EMQ (European Model Questionnaire)

Voluntary EMQ Module for monitoring use of New (and not so new) Psychoactive Substances (NPS) in General Adult Population Surveys and School Surveys.

General Purpose:

- The following questions provide additional information on the use of ‘new and non standard drugs’. (specifically: controlled or non-controlled psychoactive products not included in the standard list that may be sold in different forms, including branded products or mixtures as well as single ‘named’ substances that imitate the effects of illicit drugs and not used as a medicine).
- The questions are intended to be added to the end of the drug-specific section/s of EMQ’s module on illicit drugs and will help to measure the extent of commercial market penetration, regarding purchase and use of these types of products.
- The exact format may need to be modified to accord with the type of survey used, overall questionnaire design and country context (for which some scoping work is necessary), however comparability between surveys will be enhanced if there is a high degree of commonality.

Question 1) Purpose: Intended as a top level ‘catch all’ question.

Q1 New substances that imitate the effects of illicit drugs (such as cannabis, ecstasy, cocaine, etc) may now be sometimes available. They are sometimes called (insert ‘local name’ such as, ‘legal highs’, ‘research chemicals) and can come in different form, for example – herbal mixtures, powders, crystals or tablets.

Have you ever used such substances?

1. Yes, I have used such substances
2. No, I never used such substances → go to Q
3. Don’t know/not sure → go to Q

Question 2) Purpose: ‘catch all’ last year prevalence

Q2 Have you used such substances in the last 12 months?

1. Yes, I have
2. No, I haven’t → go to Q
3. Don’t know/not sure → go to Q

Question 3) Purpose: top level’ delineation into main groups by physical form – to distinguish synthetic cannabinoid substances from other groups.

Q3 What was the appearance/form of the new substances you used in the last 12 months?

[SHOW CARD OR READ OUT - ALL ANSWERS POSSIBLE]
1. Herbal smoking mixtures, with drug-like effects Y/N
2. Powders, crystals or tablets, with drug-like effects Y/N
3. Liquids, with drug-like effects Y/N
4. Other __________________________ Y/N

Question 4) Purpose: simple audit question of all sources of supply used in last year

Q4 Thinking about your use of new substances in the last 12 months, how did you get them?

[SHOW CARD OR READ OUT - ALL ANSWERS POSSIBLE]
1. Been given or bought them from a friend Y/N
2. Bought them from a specialised shop Y/N
3. Bought them from the internet Y/N
4. Bought them from a drug dealer Y/N
5. Other __________________________
Specific Purpose:

- Where it is known, or suspected, that a specific substance is being commonly used, questions on use of that substance should be included - using the existing question format for drug specific questions. In 2013, GBL, ketamine\(^1\), mephedrone and spice/synthetic cannabinoids are the 'new' substances that have been most commonly reported and should therefore be considered for inclusion. A non-definitive list of substances that may be worth considering for inclusion will be updated annually by the EMCDDA, in consultation with country experts at the General Population survey expert meetings (see Annex 1).
- Given the fact that different terms are used for substances in different languages and different contexts and these change over time, some preliminary scoping work is necessary to adjust the terms used to make them appropriate for the target population.

Q5 Have you ever taken <substance>?

1. Yes
2. No \(\rightarrow\) go to Q
3. Never heard of it \(\rightarrow\) go to Q
4. Don't know/not sure \(\rightarrow\) go to Q

Q6 During the last 12 months, have you taken <substance>?

1. Yes
2. No \(\rightarrow\) go to Q

Q7 During the last 30 days, have you taken <substance>?

1. Yes
2. No \(\rightarrow\) go to Q

\(^1\)Ketamine falls between traditional drugs, medicines and new substances. Its use is notably higher in the UK than in other EU countries.
Annex 1

A non-definitive list of substances used in surveys up to 2013.

MEPHEDRONE (MMCAT, 4-MMC, ‘MEOW’, ‘DOVES’, ‘BUBBLES’)
LIQUID ‘E’ (GAMMA-BUTYROLACTONE ‘G’, GBL, GHB)
SPICE (SYNTHETIC CANNABINOID, ‘SPACE’)
KETAMINE (GREEN, K, SPECIAL K, SUPER K, VITAMIN K, KET)
PIPERAZINES (BZP (BENZYLPIPERAZINE), A2, mCPP)
NEXUS (2CB, Afro, Special cake)
HERBAL SUBSTANCES (Kratom, Salvia divinorum, Sally D, Lady Salvia, Magic Mint, Calea Zacatechichi, Turnera Diffusa, Cola nitida)
KHT (QUAT, QAT, QAADKA, CHAT, JAAD)
SYNTHETIC SUBSTANCES (El Padrino, Spice, Ex, K2, Euphoria, Ecsphoria, Diablo, Funky, Cocolino, pentedrone, methoxetamine, MDPV, 6-APB, bk-MDMA, 3,4-DMMC)
Annex 2

Principles informing the design of the module:

- A few general, standardised, questions at the start of the module serve to monitor the extent of the phenomenon in a general way over time.
- The mapping exercise and expert consultation showed the importance of specifying names of substances to obtain comparable data.
- Differences between countries means that, which specified ‘new drugs’ to include should be decided at country level (using triangulated data and commonly used/street, terms).
- Prevalence data collected so far have shown that mephedrone, GBL, ketamine\(^2\) and smoking mixtures that resemble cannabis such as Spice are the products with highest reported levels of use.
- Questions about the use of specific substances should be in line with the Handbook on Population Surveys and the EMQ to include prevalence of use measures in all three time frames (LTP, LYP, and LMP).
- Specific ‘new’ substance questions should provide a response category for ‘never heard of the product’.
- Questions on frequency of use, perceived availability and perceived risk of a specific substance should not be routinely included in the module. However, additional questions can be added if there is strong, country level, evidence and concern about a specific substance.

\(^2\) Ketamine falls between traditional drugs, medicines and new substances. Its use is notably higher in the UK than in other EU countries and it may, therefore, be only relevant for inclusion in UK surveys