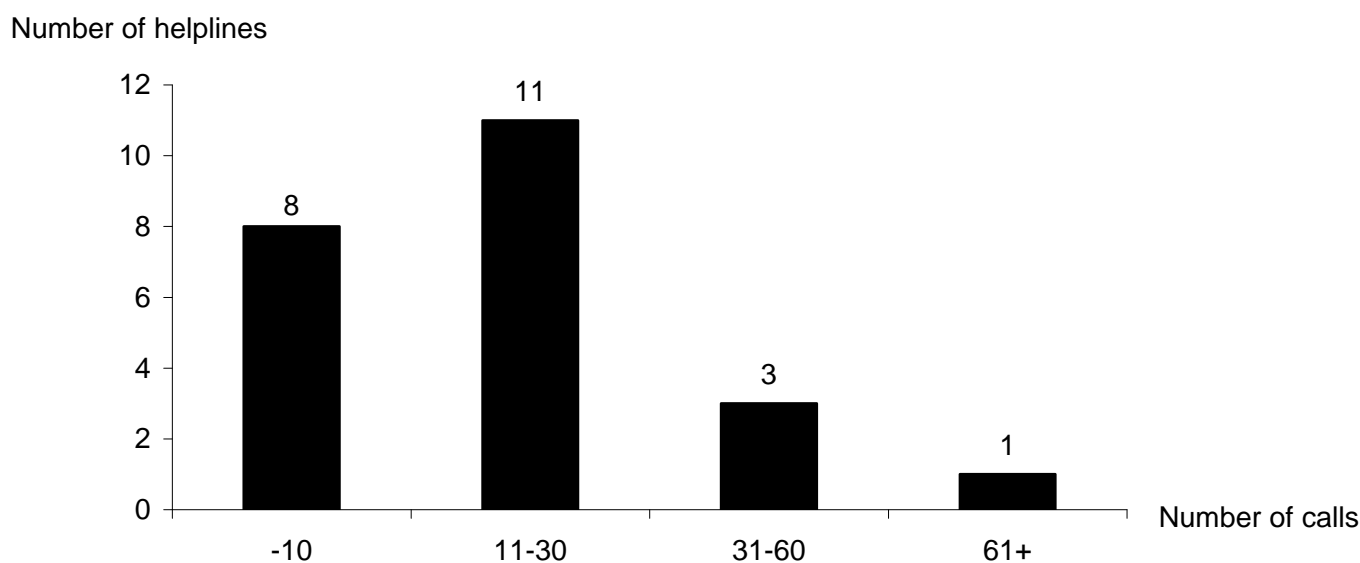
Methodological considerations

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 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 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 on average less than 1 call per day and the largest about 200. Figure A shows that 8 helplines (out of 23 answering this question) get 10 calls or less per day, 11 helplines 11-30 calls, 3 helplines 31-60 calls and only one helpline 61 or more calls. The smallest get 0,5, 1 and 2 calls a day and the largest 40 (two helplines) and 204. The median is 15 daily calls (14 in the previous data collection).

Figure A. Number of calls per day

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 email contacts per day are reported in table 3.

Table 3 also includes information about the number of calls and emails 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 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 (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 and emails.

(Table 3 shows the number of calls and emails 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 that a large majority of the respondents answering the questionnaire either talked to colleagues at the helpline (17 out of 25 respondents) or consulted drug helpline statistics (13). Eight of the respondents did both. Two respondents answered the questionnaire alone, which is a low figure. Even though two respondents did not answer this question the low number that answered alone indicates that a possible misjudgement by a single respondent would bias the results only to a small degree.

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.

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 8 did both	} out of which 1 answered all 3
Consulted drug helpline statistics	13		
Consulted other sources	1		
<u>No answer</u>	<u>2</u>		
Number of participating helplines	25		

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 and email contacts per day. Out of the 25 helplines that returned the questionnaire, 23 gave an answer about the number of calls and 19 about the number of emails. Unfortunately, some few helplines did not answer this question.

The helpline with the largest number of calls, about 204 per day, is Linha Vida SOS Droga Lisboa in Portugal. Next in size are considerably smaller with about 40 calls a day. They are Treffpunkt Drogenberatung in Austria and Drogennotdienst in Germany.

Eighteen out of the 23 that answered the question about the number of calls have reported 20 calls or less per day. Five of them mentioned 5 or less daily calls, which clearly shows 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 Drogennotdienst in Germany with about 9 email contacts per day. Next in size is De Druglijn in Belgium with 6 followed by Fondazione Villa Maraini in Italy, Riga Addiction Prevention Center in Latvia and Linha Vida SOS Droga Lisboa in Portugal with 4 each.

Hence, during the first half of 2005 email counselling was still very uncommon at FESAT drug helplines. A large majority of the helplines has no or only single daily emails. Only 5 reported 4 or more emails a day.

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 inquiries and email inquiries. Comments about this have been given by five helplines.

De Druglijn in Belgium reports about an increased number of e-mail contacts and a reduced number of telephone calls. The e-mail counselling is mainly used by young people (users as well as students). Questions via e-mail are often more factual and detailed, rather often about taboo related topics like legal aspects, drugs and pregnancy as well as drugs and sexuality.

The experiences are pretty similar at **Drugs Infoline** in the Netherlands. E-mails are mainly used by students. Drug users mainly use the telephone while this is even more prevalent for relatives, partners and friends of drug users.

An experience from **Lifeline** in Russia is that e-mail enquiries usually are about information while telephone calls, besides information, also include questions about help/assistance.

Helsinki Deaconess Institute in Finland has the experience that e-mails usually are used by people who do not want to talk or are shy of doing so.

SANANIM in the Czech Republic reports about an increased number of internet enquiries (not e-mail counselling). Reasons behind this probably include good marketing and the expansion of the free internet.

Figure B. Increased number of contacts from ...

Number of helplines reporting “large increase” or “some increase” (out of 25)

a) ... drug users

boys, 17-19 years	8
boys 14-16 years	7
girls, 17-19 years	6
girls, 20-25 years	6
boys, 20-25 years	6

b) ... other categories

parents or guardians of drug users	8
partners of drug users	7
work colleagues/ drug professionals	7

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 2005 compared to the situation during the last 6 months of 2004. When changes are reported the number of helplines reporting an increase exceeds the number reporting a decrease for a majority of the different 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 boys 17-19 years old. This was answered by 8 helplines (figure B). Next come drug using boys 14-16 (7 helplines), followed by drug using girls 17-19, girls 20-25 and boys 20-25 (6 helplines each). 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 8 helplines (figure B). Next to that was “partners of drug users” and “work colleagues/drugs professionals” (7 helplines each).

“Drug using women aged 51 and older”, parents or guardians of drug users” and “partners of drug users” are the categories for which the largest number of helplines (6 each) has reported a decreased number of calls during the first 6 months of 2005 (figure C). Next follow “siblings of drug users” and “other relatives of drug users” (5 each).

Figure C. Decreased number of contacts from ...

Number of helplines reporting “large increase” or “some increase” (out of 25)

drug using women 51 years or older	6
Parents or guardians of drug users	6
partners of drug users	6
other relatives of drug users	5
siblings of drug users	5

Eight helplines have commented a changed numbers of calls, many of which have commented changes related to some specific groups. One of these groups is relatives of drug users. **Persea** in Cyprus mentions that they no longer, or at least not during the first half of 2005, get any calls from drug users. Most of the calls are from parents (especially mothers), siblings, other relatives or friends of drug users. **Fondazione Villa Maraini** in Italy also stresses an increased number of calls from parents of cannabis users (boys 16-19 years old). **Free from Drugs** in Finland reports about a large increase in the number of calls from siblings of drug users, mainly elder sisters.

Another group with a commented increased number of calls is policemen and professionals at drug service centres (many of them referred from a police hotline in Berlin) which is reported from **Drogennotdienst** in Germany. The other German helpline, **Drogennotruf**, comments that they have got more calls from people who have problems with their driving license.

RUS-telefonen in Norway stresses that they have got an increased number of calls from young people as well as from professionals. This increase is most probably linked to a marketing offensive towards these groups.

OKANA in Greece reports of an increased number of calls, which to a large extent is related to an increased number of follow up calls.

LSOVD in the Netherlands informs that they have had a decrease in the number of calls. The major reason behind this is an increased number of e-mail contacts.

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 but one the most frequent answer is that the number of questions was unchanged.

Nine helplines (out of 25) indicated an increased number of calls about hashish (figure D). Rather many helplines also reported an increased number of calls about cocaine and marihuana (8 helplines each). Cocaine and hashish were also the two drugs with the largest numbers of increases in the two previous data collections.

Figure D. Increased number of contacts about ...

Number of helplines reporting “large increase” or “some increase” (out of 25)

a) ... drugs

hashish	9
cocaine	8
marihuana	8

b) ... other aspects

relationship problems	10
preventive aspects	9
alcohol	8

All together eight 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 only the drugs themselves. The subjects with the largest number of helplines reporting an increase were “relationship problems”, (10 helplines) and “preventive aspects” (9 helplines).

Alcohol and relationship problems were included among the non illegal drugs aspects that were mentioned as increases also in the two data collections covering 2004.

Only very few helplines reported a “large increase” in the number of calls about different drugs and other aspects. The largest figure was 3 and the drug hashish. For all other subjects the figure was 2 or less.

For some kinds of calls a relatively large number of helplines have reported a decreased number (figure E). The most important is ecstasy that have got a reduced number of calls at 7 helplines. Next in size are hashish and “injecting heroin”, each of which was reported to have decreased by 6 helplines.

Two subjects with the largest numbers of reported decreases (ecstasy and heroin injection) were the same also in the two previous data collections.

Four helplines have given written comments about changes in the content of the calls. A more general comment comes from **Persea** in Cyprus that stresses that they have got an increased number of calls about drugs as well as about preventive aspects and relationship problems. The major reason for this is probably that most callers are concerned parents.

Figure E. Decreased number of contacts about ...
Number of helplines reporting “large decrease” or “some decrease” (out of 25)

ecstasy	7
hashish	6
injecting heroin	6

The other three helplines highlight specific drugs. One is about cannabis and comes from **Infor-Drogues** in Belgium. Most of their cannabis calls are about help or other kinds of assistance. **Free From Drugs** in Finland reports an increased number of calls about ecstasy, which have been rather uncommon in the past. **Lifeline** in Russia has got more calls about heroin injection, which they directly link to the fact that heroin injection is still popular in Russia.

Calls from potential users

Only a few helplines have commented the question about potential drug users, i.e. people asking for information before they might try a drug. **Check it** in Austria reports that they don't have any requests from potential users. **OKANA** in Greece mentions that they have got questions about the consumption of water when using ecstasy.

Questions about new types of drugs

The respondents were asked to report about questions during the first half of 2005 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 table 6 below.

OKANA in Greece reports that they for the first time have got questions about absint, which is mentioned to be used by adults.

The Psychiatric Unit for Drug Dependence in Finland reports about a new drug called DTM. It is a grass which is smoked by “very young” people.

RUS-telefonen, the Norwegian helpline that participated for the first time in the Monitoring System, reports about two new drugs. One is *Salvia divinorum*, which is a drug with psychoactive effects. *Salvia divinorum* was reported for the first time from De Droglijn in Belgium, where it “showed up” during the first half of 2002. However, in the next data collection (covering the second half of 2002) De Droglijn mentioned that it seemed to be a short time phenomenon since the number of calls had dropped to almost zero. In the same data collection *Salvia divinorum* was reported by IPSS in Spain and in the survey after that (covering the first half of 2003) the drug was reported by Drogatel in Italy.

The other new drug mentioned by the Norwegian helpline is *Datura* spp. It comes from a plant/herb, is consumed orally and is reported to have psychoactive effects.

Table 6. New type of drugs

Reported by	Name	Appearance	Route of administration	Users	Symptoms/Risks
OKANA Greece	absint			adults	
The Psychiatric Unit for Drug Dependence Finland	DTM	grass	smoking	very young	
RUStelefonen Norway	salvia divinorum	plant/herb	smoked or orally		psychoactive effects
	Datura spp.	plant/herb	orally		psychoactive effects

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 2005).

There is only one helpline that have reported about such a change. It is **Fondazione Villa Maraini** in Italy that informs about an increased number of cocaine users who smoke the drug.

Some more information

A few helplines have given extra information at the end of the questionnaire. **Centro ascolto problemi alcolcorrelati** in Italy reported that the number of opening hours was reduced during the first part of 2005, while the situation at **OKANA** in Greece had changed in the other direction (after the employment of a new helpline worker).

(Any correspondence should be sent to Björn Hibell, CAN (Swedish Council for Information on Alcohol and Other Drugs), Box 70412, 107 25 Stockholm, Sweden. Email: bjorn.hibell@can.se. Telephone: +46 8 412 46 07. Telefax: +46 8 10 46 41)

Table 3. Number of calls and email contacts per day¹⁾

	Calls²⁾	Emails²⁾
Austria		
Treffpunkt Drogenberatung	40 (50)	2 (4)
ChEckIT	0.5 (0.3)	1.5 (1)
Belgium		
De Druglijn	23 (25)	6 (5)
Infor-Drogues	35 (30)	2.5 (4)
Cyprus		
Persea Drug Prevention Centre ³⁾	1 (3)	0 (0)
Czech Republic		
SANANIM ⁴⁾	6 (3)	(6)
Finland		
Free From Drugs	14 (9)	0 (0)
Drug Dependency Treatment Unit	5 (5)	0 (0)
Helsinki Deaconess Institute	20 (15)	0,3 (1)
Germany		
Drogennotruf	(6)	(1)
Drogennotdienst	40 (40)	9 (10)
Greece		
OKANA	20	0 (0)
Ireland		
Drugs/HIV Helpline, Dublin	8 (17)	0 (0)
Italy		
Linea Verde Droga, Milan	18 (10)	(0)
Fondazione Villa Maraini	15 (10)	4 (5)
Linea Verde Alcolocorrelati ³⁾	3	0
Latvia		
Riga Addiction Prevention Center	18 (27)	4 (3)
Luxembourg		
Sucht telefon		
Malta		
Sedqa	15 (15)	
the Netherlands		
Drugs Informatielijn	12 (16)	1.5 (1)
LSOVD	2 (2)	0.5
Norway		
RUS-telefonen	7	0
Portugal		
Linha Vida SOS Droga, Lisboa	204 (155)	4 (3)
Russia		
Lifeline, St Petersburg	15 (19)	<1 (1)
Spain		
IPSS	20 (19)	0

¹⁾ 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.

²⁾ Figures within brackets are from the previous data collection

³⁾ No email service

⁴⁾ They also have 6 internet consultings a day

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

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	3	6	8	5	1	1	1
Number of calls about marihuana	2	6	8	5	0	1	3
Number of calls about injecting heroin	0	3	13	5	1	1	2
Number of calls about the smoking of heroin	1	5	11	2	1	1	4
Number of calls about other opiates, such as	2	3	8	1	1	3	3
	0	1	3	1	0	2	4
Number of calls about cocaine	2	6	11	3	0	1	2
Number of calls about crack	0	2	15	1	2	2	3
Number of calls about LSD	0	1	16	4	0	1	3
Number of calls about "magic mushrooms"	0	3	13	4	1	1	3
Number of calls about injecting amphetamines	0	1	10	2	0	5	7
Number of calls about using amphetamines in other ways	0	0	14	4	0	2	5
Number of calls about Ecstasy	0	1	14	6	1	1	2
Number of calls about other synthetic drugs, such as	0	3	8	0	0	2	4
	0	0	3	0	0	1	4
Number of calls about khat	0	0	14	1	0	1	6
Number of calls about GHB	0	3	12	0	1	1	6
Number of calls about benzodiazepines	0	4	13	2	1	1	3
Number of calls about other medications	1	4	13	1	0	1	5
Number of calls about inhalants, such as	0	3	6	6	0	1	4
	0	0	1	0	0	1	4
Number of calls about anabolic steroids or other doping agents	0	3	10	2	1	2	5
Number of calls about alcohol	1	6	10	5	0	1	2
Number of calls about tobacco	0	4	15	0	0	1	5
Number of calls about other drugs, such as	0	2	6	1	0	2	4
	0	1	5	0	0	1	3
Number of calls about preventive aspects	1	8	10	2	0	1	3
Number of calls about legal aspects	1	5	12	1	1	1	4
Number of calls about medical aspects	1	4	15	1	0	1	3
Number of calls about relationship problems	0	10	8	1	1	1	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 second half of 2004 (July-December)?

No

Yes → Please describe and interpret:

Please describe and interpret:

7. About how many telephone and e-mail enquiries during first half of 2005 (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 first half of 2005 (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)

--