

European Drug Helplines and New Psychoactive Substances

Report of an Online Survey - November 2015



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Introduction

The increase in the number of New Psychoactive Substances (NPS) appearing over the past years have made it a topic which is high on the agenda of the European Commission, of policy makers, researchers and different kind of service providers.

A New Psychoactive Substance is defined by the European Council as *'a new narcotic or psychotropic drug, in pure form or in preparation, that is not controlled by the United Nations drug conventions, but which may pose a public health threat comparable to that posed by substances listed in these conventions'*¹



Estimating the prevalence of use of New Psychoactive Substances is a challenge. One recent insight is provided by the 2014 Flash Eurobarometer, a survey of just over 13 000 young adults aged 15–24 in the EU Member States, which asked about the use of NPS. 8 % of respondents had used a New Psychoactive Substance at least once, with 3 % using them in the last year. The highest levels of use in the last year were in Ireland (9 %), Spain, France (both 8 %), and Slovenia (7 %), with the lowest reported by Malta and Cyprus (0 %). Most respondents who had used new substances in the last year either bought them from, or were given them by, a friend (68 %). Just over a quarter (27 %) bought them from a drug dealer, while 10 % purchased them from a specialised shop and 3 % bought them on the Internet.²

¹ Council Decision 2005/387/JHA of 10 May 2005 on the information exchange, risk-assessment and control of new psychoactive substances.

² European Monitoring Centre for Drugs and Drug Addiction (2015), New psychoactive substances in Europe. An update from the EU Early Warning System (March 2015), Publications Office of the European Union, Luxembourg.

These figures illustrate that - to a smaller or larger extent – the use of New Psychoactive Substances has become a reality across Europe.

As Drug Helplines often play a ‘frontline’ role and are in direct contact with drug users and their families, they are no doubt also dealing with the challenges of NPS.

FESAT believes that thanks their low threshold accessibility and the confidentiality they offer, Drug Helplines can play an important role in the acknowledgement and the prevention of the potential harm of these drugs. Drug Helplines have their place at the interface between the public and the services that provide drug support, treatment and prevention. This makes it the more important to continuously assess the challenges and requirements that helplines are facing in an ever changing reality of drug consumption.

In line with its long tradition of monitoring and evaluating data of Drug Helplines and in view of stimulating and developing co-operation between helplines, FESAT decided to set up a survey on NPS in October 2015.

The main objective was to get an indication and a better understanding of:

- whether, and to what extent Drug Helplines are confronted with NPS...*
- what the main nature of the inquiries on NPS may be...*
- how they expect this situation to evolve...*
- what their main requirements and needs regarding NPS may be...*
- and what suggestions they may have for a common European approach.*

This report gives an overview of the results of this survey. It will be a point of reference for possible future initiatives of FESAT regarding NPS. We hope that it can make a small contribution to a better overall understanding of the prevalence or reality of NPS use across Europe. And last but not least it may inspire others in the drug field to consider the potential role of Drug Helplines in a multi-disciplinary approach of New Psychoactive Substances.

The Board of FESAT.

Methodology



An online survey was held in October 2015. A total of 26 FESAT network contacts were invited via e-mail to fill in a Google survey questionnaire. The survey consisted of a two page online Google survey combining a set of open-ended and closed-ended questions.

The questionnaire held two parts which involved four main topics: the first part related to the identification of the respondent, information on the provided helpline services and the geography of the helpline, whilst the second focused on the

prevalence and questions on NPS and helpline requirements and suggestions regarding these substances.

The respondents were invited to fill in the online questionnaire within a delay of ten days. A reminder was sent out the day before the deadline expired.

Results

On a total of 26 approached services, 12 services responded within the deadline.

The next pages of this report will go into the characteristics of the respondents before looking into the results of the questions regarding NPS

Identification of the respondents

The respondents represent 12 helplines or services located in 9 European countries (Austria, Belgium, Bulgaria, Cyprus, Finland, Ireland, Norway, The Netherlands, and Portugal):



- checkit!



- Infor-Drogues
- De DrugLijn



- Solidarnost – National Drugs and Alcohol Helpline



- Perseas – Counseling Center for Adolescents and Families
- Youth Board of Cyprus – 1410 Helpline



- Helsinki Deaconess Institute – Drug Helpline Service
- Irti Huumeista ry / Free from drugs



- Drugs/HIV Helpline



- RUStelefonen



- Alcohol, Drugs, Roken en Gamen Infolijn



- SICAD – Linha Vida SOS Droga

Geographical coverage

- 5 of the responding services have a **national** coverage
- 6 of the responding services have a **regional** coverage
- 1 of the responding services has a **local** coverage

Helpline services provided

The respondents were asked to indicate which contact services they provide. Multiple answers were possible.

Table 1

Helpline service	N	%
Telephone Service	12	100%
Email Service	9	75%
Chat Service	6	50%
Online Forum	2	17%
Other (Social Media, inhouse counseling)	2	17%
SMS or Text Service	0	0%

Annual number of helpline contacts

The respondents were asked to report the annual number of contacts their helpline deal with for the total of the different services they provide.

Ten out of the twelve respondents provided a valid answer.

- The smallest number reported was **355** contacts.
- The largest number reported was **7 860** contacts.
- The reported number of contacts total up to **33 805**.

Table 2

Amount of reported contacts	Number of helplines
0 – 1 000 contacts	3
1 000 – 5 000 contacts	3
5 000 – 10 000 contacts	4
Total	10

NPS in Drug Helplines



The second part of the survey held a set of questions regarding the prevalence of NPS in helpline contacts and regarding the challenges and requirements that NPS pose on helpline work.

The respondents were also asked for ideas and suggestions on how to approach NPS in Drug Helplines on a European level.

Prevalence of NPS in helpline inquiries

The respondents were asked to report what the percentage of inquiries on NPS at their helpline as compared to their total amount of contacts.

Table 3

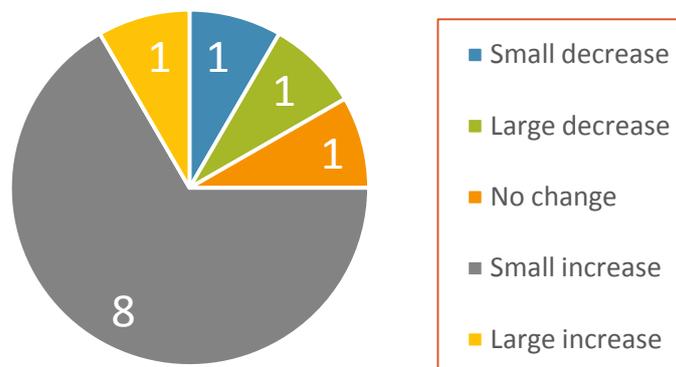
Range of NPS-inquiries	Number of Helplines
5% or less	6
6% - 10 %	1
11% - 15%	1
16% - 20%	2
21% or more	1
Unknown/unclear	1
Total	12

Evolution in the NPS-inquiries

The respondents were asked via closed-ended questions to look back into the past to assess how the percentage of inquiries regarding NPS at their helpline evolved and invited to indicate how they see these percentages evolve in the first years to come.

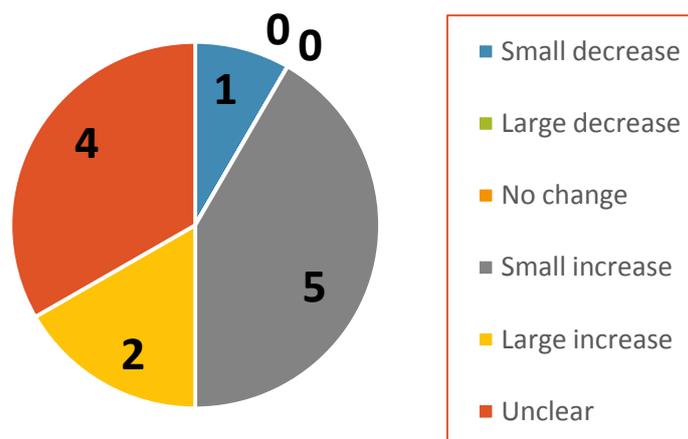
How did the percentage of NPS-inquiries evolve in the PAST 3 years?

Graph 1



How do you expect the percentage to evolve in the NEXT 3 years?

Graph 2



Note: the two 0-scores in this graph refer to 'Large decrease' and 'No change'.

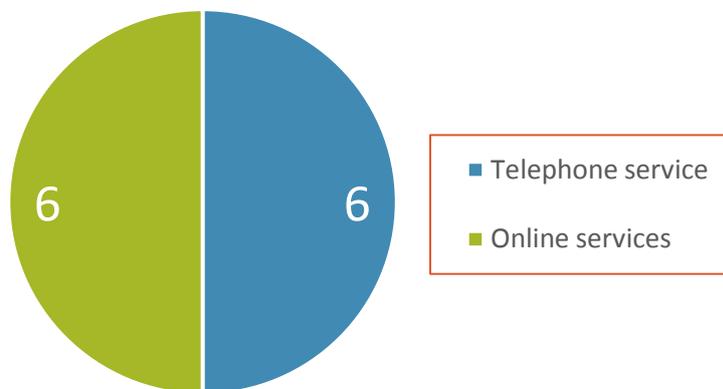
On helpline contacts regarding NPS

The respondents were asked to indicate via which service (telephone or online contacts) they receive most inquiries on NPS. Furthermore the survey asked via closed-ended questions which groups of people contact the helpline with questions regarding NPS.

Finally the respondents were asked to indicate which three topics are most addressed in inquiries on NPS. This was surveyed via a closed-ended question, but respondents were invited to specify other categories if relevant.

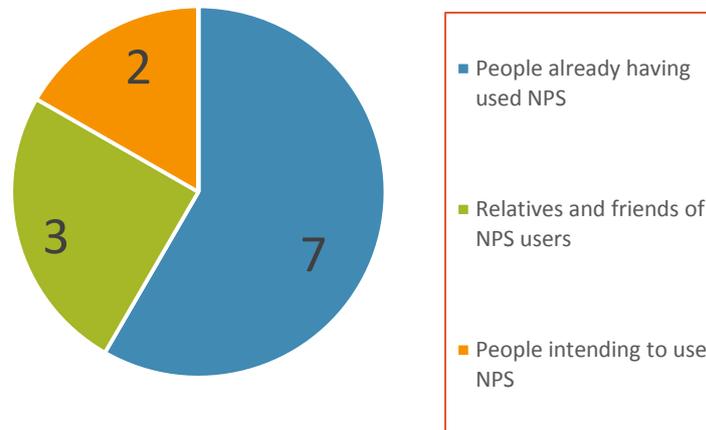
Via which service does the helpline get most inquiries on NPS-inquiries?

Graph 3



Who is contacting the helpline regarding NPS?

Graph 4



Top 3 aspects of NPS most mentioned when contacting the helpline

Table 4

Aspects of NPS	# 1	# 2	# 3	Total
Effects of specific NPS	7	1	2	10
Short term risks of specific NPS	1	7	2	10
Legal status of specific NPS	2	2	2	6
Injecting use of specific NPS	0	1	2	3
Long term risks of specific NPS	1	0	1	2
Detection in urine/blood/saliva	0	0	2	2

Additional aspects reported:

- “How NPS-use affects or will effect relationships of any kind (family, partner, friends).”
- “Questions regarding coping with unpleasant effects.”

Helpline requirements in dealing with NPS

In order to get a better understanding of the specific needs and challenges that Drug Helplines are facing when handling inquiries on NPS, the respondents were asked to indicate via a closed-ended question which three items they consider their first, second and third important needs.

Further open-ended questions invited them to share their ideas on what could be done on a European level and what role FESAT could play in helping Drug Helplines address the challenges that NPS may pose.

Top 3 most important needs of the helpline in dealing with NPS

Table 5

Needs regarding NPS	# 1	# 2	# 3	Total
Up-to-date information	7	1	1	9
Accessible information or databases	2	1	3	6
Exchange with other helplines on NPS	1	3	1	5
Helpline staff training on NPS	0	1	3	4
Guidelines or helpline protocols	1	2	0	3
Harm reduction advice on NPS	0	1	1	2
Monitoring of helpline questions	0	2	1	3
Stronger know-how on legal status	0	0	1	1

What are your ideas on what could be done on a European level regarding NPS in drug helplines?

- Provide accessible information understandable or 'translated' for professionals or field workers with a non-toxicological or non-legal schooling.
- I think we need to first agree what substances we are talking about. If for example benzodiazepines and opioids are included, it's a much wider issue.
- At a European level, a lot of could be done on harm reduction advices and especially about mixing NPS with other drugs or medication. Each country has different stories to tell about NPS. In Belgium for example, PMMA has been detected once again.
- For us on the outskirts of Europe it is important to know what trends and drugs we can expect in the near future.
- Fast track European policy interventions and active monitoring in new psychoactive substances due to the fast evolving nature of synthetic substances which may pose health and social risks to our societies.
- The availability of information varies greatly in different European countries. In Bulgaria specifically there are no institutions which can provide any kind of official information about the types of NPS circulating in the country, the prevalence of the NPS among the drug users, the number of the people who have sought medical help in the emergency rooms or any kind of help because of their use of NPS. That is why the Bulgarian Helpline at least could take advantage of a common European database which is possible to be created in order to gather the information for the NPS throughout Europe. Another thing that could be done on a European level is the organizing of trainings for the helplines staff related to the NPS. The reason for that is the lack of experts on NPS in some countries who are capable of conducting such trainings.
- International forums for expertise/exchange of ideas. Special Funding for helplines for training purposes and running of services.

According to you, what role could FESAT play regarding NPS in drug helplines?

- FESAT could organise a seminar on NPS. This could involve the exchange of information regarding online drug markets and the impact that both phenomena have on the daily work of drug helplines. Topics could be exchange of knowledge, skills on how to respond to inquiries on NPS as a drug helpline worker, harm reduction advice on the use of NPS, etcetera.
- FESAT could provide and promote the exchange of information, offer networking and training.
- We think that FESAT could play the role of a link amongst European drug helplines and could help them in exchanging information on NPS. For example, the FESAT's web forum could serve for that purpose.
- Facilitate exchange of information between helplines. Coordinate the flow of information between helplines. Establish a database with information about NPS from all members? Arrange a seminar about NPS?
- FESAT could create an infrastructure in order to help people share information and skills more effectively.
- Set up a specific NPS helpline e-service for English speakers.
- Promote exchange of relevant information and good practice amongst helplines; possibly provide training, not so much on knowledge regarding NPS themselves but more focussed on how to deal with these types of contacts.
- Networking, education and exchange of information between helplines, prevention and therapy centers regarding NPS.



Conclusion

The results of this survey relate to a limited number of Drug Helplines. When drawing any conclusion on the results, this should of course be kept in mind. Still the responding helpmines represent a total more than 30.000 contacts per year, which in itself is a clear indication of the large number of people that helplines reach via their low-threshold work. The fact that a large majority of Drug Helplines have embraced the possibilities of providing online help, advice and information, will no doubt have contributed to this accessibility.

The respondants form a diversity of Drug Helplines operating mostly nationwide or regionally. They are fairly well-spread from the north to the south as well as from the east to the west of Europe. Taking into account that the situation on NPS can vary greatly from member state to member state, this could lead to some distinct changes in the replies. In reality however, the helplines seem to have a lot in common when it comes to responding to NPS.

The results show that NPS are indeed a reality for each drug helpline nowadays. Even though for most the amount of inquiries on NPS remain limited to a few percent, some helpines seem to notice a much higher number. Stating that Drug Helplines are flooded with inquiries on NPS would be an exaggeration. This is illustrated by the fact that most have seen a small increase over the past three years and (as far as they can assess) most also expect the situation to evolve in a similar way in the next three years. Only two out of the twelve respondants expect a large increase.

NPS are often associated with online drug markets and online communities of drug users. This might lead to the assumption that Drug Helplines would mainly get inquiries on these substances online, but this survey shows that an equal amount of Drug Helplines that get most inquiries via telephone as compared to those who get most inquiries online.

Inquiries on NPS seem to be mostly made by NPS-users, even though also relatives and friends as well as people considering to use NPS seem to contact helplines. Clearly the contacts with users and potential users offer perspectives for both closer monitoring of NPS use as well as for providing indicated prevention or harm reduction advice. Even more so because the most frequently asked question regarding NPS relate to their effects and short term risks.

The responses to this survey show a strong need for reliable and up-to-date resources on NPS. Ranging from information on the risks and effects, to information on their legal status to guidance on how to provide harm reduction advice,... Drug Helplines are eager for tools that can strengthen their ability to deal with inquiries on NPS. It is inspiring to see that Drug Helplines connected with FESAT see added value in a European approach of this challenge.

FESAT is mainly a network and does not have the capacity to create or set up informative resources on NPS. One should also consider that there already a lot of reliable resources have been developed by others across Europe. Some of which would no doubt be beneficial for Drug Helplines. Rather than focussing on developing something that may already exist, it could make more sense for FESAT to look into strategies to help disseminate or contribute to the accessibility of relevant information produced by other European or international networks, the EMCDDA or other third parties.

The suggestion was made for FESAT to provide training, organise a seminar or promote the exchange of knowledge and information amongst drug helplines. Since this closely relates to the overall aims and goals of FESAT as a network, this idea is certainly worth looking into.

Last but not least, the numbers of contacts of Drug Helplines with citizens across the EU offer a potential for further data monitoring or even early detection on NPS across Europe. A more elaborate survey may help to paint a clearer picture on the situation on NPS as experienced by Drug Helplines in their frontline role. On the broader level of the drug field in Europe this could contribute a piece of the complex puzzle which aims to get a better grasp of the NPS-phenomenon.



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