

# FESAT

The European Foundation of Drug Helplines

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## **FESAT Monitoring Project – Changes during the second half of 2006**

### **Summary**

18 FESAT helplines in 13 countries participated in the thirteenth monitoring project covering the last 6 months of 2006. The sizes 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 2006 compared to the situation during the first 6 months of 2006. A similar pattern of an unchanged situation is also reported about the number of questions about different kinds of drugs.

There were fewer respondents than in earlier data collections that reported increases in the number of contacts from different kinds of callers. The largest number of reported increases was 5, which was answered for “partners of drug users” and “friends of drug users”.

An increased number of calls about drugs were mainly reported about GHB (6 helplines), followed by amphetamines and benzodiazepines (5 helplines each). An increased number of calls about other aspects than drugs were mainly found about “alcohol” and “preventive aspects”, which was reported by 6 helplines each, while 5 services answered “other medications” or “relationship problems”.

Two helplines informed about new types of drugs, which they had not reported before. Drugs/HIV Helpline in Ireland reported about 5 substances about which they got questions for the first time during the second half of 2006, including LSA, BZP, GHB, Salvia Divinorum and Subutex/Bruprenorphine. The other helpline was RUS-telefonen in Norway that had got calls about Tramadol/Tramal, which is used by heroin and other opiate users.

## **Introduction**

### ***Background***

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

The idea of the FESAT monitoring system is to collect data twice a year, using a simple questionnaire, about changes occurring during the last 6 months. It is the same idea that has been used by the Swedish Council for Information on Alcohol and Other Drugs (CAN) in Sweden for several years where data are collected twice a year from about 200 reporters in about 25 municipalities all over the country. The study is of a rapid assessment nature, with the intention to identify trends but not to quantify the size of a change.

A pilot study was done at the beginning of 2001. Twenty-two drug helplines in 15 countries from all over Europe participated. The experiences of the pilot study were mainly positive. A large majority of the FESAT helplines participated and the few comments were positive. With this background, it was decided at the FESAT Board meeting in June 2001 to continue the monitoring project on a regular basis. The first regular data collection covered the first six months of 2001.

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

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

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

The size of the helplines 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 about the questionnaire. 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.

The reliability of the answers from a helpline may vary depending on whether the respondent answers the questionnaire alone or talks to colleagues. Another factor that might influence the possibility to give reliable information is whether the respondent has access to some kind of statistics produced by the helpline. To clarify this validity aspect a question has been added whether the respondent answered the questionnaire all by her-/himself or consulted colleagues and/or helpline statistics (Q10).

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

In view of the FESAT conference in Lisbon in October 2007 about cannabis, a couple of extra questions related to cannabis were added at the end of the questionnaire. The answers to these extra questions will be reported at the FESAT cannabis conference.

## Data collection and methodological considerations

### *Data collection and participation*

The period covered in this report is the last 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. January 1 – June 30, 2006.

The questionnaire was distributed in March 2007 to all FESAT helplines. It was sent to the contact persons reported to FESAT or, when appropriate, to the person who answered the questionnaire in the previous data collection. Whenever possible it was distributed via email. However, when no email address was available the questionnaire was sent by fax.

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

At the time of the data collection FESAT had 42 associated services (table 1). Eight of them were not relevant for participation in the monitoring project. Reasons for this included not really being a drug helpline (but more of a treatment or an information centre), being specialised in other matters than drugs (including legal aspects, alcohol or aids) or being a newly opened helpline. One helpline has mentioned earlier that they do not want to participate in the study and 15 did not respond at all.

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**Table 1. Participating helplines**

FESAT associated services	42
Not relevant helplines	<u>8</u>
	34
<b>Returned questionnaires</b>	18
<b>Don't want to participate</b>	1
<b>No answer /no information</b>	15

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Of the 34 relevant helplines 18 returned the questionnaire. Hence, data presented in the report are based on information from 18 helplines, which is the same as last time but a little fewer than in the

previous data collections. These helplines are found in Austria (1 helpline), Belgium (2), Cyprus (1), Czech Republic (1), Finland (3), Germany (2), Greece (2), Ireland (1), Italy (1), Malta (1), the Netherlands (1), Norway (1) and Portugal (1), i.e. all together 13 countries.

### ***Methodological considerations***

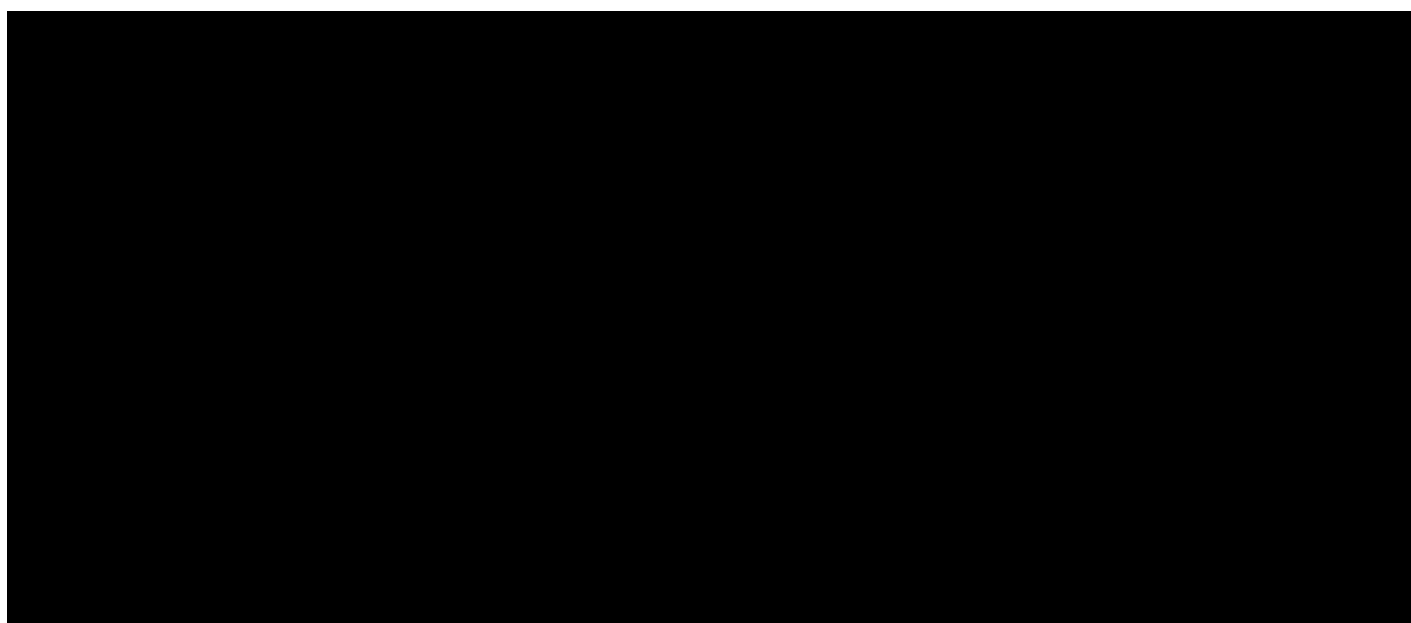
The intention of the study is to identify changes and trends but not to quantify the size of a change. The questionnaire also contains some questions of a qualitative nature. Two of the major questions include information about possible changes about the type of persons contacting the helplines and about 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 less than 1 call per day and the largest 108. Figure A shows that 7 helplines (out of 18 participating services) get 10 calls or less per day, 8 helplines 11-30 calls, 2 helplines 31-60 calls and 1 helpline 61 or more calls. The smallest get 0.5, 1 and 4 calls a day and the largest 50 and 108. The median is 16 daily calls (17 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, emails and chat contacts in the previous data collection. It shows that the numbers have been rather unchanged for a large majority of the helplines. 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 three data collections ago via 186 and 130 to 108 in the present survey. However, the small figure during the second half of 2006 is to some extent due to technical problems at the helpline.

Some helplines have moved in the other direction, i.e. reporting more daily calls in the latest, than in the previous survey. One example is Drugs Informatielijn in the Netherlands where the number of calls increased from 10 to 20.

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

Another aspect is how to interpret a “true” increased number of calls about a specific subject. Does this indicate something more than an increased number of contacts, for example an increased number of people using that specific drug? In many cases the answer to this is probably “no”. A more probable explanation is that media have reported more than usual about drugs in general or maybe about a specific drug. Another reason might be that national, regional or local authorities have run a campaign about drugs (or a specific drug) or about the services of (a) helpline(s).

Changes at a helpline can of course also influence the number of calls. If the number of people working at a helpline increases, or the opening hours increase, the result will most probably be an increased number of calls (and the other way around if there is a reduction in staff or opening hours). Yet another aspect to consider is whether an increased number of calls about a specific drug to a large extent is a part of a general pattern of more people contacting the helpline.

However, aspects related to possible changes in the number of calls to a helpline are partly “controlled for” since the questionnaire includes information about the number of calls, emails and chats. (Table 3 shows the number of calls, emails and chats reported in the latest as well as in the previous data collection.) Whether a reported increase (or decrease) is a part of a more general trend is also indicated when looking at individual questionnaires. If a helpline has reported a limited number of changes they cannot be seen as a part of a general tendency.

Hence, if for example the number of calls about a specific drug is reported to have increased during the last 6 months while the total number of calls has been unchanged, and/or whether only some few changes are reported from relevant helplines, this indicates an increase for that specific drug. However, 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.

**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	12	} out of which 6 did both
Consulted drug helpline statistics	11	
Number of participating helplines	18	

To get a better understanding of important changes in the types of persons contacting the helpline, or in the content of the questions, the respondents have been asked to give comments or interpretations in open-ended questions.

In all kinds of surveys, one of the main methodological aspect is about the validity, i.e. whether the answers reflect the true situation at the helplines. The risk of misjudgements is probably larger if the person answering the FESAT questionnaire does this all by him-/herself than if the answers are given after discussions with colleagues or after consulting possible statistics produced at the helpline.

Table 2 shows that all respondents but one that answered the questionnaire either talked to colleagues at the helpline (12 out of 18 respondents) or consulted drug helpline statistics (11). Six of the respondents did both. This pattern indicates that a possible misjudgement by a single respondent does not bias the results to any important degree.

**To sum up:** Different methodological aspects stress the importance of carefulness when interpreting the data. This emphasises the comment that results from the FESAT monitoring system mainly should be seen as complements to other kinds of data produced nationally or internationally.

## Some results

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

Table 3 shows the number of calls, emails as well as chat contacts per day. All 18 helplines that returned the questionnaire gave an answer about the number of calls, 14 about the number of emails and 8 about the number of chat contacts. Unfortunately, some helplines did not answer all sub questions. However, it seems relevant to assume that helplines that have not answered about the number of emails and/or chat contacts probably don't include this service.

The helpline with the largest number of calls, 108 per day, is **Linha Vida SOS Droga Lisboa** in Portugal. Next in size is **Drogennotdienst in** Germany with 50.

Fifteen out of the 18 that answered the question about the number of calls have reported 20 calls or less per day. Four of them mentioned 5 or less daily calls, which clearly 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 **Drugs Informatielijn** in the Netherlands with 10 email contacts per day. Next in size are **De Druglijn** in Belgium with 7 followed by **Helsinki Deaconess Institute** in Finland and **Riga Addiction Prevention Centre** in Latvia, both of which have 4 daily emails.

Hence, during the second half of 2006 email counselling was still uncommon at FESAT drug helplines. A majority of the helplines has no or only single daily emails. Only 7 reported 3 or more emails a day.

The only helpline that reports an important number of personal/individual chat contacts is **Infor Drogues** in Belgium with 10 a day. This kind of service is also available at **Linha Vida SOS Droga** in Portugal with 2 contacts a day and at **Drugs Informatielijn** in the Netherlands that gets 1 such a contact a day.

### ***Annual number of calls***

In earlier data collections we have asked about the number of calls, emails and chat contacts per day. In the latest survey we also asked about the corresponding numbers for the year 2006. The answers are shown in table 4 in which the helplines are “ranked” by the number of calls.

The total number of calls to the 18 participating helplines is nearly 80.000. However, this figure cannot be seen as a relevant figure for the total number of helpline calls in Europe. One reason is that there are services that are not included in the FESAT monitoring project. Another is that all surveys that get a questionnaire did not answer it. One example is Drug Stop Budapest Association in Hungary that had the second largest number of daily calls in the previous data collection. Another is the very large French helpline.

Yet another example to be careful with the interpretation of the figure of the total number of calls to European drug helplines is that the largest helpline, **Linha Vida SOS Droga** in Portugal, had some technical problems during the second half of 2006, which resulted in fewer calls.

In 2006 there were more than 31.000 calls received by **Linha Vida SOS Droga** in Portugal. The second largest was **Riga Addiction Prevention Centre** in Latvia that received a little more than 6.100 calls. Next in order are 4 helplines with 4.000-4.500 annual calls.

The largest number of received emails during 2006 was reported from **De Druglijn** in Belgium (1.860), followed by **Riga Addiction Prevention Centre** in Latvia with 1.298 and **Linha Vida SOS Droga** in Lisbon with 781.

In all helplines but one the dominating way of communication is via the telephone. The only exception is **ChEck iT** in Austria that got more emails (346) than calls (about 150) during 2006.

So far chat contacts are only used to any important degree by 2 helplines. One is **Infor Drogas** in Belgium that had 235 chat contacts during 2006 and the other **Drugs Informatielijn** in the Netherlands with 123.

### ***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 5 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 2006 compared to the situation during the first 6 months of 2006.

The categories of drug users for which the largest number of helplines reported an increased number of contacts are women 51+ years, boys 20-25 years, men 26-35 years and men 35-60 years. This was answered by 4 helplines each, which is a smaller figure than in previous data collections.

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

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

## a) ... drug users

women, 51+ years	4
boys, 20-25 years	4
men, 26-35 years	4
men, 35-60 years	4

## b) ... other categories

partners of drug users	5
friends of drug users	5

“Parents or guardians of drug users” is the category for which the largest number of helplines (5) has reported a decreased number of calls during the last six months of 2006 (figure C). Next follow “Other relatives of drug users” as well as 3 different drug using categories with 4 helplines each.

Six helplines have given comments about a changed numbers of calls, most of which commented changes related to some specific groups. **Riga Addiction Prevention Centre** in Latvia has noticed an increased number of calls from women. **Free From Drugs** has the same experience about adult children of drug users and **Drogennotdienst** in Germany when it comes to 15-24 years old that want to talk about cannabis and alcohol problems.

**De Druglijn** in the Netherlands has got quite many calls about risks related to drug use and pregnancy and **Ithaki Helpline** in Greece reports more calls about psychological support as well as about gambling.

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

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

Parents or guardians of drug users	5
drug using girls, 20-25 years	4
drug using women 26-35 years	4
drug using boys, 17-19 years	4
Other relatives of drug users	4

**Drogenotruf** in Germany comments that some institutions, mainly TV journalists, have indicated a “horrible opinion” when it comes to exaggerating the negative effects of stronger cannabis.

### **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 6. For all categories the most frequent answer is that the number of questions was unchanged.

Six helplines (out of 18) indicated an increased number of calls about GHB (figure D). Rather many helplines also reported an increased number of calls about amphetamines and benzodiazepines (5 helplines each). Cocaine and hashish were the two drugs with the largest numbers of reported increases in the four previous data collections but this time none of them is in the top categories.

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 subjects with the largest number of helplines reporting an increase were “preventive aspects” (6 helplines) and “relationship problems” (5).

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

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

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

##### a) ... drugs

GHB	6
amphetamine	5
benzodiazepines	5

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

alcohol	6
preventive aspects	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
ecstasy	5

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

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 “hashish and ecstasy”, which was reported to have decreased by 5 helplines.

Heroin injection was also mentioned in the last three data collections.

Four helplines have given written comments about changes in the content of the calls, all of them related to specific substances. **De Druglijn** in Belgium reports an increased number of calls in November and December 2006 from partners of “drinkers” (as well as a small increase from children). This change followed a campaign that focused at partners of people with high alcohol consumption. The same service reports a continuous decrease in the number of questions about cannabis (mainly noticed in email inquires). For the first time in many years they have noticed an increased number of questions about amphetamines.

**Psychiatric Unit for Drug Dependency** in Finland informs that they, after a couple of years without questions about white heroin for injection, have got such questions again. On the other hand they have noticed fewer questions about bupronorphine, which probably is related to a reduced availability in Latvia. Another Finish service, **Helsinki Deaconess Institute**, reports that they have got more calls from people that ask for advice about prescribed medications. Many are concerned about these medicines and want to reduce or stop the consumption.

**Drogenotruf** in Germany has noticed more calls about crystal and GHB. However, most of these calls are not from users but from journalists. **Infor Drogen** in Belgium informs that they have got some questions about the quality of the hashish in Brussels (due to discussions of a possible mixture of micro pieces of glass).

### ***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 has commented that they don’t get any questions from potential users. **Helsinki Deaconess Institute** reports that the potential users that contact them are younger than ever.

### ***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. Two helplines reported about all together 6 new drugs. The answers are summarised in table 6 below.

Five of the drugs were mentioned by **Drug/HIV Helpline** in Ireland. Most of these drugs have been reported before from other helplines. Drugs that the Irish helpline have got questions about for the first time during the second half of 2006 include LSA, BZP, GHB, Salvia Divinorum and Subutex/Buprenorphine.

**RUS-telefonen** in Norway informs that they have started to get questions about Tramadol/Tramal. It is usually administrated orally by heroin and other opiate users.

### ***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 2006).

There are only two services in this data collection that has reported about such changes. One is **Helsinki Deaconess Institute** in Finland, which mentions that it has become more common to take drugs by injection. **Riga Addiction Prevention Centre** in Latvia reported an increased use of water pipe.

**Table 6. New type of drugs**

<b>Reported by</b>	<b>Name</b>	<b>Appearance</b>	<b>Route of administration</b>	<b>Users</b>	<b>Symptoms/Risks</b>
<b>Drugs/HIV Helpline</b> Ireland	LSA/d-lysergic acid amide/ Morning Glory	seeds from the Morning Glory flower	orally		hallucinogenic effects
	BZP/Benzyl-piperazine/ Jacks Extra Strength	powder or tablets	orally		alertness, euphoria, dilated pupils, dry mouth, reduced appetite, teeth clenching
	GHB/ Gammahydroxybutyrate/Liquid Ecstasy	liquid (rarely as tablets)	orally		depends on the dose and the strength. From lower inhibitions to coma.
	Salvia/ Divinorum Herbal/ ecstasy eclipse		smoked or swallowed		hallucinogenic
	Subutex/ Buprenorphine				used in treatment of opiate addictions
<b>RUS-telefonen</b> Norway	Tramadol Tramal	capsules	orally (but also injected)	heroin and other opiate users	analgesic and sedative effects

***Some more information***

Additional information has only been given by one helpline. It is **RUS-telefonen** in Norway mentions that they have marketed the helpline less during the second half of 2006 than usual.

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

	<b>Calls<sup>2)</sup></b>	<b>Emails<sup>2)</sup></b>	<b>Chat contacts<sup>2, 3)</sup></b>
<b>Austria</b>			
ChEck iT	1	3	
<b>Belgium</b>			
De Druglijn	18 (18)	7 (7)	0 (0)
Infor Drogues	17 (17)	3 (3)	10 (4)
<b>Cyprus</b>			
Persea Drug Prevention Centre	0.5 (1)	na	na
<b>Finland</b>			
Free From Drugs	4 (5)	0.5	
Drug Dependency Treatment Unit	5 (5)	0 (0)	
Helsinki Deaconess Institute	40 <sup>4)</sup>	4	
<b>Germany</b>			
Drogenotruf	6 (4)		
Drogennotdienst	50 (42)	3 (3)	
<b>Greece</b>			
OKANA	20 (20)	0 (0)	na
Ithaki Helpline	10		
<b>Ireland</b>			
Drugs/HIV Helpline, Dublin	15 (16)	0 (0)	
<b>Italy</b>			
Linea Verde Droga, Milan	18 (20)	0 (0)	
<b>Latvia</b>			
Riga Addiction Prevention Centre	15	4	
<b>Malta</b>			
Sedqa	18 (12)		na
<b>the Netherlands</b>			
Drugs Informatielijn	20 (10)	10 (2)	1
<b>Norway</b>			
RUS-telefonen	6 (7)	0 (0)	0 (0)
<b>Portugal</b>			
Linha Vida SOS Droga, Lisboa	108 (130)	2 (2)	2

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

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

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

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

**Table 4. Number of calls, email and chat contacts per year<sup>1)</sup>**

	<b>Calls</b>	<b>Emails</b>	<b>Chat contacts</b>
Linha Vida SOS Droga, Portugal	31.030 <sup>2)</sup>	781	
Riga Addiction Prevention Centre, Latvia	6.144	1.298	0
De Druglijjn, Belgium	4.518	1.860	
Linea Verde Droga Milano, Italy	4.487		
Infor Drogen, Belgium	4.268	265	235
Drugs/HIV Helpline, Ireland	4.000		
Drugs Informatielijn, Netherlands	3.270	269	123
Sedqa, Malta	3.128		na
SOS OKANA, Greece	2.805		
Ithaki Helpline, Greece	2.670	16	
Drogennotdienst, Germany	2.500	150	3
Helsinki Deaconess Institute, Finland	2.421 <sup>3)</sup>	53	
RUS-telefonen, Norway	2.416	0	0
Drug Dependency Treatment Unit, Finland	1.500 <sup>4)</sup>		
Drogennotruf, Germany	1.470	12	
Free From Drugs, Finland	1.219	120	
ChEck iT, Austria	150 <sup>4)</sup>	346	
Persea Drug Prevention Centre, Cyprus	130	na	na
<b>Total</b>	<b>78.126</b>	<b>5.170</b>	<b>361</b>

<sup>1)</sup> The helplines are “ranked” by the number of calls

<sup>2)</sup> Due to some technical problems during the second half of 2006, the number of calls is lower than usual

<sup>3)</sup> The number of daily calls may be up to 40. However, the helpline does not have resources to answer all calls. 2421 is the number of answered calls in 2006.

<sup>4)</sup> Estimation

**Table 5. Compared to the situation 6 months ago, the type of persons contacting the helpline have changed in the following way:**

	Large increase	Some increase	No change	Some decrease	Large decrease	Don't know	Not applicable
Drug using girls up to 13 years	0	1	9	2	0	2	4
Drug using girls, 14–16 years	0	2	8	2	1	2	3
Drug using girls, 17–19 years	1	2	7	3	0	1	3
Drug using girls, 20–25 years	1	1	9	4	0	0	3
Drug using women, 26–35 years	0	3	8	4	0	0	3
Drug using women, 36–50 years	0	1	12	2	0	0	3
Drug using women, 51 years or older	1	3	9	1	0	1	3
Drug using boys up to 13 years	0	1	10	1	0	2	4
Drug using boys, 14–16 years	0	2	8	3	0	2	3
Drug using boys, 17–19 years	0	3	9	3	1	0	2
Drug using boys, 20–25 years	0	4	8	2	1	0	3
Drug using men, 26–35 years	1	3	9	1	1	0	3
Drug using men, 36–50 years	0	4	8	3	0	0	3
Drug using men, 51 years or older	0	1	11	2	0	0	3
Parents or guardians of drug users	1	2	10	4	1	0	0
Siblings of drug users	0	3	10	3	0	0	1
Other relatives of drug users	0	2	12	3	1	0	0
Partners of drug users	1	4	10	1	1	0	1
Friends of drug users	0	5	9	3	0	0	1
Work colleagues/drugs professionals	0	3	10	2	1	0	2
Social workers	0	2	13	0	0	0	3
Doctors, nurses	1	0	12	1	0	1	3
Police or customs officers	0	2	10	2	0	1	3
Students	1	1	10	2	1	1	1
Teachers	0	1	11	1	0	1	3
Media/press	1	2	10	1	0	1	3
Others:	2	2	6	1	1	1	1

**Table 6. 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	2	8	4	2	0	0
Number of calls about marihuana	1	2	9	2	0	0	3
Number of calls about injecting heroin	0	1	10	5	2	0	0
Number of calls about the smoking of heroin	0	1	10	4	0	0	2
Number of calls about other opiates, such as	0	0	11	4	0	2	1
	0	0	6	0	0	2	2
Number of calls about cocaine	1	2	11	3	1	0	0
Number of calls about crack	0	3	13	0	0	0	2
Number of calls about LSD	0	2	12	2	0	0	1
Number of calls about "magic mushrooms"	1	3	8	3	0	0	1
Number of calls about injecting amphetamines	0	5	6	0	0	2	5
Number of calls about using amphetamines in other ways	0	3	8	1	1	3	2
Number of calls about Ecstasy	0	1	10	6	0	0	0
Number of calls about other synthetic drugs, such as	0	1	10	1	0	1	3
	0	0	6	0	0	1	2
Number of calls about khat	0	2	13	0	0	2	1
Number of calls about GHB	1	5	9	0	0	2	1
Number of calls about benzodiazepines	1	4	10	1	1	0	1
Number of calls about other medications	1	4	8	1	0	3	1
Number of calls about inhalants, such as	0	0	13	1	0	2	1
	0	1	6	0	0	1	1
Number of calls about anabolic steroids or other doping agents	0	0	14	1	0	2	1
Number of calls about alcohol	1	5	8	4	0	0	0
Number of calls about tobacco	0	2	14	1	0	0	1
Number of calls about other drugs, such as	0	1	8	1	0	1	3
	0	1	4	0	0	1	3
Number of calls about preventive aspects	1	5	7	3	0	0	1
Number of calls about legal aspects	1	2	11	1	0	0	2
Number of calls about medical aspects	1	3	10	1	1	0	1
Number of calls about relationship problems	1	4	9	1	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 (question 4) 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 2006 (July–December)?**

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 second half of 2006 (July–December) do your answers relate to?**

About      telephone calls a day

About      email enquiries a day

About      individual/private chat contacts a day

8. **Do you know the number of calls, emails and individual chats that you got in 2006?**

Yes →

Number of calls:

Number of emails:

No →

**Please estimate the numbers**

About      calls

About      emails

9. **Have you got questions during the second half of 2006 (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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12. Do you know the number of contacts (calls, emails, chats) your service got in 2006 about different substances?

Yes →

No ↓

**How many contacts did you get about the following substances?**

Alcohol	calls
Amphetamines	calls
Benzodiazepines	calls
Cannabis	calls
Cocaine	calls
Ecstasy	calls
GHB/GBL	calls
Heroin	calls
Other substances	calls

Can you please give a rough estimate in percent about how many of the contacts (calls, emails, chats) during 2006 that were about the following substances?

Yes →

No ↓

**Please estimate the percentages out of all contacts that were about the following substances?**

Alcohol	percent
Amphetamines	percent
Benzodiazepines	percent
Cannabis	percent
Cocaine	percent
Ecstasy	percent
GHB/GBL	percent
Heroin	percent
Other substances	percent

**Please rank the following substances from 1 to 9 in relation to the number of contacts in 2006 with the most frequent substance as 1, the second most frequent as 2 etc.**

Rank order

Alcohol

Amphetamines

Benzodiazepines

Cannabis

Cocaine

Ecstasy

GHB/GBL

Heroin

Other substances

13. Which are the main trends if you compare 2006 with the previous years? For which substances have the number of contacts (calls, emails, chats) increased and for which have they decreased? Please rank 1, 2 and 3 in each column.

	Most important increases (rank 1, 2 and 3)	Most important decreases (rank 1, 2 and 3)
Alcohol .....	.....	.....
Amphetamines.....	.....	.....
Benzodiazepines .....	.....	.....
Cannabis .....	.....	.....
Cocaine .....	.....	.....
Ecstasy .....	.....	.....
GHB/GBL.....	.....	.....
Heroin .....	.....	.....
Other substances .....	.....	.....

14. Which categories of persons did mainly contact you about cannabis in 2006? Please rank the categories below from 1 to 10. (If possible, you are also welcome to give a rough estimated proportion/percent for each category.)

	Rank order	(Rough estimation in percent)
Cannabis users.....	.....	( percent)
Concerned partners.....	.....	( percent)
Concerned parents .....	.....	( percent)
Other concerned relatives .....	.....	( percent)
Concerned friends .....	.....	( percent)
Professionals (colleagues, social workers, doctors, nurses, police or customs officers).....	.....	( percent)
Students .....	.....	( percent)
Teachers.....	.....	( percent)
Media/press .....	.....	( percent)
Others.....	.....	( percent)

15. What did the persons usually ask about in 2006 when they contacted you about cannabis? Please rank from 1 to 11. (If possible, you are also welcome to give a rough estimated proportion/percent for each category.)

	Rank order	(Rough estimation in percent)
General effects .....	.....	( percent)
Mental health implications .....	.....	( percent)
Physical health implications .....	.....	( percent)

- Cannabis as a gateway to further drug use ..... (      percent)
- Route of administration..... (      percent)
- Contamination ..... (      percent)
- Length of time it's detectable in urine/blood..... (      percent)
- Legal implications ..... (      percent)
- Advice/support..... (      percent)
- Seeking treatment (e.g. counselling)..... (      percent)
- Specific questions about different kinds of cannabis .. (      percent)

**16. When you are contacted about cannabis, do the persons usually communicate about in general or usually more specifically about hashish and/or marihuana? cannabis**

- Usually about cannabis in general
- Usually specifically about hashish and/or marihuana

**17. Please indicate on this scale from 1 (very negative) to 10 (very positive) about cannabis attitudes how negative/positive you think an average caller of each category ...**

	Very negative								Very positive	
	1	2	3	4	5	6	7	8	9	10
<b>a) ... was three years ago?</b>										
An average cannabis user	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An average partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An average parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An average social worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An average police officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b) ... is today?</b>										
An average cannabis user	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An average partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An average parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An average social worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An average police officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**18. Any other important information you want to give about the cannabis contacts (calls, emails, chats)?**