

FESAT

The European Foundation of Drug Helplines

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FESAT Monitoring Project – Changes during the second half of 2005

Summary

21 FESAT helplines in 17 countries participated in the eleventh monitoring project covering the last 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 also during the second half of 2005 compared to the situation during the first 6 months of 2005. A similar pattern of an unchanged situation is also reported about the number of questions about different kinds of drugs.

Like in the three latest data collections, the category with the largest number of helplines reporting an increased number of calls was “parents or guardians of drug users” (11 out of 21 helplines). Another category mentioned by a relatively large number of helplines was “partners of drug users” (10 helplines). Among drug users the category with the largest number of helplines reporting an increased number of calls was 20-25 years old boys (11 helplines) followed by 17-19 years old boys and 20-25 years old girls (6 helplines each).

An increased number of calls about drugs were mainly reported about cocaine (10 helplines), followed by hashish, heroin injection and heroin smoking (6 helplines each). Cocaine and hashish were included in the “top section” also in the three latest data collections.

The category with the largest number of increased calls was “alcohol”, which was reported by 11 helplines, while 8 helplines had answered “relationship problems” (which was the most important in the previous data collection).

Five helplines informed about new types of drugs, which they had not reported before. Ketamine was reported by 2 helplines in Cyprus and Italy. Other drugs that were mentioned included mCPP(Austria), Efedrine (Belgium), LSA (Cyprus), GBL (Finland), Vallengan (Norway) and DMT (Norway).

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 eleventh data collection covers the second half of 2005 in relation to the situation during the first 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.

Data collection and methodological considerations

Data collection and participation

The period covered in this report is the last 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. January 1 – June 30, 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 47 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.

Of the 38 relevant helplines 21 returned the questionnaire. Hence, data presented in the report are based on information from 21 helplines, which unfortunately are four fewer than in the previous data collection. These helplines are found in Austria (1 helpline), Belgium (1), Cyprus (1), Czech Republic (1), Finland (2), Germany (2), Greece (2), Ireland (1), Italy (2), Latvia (1), Luxembourg (1), Malta (1), the Netherlands (1), Norway (1), Portugal (1), Russia (1) and Spain (1), i.e. all together 17 countries.

Table 1. Participating helplines

FESAT associated services	47
Not relevant helplines	<u>9</u>
	38
Answers	
Returned questionnaires	21
Don't want to participate	1
No answer /no information	16

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 nearly 200. Figure A shows that 9 helplines (out of 20 answering this question) get 10 calls or less per day, 9 helplines 11-30 calls, 1 helpline 31-60 calls and 1 helpline 61 or more calls. The smallest get 0,5, 1 and 3 calls a day and the largest 43 and 186. The median is 12 daily calls (15 in the previous data collection).

In the presentation of the results there is no distinction made between answers from small and large helplines. The same is also true for regional and national helplines, which also call for some caution in the interpretation of the results. However, when showing the answers to open-ended questions the name of the helpline is given to indicate whether the information is reported from a small or a large helpline. Information about the number of calls and email contacts per day are reported in table 3.

Figure A. Number of calls per day

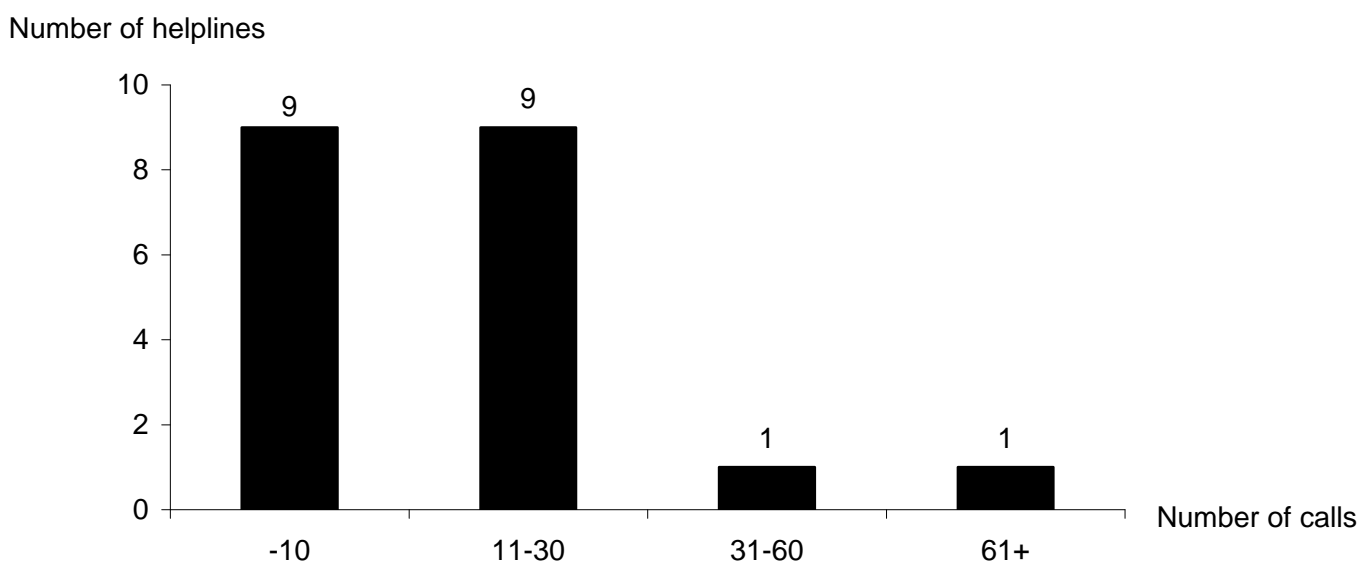


Table 3 also includes information about the number of calls and emails in the previous data collection. It shows that the numbers have been rather unchanged for a large majority of the helplines.

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.

Table 2. Possible consulting when answering the questionnaire

(More than one answer was allowed)

Did it all by myself	1		
Talked to colleagues at the helpline	13	} out of which 7 did both	} out of which 1 answered all 3
Consulted drug helpline statistics	15		
Consulted other sources	1		
Number of participating helplines	21		

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 (13 out of 21 respondents) or consulted drug helpline statistics (15). Seven of the respondents did both. One respondent answered the questionnaire alone, which is a low figure. The fact that only one respondent answered alone indicates that a possible misjudgement by a single respondent would bias the results only to a small degree.

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 email contacts

Table 3 shows the number of calls and email contacts per day. Out of the 21 helplines that returned the questionnaire, 20 gave an answer about the number of calls and 15 about the number of emails. Unfortunately, some few helplines did not answer this question.

The helpline with the largest number of calls, 186 per day, is Linha Vida SOS Droga Lisboa in Portugal. Next in size is considerably smaller. It is Drogennotdienst in Germany with 43 daily calls.

Seventeen out of the 20 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 **SANANIM** in the Czech Republic with 11 daily emails (a figure from December 2005) and **De Druglijn** in Belgium with about 7 email contacts per day. Next in size are **Drogennotdienst** in Germany and **Riga Addiction Prevention Centre** both of which have 3 daily emails.

Hence, during the second 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 4 reported 3 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 were given by 5 helplines.

Check it! in Vienna answered that email enquiries still mainly are from users while most calls are from parents.

De Druglijn in Belgium reports about a continued increase in the number of e-mail contacts and a reduced number of telephone calls. Like in the previous data collection e-mail counselling is mainly used by young people and users, their siblings, other relatives and partners. The phone is mainly used by parents and “professionals”.

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.

The experience from **Lifeline** in Russia is about the same as in the previous data collection. Email enquiries are usually about information while telephone calls, besides information, also include questions about help/assistance.

An experience from **Drogenotruf** in Germany is that most emails come from rather rich young people that don't have heavy problems. Hence the questions are mainly about “the stuff, set and setting”.

Emails are still very uncommon at **Sedqa** in Malta. Most of them are from students or professionals that consult the service for information purposes.

Figure B. Increased number of contacts from ...

Number of helplines reporting “large increase” or “some increase” (out of 21)

a) ... drug users

boys, 20-25 years		11
boys 17-19 years	6	
girls, 20-25 years	6	

b) ... other categories

parents or guardians of drug users		11
partners of drug users		10
siblings of drug users	6	
Other relatives of drug users	6	

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 second half of 2005 compared to the situation during the first 6 months of 2005. 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 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 11 helplines (figure B). Next come drug using boys 17-19 and drug using girls 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 11 helplines (figure B). Next to that was “partners of drug users” (10 helplines) followed by “siblings of drug users” and “other relatives of drug users” (6 helplines each).

“Work colleagues/drug professionals” and “doctors, nurses” are the categories for which the largest number of helplines (6 each) has reported a decreased number of calls during the last six months of 2005 (figure C). Next follow “drug using girls 17-19 years”, “drug using boys 17-19 years” and “social workers” (4 each).

Figure C. Decreased number of contacts from ...

Number of helplines reporting “large increase” or “some increase” (out of 21)

work colleagues/ drug professionals	6
doctors, nurses	6
Drug using girls 17-19 years	4
drug using boys 17-19 years	4
social workers	4

Four helplines have commented a changed numbers of calls, many of which have commented changes related to some specific groups. **Persea** in Cyprus mentions that they did not get any calls from drug users during the first half of 2005. However, at the second half they have get calls from drug users aged 20-25.

RUS-telefonen in Norway comments that they have noticed an increased number of calls from drug users as well as from partners and parents of drug users. However, they mainly see these increases as a part of an overall increased number of persons contacting the helpline.

The **Psychiatric unit for drug dependence** in Finland reports that they have got more calls from young drug users, many of whom first have been in contact with low threshold services.

The Greek helpline **OKANA** comments that they have got calls from a new category of callers, which are children of parents that use drugs.

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

Ten helplines (out of 21) indicated an increased number of calls about cocaine (figure D). Rather many helplines also reported an increased number of calls about hashish, heroin injection and smoking of heroin (7 helplines each). Cocaine and hashish were also the two drugs with the largest numbers of increases in the three previous data collections.

All together eleven 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 subject with the largest number of helplines reporting an increase was “relationship problems” (8 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 as well as the one in the first half of 2005.

Figure D. Increased number of contacts about ...

Number of helplines reporting “large increase” or “some increase” (out of 21)

a) ... drugs

cocaine		10
hashish	7	
injection heroin	7	
smoking heroin	7	

b) ... other aspects

alcohol		11
relationship problems	8	

Only very few helplines reported a “large increase” in the number of calls about different drugs and other aspects. The largest figure was 2 and for all other subjects the figure was 1 or 0.

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

Two of the subjects with the largest numbers of reported decreases (hashish and heroin injection) were mentioned also in the previous data collection.

Eight helplines have given written comments about changes in the content of the calls. A more general comment comes from **RUS-telefonen** in Norway, which stresses that the increases they have reported for different kinds of calls to a large extent are parts of a general trend of more calls to the helpline.

The other comments are related to specific drugs and many to cocaine, which has been mentioned by 3 services. **SANANIM** in the Czech Republic comments that the increased number of calls about cocaine probably reflects an increased use and availability.

The Drugs/HIV helpline in Ireland reports about an increased number of calls about the combined use of cocaine and alcohol.

An increased number of calls about cocaine is also stressed by **Telefono in aiuto** in Italy. They have also mentioned an increased number of calls about marihuana and comments that many parents are worried about their sons use of marihuana.

Lifeline in Russia answers that they have continued to have increases in the number of calls about heroin injection, which they relate to a continuous popularity of injecting heroin.

The **Psychiatric unit for drug dependency** in Finland underlines that they have got more calls about GBL. **OKANA** in Greece mentions that they have had calls about khat and GHB.

The increased number of calls about tobacco to **De Druglijn** in Belgium can probably be explained by a more active tobacco legislation (for example about smoking at work places), which have made a lot of people considering to stop smoking.

Figure E. Decreased number of contacts about ...
Number of helplines reporting “large decrease” or “some decrease” (out of 21)

hashish	6
marihuana	5
injecting heroin	5

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 also in this survey that they don't have any requests from potential users. **De Druglijn** in Belgium has answered that they don't get many inquiries from potential users, but when this happens the questions come more often via email than via the telephone. **Drugs Infolijn** in the Netherlands reports of a slight increase in the number of contacts from people who ask for information before they use a drug. **Lifeline** in Russia comments that the calls they get usually are from people that ask for help and not from potential users.

Questions about new types of drugs

The respondents were asked to report about questions during the second half of 2005 about new types of drugs, which they had not reported before, or about old drugs used in a new way. Six helplines reported about new drugs. The answers are summarised in table 6 below.

Two helplines **Perseas** in Cyprus and **Telefono in aiuto** in Italy have reported that they have started to get questions about Ketamine, which has hallucinogen effects. The Cypriote helpline also mentions questions about LSA, which also is said to have hallucinogen effects.

Table 6. New type of drugs

Reported by	Name	Appearance	Route of administration	Users	Symptoms/Risks
ChEck iT! Austria	mCPP	sold as Ecstasy	orally	people who thinks that this is Ecstasy	
De Druglijn Belgium	Efedrine	often as the medication "Alfavit"			
Perseas Cyprus	LSA				hallucinogen effects
	Ketamine				hallucinogen effects
Telefono in aiuto Italy	Ketamine				
The Psychiatric Unit for Drug Dependence Finland	GBL	liquid	orally	young adolescents	sedative and euphoric
RUStelefonen Norway	Vallergan alimemazine tartrate, an antihistamine	mixture or pills	orally	alcohol/drug users to relieve sleeping problems	sedative
	DMT, a N-dimethyl-tryptamine	white to yellow crystals	smoking		psychedelic symptoms mainly psychological risks

ChEck iT! in Austria has got questions about mCPP, which is sold as Ecstasy to Ecstasy users.

When summarising the statistics for 2005 at **De Druglijn** in Belgium they found that they had got about 15 calls about Efedrine, a product that never had caught their attention before.

The psychiatric unit for drug dependencies in Finland reports that they have started to get questions about GBL, which is a liquid that can give sedative or euphonic symptoms.

RUS-telefonen in Norway comments about two new drugs. One is Vallergran, which is a mixture or a pill that have sedative effects. The other is DMT. It appears as white to yellow crystals that are smoked.

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 second half of 2005).

There are only two services that have reported about such changes. One is **De Druglijn** in Belgium, where they by the end of 2005 realised that they had got about 15 inquiries about Efedrine, which had not caught their attention before. The other comment comes from **Free From Drugs** in Finland. They have been informed by the police about increased use of heroin and cocaine. However, they have not yet noticed a similar change in the number of calls about these drugs.

Some more information

Drugs Infolijn reports that they started a (very low profile) chat project in December 2005. This gives an opportunity for people with questions about drugs to have a private chat with a drug helpline professional. **Sedqa** from Malta reports the same experience that many other helplines have seen before; that interventions in media have an immediate impact on the amounts and types of calls to the helpline.

Drogenotruf in Germany is concerned about cannabis and addictions. They need more information and suggests that FESAT organise a workshop about this theme.

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

	Calls²⁾	Emails²⁾
Austria		
ChEck iT!	0.5 (0.5)	2 (1.5)
Belgium		
De Druglijn	20 (23)	7 (6)
Cyprus		
Persea Drug Prevention Centre ³⁾	1 (1)	-
Czech Republic		
SANANIM	3 (6)	11 ⁴⁾
Finland		
Free From Drugs	7 (8)	
Drug Dependency Treatment Unit	5 (5)	0 (0)
Germany		
Drogennotruf	5	0.3
Drogennotdienst	43 (40)	3 (9)
Greece		
Anikti Grammi	6	
OKANA	15 (20)	0 (0)
Ireland		
Drugs/HIV Helpline, Dublin	8 (8)	0 (0)
Italy		
Linea Verde Droga, Milan	13 (18)	0
Fondazione Villa Maraini	13 (15)	(4)
Latvia		
Riga Addiction Prevention Center	21 (18)	3 (4)
Luxembourg		
Sucht telefon		
Malta		
Sedqa	15 (15)	
the Netherlands		
Drugs Informatielijn	11 (12)	1 (1.5)
Norway		
RUS-telefonen	8 (7)	0 (0)
Portugal		
Linha Vida SOS Droga, Lisboa	186 (204)	2 (4)
Russia		
Lifeline, St Petersburg	16 (15)	(<1)
Spain		
IPSS	17 (20)	2 (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⁾ A figure from the end of 2005

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	2	14	0	1	0	4
Drug using girls, 14–16 years	0	3	13	1	1	0	2
Drug using girls, 17–19 years	0	4	11	3	1	0	2
Drug using girls, 20–25 years	0	6	10	2	1	0	2
Drug using women, 26–35 years	1	4	11	3	0	0	2
Drug using women, 36–50 years	2	2	11	3	0	1	2
Drug using women, 51 years or older	0	5	12	1	0	0	3
Drug using boys up to 13 years	0	2	13	1	1	0	4
Drug using boys, 14–16 years	0	3	12	1	2	0	2
Drug using boys, 17–19 years	1	5	9	3	1	0	2
Drug using boys, 20–25 years	3	8	7	1	0	0	2
Drug using men, 26–35 years	1	3	13	2	0	0	2
Drug using men, 36–50 years	0	5	9	2	1	1	2
Drug using men, 51 years or older	0	4	11	2	1	0	3
Parents or guardians of drug users	4	7	10	0	0	0	0
Siblings of drug users	2	4	12	1	0	0	2
Other relatives of drug users	0	6	12	2	0	0	1
Partners of drug users	2	8	9	2	0	0	0
Friends of drug users	0	5	14	2	0	0	0
Work colleagues/drugs professionals	0	3	9	5	1	0	3
Social workers	0	2	11	4	0	0	4
Doctors, nurses	0	2	9	6	0	0	4
Police or customs officers	0	2	12	2	0	0	5
Students	0	3	13	3	0	0	1
Teachers	0	1	13	2	0	0	3
Media/press	0	3	11	1	0	0	5
Others:	0	1	5	1	1	0	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	Not applicable
Number of calls about hashish	2	5	8	5	1	0	0
Number of calls about marihuana	1	5	7	4	1	0	2
Number of calls about injecting heroin	0	7	9	5	0	0	0
Number of calls about the smoking of heroin	0	7	11	2	0	0	1
Number of calls about other opiates, such as	1	1	12	1	0	0	2
	0	0	4	1	0	0	3
Number of calls about cocaine	1	9	7	3	1	0	0
Number of calls about crack	0	4	13	2	0	1	1
Number of calls about LSD	0	3	14	2	0	1	1
Number of calls about "magic mushrooms"	0	5	10	3	0	1	1
Number of calls about injecting amphetamines	0	2	9	3	1	1	5
Number of calls about using ampheta- mines in other ways	1	4	13	2	0	0	1
Number of calls about Ecstasy	0	5	13	2	1	0	0
Number of calls about other synthetic drugs, such as	0	3	8	0	0	0	2
	0	1	2	0	0	0	1
Number of calls about khat	0	2	13	1	0	1	2
Number of calls about GHB	0	3	10	2	0	1	2
Number of calls about benzodiazepines	0	2	13	3	1	0	1
Number of calls about other medications	0	4	10	3	1	1	2
Number of calls about inhalants, such as	0	1	9	1	0	1	2
	0	0	2	0	0	0	1
Number of calls about anabolic steroids or other doping agents	0	0	14	2	0	1	2
Number of calls about alcohol	2	9	8	2	0	0	0
Number of calls about tobacco	0	1	16	3	0	0	1
Number of calls about other drugs, such as	0	3	5	1	0	1	2
	0	2	2	0	0	0	2
Number of calls about preventive aspects	2	2	13	1	0	0	3
Number of calls about legal aspects	0	2	14	3	0	0	2
Number of calls about medical aspects	0	2	16	1	0	0	2
Number of calls about relationship problems	2	6	9	1	0	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 second half of 2005 (July-December)?

No

Yes → Please describe and interpret:

Please describe and interpret:

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



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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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