

# **FESAT**

## **The European Foundation of Drug Helplines**

### **FESAT Monitoring Project**

#### **Changes during the second half of 2004**

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#### **Summary**

28 FESAT helplines in 16 countries participated in the ninth monitoring project covering the last 6 months of 2004. 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 indicate an increased curiosity and/or an increased concern from professionals, parents or partners.

For all kinds of callers, the most frequent answer was that the number of calls was relatively unchanged during the second half of 2004 compared to the situation during the first 6 months of 2004. A similar pattern of an unchanged situation is also reported about the number of questions about different kinds of drugs.

Like the first half of 2004 the category with the largest number of helplines reporting an increased number of calls was “parents or guardians of drug users” (11 out of 28 helplines). Other categories mentioned by a relatively large number of helplines were “siblings of drug users”, “other relatives to drug users” and “work colleagues/drugs professionals (7 helplines each). Among drug users the category with the largest number of helplines reporting an increased number of calls was 20-25 years old boys (6 helplines).

An increased number of calls were mainly reported about cocaine (9 helplines) and alcohol (7 helplines), which were the “top categories” also during the first half of 2004.

Four helplines informed about new types of drugs, which they had not reported before. A mixture of cocaine and absint was reported from two Belgian helplines. “Speed 8” is a stimulant that is available in the Czech Republic, while a Russian helpline reports about consumption of “Spidi”.

## Introduction

### Background

At the end of the 1990s' twelve 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 data collection started in February 2001 and ended in May.

The experiences of the pilot study were mainly positive. A large majority of 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 ninth data collection covers the second half of 2004 in relation to the situation during the first 6 months of 2004.

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

The size of the helplines vary a lot. Hence, when reporting some data from a specific helpline it is of interest whether this comes from a small or a large helpline. Information about this can be found in table 3.

It is important to stress that one certainly cannot expect to get a clear picture about changes in the use of different drugs via data from drug helplines only. Hence, it is important to see the FESAT monitoring system as a complement to other kinds of data collected nationally or internationally.

### **Co-operation with EMCDDA**

One important actor in the international arena is the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in Lisbon. Thus, it was natural for FESAT, before the first data collection, to consult EMCDDA about the idea of the monitoring project as well as the questionnaire and the data collection. These contacts have continued on a regular basis.

In the pilot study many respondents did not answer the open-ended questions. Since one reason might have been that it sometimes is difficult to answer in a foreign language, EMCDDA kindly offered to translate information not written in English or French. Hence, respondents may now answer the open-ended questions in their own mother tongue.

### **Changes in the questionnaire**

The questionnaire in the pilot study seems to have functioned pretty well. However, discussions with EMCDDA and within FESAT resulted in some additional questions in the questionnaire of the second data collection.

An increased number of contacts from potential drug users, i.e. people who don't use drugs but consider doing so, might indicate an increase in future drug use. To learn more about potential drug users a question was added about possible comments about the number of contacts from persons considering using drugs compared with the number who have already used drugs (Q3).

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

## **Data collection and methodological considerations**

### **Data collection and participation**

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

The questionnaire was distributed in February 2005 to all FESAT helplines. It was sent to the contact persons reported to FESAT or, when appropriate, to the person who answered the questionnaire in the previous data collection. Whenever possible it was distributed via email. However, when no email address was available the questionnaire was sent by fax.

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

At the time of the data collection FESAT had 50 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 twelve did not respond at all.

**Table 1. Participating helplines**

FESAT associated services	50
Not relevant helplines	<u>9</u>
	41
<b>Answers</b>	
Returned questionnaires	28
<b>Don't want to participate</b>	1
<b>No answer /no information</b>	12

Of the 41 relevant helplines 28 returned the questionnaire. Hence, data presented in the report are based on information from 28 helplines. These helplines are found in Austria (3 helplines), Belgium (2), Cyprus (1), Czech Republic (1), Finland (4), Germany (2), Greece (3), Ireland (1), Italy (2), Latvia (1), Luxembourg (1), Malta (1), the Netherlands (2), Portugal (1), Russia (1) and Spain (2), i.e. all together 16 countries.

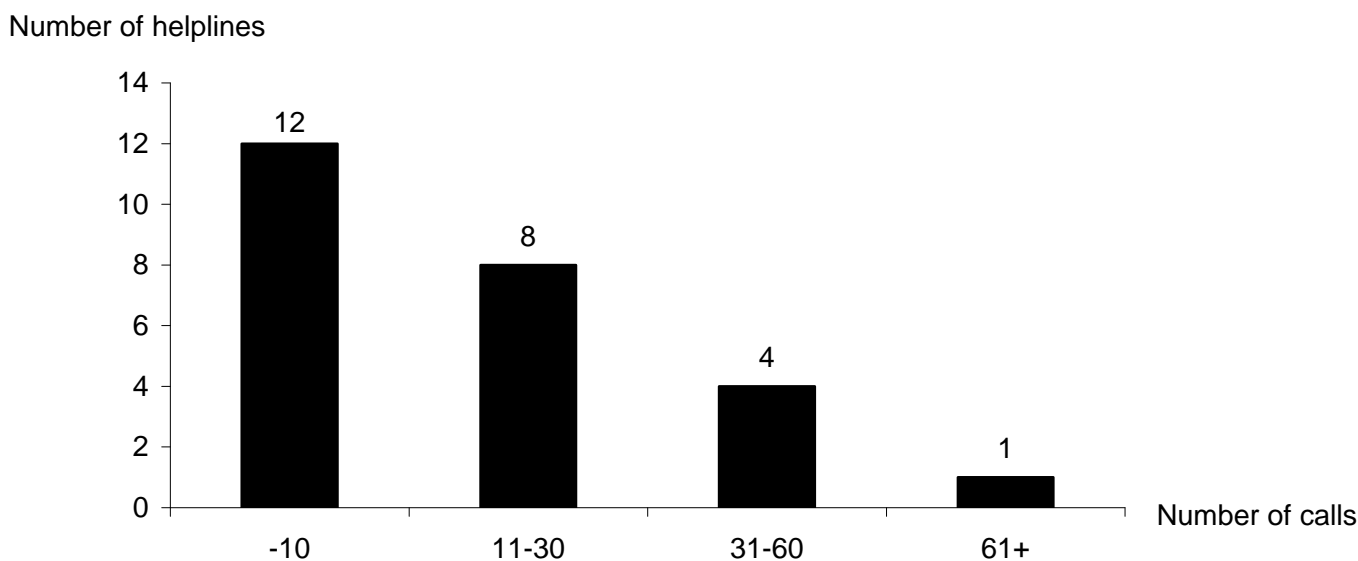
### **Methodological considerations**

The intention of the study is to identify changes and trends but not to quantify the size of a change. The questionnaire also contains some questions of a qualitative nature. Two of the major questions include information about possible changes about the type of persons contacting the helplines and about the kinds of questions asked.

The helplines are asked to report whether there was a “large increase”, “some increase”, “no change”, “some decrease” or a “large decrease” during the last 6 months. For pragmatic reasons these concepts are not objectively defined. Hence, one cannot avoid that the respondents have interpreted these concepts differently, which calls for caution in the interpretation of the data.

The results show that more respondents usually have reported increases than decreases on the questions about who is calling and what the reasons are for calling. This is most probably also the case. However, it seems reasonable to assume that it is “easier” to notice an increase than a decrease, which also is the experience of the Swedish surveys. To give an example: If a helpline gets 10 calls about a new drug they have never heard of before, this probably contributes to a discussion among the helpline workers. On the other hand, if the number of calls about a commonly used drug, decreases with 25 from 150 to 125 a week, it will probably take much longer until this is commonly discussed and noticed as a decrease. Hence, the risk of underreporting decreases should be kept in mind when reading the results.

Some helplines are relatively small, with few contacts a day, while others are large with many daily calls. The size of the helplines, measured by the number of phone calls, varies a lot. The smallest helpline answers on average less than 1 call per day and the largest about 155. Figure A shows that 12 helplines (out of 25 answering this question) get 10 calls or less per day, 8 helplines 11-30 calls, 4 helplines 31-60 calls and only one helpline 61 or more calls. The smallest get 0, 0.3 and 2 calls a day and the largest 50, 54 and 155. The median is 14 daily calls.

**Figure A.** Number of calls per day

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

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

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

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

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

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

Hence, if for example the number of calls about a specific drug is reported to have increased during the last 6 months while the total number of calls has been unchanged, and/or whether only some few changes are reported from relevant helplines, this clearly indicates an increase for that specific drug. However, if this is the case it is still uncertain whether this indicates an increased drug use or is “caused” by other reasons, for example an increased curiosity about a drug or an increased concern by professionals, partners, parents or other relatives.

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

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

Table 2 indicates that a large majority of the respondents answering the questionnaire either talked to colleagues at the helpline (11 out of 28 respondents) or consulted drug helpline statistics (15). Four of the respondents did both. Six respondents answered the questionnaire alone, which is a rather low figure but anyhow higher than in earlier data collections. This relative low number indicates that a possible misjudgement by a single respondent would bias the results only to a small degree.

An experience from the pilot study was that few helplines answered the open-ended questions about interpretations and comments. As mentioned above, since one reason for this might be that respondents felt uncomfortable answering in a foreign language, EMCDDA offered to translate information not written in English or French.

The possibility of answering the open-ended questions in the mother tongue was mentioned in the introductory letter as well as in the questionnaire. However, very few used this possibility, which indicates that language problems have not been a major reason for not answering open-ended questions.

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**Table 2. Possible consulting when answering the questionnaire**

(More than one answer was allowed)

Did it all by myself	6		
Talked to colleagues at the helpline	11	} out of which 4 did both	} out of which 2 answered all 3
Consulted drug helpline statistics	15		
<u>Consulted other sources</u>	<u>2</u>		
Number of participating helplines	28		

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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 28 helplines that returned the questionnaire, 25 gave an answer about the number of calls and 21 about the number of emails. Unfortunately, some few helplines did not answer this question.

The helpline with the largest number of calls, about 155 per day, is Linha Vida SOS Droga Lisboa in Portugal. Next in size are considerably smaller with 50 - 55 calls a day. They are FAD in Spain and Treffpunkt Drogenberatung in Austria.

Seventeen out of the 25 that answered the question about the number of calls have reported 20 calls or less per day. Seven of them mentioned 5 or less daily calls, which clearly shows the large difference between the smallest and the largest helplines.

There is one helpline with a large number of daily emails. It is the A-Clinic Foundation in Finland that reports that they answer 130 emails a day. Of the others there are only very few that have more than a few email inquiries a day, the largest being Drogennotdienst in Germany with about 10 email contacts per day. Next in size is SANANIM in the Czech Republic with 6 daily emails, followed by De Druglijn in Belgium and Fondazione Villa Maraini in Italy with 5 each.

Hence, during the second half of 2004 email counselling was still very uncommon at FESAT drug helplines (with one major exception). A large majority of the helplines has no or only single daily emails. Only 7 reported 4 or more emails a day.

### Differences between calls and email inquiries

In a separate question the respondents were asked to comment about important differences between the nature of the telephone inquiries and email inquiries. Comments about this have been given by six helplines.

**Drugs Infolijn** in the Netherlands has given several examples of differences between telephone and email inquiries. The proportion of people asking for information before using drugs is slightly higher via emails (5 %) than via telephone calls (2 %). The proportion of students is much higher among those contacting the helpline via email (38 %) than via the phone (10 %).

**Drogenotruf** in Germany comments that emails mainly are used by young people and not by drug addicts.

**De Druglijn** in Belgium reports a similar experience. Mail inquiries mainly come from young people (70 % of the emails come from people under 25), many of them are students. Far less inquiries come from parents and other relatives. Compared to the phone calls the emails include less questions about cannabis, alcohol and cocaine, but more about Ecstasy, LSD and ecodrugs.

Experiences in Austria and the Czech Republic are partly similar and partly different. **ChEckIT** in Austria and **SANANIM** in the Czech Republic also report that the telephone mainly is used by parents (in SANANIM also by relatives and professionals). However, at both these helplines email counselling is mainly used by users.

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

Number of helplines reporting “large increase” or “some increase” (out of 28)

## a) ... drug users

boys, 20-25 years	6
girls, 17-19 years	5
boys, 14-16	4

## b) ... other categories

parents or guardians of drug users	11
siblings of drug users	7
partners of drug users	7
work colleagues/ drug professionals	7

Yet another experience is found in Russia. **Lifeline** in St Petersburg has answered that email inquiries mainly come from specialists.

**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 2004 compared to the situation during the first 6 months of 2004. When changes are reported the number of helplines reporting an increase exceeds the number reporting a decrease for a majority of the different kinds of callers. This is more pronounced among other kinds of callers than drug users themselves.

The categories of drug users for which the largest number of helplines have reported an increased number of contacts are drug using boys 20-25 years old. This was answered by 6 helplines (figure B). Next come drug using girls 17-19 (5 helplines) and boys 14-16 (4 helplines). Looking at non-drug users, the category with the highest proportion of reported increases was “parents or guardians of drug users”. This was reported from 11 helplines (figure B). Next to that was “siblings of drug users”, “partners of drug users” and “work colleagues/drugs professionals” (7 helplines each).

“Drug using boys aged 17-19” and “partners of drug users” are the categories for which the largest number of helplines (5 each) has reported a decreased number of calls during the last 6 months of 2004 (figure C). Next follow “other relatives of drug users” and “police or customs officers” (4 each).



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

Number of helplines reporting “large increase” or “some increase” (out of 28)

drug using boys 17-19 years	5
partners of drug users	5
other relatives of drug users	4
police or cus- toms officers	4

**Fondazione Villa Maraini** stresses two important changes. One is an increased number of calls from concerned parents, “who are unable to deal with the addiction and negative behaviour of their teenage children”. The same helpline also highlight an increased number of calls from cocaine abusers that want to deal with their problem in privacy.

**Drogenotruf** in Germany reports an increased number of calls from persons that have problems with their driving licenses after having been driving under the influence of an illegal drug. The background is that the German police has started to control whether drivers are under the influence of an illegal drug.

**Suchttelefon** in Luxembourg comments that the number of calls decreased from September 2004. However, they have not found any good explanation for this reduction.

**Changes in the content of the calls**

Reported changes in the content of the calls are summarised in figure D and shown more fully in table 5. For all categories the most frequent answer is that the number of questions was unchanged.

Nine helplines (out of 28) indicate an increased number of calls about cocaine (figure D). Rather many helplines also report an increased number of calls about hashish (6 helplines) and ecstasy (5). Cocaine and hashish were also the two drugs with the largest numbers of increases during the first half of 2004.

All together seven helplines answered that they had noticed an increased number of contacts about alcohol, which is the highest figure for non-narcotic substances.

Some people contacting the helplines talk about other aspects than only the drugs themselves. The subjects with the largest number of helplines reporting an increase were “medical aspects” and “relationship problems”, which were reported from 6 helplines each.

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

Number of helplines reporting “large increase” or “some increase” (out of 28)

## a) ... drugs

cocaine	9
hashish	6
ecstasy	5

## b) ... other aspects

alcohol	7
medical aspects	6
relationship problems	6

Alcohol and relationship problems were included among the non illegal drugs aspects that were mentioned as increases also during the first half of 2004.

Only very few helplines reported a “large increase” in the number of calls about different drugs and other aspects. It did not exceed one for any of the subjects.

For some kinds of calls a relatively large number of helplines have reported a decreased number (figure E). The most important are “injecting heroine” and ecstasy that have got a reduced number of calls at 8 helplines each. Next in size is calls about LSD as well as the smoking of heroin and alcohol, each of which was reported to have decreased at 6 helplines.

The two subjects with the largest numbers of reported decreases (heroin injection and ecstasy) were the same also during the first half of 2004.

Comments and interpretations about important changes in the number of questions were rather few in this data collection. One came from **the Drug Dependency Treatment Unit** in Finland. As in the previous data collection they stress an increased use of Oxycodonihydrochloride (OxiCont and Oxiconon) and Oxiconon (Oxanest), which are opiate like painkillers used by Finnish opiate users. Some of these drugs are bought in Estonia, but to an increasing extent also in Latvia.

**The Drugs/HIV Helpline** in Ireland reports that they occasionally get questions about the use of herbs such as Sage or Nutmeg for their possible mode altering properties.

### 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. **Infor-Drogues** in Belgium reports some increase in the number of calls about risk reduction concerning cocaine mixed with Atropine.

### Figure E. Decreased number of contacts about ...

Number of helplines reporting “large decrease” or “some decrease” (out of 28)

injecting heroin	8
ecstasy	8
LSD	6
the smoking of heroin	6
alcohol	6

**Lifeline** in Russia mentions that most calls from people that are not drug users are health oriented or about relationship problems.

**Drugs/HIV Helpline** in Ireland reports that the major difference between those who have already tried drugs and others is that the non-users are younger (usually 8-15) and that they ask about the effects of drugs.

**Drogennotdienst** in Germany has got an increased number of calls from sports clubs and schools about preventive aspects. However, most of these calls were referred to another agency.

### Questions about new types of drugs

The respondents were asked to report about questions during the second half of 2004 about new types of drugs, which they had not reported before, or about old drugs used in a new way. Three helplines reported about new drugs. The answers are summarised in the list below.

In the previous data collection **De Druglijn** in Belgium reported that they had started to get questions about Absint. This time they have mentioned about cases at which cocaine is mixed with absint. The same information is also reported from the French speaking helpline in Brussels, **Infor-Drogues**. This mixture is used by cocaine users in a similar way as cocaine and has resulted not only in nausea but also in hallucinations.

**SANANIM** in the Czech Republic has got questions about a stimulant called speed 8. It contains a GHB derivative and is sold legally in the country.

**Lifeline** in Russia reports about questions about “spidi”, which is used by adolescents.

### 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 2004).

**The A-Clinic Foundation** reports an increased use of bupremorfin and an obvious decrease in the use of heroin.

**Lifeline** in Russia mentions that there are no important changes, but stresses at the same time that heroin and amphetamines still are the most popular drugs.

Reported by	Name	Appearance	Route of administration	Users	Symptoms/Risks
De Droglijn Belgium	cocaine + absint	cocaine powder	snorting or inhalation (base)	cocaine users	hallucinations nausea
Infor-Drogues Belgium	cocaine + absint	same as cocaine	sniffing or freebasing sometimes injected	cocaine users	delirium
SANANIM Czech Republic	speed 8	legally sold			stimulant that contains GHB derivative
Lifeline Russia	spidi			adolescents	

**Some more information**

Rather many helplines have given extra information at the end of the questionnaire.

**Infor-Drogues** in Belgium has plans of starting a new service in 2005. They plan to have on line counselling on their web page ([www.infor-drogues.be](http://www.infor-drogues.be)).

**De Druglijn** in Belgium was confronted during the second half of 2004 with several cases of people hospitalised after use of cocaine that was mixed with atropine. The Belgian REITOX-network was informed and a warning campaign was set up. When the Druglijn got aware of this mixture of cocaine and atropine they had a very constructive exchange of information with the Drugs Infolijn in the Netherlands.

**The ITHAKI helpline** in Greece reports that they from September 2005 will start with a 24 hours counselling service for drug addicts in crisis situation as well as help and advice to families of drug users and other users.

**The Drug Dependency Treatment Unit** in Finland informs that callers calling at nights are different from other callers. They are older and have a better social background. Most of them are working during daytime (for example general practitioners and teachers) and many of them have problems with alcohol or prescribed benzodiazepines.

**Sedqa** in Malta has commented the fact that the number of calls dropped in 2004. The reason was probably that they did not market the helpline as they did in previous years. Hence, they report the same experience as many other helplines have done in the past, i.e. that an increased number of calls always is registered whenever there is an ad hoc media intervention.

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

	<b>Calls<sup>2)</sup></b>		<b>Emails<sup>2)</sup></b>	
<b>Austria</b>				
Treffpunkt Drogenberatung	50	(55)	4	(10)
ChEckIT	0.3	(0.3)	1	(4)
Rat & Hilfe <sup>3)</sup>	0		0.5	(0.5)
<b>Belgium</b>				
De Druglijn	25	(28)	5	(3)
Infor-Drogues	30	(20)	4	(3)
<b>Cyprus</b>				
Perseas Drug Prevention Centre	3	(3)	0	(0) <sup>4)</sup>
<b>Czech Republic</b>				
SANANIM	3	(4)	6	(6)
<b>Finland</b>				
Drug Dependency Treatment Unit	5	(5)	0	(0)
Helsinki Deaconess Institute	15	(11)	1	(< 1)
Free From Drugs	9		0	
A-Clinic Foundation			130	
<b>Germany</b>				
Drogennotruf	6	(?)	1	(0.5)
Drogennotdienst	40	(45)	10	(10)
<b>Greece</b>				
Antike Grammi	10	(4)		(0)
OKANA		(15)		(0)
ITHAKI Drughelpline	5	(5)	0	(0)
<b>Ireland</b>				
Drugs/HIV Helpline, Dublin	35	(16)		(0)
<b>Italy</b>				
Linea Verde Droga, Milan	10	(9)	0	
Fondazione Villa Maraini	10	(35)	5	(0)
<b>Latvia</b>				
Confidence Line	27	(30)	3	(5)
<b>Luxembourg</b>				
Sucht telefon				
<b>Malta</b>				
Sedqa	15			
<b>the Netherlands</b>				
Drugs Informatielijn	16	(17)	1	(1)
LSOVD	2	(2)		
<b>Portugal</b>				
Linha Vida SOS Droga, Lisboa	155	(166)	3	(2)
<b>Russia</b>				
Lifeline, St Petersburg	19		1	
<b>Spain</b>				
IPSS	19	(20)		(0)
FAD	54	(45)	3	(3)

<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> This is an email helpline

<sup>4)</sup> No email service

**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	1	15	2	0	1	9
Drug using girls, 14–16 years	0	2	15	3	0	1	7
Drug using girls, 17–19 years	0	5	13	3	0	1	6
Drug using girls, 20–25 years	0	2	16	3	0	1	6
Drug using women, 26–35 years	0	3	16	1	0	1	7
Drug using women, 36–50 years	0	1	17	1	0	1	8
Drug using women, 51 years or older	0	3	14	2	0	1	8
Drug using boys up to 13 years	0	1	16	1	0	1	9
Drug using boys, 14–16 years	0	4	15	1	0	1	7
Drug using boys, 17–19 years	0	3	13	4	1	1	6
Drug using boys, 20–25 years	0	6	12	1	0	1	6
Drug using men, 26–35 years	0	2	17	1	0	1	6
Drug using men, 36–50 years	0	3	14	3	0	1	7
Drug using men, 51 years or older	0	0	18	1	0	1	8
Parents or guardians of drug users	0	11	14	3	0	1	0
Siblings of drug users	0	7	17	2	0	1	1
Other relatives of drug users	0	5	18	3	1	1	0
Partners of drug users	0	7	15	5	0	1	1
Friends of drug users	0	4	20	2	0	1	1
Work colleagues/drugs professionals	0	7	13	2	0	1	5
Social workers	0	3	17	1	0	1	6
Doctors, nurses	0	3	15	2	0	1	7
Police or customs officers	0	1	12	4	0	1	8
Students	0	6	12	2	1	2	5
Teachers	0	3	15	2	0	1	7
Media/press	0	3	14	1	0	1	9
Others	0	1	6	0	0	1	3

**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
Number of calls about hashish	1	5	14	5	0	2
Number of calls about marihuana	0	4	14	5	0	3
Number of calls about injecting heroin	0	2	16	7	1	1
Number of calls about the smoking of heroin	0	2	16	5	1	3
Number of calls about other opiates, such as	0	3	13	2	0	5
Number of calls about cocaine	0	9	14	2	1	1
Number of calls about crack	0	4	16	1	1	5
Number of calls about LSD	1	1	15	5	1	3
Number of calls about "magic mushrooms"	1	3	10	4	1	4
Number of calls about injecting amphetamines	0	1	14	2	0	9
Number of calls about using ampheta- mines in other ways	0	1	15	3	1	6
Number of calls about Ecstasy	1	4	11	8	0	2
Number of calls about other synthetic drugs, such as	0	1	7	0	0	7
Number of calls about khat	0	1	12	0	0	10
Number of calls about GHB	0	1	12	0	1	8
Number of calls about benzodiazepines	0	4	17	1	0	3
Number of calls about other medications	0	5	12	3	0	5
Number of calls about inhalants, such as	0	2	?	1	0	4
Number of calls about anabolic steroids or other doping agents	0	1	13	1	0	9
Number of calls about alcohol	0	7	10	6	0	2
Number of calls about tobacco	1	3	8	2	2	8
Number of calls about other drugs, such as	0	1	?	0	0	6
Number of calls about preventive aspects	0	5	12	2	0	5
Number of calls about legal aspects	0	3	17	1	0	3
Number of calls about medical aspects	0	6	13	1	0	4
Number of calls about relationship problems	0	6	13	1	0	4





**2. Any important changes about the contacts that you want to stress?**

*(For example explaining/commenting important increases or decreases or new categories that have begun to contact the helpline)*

No

Yes →

Please describe and interpret:

Please describe and interpret:

Please describe and interpret:

**3. Do you have any comments about the number of contacts from people asking for information BEFORE they use a drug ('potential use') rather than asking for help because they have a problem regarding drugs that they have ALREADY used?**

No

Yes →

Please describe and interpret:

Please describe and interpret:



**5. Any important changes about the number of questions about different drugs that you want to stress?** *(For example explaining/commenting increases or decreases in the number of questions about some specific drugs or comments about changes in the relationship between calls and callers (question 1))*

No

Yes → Please describe and interpret:

Please describe and interpret:

**6. Any important changes in the pattern of drug use during the second half of 2004(July-December)?**

No

Yes → Please describe and interpret:

Please describe and interpret:

**7. About how many telephone and e-mail enquiries during second half of 2004 (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 2004 (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 helpline

I consulted drug  
helpline 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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