

FESAT

The European Foundation of Drug Helplines

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FESAT Monitoring Project – Changes during the first half of 2006

Summary

18 FESAT helplines in 14 countries participated in the twelfth monitoring project covering the first 6 months of 2006. 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 also during the first half of 2006 compared to the situation during the last 6 months of 2005. A similar pattern of an unchanged situation is also reported about the number of questions about different kinds of drugs.

In the four latest data collections, the category with the largest number of helplines reporting an increased number of calls was “parents or guardians of drug users”. This time it was the second largest category (9 out of 18 helplines), while drug using boys aged 20-25 years was mentioned by one more helpline. Next in size was drug using boys aged 14-16 years, which had been answered to increase by 6 helplines.

An increased number of calls about drugs were mainly reported about cocaine (8 helplines), followed by hashish, marihuana and ecstasy (5 helplines each). Cocaine and hashish were included in the “top section” also in the four latest data collections.

An increased number of calls about other aspects than drugs was mainly found about “alcohol”, which was reported by 6 helplines, while 5 helplines had answered “other medications” or “relationship problems”.

Three helplines informed about new types of drugs, which they had not reported before. Mothball was reported from SOS OKANA in Greece. Drugs Infolijn in the Netherlands reported about the 2 new drugs Original 69 and Ethyltryptamine. RUS-telefonen in Norway also mentioned 2 drugs that they had not reported about before (Methamphetamine and Ayahuasca/Yagé).

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 twelfth data collection covers the first half of 2006 in relation to the situation during the last 6 months of 2005.

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

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 the questionnaire and the data collection. After this the contacts have continued on a regular basis.

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).

From the first data collection about 2005 the alternative "Not applicable" has been added in Q4. In the present data collection 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 2006. 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, 2005.

The questionnaire was distributed in October 2006 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 46 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 16 did not respond at all.

Table 1. Participating helplines

FESAT associated services	46
Not relevant helplines	<u>9</u>
	35
Answers	
Returned questionnaires	18
Don't want to participate	1
No answer /no information	16

Of the 35 relevant helplines 18 returned the questionnaire. Hence, data presented in the report are based on information from 18 helplines, which unfortunately are three fewer than in the previous data collection. These helplines are found in Belgium (2 helplines), Cyprus (1), Czech Republic (1), Finland (2), Germany (2), Greece (1), Hungary (1), Ireland (1), Italy (2), Malta (1), the Netherlands (1), Norway (1), Portugal (1) and Russia (1), i.e. all together 14 countries.

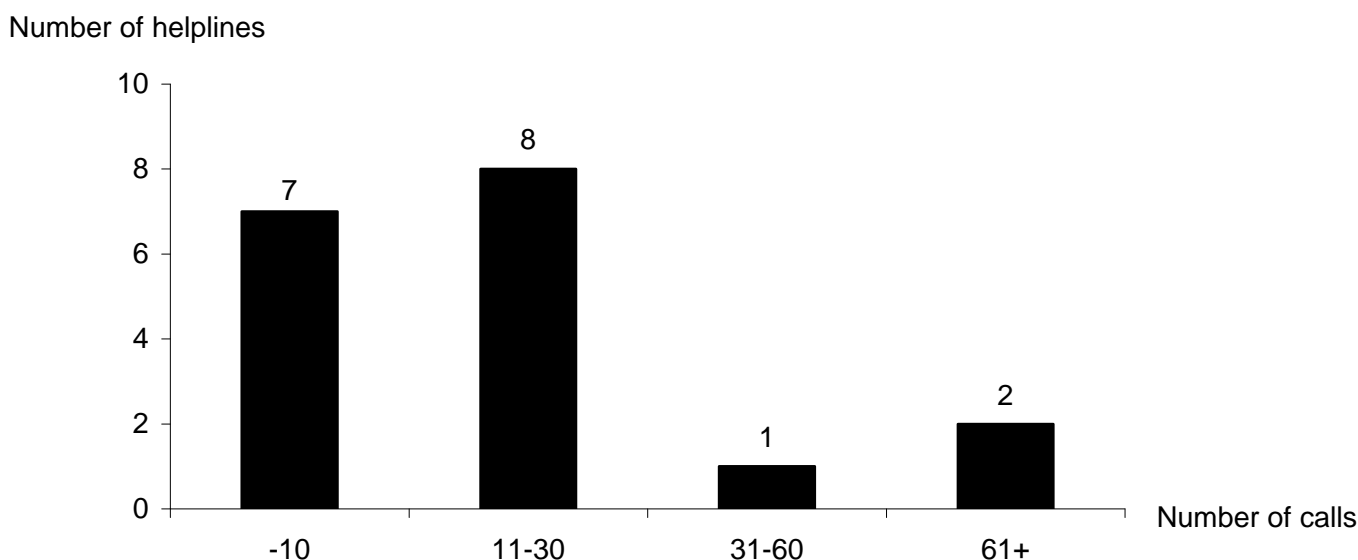
Methodological considerations

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 overreporting 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 on average 1 call per day and the largest 130. Figure A shows that 7 helplines (out of 18 answering this question) get 10 calls or less per day, 8 helplines 11-30 calls, 1 helpline 31-60 calls and 2 helplines 61 or more calls. The smallest get 1, 4 and 4 calls a day and the largest 100 and 130. The median is 17 daily calls (12 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 as well as about the number of email and chat 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. However, it might be worth noticing that the number of calls to the largest helpline, Linha Vida SOS Droga in Lisbon, has decreased from 204 two data collections ago via 186 in the previous to 130 in the present survey.

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 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.

Table 2. Possible consulting when answering the questionnaire

(More than one answer was allowed)

Did it all by myself	0		
Talked to colleagues at the helpline	15	} out of which 8 did both	} out of which 1 answered all 3
Consulted drug helpline statistics	12		
Consulted other sources	1		
Number of participating helplines	18		

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, 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 shows that all respondents answering the questionnaire either talked to colleagues at the helpline (15 out of 18 respondents) or consulted drug helpline statistics (12). Eight of the respondents did both. No respondent answered the questionnaire alone, which indicates that a possible misjudgement by a single respondent does not bias the results.

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, email as well as chat contacts per day. All 18 helplines that returned the questionnaire gave an answer about the number of calls, 14 about the number of emails and 6 about the number of chat contacts. Unfortunately, some helplines did not answer all sub questions.

The helpline with the largest number of calls, 130 per day, is **Linha Vida SOS Droga Lisboa** in Portugal. Next in size is **Drug Stop Budapest Association**, Hungary with 100.

Fifteen out of the 18 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 **De Druglijn** in Belgium with 7 email contacts per day. Next in size are **Infor Drogues** in Belgium, **Drogenotdienst** in Germany and **Linha Vida SOS Droga Lisbon** in Portugal, all of which have 3 daily emails.

Hence, during the first half of 2006 email counselling was still very uncommon at FESAT drug helplines. A large majority of the helplines has no or only single daily emails. Only 4 reported 3 or more emails a day.

The only helpline that reports any personal/individual chat contacts is **Infor Drogues** in Belgium with 4 a day. However, **SANANIM** in Czech Republic also have “internet counselling”, without giving any number.

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 were mainly given by 3 helplines.

Infor Drogues in Belgium reports that email is used more by men than women, and especially young men.

SANANIM in Czech Republic mentions that internet counselling, compared to phone counselling, mainly is used by drug users, some of them using it more than once.

Emails are still very uncommon at **Sedqa** in Malta. Most of them are from professionals or the general public that consult the service for “general service information”.

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 nearly all categories of callers the most frequent answer is that the number of callers was unchanged during the first half of 2006 compared to the situation during the last 6 months of 2005.

The category of drug users for which the largest number of helplines has reported an increased number of contacts is drug using boys 20-25 years old. This was answered by 10 helplines (figure B). Next come drug using boys 14-16 (6 helplines). 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 (figure B). Next to that was “friends of drug users” (5 helplines) followed by “doctors, nurses” and “students” (4 helplines each).

Figure B. Increased number of contacts from ...

Number of helplines reporting “large increase” or “some increase” (out of 18)

a) ... drug users

boys, 20-25 years	10
boys 14-16 years	6

b) ... other categories

parents or guardians of drug users	9
friends of drug users	5
doctors, nurses	4
students	4

“Drug using men 36-50 years” is the category for which the largest number of helplines (5) has reported a decreased number of calls during the first six months of 2006 (figure C). Next follow 5 different drug using categories with 4 helplines each.

Four helplines have given comments about a changed numbers of calls, most of which commented changes related to some specific groups. However, **Drugs/HIV Helpline** in Ireland gives a general comment and stresses that a reduce number of calls from many categories is a part of a general trend of fewer calls.

Figure C. Decreased number of contacts from ...

Number of helplines reporting “large increase” or “some increase” (out of 18)

drug using men, 36-50 years	5
drug using girls, 20-25 years	4
drug using women 26-35 years	4
drug using men, 36-50 years	4
drug using boys, 17-19 years	4
drug using men, 51 years and older	4

De Drug Lijn in Belgium reports that the increased number of contacts from younger age groups, and mainly students, is due to the fact that they use email contacts.

Drug Stop Budapest Association in Hungary mentions, among other things, that many users that are arrested by the police call and ask about programmes. The same helpline also informs that many callers that have used a drug want to know when they are clean, but also about drug testing. It is also mentioned that a typical question from many daily marihuana users is whether he/she is an addict.

Villa Maraini Foundation in Italy comments that they have got an increased number of calls related to psychiatric illnesses.

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.

Eight helplines (out of 18) indicated an increased number of calls about cocaine (figure D). Rather many helplines also reported an increased number of calls about hashish, marihuana and ecstasy (5 helplines each). Cocaine and hashish were also the two drugs with the largest numbers of reported increases in the four previous data collections.

Six helplines answered that they had noticed an increased number of contacts about alcohol, which is the highest figure for non-narcotic substances. Next to that was “other medications” which was reported by 5 helplines.

Some people contacting the helplines talk about other aspects than only the drugs themselves. The subject with the largest number of helplines reporting an increase was “relationship problems” (5 helplines).

Alcohol and relationship problems were included among the non-illegal drugs aspects that were mentioned as increases also in the data collections covering 2004 as well as 2005.

Figure D. Increased number of contacts about ...

Number of helplines reporting “large increase” or “some increase” (out of 18)

a) ... drugs

cocaine	8
hashish	5
marihuana	5
ecstasy	5

b) ... other aspects

alcohol	6
other medications	5
relationship problems	5

Figure E. Decreased number of contacts about ...
Number of helplines reporting “large decrease” or “some decrease” (out of 18)

injecting heroin	6
magic mushroom	5

Only very few helplines reported a “large increase” in the number of calls about different drugs and other aspects. Three subjects were mentioned by one helpline each and for all other aspects there were no helpline that reported a “large increase”.

For some kinds of calls a relatively large number of helplines have reported a decreased number (figure E). The most important is “injecting heroin” that have got a reduced number of calls at 6 helplines. Next in size is “magic mushrooms”, which was reported to have decreased by 5 helplines.

Heroin injection was also mentioned in the last two data collection.

Five helplines have given written comments about changes in the content of the calls. A more general comment comes from **Drugs/HIV Helpline** in Ireland, which stresses that the decrease they have reported for different kinds of calls to a large extent are parts of a general trend of fewer calls to the helpline.

The other comments are related to specific drugs. Three helplines have stressed the increased number of calls about cocaine. They are **Free from Drugs** in Finland, **Villa Maraini Foundation** in Italy and **Drug Stop Budapest Association** in Hungary. The latter also reports that they get other kinds of calls not covered by the questionnaire, for example about computer and/or gambling addiction.

Psychiatric unit for drug dependency in Finland reports an increased number of calls about GBL. Many callers ask about treatment possibilities.

RUS-telefonen in Norway comments that a reduced number of calls during the first half of 2006 about “magic mushrooms” reflects the fact that they get most of their calls about this substance during autumn, i.e. the time of the year when they can be picked.

Drug Abuse Prevention Centre in Russia reports that the increased number of calls about marihuana, as well as about the injection of heroin or amphetamines, to some extent are emergency calls. The same helpline also mentions that the increased number of calls from parents of drug users has contributed to the increased number of calls about relationship problems.

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. **SANANIM** in Czech Republic has noticed some increase in internet contacts from potential drug users.

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 5 new drugs. The answers are summarised in table 6 below.

SOS OKANA in Greece mentions a new drug called “Mothball”, but does not comment anything about its appearance or use.

Drugs Infolijn in the Netherlands reports about “Original 69”, which is a blue liquid. It is available in 25 ml bottles that contain 125 mg MDMA mixed with some amphetamine. The symptoms are similar to those of Ecstasy. The same helpline also mentions a hallucinogenic pill called “Ethyltryptamine”.

RUS-telefonen in Norway also mentions 2 new drugs. One is Methamphetamine, which has been mentioned before by other helplines. The other is a psychedelic drug called Ayahuasca/Yagé. It is a brew/tea made from plants and is taken orally.

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 2006).

There is only one service in this data collection that has reported about such changes. It is **Villa Maraini Foundation** in Italy that mentions that very young people have started to use cocaine.

Table 6. New type of drugs

Reported by	Name	Appearance	Route of administration	Users	Symptoms/Risks
SOS OKANA Greece	Mothball				
Drugs Infolijn the Netherlands	Original 69	blue liquid	orally from 25 ml bottles ¹⁾	party people	similar to those of ecstasy
	Ethyltryptamine	pill	orally		similar to other hallucinogenic drugs
RUStelefonen Norway	Methamphetamine	usually white powder (but also in pills, capsules and larger crystals)	snorted (but also orally, smoked and injected)	young people	increases heart rate, blood pressure, body temperature and rate of breathing
	Ayahuasca/Yagé	brew/tea made from plants	orally	“alternative” people	changes in personality, psychotic or neurotic episodes

¹⁾ The bottles are explained to include 125 mg MDMA and some amphetamine.

Some more information

Infor Drogues in Belgium reports that some cannabis users have complained about the quality of the cannabis, especially about the “weed quality”. The same helpline also mentions that they have celebrated its 35th birthday and that they have opened a special webpage (www.infor-drogues35ans.be).

SANANIM in Czech Republic comments that they sometimes have problems in answering all calls. When this happens the caller comes to an answering machine, which sometimes might mean that they don't call back later on.

Drug Abuse Prevention Centre in Russia has changed some contact details (that can be found on the FESAT webpage). It is also mentioned that they are open 24 hours and answer questions about drugs as well as about HIV/AIDS.

(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, email and chat contacts per day¹⁾

	Calls²⁾	Emails²⁾	Chat contacts^{2,3)}
Belgium			
De Druglijn	18 (20)	7 (7)	0
Infor Drogues	17	3	4
Cyprus			
Persea Drug Prevention Centre ⁴⁾	1 (1)	0	0
Czech Republic			
SANANIM	4 (3)	? (11 ⁵⁾)	?
Finland			
Free From Drugs	5 (7)		
Drug Dependency Treatment Unit	5 (5)	0 (0)	
Germany			
Drogennotruf	4 (5)	1 (0.3)	
Drogennotdienst	42 (43)	3 (3)	
Greece			
OKANA	20 (15)	0 (0)	na
Hungary			
Drug Stop Budapest Association	100	na	na
Ireland			
Drugs/HIV Helpline, Dublin	16 ⁶⁾ (8)	0 (0)	
Italy			
Linea Verde Droga, Milan	20 (13)	0 (0)	
Fondazione Villa Maraini	18 (13)	1	
Malta			
Sedqa	12 (15)		
the Netherlands			
Drugs Informatielijn	10 (11)	2 (1)	
Norway			
RUS-telefonen	7 (8)	0 (0)	0
Portugal			
Linha Vida SOS Droga, Lisboa	130 (186)	3 (2)	
Russia			
Lifeline, St Petersburg	17 (16)		

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⁾ Individual or private chat contacts

⁴⁾ No email service

⁵⁾ A figure from the end of 2005

⁶⁾ Compared to earlier figures this one also includes calls about sexual health

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

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

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 2006 (January-June)?

No

Yes → Please describe and interpret:

Please describe and interpret:

7. About how many telephone and e-mail enquiries or individual chat contacts during the first half of 2006 (January-June) do your answers relate to?

About telephone calls a day

About e-mail enquiries a day

About individual/private chat contacts 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 2006 (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 helpline 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



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11. Any other information you want to give?

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

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