



ESPAD

The European School Survey Project on Alcohol and Other Drugs



Council of Europe
Pompidou Group

The 1995 ESPAD Report

Alcohol and Other Drug Use Among Students in 26 European Countries

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Preface

The Swedish Council for Information on Alcohol and Other Drugs (CAN) is responsible for the annual surveys conducted since 1971 on alcohol and drug use among Swedish students. From an alcohol and drug policy perspective, the results are seen as very important, primarily as a tool to monitor trends over time. However, the lack of comparable data from other European countries has become increasingly evident. Some countries already have ongoing series of school surveys, but the comparability with other studies is often limited by differences in methodology, age of population and time of data collection.

In the perspective of open borders in Europe, where people and goods are freely exchanged within the European Union, the need for information on changes in alcohol and drug consumption is vital and has important implications for the preventive work in different countries. In an effort to initiate co-ordinated surveys in some countries in Europe, a number of researchers were contacted in 1993/1994 to find out the interest of doing a collaborative study. The plan was to benefit from the work done in a subgroup of investigators within the group of experts in epidemiology of drug problem of the Pompidou Group at The Council of Europe, where a standardized data collection instrument had been elaborated.

Stockholm in September, 1997

Björn Hibell, Ph.D.
Director, ESPAD Co-ordinator

The response to our initiative was tremendous. Instead of forming a group of five or six countries, as was anticipated, researchers from about 25 countries were involved in the planning phase of the ESPAD project – The European School Survey Project on Alcohol and other Drugs. The co-ordination work has been demanding but enjoyable. The group of investigators has co-operated in a truly enthusiastic and friendly atmosphere, which made this adventure a very positive experience.

Besides of the results presented in this report, data have also been collected in Russia (the European part) and Roumania (Bucharest). The results from these countries will hopefully be available in a near future.

There are of course many methodological difficulties connected with cross-national studies. Despite the strict standardization of methodology, differences in culture between countries are very difficult to overcome. The present report is hoped to be a step towards a better understanding of the alcohol and drug habits among young people in Europe, and hopefully a baseline and a challenge for preventive initiatives. It is hoped that this ESPAD study is only the first in a series of collaborative studies of alcohol and drug use among young people in Europe.

Barbro Andersson
Research Associate, ESPAD Co-ordinator

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At the first planning meeting a working group was elected to prepare details about the questionnaire, data collection procedures, standardized country reports etc. The working group consisted of Björn Hibell, Sweden, Barbro Andersson, Sweden, Jack Derks The Netherlands, Anna Kokkevi, Greece, Han Kuipers, The Netherlands, Mark Morgan, Ireland and Anu Narusk, Estonia. At the second planning meeting the group was reelected as an editorial committee for the international report, but Jack Derks and Han Kuipers were replaced by Thoroddur Bjarnason, Iceland. It has been very easy to work within a group as competent and co-operative as this one.

Each country was represented by a researcher who is also contributing author of this report (see title page). There are, however, a number of important persons who are collaborating authors. They are (alphabetical order by country):

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United Kingdom: Martin Plant

The addresses of all researchers and their affiliations are listed in Appendix IV.

In addition to the results of the ESPAD survey, data from a few other studies are included in the report. Responsibles for the additional survey data were:

France: Marie Choquet, Sylvie Ledoux

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Croatia: The Government of the City of Zagreb, The Governmental Commission for Drug Dependency Prevention.

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Denmark: The National Board of Health.

Estonia: The Estonian Health Fund, The Swedish Government.

Faroe Islands: Department of Occupational and Public Health, Board of Alcohol and Narcotics Prevention.

Finland: STAKES (The National Research and Development Centre for Welfare and Health).

Hungary: The Ministry of Welfare.

Iceland: The Icelandic Institute for Educational Research, The Ministry of Education and Culture, The Ministry of Justice.

Ireland: The Health Promotion Unit, The Department of Health.

Italy: The National Research Council Institute of Clinical Physiology, Association "Praevius". Regione Liguria - SER.T. U.S.L. 3, Comune di Modena.

Latvia: The Swedish Government.

Lithuania: The Swedish Government, The Social Research Institute of Alcohol Studies, ALKO, Finland.

Malta: Sedqa – Agency against Drug and Alcohol Abuse.

Norway: The National Institute for Alcohol and Drug Research.

Poland: The Bureau for Drug Addiction, The Ministry of Education, The Swedish Government.

Portugal: Gabinete de Planeamento e de Coordenação do Combate à Droga, GPCCD.

Slovenia: The Ministry of Health.

Sweden: Alcohol Research Fund of the Swedish Alcohol Retailing Monopoly, CAN (Swedish Council for Information on Alcohol and other Drugs), The National Institute of Public Health.

Turkey: Embassy of the USA.

Ukraine: The Ukrainian Scientific Research Institute on Youth Problems, The Research Center "Social Monitoring", The Ministry of Youth and Sport Affairs, The Swedish Government.

United Kingdom: The Alcohol Education and Research Council, The John M. Archer Charitable Trust, The Craignish Trust, The Gannochy Trust, The Hope Trust, The Miller Group Limited, PF Charitable Trust, The Robertson Trust, The Wates Foundation.

Introduction

Background

The use of alcohol and tobacco is widespread in most countries and this has been the case for centuries. The age, at which young people begin to smoke cigarettes or drink alcohol varies across the countries, but young adolescence and adulthood is a period in life when this is likely to occur.

In this period in life young people are also at the greatest risk of trying other psychoactive substances as well. The spread of illicit drugs in the western world, mainly during the 1960's, resulted in an increasing number of young people experimenting with drugs. In many industrialized societies, drug use has become one of the most serious problems.

For many years the prevalence of alcohol, tobacco and drug use has been a focus of activity for researchers. They have been concerned with measuring young peoples alcohol and drug use not only because it is a threat to public health but also because it is related with antisocial and criminal behaviour.

The most frequently used method of measuring alcohol and drugs habits of young people is to perform school surveys. The main reason for this is that school populations are easily available and often represent a large majority of the age groups of interest. Other populations outside the school settings are usually more difficult to study.

Some countries have ongoing regular series of surveys on nationally representative samples. Others have made single studies at different times on, perhaps, geographically limited samples, while others have no such data at all.

In spite of the quite large number of studies conducted in many countries it is rather difficult to get a comprehensive picture and to compare the levels of alcohol and drug use prevalence in different countries. The main reason for this is that the studies are made on different age groups with different questionnaires and at different times, i.e. too many factors influence the results and make comparisons difficult. Nevertheless, when needed in the international alcohol and drug policy discussions, data from various surveys are sometimes useful to describe the current situation, simply be-

cause there are no other sources to rely on.

During the 1980's a subgroup of collaborating investigators was formed within the group of experts in epidemiology of drug problems of the Pompidou Group at the Council of Europe, to develop a standardized school survey questionnaire and method. The purpose and rationale for the work was to produce a standard survey instrument which would allow different countries to compare alcohol and drug use in student populations in terms of standardized definitions and prevalence intervals. The common questionnaire was used by eight countries. Unfortunately the studies differed in sample size, representativeness and range of ages studied and they were not performed simultaneously. Due to these differences data were not directly comparable. However, the survey instrument proved to be valid and reliable. The methodological findings from six of these studies are published by the Pompidou Secretariat, Council of Europe (Johnston et al, 1994).

Another study, aimed at investigating the health behaviour of children in Europe (aged 11, 13 and 15), was initiated by a small group of researchers in the beginning of the 1980s. The project was adopted by WHO and has got an increasing number of countries involved in it. Surveys have been conducted at four times since 1983. However, the focus in these studies is mainly health issues, although a few questions are asked about smoking and alcohol consumption (King et.al., 1996).

In the light of the experiences described above, the Swedish Council for Information on Alcohol and Other Drugs (CAN) initiated a collaborative project by contacting researchers in most European countries, to explore the possibility of simultaneously performing school surveys on tobacco, alcohol and drugs. Contact was also made with the Pompidou Secretariat to find out the opportunities of getting support for the project. The proposal was submitted by the Secretariat to the Permanent Correspondents of the Pompidou Group in December 1993. The Group gave financial support for the participation of countries of central and eastern

Europe in two planning meetings and four regional seminars. Support was also given for travel expenses for a small working group appointed by the first co-ordination meeting, as well as for an editorial committee for the international report. The Pompidou Secretariat also assisted by suggesting possible contact persons in some countries.

The process of co-ordinating the work of the investigators in all the participating countries required a lot of communication. As already mentioned above, two planning meetings with all participants were held in 1994, the first at the Council of Europe in Strasbourg, France and the second in Bakirköy Hospital in Istanbul, Turkey.

For the detailed development of the questionnaire a working group was appointed by the first meeting in Strasbourg. The countries represented in the group were: Estonia, Greece, Ireland, the Netherlands and Sweden (chair). The group had two meetings, one in Stockholm and one in Utrecht.

Another tool for the co-ordination of the project has been the ESPAD Newsletter of which around 12 issues have been distributed to the group. It has been a convenient way for the members of the project to ensure that no information is missing.

In an effort to maximize the co-ordination and standardization of the surveys in the participating countries, four seminars were organised with small groups of investigators. The work within the seminars is described below (National project plans and regional seminars).

At the last meeting with the whole ESPAD group it was decided that the working group should continue to function as an editorial committee for the preparation of the final international report. However, since the Netherlands had to withdraw, due to lack of funding, they were replaced by the representative from Iceland. The group had two meetings, one in Athens and one in Dublin.

The basis of this international ESPAD report was national reports, written by researcher in participating countries. The content of the national reports was standardized by using the same headings and tables (Hibell and Andersson, 1995). However, despite the efforts to standardize both the performance of the surveys and the reporting of the results, many factors are influencing the cross-national comparability. The content of this report is therefore focused on the methodological issues as well as the findings.

Purpose of the project

The main purpose of the ESPAD project was to collect comparable data on alcohol, tobacco and drug use among students born in 1979 in as many European countries as possible. The studies were designed to be conducted as school surveys by researchers in each participating country, during the same period of time, with a common methodology. By doing this, it was hoped that comprehensive and comparable data on alcohol, tobacco and drug use among 15–16 year old students would be available for the first time on a European level.

The most important goal in the long run, is to study trends in alcohol and drug habits among students in Europe and to compare trends between countries. The knowledge thus gained will be important in the future when changes in one part of Europe may serve as a forecast for countries where

changes have not yet appeared. Such trends may also function as incitements for prevention initiatives.

Once data were collected, the aim was to present the results in tables using descriptive statistics only. The reason for this was to make the results public as soon as possible after data collection. However, it is hoped that separate and more sophisticated analyses will be undertaken by individual researchers in a near future.

It is planned to repeat the surveys every fourth year, thus providing data on where and when changes in the alcohol and drug consumption may appear. Countries which did not take part in the 1995 data collection are welcome to join the next wave, to make the coverage across Europe as complete as possible.

The use of surveys

Knowledge about the levels of alcohol and drug use can be obtained in different ways depending on which part of the phenomenon is focused. In many countries household surveys are conducted with the aim of measuring alcohol and drug habits (and often also other behaviours) in general populations. School surveys are also often performed either complementary to other investigations or as the only measure.

A problem with surveys is that they usually do not reach some segments of the population, including heavy abuser populations, the homeless or the drop-outs from school. The latter is a group of young persons known to be vulnerable to alcohol and drug use influences. There are, however, other techniques available to measure drug use among these populations e.g. snowball sampling, first treatment demand rates or estimates based on capture-recapture methods.

The rationale for school surveys is that the students represent agegroups when onset of different substance use is likely to happen and therefore important to monitor. Another reason is of course that the students are rather easily available within the school system, which makes it possible to collect data to a relatively low cost.

When studies are done on students it is a well accepted method to use group administrated questionnaires in a class room setting where data is collected under the same conditions as a written test. The experience of using school surveys to collect information about alcohol and drug use certainly differs between countries. However, when students are the population being studied, there are usually no other realistic ways of collecting data than using group administrated questionnaires in the schools (usually in the classrooms).

National project plans and regional seminars

Each country wrote a national project plan, following a standardized outline, describing the population's distribution over the grades in school and the proportion of students expected to be found in school (Hibell and Andersson, 1994b). The planned sampling and field procedures were also described in detail.

The participants of the ESPAD project were somewhat different in epidemiological experience and skill. In an effort to standardize the methodology and make each country's project plan as scientifically accurate as possible, it was suggested that regional seminars should be performed with small groups of investigators. The main idea was that experienced investigators should give advices and

support to less experienced participants. Four seminars were held in Helsinki, Kiev, Ljubljana and Athens during late autumn 1994.

The purpose of the seminars was to maximize the standardization of the data collection procedure and to discuss how the sampling procedure could be done in different countries with different conditions in terms of available statistics about schools and classes etc (Hibell and Andersson, 1994b). It was stressed that the seminars should encourage an active discussion between the participants, not a "one way seminar" with one person giving comments to others. Thus, solutions to practical complications were suggested in a fruitful discussion.

Participating countries

About 30 countries were involved in the planning process of the study. They were Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, England, Estonia, Faroe Islands, Finland, France, Greece, Hungary, Iceland, Ireland, Italy, Lithuania, Malta, the Netherlands, Northern Ireland, Norway, Poland, Portugal, Roumania (Bucharest), Russia, Scotland, Slovak Republic, Slovenia, Sweden, Turkey (Is-

tanbul), Ukraine and Wales.

Two of these countries, Bulgaria and the Netherlands, had to leave the project because they were unable to raise the funding needed for the data collection. Prior to the ESPAD study, France and Greece had performed a very similar study, which made it impossible to repeat the survey already in 1995.

Unfortunately Roumania and Russia have had difficulties with the data processing. Thus, data from these countries are not available in this report.

The results of the remaining 26 ESPAD countries are reported. In studies conducted a few years before 1995 France and Greece had used a version of what later should become the ESPAD questionnaire. Whenever possible, data from these countries are also included in this report. The same is also done for some very few variables from Spain, where a study was conducted in 1994.

The Pompidou School Survey Subgroup was

chaired by Dr Lloyd Johnston from USA. For several years he had been responsible for school surveys in USA and the questionnaire used in those surveys were the base of the questionnaire tested in six European countries in the 1980's. Later the tested questionnaire became the base of the ESPAD questionnaire. Thus, there are many similarities between the ESPAD questionnaire and the questionnaire used in schools surveys in USA. Whenever possible, data from USA is also included in the tables of this report.

Study design and procedures

The population

The target population for the surveys was students born in 1979. This means that the students were 15–16 years old when the data collection took place in springtime 1995. The main idea behind the choice of this agegroup for the study was, that the students should still be available in schools, but not too young to have had any experience of alcohol or drug use. This decision was taken at the first meeting with representatives from all participating countries.

There are, however, differences between countries in how well the samples represent the age-group. In some countries schooling is compulsory until the age of 15–16 years, while in others the students begin secondary school at this age. Furthermore, many students do not continue to secon-

dary school, but leave for other training or for work. Table A shows the approximate proportion (if available) of the age cohort expected to be found within the school system in different countries. Thus, the target population for the ESPAD surveys was young people born in 1979 still in school.

Available information about the proportion of the actual age cohort still in school shows that there are rather big differences between countries in this respect. Probably there are also differences in the accuracy by which the estimates are made. A detailed discussion about how well the different samples cover the age cohort will be given in the section about the issue of representativeness in the chapter “Methodological considerations”.

The data collection instrument

The work of the Pompidou School Survey Subgroup in the 1980's, resulted in a battery of questions to be used by people in different countries who were interested in performing school surveys. The prepared questions were used in a few studies during the 1980's which also resulted in repeated surveys in some countries, including France and Greece. The content was very much influenced by the questionnaire already developed and used within the “Monitoring the Future” project in Michigan. Dr Lloyd Johnston, who was the chair of the School Survey Subgroup, is also head of the group of researchers engaged in the “Monitoring the Future” project.

The ESPAD project was launched as a continuation of the preparations made by the Pompidou School Survey Subgroup. Thus, the questionnaire was developed from the battery of questions, but every question was discussed and agreed upon by the large group of collaborating investigators at the two planning meetings in 1994.

The main part of the questionnaire constitutes of

core questions to be used in all countries. In addition a number of optional questions were included to be used at the choice of each country. The questionnaire is presented in Appendix III. It was also decided that each country might add questions of special interest provided that those questions were not of a nature that would affect the students' willingness to respond, or that their number would overload the questionnaire.

It was decided, that each country should translate the questionnaire into its own language, and thereby adjust the wordings to make the questions as appropriate as possible to the cultural context. Drug streetnames etc. should be adjusted to what was common in the country. Once the questionnaire was ready, it should be backtranslated into English again. By doing this, discrepancies from the original might be discovered and corrected. It was also recommended that each country should test the questionnaire in a small pilot study in order to discover any faults or difficulties while answering it. It would also indicate how long time the

students needed to complete the questionnaire.

Table A (below, Methodological considerations) shows the number of core, optional and own questions included in different countries' questionnaires (for some countries this information is missing). For each variable every single subquestion is counted as one question. As can be seen, there are rather big differences in the size of the questionnaires in various countries.

Despite all efforts to standardize the data collection instrument, some discrepancies were inevitable. Minor alterations in the response categories were made, even for core questions. One example of misunderstanding in translation is that the question "Do you think you will be drinking alcohol when you are twenty five?" in one country turned into "Do you think you will abstain from alcohol when you are twenty five?". It may not, however, be too optimistic to think that the discrepancies in the questionnaires, only have had a very limited negative effect on the comparability of the findings from different countries. The opposite possibility can of course not be excluded and has to be borne

in mind when considering the results.

Main areas covered by the questionnaire

The questionnaire was developed from the battery of questions prepared by the Pompidou School Survey Subgroup, but every question was discussed and agreed upon by the large group of collaborating investigators at the two planning meetings in 1994 (see above). Many plausible background and psycho-social variables were suggested with the purpose of being able to explain the findings. However, it soon became evident, that the number of questions had to be limited. A few explanatory variables were decided to be included, but the questionnaire had to be manageable and not overloaded if the students were to treat it seriously.

Some questions were core questions to be used in all countries while others were optional to the researchers choice. Below is a list of the variables included in the questionnaire. Most of them are core questions. The optional questions are marked with an "*".

Variables included in the ESPAD questionnaire

Tobacco	Cigarettes	Ever smoked
		Last 30 days
		Age of first use
Alcohol	Any beverage	Lifetime
		Last 12 months
		Last 30 days
		Age of first use
	Specific beverages (beer, wine, spirits)	Last 30 days
		Amounts on last occasion*
	Home made alcohol*	Last 30 days
	Heavy consumption	Last 30 days
	Intoxication	Lifetime
Tranquilizers or sedatives	Prescribed use	Lifetime
		Lifetime
	Non-prescribed use	Lifetime
Illicit drugs	Marijuana or hashish	Lifetime
		Last 12 months
		Last 30 days
	Amphetamines	Lifetime
	LSD	Lifetime
	Heroin	Lifetime

	Cocaine	Lifetime
	Crack	Lifetime
	Ecstasy	Lifetime
	Drugs by injection	Lifetime
	Alcohol together with pills*	Lifetime
	Doping agents*	Lifetime
	Inhalants	Lifetime
		Last 12 months
		Last 30 days
	Age of first use	
	Substance first used	
	How the first drug was obtained	
Slotmachines*		Lifetime
		Last 12 months
		Last 30 days
Alcohol and drug related variables	Drinking places	
	Reasons for not drinking alcohol	
	Perceived consequences from drinking alcohol*	
	Experienced problems because of alcohol	
	Disapproval of different behaviours*	
	Knowledge of drugs*	
	Perceived availability	
	Perception of use among friends	
	Perceived risk of use of different drugs	
Background and demographic variables	Sex	
	Age	
	Own perception of school performance	
	Average grade in school*	
	Missed schooldays*	
	Leisure time activities*	
	Parents' educational level	
	People living in the same household	

Sampling procedure

At the two planning meetings the sample size and sampling procedures were discussed. It became clear that the countries were very different in terms of what kind of school statistics being available. Some countries had detailed information about the number of schools, classes and students, while in others only e.g. the total number of schools but not the size of them was known. As mentioned in an earlier part of this report, regional seminars were organized aimed at discussing in detail the problems and opportunities for the sampling procedure in each country.

It was recommended that each country should draw a sample of about 2,800 students as a minimum, regardless of the size of the country (Morgan, 1994). This would allow for breakdowns in the tables by sex, plus another variable. (For a discussion of the objectives of the sampling and the representativeness, please see below, "Methodological considerations").

Table A shows the approximate percentages of 1979 born students still in school (information not available from all countries). However, the age cohort was very differently distributed over school-

types (academic, vocational etc.) and grades. At the regional seminars solutions to the sampling problems were discussed and suggested. In some countries the vast majority of the agegroup was found in

one grade only. In others there were two grades where this agegroup was taught. In many cases the grade with the highest proportion for 1979 born students were chosen.

Field procedure

In line with what was decided about the sampling and the data collection instrument, also the field procedures should be standardized as far as possible (Hibell and Andersson, 1995). There are of course many factors which make it difficult to follow the same schedule in every country, due to cultural differences or school organization.

The agreed data collection period was March–April 1995. Most countries adhered to these dates, but the length of the period varied quite a lot, from one day only (Malta, March 30) to April 15–June 15 (Italy). For practical or financial reasons the time of the data collection was totally different from the planned period in a few countries, e.g. Iceland (the first days of January) and Cyprus (late November 1995)(Table A).

The data collection was planned to take place during a certain week which should not be preceded by any holiday, ensuring that the students referred to a “normal” week when answering the questions, i.e. no extraordinary alcohol consumption due to celebrating be reflected in the answers. Schools unable to perform the survey during the assigned week were allowed to do so in the preceding week instead.

The headmaster of the participating schools was contacted and informed of the planned study. He/she was asked to inform the teacher(s) of the chosen class(es), but not to inform the students in order to avoid discussions among them, which could lead to biased data. The class teacher was asked to schedule the survey for one lecture following the same procedure as for a written test.

Data were collected by using group administered questionnaires, under the supervision of a teacher or a research assistant. At the ESPAD planning meetings much discussion was directed to-

wards this issue. It was thought that the teachers would not be trusted by the students in many countries and therefore cause biased data. The solution to this problem was finally, that in countries where it was possible to use the teachers this was done, while in others research assistants were used. It was considered crucial not whether a teacher or a research assistant was present, but if they were trusted by the students or not. In a methodological study by Bjarnasson (1995) no significant difference was found between teachers’ or research assistants’ modes of questionnaire administration. These findings suggest that at least in some countries the effect of administration mode is negligible.

It was recommended that each student should get an (unmarked) envelope to put his/her completed questionnaire in, before it was sealed by him/herself. When the data collection was over the teacher/assistant had to collect the sealed envelopes and send them back to the research institute.

The information to the survey leader included a written instruction which described how to perform the data collection. The anonymous character of the study was stressed and the survey leader should refrain from walking around in the classroom while the forms were completed. A classroom report was recommended, where the survey leader gave information about the average time needed to complete the questionnaires, the number of absent and present students, the reasons for absence and other important information about the situation in the classroom. In classes including students born in other years than 1979, it was recommended that the survey leader filled out two reports, one for students born in 1979 and one for the others.

Methodological considerations

All surveys are met with methodological problems, which have to be considered when analyzing the results. This is of course true for all national surveys in the ESPAD project and the situation is even more complicated when looking at the project as a whole. The methodological aspects which will be discussed in this chapter are representativeness, reliability and validity. The chapter ends with the most important conclusions of the methodological discussion.

It is natural that a critical methodological discussion mainly should concentrate on aspects which could have functioned better and thus might negatively influence the possibilities to compare results between the ESPAD countries. In such a study where data were collected, and reported, in 26 countries, some of which made a school survey for the first time, it is obvious that some things have not been correctly done according to the project plan. Some countries have had more problems than others. However, looking at the large ESPAD project as a whole, there is reason to stress that in most cases the sampling and data collection have been accomplished without any major problems.

One of the main goals of the 1988 Pompidou pilot study was to test the methodology, which resulted in a rather detailed discussion about the methodological results (Johnston et al 1994). The discussion was an important part of the report and is of vital importance also for this first ESPAD-report. The experiences were positive and implied that valid international research on substance use is feasible.

These experiences, together with similar experiences in other countries, were the basis for the discussions about the ESPAD project. Many of the questions were the same in the ESPAD questionnaire as in the questionnaire of the Pompidou pilot study. This was also the case with the data collec-

tion procedure.

Some of the goals of the ESPAD project were to standardize the methodology as much as possible and to minimize the methodological problems. However, even now, it should be stressed, that even if these goals had been fully reached, this would not “prove” that data are comparable between countries. It is not possible to control for everything and some things are not even possible to measure.

One such problem is the different cultural contexts in which the students have given their answers. Even if the methodological results might be rather satisfying in most countries, we can never be sure that the results are not more valid in one country than in the other. This is one reason why the longterm goal, and one of the most important features of the ESPAD project, is to compare trends in different countries.

Confidence intervals (CI) are not calculated for this report. The main reason is, of course, that we did not have all necessary information from all countries for the calculation of CI:s in cluster samples. Overall, the more homogenous the individuals are within the sampling units of a cluster sample, the larger the CI:s compared to simple random sampling of individuals. In many cases the CI:s may come close to those of randomly sampled individuals. However, one can never be sure how close they are. It should also be kept in mind that the smaller the sample the wider are usually the intervals. Furthermore, estimates around 50% give in general wider intervals than estimates close to 100% or 0%.

In the tables the zero represents a value ranging from 0.1 to 0.4. Values ranging from 0.5 to 0.9 are rounded to 1. The mark “-” means that no student has given that answer while “..” means that data are not available.

Representativeness

The question of representativeness in a multinational project like ESPAD has many aspects.

Important is of course how the samples are drawn and the size of the samples. Another example is if

the populations studied are in accordance with the target population of the project. The representativeness of the results is also affected if the number of schools/classes not participating is large or if a lot of students are absent or refuse to answer the questions.

Nation-wide samples

With one exception the population studied was students born in 1979 in the country as a whole, i.e. the goal of the sampling was to get a nationally representative sample. The only exception was Turkey. For practical reasons it was decided to include only Istanbul, the largest city of the country with about 6 million inhabitants.

With the exception of Cyprus, data were collected during the first half of 1995, with a large majority in March and April (table A). In Cyprus the data collection period was November and December, which on average, make the students of Cyprus about 6 months older compared to the students in most of the other countries.

The representativeness of the samples

One of the starting points of the project was that data should be collected in schools. It was also decided that the sampling unit should not be students. Sampling students in a nation wide sample is usually complicated. Another reason to sample classes is that it is a dubious practice to ask only some students in a class to go to a special room to answer a questionnaire. This will probably have negative effects on the willingness to answer honestly. Thus, it was decided that the sampling units should be classes and, if this was not possible, schools.

One fundamental aspect in all sampling, where the goal is that the sample should be representative of the population, is that some kind of random sampling technique be used. If no special comparisons between subgroups were planned in a country, a recommended way of doing the sample was to draw a random sample of classes proportionate to the number of 1979 students in the class. Such a sample would be selfweighted and thus, on the national level, cater for differences between regions or other kinds of subgroups.

If students born in 1979 were found in two or more grades it was recommended to sample classes from all those grades and then screen the target population by using a question about the year of birth. If this was not possible the grade should be chosen where the majority of the 1979 students

were found. In countries where sampling might be complicated for practical reasons it was recommended to co-operate with an experienced sociologist or statistician.

The sampling procedure in each country is described in Appendix 1 and partly summarised in chapter 2. In some of the small countries the population was rather small. In these countries the whole population was studied, i.e. no sampling was done. These countries are Faroe Islands, Iceland and Malta (table A).

In all other countries, except Turkey and United Kingdom (and to some extent also Denmark), classes were the sampling unit. In some countries it was the only sampling unit, in others the last. In these countries schools, and sometimes also some geographical unit, were sampled before the final sampling of classes was done.

Partly for economic reasons (money was only available to include 70 schools) and partly for practical reasons (one teacher in each school was administratively responsible for the data collection in his/her school), the sampling unit in United Kingdom was schools. Within each school all students born in 1979 were included in the sample. Sampling of schools instead of classes has the disadvantage of a greater number of students being needed because of more clustering within the schools. However, the relatively large number of participating students (about 7,200) partially compensate for this, at least on the national level, i.e. England, Northern Ireland, Scotland and Wales together, with United Kingdom as the "main reporting unit" in this report.

In Istanbul, Turkey, students were the final sampling unit. All together 2,845 students were sampled in 18 high schools sampled in 12 regions stratified according to average household income and school type. It was preferred to use this sampling method instead of some random sample of classes, which probably could have been done by using available lists. However, there are probably reasons to believe (including information that both sampling steps are reported to have been done by random sampling) that the sample is adequate for comparisons with other ESPAD countries.

In the participating government-controlled area of Cyprus there were 42 high schools with students born in 1979. Five of them were omitted in the project because they were small and very close to a participating school and thus not considered to contribute further to the sample (98% of all students attended participating schools). From a sta-

Table A. Characteristics of the ESPAD surveys in participating countries*. Continues...

	Born in 1979 still in school (%)	Sampling unit(s)	Sample type	Grade level(s) included	Representativeness**
Croatia	~ 90%	classes	systematic random	1st secondary school	nationally, grade 1 (70%)
Cyprus	70%	classes	random	10, 11, 12th high schools	nationally, high schools (100%)
Czech rep	~ 90%	districts, schools, classes	stratified random	2nd secondary or apprentice	nationally, 2nd grade (100%)
Denmark	~ 95%	classes and schools	stratified random	9th public, private and continuation	nationally, 9th grade (85%)
Estonia	~ 90%	classes	systematic random	9th basic, 10th secondary, 1st vocational	nationally (100%)
Faroe Islands	~ 96%	—	total	9th secondary	nationally, 9th grade (96%)
Finland	99%	classes	stratified random	9th grade	nationally, 9th grade (95%)
Hungary	~ 95%	classes	stratified random	2nd secondary	nationally, 2nd grade (67%)
Iceland	98%	—	total	10th grade	nationally, 10th grade
Ireland	~ 80%	classes	stratified random	5th secondary, vocational	nationally, grade 5
Italy	~ 60%	regions, schools, classes	stratified random	all grades (5) public senior high schools	nationally, public senior high school (75%)
Latvia	..	schools, classes	stratified random	9th, 10th, secondary, gymn, trade schools	nationally, grades 9-10 (100%)
Lithuania	~ 96%	classes	systematic random	9th-10th, secondary 1-2nd gymnasium 1st vocational	nationally, grades 9-10 and 1-2 (100%)
Malta	~ 70%	—	total	4-5th secondary, trade schools	nationally, grades 4-5 (100%)
Norway	98%	counties, classes	stratified random	9th secondary	nationally, grade 9 (97%)
Poland	~ 93%	classes	random	1st grade secondary	nationally, grade 1
Portugal	..	classes	stratified random	10-12 state secondary	nationally, grades 10-12 (60%)
Slovak rep	~ 98%	classes	random	1-4th secondary	nationally (100%)
Slovenia	..	classes	random	1st secondary	nationally, grade 1 (77%)
Sweden	~ 99%	classes	systematic random	9th secondary	nationally, grade 9 (95%)
Turkey	..	regions, schools, individuals	systematic stratified random	10th grade	Istanbul area, grade 10
Ukraine	70%	schools, classes	systematic stratified random	9-10th grade, secondary 1st grade college	nationally, grades 9-10 and 1 (97%)
UK	~ 90%	schools	systematic stratified random	all	nationally (100%)
Greece	80%	regions, schools, classes	systematic stratified random	1-2nd grade	nationally, grades 1-2
USA	96%	schools, classes	stratified random	10th secondary	nationally, grade 10

* In addition the same information is given for the Greek and US studies.

** Representativeness in relation to the population studied, i.e. students (and not persons) born in 1979. The figures in brackets show the approximate proportion of born in 1979 students attending participating grades.

Table A. Continued.

	Data collection leader	Data collection period	Individual envelopes	Pilot study	Number of questions			Data weighted
					Core	Optional	Own	
Croatia	teacher or school councillor	April 1-14	yes	no	125	67	3	no
Cyprus	research assistant	Nov-Dec	no	no	125	62	55	no
Czech rep	research assistant	April 3-14	yes	yes	125	62	19	no
Denmark	teacher	March/April	yes	no	125	6	27	no
Estonia	teacher	March 10-April 15	yes	no	115	23	30	no
Faroe Islands	nurses	May 29	no	no	125	68	—	no
Finland	teacher	March 27-31	yes	yes	125	54	17	yes
Hungary	research assistant	March 1-31	no	yes	123	58	36	no
Iceland	research assistant teacher	January 16-21	yes	yes	117	32	63	no
Ireland	teacher	March 10-April 20	yes	no	125	2	22	no
Italy	research assistant	April 15-June 15	yes?	no	125	62	—	no
Latvia	teacher	May 22-26	yes	no	125	68	—	no
Lithuania	teacher	March 6-17	yes	yes	125	68	3	no
Malta	teacher	March 30	yes	yes	125	62	—	no
Norway	teacher	March	yes	no	125	68	—	no
Poland	research assistant	May	yes	no	125	67	2	yes
Portugal	teacher	March 6-10	yes	yes	123	68	16	no
Slovak rep	research assistant	April 10-13	yes	yes	125	67	3?	no
Slovenia	school councillors	April 10-14	yes	yes	125	68	—	yes
Sweden	teacher	March 20-24	yes	yes	125	68	21	yes
Turkey	research assistant		yes	yes	125	65	3	no
Ukraine	research assistant	March-April 10	yes	yes	125	68	69	no
UK	local organizer (teacher)	March 1-21	yes	yes	125	65	116	yes
Greece	research assistant	March-April 1993	no	yes	~ 22	3	..	no
USA	research assistant	February-April	no	yes	58	13	..	yes

tistical perspective it would have been better either to include all schools or to randomly choose five schools, which should be left out. However, the omission probably has not caused any important bias, but has to be kept in mind when interpreting the data.

In the national reports all countries where sampling was used have reported that some kind of random sampling technique had been used (table A). Thus, there is no reason to believe that the sample in some country has been done in a way which jeopardises the probability to make comparisons with data from other participating countries. (The fact that Istanbul sampled individuals instead of classes will be discussed in the section of validity).

Very few countries have considered, what might be called, “the problem of small and large classes”. In most countries all classes have had the same possibility to be chosen, independent of the size of the class. In practice this means that students in small classes are overrepresented. If students in these classes have different drug habits compared to students in large classes, data are not entirely representative of the population. However, the “problem of small and large classes” is probably not a large problem in the context of the whole ESPAD project, but is rather difficult to discuss since it is discussed in hardly any national report.

The representativeness of participating grades

The population of the ESPAD project is students born in 1979, i.e. they were or should become 16 during 1995 – the year of the data collection. If possible, data was to be collected in March or April, which also was the case in a large majority of the countries (table A). In these countries about 30% of the students were 16 and the others 15 years of age when the study was done.

The population was students, and not persons, born in 1979. However, in most countries with available information a large majority (90% or more) were still in school (table A). In some countries the figure is much lower, including Italy (about 60%), Cyprus and Ukraine (about 70%). Thus, it should be kept in mind that the student populations in these countries are not coextensive with the cohorts. Considering the fact that students who leave school are more likely to use substances and at higher rates, indicate that the possibilities to do direct comparisons might be partly limited in countries where a large proportion of the cohort has

left school. Still it could be of interest to remember that in many countries the students “represent” persons born in 1979 rather well.

In some countries nearly all students born in 1979 were found in only one grade, while they were found in two or more grades in other countries. When this was the case, it was recommended, if necessary resources were available, to include as many grades as possible, which contained students born in 1979. If only one of these grades could be included it should of course be the grade with the largest proportion of students born in 1979. In countries where not all grades with 1979 students were included in the project, the representativeness could be weaker in comparison with countries where (nearly) all relevant grades participated.

All samples include the grades where all, or a large majority, of the 1979 born students were found. In 13 countries 95% or more of the 1979 students were in the grades studied (table A). In addition, the proportion was also rather high (85–90%) in a couple of other countries as well. However, in some countries the corresponding figure was considerably lower, including Portugal (60%), Hungary (67%), Croatia (70%), Italy (75%) and Slovenia (77%).

Grades and/or school types not included in the sample are described in Appendix 1. As an example it can be mentioned that the Portuguese sample is representative for students born in 1979 in grades 10–12 in state schools. However, it is not representative of students attending grades 7–9 in state schools or grades 7–12 in private schools.

It is of course not possible to know how the results in countries with the smallest proportion of 1979 students in the sample should have been “affected” if all relevant grades/school types had been included. However, this uncertainty should be kept in mind when reading the results and comparing countries.

In ESPAD countries with 1979 students in different grades students born in other years have usually also answered the questionnaire. However, with the exception of Faroe Islands, the results in this report only reflect the answers of the students born in 1979. Accidentally, 5% of the students included in the figures of Faroe Islands are not born in 1979. However, this proportion is too small to seriously bias the Faroese results.

It should be noticed that the results in the USA are based on students in tenth grade, not students born in 1979. However, the great majority of the tenth graders in the USA were born in 1979, so this

Table B. Not participating schools and classes, eliminated questionnaires and average time to complete the questionnaire.

	Non-participating		Eliminated	Average time to complete
	schools	classes	questionnaires (%)*	the questionnaire (minutes)
Croatia	..	0/176	0.0	45
Cyprus	..	0/111	18.6****	60
Czech Republic	..	0/134	0.8	45
Denmark	27/45**	37/166**	0.2	33
Estonia	..	18/288	2.7	40
Faroe Islands	..	0/32	0.0	90
Finland	10***	0/121	0.2	32
Hungary	..	9/700***	0.2	45
Iceland	..	24/243	0.3	..
Ireland	..	19/100	0.0	35
Italy	..	4/277	..	..
Latvia	3/100	102/200	20.6	..
Lithuania	2***	0/335	0.1	51
Malta	..	0/254	..	60
Norway	..	23/234	..	..
Poland	..	17/383	..	..
Portugal	0/111	0/472	0.3	40
Slovak Republic	..	1/85***	0.3	45
Slovenia	..	0/118	1.8	37
Sweden	..	10/180	1.6	35
Turkey (Istanbul)	0/18	..	7.4	30
Ukraine	..	4/381	7.1	..
United Kingdom	38/70***	..	0.9	40
Greece	1	1	1.6	
USA	67/135***	0	2.0	45
England	}	33/50***	..	..
Northern Ireland		..	..	..
Scotland		5/20***	..	..
Wales		..	..	..

* Proportion of all answered questionnaires judged not to be seriously answered when the questionnaires were scrutinized.

** Denmark had 2 samples, one of 166 classes and one of 45 schools.

*** Replaced by randomly selected schools/classes (except one school in Wales).

**** Calculated on all participating students aged 15-18 years.

discrepancy should only slightly bias the comparison.

School co-operation

The number of non participating schools and classes are shown in table B. As already mentioned, classes were the sampling unit in most countries. In United Kingdom, and partly also in Czech Republic, Denmark, Italy and Latvia, the sampling units were schools.

In all ESPAD countries except England (33 schools), Denmark (27 schools) and Finland (10 schools), the number of non-participating schools is low or very low. In England and Finland, but also in Hungary and Slovak Republic, the non-participating schools were replaced by other randomly selected schools. The same was also done in the US survey, where 67 schools were replaced. The researchers in these countries find it reasonable to assume that replaced schools were “equivalent” to those refusing, which is probably the case. It shall not be overlooked, however, that some of the schools might have refused due to supposed “bad drug habits” among the students.

In most countries the number of non-participating classes was low, but in a few it was 10% or above. Two countries (Iceland and Norway) reported that about 10% of the classes did not participate. The proportion was about 20% in two other countries (Ireland and Denmark), while the figure for Latvia was much higher (51%).

The countries with non-participating classes of around 20% or less do not report any indications that one kind of class was less likely to participate than others. This also includes Denmark, which however, might be seen as a little more problematic than most other countries, since Denmark is relatively high both on the number of non-participating schools (27 out of 45) and classes (37 out of 166).

In nearly all countries the school co-operation is reported to have been very good. When a school or a class did not participate, different kinds of school work, examinations and other “technical reasons” are usually reported to be the cause. The relatively large number of non-participating English schools (33, which were randomly replaced) might be of some concern in relation to sampling bias. However, this is probably not the case, which is indicated by the fact that the results of the four countries of United Kingdom (England, Northern Ireland, Scotland and Wales) are very similar and for many outcomes also rather close to the situation in Ireland.

The relatively high number of non-participating Danish schools and classes are somewhat more worrying. Even if mainly “technical reasons” are reported (in some schools it was difficult or impossible to get the needed permissions in time), the relatively high figures ought to be remembered when discussing the results. It should be noted, however, that a large majority of the selected students participated and that it seems unlikely that students in non-participating schools and classes would have affected the Danish results to such a degree that it jeopardises the rank order of Denmark in relation to other participating countries. This conclusion is supported by the fact that Danish ESPAD data are very similar to the results of a national school survey in 1990 (Sundhedsstyrelsen 1991).

The only country with a really problematic figure of the number of non-participating classes is Latvia. Altogether data from 102 out of 200 classes are missing, i.e. only 49% of the selected classes participated in the study. Unfortunately, enough information is not available to allow a good analysis of the non-participating classes. Together with a large number of eliminated questionnaires (21%), this has led to the conclusion that it is doubtful to assume that data are representative for all 1979 students in Latvia. Thus, data from Latvia are reported separately in the result tables and are left out from the maps and figures.

Participating students

In the preparations of the ESPAD project it was discussed that a goal could be to have about 2,400 participating students in each country (Morgan 1994). Assuming that 10% of students would be absent and that some selected classes would be unable to participate, a sample size of 2,800 was recommended. However, for countries where the target cohort was less than about 30,000, it could be considered to reduce the sample size by a factor of (1-sf), where the sampling fraction (sf) equals sample size divided by cohort size.

The number of participating students was smallest in Faroe Islands (543) and Cyprus (632) (table C). In other ESPAD countries the figure varies between 1,555 (Italy) and 8,940 (Poland). In USA 16,876 students participated. If United Kingdom is considered as four separate countries the number of attending students is low in Wales (302), Northern Ireland (530) and Scotland (1,209). In Ireland 1,849 students completed the questionnaire and in Portugal 2,033. Except for the countries men-

Table C. Participating students and response rates.
Numbers and percentages among boys and girls.

	Number of participating students			Response rates (%)*		
	Boys	Girls	Total	Boys	Girls	Total
Croatia	1518	1297	2815	91	92	92
Cyprus	292	340	632	..	..	93*****
Czech Republic	1626	1336	2962	91	93	92
Denmark	1189	1250	2439	90	91	90
Estonia	1438	1680	3118	82	84	83
Faroe Islands	279	264	543	74	80	76
Finland	1182	1118	2300	92	91	92
Hungary	1199	1372	2571	88	89	89
Iceland	1931	1878	3814	86	88	87
Ireland	907	942	1849	..	..	96***
Italy	943	582	1555	92	94	95
Latvia	..	..	2179	..	..	..
Lithuania	1502	1694	3196	88	90	89
Malta	1269	1563	2832	47	60	53
Norway	1979	1931	3910	..	..	91
Poland	4494	4349	8940	81	85	84
Portugal	852	1181	2033	..	..	92
Slovak Republic	1262	1114	2376	94	97	96
Slovenia	1543	1763	3306	91	92	92
Sweden	1746	1725	3472	84	87	86
Turkey (Istanbul)	1502	1134	2636	100	100	100
Ukraine	3332	3861	7193	..	..	93
United Kingdom	3630	4092	7722	84	84	84*****
Greece	1205	1412	2617	..	..	78
USA	8427	8449	16876	..	..	87
England	2733	2948	5681	83	83	83**
Northern Ireland	230	300	530	93	84	87****
Scotland	547	662	1209	87	86	86
Wales	120	182	302	84	90	88

* Participating students in participating classes

** Information not available from 3 schools

*** The exact number of absent students is not known. Normally in Ireland 3-5% are absent from school

**** Information not available from 1 school

***** Calculated on 66 out of 70 schools

***** Estimated on all participating students aged 15-18 years (150 out of 2300 questionnaires were returned blank).

tioned, the number of participating students was close to or above the goal of 2,400 students.

In Faroe Islands the whole population was included in the project. Thus, the number of participating students could not be higher (except for non-participating students).

The small number of participating students in Cyprus is more problematic from a statistical point of view. The number of 1979 born students in the country is indeed rather small (about 8,000 persons), but as the sampling unit is classes and not individuals, a larger number of participating students would have been preferred. The small number of participating students in Cyprus makes the confidence intervals wide, which should be kept in mind when reading the results.

The number of participating students is low in Wales and Northern Ireland, but also in Scotland. The students in these countries are included in a representative sample for United Kingdom and are statistically not seen as separate countries. Data from these countries, and England, are thus presented separately in the tables, in addition to the total figures of UK, but are not included in maps or figures. When looking at the results of each individual country the small number of students, especially in Wales and Northern Ireland, are important to keep in mind.

In Italy it would have been preferred to have more than 1,555 participating students. Even in Ireland and Portugal the numbers are below “the goal”, which makes the confidence intervals wider than in most other countries.

Except for the countries commented above, the number of participating students is close to, or above, the suggested size of about 2,400 participants. Thus, in nearly all countries the number of participating students is satisfying for international comparisons between countries.

In most countries the distribution by sex was about 50/50. In four countries the difference between the sexes was more than 10 percentage points (i.e. 45–55%). In Italy a majority of the students completing the questionnaire was boys (61%) and the tendency was the same in Turkey (57%). In Portugal more girls (58%) than boys participated and this is also the case in Malta (55%). In Italy, Portugal and Malta it would have been preferred that data for all students had been weighted to compensate for the sex difference (in

Turkey the sex ratio in the sample is said to reflect the sex ratio in the school population). This seems not to be the case in the three other countries, indicating that a certain care is necessary when interpreting the data for all students, if the results differ between boys and girls.

Response rates

Table C includes a column with the response rates. They are calculated as the proportion of students who completed the questionnaire out of all students in participating classes. Thus, the difference consists of students in participating classes who were ill or absent for other reasons.

Consequently, students in non-participating schools or classes are not included among the non-respondents. They are shown separately in table B and discussed in the section above about school co-operation.

The response rates in participating classes are good or very good in nearly all countries, varying between 83% (Estonia) and 96% (Ireland, with an estimated figure, and Slovak Republic), with 13 out of 23 countries showing a response rate of 90% or more. In one country (Istanbul, Turkey) it is even reported to be 100%*. Malta reports a considerably lower figure (53%), while the figure for Faroe Islands is higher (76%), but still relatively low. In Latvia it has unfortunately not been possible to calculate the response rate.

According to the investigators the very low response rate in Malta is explained by the fact that exams happened on the same day or were looming. A follow up study of 10% of the absent students indicates that about half of them were absent because of examination (2.9%) or because they did not feel like going to school (1.8%). The other half was absent for “legal reasons” (ill, 3.5%, or for family or other reasons, 1.8%).

The low response rate indicates that the results of the Maltese study should be seen as “uncertain” and comparisons with the results from other countries must be made very carefully.

The relatively low response rate in Faroe Islands is partly explained by an unknown number of students, who probably quit school during the data collection. This causes some uncertainty about the data, but it is still judged to be roughly comparable with data from other countries.

In all countries which provided information

* In the national report the figure of 100% in Istanbul is explained by the fact that the research team returned to the schools a couple of days after the data collection for completion. This certainly gives a higher figure than in other countries where the non-respondents were not followed up (which also was in line with the project plan of the ESPAD project). Even with a follow up of absent students a response rate of 100% is remarkably high, and probably not entirely realistic.

about the reasons for not participating, the main reason was that the students were ill or absent for other “legal” reasons. No country, except Malta, reported any major methodological problems connected with absent students. Included in this is also the fact that in nearly all countries, no-one or very few students refused to participate.

The rather high response rates in nearly all countries, and the reports about the reasons for not participating, do not indicate any major methodological problems connected with the response rates, with the exception of Malta (and to some extent also Faroe Islands). It should be mentioned, however, that absent students are somewhat more likely to be involved in various substances use than is the case with students who are consistently in school (Grube and Morgan, 1989, Andersson and Hibell, 1995). A follow up study of students in Sweden shows that absent students had more “advanced” drug habits (Andersson and Hibell, *ibid.*). Because of the relatively small number of absent students, the figures for the population as a whole were unchanged or only changed with one percentage point if the absent students were included. In the school survey in USA the corresponding figure is calculated to be 2% or less. This may of course

differ between different countries. However, in the ESPAD context the problem of more drug involvement among absent students is probably not a major methodological problem when students in different countries are compared.

Summary

To summarize the representativity aspects it could be said that the representativity of the samples and participating students is good in most ESPAD countries. However, the large proportion of not participating classes in Latvia (51%) has led to the conclusion that it can not be assumed that data are representative for all 1979 students in Latvia.

Different aspects of representativity make data in some countries partly uncertain when compared with data from other ESPAD countries. Countries with some uncertainty include Malta (only 53% participating students), Italy (60% of the 1979 cohort not in school, rather small sample), Cyprus (70% of the 1979 cohort not in school, rather small sample, the students on average about 6 months older than in other countries), Ukraine (70% of the 1979 cohort not in school) and Portugal (only 60% of the 1979 students included in the sampling frame).

Reliability

Reliability, which is a necessary condition for validity, is the extent to which repeated measurements used under the same conditions produce the same result.

In two countries repeated studies have been done, which give some indications about the reliability. In all ESPAD countries, however, it was possible to assess reliability by using data from different questions within the questionnaire. Two measures will be discussed. One is the inconsistency between two sets of questions measuring the lifetime prevalence for different drugs. The other is a quotient between the proportion of students who on the “honesty question” answered that they “already said” that they had used cannabis and the proportion who really gave this answer.

Repeated studies in two countries

In Hungary and Iceland ESPAD questions and the ESPAD data collection method were used in repeated studies. In Iceland the two studies were

done on the same sample (a survey on all students in grade 10 in Reykjavik) and in the same period (January 1995). In Hungary the ESPAD study was repeated a couple of months after the regular study on a sample of students in the Zalaegerszeg region. Consequently, possible differences between the two Hungarian materials could of course also be explained by regional differences.

No significant differences were found in the two Icelandic studies (table G). Also in Hungary the figures of the ESPAD study and the regional school survey in the Zalaegerszeg area are very similar (table H). This is true for smoking as well as alcohol and drug use. The only important differences are found for the use of beer, wine or spirits the last 30 days with slightly higher figures in the Zalaegerszeg study. According to Elekes (1997) these differences are natural since Zalaegerszeg is a region with traditions of high alcohol consumption.

A conclusion of these studies is that the reliabil-

ity was very high both in Iceland and Hungary.

Inconsistency about lifetime use

For many drugs the questionnaire contained questions about the lifetime use. A later set of questions dealt with the age at first use of different drugs. These questions included the alternative “never”, which makes it possible to differentiate the “users” from those who said they have never used the drug.

Table D includes information about the proportion of students reporting drug use on one question and not on the other, i.e. giving inconsistent answers. The lowest inconsistency figure is found for other illicit drugs than cannabis (explained in table D). In nearly all countries it is 0 or 1%, indicating that 99–100% gave consistent answers for these drugs. Within the low figure for “other illicit drugs” the single figure for amphetamines is higher in some countries than the figures for other drugs included. One example is United Kingdom where 5.2% gave inconsistent answers to the two amphetamines questions, but less than 1% on other drugs included in “other illicit drugs”.

The figures are in most cases low for cannabis. With the exception of Ukraine (10%), Italy (5%), Czech Republic and United Kingdom (4% each), 2% or less of the students gave inconsistent answers.

In nearly all countries the inconsistency is higher both for tranquillizers or sedatives without a doctors prescription and for inhalants, than is the case for cannabis. The figures for tranquillizers and sedatives vary from 8% (Cyprus) to 1%, with a large majority between 2–5%. The highest inconsistency figures for inhalants are found in Latvia (15%), Malta (10%) and United Kingdom (7%). However, in the majority of the countries the figure is 4% or less.

Some countries show rather high inconsistency figures for the variable “been drunk”. The highest are found in Ukraine (21%), Croatia, Malta, Slovak Republic, Turkey (10% each) and Greece (9%), i.e. countries with rather low prevalence rates on “been drunk”. Lower figures are found in many countries and in nearly half of them it is 4% or less.

The highest figure of inconsistency is found for cigarette smoking, but even for this variable the figures are low in the majority of the countries. High figures are reported from Italy (37%), Hungary (29%), Turkey (12%), Ukraine (11%) and Latvia (10%). In about half of the countries 5% of the students or less gave inconsistent answers about the lifetime prevalence of smoking ciga-

rettes.

In most countries the inconsistency is low for all drugs. However, it is often lowest for “other illicit drugs” followed by cannabis. Somewhat less consistency is reported for tranquillizers or sedatives without a doctor’s prescription, inhalants, been drunk and cigarettes. Except for the rather high figures in some single countries, this general tendency is the same as reported in the Pompidou pilot study (Johnston et al 1994).

The inconsistency rates can probably to some extent be explained by the fact that the questions being matched were not fully comparable. One example in the original ESPAD questionnaire is the question about inhalants. The first question was “On how many occasions (if any) have you sniffed a substance (sniffing glue, aerosols, laughing gas etc.) to get high?” In the second one most of the examples were omitted and was worded “When (if ever) did you FIRST try inhalants (glue etc.) to get high?”.

Another, and probably rather important, explanation could be that some students may have been ambivalent when answering the question about the age of first use of a drug. If a student had only used a drug once or twice and did not “define” him-/herself as a “user”, he/she may not have found it appropriate to give an age when he/she started. That student may have answered “never”, since he/she had never started a regular use (but only “tried” it).

Another complicating factor when comparing the inconsistency rates between countries is that examples given on different drugs, e.g. solvents, were culturally adjusted. Thus, the exact differences between the two “solvent questions”, may vary somewhat between countries.

Besides of the complicating factors already mentioned it should also be noticed that the figures are complicated to analyse also for other reasons. One is that the more users in a country the more students can be inconsistent. Another complication is that a certain inconsistency figure (e.g. 2%) is more serious in country A where 3% admits to use than in country B where 50% admits. On the other hand, the “true figure” (i.e. if the figure is not affected by any other bias) in country A would not be higher than 5% (3/2%) and in country B not lower than 48% (50/2%). Thus, the magnitude of the difference between the two countries is still the same.

If the inconsistency figures in table D are compared with the lifetime prevalence figures in the

Table D. Reliability. Two measures of inconsistency between two questions in a single administration.

Percentages and quotients among all students.

	Students reporting lifetime drug use on one question and not on the other (%)*						Quotient between two questions**
	Ciga- rettes	Been drunk	Inha- lants	Canna- bis	Other illi- cit drugs***	Tranq.**** or sedat.	Cannabis
Croatia	6	10	6	2	1	5	0.9
Cyprus	5	7	4	2	1	8	1.0
Czech Republic	5	6	3	4	1	6	0.8
Denmark	3	1	2	1	0	7*****	0.9
Estonia	6	6	2	2	..	1	..
Faroe Islands	9	3	5	2	1	2	..
Finland	3	2	1	0	0	2	1.0
Hungary	29	4	2	2	0	4	1.0
Iceland	3	2	..	1	0	5	1.5
Ireland	1	1	..	0	0	1	0.9
Italy	37	6	6	5	1	5	0.8
Latvia	10	6	15	1	0	1	1.7
Lithuania	6	5	5	1	0	3	0.5
Malta	4	10	10	2	1	4	0.8
Norway	4	2	2	1	0	2	1.1
Poland	6	8	4	2	0	7	1.0
Portugal	7	5	2	1	0	4	1.1
Slovak Republic	8	10	4	1	0	2	0.8
Slovenia	6	7	4	2	0	3	0.9
Sweden	1	1	1	0	0	1	1.0
Turkey (Istanbul)	12	10	3	2	1	5	0.8
Ukraine	11	21	4	10	0	2	0.6
United Kingdom	2	4	7	4	2	3	0.9
Greece	4	9	..	1	0	..	..
USA	3	4	6	2	..	..	..
England	3	4	7	5	1	3	0.9
Northern Ireland	1	3	7	3	1	4	0.9
Scotland	2	3	6	3	2	3	0.9
Wales	2	2	6	2	1	4	1.0

* The first question is the self-reported lifetime prevalence question for the drug, while the second question is a later one about the age at first use of the drug.

** Quotient a/b between the proportions answering "I already said that I have used it" on the question "If you had ever used marijuana or hashish, do you think that you would have said so in this questionnaire?"(a) and the proportion who reported that they ever used it (b).

*** Other illicit drugs include amphetamine, LSD and other hallucinogens, crack, cocaine, ecstasy and heroin. The figure is an average for these drugs.

**** Tranquilizers or sedatives without a doctor's prescription.

***** The relatively high figure is partly explained by the fact that in one of the Danish questions the information was missing that it only regarded use without a doctor's prescription.

results tables, some comments can be made about the relevance of these methodological aspects. One is that there is no strong relationship between high prevalence figures and high inconsistency figures. For neither of the drugs are the highest inconsistency figures found in countries with the highest prevalence rates or the lowest found in countries with the lowest prevalence rates.

The importance of the size of the inconsistency in relation to the prevalence figure can be illustrated by the cannabis figures. With very few exceptions the inconsistency figures are usually between 0–2%. The Lithuanian figure 1% is certainly high considering that only 2% has answered that they have used cannabis. Thus for Lithuania itself the prevalence figure of 2% is very uncertain. However, in the ESPAD context, when data are compared with results from other countries, it “does not matter” whether the “true figure” is 1 or 3%, if the “true figures” in all other countries are above this level. In the ESPAD context Lithuania is still a country where very few students have used cannabis.

The only cannabis prevalence figure which is really problematic in the ESPAD context is the one from Ukraine. Of the Ukrainian students 14% admit that they have used cannabis while 10% have given inconsistent answers. This means that “the true prevalence figure” may vary between 4 and 24%, which certainly is too much.

In most countries the prevalence figure for “tranquillizers or sedatives without a doctors prescription” is rather low (1–18% with an average of 8%), while the inconsistency figure is rather high (1–8% with an average of 3.6%), which indicates that the influence of inconsistent answers is more important for these drugs than for the others in table D.

A comparison between the proportions who gave inconsistent answers and the “corresponding” prevalence rates indicates that the most important reliability problems are found with the highest inconsistency figures.

It could be summarized that in 14 out of 23 countries consistent answers were provided by 92% or more of the respondents, which must be seen as a satisfactory result. In altogether 13 cases the values are 10% or above, which is too high – especially the three of 21% or more. These three are spread on different countries which is partly also the case with the other figures of 10% or more. Four countries have two or more of the 10+ figures, including Ukraine (been drunk, cigarettes, canna-

bis), Latvia (inhalants, cigarettes), Malta (been drunk, inhalants) and Turkey (cigarettes, been drunk). It should also be remembered that in many countries the inconsistency figures indicate that the reliability is lower for “tranquillizers and sedatives without a doctors prescription” than for other drugs checked for inconsistencies.

An inconsistency quotient

The other measure of reliability is the quotient between the answers to two questions. One is about the willingness to admit the use of marijuana or hashish (the so called “honesty question”). The students were asked: “If you had ever used marijuana or hashish, do you think you would have said so in this questionnaire?”. The question could mainly be seen as a measure of validity and from this perspective it will be discussed in the next section. However, one of the response alternatives was “I already said I have used it” and this proportion has been compared with the proportion who really said so on the lifetime prevalence question.

Table D includes the quotient between these two proportions, with the “honesty answer” as the numerator and the “lifetime answer” as the denominator. A value of 1.0 means that the proportions are the same on both measures. If it is above 1 more students answered that they already had said they have used the drug, than really admitted it on the direct question.

The quotient is 1.0 ± 0.2 in 17 out of the 21 countries where this was possible to calculate. It was above in Latvia (1.7) and Iceland (1.5) and below in Lithuania (0.5) and Ukraine (0.6).

For Lithuania the low “cannabis quotient measure” is probably explained by the low prevalence figure. Only 2% reported that they had used it, which means that only a few individuals can cause the high figure. For Ukraine it is worth noticing that the country also is rather high on the above mentioned inconsistency figure for cannabis, while this is not the case for Iceland and Latvia.

Summary

The reliability is very high in the two countries (Hungary and Iceland) with repeated studies. The inconsistency rates are rather satisfactory in most countries and for most measured variables. No country scores high on all variables. However, Ukraine shows rather high inconsistencies on four out of the seven measures. Latvia, Malta and Turkey have quite high figures on three measures. Altogether the inconsistency measures indicate

that the reliability is (rather) good in most ESPAD countries. In Ukraine, Latvia, Malta and Turkey the

reliability is probably somewhat lower for some of the variables.

Validity

In all surveys the question arises whether the answers are valid or not. This question is not the least important when sensitive behaviours like drug use are studied. Like most studies dealing with sensitive behaviours, we have no direct, totally objective validation of the present measures.

High reliability is a necessary but not sufficient condition for validity, which is the power with which a test correctly is measuring what it is designed to measure. In ESPAD terms, the validity could be said to be the degree to which the ESPAD questionnaire (including how data are collected) measures the aspects of the students' drug consumption we have decided to measure.

Some researchers have used biological tests to study the validity of school surveys. Campanelli, Dielman and Shope (1987) found no significant differences in reported alcohol use between a control group and a group where saliva samples were collected prior to the survey. Kokkevi and Stefanis (1991) used urine samples collected after a school survey on drug use. Their findings validated students' reports of recent cannabis use.

In recent years hair analysis has also been used to validate survey data about drug use. However, as pointed out by Harrison (1997), most research conducted on validating self-report has focused on criminal justice and treatment populations and is limited in its ability to determine how accurately respondents report drug use in general population surveys, such as household and school surveys.

Despite of the concerns with the generalizability of the results of most validation studies Harrison (*ibid.*) points to some general conclusions. One is that the pattern of reporting is consistent with the social desirability hypothesis, i.e. that more stigmatised drugs are less validly reported than less stigmatised drugs. A second conclusion is that respondents are most willing to report lifetime use and least willing to report use that occurred in the very recent past. Another finding is that the use of self-administrated questionnaires (which were used in the ESPAD study) tend to produce more valid data than interviews in which the respondents must speak their responses aloud.

In a recent review of studies about drug use the conclusions of Morgan (in preparation) include the following: Firstly, the indications are that self-report methods for substance use are as reliable and valid as most other forms of behaviour. There are inconsistencies in such reports from time to time as in denial that of earlier admitted use in longitudinal studies, but these also occur with other behaviours. Secondly, adding special conditions to enhance validity (like the bogus pipeline) do not add anything to validity over and above anonymity and confidentiality.

A third conclusion of Morgan is that when discrepancies occur between self-reports and other indices (physiological, collateral reports), it cannot be assumed that the self-reports are necessarily the less valid measure. Fourthly, self-reports have the greatest claim to construct validity, that is, the measures related in predicted ways to other outcomes and to antecedent factors. Roughly 80% of the studies in Morgans review could claim such measures. However, only about 10% could claim to have a measure of criterion-based validity, that is, they correlated with "objective index" of the relevant behaviour.

In a discussion about the validity in the school surveys of USA it is concluded that considerable amount of inferential evidence that exists from the study of twelfth graders strongly suggest that self report questions produce largely valid data (Johnston and O'Malley, 1985).

In the previous section it was concluded that the test-retest reliability was high in the two countries where such studies were conducted and that the inconsistency measures indicate a high level of reliability in most countries and for most drugs. However, this is not enough for obtaining a high validity. Other indications of validity will also be discussed, including missing data rates, logical consistency, reported willingness to answer honestly, reported dummy drug use and construct validity. The validity section also includes comparisons with other survey data as well as a discussion about the role of the cultural context in which the questionnaires were answered in different coun-

tries. However, first some comments about student co-operation and student comprehension.

Student co-operation

The primary condition for obtaining any data is of course that the students in selected classes actually receive the questionnaire and are willing to respond to it. They will not even get the questionnaire if the school or the teacher refuse to co-operate. If they get it the students must have enough time to answer it, they must understand the questions and they must be willing to answer the questions honestly.

The participation in the study was of course voluntary. However, in nearly all countries none or very few students were reported to have refused to participate. On the contrary, in many countries the classroom reports indicate that many students were very interested in the questionnaire.

Even though the refusal rates were very low in most countries, a few report some minor problems with refusing students. However, in the whole ESPAD context this is probably of minor importance.

In a few countries it was necessary to get parental permission before students were allowed to participate in the project. Countries where parental permission was compulsory include United Kingdom and Norway. In United Kingdom parents of 121 students (1.5%) refused to allow them to take part. The corresponding figures were also low in Norway. Thus, parents refusing their children to participate in a study is therefore only a very limited problem.

A visual inspection of each questionnaire was undertaken before data were entered into the computer. With very few exceptions, a rather limited number of questionnaires were judged "not answered seriously" when they were scrutinized. On average 2% of the questionnaires or less were excluded for that reason (table B).

However, there are a few countries reporting higher proportions of eliminated questionnaires, including Latvia (20.6%), Cyprus (18.6%), Turkey (7.4%) and Ukraine (7.1%). Unfortunately, information is lacking from 6 of the ESPAD countries.

Over all, student co-operation seems to have been good in nearly all countries. Hardly any country mentioned problems with many students who refused to participate. However, the relatively high number of eliminated questionnaires in some countries may either indicate a harder judgement in the scrutinizing process and/or more students not answering seriously.

The latter is probably at least a part of the explanation, which indicates that the student co-operation may have differed somewhat between a large majority of the countries with very good co-operation and a few with less good.

Student comprehension

As mentioned above, the number of questions included in the questionnaires vary somewhat between countries. Naturally, the length of the questionnaires influences the time it takes to answer it. Another influencing factor might be differences in the students' experience in participating in these kind of studies and to complete questionnaires. For this and other reasons, it is natural that the time the students needed to answer the questionnaires varied between countries.

The average time to complete the questionnaire varies between 30 and 45 minutes in most countries (table B). The highest figure (90 minutes) is reported from Faroe Islands. Rather long time was also used in both Cyprus and Malta (60 minutes each). In Malta some teachers complained that the questionnaire was a bit lengthy. However, no countries reported that the students refused to complete the questionnaire because of its length.

No country reported any major problems for the students to understand the questionnaires. Thus, in all countries a high level of comprehension is reported among students surveyed.

Anonymity

The validity of answers in surveys about illegal behaviour, such as drug use, is most probably dependent on the respondents' trusting that their admitting such behaviour would not result in negative consequences. Thus, it was important that the students should answer the questionnaires anonymously. Several measures were taken to stress this and make the students really feel that their integrity was safe and that they answered anonymously.

To obtain this it is important that the data collection leaders are trusted by the students. He/she could either be a teacher or a research assistant. In some countries with long traditions of school surveys the students are used to having teachers responsible for the data collection. In other countries researchers have collected data. The decision about the data collection most suitable for each country was taken locally.

In a recently performed methodological study in Iceland, Bjarnasson (1995) found no significant differences between teachers' and researchers'

mode of administration. These findings suggest that at least in some countries the effect of administration mode is insignificant. It can thus be inferred that results obtained by teacher administration in these countries are fully comparable to results obtained by researchers in countries where mode of administration may be more sensible.

In about half of the ESPAD countries teachers were data collection leaders, while about one third choose research assistants (table A). A few schools used school counsellors and one country school nurses.

The data collection leader was asked to stress the anonymity and to refrain from walking around in the classroom while the forms were completed. The students were told not to put their names on the questionnaires. The same kind of information was normally written on the first page of the questionnaire.

Another way of making the students feel that their integrity was safe, was a recommendation of having an envelope for each student to seal after having answered the questions. In 20 out of 23 ESPAD countries individual envelopes were used (table A). Cyprus used a common class box in which the students themselves put their questionnaire and the technique was about the same in Hungary (a large common envelope). In Faroe Islands the data collection leaders (school nurses) were instructed to collect all material at once after completion (which is the method used in their annual studies).

No country reported any important doubts about the anonymity aspect. As a whole, the question of anonymity seems to have been handled satisfactory in all participating countries.

Missing data rates

In the instructions to the students it was stressed that it was important to answer each question as thoughtfully and frankly as possible. However, it was also mentioned that participation in the study was voluntary and that questions which they found objectionable for any reason could be left out. Thus, missing data rates on drug questions can be seen as an indicator of the respondents' willingness to report drug use. Of special interest is possible differences in missing data rates between different drugs and between drug questions and other questions.

Looking at the questionnaire as a whole the proportion of unanswered questions is low in most countries, with a total average of 3% (table E). In

15 out of 21 countries 4% or less of the questions were unanswered. The highest figures are found in Turkey (9%), Ukraine (7%), Slovak Republic and United Kingdom (6% each).

In many countries the proportion of unanswered questions is higher for own questions than for ESPAD questions, with averages of 5 and 3% respectively (which is of less importance for the ESPAD project per se). On the optional questions high missing data rates are found in Turkey (including core questions) and Ukraine, with 9% each. In all other countries the corresponding figure is 5% or less.

Most important in the ESPAD context are the core questions. Turkey (9% including optional questions) and Slovak Republic (8%) report the highest proportion of unanswered core questions. In all other countries the proportion is 5% or less.

With very few exceptions the proportions of unanswered questions are low in nearly all countries for cigarettes (average 1%), tranquillizers or sedatives without a doctors prescription (2%) and "other illegal drugs" (2%). The averages are also low for inhalants and cannabis (3% each). However, the corresponding figures are slightly higher for "have been drunk" and "any alcohol use" (6% each). When looking at the average for lifetime prevalence the proportions of unanswered questions are lower, with 5% for "any alcohol" and 3% for "been drunk" (figures within brackets in table E).

Compared with the core questions the proportion of unanswered drug questions are low for all drugs but alcohol, indicating that the willingness to answer these questions, with the exception of very few countries, is very good.

One explanation of the rather high proportion of unanswered questions on the two alcohol variables is that these figures are averages for three questions about use during lifetime, the last 12 months and the last 30 days. Someone who answered negatively on the life time prevalence question might have thought that the other two also were answered (which is a logical thought) and therefore did not answer them.

Thus, the proportions of unanswered lifetime questions are probably the most relevant figures for the two alcohol variables. Even these figures are slightly higher than the others but small enough to be seen as rather "unproblematic" in most countries.

The proportion of unanswered drug questions is low for all drugs in most countries. It should be

Table E. Proportions of unanswered questions.
All students.

	Ciga- rettes*	Alco- hol**	Been drunk**	Inha- lants**	Can- nabis**	Other illegal drugs***	Tranq. or sed.****	Core quest- ions	Optional quest- ions	Own quest- ions	All quest ions
Croatia	1	11 (5)	12 (3)	6 (1)	6 (1)	2	1	3	4	12	5
Cyprus	..	..	..	..	..	..	..	0	0	0	0
Czech Republic	0	2 (3)	3 (1)	2 (0)	1 (0)	0	0	2	2	3	2
Denmark	1	5 (5)	5 (3)	3 (1)	3 (1)	1	1	2	3	2	2
Estonia	0	1 (2)	3 (1)	1 (0)	0 (0)	0	0	2	2	2	3
Faroe Islands	2	9 (4)	9 (4)	6 (0)	7 (1)	2	2	5	5	..	5
Finland	0	2 (1)	1 (1)	2 (0)	2 (0)	1	0	1	2	2	2
Hungary	1	3 (3)	3 (1)	1 (0)	1 (1)	1	1	3	4	3	1
Iceland	1	3 (2)	2 (1)	1 (0)	1 (1)	0	0	1	2	1	1
Ireland	1	6 (4)	7 (3)	..	5 (2)	2	2	4	4	5	4
Italy	0	9 (8)	4 (3)	3 (2)	3 (2)	1	1	3	4	..	3
Latvia	1	7 (5)	5 (2)	4 (1)	3 (1)	2	1	..	..	..	0
Lithuania	0	0 (0)	0 (0)	0 (0)	0 (0)	0	0	0	0	..	0
Malta	1	6 (5)	5 (2)	4 (2)	3 (1)	1	1	..	..	..	..
Norway	1	8 (3)	7 (3)	5 (2)	5 (1)	3	2	4	3	..	4
Poland	1	8 (6)	5 (3)	2 (1)	2 (1)	1	2	..	..	..	..
Portugal	0	8 (7)	7 (3)	5 (1)	5 (1)	0	0	2	2	1	2
Slovak Republic	1	6 (6)	4 (2)	2 (0)	2 (1)	1	1	8	3	3	6
Slovenia	1	5 (4)	5 (2)	3 (1)	2 (1)	1	1	1	2	..	2
Sweden	1	4 (2)	4 (2)	2 (0)	2 (0)	1	1	2	3	2	2
Turkey (Istanbul)	2	14 (9)	26 (16)	..	.. (9)	12	12	— 9 —		9	9
Ukraine	1	12 (11)	6 (5)	2 (1)	2 (2)	4	3	4	9	8	7
United Kingdom	0	6 (7)	5 (4)	2 (1)	3 (2)	2	2	3	3	10	6
X	1	6 (5)	6 (3)	3 (1)	3 (1)	2	2	3	3	5	3
Greece	3	1 (1)	4 (4)	.. (1)	1 (1)	1	1	2	1	4	3
USA	2	4 (4)	8 (7)	2 (1)	2 (2)	2	..	..	..	..	..
England	0	6 (7)	5 (4)	2 (2)	3 (2)	2	2	3	3	10	6
Northern Ireland	1	6 (6)	5 (4)	2 (2)	2 (1)	1	1	2	2	8	5
Scotland	0	6 (6)	5 (4)	1 (1)	2 (2)	2	2	2	3	13	7
Wales	1	4 (4)	1 (1)	0 (0)	1 (0)	1	1	2	2	7	4

* Average for lifetime and 30 days prevalence.

** Average for lifetime, 12 months and 30 days prevalence. Figures within brackets = lifetime prevalence only.

*** Other illegal drugs include amphetamines, LSD and other hallucinogens, crack, cocaine, ecstasy, heroin and drugs by injection.

The figure is an average of lifetime prevalence for these drugs.

**** Tranquilizers or sedatives without a doctors prescription. Lifetime prevalence.

noticed, however, that they are higher in a few countries, including Turkey (high on all questions, except cigarettes, and especially on been drunk and alcohol use), Ukraine (alcohol use, 11%), Slovak Republic (core questions, 8%) and Italy (alcohol use, 8%). The large proportion of unanswered Turkish questions about alcohol related behaviours might have been influenced by the fact that a majority of Turkish students are muslims, which makes admitting alcohol use a religious violation, rather than simply a statutory violation. Except for the few variables in these countries, the low proportion of unanswered alcohol, drug and other questions can hardly be considered as a methodological problem.

In many tables showing different kinds of prevalence figures, information is also available about the proportion of students, who did not answer the question. In many of these tables Turkey shows rather high figures for most of the alcohol questions. Other countries with rather high “no answer proportions” include Croatia, Faroe Islands and Ukraine. Thus, for those countries some extra care is recommended when alcohol data are analysed.

Logical consistency

Closely related to the inconsistency measures discussed in the reliability section is the logical consistency. In the ESPAD project this is relevant for the drug questions measuring the prevalence for the three time periods lifetime, last 12 months and last 30 days. Logically the last 12 months prevalence can not exceed the lifetime prevalence and the same is true for the last 30 days prevalence when compared with the last 12 months and lifetime prevalence.

Table F contains the proportion of inconsistent answers associated with the three time periods for four variables, including alcohol use (any alcoholic beverage), been drunk, cannabis use and use of inhalants. In nearly all countries and for all four variables, the reported proportions of inconsistent answers are very low. In other words, the proportion giving logically consistent answers across the three time periods is very high, usually 98% or more.

The proportion of inconsistent answers is high only in three countries. In two of them, Malta and Croatia, this is true only for the variable alcohol use (6 and 8% respectively). In Italy the proportion of inconsistent answers is high for all four variables (varying between 7–13%).

Reported willingness to answer honestly

In school surveys about drugs, like the ESPAD project, the question about validity include concern about the students willingness to give true answers to the questions asked. One way of getting information about this is simply to ask the students, hoping they give true answers to these questions, even if they do not do so on others.

Social desirability is an important methodological problem in all surveys, i.e. the desire to give the kind of answers you think are expected and to give “a good picture” of yourself, even if some of the answers are not correct. It seems reasonable to assume that the less socially acceptable a behaviour is, the higher is the motivation to deny it. Thus, the use of anonymous questionnaires and individual envelopes are mainly motivated by a wish to avoid the social desirability effect as much as possible.

At the end of the international ESPAD questionnaire the students were asked about their willingness to admit drug use. The wording of the mainly hypothetical question was “If you had ever used marijuana or hashish, do you think that you would have said so in this questionnaire?” (and a corresponding question for heroin). The response alternatives were “I already said that I have used it”, “Definitely yes”, “Probably yes”, “Probably not” and “Definitely not”.

The proportion of students giving the last mentioned answer is shown in table F. In 15 out of 22 countries 7% or less answered that they definitely were unwilling to admit cannabis use if they had used it. The highest figures are reported from Malta (22%), Lithuania (21%), Turkey (19%), Croatia (14%) and Ukraine (12%).

In many countries the unwillingness to admit heroin use is higher. Thirteen countries have proportions of 7% or less. The highest proportions are found in Malta (28%), Turkey (20%), Lithuania (19%) and Croatia (15%).

A high proportion of students who believe they would be unwilling to admit drug use does, however, not automatically indicate that the validity is low. Students answering “definitely not” are to a very large extent students who have never used cannabis (or heroin). One reason for their non use is that they do not find it proper to use illegal drugs, probably often reflecting a social desirability. A presumed reluctance towards admitting something they have never done, might in many cases be a reflection of the reasons why they have never used cannabis (or heroin).

Table F. Some aspects of validity: Inconsistent answers, unwillingness to admit drug use and reported knowledge and use of the dummy drug "relevin".
Percentages among all students.

	Inconsistent answers*				Unwillingness to admit drug use**		Dummy drug "relevin"	
	Alco- hol***	Been drunk	Can- nabis	Inha- lants	Can- nabis	Heroin	Heard of	Reported own use
Croatia	8	4	1	1	14	15	12	0.4
Cyprus	5	2	0	0	7	6	11	0.3
Czech Republic	2	2	0	0	4	7	8	0.0
Denmark	2	1	1	0	4	5	4	0.0
Estonia	2	2	..	0	..	..	7	..
Faroe Islands	1	..	..	..	10	11	..	..
Finland	1	1	0	0	2	3	8	0.1
Hungary	4	1	0	0	5	5	7	0.1
Iceland	2	1	0	0	3	5	7	0.1
Ireland	0	0	0	..	3	6	11	0.5
Italy	13	11	7	7	4	12	13	1.1
Latvia	0	0	0	0	6	5	10	0.3
Lithuania	0	0	0	0	21	19	5	0.0
Malta	6	0	1	1	22	28	10	0.6
Norway	1	1	0	0	3	3	8	0.4
Poland	3	1	0	0	7	7	9	0.2
Portugal	4	2	0	0	2	2	8	0.1
Slovak Republic	3	2	0	0	7	7	5	0.0
Slovenia	3	2	1	..	2	3	6	0.0
Sweden	1	1	0	0	10	9	7	0.1
Turkey (Istanbul)	0	0	0	0	19	20	9	0.4
Ukraine	3	2	0	0	12	10	12	0.1
United Kingdom	2	1	1	1	6	11	18	0.3
—								
X	3	2	1	1	7	9	10	0.3
Greece	..	..	..	..	..	..	9	..
USA	3	1	1	1	8****	10****	..	..
England	2	1	1	1	6	11	18	0.3
Northern Ireland	0	1	0	0	6	9	11	0.3
Scotland	1	1	1	0	3	11	19	0.2
Wales	2	2	0	1	3	11	14	0.0

* For each drug, inconsistent response pattern is defined as one in which any of the following is found: (a) thirty-day frequency is higher than annual frequency, (b) thirty-day frequency is higher than lifetime frequency, or (c) annual frequency is higher than lifetime frequency.

** Students answering "definitely not" on the question "If you had ever used marijuana or hashish, do you think that you would have said so in this questionnaire?" and the corresponding question for heroin.

*** Any alcoholic beverage.

**** Based on 12th grade students, not available for 10th grade.

It should also be kept in mind that the questions are hypothetical. If a student really tries cannabis in the future, he/she might be willing to admit that in a future anonymous survey even if he/she answered negatively in the ESPAD questionnaire.

Combining these two arguments gives a third. If a student in the future decides to try an illegal drug for the first time, the same reasons behind that change might also be reasons for a changed willingness to admit that use.

Social desirability is most probably not the only explanation for being unwilling to admit drug use. Another could be confidentiality, i.e. whether the ESPAD students really believe that the study was anonymous. Doubts about that could certainly increase the unwillingness to admit drug use.

The discussion about the validity of the two hypothetical willingness-to-admit-drug-use-questions should not be seen as evidence against the questions as validity indicators. It seems reasonable, however, not to draw too strong conclusions.

It is important to notice that the figures of unwillingness to admit drug use are rather high in some countries, indicating that a probable underreporting may differ somewhat between countries. Countries with rather high figures (15+ %) for both cannabis and heroin include Lithuania, Malta and Turkey. Besides these countries Croatia reports a high figure for heroin.

In Lithuania and Turkey reported cannabis use is rather low (1 and 4% respectively), while the corresponding figures are higher in Malta and Croatia (8 and 9%). Thus, the cannabis prevalence figures in Lithuania and Turkey are more sensitive to possible underreporting than the figures of Malta and Croatia. If, as a theoretical calculation only, the same proportion of persons hide their real cannabis use in all four countries, for example 2 percentage points, the “true” figures might be 3% in Lithuania (a 200% increase), 6% in Turkey (a 50% increase) and 10% in Malta (a 25% increase). However, even if the net increase in this example is higher in Lithuania than in Malta, Lithuania is still a low prevalence country and Malta close to the average even after a possible correction.

The main conclusions of the questions about the willingness to admit drug use are two. One is that the drug use figures probably are underestimated and that this is more important for heroin (and other less accepted illegal drugs) than for cannabis. There is, however, no reason to believe that the low figures for heroin (and other less accepted illegal drugs) should be completely different with higher

willingness to admit drug use.

The other conclusion is that the underreporting probably differs somewhat between countries. Countries with low prevalence figures and high “unwillingness figures” are more susceptible than others to an underreporting bias. It seems very unlikely, however, that underreporting differs so much between countries that it changes the main results with clear differences between groups of countries in the use of different drugs.

Reported dummy drug use

There is always a risk in surveys that respondents do not answer seriously, e.g. in the ESPAD project, they may say that they have used a drug even if they have not (or the other way around). To test for this the non-existent dummy drug “relevin” was included among real drugs in the questionnaire. Table F includes the answers on two of these questions. One is about whether or not they have heard of different drugs and the other is the question about life time prevalence of different drugs.

Very few students report having used the dummy drug relevin. In all participating countries the figure is 0.6% or less, with an average of 0.3%. However, it is more common for students to report having heard of relevin. The unweighted average is 10%. Highest proportions are found in United Kingdom (18%) and the lowest is Denmark (4%), Lithuania and Slovak Republic (5% each).

The proportion of students saying they have heard of the dummy drug relevin might seem rather high. However, one should remember that a lot of drugs are available in most of the ESPAD countries and that some drugs sometimes have a lot of names. If the name of the dummy drug is a “good” one, i.e. sounds like a relevant name of a drug, it is not unlikely that some students think they have heard of it.

From a validity perspective, reported use of a dummy drug is much more serious than an “incorrect knowledge”. Very few students have answered that they have used the dummy drug relevin, which could be seen as a clear indicator that students do not exaggerate drug experience. It thus seems reasonable to assume that the figures of the drugs with high prevalence rates in practice are unaffected by a possible general tendency to exaggerate drug use. On the other hand, the existence of admitted dummy drug use, indicates that low prevalence figures for real illegal drugs might “hide” “dummy drug respondents”, i.e. students admitting something they have not done. Thus, low prevalence

rates on real illegal drugs ought to be looked upon with some caution.

Construct validity

Using existing theories, results from earlier studies and common sense, one can infer how variables should be related to one another (construct validity). In the Pompidou six-country pilot study construct validity was discussed rather extensively. The conclusion was that “there is considerable evidence of construct validity in the current data sets” (Johnston et al 1994).

It is logical to expect that countries with high proportions of students reporting use of different drugs also should have high proportions reporting drug use among friends. This could be tested by using the answers to the question “How many of your friends would you estimate “smoke marijuana or hashish” and the analogue questions for “get drunk at least once a week” and “take LSD or some other hallucinogen”.

For drunkenness the relationship is calculated between the percentage in different countries reporting being drunk three or more times during the last 30 days and perceived drunkenness once a week or more often among all or most friends. For marijuana or hashish and LSD (the second most used illicit drug) lifetime prevalence is related to perceived use among some, most or all friends. The relationships are shown in figures A–C.

The relationships, measured by Pearson’s correlation coefficient, are very strong both for LSD ($r=0.95$) and cannabis ($r=0.92$), but slightly weaker for drunkenness (0.87). With these measures on construct validity the results indicate that the validity is high for different kinds of drugs.

The “validity” of the questionnaire

A correct translation of the questionnaire is of course of vital importance. This could be seen as a question of validity, at least in the aspect of comparability between countries. In Non-English speaking countries the questionnaire was translated to the language of the country and then translated back by another interpreter.

However, the wording of the questions is not only a matter of translation, it is also a matter of understanding. When necessary, the questions should be “culturally adjusted” to the situation in a country. Thus, it was more important that the ques-

tion should be understood in the same way in all countries than using a literal translation. For instance should the exemplifying of drugs or nicknames be adjusted to the situation in each single country. If this is not done correctly, it might influence the possibility to make comparisons with other countries.

In a few countries we do not know how the questionnaire was translated and how much it was “culturally adjusted” to fit the situation in the country. However, no country has reported any problems in the translation of the questionnaire and with this in mind it is reasonable to assume that no major mistakes are done in the translation of the questionnaire which would jeopardise the possibilities to compare the results with the results from other countries.

Comparisons with other survey data

In some ESPAD countries data are available from other studies measuring alcohol and drug habits among youth. Comparisons between those data and results from the ESPAD study can give valuable information whether differences in alcohol and drug habits between students in different ESPAD countries are realistic. With this perspective, the figures from two studies do not have to be exactly the same. What is important is that the figures are of the same magnitude.

It could of course be discussed whether this is a measure of validity or not. Even if the results are similar one could argue that none of them is valid. However, with the general opinion that school surveys usually give rather valid results, as discussed at the beginning of the validity section, comparisons with other data are supposed to give valuable information about the validity in the ESPAD project, at least in countries with comparable data.

Countries with comparable data include the three Nordic countries Iceland, Norway and Sweden, the two British regions England and Scotland* and Hungary. Comparisons will also be done with two variables from the WHO study about health behaviour (King et al, 1996).

In the first set of studies, with comparable surveys in six countries, data are not always collected in the same way, with the same questions, and on exactly the same age groups. Some of the studies are local while others are done on samples representative of the country as a whole. The most im-

* In the section about representativity it was concluded that UK mainly should be shown as one country, instead of four (Wales, Northern Ireland, Scotland and England). The main reason was that the sample sizes were small in Wales and Northern Ireland, but partly also in Scotland. However, since the number of participating students in Scotland was not too small (1209 students) and comparable data are available from two local Scottish studies, we have used this possibility to do comparisons.

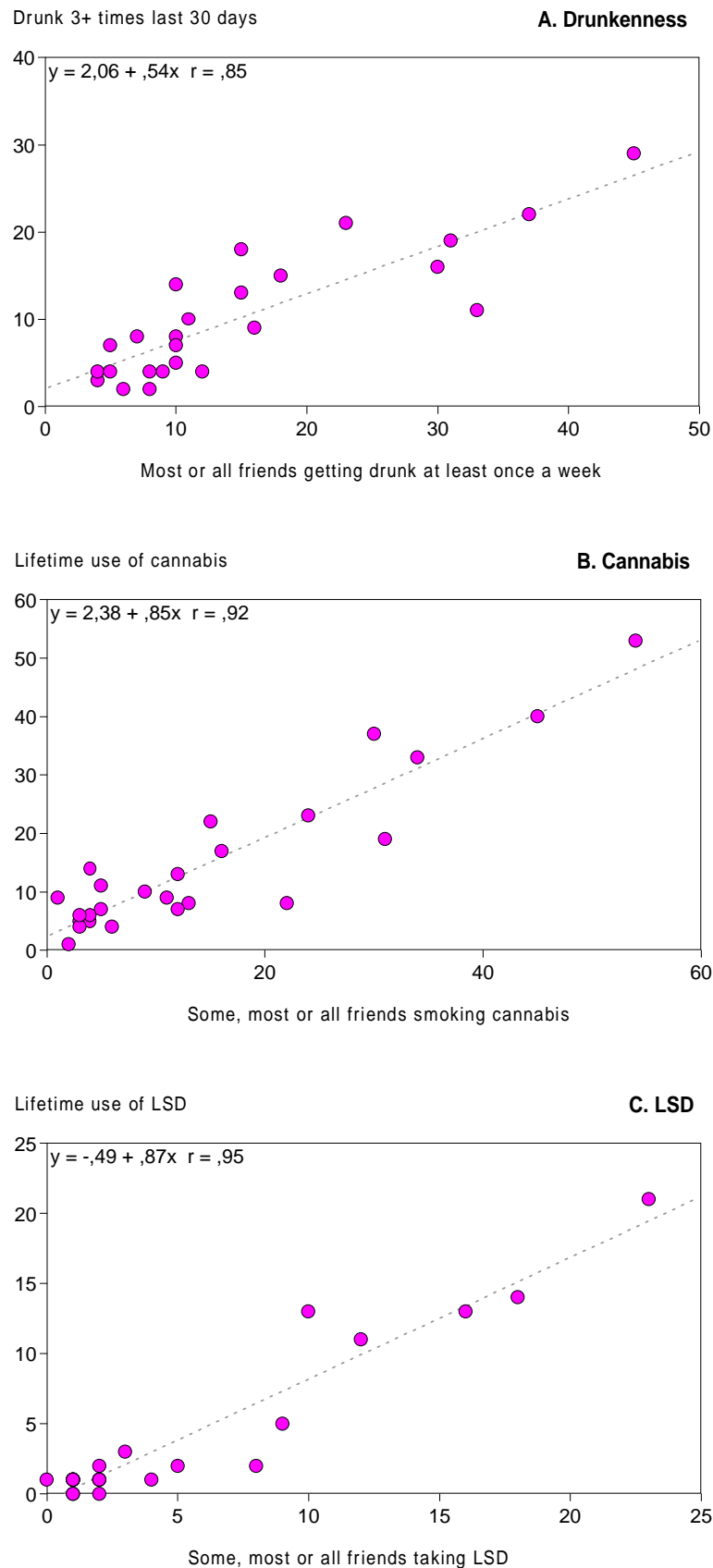


Figure A–C. The relationship between the prevalence of a) drunkenness, b) cannabis use, and c) LSD use and the students' perception of the prevalence of drunkenness, cannabis and LSD use among friends.

portant methodological differences are mentioned in the tables. Again, these differences stress the importance of looking at magnitudes more than exact figures.

In Hungary and Iceland ESPAD questions and the ESPAD data collection method were used in both studies. In Iceland the two studies which are compared were done on the same sample and in the same period. In Hungary the ESPAD study was repeated a couple of months after the regular study on a sample of students in the Zalaegerszeg region. Thus, the Icelandic study (table G), but partly also the one from Hungary (table H), could rather be seen as a test of reliability (test-retest) than of validity. For this reason the two studies were reported in the reliability section above. The main conclusion was that the reliability was very high, i.e. no important significant differences were reported.

In Norway three out of four variables are about the same (table I). The proportion who said that

they had used any alcohol in their lifetime was slightly higher in the ESPAD study compared with data from three national surveys. However, it is important to notice that the questions in the national surveys specified a lower limit of at least a bottle of beer or 10 cl of wine or 2.5 cl of spirits. Since the ESPAD questions did not contain any minimum quantities the difference between the two studies seems reasonable.

In Sweden slightly more students in the ESPAD study have answered that they have ever been drunk (about 68%) compared with the regular national school survey (about 61%), while the remaining four variables show no important differences (table J). The two questions measuring life time prevalence of being drunk were not the same, which always can cause a difference. However, in the total ESPAD context, with figures of lifetime prevalence differing between 32 and 86%, the difference between the two Swedish studies is probably of minor importance.

Table G. Tobacco, alcohol and drug use in Iceland.

Frequency of lifetime use in two surveys in Reykjavik. Percentages among boys and girls in grade 10 (15–16 years)*.

	Boys		Girls	
	ESPAD**	Risk behaviour study	ESPAD**	Risk behaviour study
Cigarettes				
Never	39	40	35	35
1–2 times	15	14	12	14
3–9 times	9	10	12	13
10+ times	37	36	41	38
Alcohol				
Never	22	23	19	22
1–2 times	17	15	15	17
3–9 times	24	24	25	24
10+times	38	38	41	38
Cannabis				
Never	83	82	90	91
1–2 times	8	9	5	4
3–9 times	5	5	3	4
10+ times	5	5	2	1

* Percentages are based on respondents answering respective question.

** ESPAD data was collected anonymously and the other confidentially (but not anonymously). Both studies used the same cigarette, alcohol and drug questions.

Source: Bjarnason and Adalbjarnardottir 1997.

Table H. Tobacco, alcohol and drug use in Hungary.
Frequency of lifetime and last 30 days use.

Data from ESPAD and a local school survey. Percentages among all students.*

	ESPAD	Zalaegerszeg
	15–16 years	14–18 years
Lifetime		
Never smoked	31	32
Never consumed any alcohol	9	7
Have been drunk	52	53
Getting drunk more than 10 times	13	15
Illicit drugs	5	4
Marijuana or hashish	5	4
Illicit drugs other than marijuana or hashish	1,4	1,5
Marijuana or hashish three or more times	1,3	0,7
LSD	0,9	0,8
Crack	0,1	0,3
Cocaine	0,2	0,3
Ecstasy	0,4	0,9
Heroin	0,4	0,4
Tranquilizers without presript.	8	6
Inhalants	6	6
Alcohol and medicines	10	8
Anabolic steroids	1,1	0,9
Tranquilizers or sedatives on medical prescription	8	5
Last 30 days		
Smoking	34	34
Not consumed alcohol	52	47
Consumed alcohol 6 or more times	8	11
Have been drunk	21	21
Beer	29	37
Wine	36	40
Spirits	39	42
Marijuana or hashish	1,1	0,7
Inhalants	0,8	1
Number of students	2,571	3,200

* Percentages are based on students answering respective question.

Source: Elekes (1997).

There are no important differences between ESPAD data from England about drug use and data from the British Crime Survey (table K). However, without going into details it should be noticed that there are differences between the two studies, including data collection methods and age groups studied.

Also in Scotland data about drug use among

students in Fife (an area north of Edinburgh) and Western Isles (Outer Hebrides) are similar to the results of the ESPAD survey (table K). This is especially true for Fife, while the figures of Western Isles are slightly lower for the lifetime prevalence of LSD and amphetamines. However, figures of about 15% for these drugs “confirm” the high Scottish prevalence figures in the ESPAD context,

Table I. Alcohol and drug use in Norway. Frequency of lifetime and last 12 months use.
Data from ESPAD and three national surveys in 1993, 1994 and 1995. Percentages among all respondents*.

	ESPAD 15–16 years	National surveys** 15–16 years
Lifetime		
Any alcohol	79	67***
Intoxicated 40+ times	4	4(50+ times)
Cannabis	6	5
Last 12 months		
Intoxicated	50	46 (last 6 months)
Number of respondents	3,910	~2,460

* Percentages are based on respondents answering respective question.

** Averages of three studies in 1993, 1994 and 1995. Data was collected by mailed surveys with a response rate of about 70%.

*** Specified to at least a bottle of beer or 10 cl of wine or 2.5 cl of spirits.

Source: Skretting (1996).

Table J. Alcohol and drug use in Sweden. Frequency of lifetime and last 30 days use.
Data from ESPAD and the annual survey 1995 in grade 9. Percentages among boys and girls*.

	Boys		Girls	
	ESPAD	Annual school survey 1995	ESPAD	Annual school survey 1995
Lifetime				
Been drunk	67	60	69	61
Been drunk at the age of 13 or younger	26	23	22	19
Cannabis use	7	5	5	4
Anabolic steroids	2	1	0	0
Last 30 days				
Cannabis use	2	2	1	1

* Percentages are based on students answering respective question.

Source: Andersson and Hibell (1995).

where most countries show much lower figures.

The largest difference between the Scottish surveys are found for lifetime use of cannabis with about 54% in both the ESPAD and Fife studies compared with only 26% in Western Isles. Besides the fact that the study in the Western Isles was done one year before the ESPAD study and that the students on average was younger than the ESPAD students, it must be remembered that Western Isles is a rather isolated part of Scotland. It does not seem unlikely that the cannabis prevalence really is

lower in the Western Isles than in (most) other areas of Scotland. The very similar figures for Fife (55%) when compared with ESPAD (53%) could be seen as a good indicator of the magnitude also of the Scottish ESPAD cannabis figures.

Besides of the studies discussed above it could also be mentioned that a national survey done in Denmark in 1990 shows data which are very similar to the Danish ESPAD results (Sundhedsstyrelsen, 1991).

Fourteen ESPAD countries also participated in

Table K. Drug use in United Kingdom. Frequency of lifetime use.

Data from ESPAD, a national survey and two local studies. Percentages among all respondents*.

	England		Scotland		
	ESPAD 15–16 years	BCS** 16–19 years	ESPAD 15–16 years	Fife*** 15–16 years	Western Isles*** 14–15 years
Lifetime					
Cannabis	40	36	53	55	26
LSD	14	12	21	18	14
Amphetamines	12	15	22	17	15
Ecstasy	8	8	12	6	..
Number of respondents	5,681	~ 880****	1,209	411	804

* Percentages are based on respondents answering respective question

** British Crime Survey. Representative of England and Wales. Data collected by privately answering questions displayed on a laptop computer.

*** Data collected in school surveys. The majority of the students in the Western Isles study were 14–15 yrs old.

**** Altogether 9646 respondents aged 16–59 years participated. If the number of participants are evenly distributed by age, about 880 were 16–19 years old.

Sources: Ramsay and Percy (1996), Cooke and Jones (1996), Andersson and Plant (1996).**Table L. Alcohol use in the ESPAD and WHO surveys.**Students answering 3 times or more often during the last 30 days (ESPAD) or at least weekly (WHO). Percentages among boys and girls* and Spearman's rank-order coefficient (r_s).

	Boys		Girls	
	ESPAD 3+ times last 30 days	WHO 1+ times a week	ESPAD 3+ times last 30 days	WHO 1+ times a week
Wales	59	52	59	45
Denmark	54	40	47	33
Northern Ireland	44	45	37	31
Czech Republic	43	38	32	19
Scotland	42	41	39	32
Poland	31	22	16	9
Slovak Republic	27	33	18	10
Hungary	25	24	14	14
Latvia	20	20	20	8
Finland	20	16	22	9
Lithuania	20	14	19	6
Estonia	20	14	17	5
Sweden	18	19	19	11
Norway	15	10	14	7
	$r_s = .94$		$r_s = .73$	

* Percentages are based on students answering respective question.

Source: King et al (1996).

Table M. Drunkenness in the ESPAD and WHO surveys.

Students who have ever been drunk (ESPAD) and really drunk at least twice (WHO).
 Percentages among boys and girls * and Spearmans rank-order coefficient (r_s)

	Boys		Girls	
	ESPAD Ever been drunk	WHO Really drunk 2+ times	ESPAD Ever been drunk	WHO Really drunk 2+ times
Wales	87	61	80	59
Denmark	86	65	83	67
Scotland	80	53	80	51
Northern Ireland	78	44	62	36
Finland	73	52	77	50
Lithuania	73	27	68	17
Czech Republic	70	36	59	19
Estonia	69	26	50	10
Sweden	67	27	69	22
Poland	65	34	47	18
Slovak Republic	64	46	45	20
Latvia	64	35	54	21
Hungary	56	37	47	20
Norway	53	30	53	29
	$r_s = .57$		$r_s = .74$	

* Percentages are based on students answering the respective question.

Source: King et al (1996).

the 1994 WHO health behaviour study. These countries include Northern Ireland, Scotland and Wales which are represented by rather small samples in the ESPAD project. However, since the results from these countries are different from the results in most other ESPAD countries, but mutually rather similar, they are all included in comparisons of two alcohol variables in the ESPAD and WHO studies.

The first is alcohol use. In the ESPAD project it was measured by the proportion of boys and girls who had used alcohol 3 or more times during the last 30 days, while in the WHO study it was measured by the proportion who drank alcohol at least weekly. Since the two measures are rather different it is more meaningful to compare the rank order of the countries than the exact figures of the variables. This is even more true for the second variable used, drunkenness variables, where the ESPAD study measured ever “been drunk” while the WHO report shows the proportion who have been “really drunk” 2 or more times. Except for the important semantic differences, the different frequencies also

make direct comparisons difficult.

Thus, comparisons between the ESPAD and WHO studies are limited to rank orders using Spearmans rank-order coefficient (r_s). It is high on the alcohol use variable for boys (0.94) but a bit lower for girls (0.73) (table L). For girls the magnitude is about the same for the drunkenness variable (0.74) while it is lower for boys (0.57) (table M).

It is difficult to explain the rather low value for the boys. However, it could be discussed whether it is realistic or not to expect a strong relationship between two variables, using rather different definitions of drunkenness.

If the low rank-order coefficient indicates too weak a relationship between two variables that were supposed to be rather closely linked, one could of course ask which is the closest to the true behaviour.

Overall, the comparisons between ESPAD data in six countries and results from other surveys in the same countries indicate similar figures. The few differences seem to have very reasonable ex-

planations.

Even if ESPAD data from six countries are “validated” with data from other studies, this tells only something about these six countries and nothing about the remaining ESPAD countries. On the other hand, it does not seem unrealistic to expect the situation to be rather similar in similar countries, i.e. mainly countries from the western part of Europe since five of the six comparisons are made in this part of Europe.

It seems more uncertain to have an opinion about the countries of central and eastern Europe, even if the comparisons between the two Hungarian studies indicated very similar results and the rank comparisons between the ESPAD and WHO studies included seven countries from these parts of Europe.

The cultural context

To make the data from different countries as comparable as possible, one important basis of the ESPAD project has been to standardize the different steps of the data collection procedure as much as possible. This includes the target population, the questionnaire and how data were collected and treated, all of which have been described in earlier chapters. However, as already stressed in the introduction of this chapter, it is not possible to standardize every detail. This holds true also for the cultural contexts in which the students have given their answers.

The role of the cultural context will be discussed from two perspectives. One is if the questions are understood in the same way in all countries and the other the willingness to give true/valid answers.

To allow comparisons between countries it is necessary that the students answer the “same” questions. To approach this all countries should include the core questions and were also expected to use as many optional questions as possible.

In the section “The validity of the questionnaire” it is discussed how the questionnaire was translated and “culturally adjusted”. No major problems have been reported in this process, which would jeopardise the possibilities to compare the results.

However, even if no single researcher has noticed any “problems” in his/her own country, i.e. that the questions should not be “technically correct”, we cannot be sure that the students in different countries have not understood them differently. Does the word “solvent”, even if exemplified, mean the same thing for a student in Ukraine as for

a student in Norway or Italy? “Being drunk” may mean different things for students in Iceland, Hungary or Portugal?

Apparently we cannot be sure that students in different countries understand the questions in the same way. On the other hand, for most variables the differences between high and low prevalence countries are considerable and it seems very unlikely that possible differences in the understanding of some questions have any important role in explaining these differences.

In the validity section above, different aspects have been discussed with relevance to a discussion about possible differences in the cultural context in which the questions were answered. Student co-operation, missing data rates and reported willingness to answer honestly differ somewhat between countries, which indicate that the cultural context in which the questions have been answered vary between countries. However, for each of these indicators only rather few countries seem to differ in any important way from the others. Countries mentioned in these contexts include Latvia, Cyprus, Turkey, Ukraine and Malta.

Other validity indicators, including student comprehension and reported dummy drug use, do not indicate any important differences between participating countries.

The willingness to admit drug use may be influenced by the attitudes towards drugs in a given society. The results from the ESPAD project show that perceived risk of substance use and disapproval of different kinds of substance use differ between countries. The same is also true about the availability of different drugs. Taken together these results indicate that the social desirability may vary between countries. Thus, in a country with low availability and negative attitudes towards drugs a student might be more unwilling to admit drug use than a student in a country with high availability and positive attitudes towards drugs.

Similar aspects may also be relevant when considering that in some countries drugs and drug use are often mentioned in massmedia and discussed at school, while the situation may be the opposite in others.

Some ESPAD countries have long traditions of doing school surveys while the ESPAD study was the first in others. These different traditions and, consequently, differences in the students experiences of surveys, may have influenced students in less experienced countries to feel uncertain and less comfortable with the situation of answering ques-

tions about sensitive behaviours, when compared with students in countries with regular drug use surveys. If this is the case, the willingness to answer honestly may have been influenced differently in different countries.

A discussion about the importance of the cultural context when answering questions about alcohol and drug habits could be very long and what has been mentioned above should only be seen as examples. One of the goals of the ESPAD study has been to standardize as much as possible. However, the cultural context in the ESPAD countries cannot be standardized, which gives some uncertainty in doing comparisons between countries. In other words, to some extent, but we do not know which, the willingness to give true answers most probably differ between countries.

On the other hand, it does not seem likely that the “true” answer in a low prevalence country (e.g. 2% admitting cannabis use) should be more than doubled or tripled (i.e. above 4–6%) and that the “true” figure in a high prevalence country (e.g. 30%) should not be somewhere between 5% (i.e. between 25–35%). Thus, a low prevalence country is most probably also a low prevalence country “in reality” and a high prevalence country “still” a high prevalence country, even if the exact difference between the two countries is uncertain.

Another conclusion is that possible differences in the cultural context, in addition to other methodological differences, make it very difficult to draw any certain conclusions about countries with only small differences in the prevalence figures.

Summary

A majority of the validity measures indicate that the validity is high in most ESPAD countries. These indicators include student comprehension, anonymity, logical consistency, reported dummy drug use, construct validity and comparisons with other survey data.

Other measures, however, indicate some validity problems. These indicators include student cooperation, missing data rates and reported willingness to answer honestly. To a large extent validity problems on one or more of these indicators mainly seem to be concentrated to a limited number of countries, including Latvia, Cyprus, Turkey, Ukraine and Lithuania.

In addition to the validity indicators discussed, there are a lot of conditions which might influence the validity. As indicated by some of the validity measures, it does not seem unlikely that the validity may differ between countries, i.e. the cultural context in which the answers are given in different countries probably differ and, thus, influence the willingness to answer honestly.

It seems likely to assume, that the validity problems mainly are concentrated to a limited number of countries and that differences in the cultural context do not influence the results to such a degree that large differences between countries should not be regarded as valid. Thus, it seems more important to concentrate on magnitudes than on single figures, both when analyzing data in single countries and when interpreting differences between countries.

Conclusions

The methodological discussion about representativity, reliability and validity is rather extensive. The most important conclusions are summarized below (without any rank order). In some cases a conclusion is motivated in a few words, in others motivations can be found in the text above.

- Considering the fact that the ESPAD project included 26 countries, some of which made a school survey for the first time, the overall impression is that the sampling and data collection in most countries have been accomplished without any major problems. However, in a critical methodological discussion it is natural mainly to concentrate on aspects which could have

functioned better.

- A large proportion of non-participating classes (51%), a large proportion of eliminated questions (21%) and some other methodological aspects indicate that Latvian data are not fully comparable with data from other countries. Consequently, Latvia is reported separately in the result tables and is not included in the maps and figures.
- A large proportion of non-participating students in Malta (47%), partly analyzed in a follow up study, together with some high inconsistency figures and quite many students reporting unwillingness to report drug use, indicate the impor-

tance of great carefulness when interpreting the Maltese data.

- A rather high proportion of the 1979 cohort not in school in Ukraine (30%), together with high inconsistency values, quite many eliminated questions (7%), a rather high proportion who did not answer questions about alcohol use and rather high truancy figures call for extra care when interpreting the Ukrainian results.
- In Italy with a high proportion of the 1979 cohort not being in school (40%), a rather high proportion of the 1979 students not belonging to the sampling frame (25%) and high proportions of inconsistent answers on the measure of logical consistency (7–13%), extra care is recommended when the Italian data are interpreted. A rather small number of participating students (1,555) makes the confidence intervals wider in Italy than in most other countries.
- Also in Cyprus, with a rather high proportion of the 1979 cohort not in school (30%), students on average about 6 months older than in other countries and a high proportion of eliminated questionnaires (19%), it is recommended that data are interpreted with care. In addition to this, the small number of participating students (632) makes the confidence intervals rather wide.
- The inconsistency figures are rather high in Turkey. When adding quite many eliminated questionnaires (7%), large proportions of unanswered questions, rather high unwillingness to admit drug use and rather high truancy figures it is recommended that data are interpreted carefully.
- In Portugal only 60% of the 1979 students were included in the sampling frame. Thus, the results are only representative for a limited proportion of the students born in 1979. Other countries with rather low proportions include Hungary (67%) and Croatia (70%).
- The number of participating students is low in

Wales and Northern Ireland, but partly also in Scotland. The students in these countries are included in a representative sample for United Kingdom. Data from these countries, and England, are thus presented separately in the result tables and is not included in maps and figures.

- One conclusion of the questions about the willingness to report drug use is that the drug figures probably are underestimated and that this is more important for heroin (and other less accepted drugs) than for cannabis. Another conclusion is that the underreporting probably differ somewhat between countries.
- The inconsistency analysis indicates that the reliability is lower for “tranquillizers and sedatives without a doctors prescription” than for other drugs checked for inconsistencies.
- The validity is assumed to be high in most ESPAD countries. However, the cultural context in which the students have answered the questions most probably differ between countries and, thus, differently influenced the willingness to answer honestly.
- It seems likely to assume that the validity problems mainly are concentrated to a limited number of countries and that differences in the cultural context do not influence the results to such a degree that large differences between countries should not be regarded as valid. However, the magnitude of different kinds of drug use in different ESPAD countries probably reflects country differences pretty well, especially between distinguished groups of countries with different experiences of drug use.
- Small differences between countries should be considered carefully. They may not reflect valid differences.
- It is more important to concentrate on magnitudes than on single figures, both when analyzing data in single countries and when interpreting differences between countries.

Results

The results from 26 countries are presented in this section with reference to the tables (appendix II). The findings are commented or briefly summarized in a bar graph and sometimes a European map*. In the maps the prevalence figures of each variable have been divided into five groups. The cut-off points for the intervals have been chosen with the aim of giving as comprehensive a picture as possible. Thus, the maps show the differences in prevalence rates over the countries for all students, while the variable is presented by sex in the bar graphs. The order of appearance in the bar graphs is determined by the results for all students (the figures within brackets). It should, however, be kept in mind that the rank order of countries sometimes is brought about by very small differences between countries, which might fall within the confidence intervals (see the chapter “Methodological considerations”). In other cases, the differences are bigger and the rank orders less questionable.

The reason why the results of Latvia are presented under the bottom line in the tables is, as mentioned in the methodological chapter, that they are somewhat less valid and should only be compared with other countries with caution. United Kingdom represents England, Northern Ireland, Scotland and Wales in tables and diagrams, but the figures of each individual country are given separately at the bottom of the tables.

In addition corresponding findings (when available) from other studies conducted in some coun-

tries are presented in separate sections of the tables. These are: France (data collected in 1993), Greece (1993), Spain (1994) and USA (1995). Their comparability with the ESPAD data is, however, limited. In the three European countries data were collected at another time than the ESPAD data while the target group in the US study is not precisely the same.

The first part of the result section deals with tobacco use, followed by alcohol consumption, including prevalence figures as well as drinking places, expected personal consequences, experienced problems and reasons for not drinking alcohol. The second part presents prevalence figures of illicit drug use, inhalants, and lifetime abstinence. Some tables regarding the students’ views on some aspects of drinking and drug taking in general, and among friends, are followed by a presentation of the students’ leisure time activities and school attendance. The section ends with a brief presentation of each country’s key results. The aim of the results section is mainly to present descriptive data briefly commented. There are, however, interesting patterns in the results that may be further explored in separate analyses later on.

In the tables the zero represents a value ranging from 0.1 to 0.4. Values ranging from 0.5 to 0.9 are rounded to 1. The mark “–” means that no student has given that answer while “..” means that data are not available.

Tobacco use

Lifetime use of cigarettes

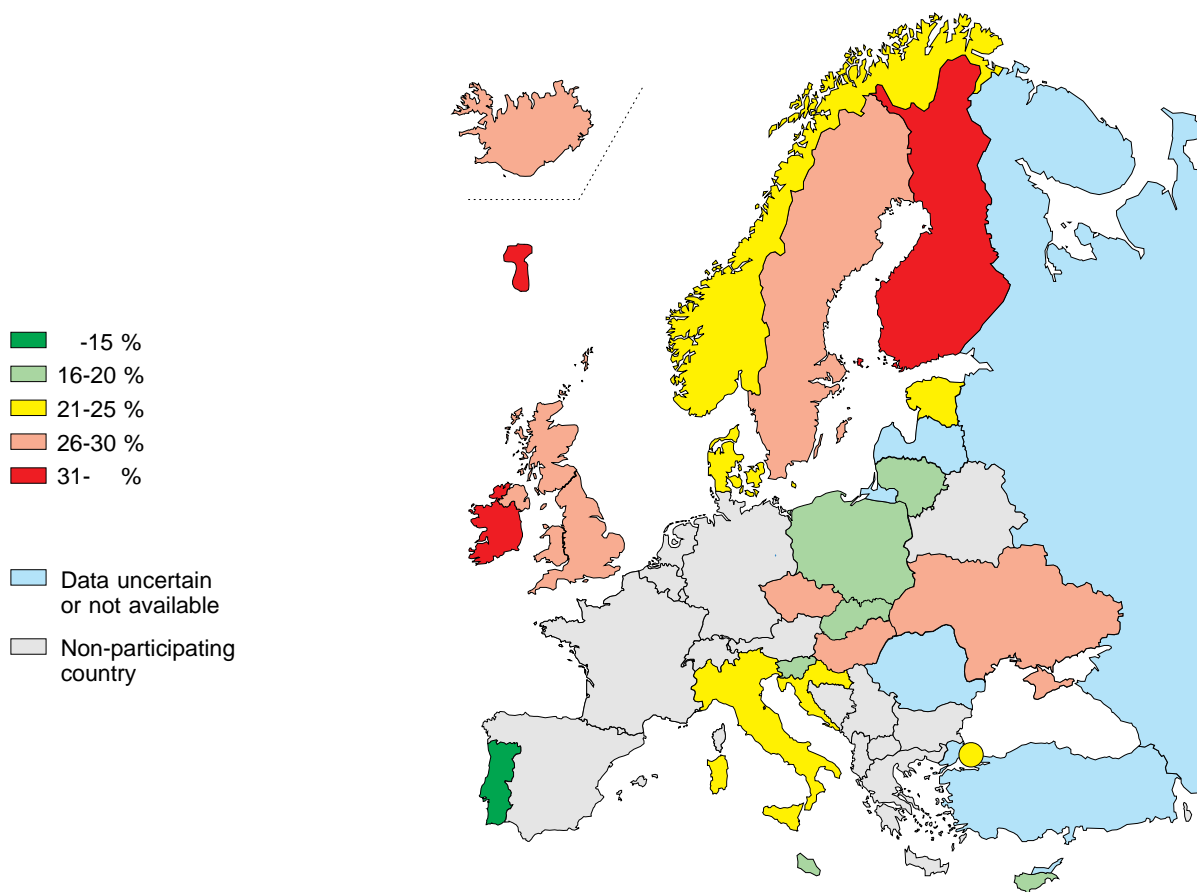
(Tables 1a–1c, map 1, figure 1)

The majority of students in this age group have tried smoking cigarettes at least once. The highest smoking prevalence rate is found in Faroe Islands where almost all students have smoked at least once. Other countries with large proportions, about

three fourths of the students, are Finland (77%), Czech Republic, Ireland (74% both), Estonia (72%) and Sweden (71%). In no country are the proportions lower than 50%. The lowest lifetime figures are found in Cyprus (53%), Malta (55%), Portugal (56%) and Slovenia (59%).

Some students have tried to smoke on only a

* The numbering of the maps and graphs are chosen to fit the numbers of corresponding tables. This means that there may sometimes be a gap in the sequence of numbers regarding the graphs and maps. To make the results in the maps as clear as possible, a few of the smallest countries (islands) have been enlarged.



Map 1. Lifetime use of cigarettes 40 times or more. Percentages among all students.

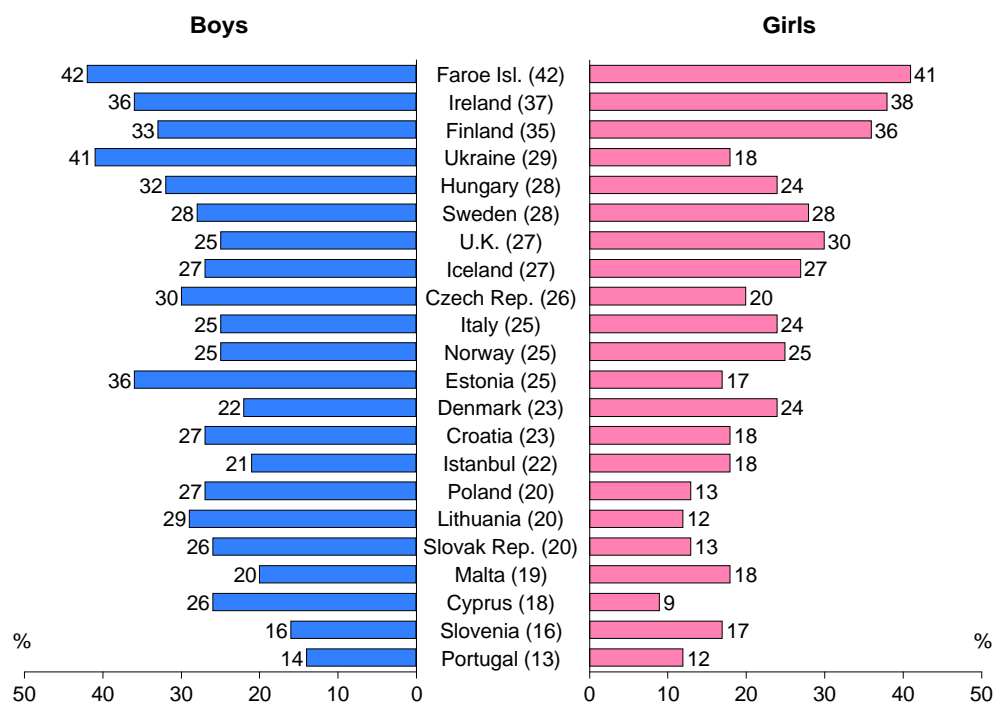


Figure 1. Lifetime use of cigarettes 40 times or more. Percentages among boys and girls. Marked country: Limited comparability.

couple of occasions while others smoke on a regular basis. Countries with the highest proportions of students who have smoked 40 times or more include Faroe Islands (42%), Ireland (37%), and Finland (35%), i.e. the same countries where the lifetime prevalence rates are the highest. The smallest proportions of students who have smoked 40 times or more are found in Portugal (13%), Slovenia (16%), Cyprus (18%) and Malta (19%), i.e. the countries with the lowest lifetime prevalence figures.

There are, however, rather important gender differences within and between countries. In slightly more than half of the countries more boys than girls have at some time smoked. In six countries more girls than boys have smoked, while in three countries the proportions are about equal. Countries where more boys than girls have ever smoked are primarily eastern European countries. The largest gender difference is found in Lithuania where 79% of the boys and 53% of the girls reported smoking experience, followed by Ukraine (79 and 55%) and Estonia (85 and 62%).

In France 54% had at some time smoked, in Greece 47%, and 58% in both Spain and USA. No gender differences in smoking prevalences are found in Greece and USA, while more girls than boys had smoked in France.

Cigarette smoking during the last 30 days

(Tables 2a–2c, map 2, figure 2)

The 30 days prevalence rate of cigarette smoking shows where smoking on a regular basis is most prevalent. The highest percentages are found in Faroe Islands, Ireland, Ukraine, Finland, Turkey and United Kingdom, where the proportions ranged from 42% to 36%. The smallest figures are found in Slovenia, Cyprus, Portugal and Lithuania (19%–25%).

In most of the countries there are only small gender differences, except in e.g. Ukraine where 51% of the boys and 28% of the girls had smoked during the last 30 days. Also in Cyprus, Estonia, Slovak Republic and Lithuania fairly big differences (more boys than girls) are shown (average 34 vz. 16%). However, in all northern European countries girls are in majority of the 30 day smokers.

In Spain, USA and Greece about one fourth of the students had smoked during the last month. In neither US or in Greece are gender differences found. Data on gender differences are not available from Spain.

Age at first use

First cigarette (Table 3)

Table 3 shows the percentages of all students reporting being 13 years old or younger when they first smoked a cigarette or smoked on a daily basis. The ESPAD country with the highest percentage of early onset is Faroe Islands where 71% of the students reported this, followed by Finland (59%), Sweden (54%), Estonia (53%), Ireland (51%) and United Kingdom (50%). The lowest figures were found in Cyprus (21%), Malta (34%) and Poland (36%).

A fairly large proportion of the French students (62%) reported smoking experience by the age of 13 or earlier. The figure for the US is half this size (32% by the end of 7th grade) while in Greece it is even smaller (19%).

In general more boys than girls had smoked their first cigarette at this early age, except in United Kingdom where the figures are higher among girls than among boys. In Iceland, Malta and Sweden, the proportions were approximately equal between the sexes. Countries with the highest proportion of male young smokers are Faroe Islands (71%), Estonia (69%), Finland (63%) and Lithuania (62%). For females the highest proportions are found in Faroe Islands (70%), Finland (54%), Sweden and United Kingdom (53% both).

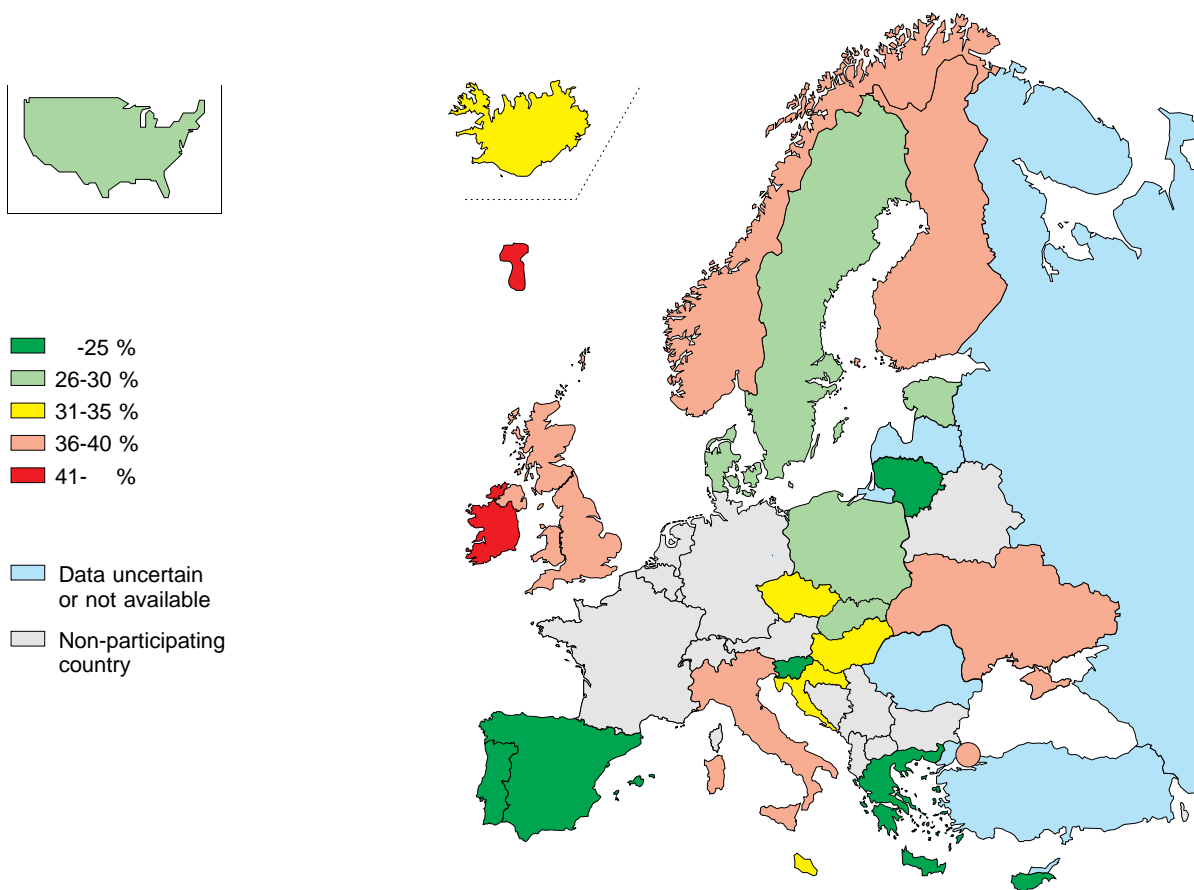
Daily smoking

(Table 3, map 3, figure 3)

As can be expected, there are smaller proportions of students who started smoking on a daily basis at 13 years age or younger but the geographical pattern corresponds fairly well with that of the first cigarette. The highest figures are shown in Faroe Islands and United Kingdom (19% both), Ireland (18%) and Finland (17%). The lowest ESPAD figures are found in Cyprus (3%), Italy and Slovenia (5% both) and Poland (6%).

The most important finding regarding gender differences is the high percentage (22%) of girls in United Kingdom reporting daily smoking at this young age compared to the percentage of boys (15%). In the majority of countries more boys than girls have started regular smoking at this age. The largest gender differences are found in Estonia (15 vz. 4%), Lithuania (13 vz. 3%) and Ukraine (14 vz. 4%).

In France one fourth of the students smoked on a daily basis at the age of 13. About 5% of the students in USA and Greece reported daily smoking at this age.



Map 2. Cigarette smoking during the last 30 days. Percentage among all students.

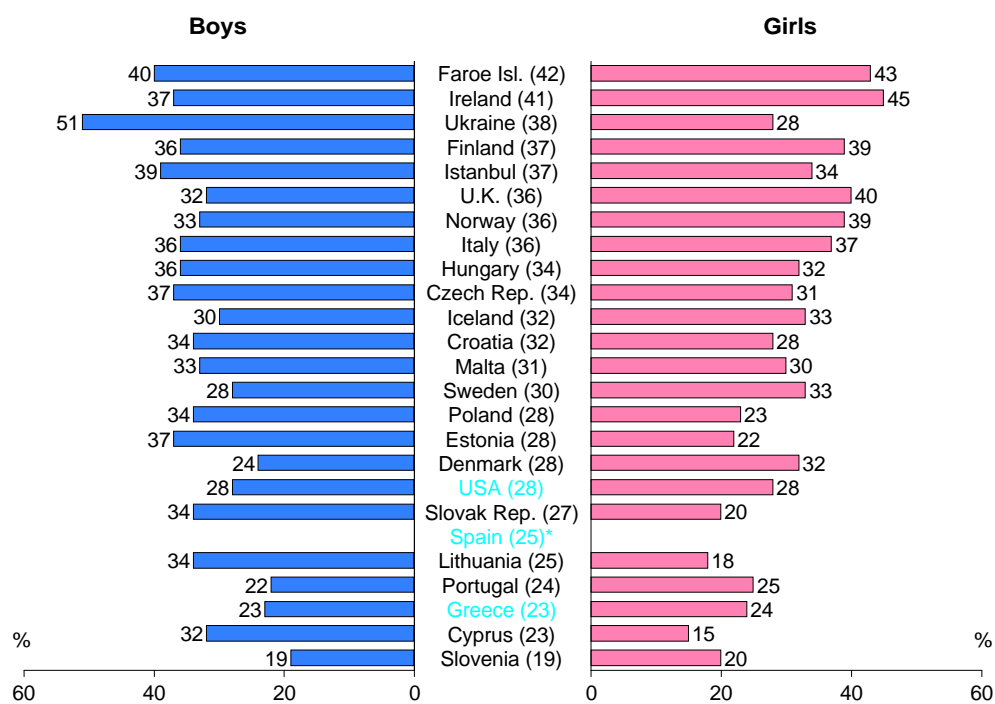
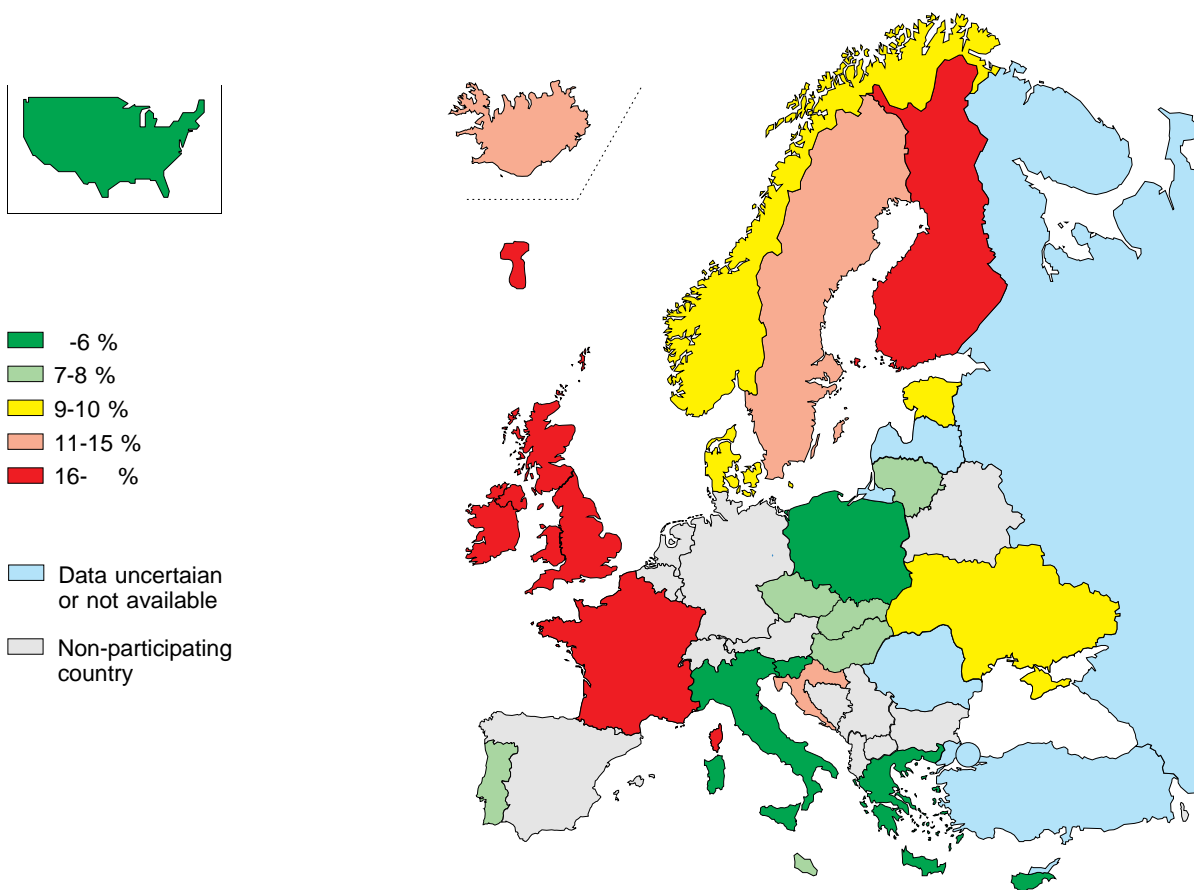


Figure 2. Cigarette smoking during the last 30 days. Percentages among boys and girls. Marked country: Limited comparability.

* Data by sex not available.



Map 3. Daily smoking at the age of 13 or younger. Percentage among all students.

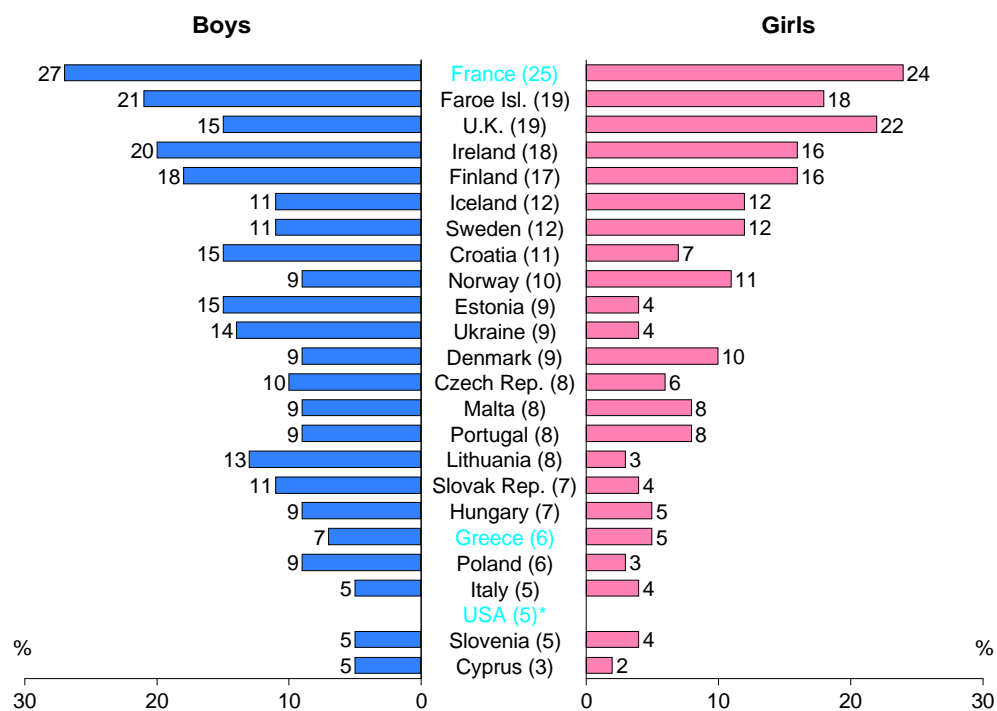


Figure 3. Daily smoking at the age of 13 or younger. Percentages among boys and girls. Marked country: Limited comparability.

* By the end of grade 7. Data by sex not available.

Alcohol consumption

Alcohol use

Lifetime

(Tables 4a–4c, map 4, figure 4)

A large majority of the students in all countries have drunk an alcoholic beverage at least once in their lives. More than 95% of the students in Czech Republic, Denmark and Slovak Republic reported this, while the figures are lower in other countries such as Turkey where 61% had consumed alcohol and Faroe Islands, Iceland, Norway and Portugal with 79% each.

The proportion of students who had been drinking alcohol 40 times or more varied a lot across the countries. The highest proportions are found in Denmark (49%), United Kingdom (42%), Ireland and Malta (34% both). The smallest figures are found in Norway (8%) and Turkey (10%), which means that the neighbour countries Denmark and Norway are at opposite ends.

In most countries the lifetime prevalence rates of any alcoholic use are about the same for both boys and girls. The proportions reporting alcohol use 40 times or more are, however, in general higher among boys.

In Greece 95% had used any alcoholic beverage at some time, while in France and Spain about 80% reported this. The corresponding US figure is 70%. There are hardly any gender differences in the proportions in France, Greece and USA (no data by sex are available from Spain).

Last 12 months

(Tables 5a–5c, map 5, figure 5)

In most countries a large majority of the students had consumed alcohol during the last 12 months. In Denmark, Czech Republic and United Kingdom around 92% reported this behaviour. The figure for Turkey (51%) is very low in comparison with other countries. The second lowest figure, 70%, is reported by Croatia and Faroe Islands.

In most countries there are relatively small differences between boys and girls. Countries where the proportions are higher among boys are Croatia, Cyprus, Italy, Poland, Portugal, Slovenia and Turkey. On the other hand, the girls are in majority in Finland, Lithuania, Norway and Ukraine.

Both map 5 and figure 5 show the proportions of students who said that they had been drinking alcoholic beverages 20 times or more during the last 12 months. There are rather big differences between the countries in these proportions. The countries

with the largest values are Denmark (42%), Ireland and United Kingdom (32% both). Lowest values have Lithuania, Norway (7% both), Turkey (8%), Ukraine, Estonia and Slovenia (9% each). When interpreting these data one should bear in mind that the proportions who did not answer the question are relatively high in Turkey, Croatia, Faroe Islands and Ukraine.

More boys than girls had been drinking alcohol 20 times or more during past 12 months except in Finland where slightly more girls reported this. In Sweden and Iceland there are hardly any gender differences at all.

The data from the Greek and US studies show that a vast majority of the students in Greece had been drinking alcohol during the past 12 months, especially among boys, while in USA just over 60% reported this.

Alcohol consumption during the last 30 days

Any alcohol use

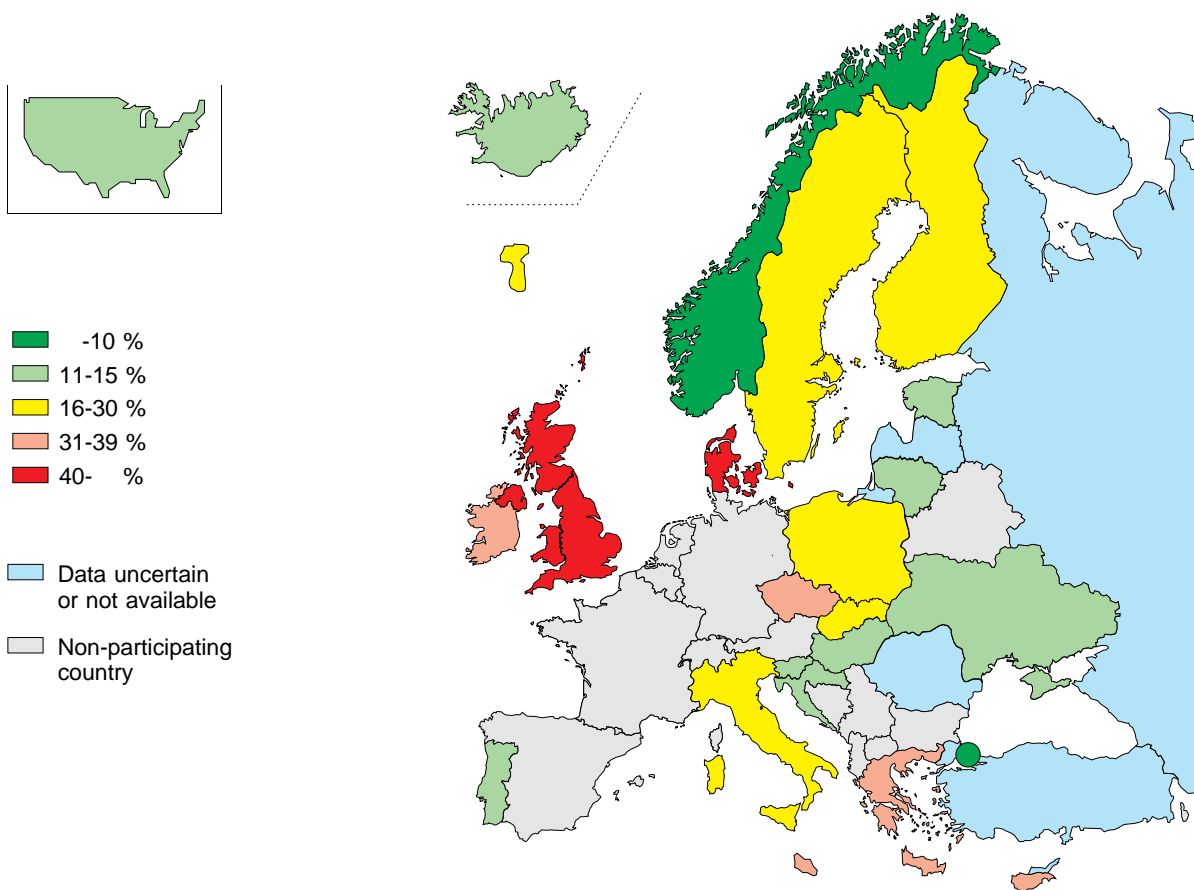
(Tables 6a–6c, map 6, figure 6)

In many of the countries a large majority of the students reported that they had drunk alcohol during the last 30 days. The highest figures are found in Denmark (81%) and United Kingdom (74%). However, there are countries where only a minority had done this, e.g. Turkey (28%) and Croatia (39%). In most countries the proportion is about the same among boys and girls. The largest difference is found in Italy with 73% of the boys and 55% of the girls indicating that they had been drinking alcohol in the last 30 days.

The most frequent (10 times or more) alcohol consumption during the last 30 days is reported from Malta (16%), Denmark (15%), Italy and United Kingdom (13% both). However, in most countries very few drink this often. Countries where 2% or less reported this were Sweden, Norway, Finland, Iceland, Lithuania and Estonia. Again, the proportions of students not answering the question are highest in Turkey, Croatia, Faroe Islands and Ukraine.

Overall more boys than girls reported that they had used alcohol 10 times or more during the last 30 days. The largest differences are found in Italy (18% *vz.* 5%) and Cyprus (19% *vz.* 6%).

In Greece 12% reported alcohol consumption 10 times or more during the past month while in USA this is reported by 5%.



Map 4. Lifetime use of any alcoholic beverage 40 times or more. Percentage among all students.

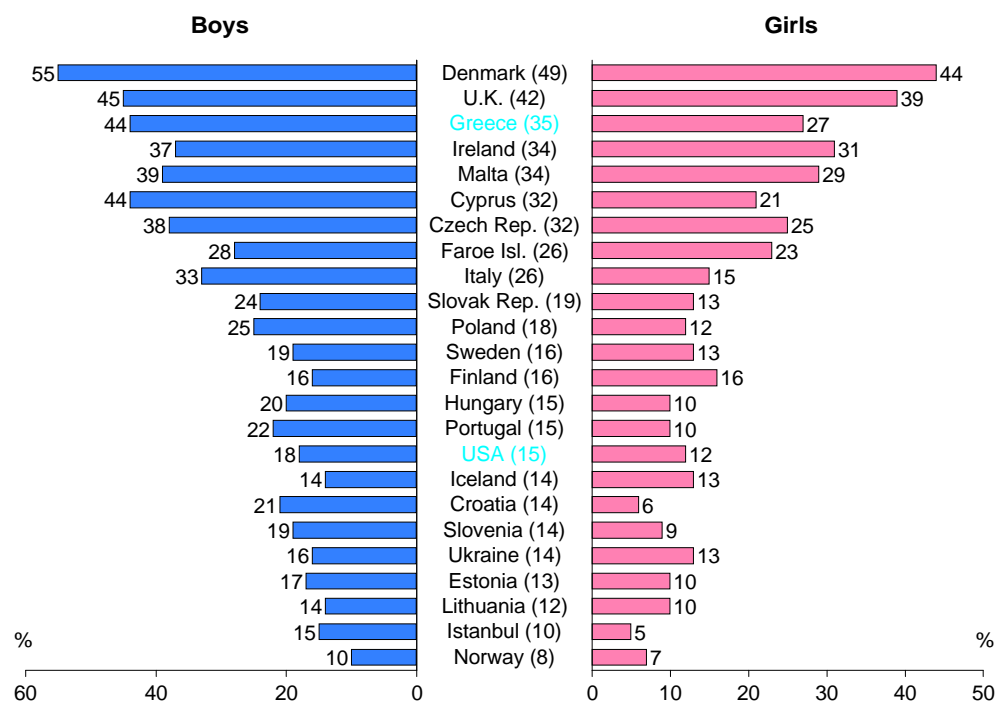
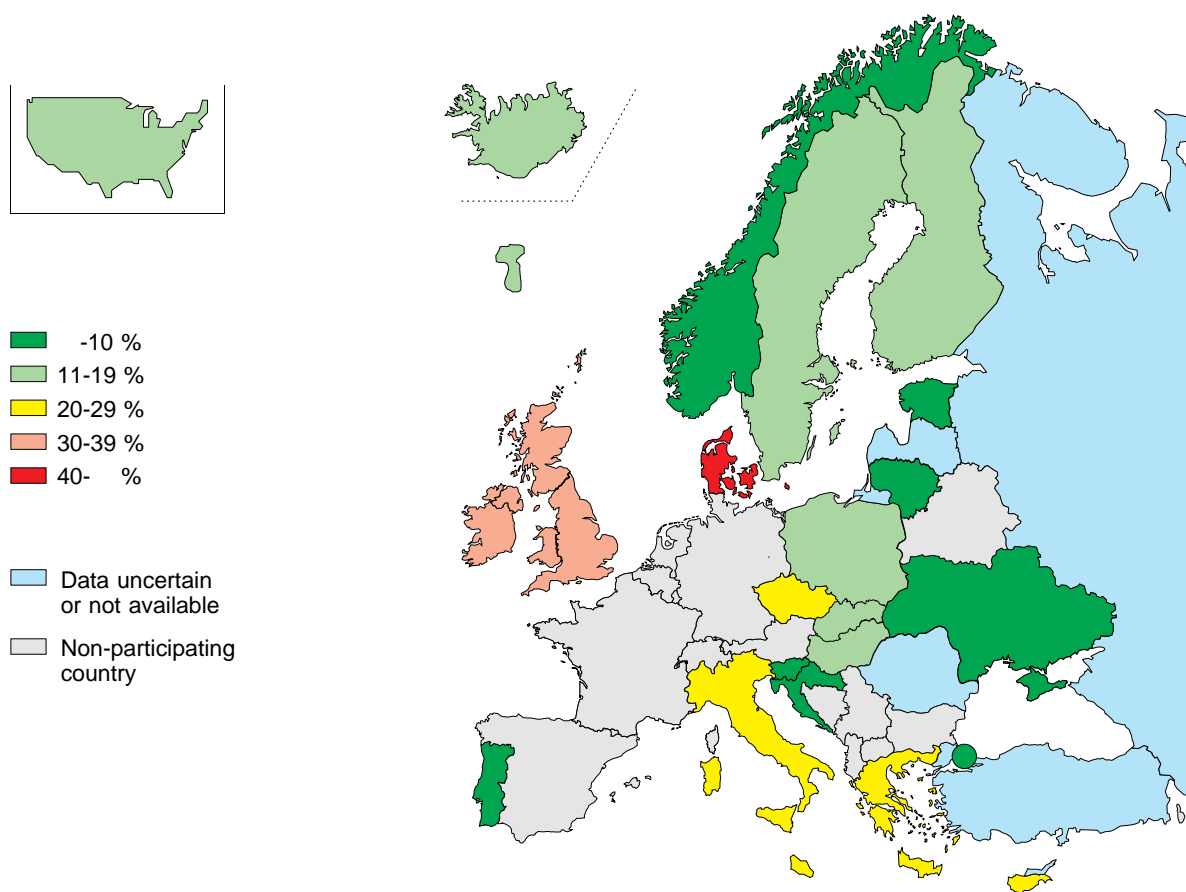


Figure 4. Lifetime use of any alcoholic beverage 40 times or more. Percentages among boys and girls. Marked country: Limited comparability.



Map 5. Use of any alcoholic beverage 20 times or more during the last 12 months. Percentage among all students.

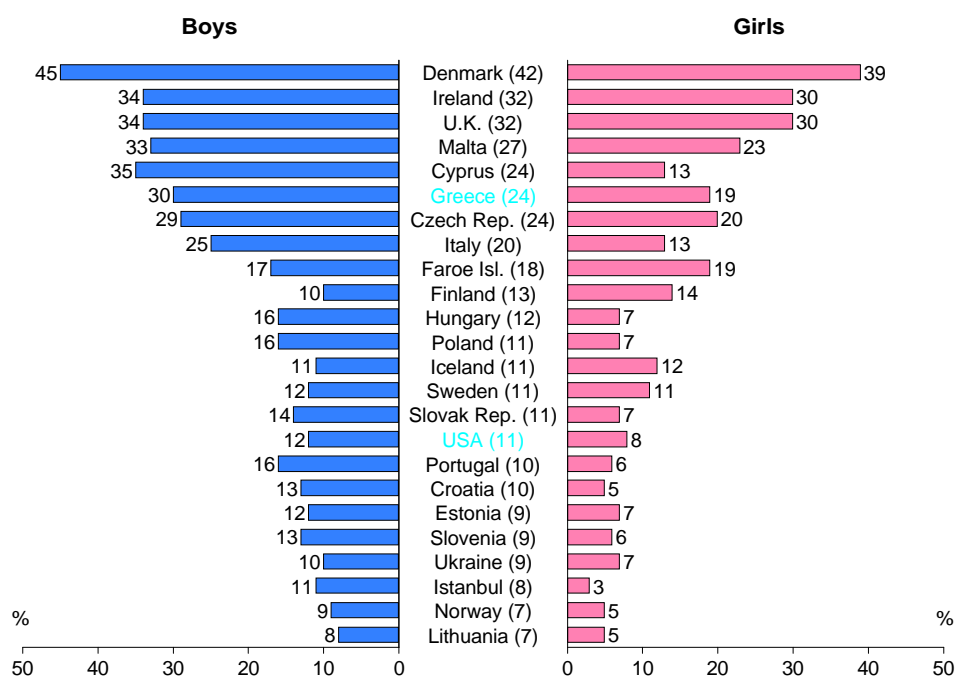
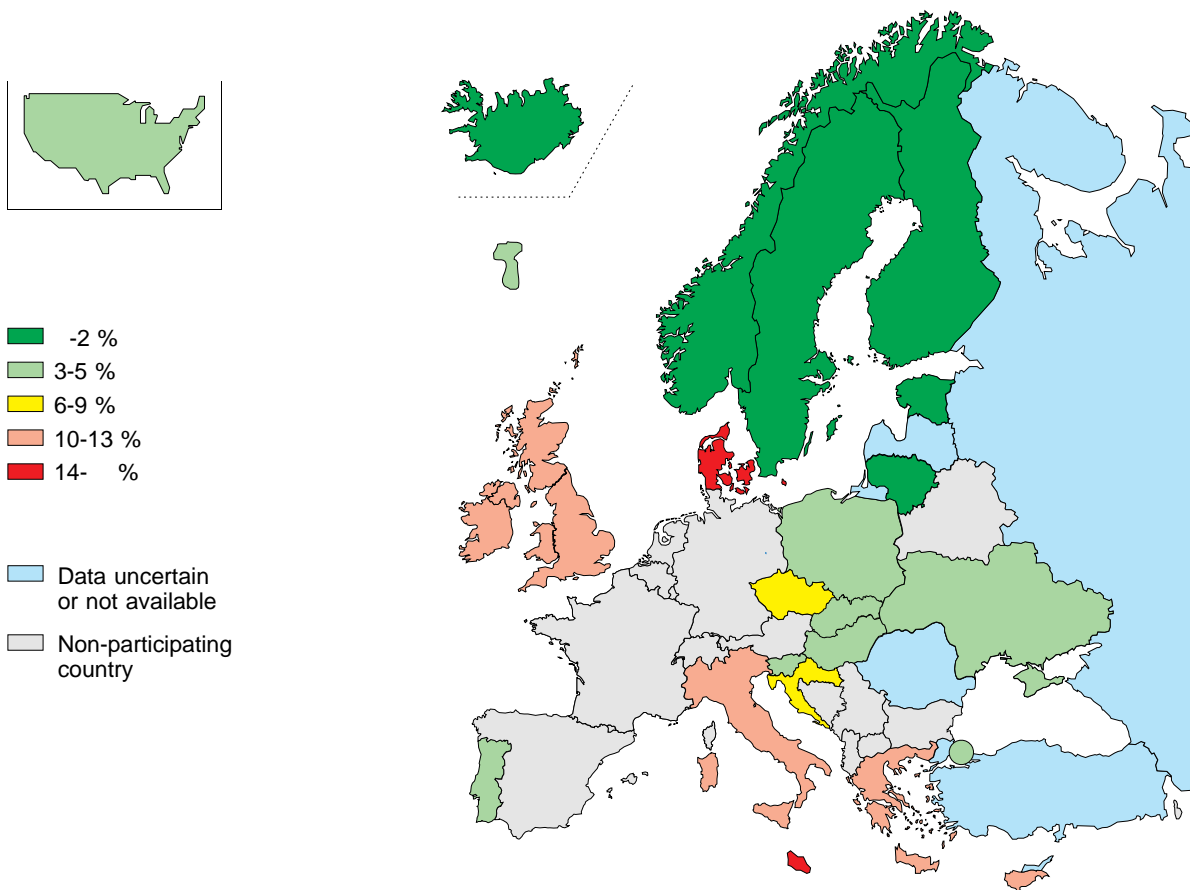


Figure 5. Use of any alcoholic beverage 20 times or more during the last 12 months. Percentages among boys and girls. Marked country: Limited comparability.



Map 6. Use of any alcoholic beverage 10 times or more during the last 30 days. Percentage among all students.

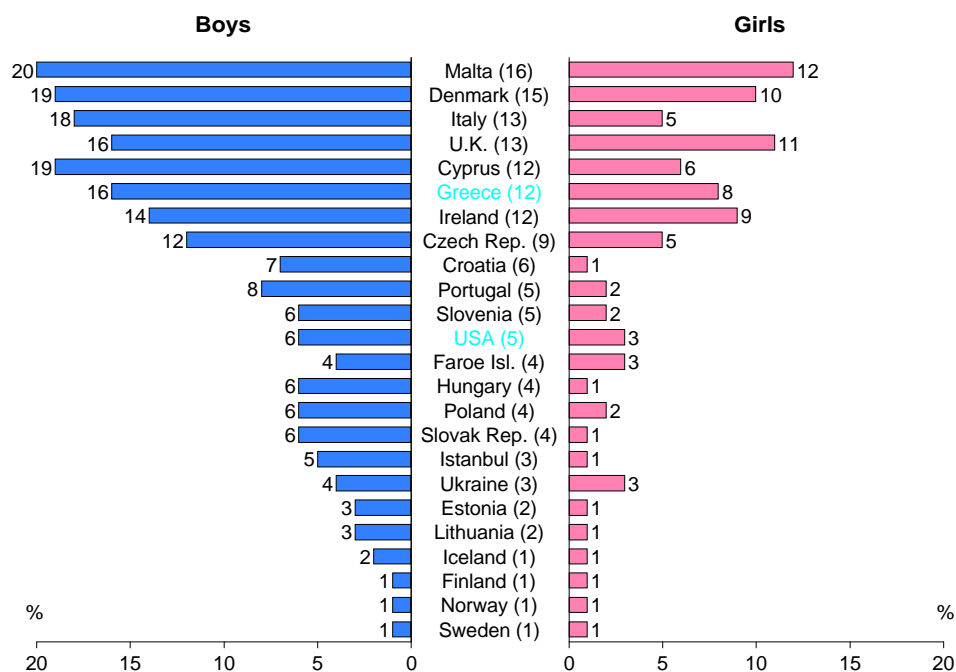


Figure 6. Use of any alcoholic beverage 10 times or more during the last 30 days. Percentages among boys and girls. Marked country: Limited comparability.

Beer consumption

(Tables 7a–7c, map 7, figure 7)

The students were also asked more specifically about the beverages they had consumed during the last month. The prevalence of beer drinking is highest in Denmark (72%) and Cyprus (42%) and lowest in Lithuania (24%) and Ukraine (25%). The percentages who indicated that they drank beer 3 times or more during the last 30 days are shown in map 7 and figure 7.

The largest proportions are found in the “beer countries” Denmark (44%), Ireland (34%) and Czech Republic (31%), but also in Cyprus (34%), Italy (31%) and Malta (28%). The lowest engaged in beer drinking were the respondents in Lithuania, Norway (9% both), and Ukraine (12%).

Drinking beer is obviously a very male behaviour. There is a substantially higher proportion who had beer 3 times or more the previous 30 days among the boys, compared to the girls. In many cases the proportions among the girls are less than half the one of the boys.

In USA the proportion is much the same as in many European countries (16%) and the proportion is also highest among boys. However, the proportion who did not answer the question is much higher (14%) than in other countries. Only Ukraine show a similar percentage (10%).

Wine consumption

(Tables 8a–8c, map 8, figure 8)

The 30 days prevalence of wine consumption is highest in Malta (61%) and Italy (52%). These two countries also show the largest proportions of students who had drunk wine 3 times or more during the last 30 days (30 and 24% respectively), followed by United Kingdom (19%). There is a rather big group of about 10 countries, including all the Scandinavian countries except Denmark, but also Ireland and Turkey, with quite small proportions of students who had been drinking wine 3 times or more during the last month. Lowest percentages are found in Norway and Turkey (around 3%).

The gender distribution of wine consumption differs quite a lot between countries. In some countries the proportions who reported wine drinking 3 times or more during

the last 30 days, are higher among boys than among girls. This is the case in some of the wine producing countries Croatia, Italy, Malta, Hungary, Slovak Republic and Slovenia. In United Kingdom the situation is the opposite while in other countries there are hardly any gender differences at all.

Spirits consumption

(Tables 9a–9c, map 9, figure 9)

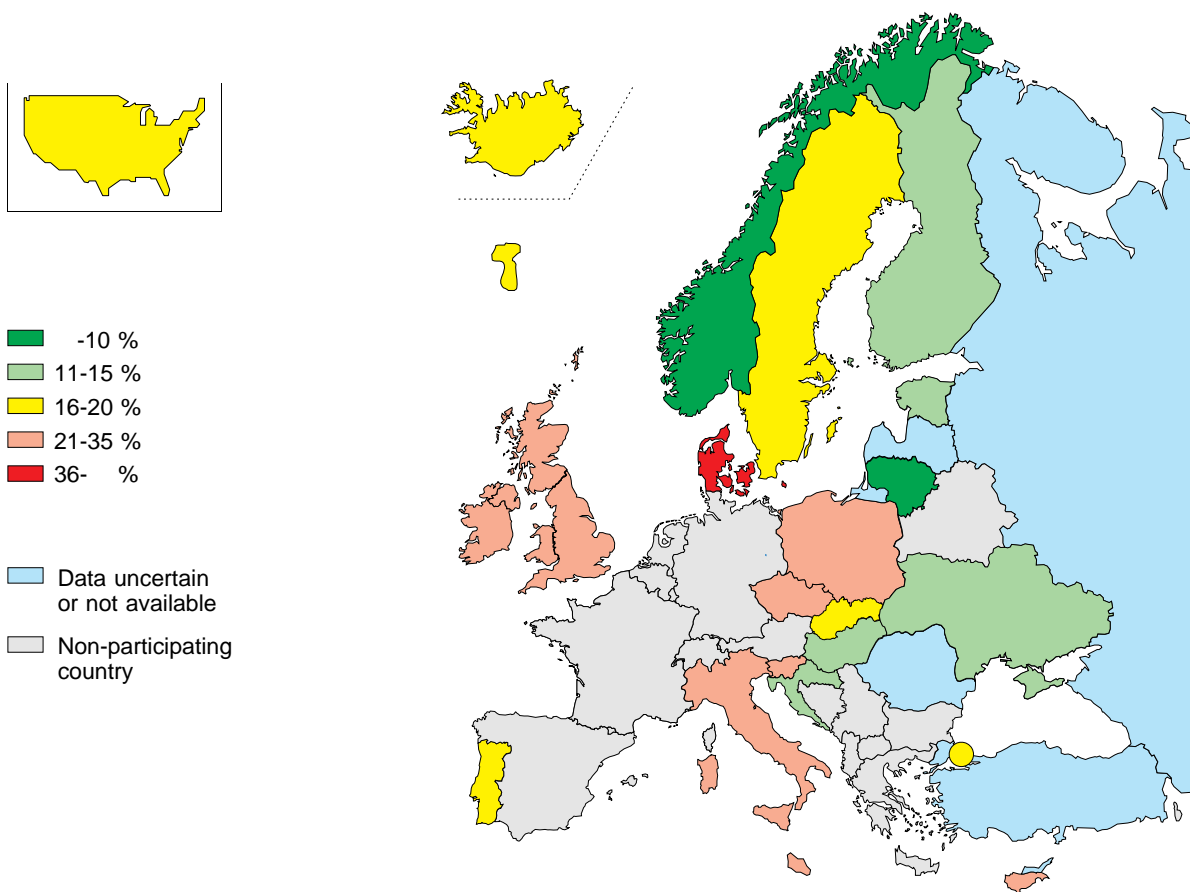
The highest prevalence figures of consumption of spirits during the last 30 days are found in Denmark (67%), Malta (58%) and Czech Republic (53%), and the lowest in Turkey (17%), Croatia (25%), Slovenia (28%), Estonia and Slovak Republic (29% each).

The proportions who reported a consumption frequency of 3 times or more during the past month correspond very well with the prevalence figures. In Malta 35% reported this, in Denmark 30% and in Czech Republic and United Kingdom around 24%.

There are, however, very interesting gender differences here. In Malta, United Kingdom and Ireland substantially higher proportions among girls than among boys reported this frequency of spirits consumption (3 times or more). In Lithuania and Slovenia the figures are slightly higher among girls. In many of the Scandinavian countries, like Iceland, Sweden, Norway and Finland, the proportions are about equal between boys and girls.

Last drinking occasion

The questionnaire included three questions regarding the consumed quantities at the last alcohol drinking occasion. The questions were: “The last time you had an alcoholic drink, did you drink any beer? If so, how much?”, and analogous questions about wine and spirits. The answers were to be given at fixed alternatives with exemplified quantities (see Appendix IV). It should be mentioned that all three questions refer to the same drinking occasion. The questionnaires quantity categories were not relevant to the Finnish standard drink measures, which is why their data are partly left out of the tables.



Map 7. Beer consumption 3 times or more during the last 30 days. Percentage among all students.

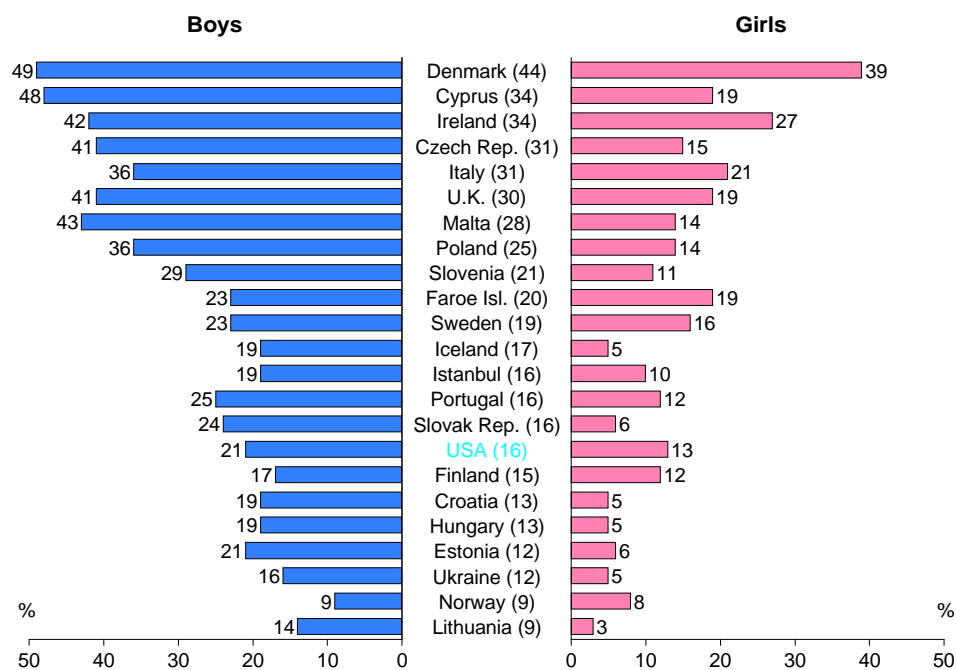
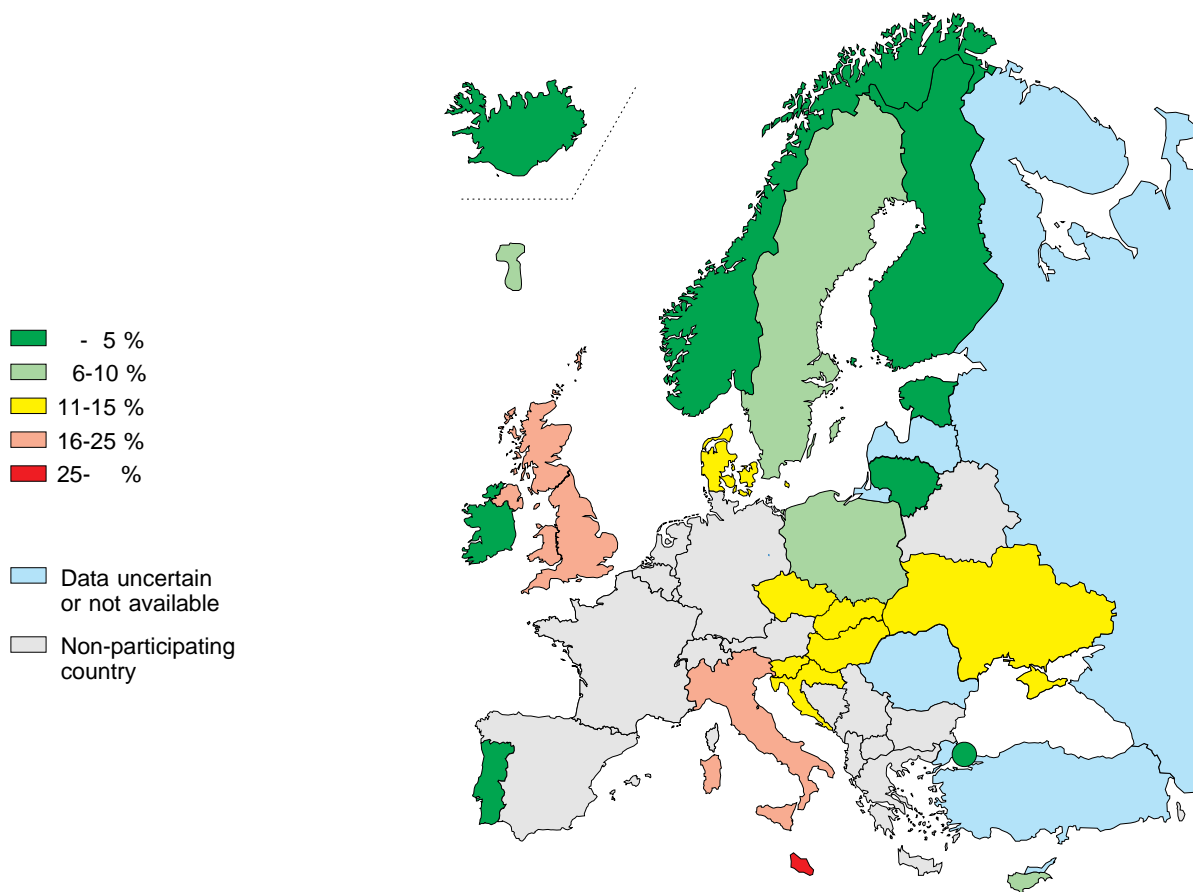


Figure 7. Beer consumption 3 times or more during the last 30 days. Percentages among boys and girls. Marked country: Limited comparability.



Map 8. Wine consumption 3 times or more during the last 30 days. Percentage among all students.

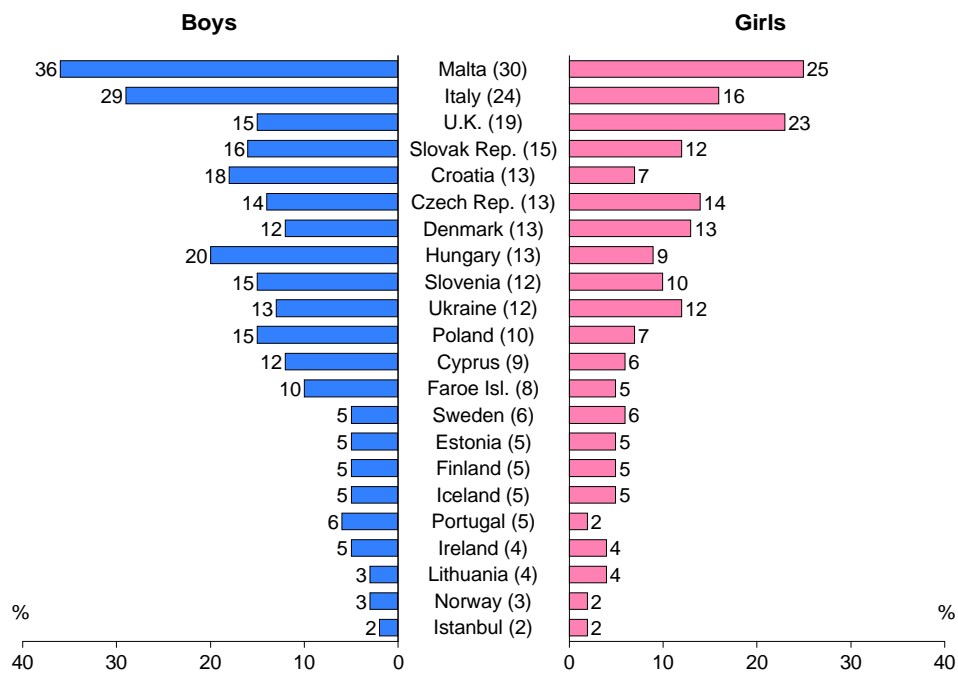
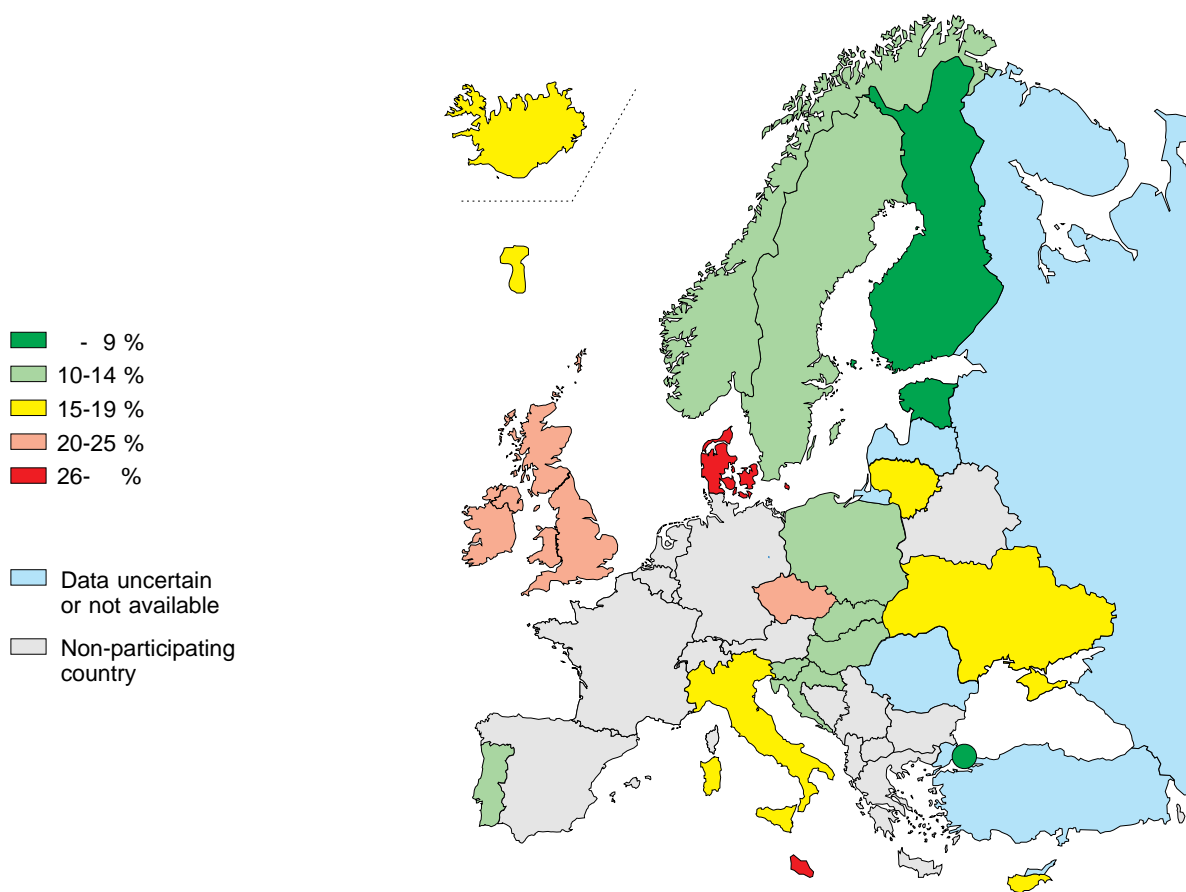


Figure 8. Wine consumption 3 times or more during the last 30 days. Percentages among boys and girls. Marked country: Limited comparability.



Map 9. Consumption of spirits 3 times or more during the last 30 days. Percentage among all students.

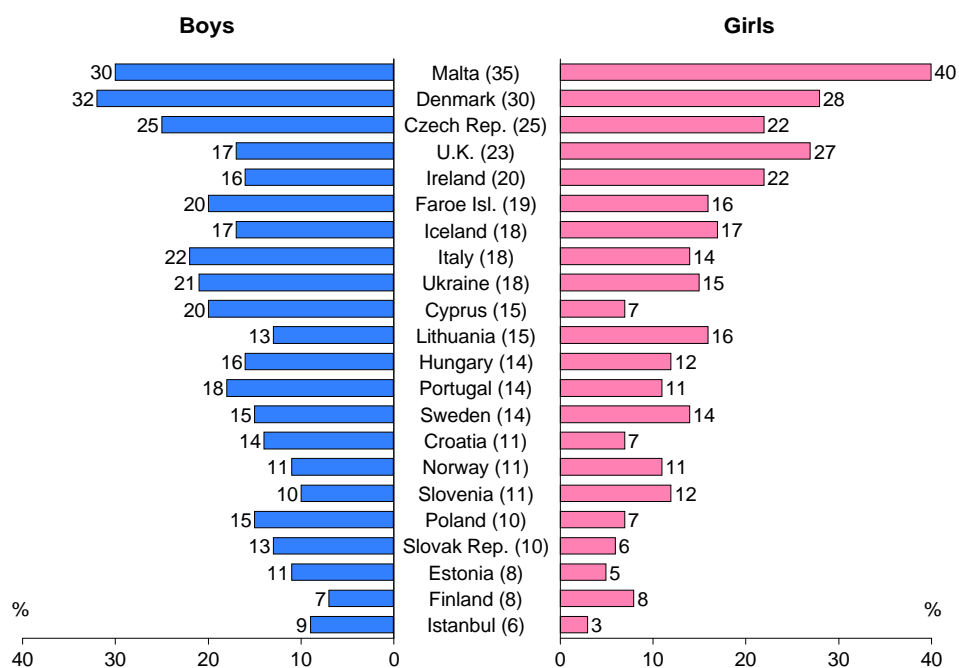


Figure 9. Consumption of spirits 3 times or more during the last 30 days. Percentages among boys and girls. Marked country: Limited comparability.

Beer

(Tables 10a–10c, map 10, figure 10)

The majority of the boys had been drinking beer last time they had an alcoholic drink. Only in Hungary, Norway, Turkey and Ukraine half of the boys or less had drunk beer. Among the girls this was less common. Only in Denmark, Iceland and Ireland more than half of the girls had drunk beer at the last drinking occasion.

Figure 10 and map 10 show the percentages of respondents who reported drinking 101 cl of beer or more at the last drinking occasion. Denmark (39%) and Ireland (38%) share the top position in this respect, followed by Sweden (28%) and United Kingdom (22%). The smallest proportions (3–5%) are found in Ukraine, Lithuania, Slovak Republic and Estonia. Overall, there is a clear geographical pattern. Most of the eastern and central European countries range 3–6%, the southern countries 7–14% and the northern countries 16–39%.

There is a distinct gender difference in the proportion having been drinking 101 cl of beer or more at the last drinking occasion. Without exception this is much more often reported by boys.

Wine

(Tables 11a–11c, map 11, figure 11)

The largest proportions reporting a consumption of 10 cl of wine or more at the last drinking occasion are found in Czech Republic, Slovak Republic (35% both), United Kingdom (30%), Hungary and Malta (29% both). The countries with smallest proportions reporting this consumption are Portugal (6%), Faroe Islands (7%), Turkey (9%), Norway (11%) and Ireland (12%).

There is a certain variation in the gender pattern. In some countries there are higher percentages among the boys (e.g. Slovak Republic, Hungary, Malta and Italy) while in others the opposite is the case (e.g. Denmark, Estonia and Sweden). The main impression, however, is that the distribution in most countries is fairly equal between the sexes. The greatest difference was found in Hungary and Italy where twice as many boys as girls reported this level of consumption.

Spirits

(Tables 12a–12c, map 12, figure 12)

A consumption of 11 cl of spirits or more at the last drinking occasion is reported by the largest proportions of students in Faroe Islands (34%), Iceland (32%) and Lithuania (30%). The smallest figures are found in Slovenia (4%), Turkey, Portugal and

Croatia (6% each).

The most interesting aspect of figure 12 is the gender distribution. In the British Isles more girls than boys had drunk 11 cl of spirits or more, while in most other countries the boys were in majority. In Malta, Sweden and Slovenia about the same number of boys as girls reported this level of drinking.

Drunkenness

Among students in this age group it is not uncommon to drink alcohol to the point of intoxication. For some it happens once or twice, more or less accidentally. For others, however, it is a habitual behaviour where the purpose of the consumption is to get drunk.

Below we set out the lifetime, 12 months and 30 days prevalences of getting drunk as well as the 30 days prevalence of binge drinking.

Lifetime

(Tables 13a–13c, map 13, figure 13)

In some countries a large majority of the students reported having been drunk, while in others this is rather uncommon. Countries with the highest lifetime prevalence of intoxication are Denmark (84%), United Kingdom (78%) and Finland (75%). Experience of drunkenness is much less frequent in Turkey (29%) and Portugal (36%).

In Greece and USA almost half of the students have experienced drunkenness, but in France only one third reported this.

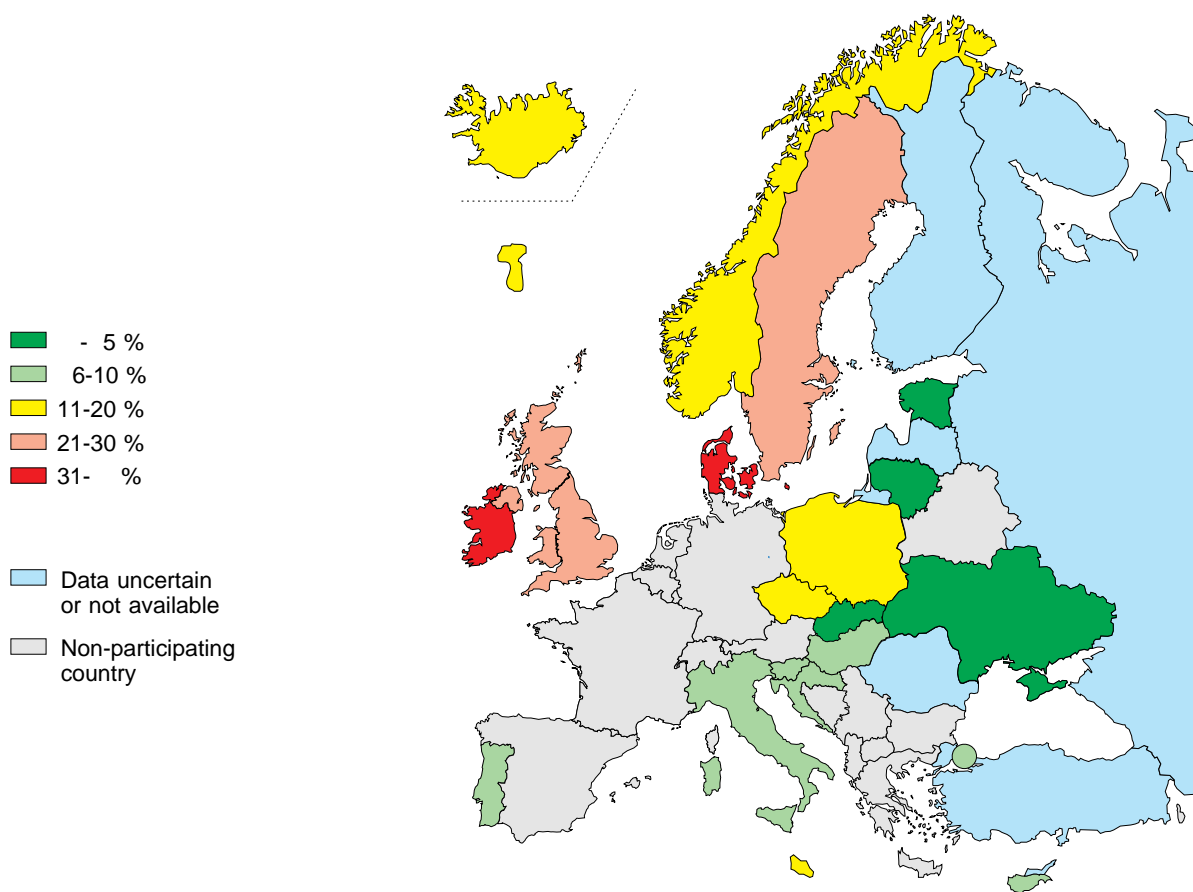
In the northern European countries (except Norway) more students reported having been drunk 20 times or more in lifetime compared to other countries. This behaviour was reported less frequent in the southern parts of Europe (Ukraine, Portugal, Cyprus, Turkey, Greece, Malta, Italy and Croatia). A rather high percentage of the Turkish students did, however, not answer the question.

In most countries more boys than girls have been intoxicated at least 20 times, except in Finland where 30% of the girls and 26% of the boys gave this answer.

Last 12 months

(Tables 14a–14c, map 14, figure 14)

The proportions of students in different countries, who have been drunk 10 times or more during the last 12 months, follow about the same order as the lifetime prevalence of being drunk. Denmark (32%) and Finland (28%) are in the lead, next come United Kingdom (25%), Faroe Island (22%), Ice-



Map 10. Consumption of 101 cl beer or more at the last drinking occasion. Percentage among all students.

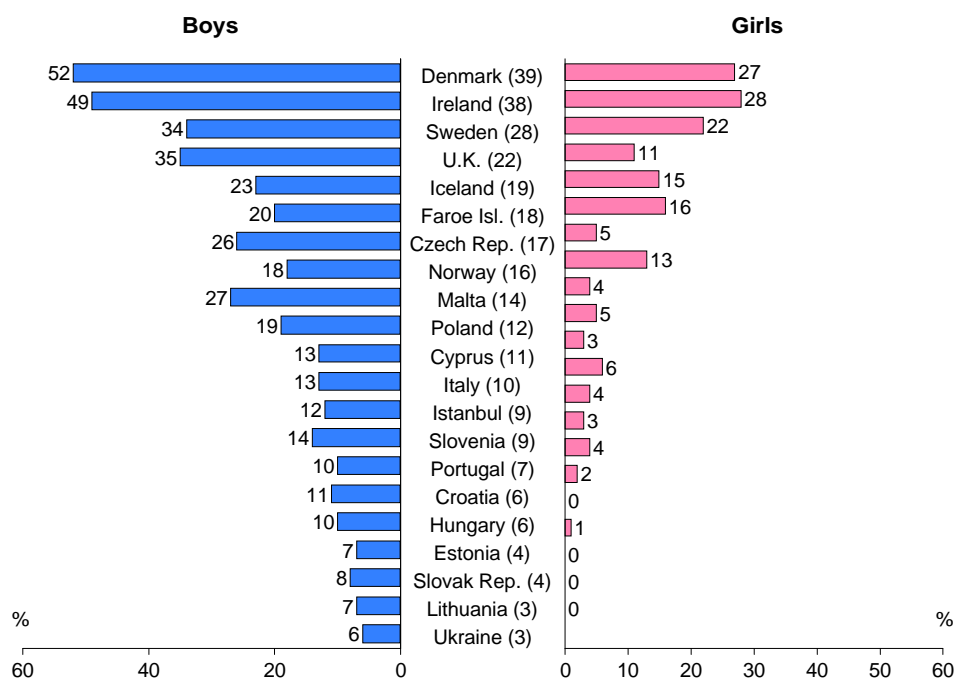
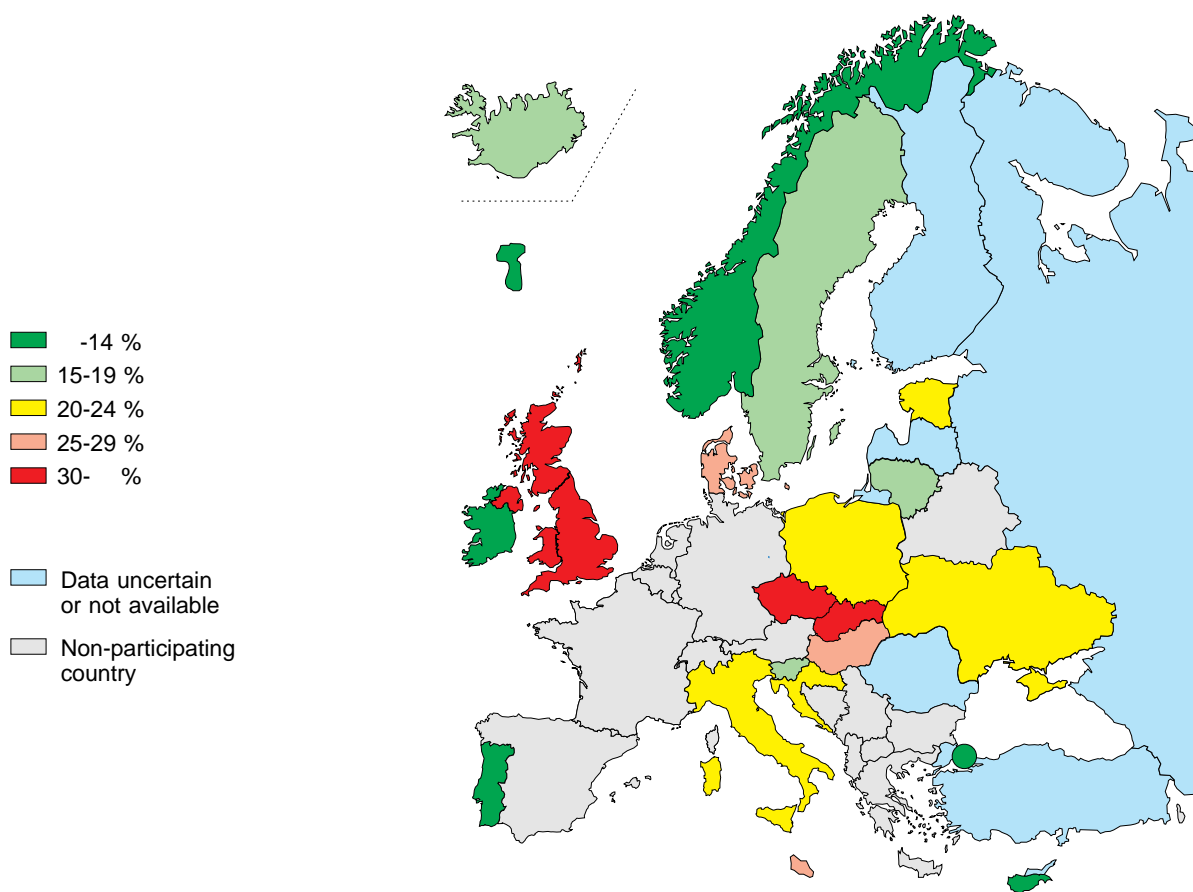


Figure 10. Consumption of 101 cl beer or more at the last drinking occasion. Percentages among boys and girls. Marked country: Limited comparability.



Map 11. Consumption of 10 cl wine or more at the last drinking occasion. Percentage among all students.

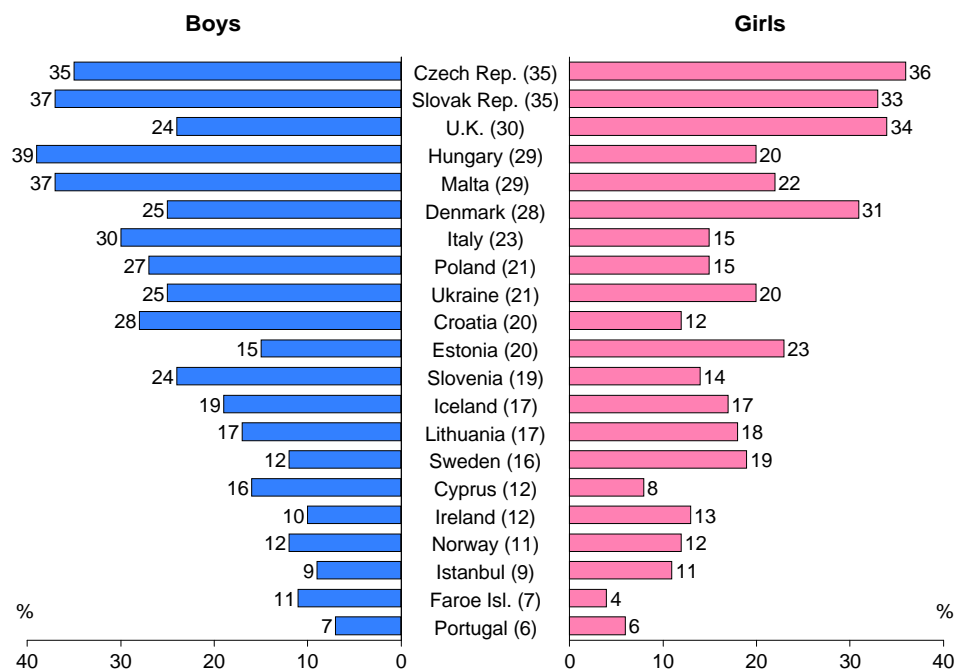
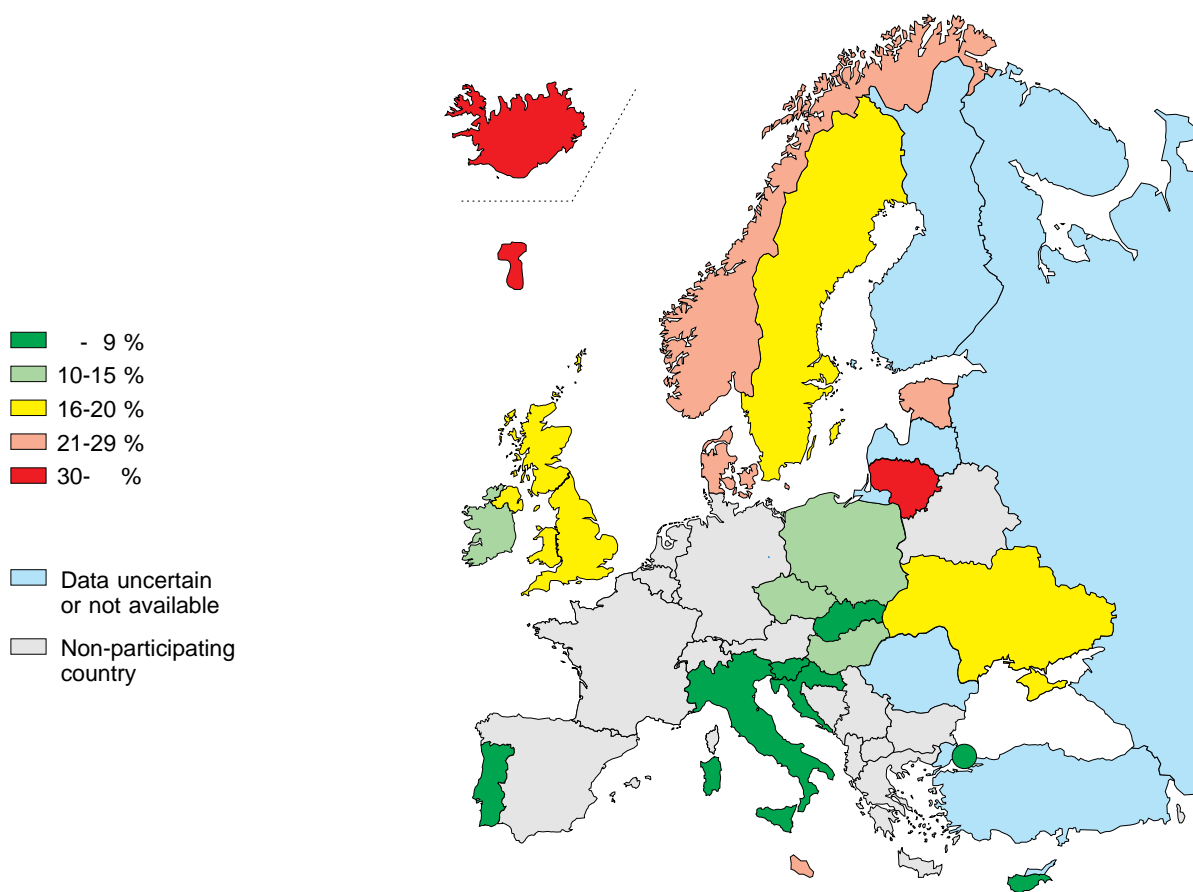


Figure 11. Consumption of 10 cl wine or more at the last drinking occasion. Percentages among boys and girls. Marked country: Limited comparability.



Map 12. Consumption of 11 cl spirits or more at the last drinking occasion. Percentage among all students.

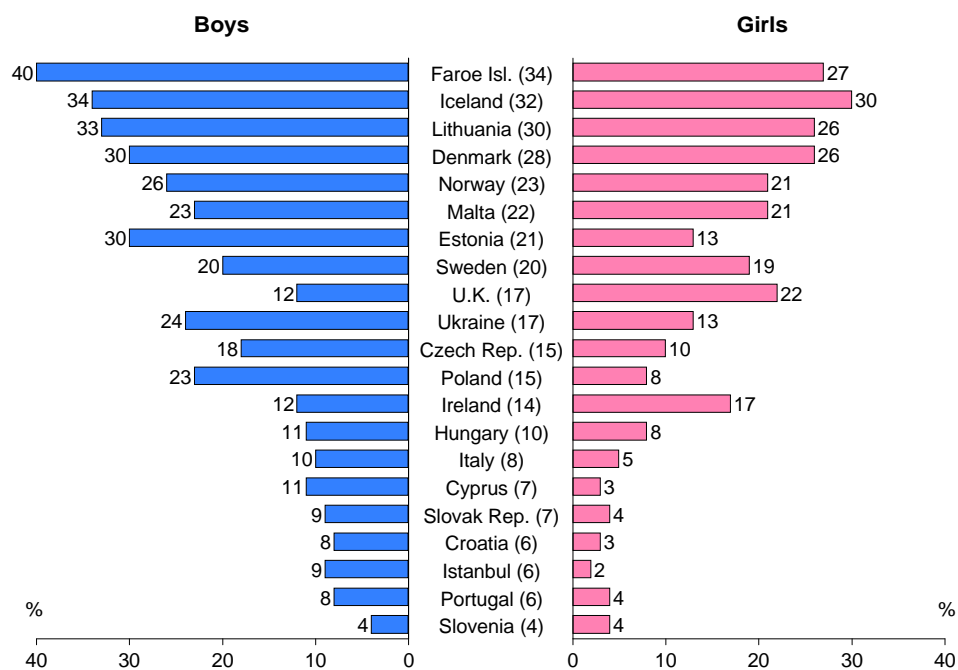
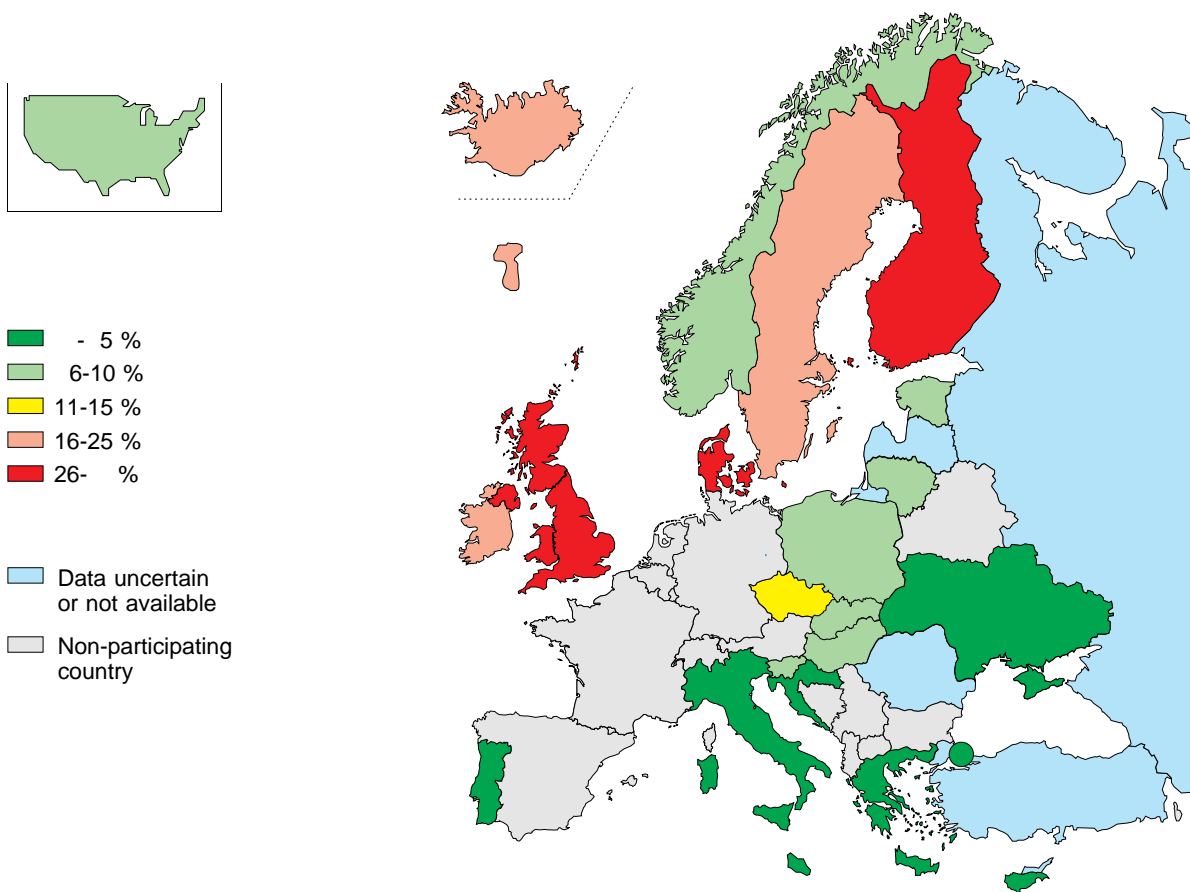


Figure 12. Consumption of 11 cl spirits or more at the last drinking occasion. Percentages among boys and girls. Marked country: Limited comparability.



Map 13. Proportion of all student who have been drunk 20 times or more in lifetime.

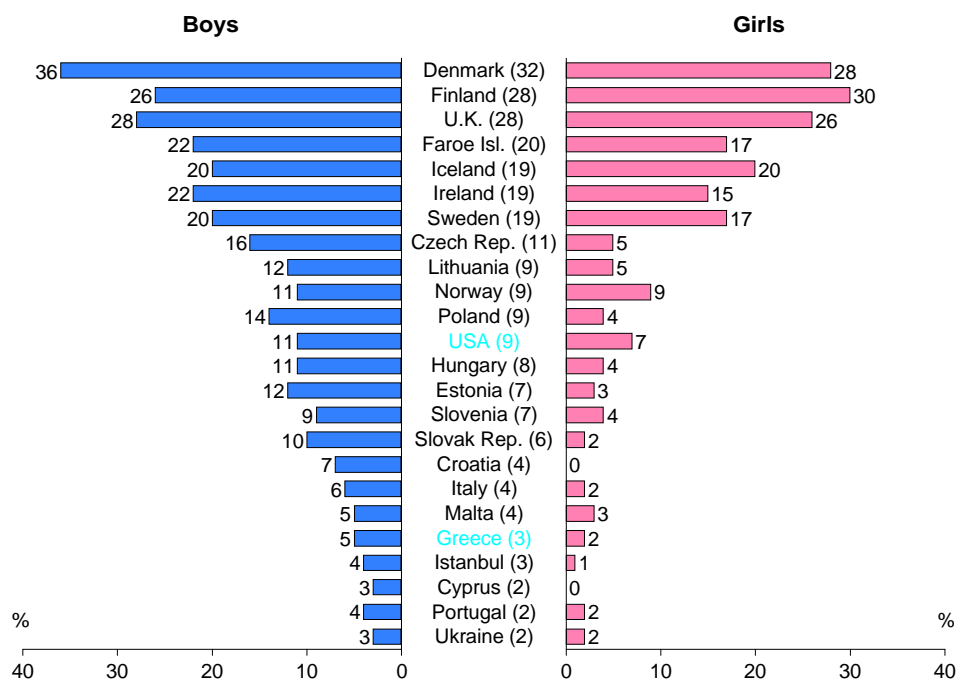
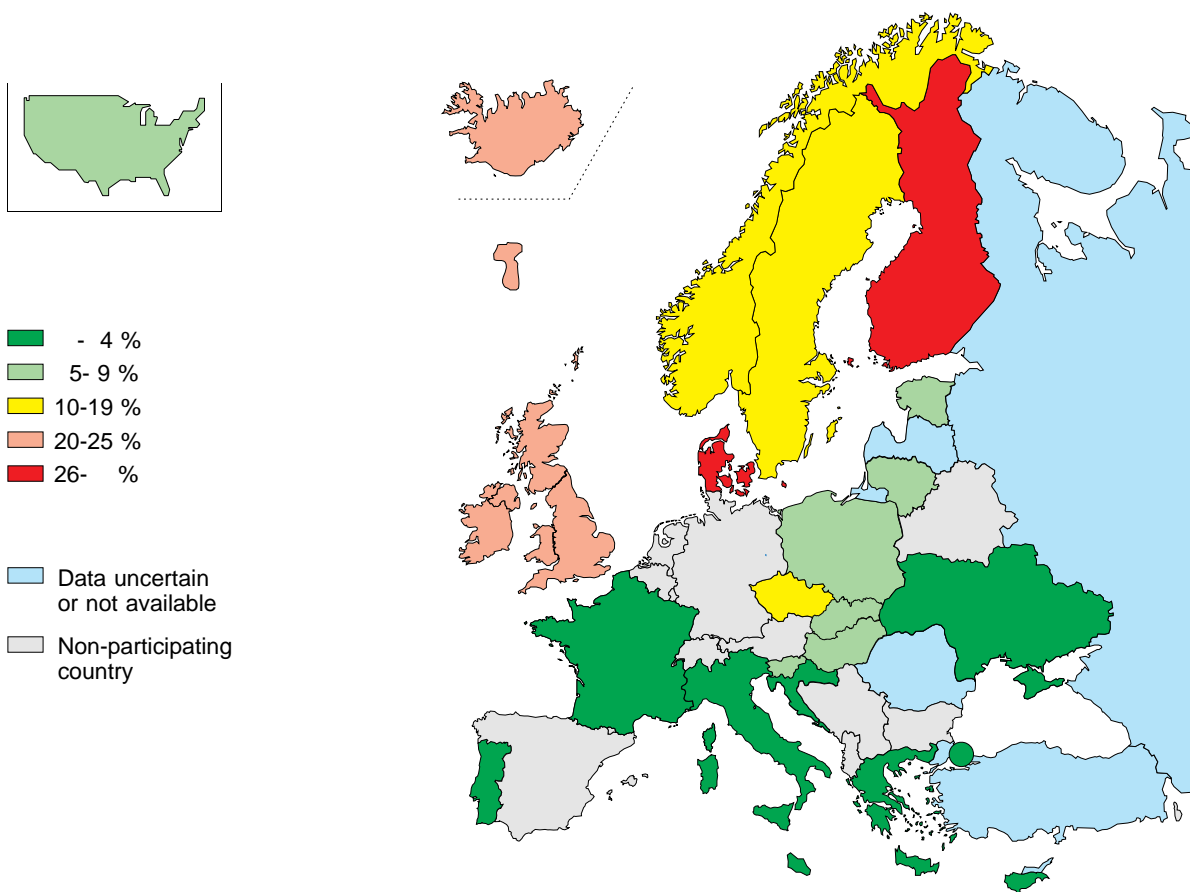


Figure 13. Proportion of boys and girls who have been drunk 20 times or more in lifetime. Marked country: Limited comparability.



Map 14. Proportion of all student who have been drunk 10 times or more during last 12 months.

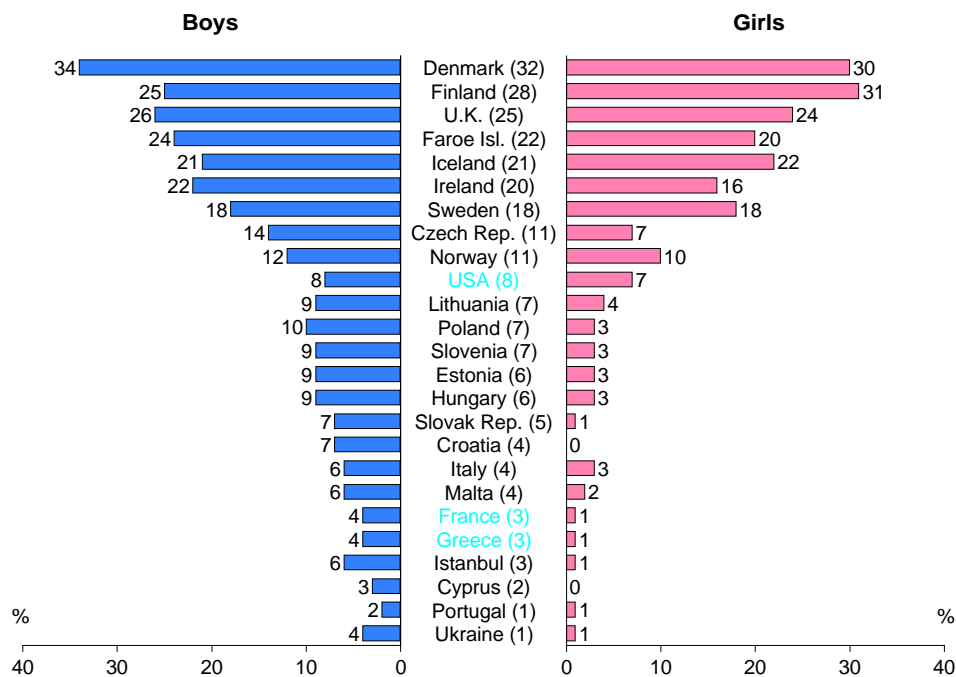


Figure 14. Proportion of boys and girls who have been drunk 10 times or more during last 12 months. Marked country: Limited comparability.

land (21%) and Ireland (20%), i.e. predominantly countries in the northern part of Europe. Very few students in the southern and south-eastern parts reported this behaviour. Very small proportions (1–2%) reported this behaviour in Ukraine, Portugal and Cyprus.

In Greece and France 3% had been drunk 10 times or more while this was the case with 8% of the US students

In most countries more boys than girls have been drunk 10 times or more during the past year, except in Finland where more girls reported this and in Iceland and Sweden where the proportions are about equal between the sexes.

Last 30 days

(Tables 15a–15c, map 15, figure 15)

Perhaps the 30 days prevalence rates of drunkenness may best reflect different countries' drinking culture. In some countries drinking to the point of intoxication is rather frequent while it is a rare behaviour in others. The highest figures are found in Denmark (58%), Finland (51%), United Kingdom (48%) and Iceland (46%). This behaviour is much less common in Portugal, Turkey (11% both), Croatia, Ukraine (13% both) and Malta (14%). Overall, the northern countries show the high percentages and the southern countries the low, while the central and eastern countries fall in between. It is, however, worth noting that about one third of the Turkish students did not answer the question.

The proportions of students who have been drunk 3 times or more during the last 30 days show that the top countries for frequent intoxication are United Kingdom, Denmark and Finland. It is, however, not entirely a northern countries' behaviour; the geographical picture is somewhat mixed.

In most of the "high ranked" countries the gender distribution is rather equal. In most countries with lower reported frequency of drunkenness the figures are usually higher among boys.

Binge drinking

(Tables 16a–16c, map 16, figure 16)

Another variable measuring the frequency of intoxication is the frequency of binge drinking. In some countries drinking 5 or more drinks in a row is a very uncommon behaviour. The tables 16a–c show the proportions who consumed such quantities during the last 30 days. In Turkey and Portugal this was only reported by 14% of the students, while in Denmark and United Kingdom the propor-

tions were 61 and 50%.

The tendency is the same when looking at the students who reported heavy drinking 3 times or more during the last 30 days. The most frequent binge drinking is indicated by students in Ireland (23%), United Kingdom, Denmark (22% both) and Italy (20%). Much smaller proportions are reported from Portugal (4%), Turkey (5%), Slovak Republic and Slovenia (7% each).

In Greece 19% and in Spain 15% had consumed these quantities 3 times or more during the last 30 days.

Except for Italy small gender differences are found in countries where high percentages of students reported binge drinking. In all countries, however, more boys than girls are drinking these amounts that often.

Age at first use of alcohol

(Table 17, map 17, figure 17)

Beer, wine or spirits

Table 17 shows the proportions of students who were 13 years or younger when they first drank beer, wine or spirits (at least one glass). As can be seen, many of them started to drink alcohol at a fairly young age.

The largest proportions who indicated drinking a glass of beer at the age of 13 or younger are found in Denmark (73%), United Kingdom and Cyprus (66% both). The figures are substantially lower in Turkey (25%) and Norway (30%).

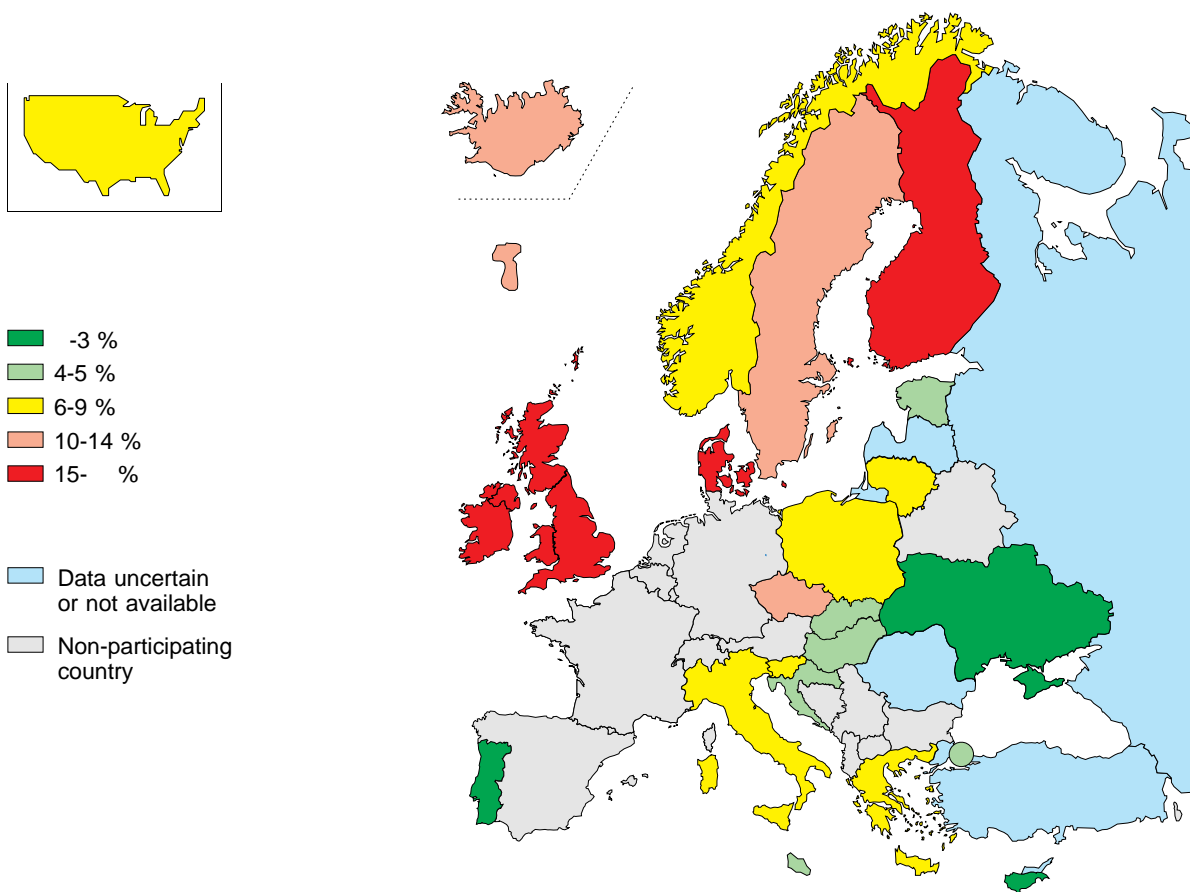
Early début age for drinking wine is most common in United Kingdom (75%), Denmark and Malta (67% both). Countries with low figures include Turkey (12%), Norway (24%) and Iceland (32%).

For spirits the highest proportions of early use are found in Denmark (52%), United Kingdom (46%) and Malta (43%). Low percentages are found in Turkey (13%), Norway (15%), Poland (17%) and Hungary (18%).

There is a clear tendency that countries with large proportions reporting early use of one beverage also have large proportions on other beverages types as well. The top countries for all three beverages are Denmark and United Kingdom.

Analogically, it is also roughly the same countries who have the smallest numbers of students starting to drink when they were 13 years or younger. These countries are Turkey, Norway, Iceland and Hungary.

Among boys who were 13 years or younger



Map 15. Proportion of all student who have been drunk 3 times or more during last 30 days.

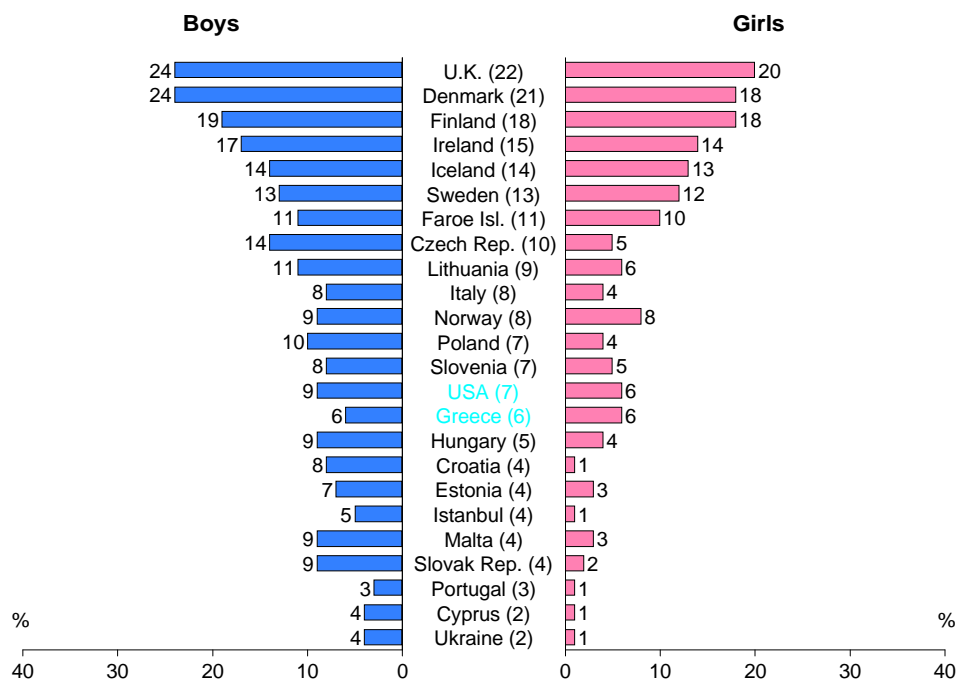
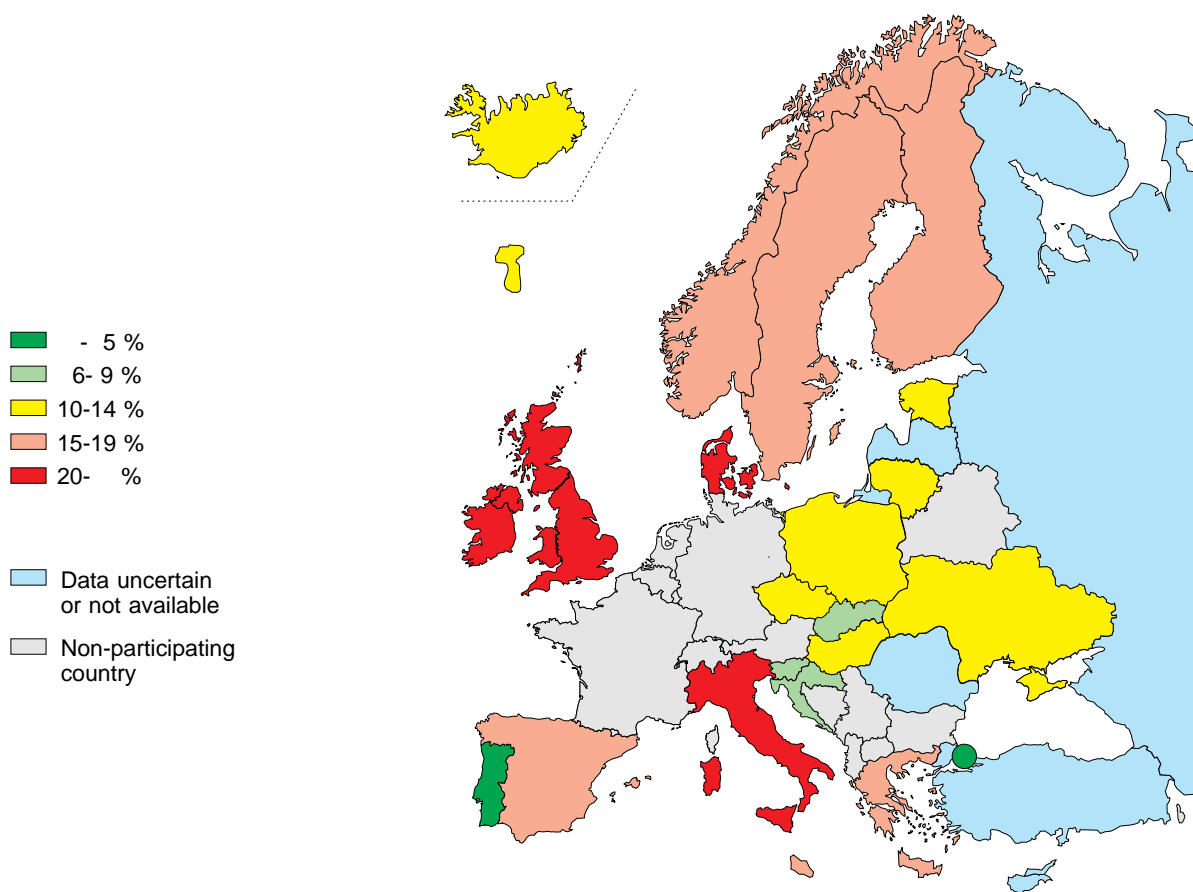


Figure 15. Proportion of boys and girls who have been drunk 3 times or more during last 30 days. Marked country: Limited comparability.



Map 16. Proportion of all student who have reported “binge drinking” 3 times or more during last 30 days.

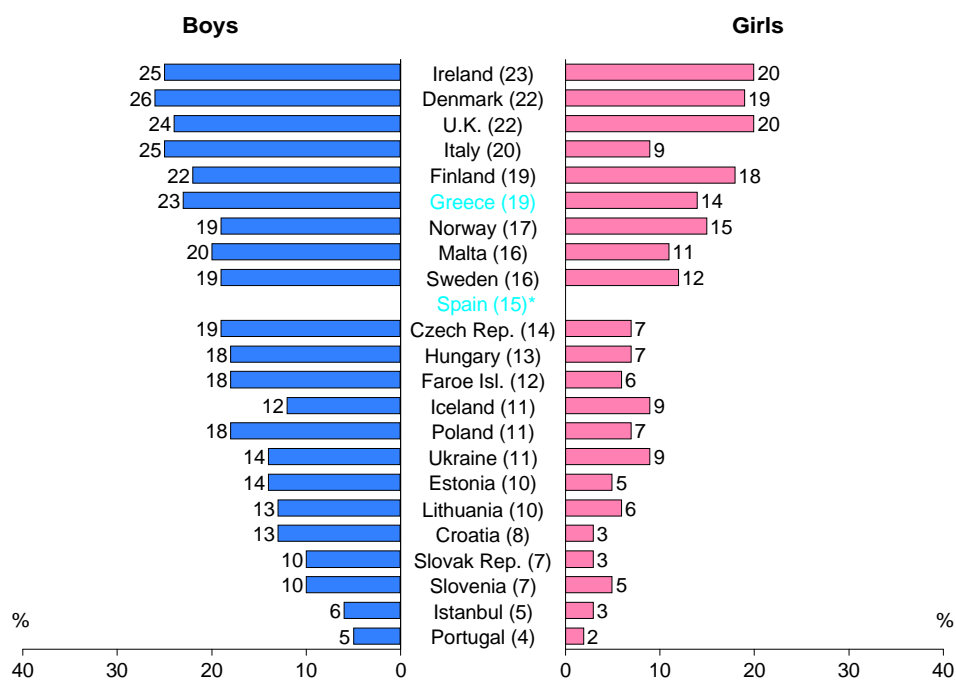
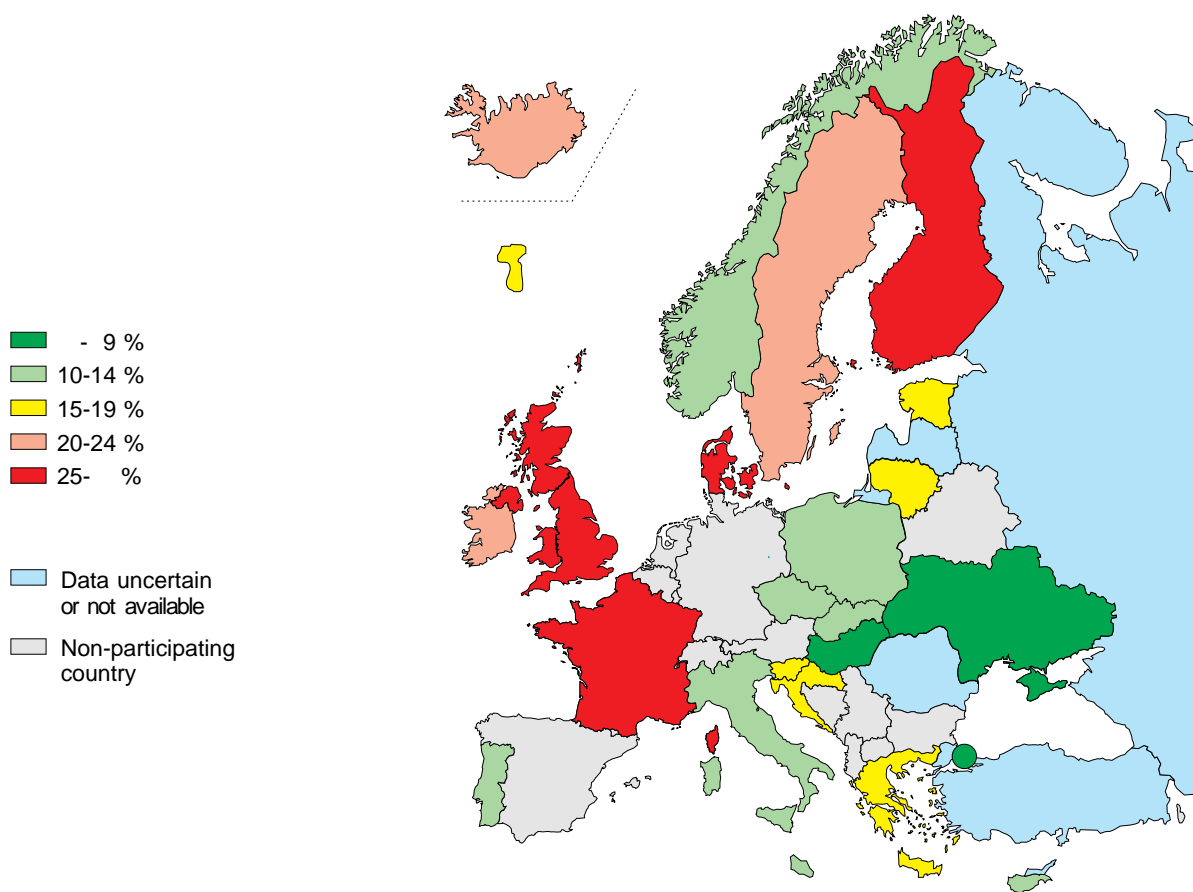


Figure 16. Proportion of boys and girls who have reported “binge drinking” 3 times or more during last 30 days. Marked country: Limited comparability.

* Data not available by sex.



Map 17. Proportion of all student who have been drunk at the age of 13 or younger.

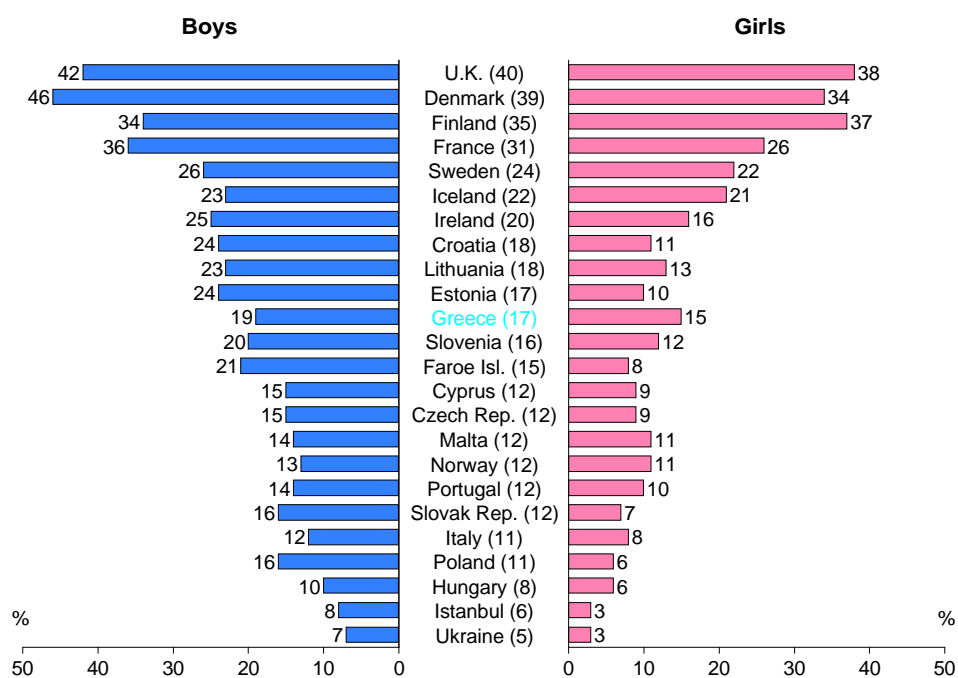


Figure 17. Proportion of boys and girls who have been drunk at the age of 13 or younger. Marked country: Limited comparability.

when they drank their first alcoholic beverage, the proportion is usually highest for beer, followed by wine and spirits. Among girls there is a slight tendency for higher figures for a glass of wine compared to a glass of beer. For all countries and both sexes the onset is latest for drinking spirits. With very few exceptions in all countries, the boys have had their first glass of beer, wine and spirits at an earlier age than the girls.

Intoxication

Many students who frequently drink fairly large quantities of alcohol experience their first intoxication quite early in life. Table 17, map and figure 17 show the percentages of students who said that they were 13 years or younger the first time this happened. The largest proportions of students who said so are found in United Kingdom (40%), Denmark (39%) and Finland (35%). Data from the French study shows that 31% of the French students had experienced their first intoxication at the age of 13 or younger.

Countries where this was least common were Ukraine (5%), Turkey (6%) and Hungary (8%). In most of the countries the overall impression is that more boys had been drunk at this young age. However, in a few countries, including Finland and Iceland, the gender differences are very small.

Drinking places

(Tables 18a–18c)

To get an idea of in which context the students drink alcohol they were asked the question: “Think of the last day on which you drank alcohol. Where were you when you drank?” The alternatives were: “Have never been drinking alcohol; At home; At someone else’s home; Out on the street, in a park, beach or other open area; At a bar or pub; In a disco; In a restaurant; Other, please describe”. Data is missing from Malta and United Kingdom.

The drinking places most commonly reported by the alcohol consumers were: At home, at someone else’s home. Countries where “At home” got highest scores include Croatia, Estonia, Italy, Poland, Portugal, Slovak Republic, Slovenia, Sweden, Turkey and Ukraine. “Someone else’s home” is most frequently indicated in Denmark, Faroe Islands, Finland, Iceland, Lithuania and Norway. In Poland this answer got the same proportions as “at home”.

Disco has the top position as a place where alcohol is consumed in Cyprus and Czech Republic. Only Ireland has highest scores for “at a bar or

pub”, but in Italy, Portugal and Slovenia this is almost as frequent as “at home”.

With some minor exceptions boys and girls have usually given similar answers within the same country.

Expected personal consequences from alcohol consumption

(Tables 19a–19c, figure 19)

The expectancies from alcohol consumption may vary between individuals and cultures, depending on the drinking pattern and earlier experiences. To examine this issue, the students were asked: “How likely is it that each of the following things would happen to you personally, if you drink alcohol?” The consequences listed were: “Feel relaxed; Get into trouble with police; Harm my health; Feel happy; Forget my problems; Not be able to stop drinking; Get a hangover; Feel more friendly and outgoing; Do something I would regret; Have a lot of fun; Feel sick”, i.e. five “positive” and six “negative” consequences. For all these alternatives the students answered on a five point scale from “very likely” to “very unlikely” that a consequence would happen. Tables 19a–19c show the percentages of students who answered “very likely” or “likely” on each statement. Data are missing for Estonia.

The tables also include unweighted averages *for each country* for the positive consequences and for the negatives. On average the positives score higher percentages than the negatives, which in most countries indicates that alcohol is more associated with positive than negative consequences. This is especially the case in Denmark, Faroe Islands, Finland, Sweden and United Kingdom. However, in a few countries the average proportion of students expecting negative consequences exceeds the positives. This is the case in Croatia, Ireland, Portugal and Slovenia.

For each statement, the unweighted average is calculated and shown at the bottom of table 19. The means indicate that within each category of consequences some alternatives are more common than others. Among the negative consequences “harm my health” and “get a hangover” are the most expected consequences of alcohol consumption. Next come, “do something I would regret”, “feel sick”, “get into trouble with the police” and “not be able to stop drinking” in that order.

Among the positive consequences “have a lot of fun” and “feel more friendly and outgoing” are seen as the most likely of expected personal conse-

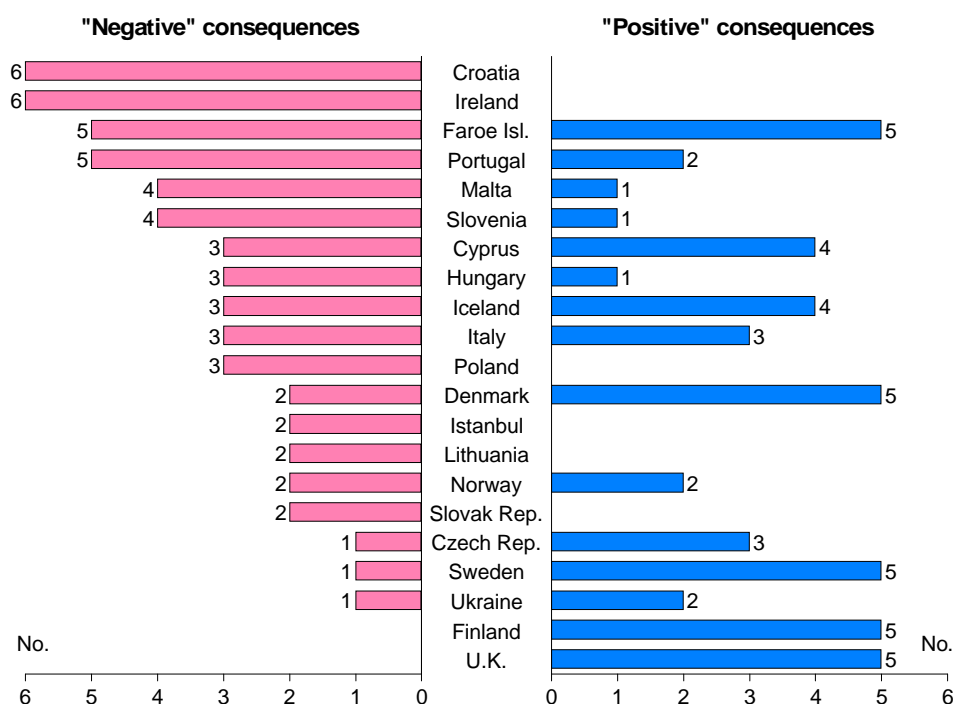


Figure 19. Expected “negative” and “positive” consequences of alcohol consumption. Number of statements for which the percentage of all students answering “Very likely” or “Likely” exceeds the average of all countries. The order of appearance is ruled by the number of negative scores.

quences of alcohol consumption. Next come “feel relaxed”, “forget my problems” and “feel happy” at about the same position.

For each country the proportion on each statement is compared with the average. Figure 19 shows the number of consequences on which a country is above average. (Please observe that the maximum “positive statements” are only five while the negative ones are six.) An interesting pattern emerges however. A few countries are entirely “positive” (5 marks on positive and 0 on negative), like United Kingdom and Finland.

Entirely “negative” countries (6 negative and 0 positive marks) are only Croatia and Ireland. Malta is nearly only “negative” (5 negative and 1 positive). Some countries are rather “ambivalent”, showing high figures both on “negative” and “positive” consequences like Faroe Islands, Cyprus, Czech Republic, Iceland and Italy.

It is interesting to note that countries with the most expected positive consequences all are countries with high prevalence rates of intoxication. Countries with the most expected negative consequences all report few students who drink to the point of intoxication.

With some minor exceptions this picture is the

same among both boys and girls, which suggests that different groups of countries have something in common in their drinking cultures.

Experienced problems

(Tables 20a:1–20c:2, figure 20)

It is well known that consumption of alcohol may result in different kinds of problems. In an effort to get knowledge about how common this is among students in Europe the following question was asked: “Have you ever had any of the following problems because of your alcohol use?” The problems listed are grouped into 4 categories called “individual problems”, “relationship problems”, “sexual problems” and “delinquency problems”. Not all countries, however, used the full list of suggested problems in their questionnaires. Values derived from incomplete lists are put within brackets in figure 20. Data are missing from Cyprus.

Among the *individual problems* the most frequent reported consequence from drinking alcohol is “damage to objects or clothing” (not included by Estonia and Ireland). Countries above averages include e.g. Czech Republic, Denmark, Finland, Lithuania, Norway, Sweden, Ukraine and United Kingdom, with the highest proportions in Denmark

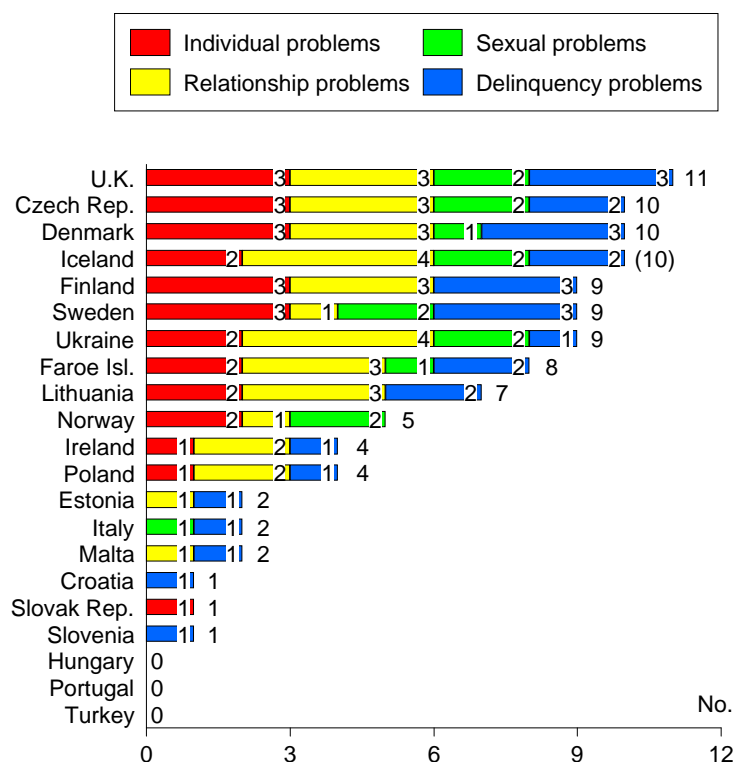


Figure 20. Experienced problems caused by alcohol. The number of variables within each “problem group” for which a country’s percentage exceeds the average of all countries. All students.

Brackets indicate that a country did not include all questions about perceived risk of substance use.

and United Kingdom (33% each). Least expected is this consequence in Turkey, Hungary and Portugal.

“Loss of money or other valuable items” (not included by Estonia and Ireland) comes next and is most frequently reported by United Kingdom, Denmark and Finland (around 23%). Least frequent is this in Croatia, Hungary, Poland, Portugal and Turkey.

“Reduced performance at school or at work” is most commonly reported by Lithuania, Ukraine, Czech Republic and Denmark (around 17%). In Portugal, Finland and Norway only a few students gave this answer.

“Accident or injury” is the least experienced individual consequence from alcohol consumption. The highest percentages are found in United Kingdom, Finland and Iceland (around 15%) while the lowest are found in Portugal, Hungary and Norway.

The most indicated problem among the *relationship problems* is “quarrel or argument”. Highest percentages have Finland, United Kingdom (40% each) and Denmark (37%). Countries with the lowest rates are Portugal (10%) and Turkey (15%).

“Problems in relationship with parents” or “with friends” are both about equally common. The former is predominantly experienced by students in Lithuania and Ukraine (27% each), and least common in Portugal (8%), Turkey, Hungary and Italy.

Ten countries had proportions above average on “Problems in relationship with friends”. But the highest percentages are found in Denmark (29%), Finland and United Kingdom and the lowest in Turkey (9%), Portugal and Slovenia.

Not many of the students in the countries involved, have had “problems in relationship with teachers”. However, highest is the percentage in Lithuania (11%), which is almost 3 times the average.

Sexual problems (not included by Ireland and Turkey) are not very common among the ESPAD students as consequences of alcohol consumption, but it is a serious problem and a threat to the wellbeing of young people. The average proportions indicating any of the two variables “engaged in unwanted sexual experience” and “engaged in unprotected sex” are equal (9%). Unwanted sex is reported to a high degree by students in United Kingdom (17%), followed by Iceland and Norway

(15% both). “Unprotected sex” as a consequence of alcohol consumption is most reported by students in Iceland (16%) followed by Czech Republic and United Kingdom (13% both).

A minority of the students have been involved in one or more of the listed *delinquency problems*. “Scuffle or fight” is the most commonly experienced problem (about 12% on average), which in United Kingdom is reported by 22% of the students followed by Finland (19%) and Sweden (17%). Least common is this behaviour in Croatia, Portugal (3% both), Slovenia and Turkey (9%). (This alternative was not included by Estonia, Hungary and Ireland).

“Driving a car/motorcycle under the influence of alcohol” (not included by Ireland and Turkey) and “trouble with the police” (not included by Iceland and Turkey) are on average about equally frequent (around 7%) as a complication from drinking alcohol. The former is reported by 17% of the Italian students which is quite high in relation to other countries, of which the second highest proportions are reported by Faroe Islands, Finland, Slovenia and Sweden (around 12%).

Trouble with the police” on the other hand is most frequently reported by students in United Kingdom (16%) and Ireland (13%). It should be noted, however, when comparing countries, that all alternatives were not included by all countries. For example “trouble with police” was the solitary item included by Ireland.

Very few students in any country have been victimized by robbery or theft under the influence of alcohol. The highest percentages are found in Iceland (9%) and Faroe Islands (6%). On average only 2% reported this.

In figure 20 the pattern of experienced problems in different countries is shown by counting for each country the number of items on which the country scores higher than average. A problem with this diagram is that not all alternatives were included by all countries. (The values in the figure embraced by brackets indicate that not all alternatives were included in the questionnaire of the actual country.) Despite this fact a very interesting pattern emerges.

For each of the 14 problems and for each country the number of items for which it scores above average are counted and summarized in figure 20 in the same way as in figure 19. A clear picture can be seen where United Kingdom scores the highest total number of problems (12 times above average), while Czech Republic, Denmark and Iceland come next (10 times). Three countries (Hungary,

Portugal and Turkey) have no marks above average, while 3 countries only have one (Croatia, Slovak Republic and Slovenia).

Another way of summarizing the results on this variable is to say that most alcohol related problems among the students are found in United Kingdom and in the Scandinavian countries along with Czech Republic and Ukraine. With two exceptions these are also the countries with the highest frequency of being intoxicated 20 or more times in life. One exception is Ukraine which reported low proportions on the intoxication prevalence, and the other is Ireland, which is “middle ranked” on alcohol problems in figure 19.

Countries with the lowest number of alcohol related problems are found among the wineproducing countries, where the students usually show a relatively low frequency of intoxication.

In many countries there are no big gender differences. Such differences can be found, however, and one example is that “problems in relationship with friends” in some countries are more frequent among girls e.g. in the British Isles and Scandinavia.

In some countries “individual problems” are most frequent among boys. This is the case mainly in some of the wineproducing countries, including Italy, Slovak Republic, Slovenia and Malta.

Sexual problems caused by alcohol are clearly more common among boys than among girls in some countries. These countries can not easily be grouped together, but include Croatia, Italy, Lithuania, Malta, Poland, Portugal, Slovak Republic and Ukraine.

In all countries delinquency problems caused by alcohol consumption are more common among boys. On average 17% of the participating boys had been involved in “scuffle or fight” compared to 7% of the girls. About 13% of the boys have been “driving a motorcycle/car under the influence of alcohol” and “in trouble with police” (9%). Among the girls the corresponding figures are about 3–4%.

Some interesting features emerge about alcohol related problems connected with certain countries. One is that “problems in relationship with parents” are most frequent in the Baltic countries and Ukraine, especially among boys. The same countries, except Estonia which did not ask the question, showed the highest proportions on the question about “problems in relationship with teachers”.

Another interesting result is that Finnish, Italian and Slovenian boys, have the highest proportion

involved in “driving a motorcycle/car under the influence of alcohol”.

“Victimized by robbery or theft” is unusual, with an average of about 2%. In Iceland, however, this was the response of 9% both among boys and girls.

Reasons for not drinking alcohol

(Tables 21:1–21:2)

In most ESPAD countries a majority of the young people drink alcohol occasionally or regularly. Those who don’t, may have different reasons for not drinking. In some cases it might be a question of ideology, but it can also be that they just do not yet have begun to use alcohol.

In an attempt to explore and understand the reasons for abstaining from alcohol the students were asked the question: “Below is a list of reasons why some people do NOT drink alcohol. Read through the list and tick each item to show whether you personally agree or disagree”. The results presented are the percentages who agreed on each statement among *all students*, i.e. both consumers and abstainers. This question was not asked in Iceland.

The statements were:

- Drinking is bad for your health
- Drinking costs too much
- I have religious reasons for not drinking
- People who drink lose control in an unpleasant way
- It is hard to stop drinking once you start the habit
- My parents disapprove strongly of people who drink
- Drinking makes you put on weight
- Drinking has destroyed somebody that I know well
- Alcohol tastes horrible
- Some of the effects, e.g. hangovers, dizziness and vomiting, are awful
- Drinking is too likely to lead to crime and violence
- Drinking is against my principles
- Drinking is too likely to lead to serious accidents
- Drinking is too likely to have bad effects on family life
- Some other reasons. Which?..

The reasons most frequently agreed upon were: “some of the effects, e.g. hangovers, dizziness and vomiting are awful” (91% on average), “may lead

to serious accidents” (90%), “bad for health” (89%), and “may have bad effects on family life” (83%). According to the students, least important reasons for not drinking alcohol were “religious reasons” (23%), “risk to put on weight”, (42%) “tastes horrible” (44%), and “against my principles” (47%).

Naturally, reasons for not drinking vary between countries. In most countries there were several reasons indicated by proportions of the same magnitude and it is therefore difficult to get a clear picture of the importance of different reasons. Below, the comments concentrate on each country’s highest scored reason for not drinking alcohol. In some countries two reasons share the top position.

“Awful effects” is an important reason in all countries, but has the highest priority in the following countries: Faroe Islands, Finland, Ireland, Malta, Norway, Portugal and United Kingdom, i.e. countries characterized by both very high and very low alcohol consumption among the students.

“May lead to serious accidents” is indicated as the most important reason by students in Cyprus, Czech Republic, Denmark, Italy, Lithuania, Norway, Poland, Portugal, Slovenia and Turkey.

“Bad for health” scored high in most countries, but got the largest proportions only in Hungary and Sweden.

“May have bad effects on family life” was considered as the number one reason by Croatia, Czech Republic, Estonia, Poland, Slovak Republic, Slovenia, and Ukraine, i.e. predominantly countries in eastern part of Europe.

Quite many countries have ranked “may lead to crime or violence” rather high on the list of reasons for not drinking alcohol, but no-one put it as the first reason. The same holds true for “risk of losing control”, “hard to stop drinking” and “has destroyed somebody I know”. Only one country has highest proportions on “costs too much”: Faroe Islands.

The overall impression is that rather small proportions among the students on the British Isles agree with the reasons listed. They scored high only on “awful effects”. The same holds true to some extent for the students in Denmark, but they put some importance also to the item “may lead to serious accidents”.

Some reasons connected with negative effects (including “tastes horrible” and “may have bad effects on family life”) are of relatively large importance in countries like Croatia, Slovak Republic, Turkey and Ukraine. In these countries “against my

principles” is also important compared to most other countries.

Two reasons for not drinking indicated as important to a higher degree in the Baltic countries than in most other countries are “may lead to crime or violence” and “may have bad effects on family life”.

“Religious reasons” is of great importance for not drinking alcohol only in Turkey. “Put on

weight” is another example of a reason which scored high only in one country (Ukraine).

“Other reasons” got high percentages in four countries, which indicates that the questionnaire did not contain enough relevant reasons for abstaining from alcohol in these countries.

Hardly any country show any important gender differences in the reasons for not drinking alcohol.

Illicit drugs

Knowledge about drugs

(Tables 22a–22c)

In some ESPAD countries illicit drugs have been available and used by young people for a long time, while this is a more recent phenomenon in other countries. To explore how familiar the different drugs names are to the students, they were asked if they had heard of some listed drugs.

Most drugs are familiar to the students in the countries involved in the ESPAD study. Cocaine, marijuana/ hashish and heroin are the very best known drugs (known by 90% or more of the students), while methadone is the least known (30%).

Cocaine is a very familiar drug to most students in this agegroup. About 95% or more knew of this substance in Cyprus, Czech Republic, Denmark, Hungary, Italy, Malta, Norway, Portugal, Slovak Republic, Slovenia and Sweden. This substance is least wellknown in Lithuania and Ukraine, although 83% had heard about it.

Marijuana/ hashish and heroin are equally known on average by the students. In Czech Republic, Italy, Norway, Scotland, Slovak Republic, Slovenia and Sweden 95% or more had heard of marijuana or hashish. The smallest proportions having heard of these drugs are found in Lithuania (60%), and Ukraine (79%).

Heroin is familiar to 95% of the students in Czech Republic, Denmark, Italy, Malta, Norway, Portugal, Slovak Republic, Slovenia and Sweden. The smallest proportions are reported from Lithuania (72%) and Ukraine (82%).

Tranquilizers and sedatives are most familiar to the students in Cyprus, Portugal (95% both), Denmark (93%) and Hungary (92%). They are least known in Estonia (13%), with a “big step” to Turkey where 42% knew of these drugs.

Table 22 shows large differences in knowledge

of LSD. This substance is best known in United Kingdom (91%), followed by Sweden (89%) and Finland (88%). Very few were familiar with LSD in Lithuania (6%), Turkey and Ukraine (13% both).

The proportions saying they have heard about amphetamines vary a lot over Europe. The highest percentages are found in Sweden (97%), Denmark (95%) and Norway (93%). In Lithuania, Slovenia and Ukraine only 13% reported such knowledge.

The use of ecstasy (MDMA) has become more widespread in recent years. The familiarity of this drug’s existence differs, however, between the countries. It is best known in United Kingdom (91%), Ireland and Italy (87% both). Rather few knew about it in Turkey (6%), Ukraine (11%), Estonia (13%) and Slovak Republic (17%).

Crack is not as well known as cocaine. In some countries, however, the awareness of crack is rather high. Those countries include Sweden (92%), United Kingdom (90%), Denmark (86%) Ireland (85%) and Italy (84%). The smallest percentages are reported from Turkey (7%), Poland (12%) and Lithuania (19%).

Methadone, finally, is quite unfamiliar to many students. One exception is Denmark where the students are much more familiar with this drug (87%) than in most of the other countries. In Estonia, Lithuania and Slovak Republic only about 8% have heard of this substance.

For each country an average of the proportions who reported knowledge of each of the drugs has been calculated. It is shown in tables 22a–22c and is intended to measure an overall knowledge about different drugs.

On average the best knowledge of different drugs is found in Denmark, Sweden and United Kingdom. Drugs are least known in Lithuania, Turkey, Ukraine and Estonia. The proportions of stu-

dents who have heard of different drugs are about the same among boys and girls.

Lifetime prevalence

Any illicit drug

(Tables 23a–23c, map 23, figure 23)

Tables 23a–c summarize use of any of the substances marijuana or hashish, amphetamines, LSD or other hallucinogenes, crack, cocaine, ecstasy and heroin. In no ESPAD country, the lifetime prevalence of illicit drug use is zero. There is, however, a wide range of proportions of students who ever tried drugs, from 2% among the girls in Malta to 44% of the boys in United Kingdom.

Thus, the highest lifetime prevalence figures in the ESPAD countries are found in United Kingdom (42%), Ireland (37%), Czech Republic (23%), Italy (21%) and Denmark (18%). The smallest figures are found in Malta (2%), Lithuania (3%), Hungary, Turkey and Finland (5% each). The United Kingdom figure is of the same magnitude as the one reported from USA (41%).

It is worth noting that the proportions reporting lifetime use of illicit drugs 20 times or more, are not altogether consistent with the high prevalence countries. Thus, the highest proportions are found in United Kingdom (16%), Italy (7%), but not in Ireland (0%) or Czech Republic (2%). The next highest in this respect are Denmark and Faroe Islands (3% both).

Overall there are more boys than girls reporting illicit drug use. In some of the low prevalence countries, however, the proportions are about equal.

Various illicit drugs

(Tables 24a–24c)

The percentages of students who have ever used various illicit drugs, other than cannabis, or who ever injected a drug are shown in tables 24a–24c. In most countries the students seem to have some experience of each drug, even if the figures are very low in many of them. Overall the highest prevalence figures of any of these drugs are found in United Kingdom, Ireland and Italy.

Amphetamines have mostly been used by students in United Kingdom (13%). Iceland, Ireland and Italy come next, but on a much lower level (3%). In Greece the proportion who had used amphetamines is 4% and in France and Spain the corresponding figure is 2%. The proportion in USA who reported use of amphetamines is much larger (17%).

The highest prevalences of LSD or other hallucinogens are found in United Kingdom (14%) and Ireland (13%), but also Italy has slightly higher figures (5%) than most other countries. In France and Greece only 1% have used LSD while slightly more students in Spain reported this (3%). The US figure regards only LSD and is 8%.

Crack is not very widely used in any of the countries. The students in United Kingdom and Ireland have experienced this drug to a somewhat higher extent (3%) than the students in the other countries. In Greece hardly any student has experienced crack, but in USA 3% reported this. Use of cocaine is reported by highest proportions in Italy and United Kingdom (3%) and in Cyprus, Ireland and Malta (2%). In USA 5% have used cocaine.

Ecstasy is reported by about 9% in Ireland and United Kingdom and by 4% in Italy. In Croatia, Cyprus, Iceland, Malta and Norway 2% answered that they had used ecstasy and this holds true also for the students in Spain. In other countries this substance is fairly uncommon.

The prevalence of heroin use is very limited in all ESPAD countries. At most 2% have reported such use which was the case in Cyprus, Denmark, Ireland, Italy and United Kingdom. The same figure is also found in USA.

Drugs taken by injection is a low frequency behaviour among the students in this study. The highest figure, 2%, is found in Cyprus and Italy, which is also the size of the proportion among the US students.

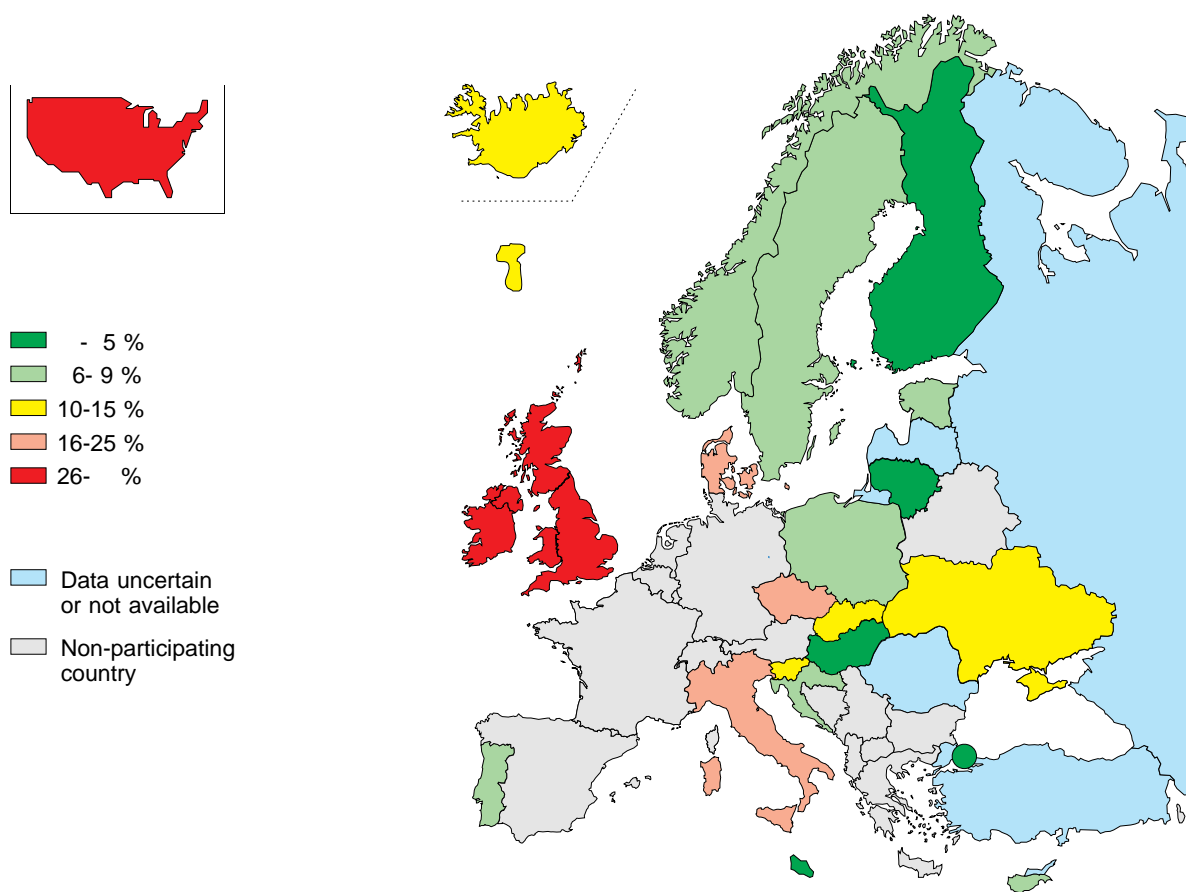
Overall the experience of these drugs is reported by more boys than girls. However, in countries with low prevalence figures hardly any gender differences can be observed. In the US study, however, more girls than boys reported use of amphetamines.

Marijuana or hashish

(Tables 25a–25c, map 25, figure 25)

The most frequently used illicit drug is marijuana or hashish, i.e. cannabis products. The highest proportions among the ESPAD countries are found in United Kingdom (41%), Ireland (37%), Czech Republic (22%), Italy (19%) and Denmark (17%). The lowest figures for lifetime use of cannabis are found in Lithuania (1%), Hungary and Turkey (4% both). In Spain 15% had used cannabis and in France 12%, while in Greece only 2% reported this. In USA 34% had used this substance.

As might be expected, the countries with the highest lifetime prevalence also report high propor-



Map 23. Lifetime experience of any illicit drug. Percentages among all students.

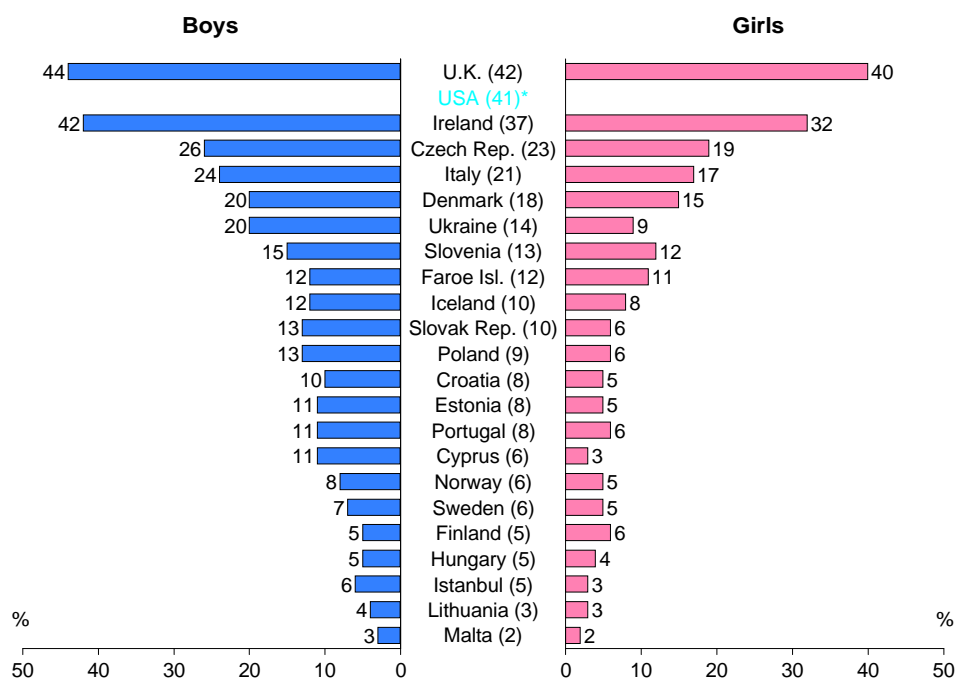
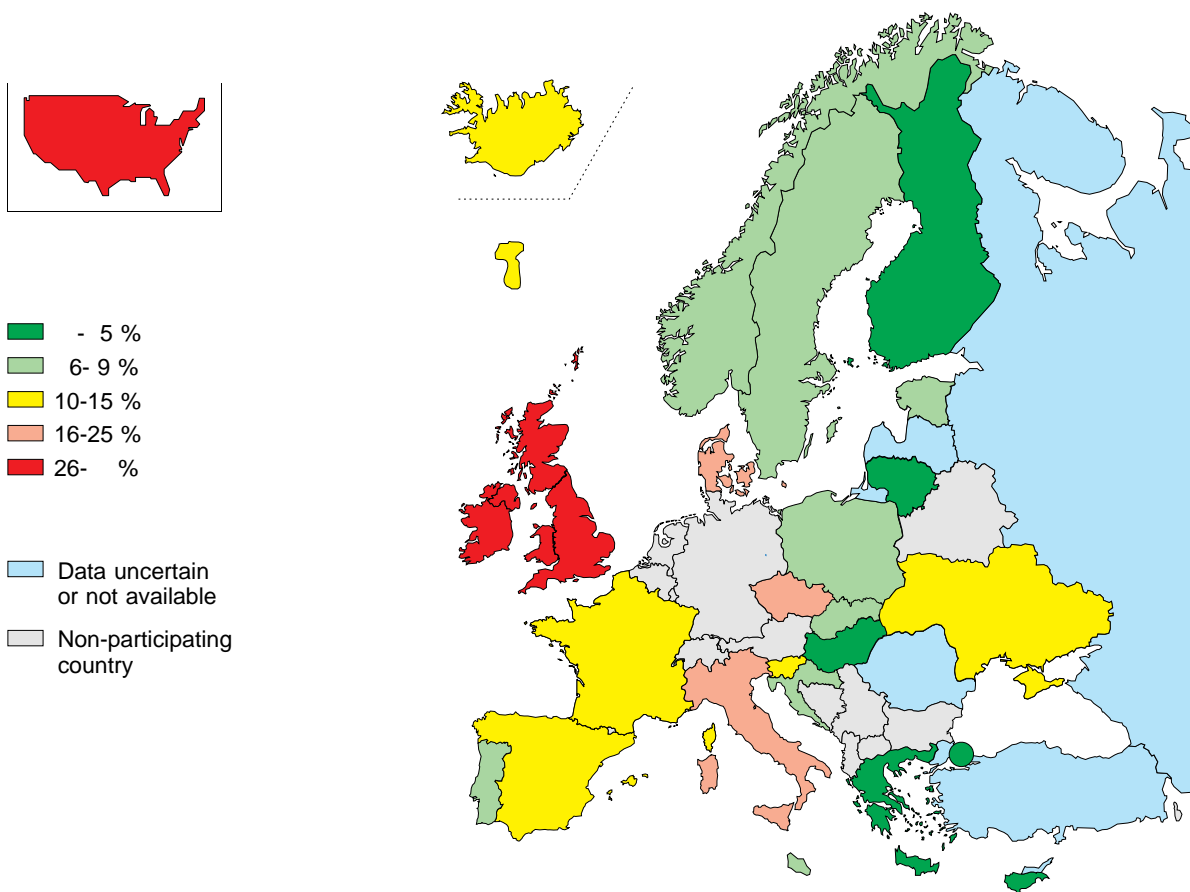


Figure 23. Lifetime experience of any illicit drug. Percentages among boys and girls. Marked country: Limited comparability.

* Data by sex not available.



Map 25. Lifetime experience of marijuana or hashish. Percentages among all students.

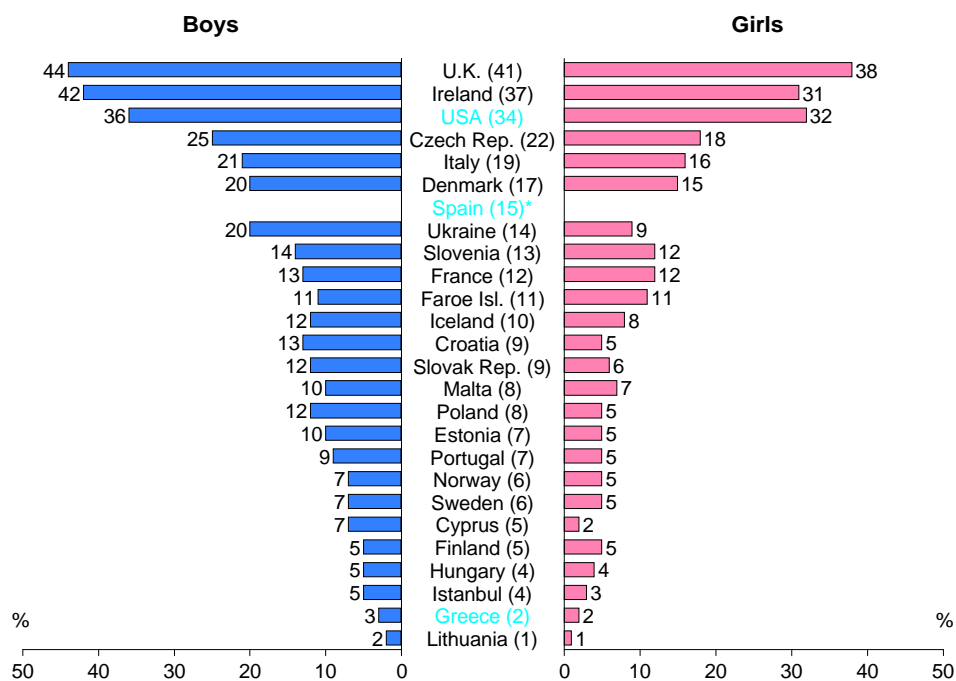


Figure 25. Lifetime experience of marijuana or hashish. Percentages among boys and girls. Marked country: Limited comparability.

* Data not available by sex.

tions who have used cannabis 20 times or more. In United Kingdom 15% reported this, followed by Ireland (10%) and Italy (6%).

In most countries more boys than girls have tried cannabis. In some countries the proportions among girls are only half the size of the proportions among boys (Ukraine, Slovak Republic, Croatia, Estonia and Portugal), while again in a few the proportions are approximately equal (Finland, Hungary, Lithuania, France and USA).

Any illicit drug other than cannabis

(Tables 26a–26c, map 26, figure 26)

The use of drugs other than marijuana or hashish is spread over about the same countries as the use of cannabis, but in smaller proportions. The substances considered are amphetamines, LSD or other hallucinogens, crack, cocaine, ecstasy and heroin. The “top countries” are about the same as for cannabis. Consequently, the highest figures among the ESPAD countries are found in United Kingdom (22%), Ireland (16%) and Italy (8%). There are, however, a few other countries emerging with figures slightly above the others, namely Croatia, Czech Republic, Iceland and Poland (4% in each). In USA 24% have used one or more of the drugs mentioned.

Most students who have used any illicit drug other than cannabis have done this only a couple of times. However, more frequent consumption is reported in United Kingdom where 4% had used any of these substances 20 times or more.

In most countries more boys than girls have tried any illicit drug other than marijuana or hashish. However, since the prevalence figures are small, the gender differences are hardly noticeable. Largest differences was observed in Ireland (19% of the boys and 12% of the girls).

Tranquilizers, anabolic steroids, alcohol together with pills

(Tables 27a–27c, maps 27a–27b, figures 27a–27b)

The use of tranquilizers or sedatives with a doctor’s prescription is not uncommon among young people. There might be many reasons why it is so. According to tables 27a–27c the lifetime prevalence figures vary over the countries (data not available from Croatia and Ireland). The highest percentages are found in Czech Republic (26%), United Kingdom (17%), Lithuania (16%) and Portugal (15%). Least experienced are the students in Estonia (3%), Finland (5%) and Denmark (6%).

No major gender difference can be detected on this variable. In Greece 4% reported such use and in Spain 6%.

In some countries more girls than boys have taken tranquilizers or sedatives by prescription. This is the case in Hungary, Italy, Lithuania and Poland. The opposite situation is reported from Faroe Island, Malta and Norway, while in others there are hardly any differences.

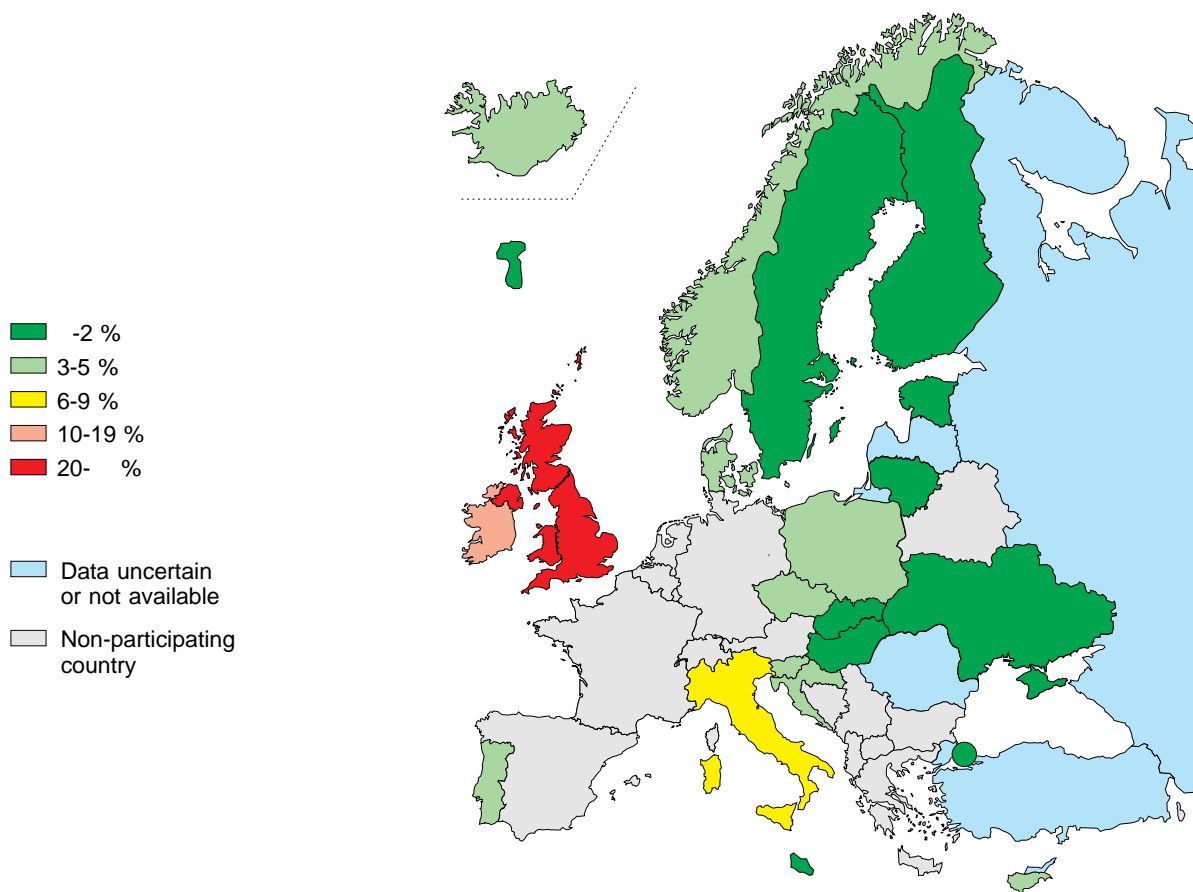
Some of the respondents, however, use tranquilizers and sedatives without any doctor’s prescription. One might surmise that it often is the pills of a parent that is used as self-medication, but the drug may also be taken as an illicit drug.

The lifetime prevalence of non-prescription use of tranquilizers or sedatives is generally lower (or roughly the same), compared to the prescribed use, except in Denmark and Poland where the situation is the opposite. The highest prevalences of illicit use of tranquilizers or sedatives are reported by Poland (18%), Lithuania (15%), Czech Republic, Denmark and Italy (11% each). Countries with lowest figures are Estonia (2%), Norway, Ukraine (3% each), Faroe Islands and Slovak Republic (4% each).

There are important gender differences in the illicit use of tranquilizers or sedatives. In general the figures are higher for girls than for boys. In the two top countries the gender gap is very wide: Poland 25 vz. 11% and Lithuania 20 vz. 8%.

Use of anabolic steroids or other doping agents is not very frequent in this age group in the participating countries (which do not include Estonia, Ireland and Malta). The highest values are reported by the Croatian boys, of whom 6% had this experience. The figures are small, but in countries with any reported experience the proportions are usually highest among boys.

It is rather wellknown that alcohol is sometimes used together with pills in order to get a stronger intoxicational effect. (Data not available from Estonia, Iceland and Ireland). The most prevalent use of this combination is found in United Kingdom (20%), Sweden (18%), Finland (17%), Denmark and Malta (13% each). This is a behaviour which in some countries is predominantly observed among girls. One fourth of the female students in Finland, Sweden and United Kingdom reported this.



Map 26. Lifetime experience of any illicit drug other than marijuana or hashish. Percentages among all students.

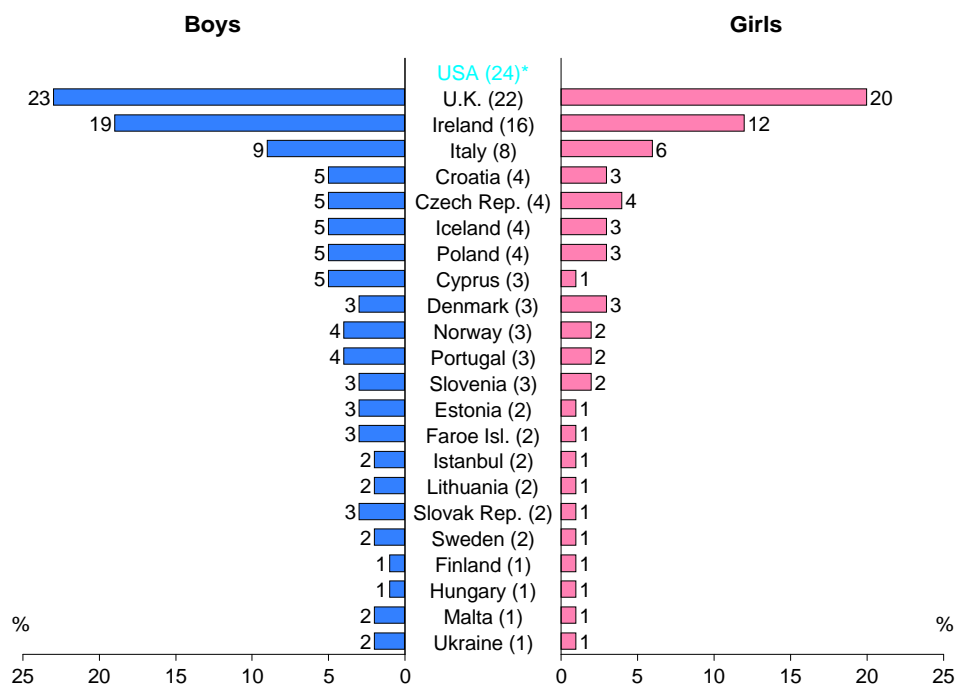
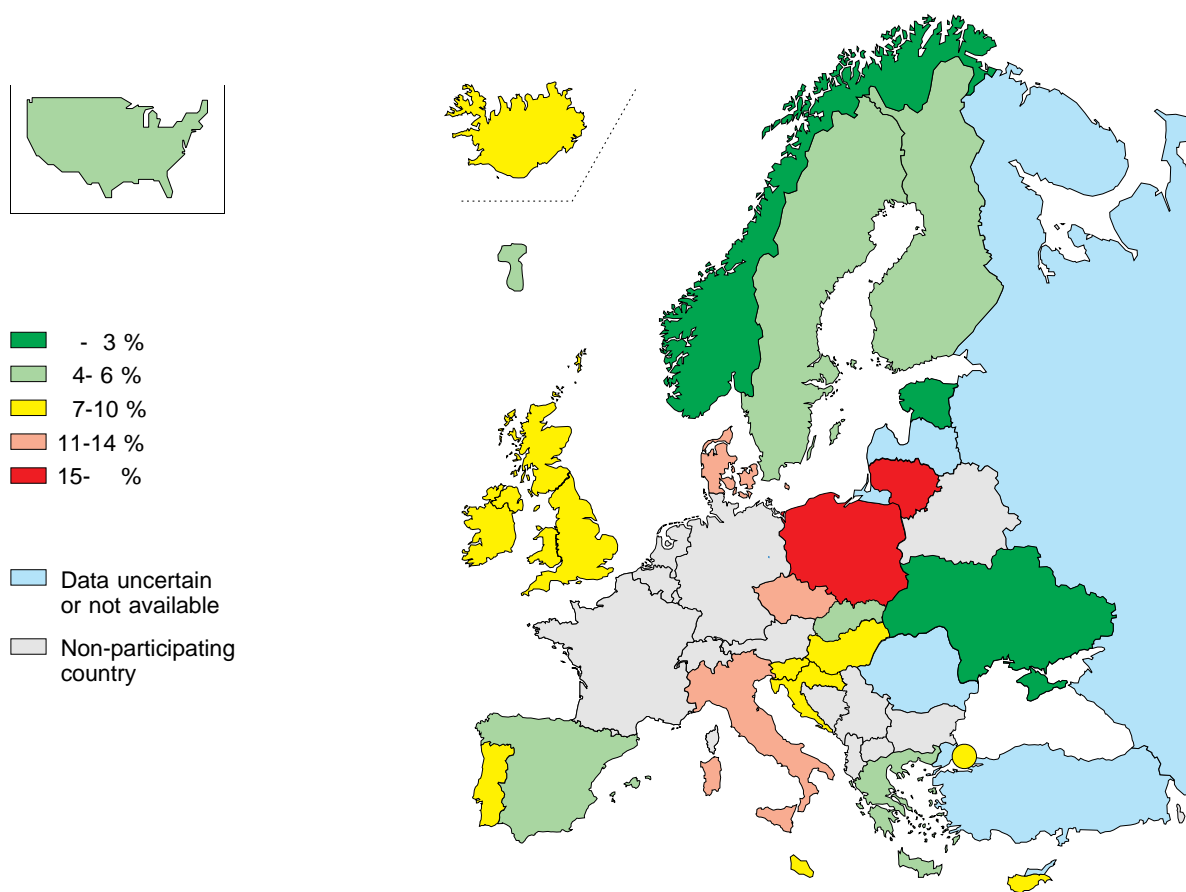


Figure 26. Lifetime experience of any illicit drug other than marijuana or hashish. Percentages among boys and girls. Marked country: Limited comparability.

* Data not available by sex.



Map 27a. Lifetime experience of tranquilizers or sedatives without a doctor's prescription. Percentages among all students.

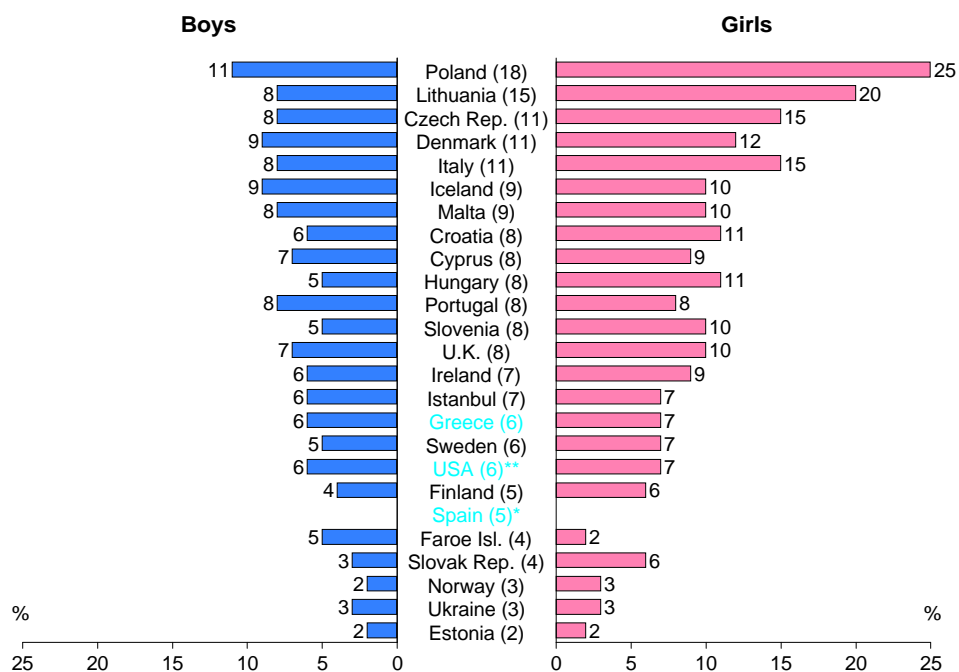
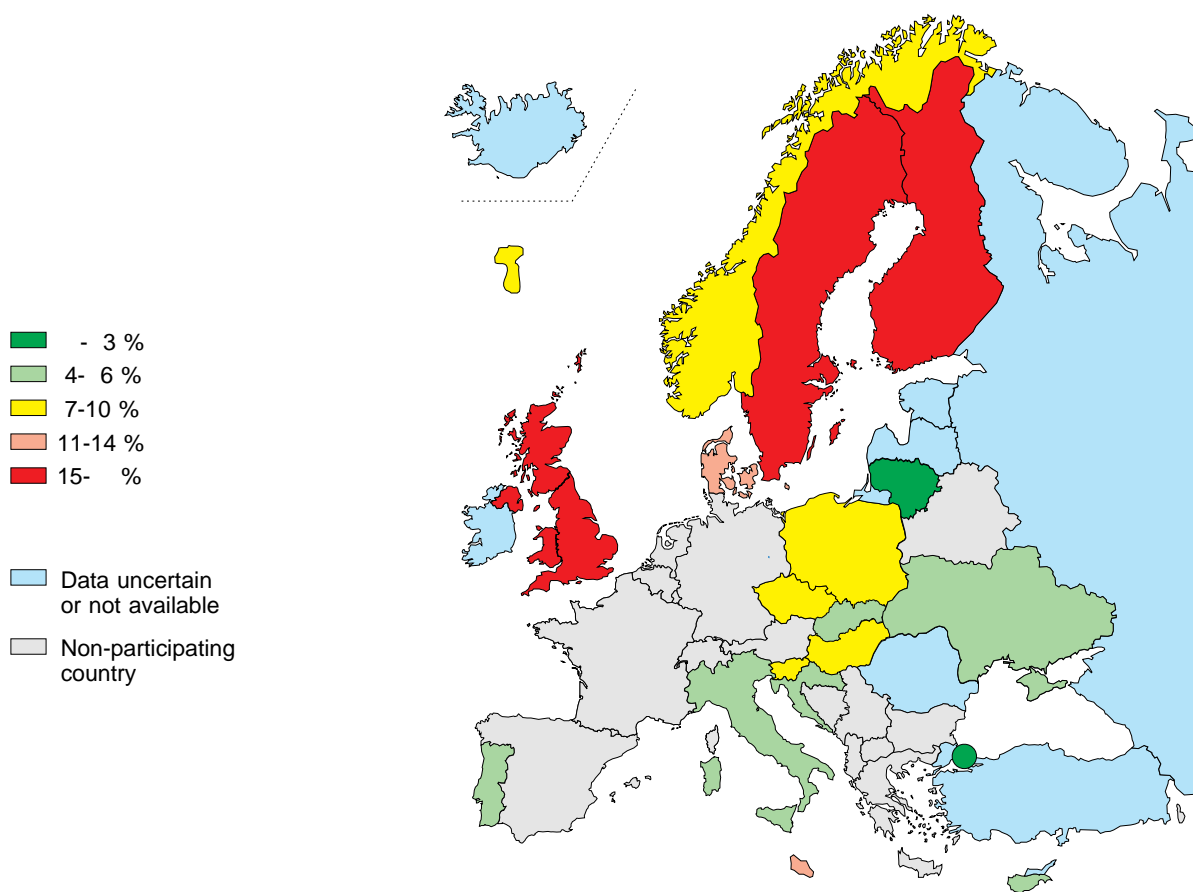


Figure 27a. Lifetime experience of tranquilizers or sedatives without a doctor's prescription. Percentages among boys and girls. Marked country: Limited comparability.

* Data not available by sex. ** Tranquilizers only.



Map 27b. Lifetime experience of alcohol together with pills. Percentages among all students.

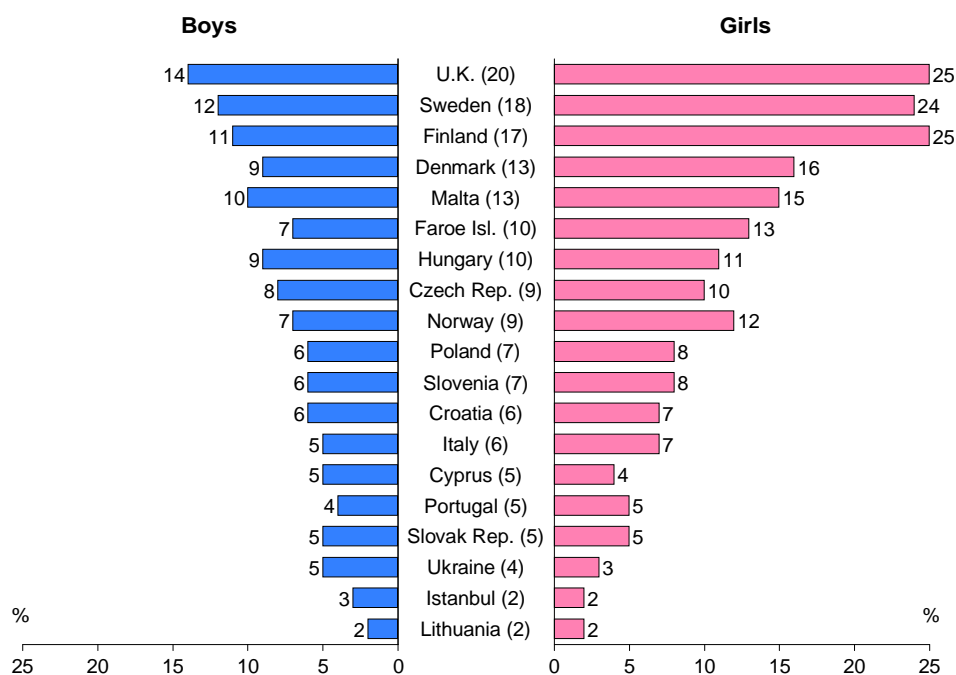


Figure 27b. Lifetime experience of alcohol together with pills. Percentages among boys and girls. Marked country: Limited comparability.

Cannabis prevalence in last 12 months and 30 days

(Tables 28a–28c, map 28, figure 28)

Marijuana or hashish are the illicit drugs most often used. Some students have only used cannabis once, or a few times, and the use has not become a habit. Others are more regular users and have used cannabis during the last 12 months or even during the last 30 days before the data collection.

The prevalence of the use of marijuana or hashish during the last 12 months are highest in United Kingdom (35%), Ireland (33%), Italy (18%), Czech Republic (16%), and Denmark (14%). The smallest figures are found in Lithuania (1%), Cyprus, Hungary, and Turkey (3% each). In Spain 13% and in France 11% reported this, but in Greece only 2%.

Countries with high prevalence rates also have the highest proportions of students who have used cannabis six or more times during the last 12 months. Consequently, countries with the highest figures are United Kingdom (19%), Ireland (11%) and Italy (9%).

Overall, there are more boys than girls who have used marijuana or hashish during the past year. The gap between the two, however, is not very large in countries with low figures.

The 30 days prevalence follows the same pattern over the countries as the 12 months frequencies. In United Kingdom 24% had taken cannabis in the last 30 days. From Ireland this is reported by 19% and from Italy by 13%. The proportion is of the same magnitude also in USA (16%). Countries with the lowest 30 days prevalence figures are Lithuania (less than 0,5%), Finland, Hungary and Sweden (1% each).

In the countries with the highest 30 days prevalence rates the figures are usually higher among boys.

Onset

First drug used

(Tables 29a–29c)

The students were asked about the first drug they used. The drugs listed were tranquilizers or sedatives, marijuana or hashish, LSD, amphetamines, crack, cocaine, heroin and ecstasy.

According to these figures, the most important introductory drug in the studied countries is cannabis. In most countries, except in Lithuania and Poland, the proportions answering marijuana or hashish are (much) larger than for other drugs. In Lithuania and Poland tranquilizers or sedatives are

the most frequent début drug. In nearly all countries tranquilizers or sedatives are second to marijuana or hashish.

The other listed drugs are in general rarely used as the introductory substance. In Iceland Poland, Slovak Republic and United Kingdom 1% answered amphetamines. Some students (1–2%) answered that they did not know what they had used the first time.

In nearly all countries, more girls than boys indicated use of tranquilizers or sedatives. In most countries, however, marijuana or hashish was mentioned more often than tranquilizers or sedatives also among girls.

How the first drug was obtained

(Tables 30a–30c)

In many countries there are discussions about where young people get the illicit drugs. People often think that strangers sneak around waiting for an opportunity to drag children into drug abuse. There is, however, evidence that most of the students got their first drug from someone they knew very well.

“Given by an older friend”, “given by a friend of the same age or younger” and “shared in a group” are the most frequent situations in which the respondents experienced their first drug use, i.e. they got it from someone they knew. Quite a few also indicated “other way”, which may include more or less unknown persons. However, the alternative “bought from someone else”, was chosen by very few.

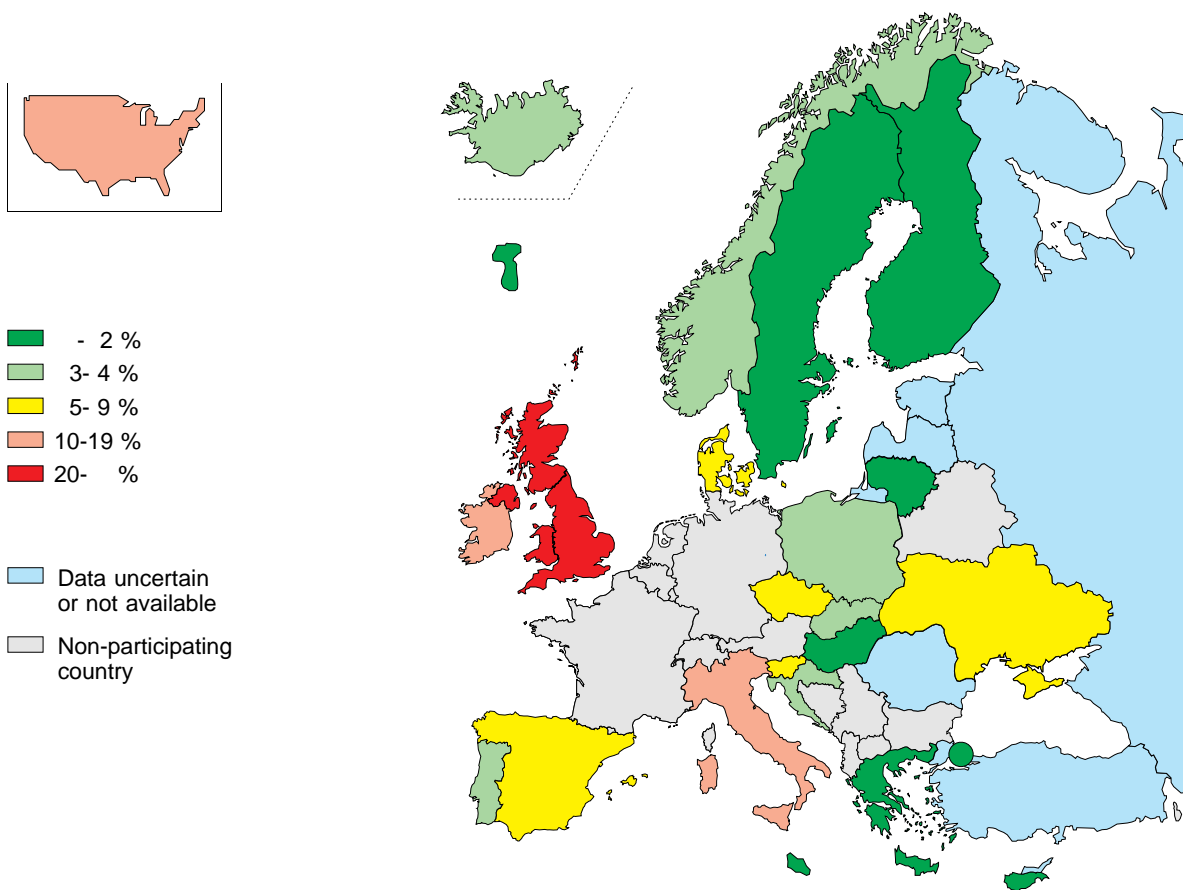
There are no gender differences in the ways the students obtained their first drug. The percentages follow the prevalence pattern among boys and girls.

Age at first use

(Table 31)

The age at which the respondents first used different drugs varies a lot. Some have recently made their first acquaintance with a substance, while others began at an early age. The proportions of all respondents, who tried a substance at the age of 13 or younger, are presented in table 31 (data from Cyprus is only available for cannabis and from Estonia only for cannabis, tranquilizers/sedatives and inhalants).

The table indicates, that most of the very young beginners in various countries, were using cannabis or inhalants. Next come tranquilizers or sedatives. The only countries where LSD is indicated as



Map 28. Proportion of all students who have used marijuana or hashish during the last 30 days.

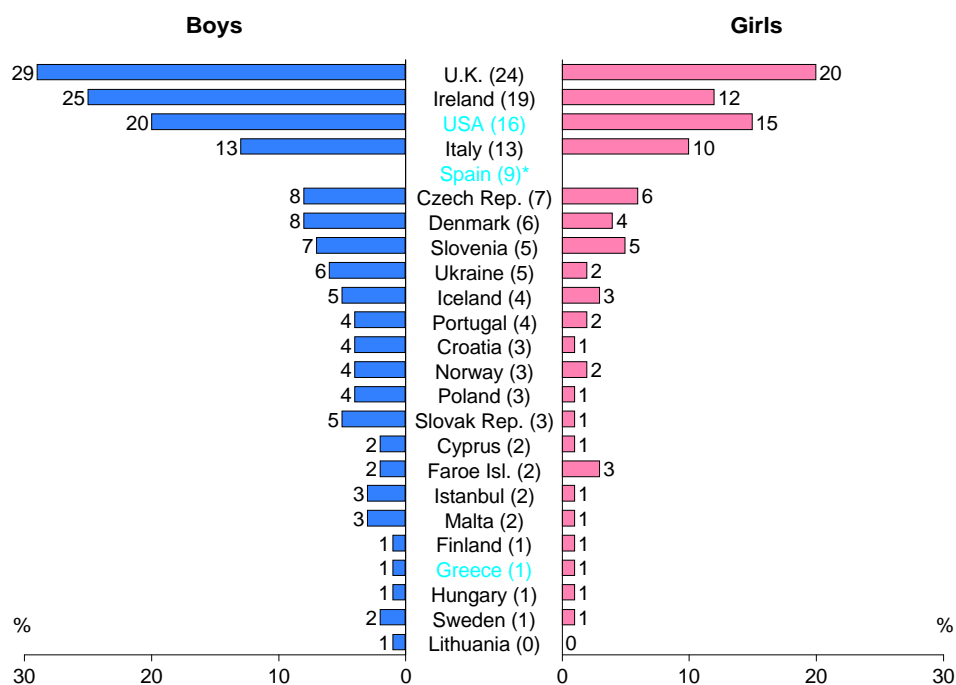


Figure 28. Proportion of boys and girls who have used marijuana or hashish during the last 30 days. Marked country: Limited comparability.

* Data not available by sex.

a début drug by more than 0,5% are United Kingdom (4%), Ireland 2%, Italy (1%). Ecstasy is mentioned by Croatia, Ireland, Italy and United Kingdom (1% each).

The highest proportions of students who were 13 years or younger at the first drug experience are found in United Kingdom where 14% had used cannabis at this age and 4% had used LSD. Another

country with relatively large proportions of students answering 13 years or less is Ireland (9% inhalants and 7% cannabis),

Overall, more boys than girls reported such an early onset (13 years or younger) for the various drugs. In many countries, however, the figures are rather small and the differences between boys and girls are also small.

The use of inhalants

(Tables 32a–32c, map 32, figure 32)

The students were asked three questions about their experience with inhalants. The lifetime, the last 12 months and the last 30 days questions were used in all countries except in Ireland.

The highest lifetime prevalences of inhalants use, are reported by United Kingdom, Lithuania and Malta (16–20%). Least common was the use of inhalants in Cyprus, Portugal, Finland and Turkey (3–4%). The percentages reported from France and Greece are 6% each and from Spain 3%. In USA 19% answered that they had tried inhalants at least once.

The 12 months prevalence figures are high in these the same countries, with 10–12% in Malta and United Kingdom. Only 1% in Hungary and Portugal and 2% in Estonia, Finland and Ukraine had used inhalants during the past 12 months.

Malta is high (7%) also for the 30 days prevalence, followed by Italy with 5%.

Even if the rankings on the three time periods are not exactly the same, a clear pattern can be

seen. More frequent use of inhalants is mainly concentrated in the countries of United Kingdom and to some extent also to Malta and the Baltic countries (except Estonia). The use of inhalants in USA seems to be comparable to the United Kingdom rates.

Prevalence data on inhalants are not available for Ireland, since they mistakenly omitted the question in the questionnaire. The results from the question on age at first use (table 31), however, suggests that the lifetime prevalence in Ireland may be of the same magnitude as in United Kingdom. The reason for this assumption is, that the percentages who had used inhalants at the age of 13 or younger are 9% in Ireland, and 8% in United Kingdom (the figures are roughly the same in all British Isles countries).

In most of the countries the gender differences are very small, i.e. the use of inhalants is about the same among both boys and girls. The main exception is Faroe Islands where 12% of the boys and 4% of the girls had used inhalants at least once.

Lifetime abstinence from various substances

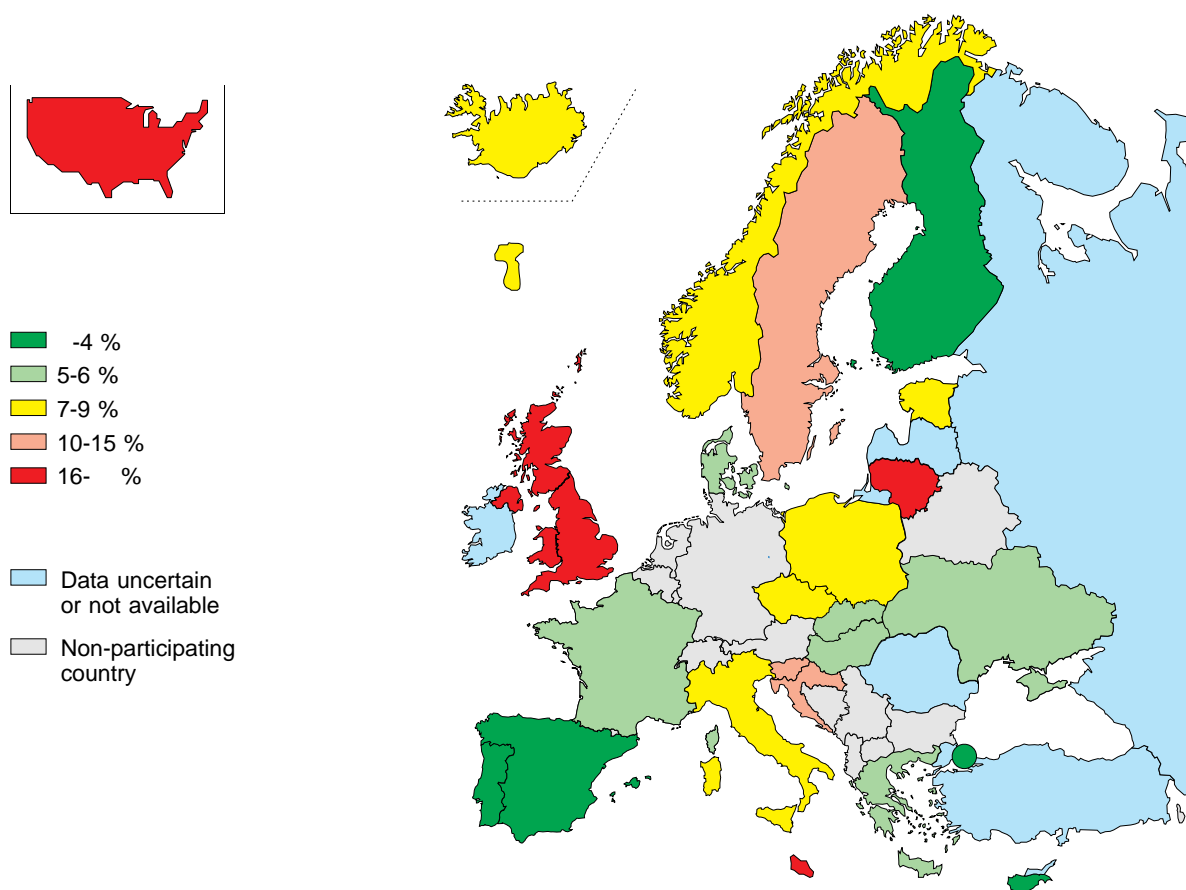
(Tables 33 a–c)

In the previous sections the prevalence figures for alcohol and other substances use were presented. Logically, the proportions of abstainers are the opposite to the prevalence rates of use. In table 34 a–c the proportions of lifetime abstainers are given for each of the following substances: Cigarettes, alcohol, illicit drugs (marijuana or hashish, LSD, amphetamines, crack, cocaine, heroin and ecstasy), tranquilizers or sedatives and inhalants. The proportions who reported abstinence from two, three,

four or all substances in combination are also presented in the table.

For cigarette smoking the highest proportions of lifetime abstainers are found in Cyprus (47%), Malta (45%), Portugal (44%) and Slovenia (41%). Lowest figures have Faroe Islands (13%) and Finland (23%).

In most countries very few reported lifetime abstinence from alcohol beverages. Exceptions are Turkey (39%), Faroe Islands, Iceland, Norway and Portugal (21% each). Smallest figures have Czech



Map 32. Lifetime experience of inhalants. Percentages among all students.

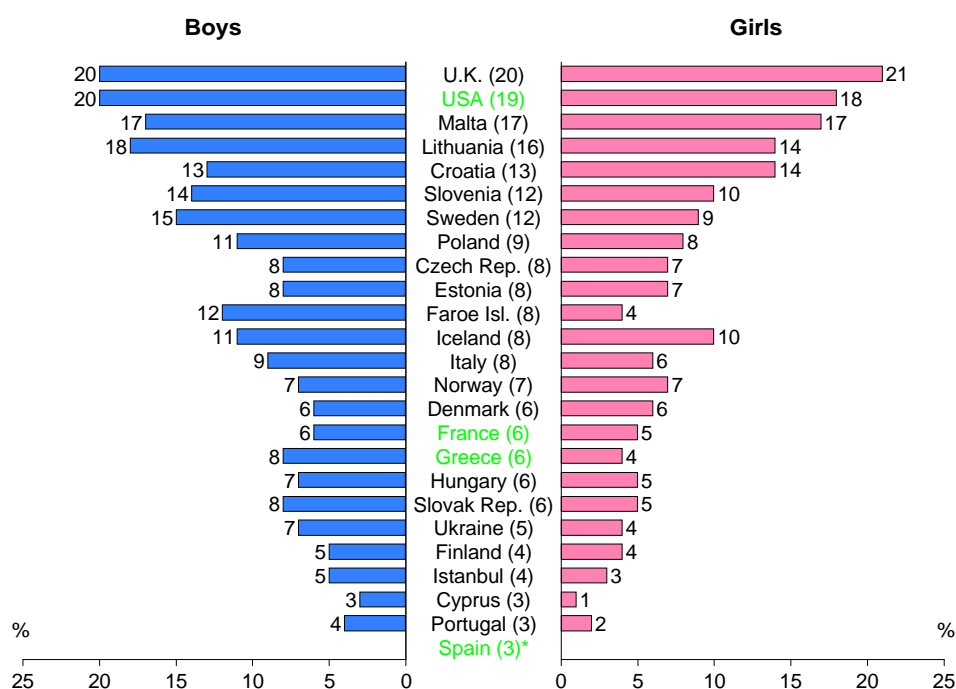


Figure 32. Lifetime experience of inhalants. Percentages among boys and girls. Mrked country: Limited comparability.

* Data not available by sex.

Republic (3%) Denmark and Slovak Republic (4% both).

For illicit drugs the abstinence figures are of course higher. In Lithuania 97% of the students have never used any of the illicit drugs mentioned above, followed by Finland and Hungary (95% both). Smallest figures are found in Ireland (61%) and United Kingdom (67%). The highest abstinence proportions regarding use of tranquilizers or sedatives are found in Estonia (98%), Norway (97%), Faroe Islands and Slovak Republic (96% both). Smallest proportions are found in Poland (82%) and Lithuania (85%). For use of inhalants the highest abstinence figures are found in Cyprus, Portugal (97% both) and in Finland and Turkey (96% both). Smallest figures are seen for United Kingdom (80%), Malta (83%) and Lithuania (84%).

The proportions reporting abstinence from cigarettes are in general higher among girls or about equal, but not in Denmark, Faroe Islands, Iceland, Ireland, Italy, Sweden and United Kingdom where the proportions of abstainers are higher among boys. For alcohol there are very few gender differences, except in Croatia, Cyprus, Italy and Poland where the figures are somewhat higher among girls. Overall the abstinence from illicit drug use is higher among girls, but in Faroe Islands, Finland, Hungary, Lithuania, Norway, Sweden and Turkey they are about equal. For tranquilizers/sedatives,

however, the proportions are higher among boys or about the same as girls in most countries, but in Faroe Islands the girls are in majority. For inhalants the proportions are rather equal between boys and girls, but in Italy, Lithuania, Poland, Slovak Republic, Slovenia, Sweden and Ukraine the proportion of abstainers are somewhat higher among girls.

Naturally, the proportions decrease when abstinence from both alcohol and cigarette smoking are considered. These figures are very much related to the proportions of alcohol abstinence, i.e. in countries where the proportions who have never drunk alcohol are high, the decline is lesser, except for Faroe Islands where the low lifetime abstinence from cigarettes “compensates” for this effect. Countries with fairly high combined lifetime abstinence from alcohol and cigarettes are Iceland, Portugal and Turkey.

In France the proportions who do not smoke or drink alcohol are higher among boys, but for illicit drugs the figures are equal. There are no gender differences in the proportions reported from the US study.

In many countries the proportions do not decrease further when illicit drugs, tranquilizers/sedatives or inhalants also are combined. Exceptions are Italy and, to some extent, Turkey. This means that if the students neither drink alcohol nor smoke, they usually do not use any other substances either.

Attitudes towards drugs

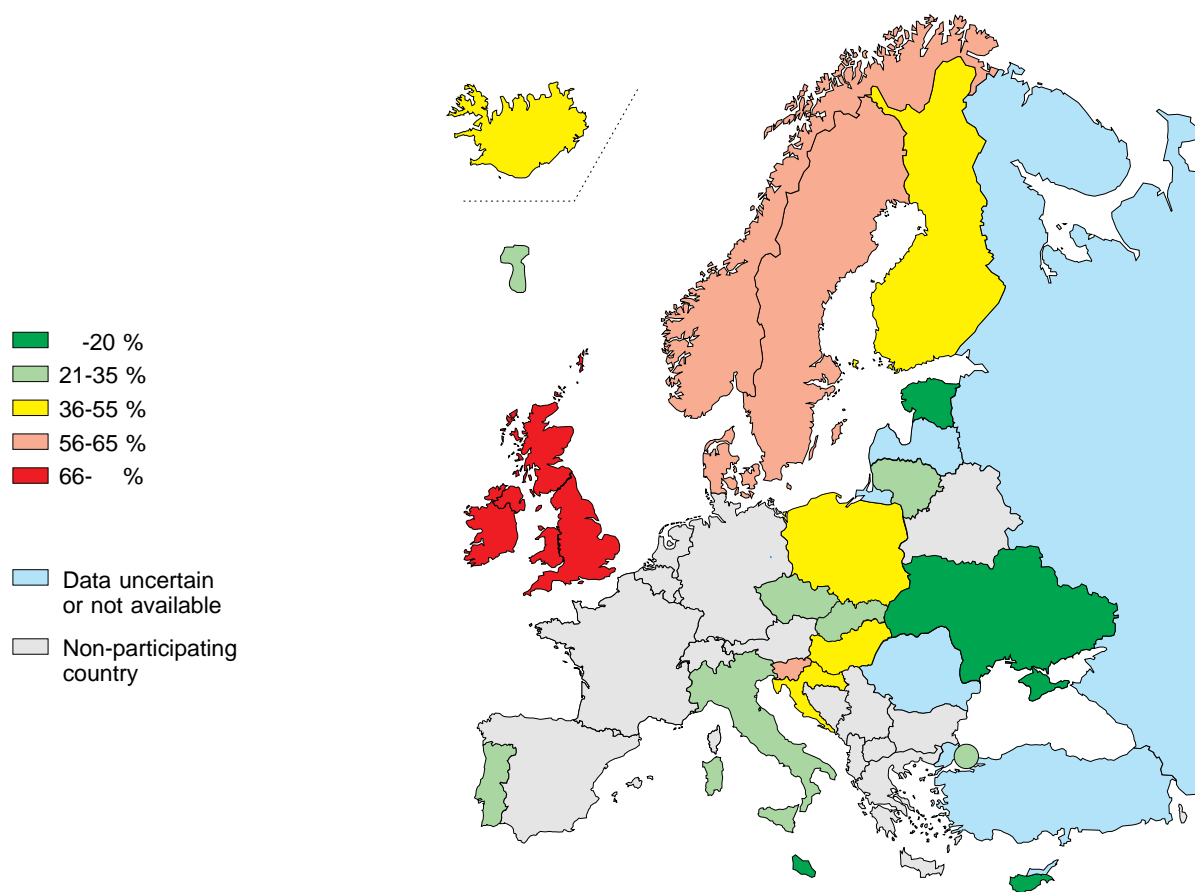
Perceived availability of substances

(Tables 34a1–34c2, maps 34a,b,c, figures 34a,b,c) The students were asked to rate their possibilities to obtain different substances using a 5 grades scale ranking from “Very difficult to obtain” to “Very easy to obtain”. The tables 34c1 and 34c2 show the proportions answering that it would be “very easy” or “fairly easy” to obtain different substances. Overall alcohol is perceived very easy to get. The tables show, that beer is reported easy to obtain by almost all students in Czech Republic and Denmark, and least easy to obtain in Lithuania and Slovak Republic (about 83%). Wine is apparently easy to obtain in Czech Republic, Denmark, Italy and Portugal (about 95%), but less so in Turkey, Ukraine and Lithuania (about 64%). High proportions of students in Denmark, Ireland and Portugal

think spirits are “very easy” or “fairly easy” to obtain (about 90%), but in Lithuania, Malta and Ukraine just a little more than half of the students think so. The question regarding home made spirits was not asked in all countries, since it was not assumed as culturally relevant. However, among the twelve countries which included this question in the questionnaire, Norway (71%), Iceland (69%) and Sweden (65%) reported the highest percentages rating home made spirits easy to obtain.

Inhalants seem to be easiest to obtain in Ireland (80%), United Kingdom (68%) and Sweden (61%) (see also map and figure 34a). They are reported to be least available by the students in Ukraine, Malta and Cyprus (about 10%).

Overall, illicit drugs are reported to be easy to obtain in Ireland, United Kingdom and Italy. Coun-



Map 34a. Proportion of all students who perceive inhalants “very easy” or “fairly easy” to obtain.

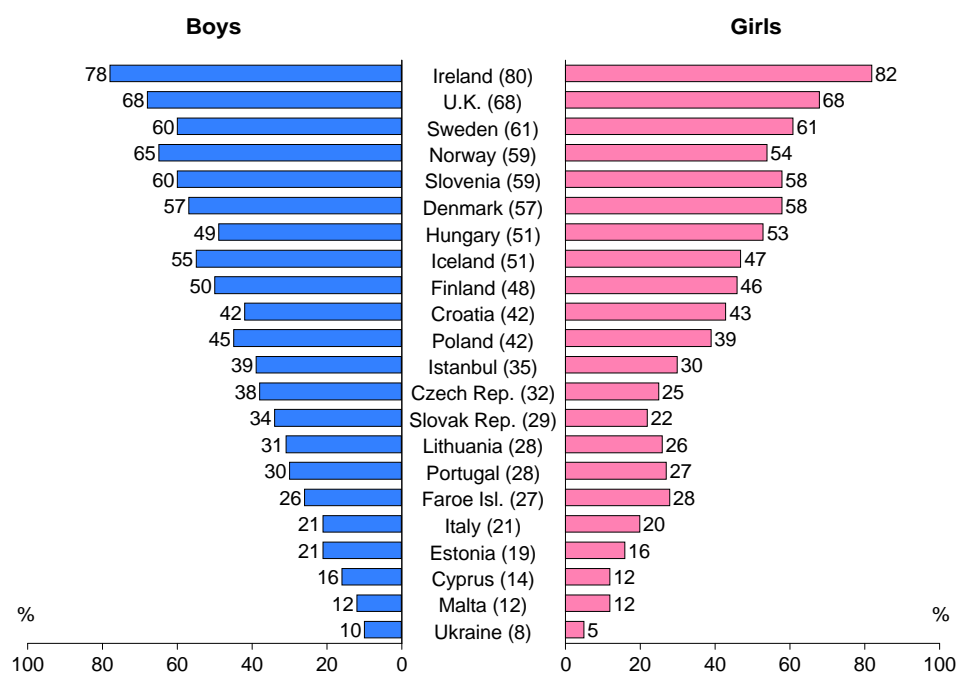
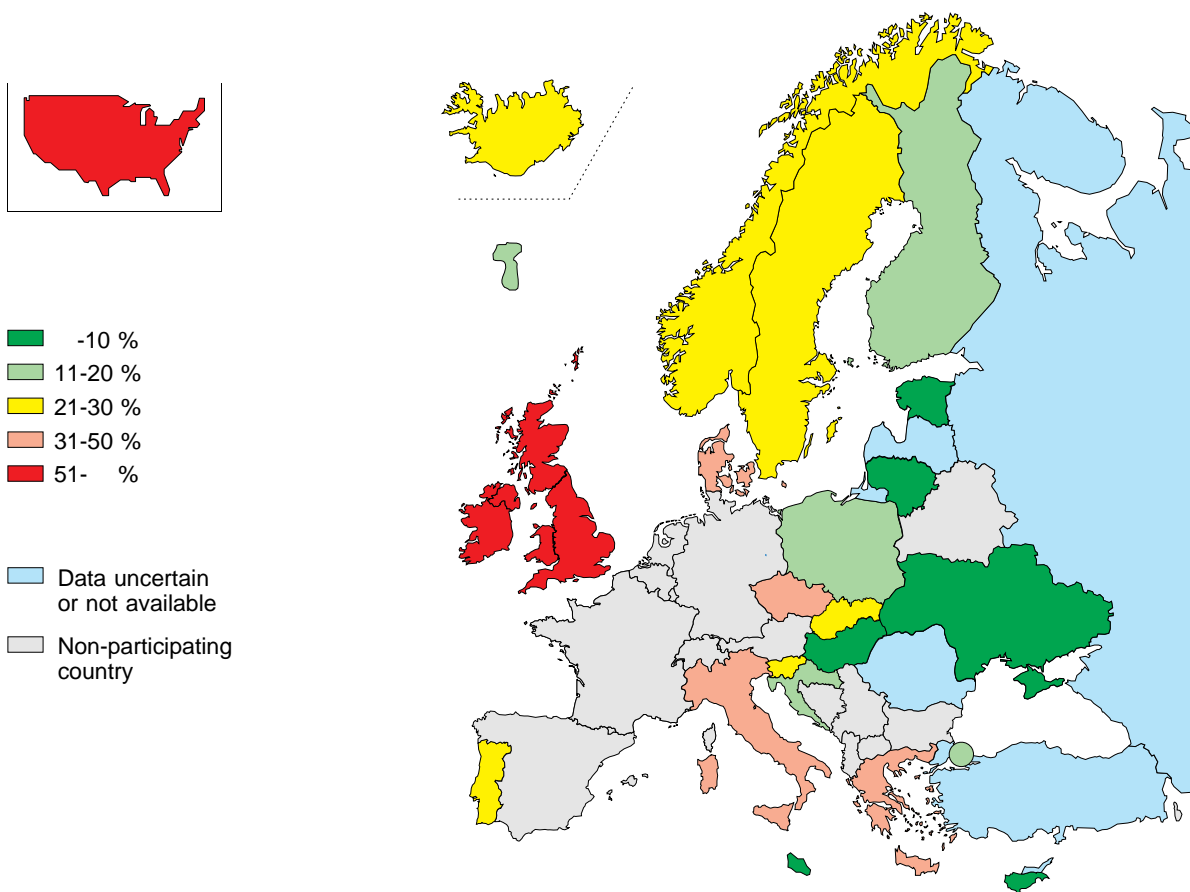


Figure 34a. Proportion of boys and girls who perceive inhalants “very easy” or “fairly easy” to obtain. Marked country: Limited comparability.



Map 34b. Proportion of all students who perceive marijuana or hashish “very easy” or “fairly easy” to obtain.

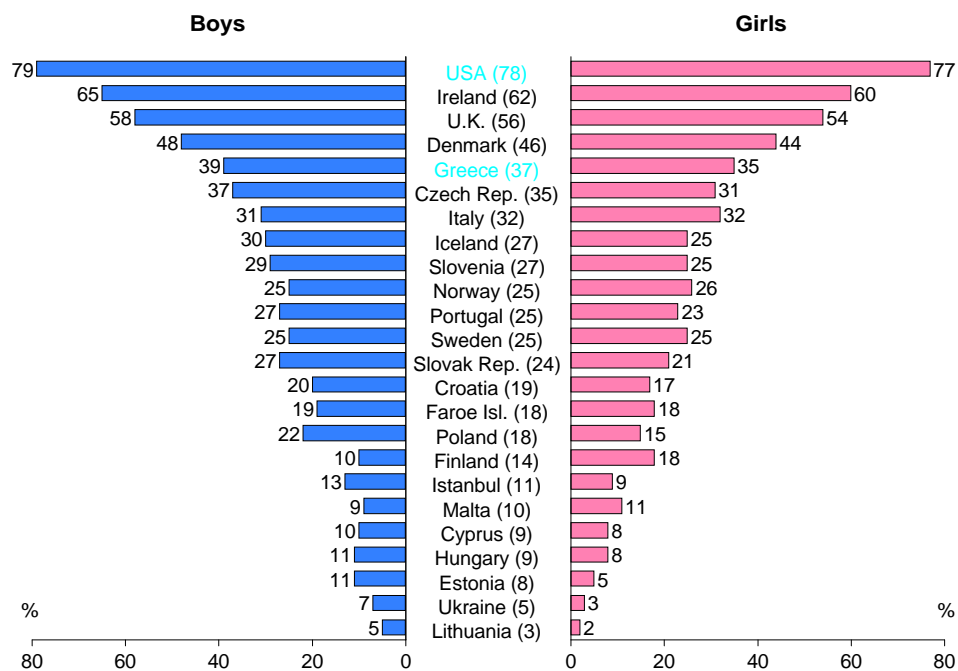
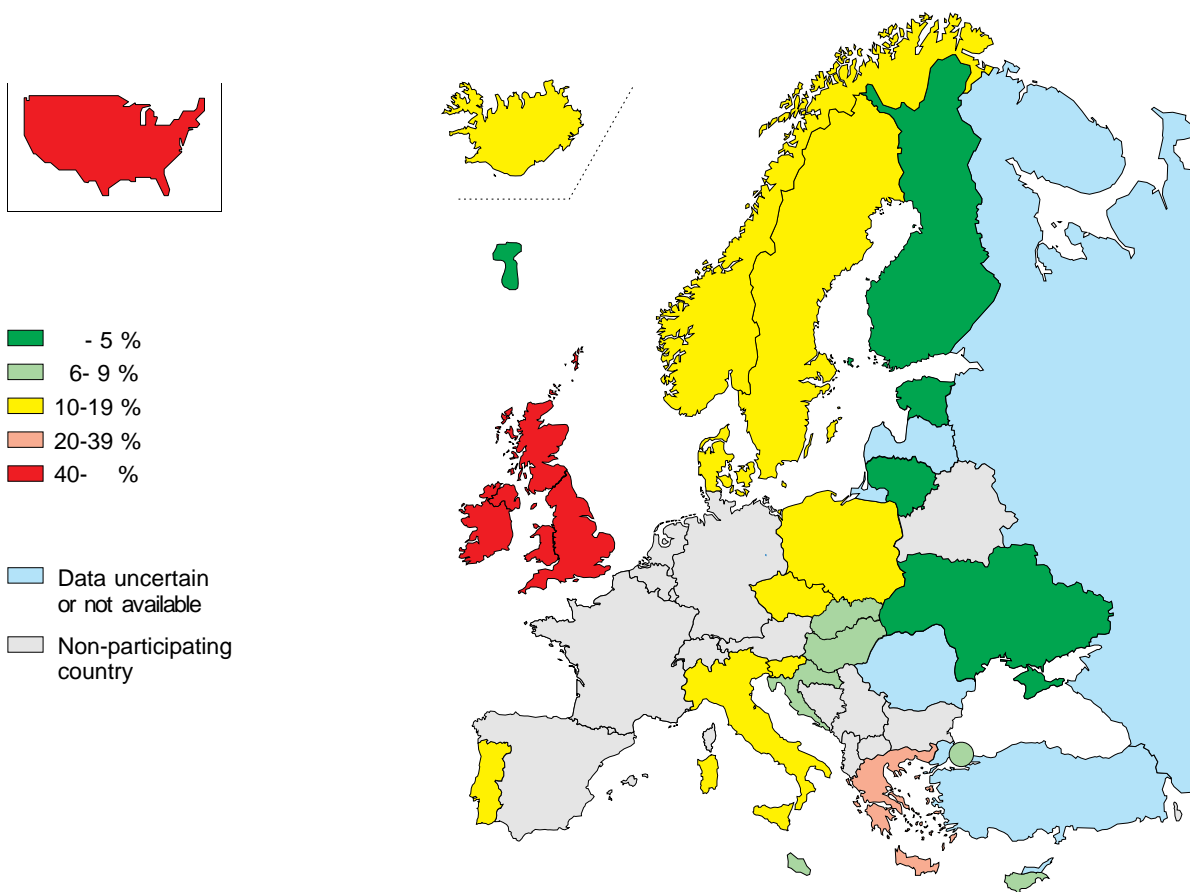


Figure 34b. Proportion of boys and girls who perceive marijuana or hashish “very easy” or “fairly easy” to obtain. . Marked country: Limited comparability.



Map 34c. Proportion of all students who perceive LSD or other hallucinogens “very easy” or “fairly easy” to obtain.

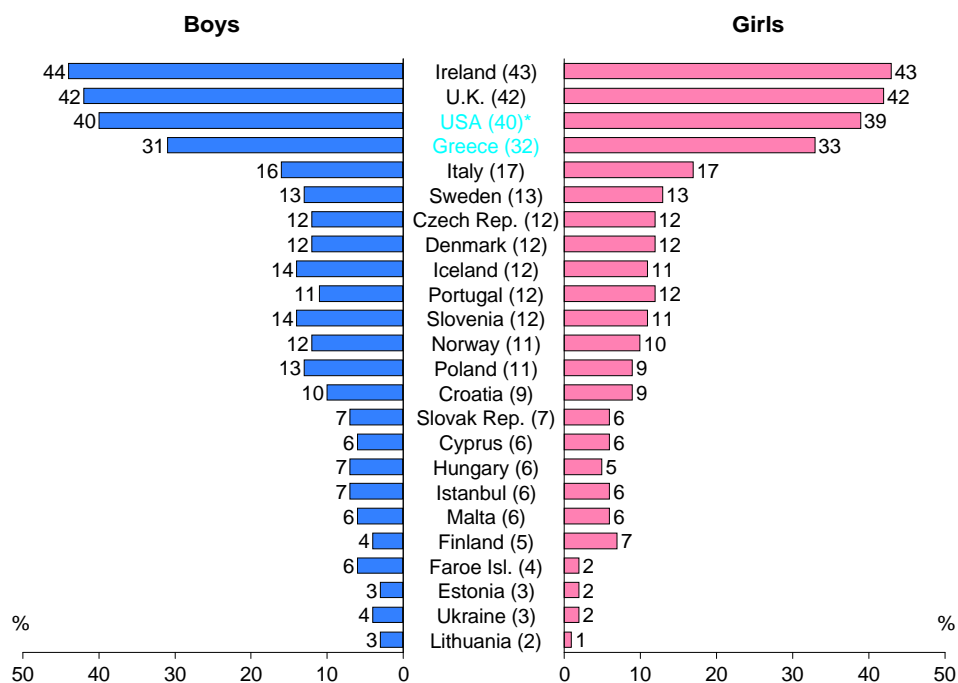


Figure 34c. Proportion of boys and girls who perceive LSD or other hallucinogens “very easy” or “fairly easy” to obtain. Marked country: Limited comparability. * LSD only.

tries where very few answered that they think illicit drugs are easy to get are Estonia, Lithuania and Ukraine.

More than half of the students in Ireland and United Kingdom think it is easy to get marijuana or hashish. A little less than half of the students in Denmark and one third in Czech Republic and Italy also considered cannabis to be easily available. Smallest figures are found in Lithuania and Ukraine (around 4%) (map and figure 34b).

Amphetamines are reported easy to obtain by one third of the students in United Kingdom, Ireland and one fifth in Portugal, while the smallest number of students reporting this are found in Estonia, Lithuania and Ukraine (3% each).

The availability of LSD or other hallucinogens seems to be rather high in Ireland and United Kingdom where about 43% answered that it would be “very easy” or “fairly easy” to obtain. The country which comes next is Italy with 17% of the students saying so. Smallest percentages reporting easy availability of LSD are found in Estonia, Lithuania and Ukraine (around 3%) (map and figure 34c).

Crack and cocaine are about equal regarding perceived availability. In Ireland and United Kingdom around 20% think both substances are “very” or “fairly easy” to obtain, with a slightly larger proportion (23%) for crack reported by the students in Ireland. Countries where only 2–3% gave this answer were Estonia, Finland, Lithuania and Ukraine.

It is very clear that ecstasy (MDMA) is perceived as very easy to find in Ireland where 54% said that they could get it “very” or “fairly easy”. Also in United Kingdom and Italy many students think so (39% and 18% respectively) and around 12% in Croatia, Iceland, Norway, Slovenia and Sweden. Just 2–3% reported this in Estonia, Faroe Islands, Finland, Lithuania and Ukraine.

Heroin is perceived as most available by the students in Ireland, United Kingdom, Denmark and Portugal where 28, 20, 18 and 14% respectively indicated that they would get it “easy” or “fairly easy”. Heroin is least available in Estonia, Lithuania and Ukraine where around 3% reported this.

Tranquilizers or sedatives, finally, are reported to be fairly available in many countries. The highest proportion reporting these substances to be “easy” or “fairly easy” to obtain is found in Poland where 40% reported this. Hungary comes next (37%), followed by Denmark (35%), Cyprus (32%) and Ireland (31%). Smallest figures were found in Ukraine (3%) and Estonia (4%). The latter

is contrasted to the figure of Lithuania which is much higher (27%).

In Greece many students think it is easy to get marijuana or hashish (37%), LSD or other hallucinogens (32%). Heroin is perceived easy to obtain by more students than in any of the ESPAD countries (33%), which is the case also with tranquilizers or sedatives (73%).

In USA a large majority (78%) consider marijuana or hashish easy to obtain and just over one third thought so about amphetamines, LSD (only), crack/cocaine and tranquilizers (only) while one fourth of the American students said that it would be easy to get heroin.

Perceived risk of substance use

(Tables 35 a–c, figure 35)

People may differ in their perception of risks involved in behaviour such as frequent alcohol use or drug taking. Especially young persons in different cultural settings may have different views on these things. The ESPAD questionnaire included the question: “How much do you think people risk harming themselves (physically or other ways), if they ...”. The behaviours listed included items on cigarette smoking, alcohol consumption and drug taking, each of which a frequency was indicated. The students were asked to rate their opinion on a four grade scale ranging from “No risk” through “slight”, “moderate” to “great risk”.

Tables 35 a–c give the proportions answering “great risk” for: Smoking one or more packs of cigarettes per day, taking five drinks once or twice each weekend, use of marijuana or hashish, amphetamines, LSD, ecstasy, cocaine/crack and inhalants “once or twice” (A) or “regularly” (B).

In figure 35 an attempt is made to summarize the findings in table 35c. Proportions answering “great risk” for any of these behaviours are compared and every percentage exceeding the average for all countries are counted. Thus, countries with proportions above average answering “great risk” on all or most variables in the table are countries of the students perceive the use of alcohol, cigarettes and illicit drugs as a risk behaviour. The countries with proportions above average on all 14 variables are Hungary, Poland, Portugal and Slovak Republic. Smallest number of proportions exceeding average on answering “great risk” are found in United Kingdom (2 on inhalants), Denmark, Estonia (1 each on smoking) and Slovenia (1 on taking LSD regularly). In Ireland all percentages were below average.

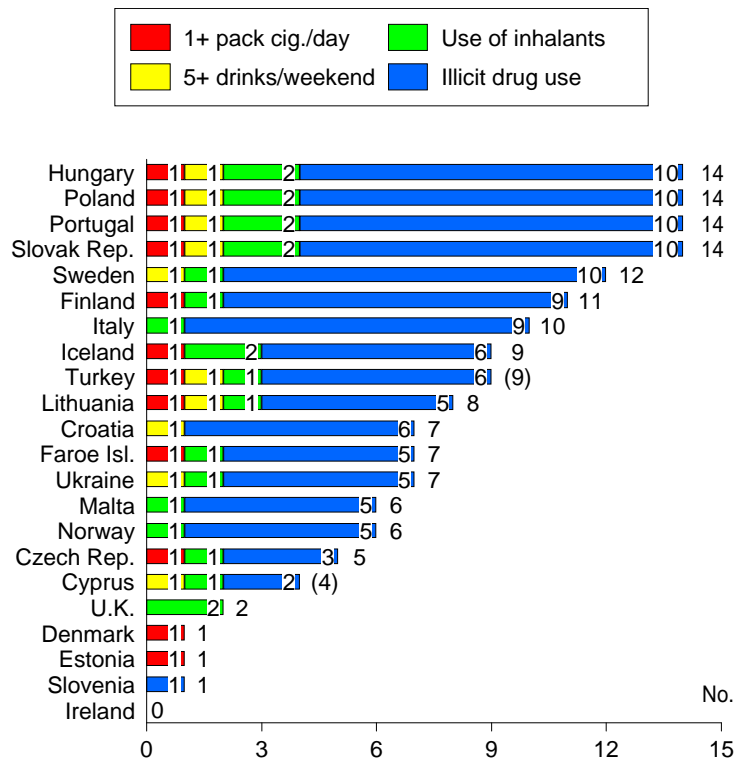


Figure 35. Perceived risk of substance use. Behavior for which the percentage answering “great risk” exceeds the average of all countries. All students.

Source: Table 35c.

* Brackets indicate that a country did not include all questions about perceived risk of substance use.

Disapproval of different substance use

(Tables 36a–c)

One of the optional questions in the ESPAD questionnaire is: “Individuals differ in whether they disapprove of people doing certain things. Do you disapprove of people doing each of the following:....?” Sixteen examples were given and the students were asked to indicate their opinion on a three grade scale (don’t disapprove, disapprove and strongly disapprove) or to tick the box “Don’t know”. Table 36c gives the proportions of all students who “disapprove/strongly disapprove” of 11 examples from the list. (Denmark, Estonia, Iceland, Ireland and Poland did not ask this question and in Turkey the items “ecstasy” and “crack” were omitted).

Highest proportions disapproving of “smoking 10 or more cigarettes per day” are found in Lithuania (90%) and Slovak Republic (80%). Smallest proportions are found in Cyprus and Slovenia (around 43%). In Malta, Portugal and Slovak Republic 84% disapproved of people getting “drunk once a week”. Least disapproving were the students in United Kingdom (34%) and Finland (46%).

Taking marijuana or hashish once or twice was negatively looked upon by 94% in Lithuania and Turkey while only 43% in United Kingdom said they disapproved.

Around 94% in Lithuania, Slovak Republic and Turkey disapproved of people taking (once or twice) amphetamines, LSD, ecstasy, cocaine, crack or heroin (ecstasy and crack were not included in the Turkish questionnaire), while the smallest percentage is found in Cyprus where around 62% thought so.

For tranquilizers/sedatives the largest and the smallest proportions are found in the same countries as for illicit drugs, namely in Lithuania (93%) and Cyprus (47%).

The largest proportions disapproving of the use of inhalants “once or twice” are found in Slovak Republic and Turkey where about 94% gave this answer and the smallest figures in Slovenia (58%) and Cyprus (61%).

To summarize, for most of the listed behaviours a restrictive opinion is expressed by the students in Lithuania, Slovak Republic and Turkey, while the opposite is true for Cyprus, Slovenia and United Kingdom.

Perceived cigarettes, alcohol and drug use among friends

(Tables 37, 38a–c, figures A–C in the chapter “Methodological considerations”)

The students were asked: “How many of your friends would you estimate do one of the following:.....?” The proportions who answered that most or all friends smoke cigarettes, drink alcoholic beverages or get drunk at least once a week are presented in table 37. It can be assumed that behaviours with high prevalence rates would also give high percentages on related issues in this question. As was shown in the chapter “Methodological considerations”, figure A, the proportions who estimate “most” or “all” friends get drunk “at least once a week” are highly correlated with the prevalence rates of drunkenness ($r = .87$)

Table 37 shows that 64% of all students in Italy estimate most or all friends smoking cigarettes followed by 52% in Croatia and 50% in Malta, Turkey and Ukraine. Smallest percentage reporting smoking among friends is found in Slovak Republic (18%).

The highest proportions who report alcohol consumption among most or all friends are found in Denmark (86%), United Kingdom (76%) and Ireland (70%). Smallest figures are found in Slovak Republic (14%) and Turkey (24%).

There are substantial differences between countries in the proportions thinking that most or all friends are getting drunk once a week or more often. In United Kingdom 37% thought so, followed by Faroe Islands (33%) and Denmark (23%). In Portugal and Slovak Republic only 4% answered this and in Poland and Turkey 5%.

Table 38c shows that the highest proportions reporting that some, most or all friends smoke marijuana or hashish are found in United Kingdom

(45%), Italy (31%), Ireland (30%) and Poland (22%). In Slovak Republic and Lithuania only 1–2% reported this. The lifetime prevalence rates of use of cannabis is highly correlated with the proportions who reported that they have friends who are using cannabis ($r = .92$) (“Methodological considerations”, figure B).

The same is true for those who indicated that some, most or all friends take LSD or other hallucinogens ($r = .95$) (“Methodological considerations”, figure C). In United Kingdom 18% estimate that most of their friends take LSD or other hallucinogens and in Ireland, Italy and Poland around 9% report this. Most other countries report figures below 5% (in Slovak Republic 0%).

Crack/cocaine use among friends is reported by around 5% in Italy, Malta, Poland and United Kingdom. For ecstasy the largest proportions are found in United Kingdom (13%) and Italy (9%).

Not many students have friends who use heroin, but in Italy, Malta, Poland and United Kingdom around 4% said so.

The use of tranquilizers or sedatives is more common, especially in Poland where 16% reported use among friends. In Croatia, Italy, Malta and United Kingdom this is reported by about 7%. Also for inhalants the proportion is largest in Poland (16%). In Croatia, Ireland, Italy, Malta, Turkey and United Kingdom about 7% reported use of inhalants among friends.

Use of anabolic steroids is not very common in this agegroup. Yet, 8% of the Polish students reported that some, most or all of their friends use this substance. Other countries where this is reported by more than 1–3% are Croatia, Italy, Malta and United Kingdom (4% each).

Other findings

Frequency of use of slotmachines

(Tables 39a–c)

The use of slotmachines is not common in all European countries, but in those where these machines are available they are often very attractive to young people, and the use might turn into a habit of an addictive nature. Consequently, the questions on lifetime, last 12 months and 30 days prevalence of

using slotmachines were asked in only thirteen of the ESPAD countries. These were: Croatia, Cyprus, Czech Republic, Hungary, Latvia, Lithuania, Malta, Norway, Poland, Portugal, Slovak Republic, Slovenia and United Kingdom. In Finland, slotmachines are fairly available, but for some reason the question was not included in the Finnish questionnaire. However, from the question about lei-

sure time activities, where one item is “playing on slotmachines”, we can see that this frequency in Finland is one among the highest compared to other ESPAD countries (below, tables 40a–c). Thus, it might be assumed that Finland would have a rather high lifetime prevalence figures on this variable.

The countries with the highest proportions reporting lifetime experience of slotmachines are Norway (99%) and United Kingdom (89%). The extremely high Norwegian figure is supposed to be valid, since it is a behaviour known to be very frequent in Norway (Skretting 1997). This behaviour is least common in Portugal (23%) and Slovenia (33%).

The last 12 months and 30 days prevalence figures are very much in line with the pattern of the lifetime figures. In Norway 93% had used slotmachines during the last 12 months, and 34% reported use 20 times or more. In United Kingdom the corresponding figures were 67% and 10%. In Slovenia 10% of the students had used slotmachines during the last 12 months and only 1% had done so 20 times or more.

During the last 30 days 72% of the Norwegian students had used slotmachines while this was true for 27% of the students in United Kingdom.

In all countries this behaviour is reported by more boys than girls. However, the gender differences are smallest in countries with the highest prevalence figures (Norway and United Kingdom).

Leisure time activities

(Tables 40a–c)

In tables 40a–c the proportions of students who reported being engaged in certain leisure time activities at least once a month are presented. The activities are: Ride around on a moped or motorcycle just for fun, play on slotmachines, play computer games, actively take part in sports, athletics or exercising, read books for enjoyment (not schoolbooks), go out with friends in the evening (to a disco, café, party etc), other hobbies (play an instrument, sing, draw, write etc). (Data are not available from Iceland and Ireland)

In Cyprus 61% of the students reported that they ride around on a moped or motorcycle just for fun at least once a month. They are followed by Italy (54%) and Slovenia (42%). The smallest percentage indicating this behaviour is found in Malta (4%). (This item was not included in the Estonian questionnaire).

Playing on slotmachines is most common in Norway (60%) and Finland (48%) and least common in Faroe Islands and Slovenia (2% both). (This item was not included in the Turkish questionnaire).

Playing computer games is fairly common in most of the ESPAD countries. Highest percentages are found in United Kingdom (74%) and Denmark (71%). Ukraine reported the lowest figure (23%).

A majority of the students in most countries are actively taking part in sports, athletics or other physical exercise. The highest figures are found in Portugal, Sweden, Slovak Republic and United Kingdom (around 93%) and the lowest in Ukraine (15%) and Malta (55%).

Reading books for enjoyment is also a popular activity in many countries. Thus, 72% of the students in Estonia reported this, followed by Hungary, Portugal and Turkey (66% each). The smallest percentage is found in Ukraine (23%).

In United Kingdom a majority (88%) of the students answered that they go out with friends at least once a month. Also in Norway, Finland, Italy and Malta many students reported this behaviour (around 84%). This is least common in Ukraine and Turkey (around 29%).

Other hobbies like playing instruments or drawing are behaviours rather common among the students in most countries. Highest proportions reported this in United Kingdom (74%) and Finland (72%). Ukraine reported the lowest percentage (15%).

There are gender differences in these behaviours typical to each activity. In all countries more boys than girls reported riding around on a moped or motorcycle just for fun, and playing on slotmachines or computer games.

Participating in sports, athletics or other physical exercise is more common among boys than girls except in Norway, Slovak Republic and Sweden where it is about equal and in Faroe Islands, Finland and Ukraine where more girls than boys reported this. Reading books for enjoyment is reported by more girls than boys. The only exception is Ukraine where a slightly higher proportion of boys said so. More girls than boys answer that they go out with friends in the evening except in Faroe Islands, Hungary, Slovenia and Ukraine where it is about equal between the sexes and in Cyprus, Italy, Portugal and Turkey where this is reported by more boys.

Some of these activities were also included in the Greek and US studies. To ride around on a

moped or motorcycle is reported by 35% in Greece, actively taking part in sports etc by 74% and to read books for enjoyment by 54%. A large proportion (89%) said that they often go out with friends in the evening, which is higher than in any of the ESPAD countries.

The items included in the US questionnaire are a bit different to the ones used in the ESPAD study. Riding around in a car (or motorcycle) is relevant in USA where the students are allowed to drive a car from the age of 16, and is reported by 82%. "Get together with friends informally" is reported by a vast majority of the American students (96%), but is only comparable to a limited extent with the ESPAD question "go out with friends in the evening".

On most leisure time variables the proportions reported by Ukraine are smaller than other participating countries. It is very difficult to explain this. One possible explanation is that the questions were differently understood by the Ukrainian students compared with students in other countries.

TV or video watching on an average weekday

(Table 41)

The students were asked how much TV or video they normally watch during an average weekday. (Data are not available from Cyprus, Faroe Islands, Iceland, Ireland and Poland.)

The proportions of students who watch TV or video four hours per day or more are highest in United Kingdom and Turkey (around 45%) followed by Croatia and Lithuania (40% both). Lowest figures are found in Italy and Slovenia (around

16%).

There are more boys than girls watching TV or video that frequently. The only exceptions are Malta and Turkey where the behaviour is about equally common among boys and girls.

Missed schooldays during the last 30 days because of illness or truancy

(Tables 42 and 43)

The students were asked how many schooldays they had missed because of illness or truancy during the last 30 days. In table 42 the proportions of students who were absent because of illness are given. The highest percentage of students being ill during the last 30 days is found in Malta (52%) and the lowest in Portugal (26%). For many of them, however, it was only a matter of one or two days while others were absent three or more days. Three days or more was reported by the largest proportions in Slovak Republic, Czech Republic and Ukraine (about 29%) while only about 5% reported this in Portugal and Cyprus.

The proportions who reported that they had been away from school because of truancy are presented in table 43. The largest proportions being away from school by this reason are found in Turkey (51%), Ukraine (43%), Italy and Poland (39% both). Smallest proportions are reported from Iceland, Hungary and Portugal (around 13%). Largest proportions of students having missed three or more schooldays from the same reason are reported from Turkey and Ukraine (around 19%). In Portugal, Hungary and Iceland only around 3% reported this.

Key results country by country

In previous chapters one variable at a time has been presented and the results from all participating countries were compared in the tables. It is, however, also of interest to look at the results country by country. In this chapter the most important findings from each participating country are presented and briefly commented. For more detailed information on each variable, please see the tables (Appendix II). The methodology of each country's study are presented in Appendix I, "Sampling and data collection in participating countries".

Nine variables were chosen to give an overview of the results: Consumption of any alcoholic beverage during the last 12 months; Have been drunk

during the last 12 months; Lifetime use of cigarettes; Have smoked cigarettes during the last 30 days; Lifetime use of marijuana or hashish; Lifetime use of any drug other than marijuana or hashish; Lifetime use of inhalants; Lifetime use of tranquilizers or sedatives (without a doctor's prescription); Lifetime use of alcohol together with pills.

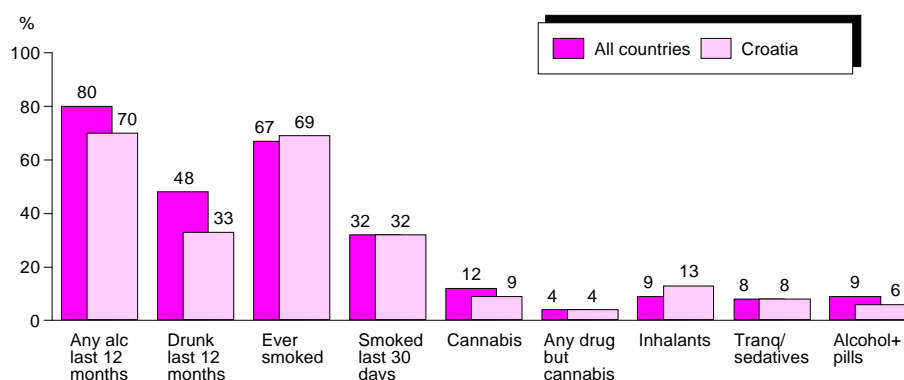
The results of each country are presented in a graph, together with the average percentages of all participating ESPAD countries. This is done in order to facilitate the interpretation of the results, i.e. to compare each country's prevalence rates with the mean of all ESPAD countries.

Croatia

The results of Croatia is characterized by rather low rates on many variables. The proportion who had drunk any alcoholic beverage during the last 12 months is lower (70%) than the average of all countries (80%). This is even more true for the proportion who reported having been drunk during the same period of time (33% compared to 48%). The lifetime prevalence of smoking is, however, about equal or slightly higher (69%) among Croatian students than the average of all countries (67%). The proportion who had smoked during the

last 30 days (32%) is the same as in other countries.

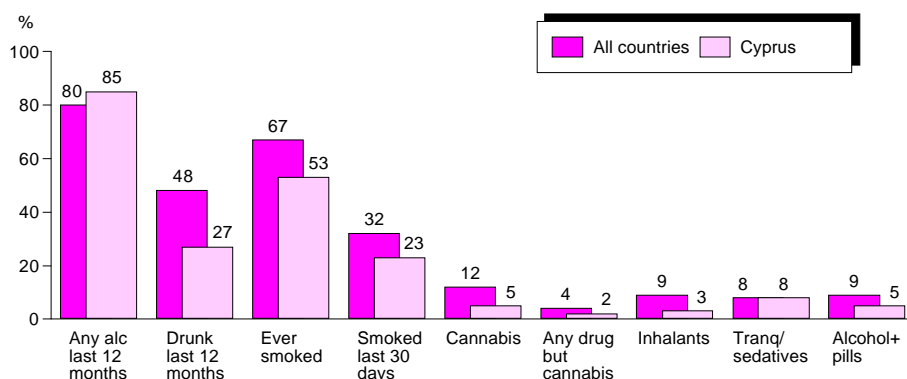
Just 9% reported use of marijuana or hashish (average 12%), while the use of any drug other than marijuana or hashish is not very common in Croatia (4%). Quite many of the students in Croatia have used inhalants (13%) and the use of tranquilizers or sedatives without a doctor's prescription is also equal (8%) to the percentage in all countries. The proportion who reported use of pills in combination with alcohol is not as frequent as the average (6% compared to 9%).



Cyprus

The proportion who had consumed any alcoholic beverage during the last 12 months is slightly higher than average (85% compared to 80%). For the proportion who had been drunk during the same period, quite the opposite is true; 27% in Cyprus compared to 48 on average. Just above half of the Cyprian students had ever smoked (53%) while the average figure is 67%, and 23% had smoked during the last 30 days (average 32%).

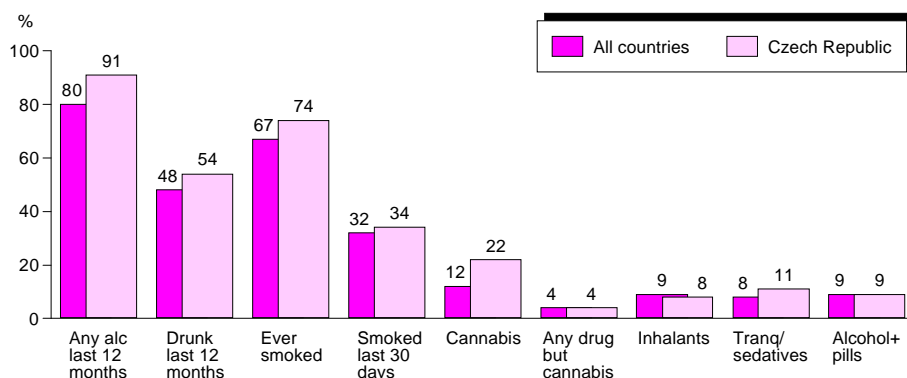
Just 5% had used marijuana or hashish (12% on average) while use of any other drug is reported by 2% (4%). Lifetime use of inhalants is much less prevalent (3%) than the average for all countries (9%). The use of tranquilizers or sedatives without a doctor's prescription is equally frequent (8%) as the mean figure indicates. The proportion who reported use of alcohol in combination with pills is 5% (9% on average).



Czech Republic

A vast majority (91%) of the students in the Czech Republic had consumed alcoholic beverages during the last 12 months, which is higher than the average of other countries (80%). Also the proportion who had been drunk in the past 12 months is slightly higher (54%) than average (48%). Smoking is rather common in Czech Republic where 74% had ever smoked, compared to 67% as an average. 34% had smoked during the last 30 days (average 32%).

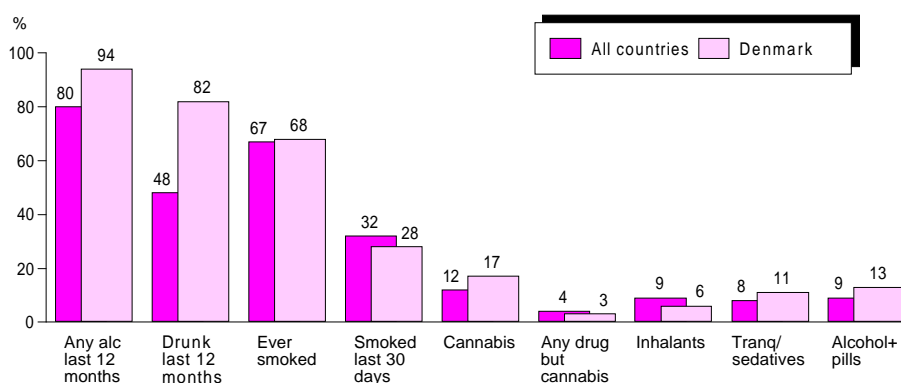
Quite many had tried illicit drugs, mainly marijuana or hashish (22% compared to 12% on average), while any other drug but cannabis is reported by 4% (the same as average). Lifetime use of inhalants as well as alcohol together with pills were reported by about 9%, which is equal to the average, while the figure for tranquilizers or sedatives without a doctor's prescription is slightly higher (11%) than average of all participating countries (8%).



Denmark

Nearly all students (94%) in Denmark had used alcohol during the last 12 months which is above average (80%). The proportion who reported having been drunk during the same period is, however, substantially higher (82%) than average (48%). Lifetime prevalence of smoking is about the same (68%) as in the other countries (67%). The percentage of 30 days prevalence of cigarette smoking (28%) is nearly the same as the mean percentage (32%).

Cannabis is the most common illicit drug in Denmark, (17%, average 12%), while any drug but cannabis only is reported by 3% compared to the average of 4%. Lifetime use of inhalants is not very common in Denmark (6%), compared with 9% on average. The proportion who ever used tranquilizers or sedatives without a doctor's prescription is 11% and somewhat higher than in other countries (8%), as is the use of alcohol together with pills (13% compared to 9%).

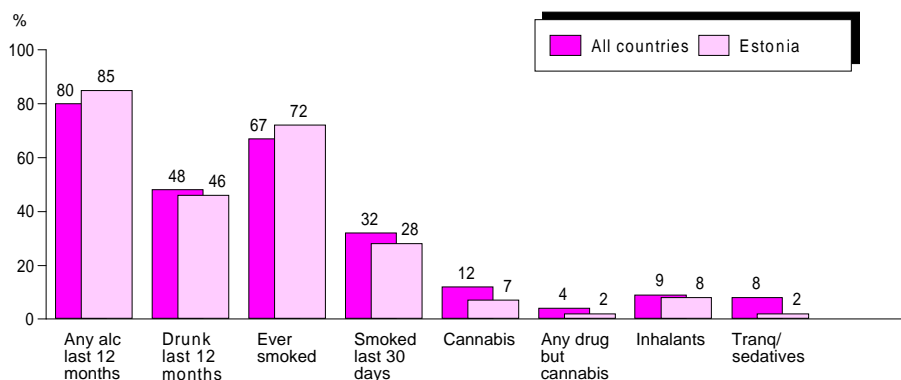


Estonia

In Estonia 85% of the students had been drinking alcohol during the last 12 months, which is only slightly higher than the average proportion. The 12 months prevalence of being drunk is almost the same (46%, average 48%). The proportion who ever had smoked cigarettes is somewhat higher (72%) than the mean figure (67%), but the opposite is true for last 30 days prevalence (28% and 32%).

Just 7% had used marijuana or hashish in their

lifetime (12% on average). The use of other illicit drugs but cannabis is reported by 2%, which is somewhat lower than average (4%). Use of inhalants is about the same as the average (8%) and lifetime use of tranquilizers or sedatives without a doctor's prescription is reported by 2% (8% on average). The question about alcohol in combination with pills was not asked in Estonia.

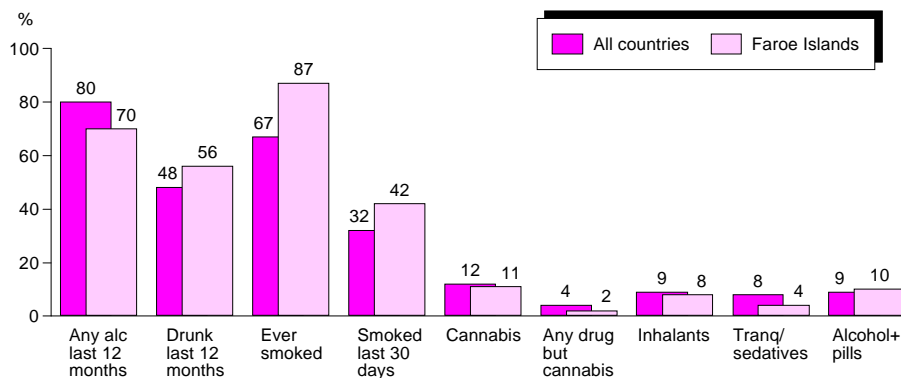


Faroe Islands

The 12 months prevalence rate for any alcoholic beverage on Faroe Islands is smaller (70%) than the average (80%). On the other hand, more students than average had been drunk during the same period (56% compared to 48%). Smoking cigarettes is also more common among the Faroese students (87% compared to 67%) and 42% had smoked during the last 30 days.

About the same percentage as average (11%)

had tried cannabis, while only 2% had used any other drug (4% as comparison). The lifetime figures for inhalants is about the same as the average (8%) and the proportion who had used tranquilizers or sedatives without a doctor's prescription is lower (4% compared to 8%). The proportion who reported use of alcohol in combination with pills is about equal (10%) to the figure for all countries.

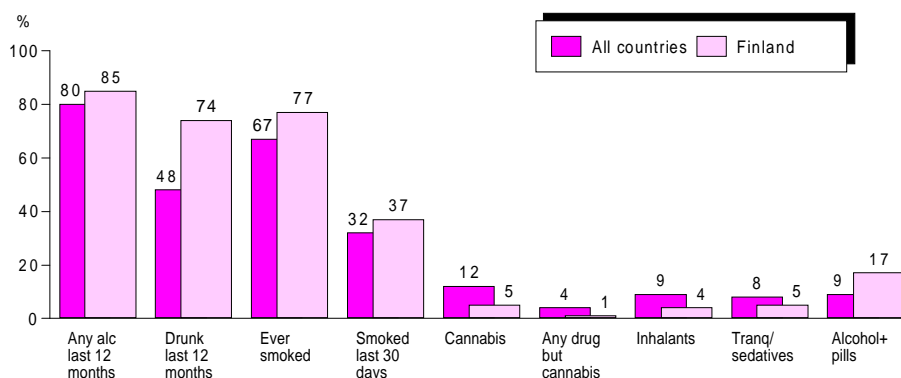


Finland

The proportion (85%) who had been drinking alcoholic beverages during the last 12 months in Finland is slightly over the mean percentage (80%) in all participating countries. There are, however, more students in Finland (74%) than the average (48%) who reported having been drunk during the same period. There are also more students (77%) in Finland who had smoked than in all other countries (67%), while the proportion who had smoked during the last 30 days is only a little higher (37% and

32%).

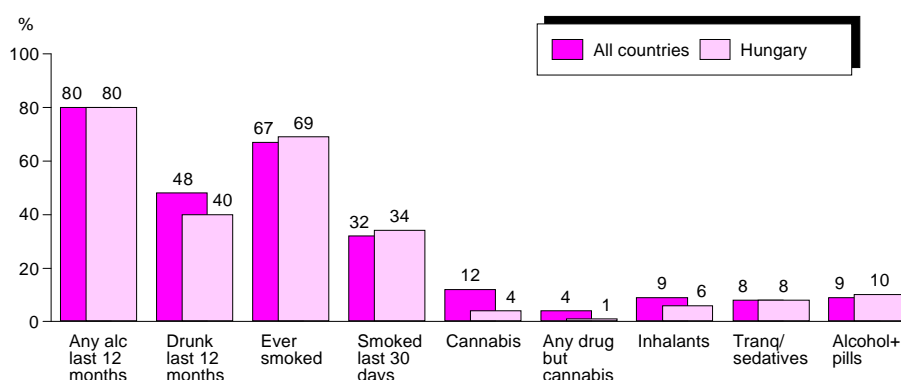
Taking illicit drugs is not very common in Finland where about 5% reported use of cannabis (12% on average). Any illicit drug other than marijuana or hashish is only reported by 1% (4%). Using inhalants and tranquilizers or sedatives without a doctor's prescription is reported by about 5%, while the average is about 9%. The use of alcohol together with pills is, however, rather frequent (17%) compared to the mean percentage (9%).



Hungary

The proportion (80%) of students in Hungary who had been drinking alcohol during the last 12 months is about the same as the average for all countries. The percentage reporting that they had been drunk during the past 12 months is, however, smaller (40%) than average (48%). The Hungarian lifetime prevalence figure of smoking cigarettes (69%) is slightly above the mean percentage for all countries (67%) and the same holds true for the 30 days prevalence (34% and 32%).

Very few (4%) had tried marijuana or hashish (average 12%) and even fewer (1%) had tried any illicit drug but cannabis (average 7%). About equal proportions reported use of inhalants (6%), tranquilizers or sedatives without a doctor's prescription (8%) and alcohol together with pills (10%). These results are similar to the average proportions of all countries, except for inhalants with an average of 9%.

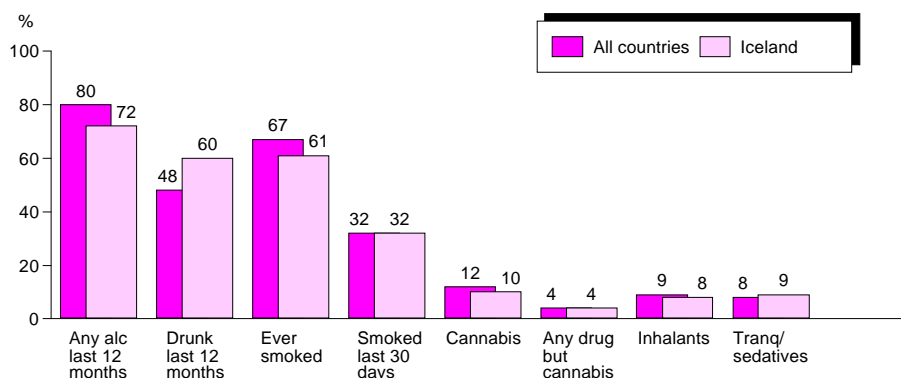


Iceland

About three fourth (72%) of the students in Iceland had been drinking an alcoholic beverage during the last 12 months, compared to 80% of all students in this study. The frequency of intoxication, however, seemed to be higher in Iceland than average, since 60% reported to have been drunk during the past 12 months compared to 48% on average. The lifetime figure of smoking cigarettes (61%) is only somewhat smaller than the average percentages (67%), as is the percentage who had been smoking during

the last 30 days.

Of the students in Iceland 10% had used marijuana or hashish (12% on average) and 4% had tried other drugs than cannabis, which is equal to the average. The proportion who had ever used inhalants and the proportion who had used tranquilizers or sedatives without a doctor's prescription are about the same as the average. The question about alcohol in combination with pills was not asked in Iceland.

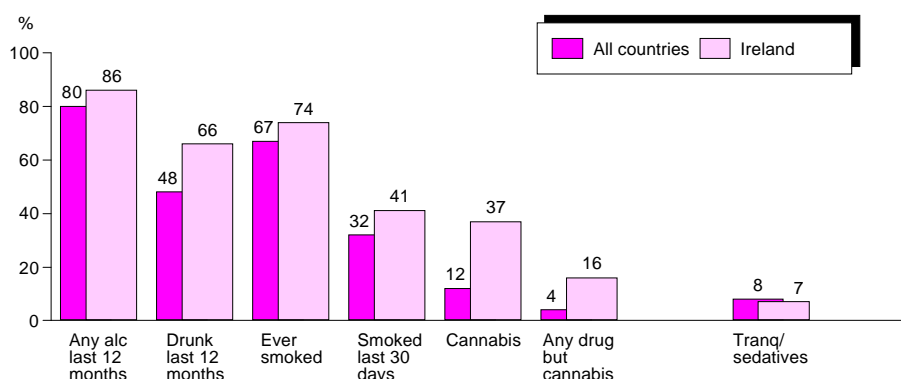


Ireland

The proportion of Irish students who had been drinking alcohol during the last 12 months is somewhat higher (87%) than average for all countries (80%). The proportion who answered that they had been drunk during the same period is also larger (66%) compared to all countries (48%). There are also a larger proportion (74%) than the average (67%) who reported that they had ever smoked, which is also the case with the share who had been smoking during the past 30 days (41% compared to

32%).

Use of drugs is very common among Irish students; 37% indicated use of cannabis (average 12%) and 16% had used any illicit drug but cannabis (average 4%). The percentage who had used tranquilizers or sedatives without a doctor's prescription (7%) is similar to the average figure. The questions about inhalants and alcohol together with pills were not asked in the Irish study.

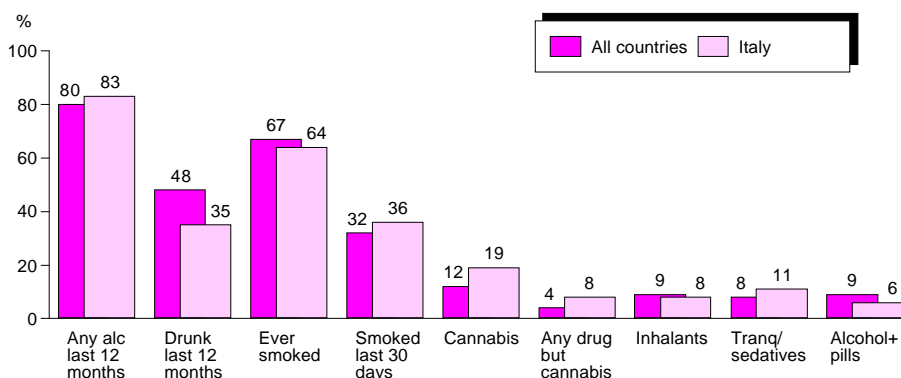


Italy

In Italy the proportion of students who reported consumption of any alcoholic beverage during the last 12 months is 83% which is roughly the same as the average proportion of all participating countries. One third (35%) of the Italian students had been drunk during the same period, which is a smaller share than the average (48%). Smoking seems to be as common as the average of all countries. 64% had ever smoked and 36% had been smoking during the last 30 days (averages 67% and 32%).

The use of illicit drugs is quite common among

the Italian students. 19% had used marijuana or hashish and 8% had used any illicit drug other than cannabis. The mean percentages for all countries on these variables are 12% and 4%. The figure of lifetime use of inhalants is about the same as the average (8%), while the use of tranquilizers or sedatives without a doctor's prescription is somewhat higher than the average (11%). Alcohol in combination with pills is not as frequent in Italy as in many other European countries (6% compared to 9%).

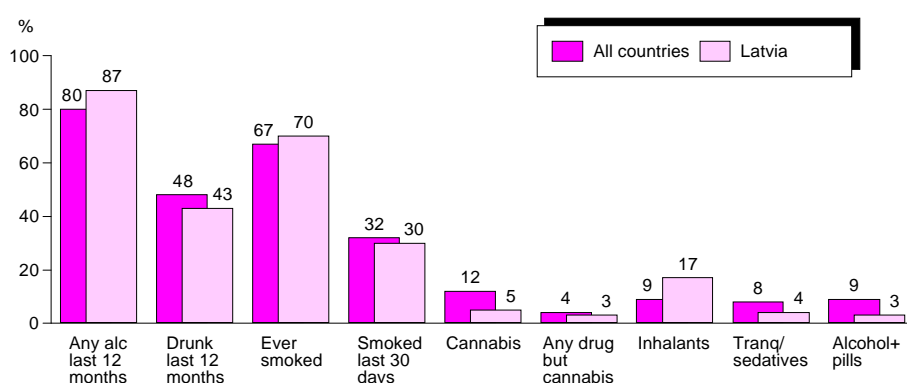


Latvia

The comparability of the Latvian figures is somewhat limited (see “Methodological considerations”). It might, however, be of interest to look at the results in the light of the mean results of all countries. The frequency of use of any alcoholic beverage during the last 12 months is somewhat higher (87%) in Latvia than the average of all countries (80%). On the other hand, the frequency of being drunk the last 12 months is lower than average (43% compared to 48%). A rather high percentage (70%) of Latvian students had smoked in lifetime (average 67%), while one third reported having smoked during last 30 days, which is simi-

lar to the average (32%).

The proportion who had used marijuana or hashish in lifetime is relatively small (5%) compared to 12% as an average, and the proportion who had used any other drug than cannabis is 3%. Inhalants, however, is nearly twice as common among Latvian students than the average of all countries (17%, average 9%). Use of tranquilizers or sedatives without a doctor’s prescription is indicated by 4% and alcohol together with pill by 3%. This is somewhat low in comparison with the average figures which were 8% and 9% respectively.

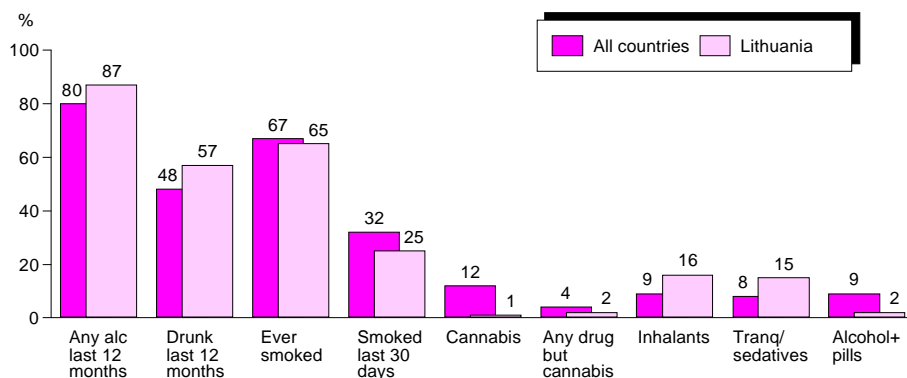


Lithuania

The majority of the Lithuanian students (87%) had been drinking alcohol during past 12 months and more than half of them (57%) had been drunk during the same period (average figures were 80% and 48% respectively). The proportion who had ever been smoking is about average (65%), while one quarter had been smoking during the last 30 days (average 32%).

Very few reported use of marijuana or hashish and this holds true also for any illicit drug other

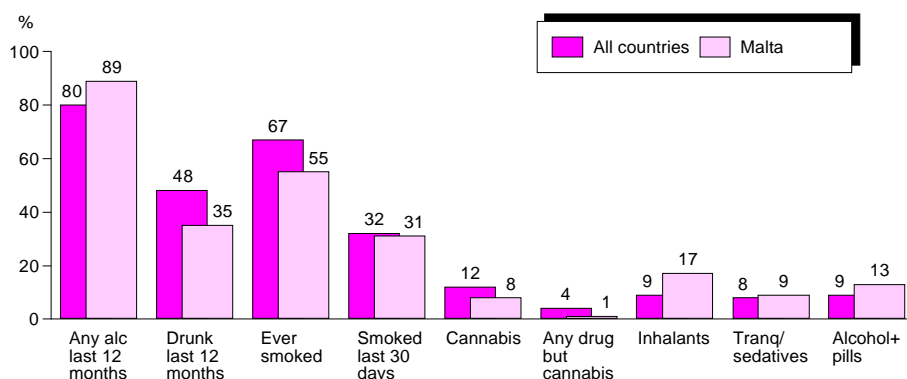
than cannabis (about 2%). The corresponding average figures are 12% and 4% respectively. Both use of inhalants and use of tranquilizers or sedatives without a doctor’s prescription are indicated by about 15% of the Lithuanian students, which is higher than the average (about 9%). The use of alcohol together with pills is not as frequent in Lithuania as in many other countries. Only 2% reported this compared to 9% on average.



Malta

The majority (89%) of the students in Malta had been drinking alcohol during the last 12 months (average 80%). One third (35%) had been drunk during the same period, which is a smaller proportion than the average of all countries (48%). Smoking is quite frequent and the proportion who indicated that they had been smoking at any time in life is 55% (67%) while 31% had been smoking during the last 30 days (average 32%).

The percentage indicating use of marijuana or hashish is 8% compared to an average of 12%, and only 1% reported any use of other illicit drug but cannabis (average 4%). A rather large proportion of the Maltese students (17%) had been using inhalants compared to the average of all countries (9%). Use of tranquilizers or sedatives without a doctor's prescription is reported by 9% (8%) and alcohol together with pills by 13% (9%).

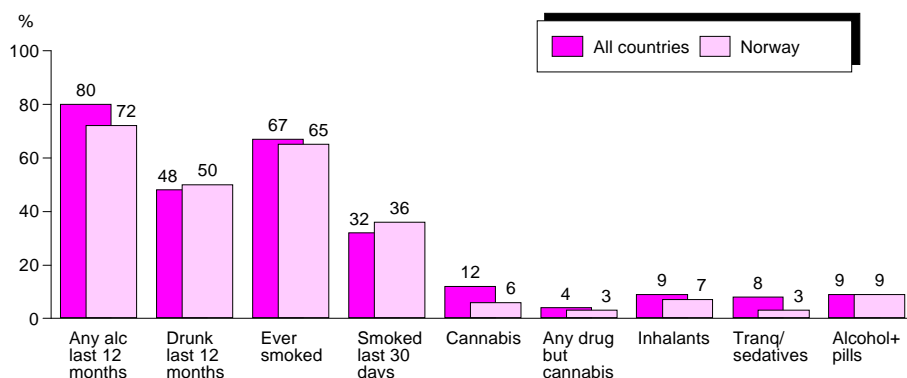


Norway

Nearly three quarters of the Norwegian students had been drinking alcohol during the last 12 months, which is lower than the average (80%). Half of the students had been drunk during the last 12 months (average 48%). The proportion (65%) who ever smoked is about equal to the mean proportion, while 36% had smoked during the last 30 days (average 32%).

Rather few (6%) had tried marijuana or hashish

and even fewer (3%) had tried any other illicit drug than cannabis. The average figures are 12% and 4%. Use of inhalants is reported by 7% of the respondents, compared to 9% as an average. Only 3% had ever used any tranquilizer or sedative without prescription (8%), while 9% had taken pills in combination with alcohol, which is equal to the mean.

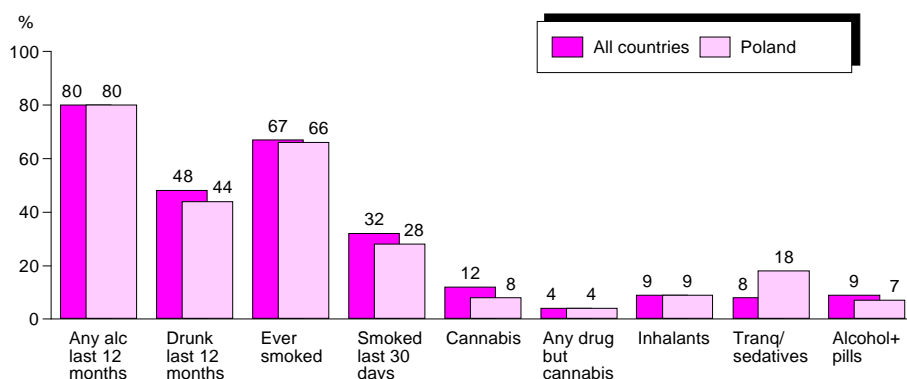


Poland

The proportion of Polish students who had been drinking any alcoholic beverage during the last 12 months is equal to the mean for all countries (80%), and the proportion who had been drunk during the same period is only slightly lower than the average (44% compared to 48%). Likewise is the percentage who ever tried smoking on the same level as the average (66%), but the share who had been smoking during the last month is somewhat lower in

comparison (28% and 32%).

Use of hashish or marijuana is reported by 8% (12% on average) and use of any drug other than cannabis is equal to the average (4%). Lifetime prevalence rate for use of inhalants is equal to the average (9%). Quite high percentage reported use of tranquilizers or sedatives without a doctor's prescription (18% compared to 8%) while 7% had tried alcohol in combination with pills (9%).

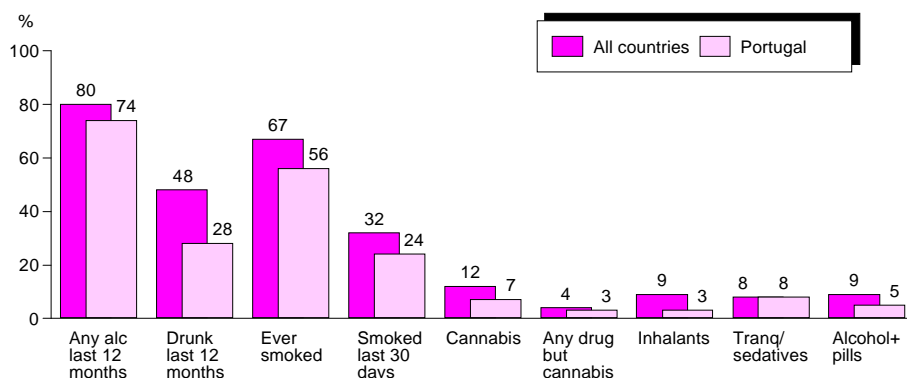


Portugal

The overall impression of the results from Portugal is that the shares are smaller than average on all presented variables. Thus, fewer students than average had consumed alcoholic beverages during the past 12 months (74% compared to 80%). In addition, the percentage (28%) reporting drunkenness during the last 12 months is only about half of the average percentage (48%). Smoking is less frequent among Portuguese students than average, 56% had ever smoked and 24% had smoked the last

30 days. Corresponding average figures are 67% and 32%.

Among the students in Portugal 7% had used marijuana or hashish (12% on average) and 3% had used any other drug but cannabis (average 4%). Very few (3%) had tried inhalants compared to the average (9%); 8% had used tranquilizers or sedatives without a doctor's prescription and 5% had taken pills in combination with alcohol (about 9% on average).

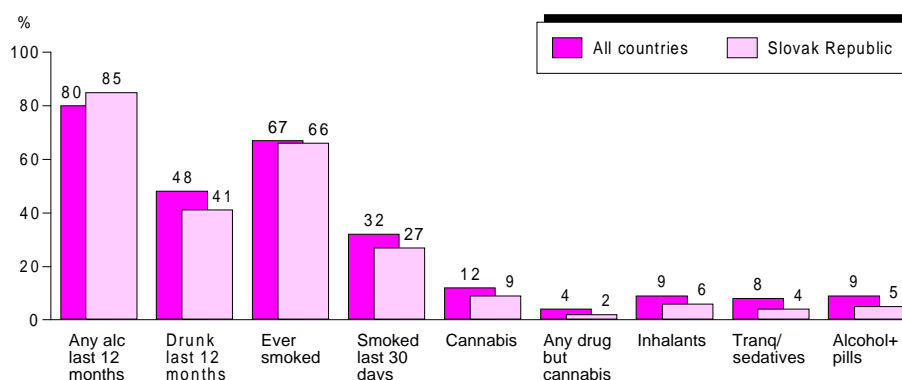


Slovak Republic

85% of the Slovakian students had consumed alcohol during the past 12 months (average 80%), and 41% had been drunk at the same period of time, which is somewhat lower than average (48%). The proportion (66%) who had ever been smoking is equal to the average proportion and the proportion who had smoked during the last 30 days (27%) is a little bit lower (32%).

Likewise, a somewhat smaller share (9%) than

average (12%) reported use of marijuana or hashish, and very few (2%) indicated use of any illicit drug other than cannabis (4%). Inhalants had been used by 6% (average 9%) and tranquilizers or sedatives without a doctor's prescription by 4% (average 8%). Not very many of the Slovakian students had tried to combine alcohol with pills (5% compared to 9% on average).

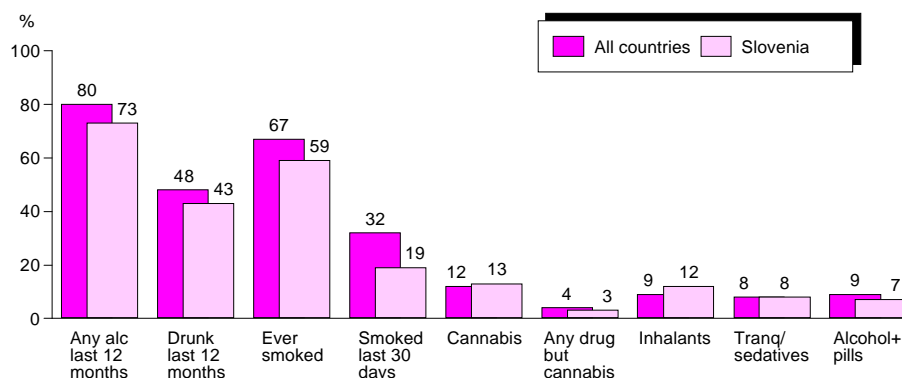


Slovenia

In Slovenia most of the variables presented here are below the averages, except for the use of cannabis. Three quarters of the students had consumed any alcoholic beverage during the last 12 months (average 80%) and 43% had been drunk during the same period (average 48%). The proportion (59%) who had been smoking at least once in lifetime is rather close to the average percentage (67%), but the proportion who reported smoking during the last 30 days is low (19%) in comparison to the

average figure (32%).

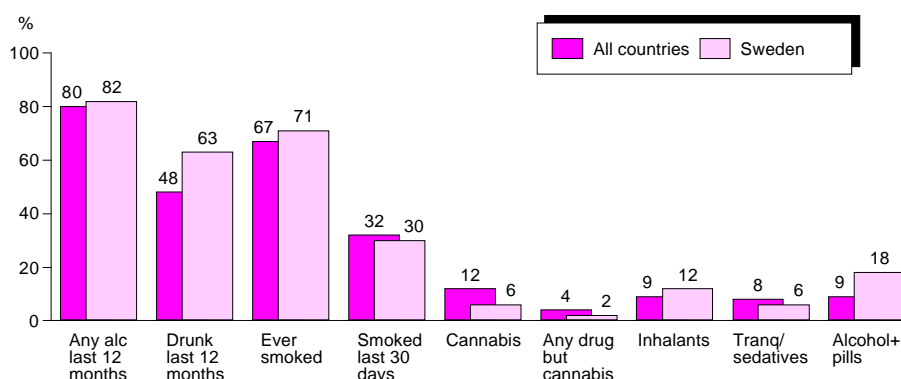
Use of marijuana or hashish is reported by 13% (average 12%), but only 3% had used any other illicit drug but cannabis (average 4%). The use of inhalants is quite common among the Slovenian students (12% compared to 9%). The proportion who reported that they had used tranquilizers or sedatives without any prescription is equal to the average (8%). Alcohol together with pills is reported by 7% while the average percentage is 9%.



Sweden

The proportion of the Swedish students (82%) who had been drinking any alcohol during the last 12 months is equal to the average of all participating countries. The Swedish students, however, drink to the point of intoxication rather frequently and the proportion (63%) who reported having been drunk during the last 12 months is higher than the average (48%). 71% of the Swedish students had been smoking at least once in life (67% on average) and about one third had been smoking during the last 30 days, which is the same as the average.

Drug use is not very common among the Swedish students, 6% reported use of marijuana or hashish and 2% reported use of any illicit drug other than cannabis (the average figures are 12% and 4%). The use of inhalants had been experienced by 12% and tranquilizers or sedatives without a doctor's prescription by 6% (average 9% and 8%). The combined use of alcohol and pills is rather frequent in Sweden where 18% reported this, which is twice the average.

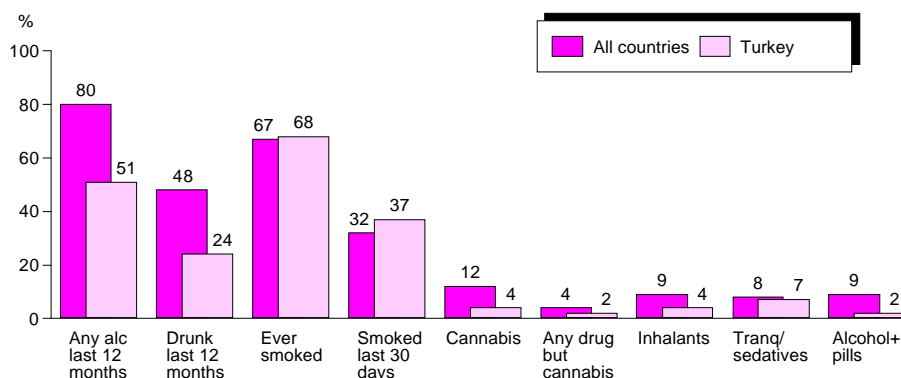


Turkey

Among the Turkish students the prevalence rates on the presented variables are very low compared to other participating countries, except for smoking. Half of the students had been drinking alcohol during the last 12 months compared to 80% on average. One quarter had been drunk during the same period while on average half of the students had done this. The proportion of Turkish students who had ever smoked (67%) is about equal to the

average. 37% had been smoking during the last 30 days (average 32%).

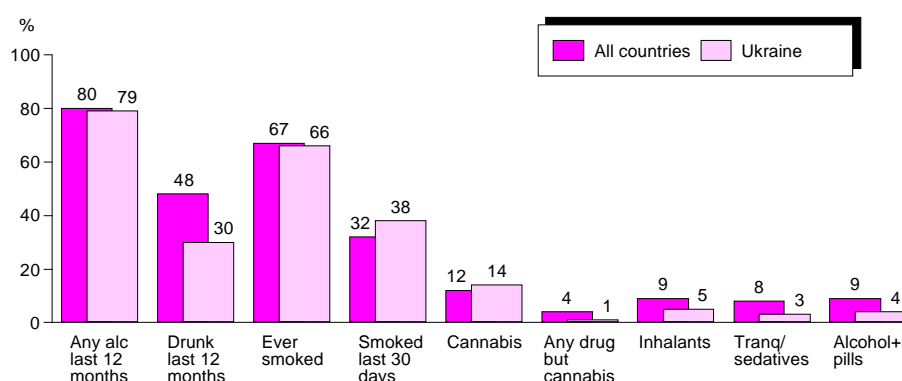
Very few (4%) had tried marijuana or hashish (average 12%) and 1% had tried any other illicit drug but cannabis. Only 4% had used inhalants (average 9%), but tranquilizers or sedatives without a doctor's prescription are used equally frequent (7%) as the average. Alcohol together with pills is reported by 2% (average 9%).



Ukraine

The majority (79%) of the students in Ukraine had consumed alcohol during the last 12 months, which is equal to average. However, the frequency of being drunk is lower than the average. 30% reported that they had been drunk during the last 12 months, compared to the 48% average. Smoking habits in Ukraine are close to the ESPAD average. 66% had smoked at some time and 38% had smoked during the last 30 days (corresponding averages were 67% and 32%).

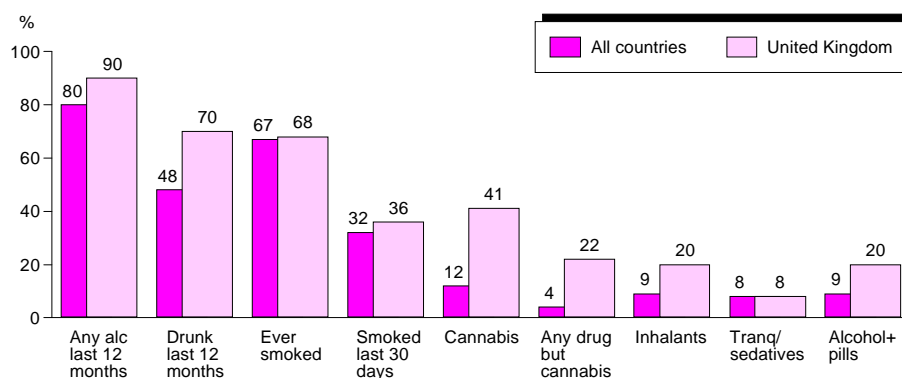
Marijuana or hashish use is indicated by 14% (average 12%), while only 1% reported any other illicit drug use than cannabis (average 4%). Use of inhalants is not very frequent among the Ukrainian students, 5% reported lifetime use compared to 9% on average. Rather small percentages reported that they have used tranquilizers or sedatives without a doctor's prescription (3%) and alcohol together with pills (4%). The averages for these variables are 8% and 9%.



United Kingdom

In United Kingdom substance use is higher than the average for all countries. The proportion who had used alcohol during the last 12 months is higher than the mean (90% compared to 80%), and the proportion who had been drunk during the past 12 months is fairly high (70%) in comparison to other countries (48%). The proportion of students who had ever smoked is, however, about the same as the average (68%) and the proportion who had smoked during the last 30 days is slightly above average (36% compared to 32%).

There are many more students in United Kingdom (40%) who had ever tried marijuana or hashish compared to the average of all countries (12%). The proportions for use of any other drug but cannabis (22%) is also substantially higher than the average (4%). Inhalants and alcohol together with pills had been used by 20% of the respondents in UK, compared to 9% in all countries. The use of tranquilizers or sedatives without a doctor's prescription is reported by 8%, which is equal to the average.



Summary and conclusions

The European School Survey Project on Alcohol and Other Drugs (ESPAD) provides data on many alcohol and drug related variables collected simultaneously in 26 European countries. With a few exceptions data were collected at the beginning of 1995. The target age group was students born in 1979, which means that the students were 15–16 years old when they answered the questionnaire. Participating countries are: Croatia, Czech Republic, Cyprus, Denmark, England, Estonia, Faroe Islands, Finland, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Malta, Northern Ireland, Norway, Poland, Portugal, Scotland, Slovak Republic, Slovenia, Sweden, Turkey (Istanbul), Ukraine and Wales. The project was initiated and co-ordinated by the Swedish Council for Information on Alcohol and other Drugs, CAN, in co-operation with the Pompidou Group at the Council of Europe. The planning and data collection was made in co-operation between researchers in the participating countries, each of whom was responsible for applying for funding and for data collection and data processing.

The surveys were conducted with a standardized methodology and a common questionnaire to provide data that were comparable between countries. Data were collected by group administered questionnaires in the classrooms of randomly selected classes (in a few countries schools were the sampling unit). Teachers or research assistants were data collection leaders. The students answered anonymously and put his/her own questionnaire in an individual envelope. The number of participating ESPAD students in different countries vary between 543 and 8,940, with a large majority of the countries around or above the recommended level of 2,400 students.

Each country produced a country report following a standard format, which have been the sources of information for the production of the international ESPAD report. In addition to the results from the ESPAD study, some data from a few similar studies in other countries have been included in the report. These countries are Greece, France, Spain and USA.

A main goal of the ESPAD project is to provide comparable estimates on alcohol and drug consumption among students in Europe. However, the most important goal in the long run is to compare trends in different countries. Therefore, a second data collection in a few years will show the real usefulness of the present results.

In order to facilitate the reading a summary table presents the percentages for selected variables (table N). In the table the four British countries are presented together as United Kingdom. The Latvian data are not presented in this table since they are not entirely comparable with the results from the other countries.

Data quality

Every effort was made to standardize the methodology. Even if this to a large extent was obtained, it is obvious that an extensive study with data collection in 26 countries calls for a rather detailed methodological discussion about representativeness as well as reliability and validity.

Considering the fact that the ESPAD project included 26 countries, some of which made a school survey for the first time, the overall conclusion is that the sampling and data collection in most countries have been accomplished without any major problems.

However, some countries where data might not be entirely comparable ought to be mentioned. In the chapter "Methodological considerations" these issues are discussed in detail.

A large proportion of non-participating classes (51%), a large proportion of eliminated questionnaires (21%) and some other methodological aspects indicate that Latvian data are not fully comparable with data from other countries. Consequently, Latvia is reported separately in the result tables and is not included in the maps and figures.

A large proportion of non-participating students in Malta (47%) and some other aspects indicate great carefulness when interpreting the Maltese data. Extra caution is also recommended when interpreting the results from Ukraine, Italy, Cyprus and Turkey. In Portugal, Hungary and Croatia rather

limited proportions of the 1979 students (60–70%) were included in the sampling frames, which make the results less representative than in many other countries.

Drug prevalence figures are probably underestimated and this is more important for heroin (and other less accepted drugs) than for cannabis. It seems likely to assume that the underreporting probably differ somewhat between countries.

The conclusion seems warranted that the ESPAD data is valid in most countries. However, the cultural context in which the students have answered the questions most probably differ between countries and, thus, have differently influenced the willingness to answer honestly. The validity problems are probably of concern only to a limited number of countries. It may also be assumed that the cultural context does not influence the results to such a degree that large differences between countries should not be regarded as valid. Thus, the magnitude of the estimates in different countries probably reflects country differences pretty well, especially between distinguished groups of countries. However, small differences between countries should be interpreted with caution. They may not reflect valid differences.

Single figures are often difficult to interpret. It is more important to concentrate on magnitudes than on single figures, both when analysing data in single countries and when interpreting differences between countries.

Tobacco

In table N the lifetime and 30 days prevalence rates of cigarette smoking are presented. A majority of the students in this age group have tried smoking at least once. There are, however, rather big differences between countries in the prevalence rates as well as in the gender pattern of smoking habits.

The highest prevalence figures are found in Faroe Islands where almost all students have smoked at some time, but also in Finland, Czech Republic, Ireland, Estonia and Sweden about three quarters of the students have smoked. In no country the proportions are less than 50%, but Cyprus, Malta, Portugal and Slovenia reported proportions between 50–60%.

There is a typical regional pattern in the gender distribution. In the northern European countries more girls than boys have smoked 40 times or more, while the opposite is true for the eastern part of Europe. The pattern of the 30 days prevalence is similar. In countries where many students smoke

on a regular basis many of them started the habit quite early in life. There are more boys than girls who smoked daily at the age of 13 or younger, except in United Kingdom where this behaviour is reported by more girls.

These results indicate that the campaign in European countries, to prevent the smoking among young people still has relevance. The next ESPAD study might show the direction of the trend.

Alcohol

The lifetime prevalence of alcohol consumption and the proportions who have consumed alcohol 10 times or more during the last 30 days are presented in table N. The vast majority of the students have consumed alcohol at some time, especially in Czech Republic, Denmark and Slovak Republic, where almost all students reported alcohol drinking experience. The country with lowest lifetime prevalence of alcohol consumption is Turkey where a little less than two thirds of the students had used alcohol. (The low proportions in Turkey may partly be explained by religious factors.)

The proportion of students who had been drinking alcohol 40 times or more varied a lot between the countries, but in general this is most common among boys (not presented in table N). The highest figures are found in Denmark and United Kingdom (almost half of the students) and in Ireland and Malta (about one third). The smallest figures are reported from Turkey and Norway, which means that the neighbour countries Denmark and Norway are at opposite ends.

Many students reported alcohol consumption during the last 30 days, but rather few had been drinking 10 times or more during that period. The highest proportions (around 15%) are found in Malta, Italy, United Kingdom and Denmark, which makes Denmark rather different from the rest of Scandinavia since this behaviour is reported by less than 2% in Finland, Iceland, Norway and Sweden. More boys than girls answered that they drink alcohol as often as 10 times a month.

The students were also asked more specifically about the beverages they had consumed during the last month. Beer-drinking is most frequent in Denmark and Cyprus. The largest proportions who had drunk beer 3 times or more often during the last 30 days are found in the “beer countries” Denmark, Ireland and Czech Republic, but also in Cyprus, Italy and Malta (table N). There is a substantially higher proportion of boys, compared to girls, who reported beer drinking 3 or more times during the

previous month.

Wine consumption during the last 30 days is most frequent in Malta and Italy, where also the highest percentages who reported wine drinking 3 times or more often are reported (table N). The proportions are usually higher among boys than girls. The only country where the percentage of girls exceeds the one of boys is United Kingdom.

Consumption of spirits as frequent as 3 times or more often during the last 30 days is reported by about one third of the students in Malta and Denmark and by about one fourth in Czech Republic and United Kingdom (table N). The smallest percentages are found in Estonia, Finland and Turkey (around 7%). In many countries the proportions are higher among boys, but in Malta, United Kingdom, Ireland and Lithuania more girls reported this frequency of spirits consumption.

Drunkennes

In table N the proportions who had been drunk 10 times or more often in their lives and 3 times or more often during the last 30 days are presented. Among students in this age group it is not uncommon to drink to the point of intoxication. For some it happens once or twice more or less accidentally. For others, however, it is a habitual behaviour where the purpose of the consumption is to get drunk.

Countries where most of the students reported having been drunk at least once are Denmark, United Kingdom and Finland (about 80%). These are also the countries with the largest proportions who had been drunk 10 times or more often (41–54%). In most countries more boys than girls reported this, except in Finland where the girls are slightly more. In Iceland, Norway, Sweden and United Kingdom the proportions are about equal among boys and girls.

The proportion of students who have been drunk 3 times or more often during the last 30 days indicates frequent intoxication. The top countries in this respect are, again, United Kingdom, Denmark and Finland where about one fifth of the students gave this answer. Other countries where many students reported frequent episodes of drunkenness include Ireland, Iceland and Sweden. In most countries there are more boys than girls having been drunk that often, except in the Nordic countries Faroe Islands, Iceland, Norway, Sweden and Finland, where the proportions are about equal.

Binge drinking

Closely related to the prevalence of intoxication is the variable “binge drinking” (drinking 5 drinks or more in a row). The highest proportions are reported from Denmark, Finland and United Kingdom where half or more of the students answered this. The proportions who had drunk these quantities 3 times or more often during the last 30 days are largest in Ireland, Denmark, United Kingdom, Italy and Finland where about one fifth of the students reported this (table N).

Drinking large quantities several times a month is predominantly a behaviour reported by boys. In many countries the gender differences are rather big, e.g. in Italy, Czech Republic, Faroe Islands and Poland, while they are less important in United Kingdom and Finland.

Illicit drugs

The lifetime use of different drugs is summarized in table N, as well as the 30 days prevalence of cannabis use, lifetime use of tranquillizers or sedatives and inhalants. The most commonly used drug is marijuana or hashish (cannabis). In almost all countries more boys than girls have used this substance, although equal or almost equal proportions are found in Faroe Islands, Finland, Hungary and Lithuania. In United Kingdom and Ireland almost half of the boys reported experience of cannabis and in Czech Republic one fourth. In Italy, Denmark and Ukraine one fifth of the boys reported this. The smallest percentage having tried cannabis was reported from Lithuania (1%).

The largest proportions of students who have tried amphetamines is found in United Kingdom (about 14%), followed by Ireland and Italy (about 3%). In these countries more boys than girls reported such experience, but in other countries where the percentages vary between 0 and 2%, no important gender differences are notable.

LSD is used by largest proportions in United Kingdom and Ireland. More boys than girls reported use of LSD, e.g. about 17% of the boys in both United Kingdom and Ireland while the corresponding figures for the girls were 12 and 9%. Next comes Italy with 6% of the boys using LSD and 4% of the girls. All other countries report proportions below 3%.

Ecstasy use is mostly reported by boys in Ireland (11%) and United Kingdom (9%). The corresponding figures for girls are about 7% for both countries. In Italy about 4% of both boys and girls have tried ecstasy. Other countries show figures about

3% or below, while others again report 0%.

Some of the students who report lifetime experience of any drug may just have tried it once. A more recent use that may indicate a habitual use is reflected by the 30 days prevalence rates. The proportions of students who have used cannabis during the last 30 days show that the highest rates are found among boys in United Kingdom (29%), Ireland (25%), Italy (13%), Czech Republic, Denmark, Slovenia and Ukraine (about 7% each) (table N). The same countries also show the highest proportions among girls. However, the proportion among girls are lower, overall.

The use of tranquillizers or sedatives without a doctors prescription might indicate a drug misuse, but it might also show a certain degree of self medication. It is hard to tell which are the motives behind the figures in table N. However, in many countries the most frequent lifetime use is reported by girls. The highest proportions are found in Poland (25%), Lithuania (20%), Czech Republic and Italy (15% each), Croatia, Denmark, Hungary, Iceland, Malta, Slovenia and United Kingdom (about 10% each). The proportions are overall lower among boys, with the highest prevalence found in Poland (11%).

Lifetime use of inhalants is highest in United Kingdom (about 21%) and Malta (17%) where there are no important gender differences. In most other countries there are more boys than girls reporting this behaviour. In Lithuania 18% of the boys had sniffed inhalants and in Croatia, Slovenia and Sweden about 14% of the boys reported this. The lowest prevalence figures are found in Cyprus and Portugal (about 3%).

Some conclusions and future implications

For the first time we have reasonably comparable data on young peoples alcohol and drug use in a large number of countries in Europe. Although it must be kept in mind that the estimates are not exact values – but just estimates – the picture of high and low prevalence countries is rather clear. However, only a few examples will be discussed in this section.

One is that alcohol consumption, to a large extent, is related to traditional differences in drinking cultures. Consequently it is rather often that students (of both sexes) in northern Europe, with the exception of Norway, drink to the point of intoxication. However, high frequencies of alcohol consumption are only partly found in these countries

(mainly in Denmark, United Kingdom and Ireland), while this also is reported from some of the southern European countries. In these countries, which include Malta, Cyprus and Italy, frequent alcohol consumption is mainly found among boys. A few countries are low on most alcohol related variables, including Turkey, Croatia, Estonia, Lithuania (i.e. two Baltic states), Ukraine and Portugal.

With the exception of Ireland, countries with high frequencies of intoxication have rather many students who report expected positive consequences of alcohol consumption. On the other hand, experienced problems caused by alcohol is to a large extent also reported from these countries.

There is also evidence of a geographical pattern of illicit drug use in Europe. United Kingdom, Ireland, Czech Republic, Italy and Denmark show high prevalence rates on cannabis use. Most of them are also the top countries regarding some other drugs as well, although the prevalence rates are lower. A comparison of the results on amphetamines, LSD and ecstasy show that amphetamines are most commonly used in United Kingdom and LSD and ecstasy in United Kingdom and Ireland. Consequently, United Kingdom and Ireland are the two ESPAD countries where different kinds of drugs are mostly used.

These two countries are also the countries where drugs are most easily available. They have the largest proportions answering that they think it is fairly or very easy to get different kinds of drugs. Another interesting result to notice is the very strong relationship between the proportion of students in different countries who have used drugs and drug experience among their friends (see the chapter “Methodological considerations”).

Denmark, although belonging to the Scandinavian countries united in earlier eras of the history and through related languages, share many traits regarding alcohol and cannabis use with the British Isles.

Looking at the ESPAD countries as a whole, alcohol is much more widely used and abused (indicated by drunkenness and binge drinking) than illegal drugs, which points to that different kinds of problems are more caused by alcohol than drugs. Thus, legal substances are a greater problem among students in Europe than are illegal drugs.

It is evident that there are clear differences between countries in the tobacco, alcohol and drug use among students. However, it is important to remember that the population of the ESPAD study

was students born in 1979, i.e. aged 15–16 when data were collected. We do not know, if the differences are similar in other age groups. The possibility cannot be excluded that young people start using both legal and illegal substances at different ages in different countries. For this reason it has been suggested that the next phase be expanded to include another age-group.

The content of this report is mainly concentrated on methodological discussions and a descriptive review of the main findings. It is hoped that the ESPAD researchers, individually or in groups, will use the extensive material for further analysis.

The experiences of the ESPAD project are very promising. They show that it is possible to co-ordinate, collect and compare data about student alco-

hol and drug use in a large number of countries using a standardized methodology.

The long run goal of the ESPAD project is to compare trends between countries. Considering the positive experience of the first study, this does not seem to be an unrealistic goal, even if a lot of methodological details can be improved. As well as comparing trends between countries ESPAD data could provide valuable information for evaluation of national prevention policies.

The future goal of the ESPAD project is to provide comparative data on adolescent substance use in all European countries. Towards this end we will simultaneously try to increase the number of participating countries and to increase the standardization of methods.

Table N. Selected variables on tobacco, alcohol and drug use among boys and girls in the ESPAD countries. Continues...

Boys	Cigarette smoking		Alcohol consumption					Drunkenness		"Binge drinking" last 30 days 3 times or more *	Lifetime use of different illicit drugs				Use of cannabis during the last 30 days	Lifetime use of tranquilizers or sedatives**	Lifetime use of inhalants
	Lifetime use 40 times or more	Smoked during the last 30 days	Lifetime use 40 times or more	Last 30 days				Lifetime 10 times or more	Last 30 days 3 times or more		Canna-bis	Ampheta-mines	LSD	Ecstasy			
				Any alcohol 10 times or more	Beer 3 times or more	Wine 3 times or more	Spirits 3 times or more										
Croatia	27	34	21	7	19	18	14	11	8	13	13	1	2	3	4	6	13
Cyprus	26	32	44	19	48	12	20	7	4	..	7	2	2	2	2	7	3
Czech Republic	30	37	38	12	41	14	25	25	14	19	25	2	3	0	8	8	8
Denmark	22	24	55	19	49	12	32	54	24	26	20	2	0	1	8	9	6
Estonia	36	37	17	3	21	5	11	21	7	14	10	1	1	0	..	2	8
Faroe Islands	42	40	28	4	23	10	20	34	11	18	11	2	1	0	2	5	12
Finland	33	36	16	1	17	5	7	41	19	22	5	0	1	0	1	1	5
Hungary	32	36	20	6	19	20	16	19	9	18	5	1	1	0	1	5	7
Iceland	27	30	14	2	19	5	17	31	14	12	12	3	2	2	5	9	11
Ireland	36	37	37	14	42	5	16	34	17	25	42	4	16	11	25	6	..
Italy	25	36	33	18	36	29	22	12	8	25	21	4	6	4	13	8	9
Lithuania	29	34	14	3	14	3	13	21	11	13	2	0	0	0	1	8	18
Malta	20	33	39	20	43	34	30	9	9	20	10	1	2	2	3	8	17
Norway	25	33	10	1	9	3	11	20	9	19	7	2	2	3	4	2	7
Poland	27	34	25	6	36	15	15	23	10	18	12	3	2	1	4	11	11
Portugal	14	22	22	8	25	6	18	8	3	5	9	3	1	1	4	8	4
Slovak Republic	26	34	24	6	24	16	13	18	9	10	12	1	1	0	5	3	8
Slovenia	16	19	19	6	19	15	10	15	8	10	14	1	2	2	7	5	14
Sweden	28	28	19	1	23	5	15	32	13	19	7	1	1	1	2	5	15
Turkey (Istanbul)	21	39	15	5	19	2	9	7	5	6	5	1	1	1	3	6	5
Ukraine	41	51	16	4	16	13	21	6	4	14	20	0	1	0	6	3	7
United Kingdom	25	32	45	16	41	15	17	41	24	24	44	15	17	9	29	7	20

* "Binge drinking": 5 drinks or more in a row. ** Without a doctor's prescription.

Table N. Continued.

Girls	Cigarette smoking		Alcohol consumption					Drunkenness		"Binge drinking" last 30 days 3 times or more *	Lifetime use of different illicit drugs				Use of cannabis during the last 30 days	Lifetime use of tranquilizers or sedatives**	Lifetime use of inhalants
	Lifetime use 40 times or more	Smoked during the last 30 days	Lifetime use 40 times or more	Last 30 days				Lifetime 10 times or more	Last 30 days 3 times or more		Canna-bis	Ampheta-mines	LSD	Ecstasy			
				Any alcohol 10 times or more	Beer 3 times or more	Wine 3 times or more	Spirits 3 times or more										
Croatia	18	28	6	1	5	7	7	1	1	3	5	1	0	2	1	11	14
Cyprus	9	15	21	6	19	6	7	1	1	..	2	1	1	1	1	9	1
Czech Republic	20	31	25	5	15	14	22	12	5	7	18	2	2	0	6	15	7
Denmark	24	32	44	10	39	13	28	45	18	19	15	1	0	0	4	12	6
Estonia	17	22	10	1	6	5	5	6	3	5	5	0	1	0	..	2	7
Faroe Islands	41	43	23	3	19	5	16	26	10	6	11	0	0	0	3	2	4
Finland	36	39	16	1	12	5	8	45	18	18	5	0	1	0	1	6	4
Hungary	24	32	10	1	5	9	12	8	4	7	4	0	1	1	1	11	5
Iceland	27	33	13	1	5	5	17	32	13	9	8	2	1	1	3	10	10
Ireland	38	45	31	9	27	4	22	27	14	20	31	2	9	6	12	9	..
Italy	24	37	15	5	21	16	14	5	4	9	16	2	4	3	10	15	6
Lithuania	12	18	10	1	3	4	16	10	6	6	1	0	0	0	0	20	14
Malta	18	30	29	12	14	25	40	6	3	11	7	1	1	1	1	10	17
Norway	25	39	7	1	8	2	11	19	8	15	5	1	0	1	2	3	7
Poland	13	23	12	2	14	7	7	8	4	7	5	2	1	0	1	25	8
Portugal	12	25	10	2	12	2	11	4	1	2	5	1	0	0	2	8	2
Slovak Republic	13	20	13	1	6	12	6	5	2	3	6	0	0		1	6	5
Slovenia	17	20	9	2	11	10	12	9	5	5	12	0	1	1	5	10	10
Sweden	28	33	13	1	19	5	14	32	12	12	5	0	1	0	1	7	9
Turkey (Istanbul)	18	34	5	1	10	2	3	2	1	3	3	1	0	0	1	7	3
Ukraine	18	28	13	3	5	12	15	3	1	9	9	0	1	0	2	3	4
United Kingdom	30	40	39	11	19	23	27	39	20	20	38	12	12	7	20	10	21

* "Binge drinking": 5 drinks or more in a row. ** Without a doctor's prescription.

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Sampling and data collection in participating countries

In this Appendix (I), an overview of each country's sampling and data collection procedure is given. According to the project plan each country produced a country report following a fixed format and a set of standard tables. However, the reports differ somewhat in the level of detail. Some have, for example, systematically described each step of the sampling and data collection procedure, while others gave briefer and more summarized information. The reason for this might be, in many cases, that the investigators followed the common methodology and therefore assumed that there was little need to explain. The general procedure and methodology, as it was decided at the two planning meetings, are described in detail in the chapter "Study design and procedures" in the report.

Overall the sampling and data collections have

been performed as they were intended to be. Most of the investigators have tried to use available information about the number of schools and students to ensure that the sample was representative. Each country is presented in alphabetic order. In addition the countries outside the project, whose data have been included in some of the tables, are presented in the end of the appendix. The countries are: France, Greece, Spain and USA.

The reliability and validity are commented on according to the measures presented in tables D–F: Inconsistent answering, missing data rates, unwillingness to admit drug use and reported use of the dummy drug "relewin".

The presentation below of each country's sampling and data collection was made in collaboration with the ESPAD researchers.

Croatia

Responsible for the Croatian study was Dr. Marina Kuzman at the Croatian National Institute of Public Health.

The population

The population consists of all students born in 1979 who attended 1st grade in secondary school. Approximately 90% of the students born in 1979 attended regular secondary schools. It was estimated that about 70% of them were in the first grade and the rest attended the second grade.

The sample

There are three types of secondary schools in Croatia: Gymnasiums, vocational and industry/crafts schools. Croatia is divided into 21 counties. There are schools of all types in each county. Only small islands and sparsely populated areas have no secondary schools. The sample was drawn from three

lists of 1st grade classes in gymnasiums, vocational or industry/crafts schools. To obtain an 8% sample from each list a random systematic sample was drawn. Altogether 176 classes were randomly sampled with about 4,900 students. Each class had an equal probability to be drawn. The number of students who were born in 1979 was 1,668 boys and 1,404 girls.

The sample was considered to be representative of 1st grade students born in 1979 in secondary schools and of each school type. The male/female distribution in the sample (54/46) was explained by the fact that the girls are in the majority in gymnasiums and vocational schools and the boys are in majority in craft and industry schools. It was assumed that a stratification by county would not have improved the representativeness of the sample.

Field procedure

After the Ministry of Education and Sport had given their approval for performing the study, the selected schools were contacted and informed about their inclusion in the sample. Written instructions explaining the procedure were sent to all school managers by mail. The data collection was supervised by schoolstaff – either teachers or school counsellors. The questionnaires and instructions to the teachers were also distributed by mail. Data was collected in April 1–14, 1995. Classroom reports were completed by the responsible supervisor, who also mailed the material back to the investigators.

Questionnaire and data processing

The entire ESPAD questionnaire including both core and optional questions (except Q17, amounts of alcohol on last drinking occasion) was used in the Croatian study. Three own questions were added.

The questionnaires were scrutinized at the Croatian National Institute of Public Health. Besides one questionnaire which was returned blank, no other questionnaires were singled out. The sample was supposed to be self-weighted.

School and student co-operation

The survey was met with a very good response by the schools. No school or class refused to participate. Student co-operation was generally satisfactory and some supervisors noted a clear eagerness by the students to answer the questions. The response rate was 92% (91% boys and 92% girls).

The average time to answer the questionnaire was 45 minutes. No particular problems arose during the performance.

Reliability and validity

The largest inconsistency rate between two questions in a single administration was found in answers related to alcohol use (around 10%). Other inconsistencies were found concerning smoking cigarettes and use of inhalants (6% both) and sedatives or tranquilizers (5%). For marijuana or hashish, amphetamines, LSD or other hallucinogenes and anabolic steroids the rates were around 2%, while the figures were below 1% for other illegal drugs.

The highest missing data rates are related to 12 months and 30 days prevalences, especially for the alcohol questions (14–16%), inhalants (9%) and marijuana or hashish (8%). For other drugs the

missing data rates were around 2% or lower.

About 4% of the questions remained unanswered. The smallest percentage of unanswered questions was found in core (3%) and optional questions (4%). The proportion was higher among own questions (12%).

Rates of inconsistent answers among all students to questions measuring lifetime, last 12 months and last 30 days use of different drugs were highest for “any alcoholic beverage” (8%) and “been drunk” (4%) and smallest for cannabis and inhalants use (1%). The rates were generally lower when taking only the “users” into account (2% or less).

About 11% of the boys and 5% of the girls stated in response to the “honesty questions” that they had used marijuana or hashish, which is roughly the same as the lifetime prevalence rates (13% and 5%). A fairly high percentage of the students, especially among the boys, (about 21% of the boys and 7% of the girls) answered that they would definitely not admit using marijuana or heroin. 0.4 percent “stated” that they had used re Levin.

Methodological considerations

Since about 90% of the age cohort was estimated to be found within the school system and out of those only 70% in grade 1, it would have been an advantage to include also grade 2 in the sample. However, the sample seems to be adequately drawn and nationally representative of the students born in 1979 attending 1st grade in secondary school. No refusals or other complications arose during the data collection and the co-operation of the schools as well as the students seem to have been very satisfactory.

Within each school type classes were randomly chosen, with the same probability for each class. This results in students in small classes being over-represented, which could influence the results if there are systematic differences in drug habits between students in large and small classes.

The reliability and validity seem to be adequate. However, the rather high proportions who said that they would not admit any use of neither cannabis nor heroin indicate an underestimation of the drug use prevalence, especially so among the boys. When comparing the results with other ESPAD countries, this may probably be of less importance, since many other countries also show rather high figures.

Cyprus

Responsible for the Cyprian study was Dr. Kyriacos Veresies, KENTHEA, Cyprus. The study is limited to the Governmental controlled area of Cyprus.

The population

The population consists of all high school students born in 1979 in grades 10, 11 and 12. It was assumed that about 70% of all young people born in 1979 attended either a Lyceum or a Technical High School. A majority of the students born in 1979 were found in grade 11, while smaller proportions were in grades 10 and 12.

The sample

There are 42 High Schools in Cyprus and they all contain the three grades 10, 11 and 12. The survey covered 37 of the 42 schools in which one class in each grade was randomly chosen. The five non-participating schools were omitted because they were geographically very close to a participating school and thus not considered to contribute further to the sample. A total number of 111 classes participated with 2,350 students. The distribution over school types was 87 classes from Lyceums and 24 classes from Technical Schools, which is proportional to the distribution in the sampling frame. The sample was supposed to be representative of all 1979 born students in Cyprus, attending high school education.

Field procedure

The data collection was undertaken by four officers from the Ministry of Education and Culture. They informed the students that the participation was voluntary and anonymous and that no analysis should be made on single schools or classes. No teacher or other school staff were present while the questionnaires were completed. The completed questionnaires were collected in a box. Due to initial fund raising problems the data collection period was November–December, 1995.

The questionnaire and data processing

The translated questionnaire included all core and optional questions. Additional questions concerning the students' self-esteem, relationship with parents, parents' own alcohol use and parents' occupational status were included.

A quite large number of questionnaires (542 out of 2,350) were excluded before data processing.

These were either providing bad data, were returned blank or not fully completed. The distribution of questionnaires from students born in 1979 is not known. The assumption is, however, that the excluded copies are not biased in any direction. As a total, 632 questionnaires from students born in 1979 (292 boys and 340 girls) were processed.

School and student co-operation

The schools and students co-operated willingly with the researchers who performed the data-collection. No headmaster, teacher or student refused to participate. However, 150 questionnaires were returned blank, and another 150 were to a great extent left unanswered, which might be seen as an objection against the survey. Verbal objections, however, were not expressed. No information about the response rate is available. The proportion of out-sorted questionnaires is about 21% of the total number.

Reliability and validity

The inconsistency rate between two questions in a single administration is highest for alcohol (9% among the boys and 6% among the girls), tranquilizers or sedatives (about 8%) and cigarettes (about 5%). The lowest figure is with regard to use of ecstasy (0.3%).

Rates of inconsistent answering among self-report questions about lifetime, last twelve months and last 30 days prevalence are highest for any alcoholic beverage (5%). For other drugs such as cannabis or inhalants the figures were very small (0.7% for the boys and zero for the girls).

Missing data rates, however, were less than 0.5%, due to a very strict principle for sorting out uncomplete questionnaires. The same is true and for the same reason for the average number of unanswered questions.

About 7% answered to the "honesty" question that they definitely not would admit any use of cannabis and 6% would not admit heroin use. The girls tended to be more honest than the boys. The proportion who answered "I already said I have used it" was slightly higher than the lifetime figures both for cannabis and heroin among the girls. Among the boys the figures were approximately the same for cannabis and somewhat higher for heroin. Less than 1% of the boys and none of the girls claimed that they had used the dummy drug "releevin".

Methodological considerations

The sample was drawn from 37 out of 42 schools. The omission of 5 schools was explained by the fact that they were geographically very close to a participating school. It would have been preferable to include all schools in the sampling frame and draw classes randomly from all of them. The omission probably has not caused any important bias to the results, but it has to be kept in mind when interpreting the data. The actual sample, however, seems to be highly representative of the 1979 born students in the 37 schools, since all three grades were included.

There is, however, another methodological problem connected with the large number of excluded questionnaires. About 150 were returned blank which might be considered as refusals.

Since no information about absenteeism is available it is somewhat uncertain whether the blank questionnaires (6%) represent the proportion of absent students or if it is an indication on refusals. Another 6% had left the major part of the

questionnaire unanswered and had remarks indicating objection against participation. On the other hand, no verbally expressed refusals were reported. The distribution of questionnaires which were returned blank or not seriously outfilled or with parts of it left unanswered over the sample of classes is not known. It is obvious, however, that the remaining (processed) questionnaires from 1979 born students make up one third of the total remaining questionnaires. Thus it seems reasonable to think that the distribution of outsourced questionnaires is about the same in all three grades.

The large proportion of outsourced questionnaires makes the results somewhat uncertain. It cannot be overlooked that the lifetime prevalence of alcohol consumption and drug use might be underestimated, since so many refused to answer the questions. In the ESPAD context where other countries sometimes show rather different results, this might be of a lesser importance, but still it should be kept in mind when interpreting the data.

Czech Republic

In the Czech Republic the survey was co-ordinated by Mrs. Dagmar Novakova at the National Centre of Health Support. The sampling procedure, data collection and data processing were undertaken by INRES-SONES, an agency for sociological surveys.

The population

The population consists of all second grade students born in 1979 in all secondary or apprentice schools of the Czech Republic. It was assumed that an absolute majority (around 90%) of the age cohort would be found grade 2 in secondary school. The school is compulsory until the age of 16.

The sample

There were three groups of school types from which the sample was drawn: Grammar and Sports schools, Vocational and Musical conservatories and Apprentice schools and Vocational training schools.

In each of the eight regions of the Czech Republic lower territorial units (districts) were randomly chosen. In these the different school types were randomly selected in a proportionate stratified

sample. Within the types of schools selected, one class of the second form was selected randomly. By analysis of the class register the year of birth of students in the selected class was obtained. In case the percentage of students born in 1979 was found to be lower than the set quota, another class was selected randomly.

A total number of 134 second grade classes were drawn, including 3,252 students. The distribution on school types was: 18 classes from Grammar and Sports schools, 56 from Vocational and Musical schools and 60 classes from Apprentice schools and Vocational Training Schools. The sample was considered to be representative of all grade 2 students in secondary school in the Czech Republic.

Field procedure

The data collection was undertaken by 40 trained survey operators from INRES-SONES who brought a letter from the manager of the National Centre of Health Support. A staff member of the school introduced the researchers in the selected classes and left them alone with the students. The teachers were not present in the classroom while the students answered the questionnaire. The stu-

dents were informed according to the ESPAD suggestions. Each student got an individual envelope for the questionnaire. Data collection was performed during the period April 3–14, 1995.

The questionnaire and data processing

The translated questionnaire was piloted with 20 individuals in each region of the Czech Republic, which means a total of 160. A few amendments in the questionnaire were then made.

All core and all optional questions were included in the Czech questionnaire, except two questions concerning home-made alcohol and light beer. Several other questions were added concerning e.g. school behaviour and locally common drugs. 25 questionnaires were singled out after visual and logic inspection. The sample was supposed to be self-weighted.

School and student co-operation

The attitudes of the schools were very positive towards the project and the response rate among the students was 92% (91% among boys and 93% among girls). One class did not answer the questionnaire because there was no student in this class who was born in 1979. This fact had not been detected when the classes were drawn. Many students as well as teachers expressed very positive attitudes towards the survey.

Reliability and validity

The reliability was considered to be good since the inconsistency rates were far below 5% for most of the variables. The highest rates relates to alcohol (6%) and cigarettes (5%). The differences between sexes in this respect were very small.

Missing data rates were low. The average number of unanswered core and optional questions was 2%, while the figure for own questions was 3%. Inconsistencies in responses about lifetime experi-

ence with drugs, during the last year and during the last 30 days are also quite low. As regards the dummy drug relevin, 8% of the respondents indicated to have heard of the drug, but only one respondent indicated to have actually tried it.

Relatively small proportions of the students answered on the “honesty” question that they would definitely not admit any cannabis use. The figures were higher among boys (6%) than among girls (2%). For heroin the corresponding figures were 10% and 3%. The proportion who indicated that they already had said that they had used cannabis was somewhat smaller than lifetime prevalence figures for boys (20% vs. 25%), while it was almost identical for the girls (17% vs. 18%) For heroin the figures among boys were 5% vs. 1% and among girls 4% vs. 1%.

Methodological considerations

The sampling was assumed to be representative of all grade 2 students in secondary schools and was drawn with control for the structure of the population in each of the eight regions, as well as for the sex distribution and proportion born in 1979.

The reliability and validity seem to be good. The average number of unanswered questions are relatively low as well as the missing data rates in general.

On the “honesty” questions there are somewhat more students reluctant to admit heroin use than cannabis use as might be expected. The congruency between “I already said I have used it” and lifetime prevalence figures is fairly good for cannabis but less good for heroin, which may indicate that heroin use is somewhat underreported. Since cannabis use is the most prevalent of the two it might be assumed that the difference for heroin is less important. The overall impression of the Czech study is that the results are reliable and valid.

Denmark

Responsibles for the survey in Denmark were Ass. Prof. Svend Sabroe and Ms. Kirsten Fonager, Department of Epidemiology and Social Medicine, University of Aarhus.

The population

The population consists of all grade nine students

born in 1979 in Danish schools. More than 85% of the students in grade nine were born in 1979.

The sample

The majority of students in the 9th grade attend lower secondary public school. There are three types of schools providing education on the grade

nine level in Denmark. These are public, private and continuation schools. Approximately 13% attend lower secondary private schools and approximately 10% attend continuation schools. Less than 0.5% attend special schools for seriously handicapped persons, however, these are not part of the sample. Complete lists were received from the Ministry of Education, containing information on all public and private schools as well as continuation schools.

The sampling was made on 7 strata. The first 4 strata contained public schools where sampling was made at class-level (partly in big and small municipalities and partly in big and small schools). Strata 5 and 6 were private schools and stratum 7 was comprised of the continuation schools. In the last 3 strata sampling was made at school-level as these schools are often not divided into classes. In each stratum a random sample proportionate to the total number of students was drawn. As some public schools directly after the first contact refused to participate 4 additional classes were randomly drawn. The private and continuation schools were oversampled because a certain number of refusals were anticipated from these types of schools. The total sample included 1327 boys and 1382 girls.

Field procedure

The schools in each stratum were randomly selected in February 1995, whereupon the selected schools were invited to participate. It was the individual school-leaders and schoolboards who decided whether they wanted to participate or not. Just before the survey the questionnaires were mailed to the schools. The data collection period was March/April 1995. At the schools it was the class teacher who distributed and collected the questionnaires. The teacher was reading aloud a standardised set of guidelines and the students were asked to read the guidelines on the front of the questionnaire before filling it in. Each student got an individual envelope. The questionnaires were immediately sent back to the research centre after completion.

The questionnaire and data processing

All core questions and most optional questions were included. Exceptions concerned gambling and home-made alcohol. Some extra questions were added relating to school and future perspectives as well as e.g. questions on intake of painkillers and heroin for smoking. The questionnaire was not piloted.

Four questionnaires were excluded from the analysis due to obviously bad data. The number of students not born in 1979, and thus excluded from the analysis, was 311. Data was entered and analysed in the statistical package SPSS. The sample was considered to be self-weighted.

School and student co-operation

In public schools 129 out of 166 (78%) classes participated in the study. Of 23 private schools 11 participated (48%) and of 22 continuation schools 7 participated (32%). The reason for the schools not participating was assumed to be the very short time from the first contact to the data collection period. Those refusing were predominantly schools where the school board had to take the decision of participating in the survey, which was not always possible to do within the time limit before the study was performed. Hence, it was assumed that the dropout of schools from the study did not affect the representativity or caused any bias in any direction.

Many of the class teachers reported that the students had concentrated on filling in the questionnaire (like an exam). On average the response rate was 90%. The lowest response rate was found in continuation schools (87%). The average time to complete the questionnaire was 33 minutes.

Reliability and validity

The inconsistency rate between two questions in a single administration was lowest for drugs other than marijuana or hashish, where the inconsistency rate was around 0.0–0.4%. For cannabis the inconsistency rate was 1%. For being drunk, smoking and use of inhalants it was somewhat higher (around 2%), while the highest was related to use of tranquilizers or sedatives (7%). One explanation to this may be that in the Danish version the information that such use only concerned use without a doctors prescription was omitted in one of the questions.

Missing data rate was generally lowest for the questions concerning drugs and highest for questions concerning consumption of wine (15%). There was also a tendency towards increasing missing rates from questions concerning “lifetime”, through last 12 months and 30 days.

The average number of unanswered questions was 2%. The highest number was seen for “optional questions” (3%) and the lowest for own questions (2%), but no major differences were noted.

About 4% stated that if they had ever used marijuana or hashish they would definitely not have told it. For heroin this figure was 5%. The girls tended to be more honest than the boys. The proportions who answered that they already said they had used cannabis were 19% among boys and 15% among girls. The corresponding lifetime prevalence figures were 20% and 15%. For heroin 4% of the boys and 3% of the girls answered they they already said that they had used it. Lifetime figures were 2% and 1%. It seems that the honesty in reporting cannabis use is very good, but heroin use is less certain. No student reported use of the dummy drug "relewin".

Methodological considerations

The sample covered the ninth graders in both public, private and continuation schools, but not the very small minority who attend special schools for handicapped persons etc. The participation of the private and continuation schools was very low, but information given through personal communication says that these educational institutions were intentionally oversampled because it was feared that some of them would be lost. The reason for not participating had, however, very much to do with whether it was a head master or a schoolboard that had to take the decision. In addition to this, however, the response rate was lowest in continuation schools (87%). These facts indicate that weighting

of the data would have been preferable. This is extremely difficult since, since it is almost impossible to get appropriate information about class sizes and the total number of students the continuation schools.

Both reliability and validity seem to be good. The inconsistency rates were rather low and so were the missing data rates, at least for other drugs than alcohol. The average number of unanswered questions was 2%. The proportions who said that they definitely not would admit drug use were almost the same for cannabis and heroin, but the proportions were higher among boys than among girls. There was a very good congruency between the answers to the "honesty" question and the lifetime figures for cannabis use. It seems likely that the data quality is good, but a certain underreporting of illicit drugs other than cannabis might be suspected.

As mentioned, the loss of schools and classes was rather important especially in private and continuation schools. Even if reliability and validity is good the large number of non-participating schools and classes makes Danish data a little uncertain. However, in many cases the reasons for not participating are "natural". Thus, as a whole the quality of the Danish data is probably "good enough" in comparison with data from other ESPAD countries.

Estonia

The Estonian part of the ESPAD project was managed by Dr. Anu Narusk at the Institute of the International and Social Studies of Estonian Academy of Sciences.

The population

The population consists of all students born in 1979 in grade 9 classes in basic and secondary schools, in grade 10 in secondary schools, and in 1st year groups in vocational schools.

The sample

In 1994/1995 there were three types of schools educating this age group in Estonia: 300 basic schools (grades 1–9), 205 secondary schools and 28 gymnasiums (grades 1–12) and 81 vocational institutions.

According to data from the Ministry of Culture and Education approximately 90% of the 15–16 years old attended school in spring time 1995. In grade 9 about 20% were expected to be born in 1979 and in grade 10 about 80%. In the 1st grade of vocational schools the share was supposed to be around 30%.

A list of classes was constructed for each school-type. 116 classes were randomly (proportionally for school-types) selected from grade 9 (every 7th), 104 from grade 10 (every 4th) and 68 from first year groups in vocational schools (every third-fourth). They were proportionally distributed over Estonian and Russian speaking classes. The sample size was in total 3,754, about one sixth of the students born in 1979.

Field procedure

Each selected school was contacted and information as well as survey material were mailed. In the letters to the survey leaders it was recommended that students not born in 1979 should leave the classroom during data collection. The teachers were also told to ask the students if they would prefer that someone else but the teacher was present and collecting the envelopes. No class had such wish. Each student got an individual envelope for his/her questionnaire. After completion the material was mailed back to the investigators.

The questionnaire and data processing

The questionnaire was translated into Estonian and Russian. It included all core questions, except the 12 months and 30 days prevalence questions about cannabis. The questions about age of first use of LSD, crack, cocaine, "relewin", ecstasy and heroin were replaced with one general question about "some other drug". At the same time all questions about age of first use were slightly modified, i.e. the students were asked to indicate the age instead of ticking fixed age alternatives. The questions about admitting use of marijuana/hashish and heroin respectively were substituted by a similar question on illegal drugs in general. 23 optional and 30 additional questions were included in the questionnaire. The questionnaire was not piloted. Data collection was performed from March 10 until April 15, 1995.

School and student co-operation

One school refused to participate in the study. Another 17 classes did not participate due to different circumstances like lost questionnaires or not being able to perform the survey before the fixed time – April 15. The distribution of Estonian and Russian speaking schools among the non-participating schools were about similar to the distribution in the sample. The students' co-operation was very good and the majority of the teachers had no difficulties to report. The excluded students (not born in 1979) felt, however, a bit frustrated to have to leave the classroom. The average time to complete the questionnaire was 40 minutes.

Reliability and validity

The inconsistency rates between two questions in a single administration was rather low for cigarettes and been drunk (6% each) and much lower for cannabis, inhalants (2% each) and tranquilizers or sedatives (1%). It was not possible to calculate the

figures for other illegal drugs since some of these questions were omitted in the questionnaire.

Missing data rates on drug and other questions were also low. The highest rates on lifetime questions was regarding alcohol (around 1%). The rates were a little higher for 12 months and 30 days prevalence.

The average number of unanswered questions was low (2%) for all kinds of questions. The rates of inconsistent answering to questions of use in lifetime, last 12 months and last 30 days were quite low, around 2% on alcohol questions and almost zero on the questions about inhalants. For cannabis it was not possible to do these calculations.

The proportion of students who, to the honesty questions, answered that they definitely not would admit illegal drug use was 5% for boys and 3% for girls. The proportion who answered "I already said that I have used it" cannot be compared to lifetime figures for marijuana and heroin use because these questions were not included. Comparing questions about alcohol use frequency (Q9 and Q12) showed that quite many of the students did not consider drinking beer or long drinks as alcohol use asked for in Q9. The questions measuring amounts of used alcohol were misunderstood by some students because the word "drink" has not been used in Estonia and it was complicated to introduce the word in the questionnaire and give adequate explanations.

Methodological considerations

The sample was drawn from all different types of grades where students born in 1979 were supposed to be found. This makes the sample satisfactory representative of this agegroup still in school (approx. 90% were assumed to attend any school).

The number of not participating classes (18 out of 288) is acceptable. It was reported that the drop-out schools were distributed similar to the sample and therefore not supposed to cause bias in any particular direction. The reasons for not participating were in general not associated with refusals, but merely with lost mail or too late performance.

In some cases some students have probably misunderstood some of the alcohol questions. For this reason some results from the Estonian study (Q14–Q16) have been excluded in this report. Some results (age of first use, willingness to admit marijuana and heroin use) are not entirely comparable with those of other countries due to alterations in phrasing of questions or omitted questions. However, the inconsistency rates were quite low as well

as the number of unanswered questions. The proportion who claimed that they would not admit any illegal drug use was not too big, but the comparison between lifetime prevalence and the proportion

who answered “I already said I have used it” was not possible to do. All in all there is reason to believe that the presented data in the tables is rather comparable with other ESPAD data.

Faroe Islands

Responsible for the survey in Faroe Islands was Dr. Pál Weihe, Department of Occupational Health, Faroese Hospital System.

The population

The population consists of all students attending the 9th grade in public schools in the Faroe Islands. The total number of students was 711 which is almost the entire age cohort.

The sample

No sample was drawn since the total population is small. Grade nine included 32 classes distributed over 17 schools.

Field procedure

Since 1989 there is an already existing agreement with the school authorities about performing surveys on knowledge, behaviour and attitudes towards alcohol, drugs and sex in grade 9 in all Faroese schools. In accordance with the routines of earlier studies the material was distributed to each school. The health nurses in schools were responsible for the data collection and the students filled in the questionnaires under the same conditions as a written test. The students did not have individual envelopes into which to put their questionnaires, but the instructions to the nurses was to collect all material at once after completion and to return them to the research center. Data collection took place on May 29, 1995.

Questionnaire and data processing

All core and optional questions were included in the Faroese version of the questionnaire. In addition a few questions about e.g. HIV infection were added. The questionnaire was not piloted. Due to a misunderstanding the results reported from Faroe Islands include also students not born in 1979. This proportion is, however, very small (around 4%). The Institute for Educational Research in Iceland assisted in putting data into a computer and in analysing the data using the statistical package

SPSS for Macintosh.

School and student co-operation

As mentioned above, there is already an existing co-operation between the research institute and the Faroese schools, which made the communication easy. There was, however, a large number of students absent on the day of data collection. The response rate was 79%. No student refused to participate, but suspicions have been expressed that some of the absent students allowed themselves to leave school for a couple of hours instead of participating in the study. The average time to complete the questionnaire was around two hours.

Reliability and validity

The reliability as measured by inconsistency rates between two questions in a single administration is fairly good for most of the compared variables, except for smoking (9%) and use of inhalants (5%). For alcohol the rate is 3% while for other drugs it is 2% or less.

The missing data rates on lifetime prevalence questions are highest for alcohol (about 4%) and cigarette smoking (about 3%). For other drugs the percentage varies between 0 and 2%. There are, as may be expected, higher missing data rates on 12 months and 30 days prevalence than on lifetime questions.

The average number of unanswered core and own questions is 5% and for optional questions 6%. Rates of inconsistent answering on lifetime, 12 months and 30 days questions was reported only for alcohol use (about 1%).

The proportion who answered to the “honesty questions” that they definitely would not admit cannabis use is only reported for all students. 10% would definitely not admit use of cannabis while the corresponding figure for heroin was 11%. No student reported use of the dummy drug “relevisin”.

Methodological considerations

The study in Faroe Islands was made on all stu-

dents in grade nine, i.e. no sample was drawn. There are, however, two factors which cause questions about the representativeness of the data. The first has to do with the large number of non-participants. About one fourth did not answer the questionnaire, partly due to sickness or other “normal” reasons for being absent from school. An unknown number of students, however, probably allowed themselves to quit school during the data collection. This raises questions about the situation in the schools while data was collected, i.e. the control was probably less rigid than for a normal written test.

Another cause for reading the results with care

is that the figures include students not born in 1979. This was discovered at a time when there was no possibility to recalculate the data. They are, however, not very many, about 4%, and would probably not affect the results in any important way.

The reliability and validity of the collected data seem to be quite good. The quite high percentage reluctant to admit drug use in combination with the large number of absent students may indicate under-reporting of drug use. Keeping these factors in mind it would, however, not be too optimistic to assume that data may be used for international comparisons.

Finland

In Finland the study was carried out at the Social Research Institute of Alcohol Studies. The project was co-ordinated by Dr. Salme Ahlström.

The population

The population consists of three subpopulations, i.e. grade 9 in Finnish and Swedish schools and the schools of the Helsinki area. It was assumed that over 90% of the students in the ninth grade were born in 1979.

The sample

There were two types of schools: Finnish and Swedish schools, both following the same curriculum within the comprehensive schools in Finland.

The sampling was carried out as a (partly stratified) cluster sample selecting schools inside each stratum. The schools were drawn as a random sample which was also the case with the classes from the selected schools. The strata used outside the Helsinki area were: Northern, Middle and Southern Finland. A second stratification was made by rural and urban areas. The Helsinki area was not stratified.

A larger sample for the Finnish schools outside the Helsinki area was justified by the fact that the studied phenomenon was probably less common outside the metropolitan area. A reservation was added in the samples, since five to ten percent of the students are usually absent from school at the time of the study; therefore, the target size of the samples were 1,500 for the Finnish speaking students outside Helsinki and 900 for the Helsinki

area and Swedish students respectively. The sample is considered representative for all grade nine students in Finland.

Field procedure

Before contacting the schools for the first time, the project group contacted the Finnish school administration and asked for permission to conduct the survey at schools. The second important contact was made with the Teachers' Trade Union (OAJ). After the negotiations the OAJ gave a recommendation stating that ESPAD is an important study and that they hoped that every teacher would participate in the data collection. The data collection period was March 27–31, 1995.

The questionnaire and data processing

All core questions were included in the questionnaire. Only the quantities of beer and spirits on questions about the last drinking occasion were put differently since the bottle size for beer is 33 cl and a drink in restaurants is 4 cl. To the question of first drug used “inhalants” was added to the list. Almost all optional questions were included except that about slotmachines. To some optional questions other items or own sub-questions were added. In addition 7 “own” questions were asked in the questionnaire.

The questionnaire was piloted in a small study in Klaukkala. The main reason was to check if the Finnish speaking students understood the questions, but also to furnish the questionnaire with adequate instructions.

12 questionnaires were sorted out as providing invalid data. In addition 127 copies were excluded because the students were not born in 1979. Because the Helsinki area and Swedish speaking classes were overrepresented, data were weighted in relation to the total sample size (2,300).

School and student co-operation

Ten schools from the basic sample did not participate in the data collection. Five of those were from the Helsinki area, three from other Finnish schools and two from Swedish schools. Every refusal was replaced by another school from the additional sample. The final number of classes was 121.

Both the students' comprehension and the co-operation with the schools were very good. There were also very few remarks on the classroom report. The response rate was 92%.

Reliability and validity

The inconsistency rates between two questions in a single administration were very low in general. The highest figures were found for smoking (3%), tranquilizers or sedatives and drunkenness (2% each). It was shown that the rates were somewhat higher in the Helsinki area, but those figures were also quite low.

Missing data rates on drug and other questions were also low. The percentages on lifetime questions were below one on average. For both 12 months and 30 days prevalence questions the highest missing data rates were found for "been drunk" (7%).

The average number of unanswered core questions was 1%, and optional and own questions 2% each. The rates of inconsistent answering among the self-report questions of use in lifetime, last 12 months and last thirty days were very low, around 1% for alcohol related questions and below 1% for cannabis and inhalants.

The proportion of students who, on the "honesty" questions said that they definitely not would admit any cannabis use was 2%. For heroin use it was 3%. There was a tendency toward a higher degree of honesty among the girls. The proportion who said that they already had told that they used cannabis was 5% for both boys and girls. The corresponding figures for lifetime prevalence were equal. For heroin the proportion answering that they already had told so was 2% for the boys and 0.3 for the girls. The lifetime figures were 0.2 and 0.1% respectively.

Methodological considerations

The sampling seems to be adequately performed and the sample representative for the students born in 1979 in grade nine. A high degree of reliability and validity was also demonstrated. The proportions who would not admit any cannabis or heroin use were small and the proportion who said on the cannabis question that they already had reported such use was exactly the same as the lifetime prevalence indicated. There was a larger but not very big discrepancy for heroin, which is in line with the findings from other countries.

Hungary

Dr. Zsuzsanna Elekes, University of Economic Sciences, Budapest was responsible for the Hungarian ESPAD survey.

The population

The population consists of all students born in 1979 in second grade classes in the secondary schools. Estimates showed that about 95% of those born in 1979 attended some sort of secondary educational institution. About 2/3 were in the second grade in the 1994/95 school-year.

The sample

There are four types of secondary schools: High-

schools, Specialised Secondary schools, Skilled Worker Training Schools, and Training Schools. At the time of the survey in Hungary the actual (1994/95) school statistics were not available. By this reason different databases – such as the ministry statistics from the previous year, data from the county educational institutions and similar sources were collated, thus providing the basic mass for the starting point of the sample selection.

The sample was drawn as a stratified random cluster sample. The strata were national regions and, within each region, school-type. With the aim of being able to analyse data on a regional level a total number of 700 randomly chosen classes

(13%) proportionate to the national distribution of school-type was drawn, plus a random substitute subsample (2.6%). This resulted in a total number of 19,205 students. For the purpose of the ESPAD study a subsample of 2899 students born in 1979 was drawn. The ESPAD sample was assumed to be representative of all grade 2 students born in 1979 in Hungary.

Field procedure

A letter of information was sent to the headmaster of each participating school. The research assistants who were responsible for the data collection in the schools, were asked to identify the randomly chosen classes according to a specified system. Only the research assistants were present while the students answered the questionnaires. The students were not given an individual envelope for the questionnaire, but a big envelope was placed on the front table, where each student put his/her form. Finally, the envelope was sealed in front of the students. The class report was filled out with the help of the class teacher. The data collection period was March 1–31, 1995.

The questionnaire and data processing

All core questions except those regarding parents' educational level, household members and school performance were included in the questionnaire. A few modifications, e.g. another item added, were made. Almost all optional questions except those concerning home made alcohol and slotmachines were also included. Eight own questions (36 including all subquestions) were added.

The questionnaire was piloted on 110 students equally distributed in four schools representing each school type. It was assumed that weighting of the data was unnecessary. However, there is a slight imbalance between boys and girls (47/53%).

School and student co-operation

A very small number of students refusing to participate indicates good co-operation. The proportion of schools of each type who did not participate due to refusals or other reasons were as follows: Highschools 6.9%, Specialised Secondary Schools 6.1%, Skilled Worker Training Schools 4.7%, Training Schools and Other Schools 16.1%. The large drop-out rate of training schools can be explained by the larger average circulation (there are many schools of this type closing down or new schools forming), i.e. there might not have been any class in this grade by the time of data collec-

tion. In addition, the registration of students in this school type follow the "principle of leftover", the students in these schools are often over-aged, hence none of the grades met the sample requirements. Refusing schools were substituted by other schools from the substitute sample. The proportion of invalid questionnaires was reported to be 0.18%. Response rate was 89%.

Reliability and validity

The reliability measured by consistency between two questions in a single administration was good for most of the compared variables. However, by some reason a rather high proportion (29%) did not answer in a consistent manner to the questions concerning cigarette smoking. As regards alcohol consumption this value was smaller. The responses given to the two questions together show gender differences. Although the inconsistency rate is higher for the girls than for the boys (4.7% compared to 3.1%), it seems that the significant difference for the questions about intoxication is rather due to the gender differences than to different reliability of genders. The overall impression, however, is that the reliability is good.

The missing data rates have been used to measure the validity. The questions about the life and last month prevalence of smoking have the proportion of invalid or lacking answers of 0.9%, which is quite low. The questions about alcohol consumption had higher missing data rates, especially on 12 months and last 30 day prevalence (around 3%). One can assume that the students in some cases think they already said they had not used a substance and think it is unnecessary to answer the question once more. In the case of other drug related questions the proportion of invalid or lacking answers was between 0.3 and 2%.

The results on the sincerity questions show that a vast majority say that they would (and have) admit use of both marijuana and heroin. The proportion refusing to admit such use is higher among boys (9%) than among girls (2%) and there is hardly any difference between cannabis and heroin in this respect. 6% of the boys and 4% of the girls answered that they had already said that they had used marijuana or hashish. The corresponding figures for lifetime prevalence were almost the same, 5% and 4%. For heroin the proportion who answered that they already said they had used it, was 2% among the boys and 1% among the girls. Lifetime figures were 1% and 0%. In the responses to the dummy variable "relewin" only three students

indicated that they had used it.

Methodological considerations

The sampling seems to be adequate. The absolute majority of students born in 1979 attended some sort of secondary education. It was assumed that 2/3 of them were in the second grade. It was also assumed, and in accordance to previous surveys, that the data collection should be taken care of by research assistants. The students were not given individual envelopes for their questionnaires, but the procedure with a big envelope on the front desk, where everybody eventually put their forms, seems to have functioned well.

The school and student co-operation seem to be good. However, the reliability test of consistency between two questions in a single administration showed a very high inconsistency rate for cigarette smoking. It is difficult to guess why this happened. There were no other important signs of invalid or not reliable answers. A quite high percentage of the boys, however, would not admit use of cannabis or heroin. The girls were less reluctant to admit such use. This may indicate a certain underreporting among the boys. There is, however, a very good congruency between the answers to the “honesty” questions and lifetime prevalence figures. The overall impression is that the data quality is good.

Iceland

Thoroddur Bjarnasson at the Icelandic Institute for Educational Research in Reykjavik was responsible for the Icelandic study.

Population and sample

The target population was all students born in 1979, attending the compulsory 10th grade of secondary school. No sample was drawn since the population is small in itself. The population consists of 3814 students (1,931 boys and 1,878 girls).

Field procedure

Data collection was scheduled for March 1995. However, in early January it became clear that a teachers' strike would close all schools in Iceland from February onwards. The data was therefore collected in the period January 16 to 21. An introductory letter from the Institute for Educational Research was sent to the head of each school. Dates for administration were chosen in co-operation with the contact teacher, and questionnaires with instructions for the teachers were sent in bulk to schools outside the capital of Reykjavik to be administered by the teachers. In Reykjavik questionnaires were administrated by research assistants.

The questionnaire and data processing

The questionnaire included all core questions and a few of the optional questions. Added to the questionnaire were questions on social support, parental control and delinquency. The Icelandic questionnaire was translated back to English to check for inconsistent translation, resulting in minor adjustments of wording.

It was also piloted in three 10th grade classes in Reykjavik. Data was entered and processed in SPSS 6.0 for Machintosh.

School and student co-operation

The study was performed in good co-operation with the schools. No school or class refused to participate. The response rate was 87% (86% among the boys and 88% among the girls).

Reliability and validity

The reliability measured by the consistency between two questions in a single administration was very good. The inconsistency rate for the variables cigarette smoking, drunkenness and use of inhalants were 0.1–0.5%. The average number of unanswered core and optional questions was 1.2%. The proportion saying that they would definitely not admit using cannabis was 3% and for heroin the corresponding figure was 5%. Five students indicated use of the fictitious drug “releevin”.

Methodological considerations

The Icelandic ESPAD study followed the same routine as previous school surveys conducted in the last five years by the Icelandic Institute for Educational Research. The results appear to be reliable and valid. However, some caution is necessary in comparison to other countries in the ESPAD project since the study was carried out earlier than other studies, i.e. less than a month after New Years Eve, which is traditionally a drinking occasion for Icelandic youth. This may in particular affect re-

ported alcohol use during last 30 days, but may also have some effect on reported use of other substances as well as on reported 12 months and lifetime use of alcohol. The proportion who definitely

not would admit use of cannabis and heroin (3 and 5%) indicates a possible underreporting of illicit drugs.

Ireland

Dr. Mark Morgan, St. Patrick's College of Education, Dublin was responsible for the Irish ESPAD study.

The population

The population consists of students born in 1979 in all fifth grade classes in postprimary school. The most recent estimates suggested that about 80% of the age cohort may still be in school. The rate of retention has been increasing over the years, despite the fact that this is beyond the minimum age of school leaving.

The sample

The sample was drawn as a stratified random number of classes. There are three types of schools: Single-sex secondary, mixed secondary, vocational and community (with a mainly vocational orientation) schools. The schools were divided into three strata according to the types of schools. The schools were selected within these strata proportionate to the number of schools in the sampling frame. A total number of 100 classes in the fifth grade was drawn proportionate to the number of classes in each school type; in all 1,849 students. The sample was assumed to be representative of the fifth grade students born in 1979 still in school.

Field procedure

The selected schools were contacted and, after having agreed to participate, the headmaster was asked to identify a teacher who would be responsible for the performance of the survey in the school. The teacher was then supplied with a random number table by the aid of which he/she should pick two classes for the study. The questionnaires were mailed to each co-operation teacher in March 1995. Included with the questionnaire were guidelines for the administration of the survey.

By reference to the school records the students born in 1979 were identified and asked to go to a particular classroom, where the nature of the test was explained to them. Any student who wished to

opt out could do so. Class reports were filled out by the teacher but, unfortunately, no notion about absent students was made. The data collection period was March 10–April 20, 1995.

The questionnaire and data processing

The questionnaire included all core questions. Since the pilot testing (see below) indicated that the class period would not be enough if the optional questions were included, most of these were omitted. However, some questions were omitted inadvertently from the questionnaire. The first had to do with inhalants. This omission came about in the several revisions of the questionnaire, during which the item got lost. The other omission was with regard to drugs given with a doctor's prescription.

A small number of additional items were included e.g. about drinking cider and some scales regarding parental rules and social support. The questionnaire was piloted before the final version was printed. The testing indicated that the "core" part was taking up to a class period, which are often rather short (about 35 min) in Ireland. Data was not weighted.

School and student co-operation

For different reasons about 20% of the selected schools did, not participate in the survey. The distribution of refusals over the three school-types were roughly the same. However, apart from the number of schools refusing to participate the overall impression was that the students' co-operation was very good. The response rate is unfortunately not known, since no indication on absence was made, but no student refused to answer the questionnaire. The average absence rate in Irish schools is 3–5% each school day. A small number of questionnaires were doubted for overclaiming, but in the end they were included since they did not give obviously bad data.

Reliability and validity

The reliability measured by consistency between two questions in a single administration is very good. In most cases it is in the region of 0.1 to 0.5%, thus suggesting that the students were answering the questionnaire in a logical and consistent way. The highest rate of inconsistency was found for cigarette smoking among boys (0.9%).

The level of missing data for some drug questions is somewhat high. Highest percentage for lifetime figures is 4% for any alcoholic beverage, for 12 months 9% on drunkenness and for 30 days 13% on wine consumption. However, it is noteworthy that the relevant questions are those that asked about 30 day (or year) prevalence when students had already answered negatively in relation to lifetime. It does not seem implausible to suggest that they omit subsequent questions on the grounds that they have already given an “answer”. It is also worth noting that the level of inconsistency between lifetime, year, and 30 day prevalence is very low.

About 4% of the boys and 2% of the girls would definitely not admit any use of cannabis. For heroin the figures is 8% among the boys and 3% among the girls. The proportion who answered that they already said that they had used cannabis is 37% among the boys and 29% among the girls. Corresponding lifetime prevalence figures are 42% and 31%. For heroin 4% of the boys and 2% of the girls claimed that they already said they had used it, while the lifetime figures are 3% and 1% respectively. The number of students claiming to have used the dummy drug “relewin” was very low (about 0.5%).

Methodological considerations

The sample seems to be representative for the students born in 1979 who attended the fifth grade. The schools were systematically randomly chosen. Thereafter, the classes were chosen randomly

within the school by the teachers. It seems, however, somewhat risky to let the teachers be responsible for this part of the sampling procedure, but the assumption is that all went well.

There is quite a large number (20%) of the age cohort who were not reached by the survey. In addition there was a somewhat large number of schools refusing to participate were relatively evenly distributed by school-type and can be assumed not influencing the results too much. Another complication, however, is the unknown number of absent students. It was assumed, since the known average absence in this grade is 3–5%, that the response rate was around 95%.

The percentage of students who said that they definitely not would have reported any use of cannabis is not too high. For heroin it is somewhat higher among the boys, thus indicating a possible underreporting of such use, but among the girls it is similar to cannabis. The percentage who answered that they already said they had used it, however, is rather coherent with the lifetime figures both for cannabis and heroin.

No questionnaire was singled out after visual inspection, but a few were “suspicious” to the investigators even if they were eventually included in the dataset. There were also a small number of students who claimed that they had used the dummy drug “relewin”. It might be assumed that some of these should have been excluded before data processing. On the other hand, the effect on the results had probably been very marginal. In addition, the findings on lifetime and last month prevalence for smoking are similar to the results from earlier studies in the Dublin area in 1984 and 1991. Also the lifetime prevalence of drinking alcohol get some support from these studies (Morgan and Grube, 1984 and 1991). As a result, the overall impression is that the results in general are valid and reliable.

Italy

The Italian study was performed with a joint responsibility of Professor Fabio Mariani, Pisa, Dr. Teresa di Fiandra, Rome, Dr Luisa Schiallero, Genova and Mr Giordano Riccò, Modena.

The population

The Italian study covered all five grades in public senior high schools (total number 5,827) in almost all Italian regions. The private schools (total number 1,947) are not included in the sample. This means that the sampling frame for the ESPAD

study included students born in 1979 who were attending any grade in a public senior high school. Approximately 61% of those born in 1979 were estimated to be found in senior high school at the time of data collection.

The sample

There were five types of schools included in the sample; Classic Lyceum, Scientific Lyceum, Linguistic Lyceum, Artistic Lyceum and Vocational Schools. The sampling was performed as a stratified systematic sample of schools, with a random sample of one class in each grade in selected schools, according to the following methodology:

A first stratification was made with reference to the administrative provinces: the drug abuse monitoring system (SMAD index) classifies the 102 Italian provinces in relation to high, medium and low level of drug use prevalence. Schools were selected in provinces representative of the three levels of severity, with a geographic distribution covering north, center and south of Italy, including the two major islands.

The second level of stratification refers to the location of schools, defined as urban or rural or, in some regions, mountain.

Finally schools have been sampled according to the typology of courses as defined in the introduction. Three groups have been identified, essentially referring to similarities of the student population attending them: classic/scientific, artistic/linguistic, vocational. Within each school one class in each grade has been randomly chosen.

The sample was supposed to be representative of all public senior high school students in the whole country with reference to both age and gender. It is particularly accurate as far as the cohort of those born in 1979 and still attending school is concerned, since they have been traced in each grade they possibly could have been attending. The number of sampled students born in 1979 was 1,641.

Field procedure

The schools were contacted first via letter and a telephone call. Thereafter a (trained) research assistant followed up this contact by visiting the school, providing material and a face to face training of the teachers selected for the data collection. A letter to the students' parents was sent to inform about the study and (if necessary) collected back the authorization for their childrens participation.

Data collection took place during the period

April 15 to June 15. During a given day the trained teachers collected the data in all the five classes of each school. All questionnaires separated by class were returned to the co-ordinating center in Pisa by carrier.

The questionnaire and data processing

The questionnaire included all core and optional ESPAD questions, except the questions regarding home made alcohol, since they were not relevant to the Italian students. The questionnaire was not piloted. The data was supposed to be self-weighted. The response rate was 95%.

School and student co-operation

Almost all students agreed to participate in the study. In northern Italy the absences were only a marginal number. However, the situation in south Italy was different; in some cases almost 10–15% of the students were not in class during the data collection. The reason for this may be partly the time of data collection, which was close to the end of the school year, and partly a different attitude toward school. No school or student refused to participate.

Reliability and validity

The reliability as measured by inconsistency rates between two questions in a single administration are somewhat high on the variables "been drunk", "cannabis use" and "use of inhalants" (about 6%). There is no gender differences except for cannabis for which the boys have answered less consistent than the girls. The corresponding figure for tranquilizers and sedatives is about 5% (somewhat higher for the girls) and for cigarettes 4%. Other drug use show a pattern of higher consistency. Thus, the variables with the largest inconsistencies represents the most prevalent behaviours.

The missing data rates on drug and other questions are rather high for "any alcoholic beverage" (8%) on lifetime prevalence, and even higher on 12 months (11%) as well as 30 days (9%) prevalence. The rates are rather low on other variables, but still the 12 months and 30 days prevalence questions on cannabis and inhalants show higher missing rates. It has been noted, however, that the missing data rates on these measures sometimes can be (partly) explained by the fact that the students think they already answered the question on lifetime prevalence. The average number of unanswered core (3%) or optional (4%) questions reveal no peculiarities.

The inconsistency rates between lifetime, 12 months and 30 days prevalence are highest for alcohol (6%), which is also among the highest compared to other countries, but also somewhat high for drunkenness and use of inhalants (2%). For cannabis use it is 1%.

The sincerity questions “willingness to admit using drugs” show that the absolute majority think they would admit using cannabis or heroin if they had done so. There are more boys who do not think they would do so, especially regarding heroin. Among the boys 5% said they would definitely not admit cannabis use and 7% not heroin use. Corresponding figures for the girls are 2% and 3%. The proportion who answered that they already said they had used cannabis is 17% among the boys and 12% among the girls. Lifetime prevalence rates are 21% and 16%. For heroin the proportion who “already said” so is 2% among the boys and 1% among the girls. Lifetime prevalence figures are 3% and 1% respectively. Use of the dummy drug “relewin” was indicated by 1%.

Methodological considerations

The sample was drawn as a stratified systematic random sample of schools, all types of schools being represented. Since only around 60% of the 1979 born students attend public high schools it was very good to sample one class in each grade. By doing this the students were traced in any grade,

if they were born in 1979.

The inconsistency rates between questions in a single administration are somewhat high, which is the case also between lifetime, 12 months and 30 days prevalence figures. However, this is mostly the case for the most common behaviours. Together with a rather high proportion who would not admit cannabis or heroin use, it makes the results somewhat uncertain. The lifetime prevalence figures for cannabis and heroin use were higher than the responses indicated on the “honesty” question.

A comparison between the proportion of classic/scientific, artistic/linguistic and vocational classes in the country and the participating proportions from these categories indicates that students from vocational schools are underrepresented. This “problem” could have been solved by weighting of the data.

It is also important to bear in mind the limited fraction of the 1979 born population surveyed (i.e. attending public high schools) and the differences in response rates between northern and southern Italy when analysing the data. A better co-ordination between the data collection in the north and south, thus avoiding the period previous to the end of the semester, would perhaps have improved the quality of the data. However, the results are probably somewhat uncertain, but still the prevalence levels may be comparable with the results from other countries.

Latvia

Dr Maija Milzarāja, Latvian State Drug Abuse Prevention and Health Care Center was responsible for the study in Latvia.

The population

The population consists of all students in Latvian schools born in 1979, including Russian speaking students. No information was available about the proportion of young people born in 1979 who were to be found within the school system.

The sample

There are three types of schools: 324 secondary (comprehensive) schools, 20 gymnasiums and 7 trade (industrial) schools. Latvian was spoken in 200 schools and Russian in 133. Students born in 1979 were found both in grade 9 and grade 10.

The first step of the sample was a random selection of 75 Latvian and 25 Russian speaking schools; proportionally representing the three types of schools and all 26 administrative districts in Latvia. The second step was a random sample of one grade 9 and one grade 10 class in each school. The number of students in the 200 selected grade 9 and grade 10 classes was about 6,000, including those born in 1979 and in other years.

Field procedure

Questionnaires, envelopes, instructions and classroom reports were sent to the schools by mail. Data was collected in the last week of May 1995 under the supervision of a teacher.

The questionnaires were answered in the classroom under the same conditions as a written test.

All students in the selected grade 9 and grade 10 classes participated. However, the analysis includes only students born in 1979.

The students were not informed in advance about the study. Russian speaking students answered a Russian version of the questionnaire. No names should be written on the questionnaires and the students got individual envelopes for their forms.

The questionnaire and data processing

The questionnaire and data collection procedure was tested in a pilot study. The questionnaires contained all core and optional questions. No extra questions were added. Data was not weighted.

School and student co-operation

Of the 100 randomly selected schools three did not want to participate. With one grade 9 and one grade 10 class in each school, this means six classes. In addition 12 classes refused to participate. On top of this 84 classes did not return the questionnaires or they were lost in the mail. All together data from 102 classes out of 200 is missing; i.e. only 49% of the selected classes are represented in the study.

The average time to answer the questionnaire was 40 minutes. Of the questionnaires answered by students born in 1979 as many as 565 were judged to be incomplete and hence skipped from the analyses.

Reliability and validity

Inconsistency between two questions measuring lifetime prevalence of different drugs was high for inhalants (15%) but also rather high for alcohol (6%). Except for cigarettes 3%) the corresponding figures are low or very low for all other drugs (0–2%). Missing data rates are highest for 12

months and 30 days prevalence of any alcoholic beverage (7–9%), but also rather high for been drunk (6%), inhalants (5%) and cannabis (4%). Otherwise most missing data rates on drug questions are usually low (2% or less). Information is not available on the average number of unanswered core questions or optional questions.

Inconsistent response patterns for life time, twelve months and 30 days use of various drugs were low (close to 0%). Of all students 6% would definitely not admit the use of cannabis, while 5% gave this answer in relation to heroin.

On the question about the willingness to admit drug use 8% answered that they had already said that they had used cannabis and 5% that they had used heroin. These figures are higher than the life-time prevalence of cannabis and heroin use (5% and 0% respectively). Only 0.3% of the students reported that they had used the dummy drug “relewin”.

Methodological considerations

The major methodological problem is the large number of classes without answered questionnaires (102 out of 200). Many of the classes with missing data came from rural areas. Besides, no data seems to be available about the structure of these classes (e.g. Russian speaking vs. Latvian speaking and distribution over school types). The large number of eliminated questionnaires (21%) is also noteworthy.

Those two important methodological complications make it doubtful to assume that data is representative for all 1979 students in Latvia, even in the ESPAD context. Thus, data from Latvia is reported separately in the tables and is left out from the figures.

Lithuania

Dr Aleksandra Davidavicienė at the Pedagogic Institute, Department of Education, Ministry of Education and Science was responsible of the study in Lithuania.

The population

The population consists of all students in Lithuanian schools born in 1979, including also Russian and Polish speaking students. Of all 1979 born

children 96% were students at the time of the data collection.

The sample

There are two types of schools in Lithuania, academic schools (including gymnasiums) and vocational schools. Of the 43,290 students born in 1979 about 51% were in grade 10 in academic schools (or in grade 2 in the gymnasium), 28% in grade 9

in academic schools (or in grade 1 in the gymnasium) and 21% in grade 1 in vocational schools.

Information was available about the total number of students in each class in all schools (not separately for students born in 1979). Since a majority of the 1979 students were in grade 10 (or grade 2 in the gymnasium), this grade was used to sample academic schools. A systematic random sample was drawn choosing every 300th student in grade 10 (or grade 2 in the gymnasium) and the class of that student was selected.

In grade 10 (or grade 2 in the gymnasium) the selected class was sampled initially. In 9 large schools (where the selected class contained less than 1/5 of all students in the grade) one more class was randomly chosen. In the same schools classes of grade 9 (or grade 1 in the gymnasium) were randomly chosen to get “enough” students born in 1979 to ensure that grade 9 students were proportionally represented in their school. (Only a minority of the students in grade 9 (or grade 1 in the gymnasium) were born in 1979).

Also vocational schools were chosen by a systematic sample. The same procedure was used as in academic schools. Even in grade 1 in vocational schools only a minority was born in 1979. To be proportionately represented 2 classes were randomly chosen in each vocational school except for the 4 with the smallest number of 1979 students in the classes, where more classes were chosen.

83 academic and 27 vocational schools were selected. 185 classes were chosen in grade 9 (or grade 1 in the gymnasium), 91 classes in grade 10 (or grade 2 in the gymnasium) and 59 classes in vocational schools. All together these classes contained 3,857 students born in 1979.

Two schools refused to participate and were replaced by two other randomly selected schools. Another two schools promised to participate but did not. The sample is judged to be representative for 1979 born students. Urban and rural areas, academic and vocational schools, different nationalities (Lithuanian, Russian and Polish) and both sexes are approximately proportionately represented.

Field procedure

A letter of introduction was sent to the headmasters together with teacher instructions, classroom reports, the questionnaires and the envelopes for the students.

The questionnaires were answered in the classroom under the supervision of a teacher and under

the same conditions as a written test. In a few schools, where the number of 1979 students in grade 9 was small and students from more than 2 classes participated, the data collection was administrated in a separate classroom.

All students in grade 10 (or grade 2 in the gymnasium) participated, but only those born in 1979 were included in the analysis. In grade 9 (and grade 1 in the gymnasium) and in grade 1 in vocational schools only a small minority of the students were born in 1979. To save money only these students answered the questionnaires.

The teachers were not allowed to walk around in the classroom or discuss with the students during the data collection. The students were not informed in advance about the study. The questionnaires were put in individual envelopes and sealed by the students. The data collection period was March 6–17, 1995.

The questionnaire and data processing

A pilot study was carried out in two classes in December 1994. It showed that the students did not know the word “drink” in question 21 and had difficulties to identify some of the illegal drugs. As a result of the pilot study some concepts were explained in the main study.

The questionnaire contained all core and optional questions. No extra questions were added. In question 23 (if the students had heard of different illegal drugs) another 3 drugs were listed (extract from poppy, opium and inhalants).

The sample was judged to be selfweighted. Hence, data was not weighted in the data processing.

School and student co-operation

As mentioned, two schools refused to participate and were randomly replaced by two other schools. Two schools promised to participate but did not.

The selected classes contained 3,857 students (1,847 boys and 2,010 girls). 274 (140 boys and 134 girls) were not born in 1979 and were excluded from the analysis. Of the 3,583 students born in 1979 (1,707 boys and 1,876 girls) 387 were absent, which gives a response rate of 89% (88% among boys and 90% among girls).

The average time to answer the questionnaire was 51 minutes. No teachers reported any disturbances. Many of teachers wrote that the students liked the questionnaire and worked seriously. In the opinion of the teachers the students answered honestly.

When scrutinizing the questionnaires only two were found (and eliminated), which apparently were not honestly answered.

Reliability and validity

Inconsistency between two questions in a single administration, was highest for cigarettes (6%), alcohol (5%) and inhalants (5%). For most of the other illegal drugs the figure was usually below 1%. An “explanation” of the low figures of most illegal drugs might be that these drugs are very rarely used.

Missing data rates are very low for all drug questions. The highest is 0.3% for anabolic steroids or other doping agents. It is also very low for the other questions. On average it is 0.1%. Another way of describing the low number of unanswered questions is that 80% of all students answered all questions, while 20% skipped one. Only 0.2% left two or more questions unanswered.

Rates of inconsistent answers to questions measuring lifetime, last 12 months and last 30 days use of different drugs are very low, usually about 0.2% or less.

Of all students 21% would definitely not admit the use of marijuana or hashish and 19% not the use of heroin. The proportion who answered that they already had said they had used cannabis is 1%, which is roughly the same as the lifetime prevalence for that drug (2%). For heroin there is no difference. No student said that he/she had used the

dummy drug “relewin”.

Methodological considerations

The sample seem to be adequate. To save money it was an advantage not to include more schools than necessary. From this perspective the schools selected for grade 10 would also be used for grade 9, since those two grades are found in the same schools.

The situation with 1979 students in three different schools/grades is a complication. Sampling students proportionally from the three units was a good way to handle this.

Two randomly replaced schools and two schools which did not participate is “acceptable” in a sample of 110 schools. Sampling the class of every 300th student in grade 10 and similar for vocational schools, makes the sample selfweighted. As a whole the sample seems to be adequate for the purpose of this study.

School and student comprehension seem to be very good. The number of unanswered questions is very low as well as the number of eliminated questionnaires.

Reliability and validity is judged to be adequate even if about 20% of the students would not admit the use of cannabis or heroin. This indicates an underreporting of illicit drugs. However, it is very unlikely that this is of any considerable importance when the results are compared with data from the other ESPAD countries.

Malta

Responsible for the Malta study was Dr. Hilary Caruana, Information & Research Team within sedqa – Agency Against Drug and Alcohol Abuse.

The population

The population consists of all students born in 1979 who attend school in Malta. Approximately 95% of the students born in 1979 make up 5th grade while the other 5% attend grade 4.

The sample

The survey covered all schools who had students born in 1979. They were: Opportunity Centres, Secondary Schools, Junior Lyceums, Trade Schools, and Private Secondary Schools.

A class list was collected from all the five different types of schools which cater for students born in 1979. It was agreed that all students in all classes

in the 4th and 5th grades should be involved in the survey. The total number of classes was 254. A subsample of 2,832 students (those born in 1979) was drawn from all completed questionnaires. The gender distribution in this subsample was 45% boys and 55% girls. This was explained by the investigators by the fact that exams were looming and the males exempted themselves to a greater degree than females. Due to the size of the Maltese islands and the homogeneity of the population, there was no regional/geographical or ethnic limits.

Field procedure

The first contact was made with every chosen school by a letter from the research Guidance and Counselling Services of the Department of Education. Following this correspondence, a visit by the research team was organised during which, all par-

participating schools were asked to send a representative for briefing. The school representative then, briefed the teachers involved with each class during the day of the survey.

The questionnaires were distributed by Guidance staff as pre-arranged to each school one day prior to the day on which the school survey was conducted. The teachers on duty distributed the Maltese version of the questionnaire to each member of the class. Each school was also provided with a number of English versions of the questionnaire for non-Maltese speaking students. In some schools where only a small number of students born in 1979 was found in the 4th grade, they were asked to go to a classroom for 5th grade and answer the questionnaire there.

The questionnaires were collected and placed in the packs provided, and thereafter deposited in the Principal's office. These, in turn, were handed to the research representatives who visited each school that same day to collect the packs. Data collection took place during one day in all schools, March 30, 1995.

The questionnaire and data processing

All core segments of the questionnaire were included in the Maltese version. As regards the optional segments, most of these were included except those that were not relevant to the country, such as, questions on home made spirits and beer.

The official English version of the questionnaire provided by the international co-ordinating body was first translated into Maltese and then translated back into English by another researcher from the collaborating consortium. The two English versions were compared and a final Maltese questionnaire version (and an English for non-Maltese speaking) were concluded.

A pilot study was conducted previous to the survey and the questionnaires (Maltese and English version) had been redefined to optimize students comprehension. No questionnaire was singled out because of bad data. It was assumed that weighting of data was unnecessary.

School and student co-operation

The local schools providing secondary-level education collaborated willingly since most of them had already participated in another project in 1991, and were familiar with studies of this kind.

Nonetheless the response rate was very low (51%) since national exams happened during this period and the students were absent to a higher

degree than usual. A small survey (with a 10% sample) among those students that were absent that particular day, showed that 35% were sick, 29% were absent because of exams, 18% did not feel like going to school, and 18% were absent for family or other reasons. Some teachers complained that the questionnaire was a bit lengthy, but no one reported that the students refused to complete their questionnaire because of its length.

Reliability and validity

The rates of inconsistency between two questions in a single administration are rather high on the questions regarding alcohol intoxication (10%), use of inhalants (10%), cigarette smoking (4%) and use of tranquillizers or sedatives (4%). The proportion of inconsistent answering is smaller on illicit drug use, of which the value for marijuana or hashish is highest (3%). However, there seems to be a small important gender difference, since the girls have been giving more reliable answers than the boys.

The missing data rates are highest for alcohol questions (up to 6%) and lowest for the cigarette smoking questions (about 0.6). It is also evident that questions about last 12 months and last 30 days use have higher missing data rates than questions about lifetime prevalence. It can be assumed that many students consider the question already answered when they have indicated use in lifetime. No important gender difference can be detected.

More than one fourth (28%) of the boys and 18% of the girls said that they definitely not would have admitted use of marijuana or hashish. Regarding the question about heroin the corresponding figures are 33 and 23%. The proportion who answered that they already said they had used it was in the case of cannabis somewhat smaller than the lifetime prevalence figure (6 compared to 8%), while the opposite was true for heroin (2 to 1%). Approximately 1% of the students indicated use of the dummy drug "relewin".

Methodological considerations

The survey on Malta was performed on all students attending the 4th and 5th grades in four types of schools. A subsample of questionnaires from students born in 1979 was then drawn. There was, however, a very high level of absenteeism (49%), which was explained by the timing of the survey (national exams happened on the same day or were looming).

The rates of inconsistent answering was rather

high on alcohol intoxication and use of inhalants. A quite large proportion of the boys said that they definitely not would admit any use of cannabis or heroin, which might indicate an underreporting of illicit drugs. Among the girls these proportions were smaller, but still relatively high. The consistency between the proportion who answered “I already said that I have used it” and the lifetime

prevalence for cannabis and heroin was rather good, however.

The circumstances mentioned above make the results of the Malta study quite uncertain. The representativeness is weak and a the comparison with the results from other participating countries must be done with care.

Norway

Ms. Astrid Skretting, National Institute for Alcohol and Drug Research was responsible for the Norwegian study.

The population

The population consists of all students born in 1979 in grade nine in secondary (compulsory) school in Norway. About 98% of the students in grade nine were estimated to be born in 1979. When calculating the results students not born in 1979 were excluded.

The sample

The main educational institutions are secondary compulsory public schools in Norway. The sampling method used was a stratified random cluster sample. The whole country was divided into 87 strata – according to a combination of county and kind of municipality. Each cluster represented one complete grade 9 class.

The number of classes drawn was 234 including 3,959 students. The sample of classes/students included in the study is estimated to be a representative nationwide sample of students in grade 9.

Field procedure

The questionnaires and teachers’ instructions were sent to the schools sampled to be included in the survey. The completed questionnaires were collected by a teacher who sent them back to the institute which conducted the survey. Data was then scanned into a computer. Data was collected in March, 1995.

The questionnaire and data processing

All questions in the ESPAD questionnaire were included, both core and optional questions. No other subjects or questions were included. The questionnaire was not piloted.

School and student co-operation

The number of classes refusing to take part of the survey was 23. Different reasons were stated for doing so. The response rate was 91%.

Reliability and validity

Reliability as measured by consistency between two questions within a single administration showed that the rate of inconsistency is highest for cigarette smoking (4%). For questions on alcohol, inhalants and illicit drugs the inconsistency rate is less than 2%.

Missing data rates on drug questions are about 2–3% on lifetime prevalence. For last 12 months and last 30 days prevalence on the use of cannabis and inhalants, missing data rates are higher, 6–8%.

The average number of unanswered questions as well as rates of inconsistent answering among the self report question on use in lifetime, last 12 months and last 30 days were not reported.

The proportion who definitely not would admit cannabis use was about 3% and the same was true for heroin. The proportion who answered “I already said that I have used it” was well in line with the prevalence figures both for cannabis and heroin.

Methodological considerations

The sample seem to be adequately drawn to be representative for students attending grade nine who were born in 1979.

The inconsistency rates within a single administration as well as missing data rates were rather low. Information on average number of unanswered questions has not been reported however.

Quite few of the students hesitated to admit drug use and the proportion who admitted use were consistent with lifetime prevalence.

As a whole the results seems to be representative and reliable.

Poland

Dr. Janusz Sieroslawski, Instytut Psychiatrii i Neurologii Saklad Badan nad Alkoholismem i Toksykomaniami, Warsaw was responsible for the Polish study.

The population

The population consists of students born in 1979 who attend the first grade in secondary schools. It was assumed that 90–95% of the age cohort attend school and the majority of the grade 1 students was born in 1979.

The sample

Lists of schools were obtained from the central statistics office containing information about the number of classes in every school. The sampling unit was class and each school was represented in the sampling frame as many times as the number of classes in that school. Thus the classes were randomly drawn with equal probability to be included in the sample. Only one class from each school was chosen. Due to the fact, that the “Tri-city” area and the city of Warsaw participated in the epidemiologic research project “Multi City Study” initiated by the Pompidou Group, youth of these areas were additionally represented in the sample (40 classes in grade 1). Also in a similar way (40 classes) youth of two regions (Poznan and Opole) which were included to the study on their own initiative, was additionally represented. In total 381 classes were sampled. The final weighted sample of students born in 1979 includes 4,953 students with 2,355 boys and 2,571 girls. In 27 cases data on sex is missing.

Field procedure

The contact with the schools was initiated through letters to the school masters. It contained information about the survey and the random nature of the sample. The Ministry of National Education gave its support by issuing an appropriate letter to the school authorities. The data collection was administered by trained university students. The teachers were not allowed to remain in the classroom during the data collection. Each student was given an individual envelope for the completed questionnaire. The data collection period was May–June 1995.

Questionnaires in sealed envelopes coming from one class were packed in individual packages. Every package contained a report on the realization

of the study in the class. The envelopes were unsealed in the Institute.

The questionnaire and data processing

All core and almost all optional questions were included in the questionnaire. Only the optional question about disapproval of people doing certain things was excluded. In addition two questions concerning availability of alcohol and drugs were included. The questionnaires were coded after the registration and check-up. The results were calculated with the use of the SPSS+ ver. 6.1 for Windows. The data was weighted according to the additional local samples.

School and student co-operation

A total number of 16 classes out of 381 did not participate in the study. One reason was partly that the official statistics were outdated so some classes and even schools did not exist. An other reason was unavailability of students – they were on trips, practical exercises etc. No case of rejection was recorded.

As reported by the data collections leaders, the majority of students treated the questionnaire seriously and co-operated eagerly. The data collections leaders noted some difficulties regarding initial contacts with students in 11 classes. In 9 of them, students presented a somewhat frivolous attitude toward the study (made jokes, played fools). Other difficulties were: the boredom reaction and reluctance to answer the lengthy questionnaire. In all 11 classes the initial difficulties were eased and the survey completed. The international and country-wide character of the study increased the attractiveness of participation for the respondents. The response rate was 84%.

Reliability and validity

The largest inconsistency rate between two questions in a single administration is found between questions related to alcohol (about 8%), tranquilizers or sedatives (7%), and inhalants (4%). The inconsistency for cannabis is smaller (2%) and amphetamines, anabolic steroids as well as LSD show an inconsistency rate around 1%. All other drugs are around 0.2%. The highest missing data rates on lifetime prevalence questions are related to alcohol consumption (6%) and drunkenness (3%). For all other drugs, including cigarettes, it ranges from 1–2%. Average number of unanswered ques-

tions was not reported.

Rates of inconsistent answering among all students to questions measuring lifetime, 12 months and 30 days prevalence of different drugs were highest for any alcoholic beverage (2.5%) and drunkenness (1.2%). For cannabis and inhalants it was less than 1%.

About 7% of the students answered to the honesty question that they definitely not would admit any use neither of cannabis nor heroin. The proportion who answered that they already said that they had used cannabis was 11% among the boys and 6% among the girls. This is very close to the lifetime prevalence figures (12 and 5% respectively).

For heroin the discrepancy is larger, around 3% compared to 1% lifetime prevalence.

Methodological considerations

The sample seems to have been drawn accurately and to be representative of the grade studied. Likewise the reliability and validity seem to be satisfactory. The rates of inconsistent answering is somewhat high on alcohol and tranquilizers or sedatives, but on the other hand very low on other drugs. Not a too high percentage was reluctant to admitting use of cannabis or heroin and the proportion who already said that they had used it was very well in line with the lifetime prevalence rates.

Portugal

Mrs. Luisa Machado Rodrigues, GPCCD (Gabinete de Planeamento e de Co-ordenação do Combate à Droga) was responsible for the Portuguese study.

The population

The population consists of all students born in 1979 in grades 10–12 in secondary state schools. Not included were 7–9 grades in state schools or 7–12 grades in private schools. It was estimated that approximately 20% of the students of each of the grades 10–12 were born in 1979.

The sample

The sample size was determined by the need to get a sufficient number of students born in 1979. The sample was drawn from the national list of schools as a stratified cluster sample including all types of students in the referred grades. Strata were regions and grade levels.

Using the average number of students by class, the number of schools and classes to be drawn were estimated. To find a number of approximately 2,400 students born in 1979 it was estimated that a sample of about 10,000 students was necessary. From the 10th grade 184 classes were drawn, from 11th 137 and from 12th 151. This resulted in 9,774 students of whom 2,033 were born in 1979.

The sample was supposed to be representative for male and female students, born in 1979, in all types of classes of the 10th to 12th grades in state schools in Portugal. It is not representative of students attending grades 7–9 in state schools or 7–12th grades in private schools. The proportion of

students born in 1979 in those schools is not known.

Field procedure

Data collection procedures were organized by the head councils of the selected schools after training meetings at which the co-ordinators of the project gave all the methodological information needed. They met with the teachers in charge, to prepare them for the data collection. The teachers also had a written protocol to follow in their classes.

Each student received an envelope to put the questionnaire into and seal. At the end of the lesson the teachers went to the school head office with the material, where it was kept until the representative from GPCCD picked it up and transported it to be scrutinized.

All students in selected classes answered the questionnaires, however, this report only includes data from students born in 1979.

The questionnaire and data processing

The Portuguese questionnaire included all core and all optional questions. In addition it included six questions related to school-grade, type of class, failures, place of birth, place of residence and home removal. Another three questions were included regarding (1) 30 day prevalence of tranquilizers, stimulants, cocaine and heroin, (2) medically supervised use of stimulants and (3) willingness to admit using cocaine. A few other modifications regarding school performance, parents level of schooling and a question on household members

were also asked.

The questionnaire was piloted in four classes of grades 10th to 12th in a state school of the Lisbon area. From this pre-test the most important results were: The proper period of time for filling it out would be one lesson and the questions about average grades on school performance and 10 reasons for not drinking alcohol appeared to be somewhat difficult to understand. Weighting of the data was assumed to be unnecessary.

School and student co-operation

No school or class refused to participate. The co-operation was excellent both with the students and the school staff. Only a few students (0.18%) refused to participate in the study. Response rate was 92%. Only 13 forms were reported to be invalid because of unusable data.

Reliability and validity

The inconsistency rates within a single administration are very low on illicit drug use (less than 1% in most cases). Somewhat higher rates were found for those drugs which have the highest lifetime prevalence rates. These are related to the questions on drunkenness and cigarette smoking, which show a proportion of inconsistent answers of about 5%. The girls tend to give more consistent answers than the boys.

Validity measured as missing data rates reveals highest rates on questions related to lifetime prevalence of alcohol use (7%), and are increasing for last 12 months and last 30 days (9%). For the questions on beer, wine and spirits separately the missing data rate is lower.

Last 12 months and last 30 days missing data rates for marijuana or hashish and for inhalants are around 7%. For all the other drugs the figures range from 0.2 to 0.7%.

The internal consistency among logically related questions is given by the rates of inconsistent

answering among the selfreported questions of use in lifetime, last 12 months and last 30 days. Available data shows that the proportion of all respondents giving logically consistent answers across the three time periods is above 95%. As for the reliability and missing data rates the highest inconsistency among all students is in the case of alcoholic beverages.

On the "honesty" questions only 2% said that they definitely not would have admitted any use of marijuana or hashish, and the same held true for heroin. The proportion who answered "I already said that I have used it" is 7% for cannabis and 0.6% for heroin. Both are close to the actual prevalence rates. Only one student reported having used the dummy drug "relewin".

Methodological considerations

The sampling procedure and sampling frame is very well described. It seems as if the results are highly representative for the students born in 1979 and attending any of the grades 10–12 in secondary state schools. They are not representative, however, for the 1979 born students in grades 7–9 in state schools or grades 7–12 in private schools. Nationwide surveys have been conducted before in Portugal which implies that routines for collecting data in school settings are already well established.

Both the reliability and validity of the survey seem both to be rather good. The proportion who indicated that they definitely not would admit any drug use was quite low. Those who already had told that they had used cannabis or heroin were totally congruent with lifetime prevalence figures. Also the inconsistency rates were relatively low.

As a whole, from a methodological point of view the study seems to have functioned well. However, it should be observed that data only are representative for 1979 students in grades 10–12 in secondary state schools.

Slovak Republic

The ESPAD survey in the Slovak Republic has been conducted by the National Health Promotion Center and the Institute of Health Education. Responsible has been Dr. Alojz Nociar, project leader.

The population

The population consists of all students born in 1979

in all four grades in secondary schools. School attendance is compulsory in the Slovak schools until grade 2, which means that about 98% of the 1979 birth cohort were still in school.

The sample

There are 3 types of secondary schools: Gymnasiums, technical colleges and vocational schools. A

total number of 85 classes were drawn from a complete list of schools. 17 classes from gymnasia (520 students), 26 from technical colleges (827 students) and 42 vocational schools classes (1,135 students) were drawn. The sample was considered to be representative of all children born in 1979.

Field procedure

In co-operation with Ministry of Health and Ministry of Education, with their permission and support a letter was sent to all headmasters of chosen schools. Instructional meetings were held with the people responsible for the data collection. Most of them were employees of the State Health Institute, the Department for Children and Adolescents and the Department for Health Education. They also received written instructions. Teachers were not involved or present during data collection. Data was collected between 10th and 13th April, 1995.

The questionnaire and data processing

All core and optional questions were included, except the one on low alcoholic beer. A few own questions were added about passive smoking and drug habits of parents and teachers. The questionnaire was not piloted. Data were considered to be self-weighted.

School and student co-operation

No school or class refused participation. All participating students answered the questionnaires, nobody refused, and most students showed willingness to co-operate. The response rate was 96%.

No obvious incorrect data was detected, but some students failed to answer the question of sex and the year of birth. Thus, 8 questionnaires were excluded from the analysis.

Reliability and validity

The inconsistency rates within a single administration were fairly low on illicit drug use. Mostly the percentages of inconsistent answering were below 1% except for marijuana or hashish, amphetamines

and LSD (1%). Somewhat higher rates were found for those drugs which have the highest lifetime prevalence rates. These were reported to the questions on drunkenness and cigarette smoking, which showed a proportion of inconsistent answers of about 9%. For inhalants the corresponding figure was 4%. There was no gender difference on alcohol and cigarette smoking, but for questions on illicit drugs the girls tended to give more consistent answers.

Missing data rates were very low, mostly below 1%. Only rates on alcohol, range between 1 to 7%, on marijuana or hashish, about 3%, and on inhalants, 2–3%, was higher. Average number of unanswered questions was 6%, somewhat higher for the boys than for the girls. The inconsistency rates on questions about alcohol consumption ranged from 2 to 5%, and for marijuana or hashish from 0 to 2%.

About 7% said that they would definitively not have admitted any use of marijuana or hashish and the same was true for heroin. The consistency between the proportion who answered I already said that I have used it and the lifetime prevalence was very good, both regarding cannabis (10% vs. 12% for boys and 5% vs. 6% for girls) and heroin (2% vs. 1% for boys and 1% vs. 0% for girls). Only 0.1% of the boys reported any use of the dummy drug “relewin”.

Methodological considerations

The sample seems to be adequate and representative. The target population (students born in 1979) was nearly fully found within the school system. Since all grades were surveyed, all students in the sample who were born in 1979 was detected and included in the analysis.

The reliability and validity were also satisfactory with low missing data rates and low inconsistency rates. The proportion who said that they definitively not would admit any drug use was not too high and the proportion who “already said that I have used it” was very well in line with the prevalence figures.

Slovenia

Mrs. Eva Stergar, M.A. Psych., Institute of Public Health was responsible for the Slovenian study.

The population

The population consists of all students born in 1979 in the first grade in Slovene secondary schools. It

was estimated that at least 77% of the age cohort born in 1979 attended first grade in secondary schools.

The sample

There are three main types of secondary schools in Slovenia: 2-year vocational schools (approx. 6% of all first-year students), 3-year vocational schools (approx. 36%) and 4-year secondary technical and trade schools and grammar schools (approx. 58%).

In Slovenia there is no register of secondary school classes. Instead, alphabetical lists of students enrolled in secondary schools in Slovenia are available. From the alphabetical list of students each 250th student was selected as a key person, representing the classroom to be selected for the survey. The sampling was based on an assumption that all classrooms comprised the same number of students (35), meaning that they had the same probability to be included in the sample.

The selected key persons (126) were enrolled in 63 secondary schools in different parts of Slovenia. In some of them attended the same class and some were not enrolled in the schools on the list. In the final phase, the sample comprised 118 classes selected by means of key persons. All together the 118 classes contained 3,607 students. The sample was assumed to be representative of all first grade secondary school students born in 1979.

Field procedure

A preliminary contact was taken with the chosen schools to confirm the school counsellors' willingness to participate. A letter was sent to all head teachers of the schools, presenting the survey, its rationale and aims, as well as the method of data collection. They were asked to allow the counsellors to collect data during class.

The questionnaires were mailed to the schools. After completion they were sent back to the Institute for scrutiny and registering. Data collection period was April 10–14, 1995. Weighting of data was required because of the slightly lower proportion of boys in the sample.

The questionnaire and data processing

All core and optional questions were included in the questionnaire. The translated version was back-translated into English. The questionnaire was piloted on a group of 30 students in a 2-year vocational school. These 2-year courses are generally chosen by students with a lower learning potential. The main interest was to find out about their under-

standing of the questions and the time needed to complete the form.

School and student co-operation

The co-operations of both schools and students were very good. The response rate was 92%. No school or class refused to participate.

Reliability and validity

The consistency rate on two different questions on the same subject within a single administration, showed that inconsistency ranged from about 7% for frequency of alcohol use in lifetime, to 0% for the use of the dummy drug "relewin". Rates of inconsistent answering were higher for more commonly used drugs, such as alcohol (7%), tobacco (6%), inhalants (4%), tranquilizers and sedatives (3%), and marijuana or hashish (2%). For less popular drugs, the inconsistency rate was about zero.

There were differences between boys and girls concerning the consistency of answering. The rates were higher for boys on all drugs except for LSD, crack, tranquilizers and sedatives.

The missing data rate was highest for answers about the use of alcohol (range 4–8% for various alcoholic beverages). It was lowest for "lifetime" and highest for "last 30 days". It may be that after ticking "0" for "lifetime", the responder skipped the other two questions, although instructed to answer all questions.

A similar pattern, yet with lower missing data rates, were found for the frequency of marijuana or hashish (3%) and inhalants (4%). For the rest of the drugs the rate of missing data was less than 1%.

The overall rates of inconsistent answering about drug use ranged from 3% for the use of any alcoholic beverage, to "0" for the use of inhalants. A statistically significant relationship between the rate of inconsistent answers and sex was found only for the item "been drunk", the proportion of inconsistent answers being greater among the boys than among the girls.

Among the boys 4% per cent said on the "honesty questions" that they would definitely not admit any use of marijuana or hashish. Among the girls this figure is 1%. For the use of heroin the corresponding figures were 5 and 1% respectively. The consistency between the proportion who answered "I already said that I have used it" and the lifetime prevalence was very good for both cannabis (13 vs. 14% for boys and 11 vs. 12% for girls) and heroin (2 vs. 1% for boys and 1% on both for

girls). Use of the dummy drug “relewin” was reported by one student only.

Methodological considerations

The sampling procedure was very effective and truly random using lists of students to pick a key person to indicate the chosen class. The representativeness, however, was somewhat limited according to the age cohort, since only 77% of the age

cohort born in 1979 attend the 1st grade in secondary school. However, with a response rate of 92% and no reported complications during the data collection, data seems to be representative of students attending first grade of secondary schools.

Reliability and validity seems to be adequate even if the “honesty questions” indicate an under-reporting of drug use among boys.

Sweden

The Swedish study was performed at the Swedish Council for Information on Alcohol and other Drugs, CAN, by Mrs. Barbro Andersson and Dr. Björn Hibell.

The population

The population consists of all students born in 1979 in grade nine in compulsory school in Sweden. It was estimated that about 95% of the students in grade nine were born in 1979.

The sample

Most children attend the nine year municipal compulsory basic schools. In the school-year 1994/95 1.8% of the students attended one of the 217 independent schools which have obtained Government approval. Independent schools are open to all comers and share the same goals as the municipal schools. These are usually schools with a distinct profile, though they may also be based on special educational principles, such as Montessori or Waldorf methods. However, all these kinds of schools belong to the Swedish compulsory schools system, i.e. the sampling frame. It was assumed that around 99% of the age cohort attend some kind of educational institution.

A sample comprising 180 classes was drawn by Statistics Sweden from national lists of classes in the ninth grade. It was a systematic random cluster sample, with a probability proportionate to class' size. The sample was considered as highly representative of the population nine grade students born in 1979. No school contributed with more than one class to the sample.

Field procedure

Data collection period was March 20–24. If needed also the immediate following week could be used.

After the sample of classes was drawn, lists were provided by Statistics Sweden, containing information about which class was selected, and the number of students in each class, by sex. In addition complete addresses to the schools were provided.

An introductory letter was sent to the head of each school. He/she was asked to inform the teacher of the chosen class, but not to inform the students in advance. The reason for doing so was to avoid discussions among the students which could lead to biased data. The teacher was asked to schedule the data collection for one class period, following the same conditions as for a written test.

All materials for the survey were mailed to the selected schools. It included questionnaires, individual envelopes for the students to put their answered form into, as well as written instructions to the teacher responsible for the data collection. After completion the questionnaires were packed in a large envelope and mailed back to the researchers.

The questionnaire and data processing

The questionnaire included all core and optional questions. Added to the questionnaire were two scales measuring self-esteem and social support suggested by the Greek ESPAD team. To be able to link the results with the regular annual school survey, run at the same time, four questions on crucial variables identical to the ones used in that study were added to the ESPAD form. They concerned lifetime prevalence on illicit drug use and use of doping agents, frequency of intoxication from alcohol and frequency of heavy alcohol consumption.

The questionnaire was piloted in two grade nine classes in Stockholm. No particular difficulties or other problems were discovered.

Data were processed using both the Swedish statistical package Barbro/Matilda and the package for statistical analysis, SPSS/PC, version 6.1. Data was weighted in relation to class' size and the total number of students in grade nine in Sweden.

School and student co-operation

The co-operation of the schools as well as the students were very good. Ten classes (6%) were, however, not able to participate, due to other obligations at the time of data collection. Mostly it had to do with obligatory periods of vocational training already scheduled for the school year.

No student refused to answer the questionnaire. 55 questionnaires were excluded from the analysis as they were obviously not answered seriously.

The response rate was 88%. The majority of the absent students were ill at the time of data collection.

Reliability and validity

The reliability as measured by consistency between two questions within a single administration was very good. The inconsistency rate for the variables cigarette smoking, drunkenness, tranquilizers or sedatives and inhalants were 1% on each. For all other illicit drugs it was around zero.

Missing data rates on lifetime questions were highest for alcohol questions (2%), while for questions on cigarettes and illicit drugs it was 1% or less. In general the 12 months prevalence questions had higher missing data rates than lifetime (2% on alcohol and 3% on cannabis and inhalants), and

even higher for the 30 days questions (about 6% on alcohol and 3% on cannabis and inhalants).

The average number of unanswered questions throughout the questionnaire was 2%. The overall assessment of inconsistent answering was 1% related to alcohol and around zero related to other drugs.

On "honesty questions" 10% said that they would definitely not admit using cannabis and about the same held true for heroin. The boys were more reluctant to admitting such use than the girls. The consistency between the proportion who answered "I already said that I have used it" and the lifetime prevalence was very good, both for cannabis (7% for boys and 5% for girls) and heroin (2% vs. 1% for boys and 1% vs. 0% for girls). Only one student indicated use of the dummy drug "releevin".

Methodological considerations

The sampling in Sweden followed the same routines as at the annual schools surveys performed since 1971. There is no reason to believe that the sample should not be representative drawn by Statistics Sweden among all students in grade nine.

The reliability and validity seem both to be rather good. However, a fairly high percentage of the students indicated that they definitely not would admit use of cannabis or heroin. This indicate that drug use may be under-reported. The proportion who said that they already had said they had used cannabis was, however, exactly the same as the lifetime figures indicated, and the same held true for heroin.

Turkey

Dr. Ümit Yazman at the AMATEM, Alcohol and Drug Addiction Research and Treatment Center in Istanbul was responsible for the Turkish survey.

The population

The population consists of students born in 1979 in grade 10 in Istanbul.

The sample

Three types of schools were included in the sample: Public, vocational and private schools. Information about the total number of students in grade 10 in Istanbul and lists of schools were provided by the Ministry of Education in Turkey.

The schools were stratified according to regions, which had been classified according to their average household income, whereby 18 high schools in 12 districts (regions) were drawn.

It was decided that the sample size would be 2,845 students and that 1,707 should be selected from public schools, 967 from vocational and 171 from private schools. The method of sampling was a two step stratified (according to school type and region) cluster sample and a random sample of individuals within each selected school. The students were selected only among those born in 1979.

The sample was assumed to be representative of the students in grade 10 according to the sex ratio

(male/female = 55/45). Official statistics of 10th grade in 1990 indicated the same relation between the sexes.

Field procedure

The research team was trained for the implementation of the survey in the schools. The team was divided in smaller groups who were present (as well as the teacher) in each school while data were collected. The information to the students stressed the anonymous nature of the study and that no information would be given to the school authorities about their answers. Each student was supplied with an envelope to put the forms into.

The questionnaire and data processing

The questionnaire included all core and optional questions except a few, e.g. question about slot machines and about sexual experiences. Three own questions were added. A minor pilot study was performed before the data collection took place.

209 questionnaires were excluded after scrutiny due to apparently bad data. Data was analysed with the statistical package SPSS. The data was not weighted.

School and student co-operation

No difficulties or refusals from the schools were reported, although several official and bureaucratic procedures had to be passed before the study was allowed in the schools. No problems with the students were reported either.

All the targeted students in each school completed the questionnaire. This was due to the decision to let the research team return to the schools a couple of days after the data collection for completion. The reason for doing so was mainly that the Turkish school system is under transition and the students are taught according to a credit system, i.e. not all students are present all days or during the whole day. Another reason was a wish to survey also those who are frequently absent because of other reasons.

Reliability and validity

The reliability as measured by inconsistency rates between two questions within a single administration shows that the largest inconsistency was found on cigarette smoking (12%), drunkenness (10%), tranquilizers or sedatives (5%) and the use of inhalants (3%). For the use of cannabis the rate was 2%, while for other illicit drugs it was 1% or less. A suggested explanation to the inconsistencies is that

students who left one of the questions unanswered were considered inconsistent when comparing the two questions.

The missing data rates on lifetime prevalence questions was highest on drunkenness (16%) and illicit drugs, other than cannabis as well as anabolic steroids (12%). For any alcoholic beverage and marijuana or hashish it was 9%. The lowest figures were found on cigarette smoking (1%). The rates were higher, however, for 12 months prevalence (been drunk 30%, any alcoholic beverage 17%) and last 30 days (31% and 18%). The average number of unanswered questions was 9%.

The rates of inconsistency between lifetime, 12 months and last 30 days are all very low however (less than 1%).

A very high percentage answered that they definitely not would admit use of cannabis or heroin (23% for boys and 14% for girls). The consistency between the proportion who answered "I already said that I have used it" was good for cannabis but less good for heroin (8% vs. 1%). Use of the dummy drug "relewin" was reported by 0.4%.

Methodological considerations

The sampling in Istanbul was very ambitious but very difficult to follow and understand. The fact that the socioeconomic status of students is very different in different schools, led the researcher to try to mirror this in the sample. The sample was stratified according to socioeconomic differences between regions and schools. In addition the exact number of students proportionate to the distribution of average income and school type was randomly selected. All this might have been achieved by trusting a truly random sample of classes, or doing a systematic sample, from the lists provided by the authorities. As it is, it may be assumed that the sample is representative, but it is very difficult to be sure. Another difficulty is the inclusion of the absentees into the data set. This makes the Turkish data less comparable to other countries, which had agreed to let absent students be left out from the study.

There are also rather high percentages of inconsistent answering and unanswered questions. Some of the inconsistencies between two questions within a single administration was explained by a high level of unanswered questions, especially among the girls. On the other hand, the consistency rates between lifetime, 12 months and last 30 days were very good.

It may be assumed that on the whole the Turkish

data are probably valid enough to be used for comparison with other participating countries, if they are read with caution. However, a very high pro-

portion of students answering that they definitely not would admit using cannabis or heroin indicates that use of illicit drugs may be underreported.

United Kingdom

Dr Patrick Miller and Dr Martin Plant, Alcohol Research Group, Department of Psychiatry, University of Edinburgh, Scotland were responsible researchers for the study in United Kingdom.

The population

The population consists of all children still at school who were born in 1979 living in England, Scotland, Wales or Northern Ireland. About 90% of all people born in 1979 were calculated to be students when data was collected.

The sample

There are two types of schools; 4,088 state schools and 758 independent schools. They are proportionally represented in the sample by 60 state schools and 10 independent schools.

The country was divided into 13 regions, one each for Northern Ireland and Wales, two for Scotland and nine for England. These regions were roughly comparable both in population size and in numbers of schools, with two important exceptions. London and the area around it was roughly three times larger than the average, while Northern Scotland was about one quarter the size. Separate samples of State schools were drawn within each region using a systematic sample (every “n:t” case). One exception was Northern Ireland where one school in each of the following categories was randomly chosen: Roman Catholic intermediate, Roman Catholic grammar, Protestant intermediate and Protestant grammar.

The same principle for sampling was also used for the Independent schools. Within each school all students born in 1979 were included in the sample.

Funds were available to include 70 schools. In the sample of 60 State schools four were chosen in ten of the thirteen regions, five in one, six in one and nine in one. The regions with more than four schools were the largest regions. Of the Independent schools one each was selected in Wales, Northern Ireland, Northern Scotland and Southern Scotland, while six were chosen altogether in the nine English regions.

When appropriately weighted, the sample is judged to adequately represent all 1979 born children in United Kingdom who were at school in March 1995. It is also supposed to be representative for the 13 regions and of both sexes. However, because of the small numbers of schools drawn from each region, the regional samples are less likely to be representative than the sample for the United Kingdom as a whole.

Field procedure

A local organizer was appointed by the schools to be responsible for the data collection within that school. The local organizer also distributed information to the parents including a permission for their child to participate.

Most data were collected between March 1 and 21, 1995, if possible in one single main session in each school. The questions were answered under examination conditions under the supervision of the local organizer or another teacher. Each student got an individual envelope.

All students in classes with children born in 1979 answered the questionnaire. Only those born in 1979 are included in the analysis.

The questionnaire and data processing

The questionnaire was piloted, which resulted in some minor changes. All core questions and all of the optionals, except three, were included. Additional questions were added about cider and drugs as well as some scales. Data was weighted to take consideration the probability for each school to be selected.

School and student co-operation

37 schools refused to participate before a sample of 70 schools was obtained. The replacement schools were randomly chosen and supposed to be “equivalent” to those refusing. A large school in Wales had to drop out and could not be replaced.

The number of participating students with approved questionnaires was 7,722 with 5,681 in England (50 schools), 1,209 in Scotland (10

schools), 530 in Northern Ireland (5 schools) and 302 in Wales (4 schools). In one school in Northern Ireland an unknown number of students refused to participate.

Parents of 121 students refused to let their child participate. A further 72 students were eliminated from the survey in the examination of the questionnaires. The response rate for United Kingdom as a whole was 82%. The average time to complete the whole questionnaire was about 40 minutes.

Reliability and validity

Inconsistency between the questions measuring lifetime prevalence of different drugs was somewhat higher for amphetamines (7%) and inhalants (7%) than for other drugs (usually 2–4%).

Missing data rates are highest for alcoholic beverages (about 6–7%), but low (0.8%) for all three questions. Otherwise missing data rates are low (usually less than 2%). The average number of unanswered core questions was 2–7% and the average of optional questions 3%, about equally distributed among boys and girls. The figure was higher (10%) for the own questions, which gives an overall average of 6%.

Inconsistent response patterns for lifetime, twelve months and thirty days use of various drugs are uncommon and never more than 2%. On the question about the willingness to admit drug use 6% would definitely not admit the use of cannabis and 11% not the use of heroin. The proportion who answered that they had already said that they had used cannabis (37%) was rather close to the lifetime prevalence figures (41%). For heroin the small difference was in the opposite direction (3 and 2%). Only 0.3% answered that they had used the dummy drug “relewin”.

Methodological considerations

The sample design (selecting schools instead of classes) has the disadvantage of a greater number of students needed because of more clustering within the schools. However, the relatively large number of participating students in United Kingdom probably “compensate” for this, while the sampling and data collection unit (schools) is more important on the regional level (especially in Wales and Northern Ireland).

Schools were drawn with the same probability within each of the 13 regions. This means that students in small schools have a larger probability to be selected than students in large schools. If the alcohol and drug habits differ between small and

large schools, the results are unproportionally influenced by the small schools. If, for example, the consumption is smaller in small schools, the figures calculated for a country or for United Kingdom are underestimations.

The methodological problem of small and large schools is probably of minor importance in international comparisons. For most variables, the countries of the United Kingdom show figures different to most other countries. In this perspective the exact level of prevalence might be of less importance.

The field procedure seems to have functioned well. Money was available to include 70 schools. Before 70 schools accepted to participate, 37 schools refused (33 in England and 4 altogether in Wales, Scotland and Northern Ireland). The replacement schools were randomly chosen and thus supposed to be “equivalent” to those refusing. This is most probably also the case, even if it cannot be excluded that some schools might have refused due to supposed “bad drug habits” among the students.

On the whole, the participating schools’ co-operation, student co-operation and student comprehension are judged to be satisfactory. The loss of the Welsh city school was however a serious blow, as this was one out of only five Welsh schools. Since the results for Wales is rather similar to the results for England, Northern Ireland and Scotland, when compared with the results from other ESPAD countries, the loss of the Welsh school is probably of less importance in the European context (which is the most important in this report).

Reliability and validity are judged to be adequate. However, the rather high percentage who said they would not admit to using cannabis or heroin may indicate an underreporting of such use.

Data are supposed to be adequate for assessing levels of drug use in the United Kingdom. The same is probably also true for England and Scotland. However, the uncertainty is slightly higher for Wales and Northern Ireland, both because of the small number of students and of some loss of participants. Considering the similarity between the results from the four countries of United Kingdom compared to other participating countries, the methodological doubts are probably of less importance in the European context. However, in the results tables and figures only United Kingdom is compared directly with other countries.

Ukraine

Responsibles for the study in Ukraine were Mrs. Olga Balakireva and Mr Pavel Logoch, Ukranian Youth Problem Research Institute.

The population

The population consists of all 512,579 students in Ukranian schools born in 1979. The proportion of all people born in 1979 who were at school at the time of data collection was calculated to 70%.

The sample

Students born in 1979 were found in three types of schools; secondary schools, colleges and specially profiled schools. The first type is divided in two groups (schools in urban and rural areas), which makes four categories of schools.

In secondary schools 80–90% of the students born in 1979 are found in grade 10. The rest (11–20%) are found in grade 9 (the proportion varies from school to school). In colleges and specially profiled schools 85–95% of the students born in 1979 are found in grade 1.

Ukraine is divided in 26 regions. In all of them the number of schools is known for each of the four categories of schools. Knowing the average size of the classes in each of the four categories made it possible to calculate the number of 1979 students in each category and the number of classes to be selected in each of the categories.

Only one class should participate in each school, with the exception of secondary schools with 1979 students both in grade 9 and 10. In this case also one class from grade 9 was selected to make sure that the agegroup was correctly represented. Participating 1979 students in a grade 9 class in a school are seen as complements to the 1979 students in the grade 10 class, and thus not considered as a “class”.

The first step of the sampling procedure was a systematic sample of schools within each of the four categories. In each selected school the next step was randomly sample one class in grade 10 (plus a grade 9 class in some cases as described above). 381 classes were randomly selected. Five of them refused to participate.

Available information showed that of all 1979 students 68% went to secondary schools (48% in urban and 20% in rural areas), 17% to colleges and 15% to specially profiled schools. The 376 participating classes contained 7843 students with 55% in secondary schools in urban areas, 22% in secon-

dary schools in rural areas, 12% in colleges and 11% in specially profiled schools. This gives a slight over-representation of students from secondary schools in urban areas (55% vs. 48%) and an underrepresentation of students in colleges (12% vs. 17%) and specially profiled schools (11% vs. 15%). About 10% of the 1979 students in colleges and specially profiled schools were not in grade 1 (about 3% of all students born in 1979).

Field procedure

Information about the study was sent to the chosen schools together with a letter of introduction from the Ministry of Education.

The questionnaires were answered in the classrooms under the supervision of a research assistant and under the same conditions as a written test. However, in some few schools the school administration insisted in being present during the data collection.

The students were not informed in advance about the study. Each student got an individual envelope, which was personally sealed by the student. In some cases the questionnaire was answered by a student not born in 1979. These questionnaires are not included in the analysis. The data collection period was March–April 10.

The questionnaire and data processing

The questionnaire was not piloted. It contained all core and optional questions, but also a large number of own questions (149). Data was not weighted.

School and student co-operation

In the 381 randomly selected schools one class was randomly selected (in some secondary schools a complementary grade 9 class was randomly selected). Four out of 381 randomly selected classes did not participate in the study.

The response rate was 93%. Before data was analyzed 513 questionnaires were excluded due to not seriously filled out or less than half filled out questionnaires. No information about the average time to complete the questionnaire is available. According to the research assistant responsible for the data collection, with very few exceptions the data collection was administered without any problems. Many students were reported to have been very positive to the study.

Reliability and validity

Inconsistency between two questions measuring lifetime prevalence on different drugs was high for alcohol (21%), cigarettes (11%) and marijuana or hashish (10%). Except for inhalants (4%) the figures were low or very low for all other drugs (0.2–2.2%). According to the Ukrainian researchers the high inconsistency rate for some of the drugs might be that Ukrainian students are not used to drug surveys. Some may have wanted to look “more experienced” than they really are (and then not been consistent in their answering), while others might have been confused of the many drugs and “by mistake” answered incorrectly.

Missing data rates on drug questions are highest on 30 days prevalence for alcohol (6–12%) and the questions about being drunk (7%). The figure was low (0.5%) for cigarettes but higher for other drugs (varying between 1.3 and 4.4%).

On average, 9% of the optional questions were unanswered. It was slightly lower for own questions (8%) and lowest for the core questions (4%). Altogether 7% of the questions were skipped.

Inconsistent response patterns for lifetime, twelve months and 30 days use of different drugs are rather uncommon (varying between 0 and 1%) except for been drunk with 6% of the students who at least on one of the three questions admitted that they had been drunk.

Of all students 12% answered that they definitely not would admit the use of cannabis and 10% that they would not admit the use of heroin. On the cannabis question around 8% answered “I already said that I have used it”, which is lower than the lifetime prevalence figure (14%). The tendency was the opposite for heroin (4.7 vs. 0%). Only 0.1% answered that they had used the dummy drug “relewin”.

Methodological considerations

The two step sample seem to be adequate. Only four refusing classes out of 381 is a very satisfactory figure.

The sample does not seem to have been selfweighted. Comparisons between the proportion of 1979 students in the four kinds of schools and the proportion in the selected classes show that students from secondary schools in urban areas are slightly overrepresented (55 vs. 48%) while students from colleges and specially profiled schools are underrepresented (23 vs. 32%). If drug habits

differ between students from different kinds of schools this would have been compensated by having the data weighted. However, it doesn't seem very likely that the results would have been completely different if it had been weighted.

Data was collected in the classrooms under the supervision of research assistants (in some few cases school administration staff was also present). It was expected that the presence of teachers would have had negative effects on the students willingness to participate. Data was collected anonymously with the use of individual envelopes. As a whole, there is no reason to doubt that data was not collected in the best possible way.

According to the research assistants working as data collection leaders, the students were positive, and interested in participating in the study. On the other hand, the inconsistency rate for lifetime use is rather high for some variables and the same is true with the number of unanswered questions. One reason for the relatively large number of unanswered questions might be that the questionnaire was rather long with 149 own questions added to the core and optional ESPAD questions.

Around 11% of the students answered that they would not admit the use of cannabis or heroin on the question about willingness to admit drug use. Compared to the lifetime prevalence figures for cannabis fewer students answered “I already said that I have used it”. The opposite was true for heroin. If these figures are correct it is difficult to find a natural explanation to the differences.

Another indicator of uncertainty is the fact that the number of not accepted questionnaires was higher in Ukraine than in most other countries.

As a whole, reliability and validity seem to be somewhat lower than in many other countries. This indicates an uncertainty in the relevance in some of the results. The most probable direction is an underreporting of the use of different drugs, which might be larger than in many other countries.

Even if the uncertainty is rather high, it is probably unlikely that this problem is of major relevance when the results are compared with data from other ESPAD countries. For most variables the “position” of the Ukrainian students is rather clear in the international context and it seems quite unlikely that this position should have been very different with higher reliability and validity.

Other studies

France

Responsibles for the French study were Dr. Marie Choquet and Dr. Sylvie Ledoux at INSERM, in France. The study was performed in collaboration with the Ministry of National Education.

The population

The original population consisted of school attending adolescents in Colleges, Lycées d'Enseignement General et Technique (L.E.G.T.) and Lycées Professionnels, aged 11 to 19. The population concerned in this report was students in those schools born in 1977, i.e. aged 15–16 by the time of data collection. (College = Junior high school, L.E.G.T. = High school, L.P. = vocational schools)

The sample

The original sample was drawn as a three levels stratified random sample of classes. First of all, 8 (out of 26) “academies” (regional educational area) were selected according to their geographical location, and to the number of students enrolled in these areas. In each “academie”, schools were randomly selected according to the type of school (Junior High Schools, High Schools, Trade Schools), and the size of the school. In all 186 schools were selected. In each school, classes were randomly chosen by grade, the final sample comprised of all students (14,278 students) enrolled in the 576 classes selected.

For the purpose of comparison with the ESPAD results a subsample of 1626 students (813 boys and 813 girls) was drawn.

Field procedure

A few days prior to the data collection a letter of information was sent to the parents through the students. If they objected to their child's participation in the study they should inform the school. The survey was performed during a certain day in each school. The questionnaire was answered in the classroom under the supervision of health staff people (school nurses and doctors). No other school personnel were allowed to be present during the data collection. The students were reassured of

the anonymous and voluntary character of the study. After having answered the questionnaire the students sealed it by themselves and put it into an urn. Data were collected in April–May 1993.

The questionnaire and data processing

In addition to a great number of health related questions, the questionnaire included some alcohol and drug related questions, similar or identical to the ESPAD ones. In total 274 questions were included in the questionnaire, except for those used in the 2 first grades of junior high school, who were given a shorter version. In all 46 questions regarded licit and illicit drugs. Data from 1626 students born in 1977 i.e. 15–16 years old by the time of the study, were separately processed for the ESPAD report.

School and student co-operation

The response rate was 87%. Reasons for non-participation are only available regarding the entire survey, i.e. students aged 11–20. The reasons were truancy (7.0%), school administrative problems (3.4%), no parental permission (1.3%), and refusal of the adolescents themselves (1.1%). The average time to complete the questionnaire was one hour.

Reliability and validity

There is not very much information available about the reliability and validity of the study, and when available it concerns the total survey of students aged 11 to 20. However, for the majority of questions the missing data rates are low. It is, for example, equal or less than 1% for questions concerning consumption of tobacco and alcohol, and between 1% and 3% for question concerning drug use. The non-responses were not systematically found in e.g. the last part of the questionnaire, nor were they overrepresented in relation to drug use questions.

Methodological considerations

The sampling procedure seems to be truly random and the sample representative of the students attending the different types of schools. Nothing is

known, however, about the proportion of the 1977 cohort attending these schools. The response rates of 87% is very good, but again, unfortunately we do not know if this holds true for the grades were the 1977 born students were found. The missing data rates are rather low, however, also on alcohol

and drug related variables.

The comparability with other ESPAD data is of course limited because the study was conducted 2 years before the ESPAD survey, but there is no reason not to believe that the data are reliable and valid.

Greece

Responsible for the Greek study was Ass. Professor Anna Kokkevi, Egnition Hospital, Athens.

Population

The population consists of all students in 1st and 2nd grade of Lyceum, who were born in 1977 i.e. who were 15–16 years old at the time of the data collection 1993. The original study covered 14–18 years old students, but for the purpose of comparing data with the ESPAD study a subsample of those born in 1977 was separated from the original data set. Similar studies were done in 1984 and 1988.

The sample

The sample was drawn as a random nationwide stratified cluster sample. The country was divided into 4 geographic strata: Greater Athens, Salonica, other urban areas and semiurban and rural areas. The sampling procedure was performed in three steps: communities (towns, villages), schools and classes.

The allocation of the sample among the strata was proportional to the students population and the selection of the sampling units in the first two steps was proportionate to their size. The average number of students in a class was 30. All existing types of schools were represented in the sample of 102 schools; public, private, technical and evening schools.

As mentioned above, the original sample consisted of students aged 14–18 attending the 3rd grade of Gymnasium and the three grades of Lyceum, altogether 10,801 students. For the purpose of analysing results comparable to the ESPAD study a subsample of students born in 1977 attending 1st or 2nd grades was selected from the dataset.

Field procedure

A month prior to the beginning of the data collection a letter was addressed to the headmasters of the

selected schools informing them of the research and its purpose and asking them not to discuss it with the staff and the students; enclosed was an official permission of the Ministry of Education. Following this written communication, each headmaster was contacted by telephone for the arrangement of an exact appointment for the administration of the questionnaire.

The questionnaires were administered in the classroom during two class periods by two supervisors. Neither the headmaster nor any teacher were allowed to be present in the classroom during the administration, which took place simultaneously in all 4 grades of the same school. The purpose of the research, according to the introduction which was made to the students, was the identification of their needs. It was especially emphasized that the research was conducted by the University of Athens and that the school staff had no connection with it or its results. Instructions on the completion of the questionnaire were given to the students before administration. During the completion of the questionnaire, any questions were answered individually. Each student was given an individual envelope for the questionnaire. Data collection period was March–April, 1993.

The questionnaire and data processing

The questionnaire used was basically the same as that of the 1984 and 1988 surveys (Kokkevi, et al., 1991, 1992). It was based on questionnaires used in other European and American surveys (Johnston et al., 1983, WHO, 1980, U.N., 1980, Pompidou Group, 1984).

The questionnaire included 22 questions identical to the ESPAD core questions. Three of the optional ESPAD questions were also included. Questions on illicit drug use were formulated for each drug in exactly the same way as in the ESPAD questionnaire.

Proceeding the data entry all questionnaires

were carefully checked and all non-valid questionnaires were discarded, according to certain criteria. Overall 43 (1.6%) questionnaires were found non-valid, most of which (33) were completed by boys. A careful computer check followed aiming at spotting any coding or punching errors. The checking consisted of item check, extreme values check and questionnaire code numbers check. Overall 0.1% punching errors were found and corrected.

No weights were needed for the analysis of the data, given the sampling method followed. The data was processed in SAS Statistical Package for Windows, version 6.10.

School and student co-operation

The vast majority of school headmasters co-operated willingly. Only one public school in the Athens area refused to co-operate. The students co-operation was also satisfactory. The majority completed the questionnaire attentively and only 3 students refused to participate shortly after the questionnaire was administered to the class. The response rate was 78%.

Reliability and validity

A test-retest of reliability was performed on the first administration of the questionnaire in 1984, on 560 questionnaires using the Kappa Statistic (Fleiss, 1973) and Pearson's correlation coefficient.

The Pearson's correlation coefficient ranged between 0.80 and 1.00 for smoking, drunkenness, cannabis, cocaine and hallucinogens lifetime and last 12 months use, as well as for heroin and other opiates last 12 months use, and between 0.60 and 0.79 for alcohol, amphetamines, tranquilizers, sedatives lifetime and last 12 months use, as well as heroin and other opiates lifetime use.

The reliability coefficients were statistically significant with $p < 0.0001$ for 19 out of 20 usage variables and $p < 0.001$ for the remaining one.

In the study presented here, the inconsistency rates between two questions in a single administration were quite low, especially for the illicit drug questions. The highest inconsistency rates were observed for drunkenness (9%) and cigarette smoking (4%).

The highest rates of missing data were observed for alcohol questions. Illicit drugs presented quite low rates for the lifetime prevalence. For the ques-

tions on 12 months and 30 days prevalence no missing data is reported since a correction was made during the phase of scrutinizing each questionnaire before data entry – when a student had checked the “never” reply on the lifetime prevalence question and had left the questions for the 12 months and 30 days prevalence unanswered, it was assumed that the “never” reply hold true also for these last two questions.

The questions on lifetime, 12 months and 30 days prevalence were corrected during the scrutinization phase before data entry – in cases where the students had reported higher frequency on the 12 months or 30 days questions than in the lifetime question, the highest frequency reported was checked for all periods asked. Therefore, after such corrections, inconsistencies cannot be reported.

The question about “honesty” had fewer response categories than in the ESPAD questionnaire. (I already said that I have used it, Yes, No, Not sure). The majority of students admitted their willingness to reply honestly to the drug questions. For both marijuana and heroin 7% answered that they would not admit such use. The proportions were a bit higher among boys than among girls. Questions on the use of the dummy drug “releevin” were not asked, only knowledge of the drug was asked about. 32% claimed that they had heard of this fictious drug.

Methodological considerations

The survey in Greece was performed 2 years before the ESPAD study. According to the researchers, no indication of any major changes in the alcohol or drug use in this age group has since then been reported. Even if some changes have occurred this is probably of minor importance when making comparisons with the results of the ESPAD countries.

The sample seems to be truly representative and the results are probably reliable and valid. The scrutinization procedure, however, included some corrections of the data. This means that some inconsistencies in the response pattern are washed away and we don't know how big those rates were. However, the corrections were logical and followed certain criteria. In practice the prevalence rates were not changed very much. Thus, in the ESPAD comparison context the corrections are of minor importance.

Spain

The Spanish survey was co-ordinated by Dr. Gregorio Barrio Antas at The Government Delegation for the National Plan on Drugs. Data was collected by CUANTER, S.A.

The population

The population studied was students aged 14–18 in public or private centers of secondary, high school and vocational education. It was assumed that the population within the school system made up about 84% of the total age group in Spain at the time of the survey.

The sample

All Autonomous Communities in Spain are included in the study. A two stage cluster sampling design was used. In the first stage, educational centers were randomly selected after stratifying by Autonomous Communities and type of centre (public/private). In the second stage, two classrooms were randomly selected from each center, and all students in the selected classrooms were included in the sample. The clusters in the two strata had equal probabilities of being drawn.

A total number of 837 classrooms in 395 centers were drawn, making a sample of 10,527 boys and 10,567 girls aged 14–18. For the purpose of comparisons with the ESPAD countries, in this report only 15 year old students have been of interest. It was, however, not possible to draw a subsample of students born in 1979 for the inclusion in this report. It was assumed that students, who were 15 year by the time of the survey (November–December 1994), would come closest to the ESPAD age group. The number of students in the sample aged 15 by the time of the survey was 5,086.

Field procedure

The questionnaire was administered in the classroom during a normal class period. The teachers were asked to leave the room, but not until the survey had been explained to the students, in order to assure participation. A pre-test suggested that it was advisable for teachers to be absent from the classroom while the questionnaire was administered, since they tended to intervene while the survey was being carried out. Furthermore, although the differences were not significant, reported use was higher in classrooms where the teacher was absent. This procedure was followed in most centres, although it has been estimated that in 12% of

the groups, the teacher was in the classroom during the time of the survey. In almost all cases, they remained in their places without interfering at any time. The data collection period was the last week of November and the first week of December, 1994.

The questionnaire and data processing

The questionnaire was piloted before the survey in a sample of 64 classes. The results led to modifications of its original content, primarily due to problems in understanding some of the questions. Because of the linguistic differences in various Autonomous Communities the questionnaire was printed in 5 versions: Spanish, Gallego, Basque, Catalan and Valenciano.

The questionnaire was similar to the ESPAD one, however, only a few variables permit comparison, partly depending on the limited availability of data about the 15 year old students, partly depending on the phrasing of the questions.

School and students co-operation

The questionnaire presented few problems of comprehension. A total of 1,840 questionnaires were excluded, of which 1,488 fell out of the population frame (older than 18) and 392 were excluded because they were left blank or not answered seriously. The response rate was 86%, with a gender distribution rate of 53% male and 47% female students.

Four centers were omitted because of outdated lists (centers not offering secondary education or non-existent centers). In addition 20 centers refused to participate in the study. It was assumed that it was not necessary to replace them.

The average time to answer the questionnaire was 53 minutes.

Reliability and validity

The non-response rates for the different questions are considered quite low. The evaluation of completeness was clearly positive, with non-response rates not higher than 5% for practically all questions, and not higher than 3% for the questions regarding use of the different drugs.

Another indicator of validity in relation to questionnaire comprehension and internal consistency is the logical coherence of the different responses given to related questions included in the questionnaire. Based on all students who completed the survey, the inconsistencies detected do not exceed

2% in most cases. Specifically, in the relation between lifetime drug use, use in the last 12 months, and in the last 30 days, inconsistencies did not exceed 1% for practically any substance. Only in the case of alcohol, which is consumed on a more sporadic basis, did the inconsistencies reach as high as 6% for lifetime consumption.

Methodological considerations

The Spanish survey seem to be highly representative of the target population, 14–18 years old, since the sample was drawn randomly and includes

both private and public as well as secondary high schools and vocational education. The response rate was satisfactory and the number of outsingled questionnaires due to doubted seriousness or uncompletion was rather small.

The students born in 1979, who were of interest for this report would have been 15 years old when the Spanish study was conducted in November–December 1994. However, available data from this agegroup, as mentioned above, was rather limited, since there was no possibility to do any separate analysis in this stage of the project.

USA

Responsible for the US “Monitoring the Future” study is Lloyd D. Johnston, Jerald G. Bachman and Patrick M. O’Malley at the Institute of Social Research at the University of Michigan. The findings presented in this report come from a long-term ongoing annual series of nationally representative samples of American school children and has been prepared by Dr. Johnston.

Surveys on nationally representative samples of twelfth graders have been carried out each year since 1975. Beginning in 1991, surveys on nationally representative samples of eighth and tenth grade students also have been conducted annually.

The population

For this report, only the data for students who were in tenth grade in the spring of 1995 is presented. Most of the students in this grade are 15 or 16 years of age.

The sample

In 1995, the tenth graders included in the study comprised about 17,285 students in 139 schools nationwide (117 public and 22 private schools), selected to provide an accurate representative cross-section of all tenth grade students in the continental United States.

A multi-stage random sampling procedure is used for securing the nationwide sample of the tenth grade students each year. Stage 1 is the selection of particular geographic areas, stage 2 the selection (with probability proportionate to size) of one or more schools containing a grade 10 in each area, and stage 3 the selection of students within each school. Within each school, up to about 350

tenth graders may be included. In schools with small a number of tenth graders, the usual procedure is to include all of them in the data collection. In larger schools, a subset of tenth graders is selected either by randomly sampling entire classrooms or by some other random method that is judged to be unbiased.

Field procedure

Prior to the administration of the survey, either active or passive parental permission is required, depending on individual school requirements. Approximately two weeks before the administration letters are sent to the student’s parents to inform them of the study and request permission for thier child to participate.

About ten days before the administration, the students are given flyers explaining the study, telling them their participation is voluntary, and that the project has a special government grant of confidentiality which protects all information gathered in the study. The actual questionnaire administration is conducted by the local Institute for Social Research representatives and their assistants, following standardized procedures detailed in a lengthy project instruction manual. The questionnaires are administered in classrooms during a normal class period whenever possible; however, circumstances in some schools require the use of larger group administrations. Teachers introduce the interviewer and remain in the room to ensure an orderly atmosphere. They are asked not to walk around the room. Most respondents can finish within a normal 45-minute class period; for those who cannot, an effort is made to provide a few

minutes of additional time. The data collection period was February 15–May, 1995.

Questionnaire and data processing

A great many of the “core segment” ESPAD questions were included in the Monitoring the Future questionnaire, but a number of questions were not.

Because many questions are needed to cover all of the topic areas in the study, much of the questionnaire content intended for tenth graders is divided into two different questionnaire forms which are distributed to participants in an ordered sequence that ensures two virtually identical subsamples. About one-third of each questionnaire form consists of key or “core” variables which are common to both forms. All demographic variables, and nearly all of the drug use variables included in this report, are contained in this core set of measures. Questions on other topics tend to be contained in a single form only, and are thus based on one-half as many cases (approximately 8,500).

After the administration of the surveys in the classrooms the interviewers forward the completed questionnaires to a contractor, where they are optically scanned. The data are then checked for accuracy, processed and cleaned using the OSIRIS.IV Statistical Analysis and Data Management Software System developed by the Institute for Social Research at the University of Michigan. Processing and cleaning steps include: consistency and wild-card checking, assignment of missing data codes, addition of weight and school information, creation of permanent recoded variables, and creation of a clean data tape for analysis.

Weights are added to the data to improve the accuracy of estimates by correcting for unequal probabilities of selection which arise in the multi-stage sampling procedures.

School and student co-operation

Schools are invited to participate in the study for a two-year period. With very few exceptions, each school from the original sample participating in the first year has agreed to participate for the second. Each year thus far, from 58% to 80% of the schools invited to participate initially have agreed to do so; for each school refusal, a similar school (in terms of size, geographic area, urbanicity, etc.) is recruited as a replacement.

In 1995, completed questionnaires were obtained from 87% of all sampled students in tenth grade. The single most important reason that students are missed is absence from class at the time

of data collection. The proportion of explicit refusals amounts to less than 1% of the students. Student comprehension is judged to be very high, based on pilot tests, questionnaire completion rates, and low rates of internal inconsistencies.

Reliability and validity

Even taking into account the clustered nature of these school-based samples, it was found that drug use estimates based on the total sample of tenth graders each year have confidence intervals that average about $\pm 1\%$. Confidence intervals on lifetime prevalence for tenth graders vary from $\pm 2.0\%$ to $\pm 0.3\%$, depending on the drug. Confidence intervals for past twelve months, past 30 days, and daily use are smaller. This means that, had it been possible to invite all schools and all tenth grade students in the 48 coterminous states to participate, the results from such a massive survey should be within about one percentage point of the present findings for most drugs at least 95 times out of 100. This was considered to be a high level of sampling accuracy, permitting the detection of fairly small changes from one year to the next.

The question always arises whether sensitive behaviours like drug use are honestly reported. Like most studies dealing with sensitive behaviors, there are no direct, totally objective validation of the present measures; however, the considerable amount of inferential evidence that exist from the study of twelfth graders strongly suggest that the self-report questions produce largely valid data (O'Malley, Bachman and Johnston, 1983; Johnston and O'Malley 1985).

First, using a three-wave panel design, it was established that the various measures of self-reported drug use have a high degree of reliability – a necessary condition for validity. In essence, this means that respondents were highly consistent in their self-reported behaviors over a three- to four-year interval. Second, a high degree of consistency was found among logically related measures of use within the same questionnaire administration. Third, the proportion of seniors reporting some illicit drug use by senior year has reached two-thirds of all respondents in peak years and nearly as high as 80% in some follow-up years, which constitutes *prima facie* evidence that the degree of under reporting must be very limited. Fourth, the seniors' reports of use by their unnamed friends – about whom they would presumably have less reason to distort – has been highly consistent with self-reported use in the aggregate in terms of both

prevalence and trends in prevalence. Fifth, it was found that self-reported drug use relates in consistent and expected ways to a number of other attitudes, behaviors, beliefs, and social situations – in other words, there is strong evidence of “construct validity”. Sixth, the missing data rates for the self-reported use questions are only very slightly higher than for the preceding nonsensitive questions, in spite of the explicit instruction to respondents to leave blank those drug use questions they felt they could not answer honestly. And seventh, the great majority of respondents, when asked, say they would answer such questions honestly if they were users.

This is not to argue that self-reported measures of drug use are valid in all cases. The researchers tried to create a situation and set of procedures in which students feel that their confidentiality will be protected. It was also tried to present a convincing case as to why such research is needed. It was assumed that the evidence suggest that a high level of validity has been obtained. Nevertheless, insofar as there exist any remaining reporting bias, the estimates are believed to be in the direction of underreporting. Thus, the estimates are believed to be lower than their true values, even for the obtained samples, but not substantially so.

Methodological considerations

There is no reason not to believe that the sample is statistically correct. However, it must be observed that the population consists of students in grade 10. Most of them are 15–16 years old, which means that a large majority was born in 1979. As the students were not asked about the year of birth, it was not possible to include only 1979 students, which is a small disadvantage when comparing with the regular ESPAD countries.

Another difference, compared with most but not all other countries, was that the students in USA knew about the study in advance. Since the reliability and validity are rather high, student in USA are rather used to participate in different kinds of studies and the fact that data was collected anonymously, makes it reasonable to think that this fact has not created any major problems in comparison with other countries.

An “advantage” from the ESPAD perspective is that the most important drug use questions are the same in USA as in Europe. As mentioned, the reliability and validity seem to be high. It is assumed, however, that any remaining bias is in the direction of underreporting.

With the above mentioned remarks in mind, there are reasons to believe that the results from USA are rather comparable to data from the regular ESPAD countries.

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Table 1 a. Frequency of lifetime use of cigarettes. Boys.

	Number of occasions used in lifetime*							No answer %
	0	1-2	3-5	6-9	10-19	20-39	40+	
Croatia	30	16	9	6	7	6	27	2
Cyprus	38	18	7	4	3	3	26	..
Czech Republic	22	19	10	6	8	5	30	1
Denmark	33	20	8	6	6	6	22	0
Estonia	15	16	9	7	9	7	36	0
Faroe Islands	14	11	11	8	7	6	42	2
Finland	22	13	9	7	9	7	33	0
Hungary	29	18	6	5	5	5	32	1
Iceland	40	12	7	4	6	5	27	0
Ireland	28	14	5	5	7	5	36	0
Italy	37	15	7	5	6	5	25	1
Lithuania	21	15	10	7	10	8	29	0
Malta	45	13	6	4	7	5	20	1
Norway	34	17	8	6	5	5	25	1
Poland	26	17	11	6	7	6	27	1
Portugal	44	19	7	5	6	5	14	0
Slovak Republic	24	20	10	7	8	6	26	1
Slovenia	40	21	9	5	5	4	16	1
Sweden	31	15	8	6	7	5	28	1
Turkey (Istanbul)	33	17	8	6	7	8	21	1
Ukraine	21	14	8	5	6	6	41	1
United Kingdom	37	16	7	5	6	5	25	0
Latvia	16	17	11	7	8	5	36	1
France	50	—————50—————						1
Greece	52	18	—————30—————					2
USA	42	24	—————34—————					1
England	37	16	7	5	6	5	25	0
Northern Ireland	40	14	6	7	5	5	23	0
Scotland	37	18	8	4	5	5	24	0
Wales	37	10	7	9	6	10	22	0

* Percentages are based on students answering the question.

Table 1 b. Frequency of lifetime use of cigarettes. Girls.

	Number of occasions used in lifetime*							No answer %
	0	1-2	3-5	6-9	10-19	20-39	40+	
Croatia	33	19	10	8	7	5	18	1
Cyprus	57	19	6	3	3	3	9	..
Czech Republic	30	23	10	6	7	5	20	0
Denmark	31	16	8	6	8	7	24	1
Estonia	38	21	9	6	6	4	17	–
Faroe Islands	12	9	12	7	12	7	41	2
Finland	25	11	11	6	7	5	36	0
Hungary	33	17	7	6	7	6	24	0
Iceland	38	11	7	5	7	5	27	0
Ireland	25	11	8	5	6	8	38	1
Italy	34	15	8	7	6	5	24	0
Lithuania	47	16	9	5	7	4	12	0
Malta	44	12	7	6	6	6	18	0
Norway	36	12	9	6	7	5	25	1
Poland	41	20	9	7	5	4	13	1
Portugal	43	19	8	5	6	5	12	0
Slovak Republic	45	20	8	5	6	4	13	2
Slovenia	43	20	8	5	5	4	17	1
Sweden	28	12	9	7	9	8	28	0
Turkey (Istanbul)	33	18	10	6	6	9	18	2
Ukraine	45	15	7	5	5	5	18	1
United Kingdom	29	13	8	6	7	7	30	0
Latvia	37	21	9	4	6	5	17	1
France	43	57						0
Greece	53	15	32					2
USA	43	22	36					1
England	28	13	8	6	7	7	30	0
Northern Ireland	37	14	9	5	8	3	24	1
Scotland	30	14	8	5	7	6	30	0
Wales	28	12	8	9	11	6	27	1

* Percentages are based on students answering the question.

Table 1 c. Frequency of lifetime use of cigarettes. All students.

	Number of occasions used in lifetime*							No answer %
	0	1-2	3-5	6-9	10-19	20-39	40+	
Croatia	31	17	10	7	7	5	23	1
Cyprus	47	19	6	4	3	3	18	..
Czech Republic	26	21	10	6	7	5	26	0
Denmark	32	18	8	6	7	7	23	1
Estonia	28	19	9	6	7	5	25	0
Faroe Islands	13	10	11	8	10	6	42	2
Finland	23	12	10	7	8	6	35	0
Hungary	31	17	7	6	6	6	28	1
Iceland	39	12	7	5	6	5	27	0
Ireland	26	12	6	5	7	7	37	1
Italy	36	15	8	6	6	5	25	1
Lithuania	35	16	10	6	8	6	20	0
Malta	45	12	7	5	7	5	19	1
Norway	35	15	8	6	6	5	25	1
Poland	34	18	10	6	6	5	20	1
Portugal	44	19	8	5	6	5	13	0
Slovak Republic	34	20	9	6	7	5	20	1
Slovenia	41	20	9	5	5	4	16	1
Sweden	29	13	8	7	8	7	28	1
Turkey (Istanbul)	32	17	9	6	6	8	22	1
Ukraine	34	14	7	5	5	5	29	1
United Kingdom	32	15	8	6	7	6	27	0
Latvia	30	19	10	5	7	5	24	1
France	46	54						1
Greece	53	17	31				2	
Spain	42	58					1	
USA	42	23	35				2	
England	32	15	8	6	7	6	28	0
Northern Ireland	38	14	8	6	7	4	23	1
Scotland	33	16	8	5	6	5	27	0
Wales	32	11	7	9	9	8	25	1

* Percentages are based on students answering the question.

Table 2 a. Cigarette smoking during the last 30 days. Boys.

	Number of cigarettes per day in last 30 days*						No answer %
	0	<1	1-5	6-10	11-20	21+	
Croatia	66	9	8	7	6	4	0
Cyprus	68	7	5	6	5	10	..
Czech Republic	63	10	12	8	5	2	0
Denmark	76	9	6	5	4	1	0
Estonia	63	10	11	10	3	2	0
Faroe Islands	60	8	10	13	8	2	1
Finland	64	12	9	8	5	2	0
Hungary	64	5	3	12	10	7	1
Iceland	70	10	7	7	6	2	1
Ireland	63	9	9	13	5	2	1
Italy	64	14	9	9	3	1	0
Lithuania	66	12	12	6	2	2	0
Malta	67	15	7	4	4	3	1
Norway	67	15	7	6	3	1	1
Poland	66	10	10	7	4	2	0
Portugal	78	11	4	4	3	1	0
Slovak Republic	66	12	9	5	3	5	0
Slovenia	81	4	6	5	4	1	0
Sweden	72	14	5	5	3	1	1
Turkey (Istanbul)	61	13	9	7	6	3	1
Ukraine	49	14	20	10	4	4	1
United Kingdom	68	10	9	8	4	2	0
Latvia	61	6	14	9	1	2	1
Greece	77	8	5	4	3	3	3
USA	72	11	8	—————	9 —————		1
England	67	10	9	8	4	2	1
Northern Ireland	71	12	6	6	4	2	1
Scotland	73	7	7	8	5	1	0
Wales	66	11	13	7	3	1	0

* Percentages are based on students answering the question.

Table 2 b. Cigarette smoking during the last 30 days. Girls.

	Number of cigarettes per day in last 30 days*						No answer %
	0	<1	1-5	6-10	11-20	21+	
Croatia	72	10	8	5	4	2	0
Cyprus	85	4	2	4	2	3	..
Czech Republic	69	13	10	4	3	1	0
Denmark	68	14	7	6	4	1	1
Estonia	78	9	8	3	1	1	–
Faroe Islands	57	13	11	12	5	2	0
Finland	61	15	12	7	3	2	0
Hungary	68	6	4	13	6	3	1
Iceland	67	12	8	6	4	2	1
Ireland	55	16	15	10	4	1	1
Italy	63	14	11	6	5	0	..
Lithuania	82	10	6	2	0	0	0
Malta	70	17	6	3	3	1	1
Norway	61	20	9	7	3	0	1
Poland	77	11	7	3	1	1	1
Portugal	75	12	6	3	2	1	0
Slovak Republic	80	10	6	2	0	2	0
Slovenia	80	4	7	5	2	1	0
Sweden	67	16	7	7	3	1	1
Turkey (Istanbul)	66	13	11	5	3	2	3
Ukraine	72	15	10	2	1	1	1
United Kingdom	60	11	12	10	6	1	0
Latvia	74	5	10	2	0	1	1
Greece	76	10	7	4	2	1	4
USA	72	12	8	—	8	—	1
England	60	11	12	11	6	1	1
Northern Ireland	69	12	13	5	1	0	0
Scotland	62	10	11	11	6	1	0
Wales	63	12	16	7	1	1	1

* Percentages are based on students answering the question.

Table 2 c. Cigarette smoking during the last 30 days. All students.

	Number of cigarettes per day in last 30 days*						No answer %
	0	<1	1-5	6-10	11-20	21+	
Croatia	68	9	8	6	5	3	0
Cyprus	77	5	4	5	3	7	..
Czech Republic	66	12	11	6	4	2	0
Denmark	72	12	6	5	4	1	1
Estonia	72	9	10	6	2	1	0
Faroe Islands	58	10	11	12	7	2	0
Finland	63	13	10	8	4	2	0
Hungary	66	6	3	13	8	5	1
Iceland	68	11	7	7	5	2	1
Ireland	59	12	12	11	5	1	1
Italy	64	14	10	8	4	1	1
Lithuania	75	11	9	4	1	1	0
Malta	69	16	6	3	3	2	1
Norway	64	17	8	7	3	1	1
Poland	72	10	9	5	3	1	1
Portugal	76	12	5	4	2	1	0
Slovak Republic	73	11	8	4	2	4	0
Slovenia	81	4	6	5	3	1	1
Sweden	70	15	6	6	3	1	1
Turkey (Istanbul)	63	13	10	6	5	3	2
Ukraine	62	14	14	6	2	2	1
United Kingdom	64	10	11	9	5	1	0
Latvia	70	6	11	4	1	1	1
Greece	77	9	6	4	3	2	3
Spain	75	————— 25 —————					0
USA	72	12	8	————— 8 —————			2
England	63	10	11	9	5	1	1
Northern Ireland	70	12	10	5	2	1	0
Scotland	67	8	9	10	5	1	0
Wales	64	11	14	7	2	1	0

* Percentages are based on students answering the question.

Table 3. Age at first use of cigarettes.
Percentage answering 13 years or younger.

	Boys		Girls		All students	
	First cigarette	Daily smoking	First cigarette	Daily smoking	First cigarette	Daily smoking
Croatia	46	15	35	7	41	11
Cyprus	29	5	15	2	21	3
Czech Republic	54	10	36	6	46	8
Denmark	47	9	42	10	45	9
Estonia	69	15	40	4	53	9
Faroe Islands	71	21	70	18	71	19
Finland	63	18	54	16	59	17
Hungary	42	9	34	5	38	7
Iceland	37	11	37	12	37	12
Ireland	55	20	38	16	51	18
Italy	33	5	23	4	29	5
Lithuania	62	13	29	3	44	8
Malta	35	9	33	8	34	8
Norway	45	9	39	11	42	10
Poland	47	9	26	3	36	6
Portugal	46	9	39	8	42	8
Slovak Republic	59	11	31	4	46	7
Slovenia	42	5	35	4	39	5
Sweden	54	13	53	13	54	12
Turkey (Istanbul)	33	..	23	..	29	..
Ukraine	52	14	24	4	37	9
United Kingdom	46	15	53	22	50	19
Latvia	64	10	35	3	45	6
France	64	27	58	24	62	25
Greece	22	7	17	5	19	6
USA	..	..	..	..	32*	5*
England	46	16	53	22	50	19
Northern Ireland	47	15	42	13	44	14
Scotland	47	15	57	23	52	20
Wales	44	10	48	20	46	15

* Used by the end of 7th grade.

Table 4 a. Frequency of lifetime use of any alcoholic beverage. Boys.

	Number of occasions in lifetime*							No answer %
	0	1-2	3-5	6-9	10-19	20-39	40+	
Croatia	15	14	15	12	13	9	21	6
Cyprus	8	8	7	7	11	14	44	..
Czech Republic	3	8	10	10	17	14	38	3
Denmark	3	3	5	6	13	15	55	4
Estonia	6	13	17	16	18	13	17	1
Faroe Islands	21	13	7	9	11	11	28	5
Finland	12	11	13	15	20	14	16	1
Hungary	8	16	13	13	16	13	20	3
Iceland	22	17	13	11	14	9	14	2
Ireland	9	8	8	10	15	14	37	4
Italy	11	10	10	9	14	14	33	..
Lithuania	6	13	19	18	19	11	14	0
Malta	8	8	8	9	13	15	39	6
Norway	21	17	15	13	14	9	10	2
Poland	7	12	15	12	18	12	25	7
Portugal	20	12	11	13	14	9	22	7
Slovak Republic	4	11	15	15	18	14	24	5
Slovenia	12	18	15	12	14	10	19	4
Sweden	11	13	15	12	17	14	19	2
Turkey (Istanbul)	38	17	11	8	8	5	15	8
Ukraine	14	13	15	15	18	10	16	11
United Kingdom	6	5	7	7	14	17	45	6
Latvia	7	13	16	12	21	14	17	4
France	24	76						1
Greece	4	6	7	8	15	17	44	1
USA	30	10	12	10	12	9	18	4
England	6	4	6	7	14	17	47	7
Northern Ireland	6	9	10	10	14	18	34	6
Scotland	3	8	13	11	15	15	35	7
Wales	2	2	5	8	10	14	59	4

* Percentages are based on students answering the question.

Table 4 b. Frequency of lifetime use of any alcoholic beverage. Girls.

	Number of occasions in lifetime*							No answer %
	0	1-2	3-5	6-9	10-19	20-39	40+	
Croatia	21	26	20	11	10	6	6	3
Cyprus	12	15	14	12	15	12	21	..
Czech Republic	3	8	13	15	19	17	25	3
Denmark	5	3	6	8	12	22	44	5
Estonia	7	15	21	18	18	11	10	2
Faroe Islands	20	15	12	11	8	11	23	3
Finland	11	8	14	13	18	21	16	1
Hungary	9	19	18	18	18	8	10	3
Iceland	20	15	12	13	15	12	13	2
Ireland	9	8	10	10	13	18	31	5
Italy	14	16	15	17	14	10	15	5
Lithuania	5	12	20	22	19	11	10	0
Malta	8	9	10	12	15	17	29	5
Norway	20	16	17	14	16	11	7	3
Poland	10	20	20	15	15	9	12	5
Portugal	22	16	17	15	14	8	10	7
Slovak Republic	6	14	19	16	21	12	13	7
Slovenia	14	21	20	15	14	8	9	4
Sweden	11	14	13	15	19	16	13	2
Turkey (Istanbul)	40	21	14	9	7	5	5	10
Ukraine	12	13	15	16	20	12	13	10
United Kingdom	6	6	6	8	15	20	39	7
Latvia	6	11	15	17	21	14	15	6
France	20	80						1
Greece	5	10	10	12	19	17	27	1
USA	29	11	14	12	13	10	12	3
England	6	6	6	8	14	21	40	7
Northern Ireland	15	15	7	8	17	17	22	6
Scotland	4	6	9	12	16	17	37	5
Wales	0	3	5	8	12	21	51	3

* Percentages are based on students answering the question.

Table 4 c. Frequency of lifetime use of any alcoholic beverage. All students.

	Number of occasions in lifetime*							No answer %
	0	1-2	3-5	6-9	10-19	20-39	40+	
Croatia	18	20	17	12	12	8	14	5
Cyprus	10	11	11	10	13	13	32	..
Czech Republic	3	8	11	12	18	15	32	3
Denmark	4	3	5	7	13	18	49	5
Estonia	7	14	19	17	18	12	13	2
Faroe Islands	21	14	9	10	9	11	26	4
Finland	11	9	13	14	19	18	16	1
Hungary	9	18	16	16	17	10	15	3
Iceland	21	16	13	12	14	11	14	2
Ireland	9	8	9	10	14	16	34	4
Italy	12	12	12	12	14	12	26	7
Lithuania	5	13	20	21	19	11	12	0
Malta	8	9	9	11	14	16	34	5
Norway	21	16	16	14	15	10	8	3
Poland	8	16	18	14	17	10	18	6
Portugal	21	14	14	14	14	9	15	7
Slovak Republic	4	13	17	15	19	13	19	6
Slovenia	13	19	17	13	14	9	14	4
Sweden	11	13	14	13	18	15	16	2
Turkey (Istanbul)	39	19	12	8	7	5	10	9
Ukraine	13	13	15	16	19	11	14	11
United Kingdom	6	5	7	8	14	18	42	7
Latvia	7	12	16	15	21	14	16	5
France	22	78						1
Greece	5	8	9	10	17	17	35	1
Spain	18	82						
USA	30	11	13	11	12	9	15	4
England	6	5	6	7	14	19	43	7
Northern Ireland	12	13	8	8	16	17	27	6
Scotland	4	7	11	11	15	16	36	6
Wales	1	2	5	8	11	18	55	4

* Percentages are based on students answering the question.

Table 5 a. Frequency of use of any alcoholic beverage during the last 12 months. Boys.

	Number of occasions used in last 12 months*							No answer %
	0	1-2	3-5	6-9	10-19	20-39	40+	
Croatia	25	25	16	11	10	6	7	14
Cyprus	10	15	11	11	18	12	23	..
Czech Republic	9	19	16	11	16	13	16	2
Denmark	5	8	10	12	20	16	29	5
Estonia	15	26	19	16	12	7	5	2
Faroe Islands	31	13	13	8	19	9	8	12
Finland	17	18	19	19	16	7	3	4
Hungary	20	25	14	13	12	8	8	4
Iceland	29	21	15	12	11	6	5	4
Ireland	15	10	13	11	17	14	20	8
Italy	15	15	15	14	16	11	14	11
Lithuania	16	28	24	15	10	6	2	0
Malta	12	14	14	13	15	15	18	7
Norway	30	22	15	14	11	6	3	9
Poland	16	22	19	13	14	7	9	9
Portugal	24	21	16	12	12	7	9	7
Slovak Republic	15	23	19	15	13	6	8	7
Slovenia	26	24	17	10	12	5	8	5
Sweden	19	21	18	15	15	7	5	5
Turkey (Istanbul)	47	18	11	7	6	5	6	16
Ukraine	24	22	20	14	11	5	5	13
United Kingdom	10	11	13	14	19	15	19	7
Latvia	17	23	17	16	16	6	5	9
Greece	8	12	13	17	20	14	16	1
USA	37	18	13	10	10	6	6	4
England	10	10	12	13	20	16	20	7
Northern Ireland	9	17	14	12	21	15	11	8
Scotland	9	17	15	16	16	10	16	8
Wales	4	10	7	13	24	20	22	5

* Percentages are based on students answering the question.

Table 5 b. Frequency of use of any alcoholic beverage during the last 12 months. Girls.

	Number of occasions used in last 12 months*							No answer %
	0	1-2	3-5	6-9	10-19	20-39	40+	
Croatia	35	34	13	9	5	3	2	13
Cyprus	20	25	15	13	15	8	5	..
Czech Republic	8	22	21	15	15	10	10	3
Denmark	6	7	12	13	24	22	17	6
Estonia	15	30	22	15	11	5	2	2
Faroe Islands	30	16	9	10	16	12	7	15
Finland	14	15	21	14	21	11	3	2
Hungary	20	35	18	12	8	4	3	3
Iceland	27	17	16	14	15	8	4	4
Ireland	15	10	13	14	19	16	14	8
Italy	22	24	20	12	9	9	4	8
Lithuania	12	29	28	16	11	4	1	0
Malta	11	17	16	15	17	12	11	5
Norway	27	21	18	15	14	4	1	10
Poland	23	29	20	12	9	5	2	8
Portugal	27	30	17	11	9	4	2	8
Slovak Republic	14	32	22	14	11	4	3	7
Slovenia	29	28	17	12	9	4	2	6
Sweden	18	19	20	18	16	7	4	6
Turkey (Istanbul)	52	22	12	6	5	2	1	19
Ukraine	19	24	21	17	11	4	3	12
United Kingdom	10	11	14	14	21	16	14	7
Latvia	11	25	25	17	13	5	3	9
Greece	11	19	17	16	18	12	7	1
USA	36	20	15	11	10	5	3	4
England	10	11	14	14	22	16	14	7
Northern Ireland	21	15	12	15	19	12	7	4
Scotland	8	14	17	16	16	16	13	6
Wales	1	8	10	17	23	22	20	5

* Percentages are based on students answering the question.

Table 5 c. Frequency of use of any alcoholic beverage during the last 12 months. All students

	Number of occasions used in last 12 months*							No answer %
	0	1-2	3-5	6-9	10-19	20-39	40+	
Croatia	30	29	14	10	8	5	5	14
Cyprus	15	20	13	12	16	10	14	..
Czech Republic	9	20	18	13	16	11	13	3
Denmark	6	7	11	13	22	19	23	6
Estonia	15	28	21	15	12	6	3	2
Faroe Islands	30	14	11	9	17	11	7	14
Finland	15	17	20	17	19	10	3	3
Hungary	20	30	16	12	10	6	6	4
Iceland	28	19	15	13	13	7	4	4
Ireland	14	9	13	12	18	15	17	8
Italy	17	18	17	13	14	10	10	11
Lithuania	13	28	26	15	10	5	2	0
Malta	11	16	15	14	16	13	14	6
Norway	28	22	17	14	12	5	2	10
Poland	20	26	19	13	11	6	5	8
Portugal	26	26	17	11	10	5	5	8
Slovak Republic	15	27	21	15	12	5	6	7
Slovenia	27	26	17	11	10	4	5	6
Sweden	18	20	19	16	16	7	4	5
Turkey (Istanbul)	49	19	11	7	6	4	4	17
Ukraine	21	23	20	16	11	5	4	13
United Kingdom	10	11	13	14	20	16	16	7
Latvia	13	24	23	17	14	6	4	9
Greece	9	16	15	17	19	13	11	1
USA	37	19	14	10	10	6	5	4
England	10	10	13	14	21	16	17	7
Northern Ireland	17	16	13	14	20	13	8	6
Scotland	9	15	16	16	16	13	15	7
Wales	2	9	9	15	23	21	21	5

* Percentages are based on students answering the question.

Table 6 a. Frequency of use of any alcoholic beverage during the last 30 days. Boys.

	Number of occasions used in last 30 days*						No answer %
	0	1-2	3-5	6-9	10-19	20+	
Croatia	52	24	11	6	4	3	13
Cyprus	21	27	19	15	10	9	..
Czech Republic	32	26	19	12	8	4	2
Denmark	18	28	23	12	11	8	5
Estonia	49	30	11	6	3	0	0
Faroe Islands	53	28	11	5	3	1	14
Finland	45	35	15	4	1	0	4
Hungary	48	27	13	6	3	3	4
Iceland	45	38	13	3	2	0	4
Ireland	31	23	21	11	9	5	7
Italy	27	25	17	13	11	7	9
Lithuania	43	37	12	5	2	1	0
Malta	31	22	16	11	11	9	6
Norway	59	26	11	3	1	0	10
Poland	40	29	16	9	4	2	11
Portugal	46	24	13	9	5	3	9
Slovak Republic	45	29	14	7	4	2	6
Slovenia	51	23	13	7	4	2	6
Sweden	45	35	14	3	1	0	6
Turkey (Istanbul)	68	15	7	5	3	2	16
Ukraine	48	30	13	5	2	2	13
United Kingdom	26	24	21	14	11	5	6
Latvia	47	34	13	4	2	1	7
Greece	21	27	20	16	11	5	1
USA	60	18	10	6	3	3	4
England	25	24	21	14	11	5	6
Northern Ireland	32	24	24	10	8	2	8
Scotland	31	26	22	11	8	1	7
Wales	22	19	29	13	11	6	3

* Percentages are based on students answering the question.

Table 6 b. Frequency of use of any alcoholic beverage during the last 30 days. Girls.

	Number of occasions used in last 30 days*						No answer %
	0	1-2	3-5	6-9	10-19	20+	
Croatia	73	17	7	3	1	0	14
Cyprus	40	29	15	10	4	2	..
Czech Republic	34	34	18	9	4	1	2
Denmark	19	35	24	13	7	3	6
Estonia	50	33	12	4	1	0	0
Faroe Islands	57	24	13	4	2	1	14
Finland	39	39	17	4	1	0	3
Hungary	56	30	10	3	1	0	3
Iceland	44	39	13	4	1	0	5
Ireland	31	29	21	11	7	2	7
Italy	45	31	12	7	3	2	8
Lithuania	38	43	14	4	1	0	0
Malta	37	22	18	11	8	4	6
Norway	55	32	10	3	1	0	11
Poland	52	31	10	4	2	0	8
Portugal	55	30	9	3	2	0	9
Slovak Republic	51	31	12	5	1	0	7
Slovenia	56	27	11	3	2	0	6
Sweden	44	36	14	4	1	0	6
Turkey (Istanbul)	77	14	6	2	1	0	20
Ukraine	43	37	14	4	2	1	11
United Kingdom	27	27	21	13	8	3	6
Latvia	40	40	15	4	1	0	7
Greece	31	29	19	13	6	2	1
USA	62	20	10	5	2	1	4
England	26	27	21	14	8	4	6
Northern Ireland	41	23	23	11	3	0	4
Scotland	31	30	19	12	7	1	6
Wales	14	28	28	10	15	6	3

* Percentages are based on students answering the question.

Table 6 c. Frequency of use of any alcoholic beverage during the last 30 days. All students.

	Number of occasions used in last 30 days*						No answer %
	0	1-2	3-5	6-9	10-19	20+	
Croatia	61	21	9	5	3	3	14
Cyprus	31	28	17	12	7	5	..
Czech Republic	33	30	19	10	6	3	2
Denmark	19	31	23	12	9	6	6
Estonia	49	32	12	5	2	0	0
Faroe Islands	55	26	12	4	3	1	14
Finland	42	37	16	4	1	0	3
Hungary	52	29	11	5	2	2	3
Iceland	44	38	13	3	1	0	..
Ireland	31	26	21	11	8	4	7
Italy	34	27	15	11	8	5	9
Lithuania	41	40	13	5	1	0	0
Malta	34	22	17	11	10	6	6
Norway	57	29	11	3	1	0	10
Poland	46	30	13	6	3	1	10
Portugal	51	28	11	6	3	2	9
Slovak Republic	47	30	13	6	3	1	6
Slovenia	54	25	12	5	3	2	6
Sweden	45	35	14	4	1	0	6
Turkey (Istanbul)	72	14	7	4	2	1	18
Ukraine	45	34	13	5	2	1	12
United Kingdom	26	26	21	14	9	4	6
Latvia	43	38	14	4	2	0	7
Greece	26	28	19	14	8	4	1
USA	61	19	10	5	3	2	4
England	25	26	21	14	10	4	6
Northern Ireland	37	24	24	10	4	1	5
Scotland	31	28	20	12	7	1	6
Wales	17	24	29	11	13	6	3

* Percentages are based on students answering the question.

Table 7 a. Frequency of beer drinking during the last 30 days. Boys.

	Number of occasions in last 30 days*						No answer %
	0	1-2	3-5	6-9	10-19	20+	
Croatia	65	16	7	6	3	3	7
Cyprus	24	28	18	13	9	8	..
Czech Republic	35	24	14	11	8	8	1
Denmark	25	26	19	12	10	8	3
Estonia	50	29	11	6	3	1	1
Faroe Islands	55	21	10	4	4	5	3
Finland	46	37	10	5	2	0	2
Hungary	58	25	9	5	3	2	4
Iceland	47	35	11	4	3	1	2
Ireland	36	23	19	10	9	4	4
Italy	40	23	14	9	6	7	5
Lithuania	67	20	8	3	2	1	0
Malta	36	21	14	11	8	10	3
Norway	67	23	6	2	1	0	5
Poland	41	25	16	10	6	4	7
Portugal	56	20	10	7	5	3	1
Slovak Republic	50	26	12	5	5	2	4
Slovenia	47	25	13	7	6	3	4
Sweden	45	32	14	5	3	1	2
Turkey (Istanbul)	64	16	9	4	4	2	5
Ukraine	64	19	8	3	3	2	10
United Kingdom	35	24	19	11	7	4	5
Latvia	46	25	16	8	4	1	3
USA	67	14	9	5	3	4	15
England	34	24	19	12	8	4	5
Northern Ireland	37	26	23	8	4	2	5
Scotland	43	27	17	8	3	2	7
Wales	27	20	24	16	10	3	3

* Percentages are based on students answering the question.

Table 7 b. Frequency of beer drinking during the last 30 days. Girls.

	Number of occasions in last 30 days*						No answer %
	0	1-2	3-5	6-9	10-19	20+	
Croatia	82	12	4	1	0	0	5
Cyprus	51	30	10	5	3	1	..
Czech Republic	60	24	8	4	2	1	2
Denmark	31	29	22	10	5	2	4
Estonia	78	16	5	1	0	–	1
Faroe Islands	60	22	8	5	2	4	3
Finland	54	34	9	2	1	0	2
Hungary	82	12	4	1	0	0	2
Iceland	50	37	4	1	0	0	3
Ireland	48	26	15	6	4	2	6
Italy	59	21	11	5	3	2	5
Lithuania	85	12	2	1	0	0	0
Malta	65	20	8	3	2	1	3
Norway	67	26	6	1	1	0	7
Poland	68	18	8	4	2	0	5
Portugal	68	21	7	3	2	0	2
Slovak Republic	78	16	4	1	1	0	4
Slovenia	68	21	7	3	1	0	4
Sweden	52	31	11	3	2	0	3
Turkey (Istanbul)	71	19	5	3	1	1	6
Ukraine	84	11	3	1	0	1	10
United Kingdom	58	24	11	5	2	1	9
Latvia	75	17	5	2	1	0	5
USA	74	14	7	3	2	1	11
England	55	25	11	5	3	1	8
Northern Ireland	63	20	12	3	1	–	10
Scotland	75	16	7	2	0	0	12
Wales	50	24	18	6	3	–	9

* Percentages are based on students answering the question.

Table 7 c. Frequency of beer drinking during the last 30 days. All students.

	Number of occasions in last 30 days*						No answer %
	0	1-2	3-5	6-9	10-19	20+	
Croatia	73	14	6	4	2	1	6
Cyprus	38	29	14	9	6	5	..
Czech Republic	47	24	12	8	6	5	1
Denmark	28	28	20	11	8	5	3
Estonia	66	22	7	3	2	0	1
Faroe Islands	58	22	9	4	3	4	3
Finland	50	35	10	4	1	0	2
Hungary	71	17	7	3	2	1	3
Iceland	48	36	10	4	2	1	3
Ireland	42	25	17	8	6	3	5
Italy	47	22	13	8	5	5	5
Lithuania	76	16	5	2	1	1	0
Malta	52	21	11	7	5	5	3
Norway	67	25	6	2	1	0	6
Poland	55	21	12	7	4	2	6
Portugal	63	20	8	4	3	1	1
Slovak Republic	63	21	8	3	3	2	4
Slovenia	57	23	10	5	4	2	4
Sweden	48	32	13	4	2	0	3
Turkey (Istanbul)	67	17	8	3	3	2	6
Ukraine	75	15	5	2	1	2	10
United Kingdom	47	24	15	8	5	2	7
Latvia	65	20	9	4	2	1	4
USA	70	14	8	4	2	2	14
England	45	24	15	9	5	2	7
Northern Ireland	53	23	16	5	3	1	8
Scotland	60	21	12	4	2	1	10
Wales	40	22	21	11	6	1	6

* Percentages are based on students answering the question.

Table 8 a. Frequency of wine drinking during the last 30 days. Boys.

	Number of occasions in last 30 days*						No answer %
	0	1-2	3-5	6-9	10-19	20+	
Croatia	59	24	8	4	3	3	6
Cyprus	64	24	7	2	1	2	..
Czech Republic	59	28	8	4	2	0	3
Denmark	60	29	8	3	1	0	17
Estonia	77	18	4	1	0	0	2
Faroe Islands	78	13	5	3	1	1	4
Finland	66	30	4	1	0	0	6
Hungary	59	22	10	5	3	2	4
Iceland	70	25	4	1	0	0	6
Ireland	78	17	2	2	0	1	14
Italy	42	29	12	7	5	5	5
Lithuania	79	17	3	0	0	0	0
Malta	35	30	14	9	6	7	3
Norway	84	13	2	1	0	0	10
Poland	65	21	8	3	2	2	10
Portugal	82	12	4	1	1	0	4
Slovak Republic	52	31	9	5	2	0	4
Slovenia	63	22	8	4	2	1	7
Sweden	74	20	3	1	1	0	8
Turkey (Istanbul)	90	7	1	1	0	0	14
Ukraine	59	29	7	3	1	2	11
United Kingdom	58	28	9	3	2	1	13
Latvia	76	20	4	0	0	0	8
England	57	28	9	3	2	1	13
Northern Ireland	65	24	8	3	—	—	13
Scotland	62	25	7	4	1	1	12
Wales	58	28	8	4	2	1	9

* Percentages are based on students answering the question.

Table 8 b. Frequency of wine drinking during the last 30 days. Girls.

	Number of occasions in last 30 days*						No answer %
	0	1-2	3-5	6-9	10-19	20+	
Croatia	73	20	4	2	1	0	4
Cyprus	71	23	4	2	0	0	..
Czech Republic	49	38	10	3	1	0	2
Denmark	53	34	9	3	1	0	13
Estonia	73	23	4	1	0	–	1
Faroe Islands	72	22	4	1	0	0	4
Finland	60	35	4	1	0	–	2
Hungary	70	21	7	1	1	0	2
Iceland	68	27	4	1	0	0	6
Ireland	73	23	3	1	0	0	11
Italy	59	26	7	5	2	2	4
Lithuania	75	21	3	1	–	–	0
Malta	43	32	14	6	3	2	3
Norway	82	16	1	1	0	0	11
Poland	69	24	5	1	1	0	6
Portugal	89	8	2	0	0	0	3
Slovak Republic	52	36	8	3	1	0	3
Slovenia	69	21	7	2	1	0	5
Sweden	63	31	4	1	1	0	6
Turkey (Istanbul)	91	6	2	0	0	0	13
Ukraine	50	39	8	2	1	1	8
United Kingdom	45	33	14	6	2	1	9
Latvia	71	25	3	1	0	0	4
England	43	34	14	6	2	1	9
Northern Ireland	70	22	5	2	1	0	9
Scotland	54	30	12	3	1	0	12
Wales	33	37	18	8	3	–	5

* Percentages are based on students answering the question.

Table 8 c. Frequency of wine drinking during the last 30 days. All students.

	Number of occasions in last 30 days*						No answer %
	0	1-2	3-5	6-9	10-19	20+	
Croatia	66	22	6	4	2	1	5
Cyprus	67	24	5	2	1	1	..
Czech Republic	54	32	9	3	1	0	3
Denmark	56	31	9	3	1	0	15
Estonia	75	20	4	1	0	0	1
Faroe Islands	75	17	4	2	1	1	4
Finland	63	32	4	1	0	—	4
Hungary	64	23	8	3	2	1	3
Iceland	69	26	4	1	0	0	6
Ireland	75	20	3	1	0	0	13
Italy	48	28	10	6	4	4	5
Lithuania	77	20	3	1	0	0	0
Malta	39	32	15	7	4	4	3
Norway	83	15	2	1	0	0	11
Poland	67	23	6	2	1	1	8
Portugal	86	10	3	1	1	0	3
Slovak Republic	52	33	9	4	2	0	3
Slovenia	66	22	7	3	1	1	6
Sweden	68	26	4	1	1	0	7
Turkey (Istanbul)	91	7	1	1	0	0	14
Ukraine	54	34	7	3	1	1	9
United Kingdom	51	31	11	5	2	1	11
Latvia	73	23	3	1	0	0	6
England	49	31	12	5	2	1	11
Northern Ireland	68	23	6	2	1	—	10
Scotland	58	28	10	4	1	0	12
Wales	44	33	14	6	3	0	7

* Percentages are based on students answering the question.

Table 9 a. Frequency of drinking spirits during the last 30 days. Boys.

	Number of occasions in last 30 days*						No answer %
	0	1-2	3-5	6-9	10-19	20+	
Croatia	73	13	6	3	3	2	6
Cyprus	56	22	10	5	4	1	..
Czech Republic	46	28	13	7	3	2	2
Denmark	33	36	18	8	4	2	7
Estonia	65	24	7	3	1	0	1
Faroe Islands	56	23	8	5	3	4	2
Finland	60	33	5	1	1	0	3
Hungary	62	23	8	4	2	2	3
Iceland	52	31	11	3	2	1	1
Ireland	61	23	10	4	1	1	10
Italy	56	23	9	6	4	3	5
Lithuania	54	32	9	3	1	0	0
Malta	45	21	12	7	5	6	4
Norway	63	25	7	2	1	1	3
Poland	64	22	8	3	2	2	9
Portugal	60	23	10	5	2	1	2
Slovak Republic	65	23	7	3	2	1	4
Slovenia	75	15	5	3	1	1	10
Sweden	56	28	8	4	2	1	4
Turkey (Istanbul)	79	12	5	2	1	1	12
Ukraine	49	31	12	5	2	2	6
United Kingdom	58	25	9	4	2	2	11
Latvia	52	31	12	3	2	0	4
England	58	24	9	4	3	2	11
Northern Ireland	53	29	11	3	2	2	11
Scotland	60	24	10	3	2	1	12
Wales	52	26	9	10	2	2	6

* Percentages are based on students answering the question.

Table 9 b. Frequency of drinking spirits during the last 30 days. Girls.

	Number of occasions in last 30 days*						No answer %
	0	1-2	3-5	6-9	10-19	20+	
Croatia	77	15	4	2	1	0	3
Cyprus	71	23	4	2	1	0	..
Czech Republic	47	31	12	6	3	1	2
Denmark	32	39	18	6	2	2	5
Estonia	76	19	4	1	0	–	2
Faroe Islands	64	20	6	4	4	2	3
Finland	61	31	7	1	0	–	2
Hungary	62	27	8	3	1	0	1
Iceland	51	32	10	4	2	1	2
Ireland	51	27	13	6	2	1	8
Italy	68	19	7	4	3	0	5
Lithuania	46	39	12	3	1	0	0
Malta	40	24	19	10	5	6	4
Norway	59	29	8	2	1	0	4
Poland	76	17	4	2	1	0	6
Portugal	62	28	7	3	1	0	1
Slovak Republic	78	16	4	1	1	0	4
Slovenia	69	20	7	3	1	1	6
Sweden	53	33	9	3	1	1	3
Turkey (Istanbul)	88	9	2	1	0	0	13
Ukraine	50	34	10	3	1	1	5
United Kingdom	46	27	14	7	4	2	7
Latvia	42	38	12	6	2	0	2
England	47	27	14	7	4	2	7
Northern Ireland	46	31	15	6	1	0	6
Scotland	44	28	16	8	3	1	7
Wales	34	34	19	17	5	2	2

* Percentages are based on students answering the question.

Table 9 c. Frequency of drinking spirits during the last 30 days. All students.

	Number of occasions in last 30 days*						No answer %
	0	1-2	3-5	6-9	10-19	20+	
Croatia	75	14	5	3	2	1	5
Cyprus	66	19	8	3	2	2	..
Czech Republic	47	29	13	7	3	2	2
Denmark	33	37	18	7	3	2	6
Estonia	71	21	6	2	0	0	2
Faroe Islands	60	21	7	5	4	3	3
Finland	61	32	6	1	1	0	3
Hungary	61	25	8	3	2	1	2
Iceland	51	31	11	4	2	1	2
Ireland	56	25	12	5	2	1	9
Italy	60	21	8	5	3	2	5
Lithuania	49	36	11	3	1	0	0
Malta	42	23	14	9	5	7	4
Norway	61	27	7	2	1	1	4
Poland	70	19	6	2	1	1	8
Portugal	61	26	8	3	2	1	1
Slovak Republic	71	20	6	2	1	1	4
Slovenia	72	17	6	3	1	1	8
Sweden	55	31	9	3	1	1	3
Turkey (Istanbul)	83	11	3	1	1	1	13
Ukraine	50	33	11	4	2	1	6
United Kingdom	52	26	12	6	3	2	9
Latvia	45	36	12	5	2	0	3
England	52	26	12	6	3	2	9
Northern Ireland	49	30	14	5	2	1	8
Scotland	51	26	14	6	3	1	10
Wales	42	25	15	14	3	2	4

* Percentages are based on students answering the question.

Table 10 a. Quantities of beer consumed at the last alcohol drinking occasion. Boys.

	Centilitres of beer*					
	Never drink beer	0	<50	50-100	101-200	201+
Croatia	28	15	29	17	5	6
Cyprus	14	16	36	21	7	6
Czech Republic	18	15	19	22	13	13
Denmark	11	12	12	13	25	27
Estonia	..	..	..	..	..	..
Faroe Islands	34	14	20	12	7	13
Finland	22	25	**	..	..	..
Hungary	39	16	18	16	7	3
Iceland	22	20	19	17	9	14
Ireland	19	9	7	16	21	28
Italy	22	12	27	26	6	7
Lithuania	16	30	25	23	5	2
Malta	21	15	12	27	14	13
Norway	41	22	10	9	8	10
Poland	15	16	22	28	12	7
Portugal	32	14	25	19	6	4
Slovak Republic	31	17	25	19	4	4
Slovenia	26	14	29	17	9	5
Sweden	22	17	13	14	11	23
Turkey (Istanbul)	42	8	18	21	8	4
Ukraine	23	38	21	12	4	2
United Kingdom	17	15	10	23	17	18
Latvia	23	19	24	22	9	3
England	17	15	10	24	17	17
Northern Ireland	14	15	6	19	17	30
Scotland	21	18	7	19	15	21
Wales	11	13	8	18	25	25

* Percentages are based on students answering the question.

** The Finnish response categories not comparable to those presented here.

Table 10 b. Quantities of beer consumed at the last alcohol drinking occasion. Girls.

	Centilitres of beer*					
	Never drink beer	0	<50	50-100	101-200	201+
Croatia	47	20	26	5	1	1
Cyprus	32	25	33	7	2	1
Czech Republic	34	32	21	8	4	1
Denmark	16	18	18	21	19	8
Estonia	..	..	..	..	..	..
Faroe Islands	38	15	21	11	7	9
Finland	29	33	**	..	..	..
Hungary	62	21	13	3	0	0
Iceland	23	23	21	18	11	4
Ireland	31	14	9	19	20	8
Italy	37	13	32	12	4	2
Lithuania	38	39	17	5	0	–
Malta	43	24	15	14	2	2
Norway	42	23	11	11	8	5
Poland	33	19	29	14	4	1
Portugal	40	19	27	10	2	2
Slovak Republic	58	22	18	3	0	0
Slovenia	42	23	24	9	2	1
Sweden	26	25	14	12	11	11
Turkey (Istanbul)	47	10	24	15	3	1
Ukraine	41	42	13	3	0	0
United Kingdom	36	27	11	15	8	3
Latvia	51	27	15	6	1	1
England	34	27	12	16	8	4
Northern Ireland	39	26	11	15	7	3
Scotland	52	26	7	9	5	2
Wales	29	34	6	21	5	5

* Percentages are based on students answering the question.

** The Finnish response categories not comparable to those presented here.

Table 10 c. Quantities of beer consumed at the last alcohol drinking occasion. All students.

	Centilitres of beer*					
	Never drink beer	0	<50	50-100	101-200	201+
Croatia	37	18	28	11	3	3
Cyprus	23	21	35	14	5	3
Czech Republic	25	23	20	16	9	8
Denmark	14	15	15	17	22	17
Estonia	..	..	..	..	..	..
Faroe Islands	36	14	20	11	7	11
Finland	25	29	**	..	..	..
Hungary	51	19	15	9	4	2
Iceland	22	21	20	18	10	9
Ireland	25	12	8	18	20	18
Italy	28	12	29	21	5	5
Lithuania	28	35	21	14	2	1
Malta	33	20	14	19	7	7
Norway	41	23	11	10	8	8
Poland	24	18	26	21	8	4
Portugal	37	17	26	14	4	3
Slovak Republic	44	19	22	11	2	2
Slovenia	34	18	27	13	6	3
Sweden	24	21	14	13	11	17
Turkey (Istanbul)	44	9	21	18	6	3
Ukraine	33	40	17	7	2	1
United Kingdom	27	22	10	19	12	10
Latvia	41	24	19	12	4	1
England	26	21	11	19	12	10
Northern Ireland	29	22	9	16	11	13
Scotland	38	22	7	13	9	10
Wales	21	25	7	19	14	14

* Percentages are based on students answering the question.

** The Finnish response categories not comparable to those presented here.

Table 11 a. Quantities of wine consumed at the last alcohol drinking occasion. Boys.

	Centilitres of wine*					
	Never drink wine	0	<10	10-20	37	75+
Croatia	39	14	20	17	7	4
Cyprus	40	27	17	11	3	2
Czech Republic	24	25	17	23	8	4
Denmark	43	25	7	17	5	3
Estonia	19	..	..	..	..	..
Faroe Islands	57	22	11	6	2	3
Finland	27	46	**	..	..	..
Hungary	32	13	17	26	8	5
Iceland	35	32	15	14	3	2
Ireland	56	28	7	8	1	1
Italy	36	16	19	19	6	5
Lithuania	39	34	12	12	4	1
Malta	22	18	23	25	8	4
Norway	52	26	10	7	2	3
Poland	36	25	12	10	8	9
Portugal	69	14	10	5	1	1
Slovak Republic	23	19	21	24	10	3
Slovenia	41	17	18	16	4	4
Sweden	47	33	8	6	3	3
Turkey (Istanbul)	77	9	5	5	3	1
Ukraine	20	38	19	17	6	2
United Kingdom	36	31	9	16	4	4
Latvia	43	31	14	9	3	1
England	34	31	10	17	5	3
Northern Ireland	50	23	6	13	3	5
Scotland	41	25	7	12	4	10
Wales	34	42	4	17	3	1

* Percentages are based on students answering the question.

** The Finnish response categories not comparable to those presented here.

Table 11 b. Quantities of wine consumed at the last alcohol drinking occasion. Girls.

	Centilitres of wine*					
	Never drink wine	0	<10	10-20	37	75+
Croatia	47	14	26	9	2	1
Cyprus	46	22	24	6	1	1
Czech Republic	14	26	24	27	7	2
Denmark	30	28	12	19	7	5
Estonia	..	..	..	..	..	..
Faroe Islands	48	30	19	2	2	0
Finland	20	45	**	..	..	..
Hungary	41	16	22	16	3	1
Iceland	34	34	16	13	3	1
Ireland	49	29	10	10	2	1
Italy	51	12	24	8	4	3
Lithuania	33	30	19	16	2	0
Malta	25	20	33	16	5	1
Norway	46	31	12	7	3	2
Poland	33	28	24	10	4	1
Portugal	75	11	9	4	1	1
Slovak Republic	20	14	32	27	5	1
Slovenia	41	20	25	10	3	1
Sweden	32	36	13	10	5	4
Turkey (Istanbul)	72	10	8	8	2	1
Ukraine	17	33	31	16	3	1
United Kingdom	21	33	12	23	7	4
Latvia	37	33	18	11	1	0
England	19	33	13	24	7	4
Northern Ireland	44	25	12	14	3	2
Scotland	27	32	12	17	8	5
Wales	13	33	13	30	6	6

* Percentages are based on students answering the question.

** The Finnish response categories not comparable to those presented here.

Table 11 c. Quantities of wine consumed at the last alcohol drinking occasion. All students.

	Centilitres of wine*					
	Never drink wine	0	<10	10-20	37	75+
Croatia	43	14	23	13	5	2
Cyprus	43	24	21	9	2	1
Czech Republic	19	25	20	25	7	3
Denmark	36	26	10	18	6	4
Estonia	..	..	..	..	..	..
Faroe Islands	53	26	15	4	2	1
Finland	24	46	**	..	..	..
Hungary	37	15	20	21	5	3
Iceland	35	33	15	13	3	1
Ireland	52	28	8	9	2	1
Italy	42	14	20	14	5	4
Lithuania	36	31	16	14	3	0
Malta	24	19	29	20	6	3
Norway	49	29	11	7	2	2
Poland	34	26	19	10	6	5
Portugal	72	12	9	4	1	1
Slovak Republic	22	17	26	25	8	2
Slovenia	41	19	22	13	4	2
Sweden	39	35	10	8	4	4
Turkey (Istanbul)	75	9	7	6	2	1
Ukraine	18	34	26	16	4	1
United Kingdom	28	32	11	20	6	4
Latvia	39	32	16	10	2	1
England	26	32	11	20	6	4
Northern Ireland	46	24	10	13	3	3
Scotland	33	29	10	15	6	7
Wales	22	37	9	24	4	4

* Percentages are based on students answering the question.

** The Finnish response categories not comparable to those presented here.

Table 12 a. Quantities of spirits consumed at the last alcohol drinking occasion. Boys.

	Centilitres of spirits*					
	Never drink spirits	0	<5	5-10	11-25	30+
Croatia	52	17	14	9	4	4
Cyprus	44	12	18	15	6	5
Czech Republic	29	21	17	16	11	7
Denmark	14	19	13	24	21	9
Estonia	..	..	..	..	..	..
Faroe Islands	34	8	6	12	14	26
Finland	26	43	**	..	..	..
Hungary	40	16	18	15	7	4
Iceland	32	10	11	13	16	18
Ireland	44	24	6	15	7	5
Italy	46	16	15	14	6	4
Lithuania	25	16	12	15	19	14
Malta	41	12	11	23	14	9
Norway	40	13	12	10	11	15
Poland	40	20	7	10	11	12
Portugal	41	13	21	17	6	2
Slovak Republic	45	18	15	12	6	3
Slovenia	60	16	12	8	2	2
Sweden	31	28	10	11	9	11
Turkey (Istanbul)	60	8	11	12	6	3
Ukraine	19	17	19	22	16	8
United Kingdom	38	28	8	13	7	5
Latvia	27	18	14	19	13	8
England	38	29	9	13	7	4
Northern Ireland	42	23	8	9	10	9
Scotland	40	26	7	11	10	7
Wales	25	37	8	21	7	3

* Percentages are based on students answering the question.

** The Finnish response categories are not comparable to those presented here.

Table 12 b. Quantities of spirits consumed at the last alcohol drinking occasion. Girls.

	Centilitres of spirits*					
	Never drink spirits	0	<5	5-10	11-25	30+
Croatia	54	17	19	7	2	1
Cyprus	62	13	15	8	1	2
Czech Republic	33	20	23	14	6	4
Denmark	12	21	16	24	19	7
Estonia	..	..	..	..	..	..
Faroe Islands	35	12	16	10	15	12
Finland	25	43	**	..	..	..
Hungary	35	13	27	17	6	2
Iceland	29	13	12	17	20	10
Ireland	34	22	7	19	11	6
Italy	57	13	15	10	3	2
Lithuania	19	11	22	22	18	8
Malta	23	9	13	33	15	6
Norway	40	14	12	12	12	9
Poland	59	14	9	9	5	3
Portugal	40	13	28	14	3	1
Slovak Republic	59	17	13	7	3	1
Slovenia	53	16	17	10	3	1
Sweden	29	26	12	14	13	6
Turkey (Istanbul)	69	8	12	8	2	0
Ukraine	17	20	26	24	10	3
United Kingdom	27	25	9	19	15	7
Latvia	23	14	21	24	12	6
England	27	26	9	19	14	6
Northern Ireland	30	13	17	17	17	7
Scotland	26	23	5	17	19	11
Wales	14	27	3	19	21	16

* Percentages are based on students answering the question.

** The Finnish response categories are not comparable to those presented here.

Table 12 c. Quantities of spirits consumed at the last alcohol drinking occasion. All students.

		Centilitres of spirits*					
		Never drink spirits	0	<5	5-10	11-25	30+
Croatia	53	17	17	8	3	3	
Cyprus	53	13	16	11	4	3	
Czech Republic	31	21	19	15	9	6	
Denmark	13	20	14	24	20	8	
Estonia	..	..	..	..	..	..
Faroe Islands	34	10	11	11	15	19	
Finland	26	43	**	..	..	..
Hungary	37	14	23	16	7	3	
Iceland	30	11	11	15	18	14	
Ireland	39	23	7	17	9	5	
Italy	50	15	15	12	5	3	
Lithuania	22	13	17	19	19	11	
Malta	27	11	12	29	15	7	
Norway	40	14	12	11	11	12	
Poland	50	17	8	10	8	7	
Portugal	41	13	25	15	5	1	
Slovak Republic	52	18	14	10	5	2	
Slovenia	57	16	14	9	3	1	
Sweden	30	27	11	13	11	9	
Turkey (Istanbul)	64	8	11	10	4	2	
Ukraine	18	19	23	23	12	5	
United Kingdom	32	27	9	16	11	6	
Latvia	25	16	19	22	12	7	
England	33	27	9	16	10	5	
Northern Ireland	34	17	14	14	14	7	
Scotland	33	24	6	14	15	9	
Wales	19	31	5	20	14	10	

* Percentages are based on students answering the question.

** The Finnish response categories are not comparable to those presented here.

Table 13 a. Lifetime frequency of being drunk. Boys.

	Number of occasions in lifetime*							No answer %
	0	1-2	3-5	6-9	10-19	20-39	40+	
Croatia	44	24	14	7	4	3	4	3
Cyprus	50	29	10	4	4	1	2	..
Czech Republic	30	21	15	10	9	6	10	1
Denmark	14	10	13	9	18	15	21	3
Estonia	31	23	13	12	9	7	5	1
Faroe Islands	43	9	8	6	12	7	15	5
Finland	27	10	10	13	15	14	12	1
Hungary	44	19	10	8	8	5	6	1
Iceland	39	13	10	8	11	8	12	1
Ireland	31	15	12	9	12	9	13	2
Italy	52	22	11	4	6	3	3	3
Lithuania	27	20	19	12	9	5	7	0
Malta	49	25	12	6	4	2	3	3
Norway	47	14	11	8	9	6	5	2
Poland	35	22	14	7	9	6	8	4
Portugal	61	18	10	4	4	2	2	4
Slovak Republic	36	24	15	8	8	5	5	2
Slovenia	41	23	13	8	6	4	5	3
Sweden	33	14	11	10	12	10	10	2
Turkey (Istanbul)	68	16	6	3	3	2	2	15
Ukraine	49	28	11	5	3	1	2	7
United Kingdom	23	14	12	10	13	11	17	4
Latvia	36	25	15	9	7	5	3	1
France	64	17	12	12	7	7	7	..
Greece	53	20	10	9	4	5	0	4
USA	53	16	9	6	6	5	6	7
England	24	14	12	10	13	11	17	4
Northern Ireland	22	16	9	9	11	17	16	5
Scotland	20	13	12	11	12	10	24	5
Wales	13	15	15	13	13	18	12	1

* Percentages are based on students answering the question.

Table 13 b. Lifetime frequency of being drunk. Girls.

	Number of occasions in lifetime*							No answer %
	0	1-2	3-5	6-9	10-19	20-39	40+	
Croatia	69	20	7	2	1	0	0	2
Cyprus	66	24	6	3	1	0	0	..
Czech Republic	41	25	14	8	7	3	2	1
Denmark	17	13	12	13	17	15	13	3
Estonia	50	27	12	6	3	2	1	1
Faroe Islands	43	14	10	7	9	9	8	2
Finland	23	11	11	11	15	17	13	1
Hungary	53	24	10	5	4	2	2	1
Iceland	33	13	11	11	12	9	11	1
Ireland	35	13	13	12	12	7	8	3
Italy	59	21	10	5	3	1	1	2
Lithuania	32	29	18	10	5	2	3	0
Malta	59	23	9	4	3	1	2	2
Norway	47	14	11	10	10	5	4	3
Poland	53	24	11	5	4	2	2	2
Portugal	66	20	7	4	2	1	1	3
Slovak Republic	55	25	11	4	3	1	1	1
Slovenia	51	23	11	6	5	2	2	2
Sweden	31	15	13	11	13	9	8	2
Turkey (Istanbul)	76	16	6	1	1	1	0	18
Ukraine	59	27	8	3	1	1	1	4
United Kingdom	22	16	13	12	13	12	14	4
Latvia	46	27	15	5	4	2	1	2
France	64	17	12			3		..
Greece	53	21	11	10	3	2	0	4
USA	53	18	11	6	6	4	3	6
England	21	16	13	12	13	12	13	4
Northern Ireland	38	14	10	8	13	11	6	3
Scotland	20	13	9	11	13	13	22	4
Wales	20	13	15	11	22	8	12	2

* Percentages are based on students answering the question.

Table 13 c. Lifetime frequency of being drunk. All students.

	Number of occasions in lifetime*							No answer %
	0	1-2	3-5	6-9	10-19	20-39	40+	
Croatia	55	22	11	5	3	2	2	3
Cyprus	58	27	8	4	3	1	1	..
Czech Republic	35	23	14	9	8	5	6	1
Denmark	16	12	12	11	17	15	17	3
Estonia	42	25	12	9	6	4	3	1
Faroe Islands	43	11	9	7	11	8	12	4
Finland	25	10	11	12	15	15	13	1
Hungary	49	22	10	6	6	4	4	1
Iceland	36	13	11	9	12	8	11	
Ireland	33	14	13	11	12	8	11	3
Italy	55	22	11	5	5	2	2	3
Lithuania	30	25	19	11	7	4	5	0
Malta	55	23	10	4	4	2	2	2
Norway	47	14	11	9	10	5	4	3
Poland	44	23	12	6	6	4	5	3
Portugal	64	19	8	4	3	1	1	3
Slovak Republic	45	24	13	6	5	3	3	2
Slovenia	46	23	12	7	6	3	4	2
Sweden	32	14	12	10	12	10	9	2
Turkey (Istanbul)	71	16	6	2	2	2	1	16
Ukraine	55	28	9	4	2	1	1	5
United Kingdom	22	15	12	11	13	12	16	4
Latvia	42	27	15	6	5	3	2	2
France	66	18	—11—		—5—			..
Greece	53	20	10	10	4	3	0	4
USA	53	17	10	6	6	4	5	7
England	22	15	13	11	13	12	15	4
Northern Ireland	32	15	10	9	12	13	10	4
Scotland	20	13	10	11	12	12	23	4
Wales	17	14	15	12	18	12	12	1

* Percentages are based on students answering the question.

Table 14 a. Frequency of being drunk last 12 months. Boys.

	Number of occasions in last 12 months*							No answer %
	0	1-2	3-5	6-9	10-19	20-39	40+	
Croatia	57	25	7	4	3	2	2	16
Cyprus	67	23	5	3	1	1	1	..
Czech Republic	41	24	14	7	7	4	3	4
Denmark	17	18	17	14	16	9	9	7
Estonia	45	24	13	8	6	2	1	5
Faroe Islands	45	11	11	9	15	4	5	16
Finland	28	15	15	18	17	6	2	7
Hungary	54	21	9	7	5	2	2	3
Iceland	43	15	11	10	11	6	4	2
Ireland	33	21	13	11	10	7	5	8
Italy	62	21	7	5	2	2	2	9
Lithuania	40	28	15	8	5	3	1	0
Malta	60	24	6	15	3	1	2	6
Norway	51	18	10	9	7	3	2	8
Poland	46	25	11	8	5	3	2	7
Portugal	68	21	5	3	2	0	0	7
Slovak Republic	50	27	10	6	4	2	1	5
Slovenia	54	24	8	6	5	2	2	5
Sweden	39	18	15	11	11	4	3	5
Turkey (Istanbul)	74	14	6	2	2	1	3	25
Ukraine	65	23	6	3	2	1	1	8
United Kingdom	30	20	14	11	12	7	7	6
Latvia	49	26	12	8	6	3	0	8
France	70	19	—	7	—	4	—	..
Greece	66	17	8	5	2	2	0	4
USA	61	16	8	5	4	2	2	8
England	31	20	14	11	12	6	6	5
Northern Ireland	26	20	13	13	15	7	7	7
Scotland	25	20	11	11	12	9	11	8
Wales	20	23	23	11	12	4	7	0

* Percentages are based on students answering the question.

Table 14 b. Frequency of being drunk last 12 months. Girls.

	Number of occasions in last 12 months*							No answer %
	0	1-2	3-5	6-9	10-19	20-39	40+	
Croatia	79	16	3	1	0	0	0	15
Cyprus	79	17	3	0	0	0	0	..
Czech Republic	51	27	11	5	4	2	1	4
Denmark	20	18	18	15	20	6	4	6
Estonia	62	24	7	3	2	1	0	3
Faroe Islands	43	15	13	9	13	6	1	14
Finland	23	14	17	14	19	10	2	6
Hungary	65	22	6	4	2	1	0	3
Iceland	37	16	15	11	12	7	3	2
Ireland	36	20	15	12	8	6	2	10
Italy	70	19	6	2	2	0	1	4
Lithuania	46	31	13	6	3	1	0	0
Malta	69	21	5	3	1	1	0	5
Norway	48	17	14	11	7	2	1	11
Poland	64	22	7	4	2	1	0	6
Portugal	75	17	5	1	1	0	0	10
Slovak Republic	69	21	6	2	1	0	0	5
Slovenia	62	21	9	5	2	1	0	6
Sweden	35	18	16	13	11	5	2	5
Turkey (Istanbul)	80	14	3	1	1	0	0	35
Ukraine	75	20	4	1	1	0	0	6
United Kingdom	29	20	16	12	12	7	5	5
Latvia	61	25	6	4	2	0	1	5
France	76	16	—	6	—	1	—	..
Greece	67	18	8	5	2	1	0	4
USA	62	19	8	5	4	2	1	7
England	29	21	16	12	12	6	4	5
Northern Ireland	41	17	13	12	13	4	1	4
Scotland	28	14	16	10	14	9	9	4
Wales	25	19	17	18	11	6	3	1

* Percentages are based on students answering the question.

Table 14 c. Frequency of being drunk last 12 months. All students.

	Number of occasions in last 12 months*							No answer %
	0	1-2	3-5	6-9	10-19	20-39	40+	
Croatia	67	21	6	3	2	1	1	16
Cyprus	73	20	4	2	1	0	1	..
Czech Republic	46	25	13	6	6	3	2	4
Denmark	18	18	18	14	18	8	6	6
Estonia	54	24	10	6	4	1	1	4
Faroe Islands	44	13	12	9	14	5	3	15
Finland	26	14	16	16	18	8	2	7
Hungary	60	21	7	5	4	1	1	3
Iceland	40	16	13	11	12	6	3	2
Ireland	34	21	14	12	9	7	4	9
Italy	65	20	6	4	2	1	1	9
Lithuania	43	30	14	7	4	2	1	0
Malta	65	23	5	3	2	1	1	6
Norway	50	17	12	10	7	3	1	9
Poland	56	23	9	6	4	2	1	6
Portugal	72	19	5	2	1	0	0	9
Slovak Republic	59	24	8	4	3	1	1	5
Slovenia	57	22	8	6	4	2	1	6
Sweden	37	18	15	12	11	4	2	5
Turkey (Istanbul)	76	14	5	2	2	1	0	30
Ukraine	70	21	5	2	1	0	0	7
United Kingdom	30	20	15	12	12	7	6	5
Latvia	57	25	8	4	4	1	1	6
France	73	18	—	7	—	3	—	..
Greece	66	18	8	5	2	1	0	4
USA	62	18	8	5	4	2	2	8
England	30	21	16	12	12	6	5	5
Northern Ireland	35	18	13	12	14	5	3	5
Scotland	27	17	14	11	13	9	10	6
Wales	23	21	20	15	11	5	5	1

* Percentages are based on students answering the question.

Table 15 a. Frequency of being drunk last 30 days. Boys.

	Number of occasions in last 30 days*							No answer %
	0	1-2	3-5	6-9	10-19	20-39	40+	
Croatia	80	12	4	2	1	1	0	17
Cyprus	88	9	1	1	1	0	1	..
Czech Republic	65	21	10	3	1	0	0	4
Denmark	42	35	17	5	2	0	0	7
Estonia	73	19	5	2	0	0	–	4
Faroe Islands	65	24	9	2	0	–	–	16
Finland	51	31	14	4	1	0	0	7
Hungary	74	18	5	3	1	0	0	3
Iceland	56	30	10	3	1	0	0	3
Ireland	57	26	10	4	2	0	1	10
Italy	78	14	4	2	1	0	1	6
Lithuania	62	28	7	3	1	0	–	0
Malta	83	10	3	2	1	1	2	7
Norway	71	20	6	2	1	0	0	8
Poland	69	20	6	3	1	0	0	7
Portugal	87	10	2	1	0	0	0	8
Slovak Republic	75	17	5	2	1	1	0	5
Slovenia	75	16	6	1	1	0	0	7
Sweden	61	26	10	2	1	–	0	5
Turkey (Istanbul)	86	9	2	1	1	0	1	27
Ukraine	84	13	2	1	1	0	0	9
United Kingdom	52	24	14	6	3	1	0	6
Latvia	75	19	4	2	0	0	0	8
Greece	84	10	3	2	0	1	0	4
USA	78	13	5	3	1	0	0	8
England	54	24	13	6	2	1	0	6
Northern Ireland	45	28	19	5	2	0	1	10
Scotland	46	23	16	10	4	1	0	6
Wales	47	33	13	5	3	0	0	1

* Percentages are based on students answering the question.

Table 15 b. Frequency of being drunk last 30 days. Girls.

	Number of occasions in last 30 days*							No answer %
	0	1-2	3-5	6-9	10-19	20-39	40+	
Croatia	94	4	1	0	0	0	0	16
Cyprus	92	7	1	0	0	0	0	..
Czech Republic	74	21	4	1	0	0	-	4
Denmark	42	39	14	3	1	0	0	6
Estonia	85	12	2	1	—	—	—	3
Faroe Islands	67	22	9	1	0	—	—	14
Finland	46	35	15	2	1	0	0	7
Hungary	85	12	3	1	0	0	0	4
Iceland	52	34	10	2	1	0	0	3
Ireland	59	28	11	2	1	0	0	10
Italy	88	9	3	1	0	0	0	4
Lithuania	69	25	5	1	0	—	—	0
Malta	89	8	2	1	0	0	—	6
Norway	68	24	6	1	1	0	0	11
Poland	83	13	3	1	0	—	—	6
Portugal	90	8	1	0	0	0	0	11
Slovak Republic	87	11	2	0	0	0	0	5
Slovenia	82	13	4	1	0	—	0	6
Sweden	57	30	10	2	0	—	—	6
Turkey (Istanbul)	93	6	1	0	0	0	0	37
Ukraine	89	9	1	0	0	0	0	6
United Kingdom	52	27	12	6	2	0	0	6
Latvia	83	13	3	0	0	0	0	6
Greece	85	10	4	2	0	0	0	4
USA	80	14	4	1	1	0	0	7
England	52	27	12	6	2	0	0	6
Northern Ireland	61	25	11	3	0	0	0	5
Scotland	49	24	14	9	3	1	0	5
Wales	50	37	9	4	0	0	0	2

* Percentages are based on students answering the question.

Table 15 c. Frequency of being drunk last 30 days. All students.

	Number of occasions in last 30 days*							No answer %
	0	1-2	3-5	6-9	10-19	20-39	40+	
Croatia	87	8	3	1	0	0	0	16
Cyprus	90	8	1	1	0	0	0	..
Czech Republic	69	21	7	2	1	0	0	4
Denmark	42	37	15	4	2	–	0	7
Estonia	80	15	3	1	0	0	–	4
Faroe Islands	66	23	9	2	0	–	–	15
Finland	49	33	14	3	1	–	–	7
Hungary	80	15	4	1	0	0	0	3
Iceland	54	32	10	3	1	0	0	
Ireland	58	27	11	3	1	0	0	10
Italy	81	12	4	2	1	0	1	2
Lithuania	65	26	6	2	1	0	–	0
Malta	86	9	3	1	0	0	0	6
Norway	70	22	6	1	1	0	0	9
Poland	77	16	4	2	1	0	0	6
Portugal	89	9	2	1	0	0	0	9
Slovak Republic	81	14	3	1	0	0	0	5
Slovenia	79	15	5	1	1	0	0	6
Sweden	59	28	10	2	1	–	0	5
Turkey (Istanbul)	89	8	2	1	1	0	0	31
Ukraine	87	11	1	1	0	0	0	7
United Kingdom	52	26	13	6	2	1	0	6
Latvia	80	15	4	1	0	0	0	6
Greece	84	10	4	2	0	0	0	4
USA	79	13	4	2	1	0	0	8
England	53	26	13	6	2	1	0	6
Northern Ireland	55	26	14	4	1	0	0	7
Scotland	48	24	15	9	4	1	0	6
Wales	49	35	11	4	1	0	0	2

* Percentages are based on students answering the question.

Table 16 a. Frequency of drinking five or more drinks in a row. Boys.

	Number of occasions in last 30 days*				
	0	1-2	3-5	6-9	10+
Croatia	64	23	8	3	2
Cyprus	..	..	..	..	..
Czech Republic	54	26	12	4	3
Denmark	37	37	18	6	2
Estonia	53	33	10	3	1
Faroe Islands	64	17	9	3	6
Finland	47	32	11	6	5
Hungary	68	14	8	7	3
Iceland	62	26	7	3	2
Ireland	48	28	14	7	4
Italy	62	13	9	9	7
Lithuania	56	31	8	3	2
Malta	51	28	11	5	4
Norway	62	19	10	5	4
Poland	57	26	11	3	4
Portugal	82	13	4	0	1
Slovak Republic	61	29	6	2	2
Slovenia	72	19	7	2	1
Sweden	56	25	10	4	5
Turkey (Istanbul)	83	11	4	1	1
Ukraine	50	36	10	2	2
United Kingdom	49	27	14	6	4
Latvia	63	27	7	2	1
Greece	61	15	9	8	6
England	49	27	14	6	4
Northern Ireland	47	25	19	4	5
Scotland	48	28	17	3	4
Wales	37	29	23	7	4

* Percentages are based on students answering the question.

Table 16 b. Frequency of drinking five or more drinks in a row. Girls.

	Number of occasions in last 30 days*				
	0	1-2	3-5	6-9	10+
Croatia	82	15	2	1	0
Cyprus	..	..	..	..	..
Czech Republic	72	21	5	1	1
Denmark	41	40	13	4	2
Estonia	68	26	4	1	0
Faroe Islands	74	17	3	1	2
Finland	51	32	14	3	1
Hungary	85	8	3	3	1
Iceland	66	25	6	2	1
Ireland	58	23	14	4	2
Italy	80	10	3	5	1
Lithuania	66	27	5	1	0
Malta	68	22	7	3	1
Norway	65	20	9	4	2
Poland	74	19	5	1	1
Portugal	89	8	2	0	0
Slovak Republic	82	15	2	1	0
Slovenia	83	14	3	1	1
Sweden	62	26	8	2	2
Turkey (Istanbul)	91	7	2	1	0
Ukraine	59	32	7	1	1
United Kingdom	51	30	13	5	2
Latvia	74	20	5	1	0
Greece	72	13	6	6	2
England	50	30	13	5	2
Northern Ireland	61	24	11	3	2
Scotland	53	29	13	4	3
Wales	38	38	16	6	2

* Percentages are based on students answering the question.

Table 16 c. Frequency of drinking five or more drinks in a row. All students.

	Number of occasions in last 30 days*					
	0	1-2	3-5	6-9	10+	
Croatia	73	19	5	2	1	
Cyprus	..	..	..	..	..
Czech Republic	62	24	9	3	2	
Denmark	39	39	15	5	2	
Estonia	61	30	7	2	1	
Faroe Islands	69	17	6	2	4	
Finland	49	32	12	4	3	
Hungary	77	11	6	5	2	
Iceland	64	26	7	2	2	
Ireland	53	25	14	6	3	
Italy	69	12	7	7	6	
Lithuania	62	29	7	2	1	
Malta	60	15	9	4	3	
Norway	63	20	10	4	3	
Poland	66	22	7	2	2	
Portugal	86	10	3	0	1	
Slovak Republic	71	22	5	1	1	
Slovenia	77	16	5	1	1	
Sweden	59	26	9	3	4	
Turkey (Istanbul)	86	9	3	1	1	
Ukraine	54	34	8	2	1	
United Kingdom	50	29	14	5	3	
Latvia	70	23	5	1	1	
Greece	67	14	8	7	4	
Spain**	62	23	9	———— 6 ———		
England	50	29	13	5	3	
Northern Ireland	55	24	14	4	3	
Scotland	50	28	15	4	3	
Wales	38	34	19	6	3	
* Percentages are based on students answering the question.						
** Data by sex not available.						

Table 17. Age at time of first use of alcohol (at least one glass).
Percentages among all students who have answered 13 years or younger.

	Boys				Girls				All students			
	Beer	Wine	Spirits	Been drunk	Beer	Wine	Spirits	Been drunk	Beer	Wine	Spirits	Been drunk
Croatia	60	52	29	24	44	39	16	11	53	46	23	18
Cyprus	78	63	33	15	55	43	14	9	66	52	23	12
Czech Republic	57	52	28	15	44	42	16	9	51	48	23	12
Denmark	78	70	58	46	68	64	46	34	73	67	52	39
Estonia	72	51	32	24	46	30	17	10	57	39	24	17
Faroe Islands	46	39	30	21	31	28	16	8	39	34	23	15
Finland	69	57	32	34	52	52	25	37	60	55	28	35
Hungary	41	43	19	10	31	32	16	6	36	37	18	8
Iceland	41	35	27	23	32	28	25	21	37	32	26	22
Ireland	52	44	32	25	35	42	22	16	43	46	27	20
Italy	59	56	30	12	39	43	18	8	51	50	25	11
Lithuania	66	41	33	23	54	34	24	13	60	37	28	18
Malta	69	72	40	14	53	62	45	11	60	67	43	12
Norway	35	28	17	13	25	20	13	11	30	24	15	12
Poland	57	43	26	16	35	25	10	6	46	34	17	11
Portugal	58	38	34	14	51	33	33	10	54	35	34	12
Slovak Republic	53	58	30	16	40	45	15	7	47	52	23	12
Slovenia	63	61	27	20	55	49	20	12	59	55	24	16
Sweden	59	42	31	26	48	34	24	22	54	39	27	24
Turkey (Istanbul)	29	13	15	8	18	10	9	3	25	12	13	6
Ukraine	67	54	30	7	59	49	24	3	63	51	27	5
United Kingdom	71	74	47	42	62	76	45	38	66	75	46	40
Latvia	71	47	33	16	62	45	31	10	65	46	31	12
France	71			36	64			26	67			31
Greece	..	..	..	19	..	..	..	15	..	..	..	17
Spain	..	..	..	..	..	..	..	..	42			..
England	71	75	48	42	64	77	46	38	67	76	47	40
Northern Ireland	69	61	44	43	44	48	31	25	54	53	36	31
Scotland	67	71	45	42	58	75	46	42	62	73	45	42
Wales	78	75	47	40	64	86	53	36	71	81	50	38

Table 18 a. Drinking places on the last drinking day among alcohol consumers*.
Percentages among boys.

	At home	Someone else's home	Street, park, beach	Bar, pub	Disco	Restaurant	Other place(s)	Never been drinking
Croatia	27	17	12	21	16	3	0	17
Cyprus	23	9	3	15	27	6	7	10
Czech Republic	26	15	7	27	30	13	–	3
Denmark	26	60	10	5	19	3	14	4
Estonia	26	29	9	19	31	2	11	4
Faroe Islands	16	40	24	3	21	3	–	21
Finland	25	37	30	5	17	2	15	11
Hungary	16	6	4	27	27	4	7	20
Iceland	14	31	13	1	13	0	5	19
Ireland	15	17	16	34	22	2	7	11
Italy	29	17	17	32	14	12	12	12
Lithuania	22	28	9	8	16	3	10	11
Malta	..	..	..	..	..	..	..	..
Norway	19	43	17	3	11	2	0	23
Poland	19	20	23	20	21	6	18	9
Portugal	21	14	6	27	11	5	8	15
Slovak Republic	26	16	8	22	20	6	14	11
Slovenia	24	13	10	27	15	4	11	11
Sweden	21	43	18	3	8	2	11	12
Turkey (Istanbul)	16	12	15	8	3	2	9	37
Ukraine	22	38	15	6	13	3	14	11
United Kingdom	..	..	..	..	..	..	..	..
Latvia	19	29	13	14	20	2	12	9

* Calculated on the number of students who have not answered "Never been drinking" on the question of the last drinking place.

Table 18 b. Drinking places on the last drinking day among alcohol consumers*.
Percentages among girls.

	At home	Someone else's home	Street, park, beach	Bar, pub	Disco	Restaurant	Other place(s)	Never been drinking
Croatia	39	19	6	16	15	2	3	24
Cyprus	22	8	2	10	29	3	5	21
Czech Republic	28	16	4	16	37	9	—	4
Denmark	23	60	8	7	22	2	19	4
Estonia	32	32	3	16	22	2	11	6
Faroe Islands	11	40	17	2	28	2	—	23
Finland	25	44	30	4	19	2	13	10
Hungary	17	3	1	16	30	4	5	27
Iceland	10	31	13	1	15	1	6	19
Ireland	13	13	8	36	27	3	6	10
Italy	30	18	12	22	15	11	10	15
Lithuania	32	39	2	5	8	4	7	9
Malta	..	..	..	..	..	..	..	..
Norway	16	45	14	4	12	1	0	21
Poland	27	26	12	11	18	3	15	13
Portugal	29	17	4	20	13	4	7	13
Slovak Republic	37	19	3	10	22	6	11	11
Slovenia	28	13	8	20	19	3	8	12
Sweden	22	46	16	3	10	2	10	11
Turkey (Istanbul)	24	10	4	9	2	3	9	40
Ukraine	33	44	8	4	8	3	9	9
United Kingdom	..	..	..	..	..	..	..	..
Latvia	36	31	5	12	13	2	11	8

* Calculated on the number of students who have not answered "Never been drinking" on the question of the last drinking place.

Table 18 c. Drinking places on the last drinking day among alcohol consumers*.
Percentages among all students.

	At home	Someone else's home	Street, park, beach	Bar, pub	Disco	Restaurant	Other place(s)	Never been drinking
Croatia	32	18	10	19	15	3	3	20
Cyprus	22	9	2	13	28	4	6	16
Czech Republic	27	16	6	22	33	11	–	3
Denmark	25	60	9	6	21	3	16	4
Estonia	29	31	6	17	26	2	11	5
Faroe Islands	14	40	21	3	25	3	–	22
Finland	25	41	30	4	18	2	14	11
Hungary	16	4	3	21	29	4	6	24
Iceland	12	31	13	1	14	1	5	19
Ireland	14	15	12	35	29	3	7	10
Italy	30	18	16	29	14	12	11	13
Lithuania	27	34	6	6	12	3	8	10
Malta	..	..	..	..	..	..	..	..
Norway	17	44	15	3	11	2	0	22
Poland	23	23	18	15	20	4	16	11
Portugal	25	16	5	23	12	4	8	14
Slovak Republic	31	17	6	16	21	6	13	11
Slovenia	26	13	10	24	17	4	10	12
Sweden	22	44	17	3	9	2	11	12
Turkey (Istanbul)	19	11	10	8	2	2	9	38
Ukraine	28	41	12	5	10	3	11	10
United Kingdom	..	..	..	..	..	..	..	..
Latvia	30	30	8	13	15	2	11	8

* Calculated on the number of students who have not answered "Never been drinking" on the question of the last drinking place.

Table 19 a. Expected personal consequences of alcohol consumption*.
Percentages among boys answering "Very likely" or "Likely".

	"Positive" consequences						"Negative" consequences						
	Feel relaxed	Feel happy	Feel more friendly and out-going	Have a lot of fun	Forget my problems	Average	Feel sick	Get a hang-over	Not be able to stop drinking	Harm my health	Do something I would regret	Get into trouble with police	Average
Croatia	41	33	57	52	46	46	67	65	32	80	55	68	61
Cyprus	49	48	61	73	45	55	40	60	19	39	41	17	36
Czech Republic	51	29	61	72	49	52	41	43	13	31	28	14	28
Denmark	57	83	75	92	56	73	28	53	11	18	42	8	27
Estonia	..	..	..	..	..	..	..	..	..	..	..	..	..
Faroe Islands	68	90	84	85	74	80	48	64	26	25	74	32	45
Finland	64	77	56	77	59	67	29	42	12	26	33	12	26
Hungary	54	12	55	37	28	37	11	47	53	20	58	20	35
Iceland	30	64	54	76	54	56	24	53	17	47	51	25	36
Ireland	31	42	41	48	42	41	50	57	21	58	43	22	42
Italy	51	24	61	69	47	50	26	52	11	68	45	27	38
Lithuania	36	19	45	19	38	31	28	35	11	66	29	29	33
Malta	41	50	55	50	49	51	47	28	31	51	42	29	38
Norway	48	64	47	71	43	55	44	55	13	24	41	16	32
Poland	41	31	51	56	44	45	37	58	15	52	33	20	36
Portugal	34	48	28	60	49	44	41	58	23	69	52	23	44
Slovak Republic	41	21	39	52	44	39	30	48	16	54	37	32	36
Slovenia	43	27	51	53	48	44	57	51	23	78	39	30	46
Sweden	57	77	64	76	58	66	39	49	13	45	43	11	33
Turkey (Istanbul)	28	27	40	54	37	37	39	..	17	68	43	26	39
Ukraine	67	29	62	30	53	48	35	36	17	51	29	23	32
United Kingdom	69	80	75	82	63	74	31	38	14	26	38	20	28
<i>Average</i>	48	46	55	61	49		38	50	19	47	43	24	
Latvia	51	24	61	69	47		26	52	11	68	45	27	
England	68	79	74	82	62		31	37	14	27	37	19	
Northern Ireland	77	87	83	82	66		30	43	18	21	37	21	
Scotland	69	81	80	82	68		34	45	11	26	43	29	
Wales	71	89	81	89	72		26	42	16	27	40	21	

* Please observe that these are answers to the question "How likely is it that each of the following things would happen to you personally, if you drink alcohol?"

Table 19 b. Expected personal consequences of alcohol consumption*.
Percentages among girls answering "Very likely" or "Likely".

	"Positive" consequences						"Negative" consequences						
	Feel relaxed	Feel happy	Feel more friendly and out-going	Have a lot of fun	Forget my problems	Average	Feel sick	Get a hang-over	Not be able to stop drinking	Harm my health	Do something I would regret	Get into trouble with police	Average
Croatia	33	25	50	38	37	37	79	73	34	83	62	68	67
Cyprus	53	50	64	71	49	57	60	72	22	43	46	11	42
Czech Republic	58	32	67	77	46	56	48	44	10	35	38	8	31
Denmark	64	89	79	92	55	76	27	52	9	18	52	3	27
Estonia	..	..	..	..	..	..	..	..	..	..	..	..	..
Faroe Islands	69	90	87	80	69	79	50	57	25	25	82	27	44
Finland	71	87	64	83	53	72	33	44	15	30	46	6	29
Hungary	55	6	56	34	34	37	7	46	53	21	53	24	34
Iceland	32	67	63	79	49	58	27	56	17	49	61	18	38
Ireland	30	46	46	49	42	43	64	71	24	61	51	20	49
Italy	48	24	62	69	45	50	29	52	10	64	46	12	36
Lithuania	36	15	40	13	34	28	32	36	8	71	31	19	33
Malta	42	54	58	50	46	50	59	28	33	56	46	26	41
Norway	46	68	53	72	44	57	46	53	10	20	45	9	31
Poland	35	25	45	50	40	39	55	61	13	63	43	13	41
Portugal	32	50	24	62	47	43	48	64	23	75	63	20	49
Slovak Republic	41	20	43	49	36	38	31	48	13	52	37	25	34
Slovenia	48	24	51	49	52	45	66	56	14	80	49	23	48
Sweden	60	83	71	80	57	70	46	51	14	43	47	5	34
Turkey (Istanbul)	27	24	34	53	30	34	37	..	17	66	34	23	35
Ukraine	70	28	57	24	45	45	38	31	13	51	31	10	29
United Kingdom	70	84	81	83	62	76	34	38	14	26	37	11	27
<i>Average</i>	49	47	57	60	46		44	52	19	49	48	18	
Latvia	48	24	62	69	45		29	52	10	64	46	12	
England	69	84	80	83	62		35	38	14	26	37	11	
Northern Ireland	72	80	81	76	57		36	43	13	26	37	7	
Scotland	75	88	82	85	62		30	40	12	26	36	15	
Wales	75	83	85	84	62		27	34	10	22	36	5	

* Please observe that these are answers to the question "How likely is it that each of the following things would happen to you personally, if you drink alcohol?"

Table 19 c. Expected personal consequences of alcohol consumption*.
Percentages among all students answering "Very likely" or "Likely".

	"Positive" consequences						"Negative" consequences						
	Feel relaxed	Feel happy	Feel more friendly and out-going	Have a lot of fun	Forget my problems	Average	Feel sick	Get a hang-over	Not be able to stop drinking	Harm my health	Do something I would regret	Get into trouble with police	Average
Croatia	37	29	54	46	42	42	72	69	33	81	58	68	64
Cyprus	51	49	62	72	47	56	50	66	21	41	44	14	39
Czech Republic	54	30	64	74	48	54	45	43	11	33	33	11	29
Denmark	61	86	77	92	56	74	27	52	10	18	47	5	27
Estonia	..	..	..	..	..	..	..	..	..	..	..	..	..
Faroe Islands	69	90	86	82	72	80	49	60	26	25	78	30	45
Finland	67	82	60	80	56	69	31	43	13	28	40	9	27
Hungary	55	9	55	36	36	38	9	46	53	21	55	22	34
Iceland	31	65	58	78	52	57	25	55	17	48	56	22	37
Ireland	31	44	43	49	43	42	56	63	22	59	46	22	45
Italy	49	24	62	69	46	50	28	52	11	66	46	17	37
Lithuania	36	17	42	16	36	29	30	36	9	69	30	24	33
Malta	42	52	56	50	47	49	54	28	32	53	44	27	40
Norway	47	65	50	71	43	55	45	54	11	22	43	12	31
Poland	38	28	48	53	42	42	47	60	14	58	38	16	39
Portugal	33	49	26	61	48	43	45	61	23	72	58	21	47
Slovak Republic	41	21	41	51	40	39	30	48	14	53	37	29	35
Slovenia	45	26	51	51	50	45	61	53	19	79	44	27	47
Sweden	58	81	68	78	58	69	42	50	14	45	45	8	34
Turkey (Istanbul)	28	26	37	53	34	36	39	..	17	67	39	25	37
Ukraine	69	28	59	26	48	46	37	33	15	51	30	16	30
United Kingdom	69	82	78	82	62	75	33	38	14	26	37	16	27
<i>Average</i>	48	47	56	60	48		41	51	19	48	45	21	
Latvia	49	24	62	69	46		28	52	11	66	46	17	
England	69	81	77	82	62		33	37	14	26	37	15	
Northern Ireland	74	83	83	78	60		34	43	15	24	37	13	
Scotland	72	84	81	84	65		32	42	12	26	39	21	
Wales	73	86	83	86	66		27	38	13	24	38	12	

* Please observe that these are answers to the question "How likely is it that each of the following things would happen to you personally, if you drink alcohol?"

Table 20 a:1. Experienced problems caused by own alcohol use*. Boys (continues...)

	Individual problems					Relationship problems				
	Reduced performance at school or at work	Damage to objects or clothing	Loss of money or other valuable items	Accident or injury	Average	Quarrel or argument	Problems in relationships with friends	Problems in relationships with parents	Problems in relationships with teachers	Average
Croatia	11	22	9	10	13	22	11	19	5	14
Cyprus	..	..	..	..		..	..	..	..
Czech Republic	16	29	12	11	17	29	18	25	5	19
Denmark	17	34	22	9	21	32	21	21	5	20
Estonia	11	..	..	10	11	29	13	30	..	24
Faroe Islands	11	17	18	9	14	30	15	25	5	19
Finland	7	24	16	12	15	39	17	22	3	20
Hungary	13	18	8	5	11	21	13	16	7	14
Iceland	10	16	15	14	14	29	17	21	6	18
Ireland	11	..	..	13	12	29	19	19	..	22
Italy	12	21	9	8	13	17	13	12	5	12
Lithuania	18	26	14	10	17	26	18	30	14	22
Malta	12	18	16	7	13	20	14	21	8	16
Norway	7	25	13	3	12	24	9	16	2	13
Poland	13	18	8	10	12	24	18	30	8	20
Portugal	8	13	7	2	8	12	9	9	3	8
Slovak Republic	16	21	11	8	14	23	14	20	3	15
Slovenia	11	21	10	10	13	18	10	15	5	12
Sweden	7	27	13	12	15	25	12	11	3	13
Turkey (Istanbul)	..	14	7	6	9	18	10	15	..	14
Ukraine	16	24	12	9	15	30	19	29	12	23
United Kingdom	10	33	23	17	21	36	18	18	4	19
<i>Average</i>	12	22	13	9		25	15	20	6	
Latvia	18	24	14	10		32	17	35	14	
Greece	5	..	..	..		..	3	7	1	
England	10	33	22	17		35	18	17	4	
Northern Ireland	9	35	23	20		41	13	24	1	
Scotland	11	37	28	21		44	21	23	5	
Wales	17	34	24	15		29	14	23	8	

* Students indicating "once" or more.

Table 20 a:2. Experienced problems caused by own alcohol use*. Boys (continued).

	Sexual experiences			Delinquency problems				
	Engaged in unwanted sexual experience	Engaged in unprotected sex	Average	Scuffle or fight	Victimized by robbery or theft	Driving a motorcycle/car under the influence of alcohol	Trouble with police	Average
Croatia	9	10	10	3	3	13	13	8
Cyprus	..	..	..	..	..	..	..	..
Czech Republic	15	14	15	20	2	12	9	11
Denmark	8	11	10	21	4	10	10	11
Estonia	8	7	8	..	..	15	11	13
Faroe Islands	9	5	7	16	6	18	0	10
Finland	6	6	6	24	1	20	8	13
Hungary	8	9	9	..	2	11	7	7
Iceland	14	15	15	20	9	10	..	13
Ireland	..	..	..	..	..	..	20	..
Italy	12	10	11	14	3	22	7	12
Lithuania	10	10	10	19	4	13	11	12
Malta	12	11	12	16	3	6	7	8
Norway	12	9	11	12	1	11	6	8
Poland	8	9	9	23	3	15	9	13
Portugal	7	6	7	6	1	7	3	4
Slovak Republic	11	9	10	17	2	8	6	8
Slovenia	7	8	8	14	2	20	8	11
Sweden	11	9	10	20	2	17	9	12
Turkey (Istanbul)	..	..	..	11	..	..	..	..
Ukraine	17	14	16	26	3	12	10	13
United Kingdom	16	13	15	28	5	8	21	16
<i>Average</i>	11	10		17	3	13	9	
Latvia	4	7		20	1	18	11	
Greece	..	..		..	..	6	2	
England	15	13		27	5	8	20	
Northern Ireland	15	13		32	3	9	25	
Scotland	20	19		36	5	6	33	
Wales	17	11		26	3	7	13	

* Students indicating "once" or more.

Table 20 b:1. Experienced problems caused by own alcohol use*. Girls (continues..)

	Individual problems					Relationship problems				
	Reduced performance at school or at work	Damage to objects or clothing	Loss of money or other valuable items	Accident or injury	Average	Quarrel or argument	Problems in relationships with friends	Problems in relationships with parents	Problems in relationships with teachers	Average
Croatia	9	12	5	4	8	13	12	12	2	10
Cyprus	..	..	..	..	..	..	..	..	..	..
Czech Republic	16	23	11	7	14	24	21	18	3	17
Denmark	15	33	23	5	19	41	36	21	3	25
Estonia	9	..	..	5	7	23	16	20	..	20
Faroe Islands	14	16	16	4	13	29	27	15	2	18
Finland	7	29	25	16	19	41	32	24	2	25
Hungary	9	6	4	3	6	19	16	10	2	12
Iceland	8	18	16	14	14	33	27	24	4	22
Ireland	10	..	..	10	10	31	23	17	..	24
Italy	5	12	4	2	6	12	12	11	2	9
Lithuania	16	25	8	6	14	21	23	25	9	20
Malta	8	11	9	4	8	12	15	15	3	11
Norway	7	27	15	4	13	29	18	20	2	17
Poland	11	8	4	4	7	20	16	18	3	14
Portugal	5	8	5	1	5	9	11	8	1	7
Slovak Republic	10	10	4	3	7	13	13	9	1	9
Slovenia	8	15	5	4	8	14	11	11	2	10
Sweden	9	27	15	10	15	36	20	15	2	18
Turkey (Istanbul)	..	12	3	2	6	10	8	11	..	10
Ukraine	14	19	9	4	12	29	23	26	7	21
United Kingdom	11	33	25	16	21	43	28	22	3	24
<i>Average</i>	10	18	11	6		24	19	17	3	
Latvia	16	18	10	5		23	21	22	6	
Greece	2	..	..	..		..	5	4	1	
England	11	32	25	16		43	28	21	4	
Northern Ireland	7	28	24	11		34	23	19	1	
Scotland	13	38	29	20		49	30	30	3	
Wales	10	39	29	14		42	31	26	4	

* Students indicating "once" or more.

Table 20 b:2. Experienced problems caused by own alcohol use*. Girls (continued).

	Sexual experiences			Delinquency problems				
	Engaged in unwanted sexual experience	Engaged in unprotected sex	Average	Scuffle or fight	Victimized by robbery or theft	Driving a motorcycle/ car under the influence of alcohol	Trouble with police	Average
Croatia	2	2	2	3	1	2	2	2
Cyprus	..	..	..	..	..	..	..	..
Czech Republic	13	11	12	4	1	1	3	2
Denmark	8	10	9	10	3	6	4	6
Estonia	7	7	7	..	..	2	3	3
Faroe Islands	10	14	12	4	7	6	3	5
Finland	10	10	10	13	1	4	7	6
Hungary	6	5	6	..	0	2	1	1
Iceland	15	16	16	11	9	4	..	8
Ireland	..	..	..	..	..	..	8	..
Italy	5	2	4	3	0	5	1	2
Lithuania	6	6	6	5	1	2	3	3
Malta	4	3	4	11	1	1	1	4
Norway	17	10	14	9	1	6	5	5
Poland	5	3	4	5	1	1	2	2
Portugal	1	1	1	2	1	1	1	1
Slovak Republic	5	3	4	2	1	2	1	2
Slovenia	4	5	5	3	0	4	1	2
Sweden	11	10	11	15	1	5	6	7
Turkey (Istanbul)	11	..	..	4	..	..	..	..
Ukraine	6	6	6	6	1	2	3	3
United Kingdom	19	13	16	16	1	2	12	8
<i>Average</i>	8	7		7	2	3	4	
Latvia	4	7		4	1	2	2	
Greece	..	..		..	..	1	0	
England	19	14		16	1	2	11	
Northern Ireland	12	5		11	1	1	5	
Scotland	18	15		21	1	2	24	
Wales	27	12		18	1	2	3	

* Students indicating "once" or more.

Table 20 c:1. Experienced problems caused by own alcohol use*. All students (continues..)

	Individual problems					Relationship problems				
	Reduced performance at school or at work	Damage to objects or clothing	Loss of money or other valuable items	Accident or injury	Average	Quarrel or argument	Problems in relationships with friends	Problems in relationships with parents	Problems in relationships with teachers	Average
Croatia	8	17	6	7	10	18	13	16	3	13
Cyprus	..	..	..	..	..	..	..	..	..	..
Czech Republic	16	26	12	9	16	26	19	22	4	18
Denmark	16	33	23	7	20	37	29	21	4	23
Estonia	10	..	..	7	9	25	15	24	..	21
Faroe Islands	13	16	17	7	13	30	21	21	4	19
Finland	7	27	21	14	17	40	24	23	2	22
Hungary	11	11	6	4	8	20	15	13	4	13
Iceland	9	17	15	14	14	31	22	22	5	20
Ireland	11	..	..	12	12	31	21	18	..	23
Italy	9	18	8	5	10	17	13	13	4	12
Lithuania	17	26	10	8	15	23	21	27	11	21
Malta	10	14	12	5	10	16	14	18	5	13
Norway	7	26	14	4	13	26	13	18	2	15
Poland	12	13	6	7	10	22	17	24	6	17
Portugal	6	10	6	2	6	10	10	8	2	8
Slovak Republic	13	16	8	5	11	19	13	15	2	12
Slovenia	10	18	7	7	11	16	10	13	4	11
Sweden	8	28	14	11	15	30	15	14	3	16
Turkey (Istanbul)	..	10	6	5	7	15	9	12	..	12
Ukraine	15	21	10	6	13	29	21	27	9	22
United Kingdom	11	33	24	17	21	40	23	20	4	22
<i>Average</i>	11	20	12	8		25	17	19	4	
Latvia	17	20	11	7		26	20	27	9	
Greece	3	..	..	..		..	4	5	1	
England	11	28	24	16		39	23	19	4	
Northern Ireland	8	31	24	14		37	19	21	1	
Scotland	12	37	28	21		47	26	27	4	
Wales	13	37	27	14		36	23	25	6	

* Students indicating "once" or more.

Table 20 c:2. Experienced problems caused by own alcohol use*. All students (continued).

	Sexual experiences			Delinquency problems				
	Engaged in unwanted sexual experience	Engaged in unprotected sex	Average	Scuffle or fight	Victimized by robbery or theft	Driving a motorcycle/ car under the influence of alcohol	Trouble with police	Average
Croatia	6	6	6	3	2	8	8	5
Cyprus	..	..	..	..	..	..	..	..
Czech Republic	14	13	14	13	1	7	7	7
Denmark	8	11	10	16	4	7	7	9
Estonia	8	7	8	..	..	8	7	8
Faroe Islands	10	9	10	10	6	12	4	8
Finland	8	8	8	19	1	12	8	10
Hungary	7	7	7	..	1	6	4	4
Iceland	15	16	16	16	9	7	..	11
Ireland	..	..	..	..	..	..	13	..
Italy	10	8	9	11	2	17	5	9
Lithuania	8	8	8	12	3	7	7	7
Malta	7	7	7	13	2	3	4	6
Norway	15	10	13	10	1	8	6	6
Poland	6	6	6	14	2	8	5	7
Portugal	4	3	4	3	1	4	1	2
Slovak Republic	8	6	7	10	1	5	3	5
Slovenia	6	6	6	9	1	12	5	7
Sweden	11	11	11	17	1	11	7	9
Turkey (Istanbul)	..	..	..	9	..	..	..	..
Ukraine	11	10	11	15	2	6	6	7
United Kingdom	17	13	15	22	3	5	16	12
<i>Average</i>	9	9		12	2	8	6	
Latvia	4	7		9	1	8	5	
Greece	..	..		..	..	4	1	
England	17	13		21	3	5	15	
Northern Ireland	13	8		19	2	4	13	
Scotland	19	17		28	3	4	29	
Wales	22	11		22	2	4	7	

* Students indicating "once" or more.

Table 21 a:1. Reasons for not drinking alcohol. (continues..)
Percentages among boys who agreed on a list of reasons.

	Bad for health	Costs too much	Religious reasons	Risk of losing control	Hard to stop drinking	Parents disapp- rove	Risk to put on weight	Has dest- royed some- body I know
Croatia	93	66	39	90	81	60	45	69
Cyprus	84	56	4	72	58	28	53	38
Czech Republic	83	80	8	84	74	45	50	46
Denmark	70	65	20	49	29	38	35	38
Estonia	92	58	32	83	71	58	25	43
Faroe Islands	89	92	38	79	75	49	47	53
Finland	80	70	28	53	59	41	45	35
Hungary	92	77	17	75	57	77	22	58
Iceland	..	..	..	..	..	..	..	..
Ireland	57	80	11	50	40	27	52	46
Italy	83	48	15	68	64	57	33	54
Lithuania	92	59	25	78	77	82	35	54
Malta	83	83	7	66	77	70	45	58
Norway	86	76	23	62	40	33	21	39
Poland	93	82	27	86	84	77	23	67
Portugal	91	49	6	74	54	46	33	44
Slovak Republic	91	92	19	93	70	64	43	58
Slovenia	92	77	19	82	73	61	43	60
Sweden	86	78	8	53	62	30	30	30
Turkey (Istanbul)	95	64	85	84	66	71	55	65
Ukraine	92	62	28	76	80	79	72	59
United Kingdom	69	74	22	49	34	22	45	26
<i>Average</i>	85	71	23	72	63	53	41	50
Latvia	94	31	21	85	52	66	30	70
England	69	74	23	49	34	21	46	25
Northern Ireland	67	77	22	50	41	37	40	30
Scotland	73	67	15	47	35	26	38	30
Wales	69	79	16	63	36	22	48	27

Table 21 a:2. Reasons for not drinking alcohol. (continued)
Percentages among boys who agreed on a list of reasons.

	Tastes horrible	Awful effects	May lead to crime or violence	Against my principles	May lead to serious accidents	May have bad effects on family life	Other reasons
Croatia	57	91	77	70	91	94	–
Cyprus	32	87	81	39	93	85	16
Czech Republic	23	92	84	40	97	96	99
Denmark	16	86	47	23	89	43	4
Estonia	58	89	85	51	92	94	15
Faroe Islands	49	93	85	44	91	85	77
Finland	30	84	65	29	81	77	4
Hungary	30	79	68	49	87	80	–
Iceland	..	..	..	..	..	..	..
Ireland	23	86	35	15	62	50	–
Italy	29	83	43	37	87	74	40
Lithuania	70	92	86	64	94	94	19
Malta	30	91	64	43	86	83	–
Norway	35	86	79	52	86	78	6
Poland	51	92	87	50	97	97	16
Portugal	38	93	61	42	92	85	6
Slovak Republic	46	89	89	65	98	98	21
Slovenia	45	90	81	68	95	95	77
Sweden	32	84	65	28	69	61	–
Turkey (Istanbul)	64	92	89	62	96	94	89
Ukraine	68	85	89	71	91	95	92
United Kingdom	17	86	34	13	62	41	7
<i>Average</i>	40	88	71	45	87	81	37
Latvia	52	91	90	61	96	92	17
England	16	86	33	13	62	39	6
Northern Ireland	15	85	26	14	57	50	9
Scotland	24	89	42	12	56	49	10
Wales	11	84	38	6	73	42	3

Table 21 b:1. Reasons for not drinking alcohol. (continues..)
Percentages among girls who agreed on a list of reasons.

	Bad for health	Costs too much	Religious reasons	Risk of losing control	Hard to stop drinking	Parents disapp- rove	Risk to put on weight	Has dest- royed some- body I know
Croatia	97	64	30	94	88	51	40	75
Cyprus	91	54	6	76	74	24	59	46
Czech Republic	94	82	9	90	88	41	47	54
Denmark	83	71	21	48	31	39	48	44
Estonia	97	60	32	87	79	48	32	53
Faroe Islands	95	96	41	84	83	40	58	60
Finland	91	71	31	56	68	40	57	43
Hungary	95	80	20	78	65	75	29	71
Iceland	..	..	..	..	..	..	..	..
Ireland	71	89	13	56	44	24	51	55
Italy	88	45	16	76	74	53	55	59
Lithuania	96	62	23	84	80	79	30	65
Malta	93	82	6	71	85	65	61	65
Norway	92	73	25	69	39	32	23	48
Poland	97	85	32	92	84	71	27	78
Portugal	97	49	6	79	65	37	35	56
Slovak Republic	96	95	18	97	80	49	43	64
Slovenia	97	80	19	86	73	50	47	72
Sweden	93	79	9	48	65	24	37	39
Turkey (Istanbul)	95	64	78	83	67	64	53	64
Ukraine	95	57	28	78	83	75	75	66
United Kingdom	78	79	21	53	42	20	46	36
<i>Average</i>	92	72	23	75	69	48	45	58
Latvia	96	33	23	87	55	53	32	76
England	79	80	22	53	42	18	47	34
Northern Ireland	79	79	26	61	50	33	48	49
Scotland	77	72	19	47	43	26	38	44
Wales	79	83	16	59	38	19	55	27

Table 21 b:2. Reasons for not drinking alcohol. (continued)
Percentages among girls who agreed on a list of reasons.

	Tastes horrible	Awful effects	May lead to crime or violence	Against my principles	May lead to serious accidents	May have bad effects on family life	Other reasons
Croatia	68	97	87	77	97	97	..
Cyprus	43	92	87	43	95	91	16
Czech Republic	30	95	90	46	98	98	99
Denmark	18	89	55	20	92	46	8
Estonia	60	92	93	58	95	97	18
Faroe Islands	68	96	92	46	94	88	80
Finland	35	89	71	30	87	85	7
Hungary	41	82	76	57	92	85	–
Iceland	..	..	..	..	..	..	..
Ireland	25	92	43	16	76	57	–
Italy	38	90	55	47	90	79	55
Lithuania	71	96	93	64	97	95	24
Malta	29	94	80	51	92	87	–
Norway	42	92	87	51	93	79	9
Poland	69	96	95	64	99	98	22
Portugal	47	96	78	41	96	91	10
Slovak Republic	56	97	96	74	99	99	20
Slovenia	57	97	93	75	98	98	80
Sweden	38	91	74	23	77	66	–
Turkey (Istanbul)	67	94	92	59	96	96	76
Ukraine	68	91	94	73	95	97	92
United Kingdom	21	92	41	13	70	44	8
<i>Average</i>	47	93	80	49	92	84	39
Latvia	52	96	93	59	97	94	26
England	20	92	40	13	70	42	7
Northern Ireland	30	92	42	22	79	56	16
Scotland	27	94	39	12	62	50	8
Wales	12	91	56	6	75	46	7

Table 21 c:1. Reasons for not drinking alcohol. (continues..)
Percentages among all students who agreed on a list of reasons.

	Bad for health	Costs too much	Religious reasons	Risk of losing control	Hard to stop drinking	Parents disapp- rove	Risk to put on weight	Has dest- royed some- body I know
Croatia	95	65	35	92	84	55	42	72
Cyprus	88	55	5	74	66	26	56	42
Czech Republic	88	80	8	87	80	43	48	50
Denmark	77	68	20	49	30	38	42	41
Estonia	95	59	32	85	75	53	29	48
Faroe Islands	92	94	40	81	79	44	52	56
Finland	85	70	29	55	63	40	51	39
Hungary	93	79	19	77	61	76	26	65
Iceland	..	..	..	..	..	..	..	..
Ireland	64	83	12	53	42	25	51	51
Italy	85	47	16	71	68	56	41	56
Lithuania	94	61	24	81	79	81	32	60
Malta	88	83	7	69	82	67	54	62
Norway	89	74	24	66	40	33	22	43
Poland	95	84	29	89	84	73	25	73
Portugal	94	49	6	77	60	41	34	51
Slovak Republic	93	93	18	95	75	57	43	61
Slovenia	94	79	19	84	73	55	45	65
Sweden	90	79	9	50	64	27	34	35
Turkey (Istanbul)	95	64	82	84	64	68	54	64
Ukraine	94	59	28	77	82	77	74	63
United Kingdom	74	76	22	51	39	21	45	31
<i>Average</i>	89	71	23	74	66	50	43	54
Latvia	96	32	22	86	54	58	31	74
England	74	77	22	51	38	19	46	30
Northern Ireland	74	78	24	57	47	34	45	42
Scotland	75	70	17	47	39	26	38	38
Wales	75	81	16	61	37	20	52	27

Table 21 c:2. Reasons for not drinking alcohol. (continued)
Percentages among all students who agreed on a list of reasons.

	Tastes horrible	Awful effects	May lead to crime or violence	Against my prin- ciples	May lead to serious accidents	May have bad effects on family life	Other reasons
Croatia	62	94	82	73	94	96	..
Cyprus	38	90	84	41	94	88	16
Czech Republic	26	93	87	43	97	97	99
Denmark	17	88	51	21	90	45	6
Estonia	59	90	90	55	94	96	16
Faroe Islands	58	94	89	45	93	86	79
Finland	33	86	68	30	84	81	5
Hungary	36	81	72	53	90	83	–
Iceland	..	..	..	..	..	..	..
Ireland	24	89	39	15	69	54	..
Italy	33	86	48	41	88	76	46
Lithuania	71	94	89	64	95	94	22
Malta	29	93	72	48	89	85	..
Norway	38	90	83	51	90	79	8
Poland	60	94	91	58	98	98	19
Portugal	43	95	71	41	95	89	9
Slovak Republic	51	93	92	69	98	99	21
Slovenia	51	93	87	71	97	97	78
Sweden	35	88	70	25	73	64	..
Turkey (Istanbul)	65	93	90	60	96	95	86
Ukraine	68	89	92	72	93	96	92
United Kingdom	19	89	37	13	66	42	7
<i>Average</i>	44	91	75	47	90	83	38
Latvia	52	94	92	59	97	93	23
England	18	89	37	13	66	40	7
Northern Ireland	25	89	36	19	70	54	13
Scotland	26	92	40	12	60	50	9
Wales	12	88	48	6	74	45	5

Table 22 a. Students who have heard of different drugs.
Percentages among boys.

	Tranqui- lizers or sedatives	Marijuana or hashish	LSD	Amphe- tamines	Crack	Cocaine	Heroin	Ecstasy	Metha- done	Ave- rage
Croatia	65	91	58	18	45	91	91	42	25	58
Cyprus	94	93	68	28	44	93	92	74	21	67
Czech Republic	40	96	73	33	34	93	93	18	13	55
Denmark	90	98	76	95	88	96	95	47	87	86
Estonia	13	83	39	25	41	89	89	14	8	45
Faroe Islands	86	94	69	55	74	91	90	40	31	70
Finland	..	86	85	85	78	85	85	43	28	72
Hungary	90	90	87	23	28	92	93	24	12	60
Iceland	65	87	82	83	78	83	83	72	28	73
Ireland	77	89	81	53	84	86	86	86	49	77
Italy	87	97	65	86	86	96	97	86	51	83
Lithuania	51	69	8	16	23	82	74	23	10	40
Malta	82	92	67	30	61	92	92	66	45	70
Norway	55	94	80	93	83	94	94	70	60	80
Poland	70	83	41	75	14	83	82	19	14	53
Portugal	94	94	56	78	69	96	95	30	30	71
Slovak Republic	67	94	69	66	28	92	92	16	9	59
Slovenia	66	94	65	13	32	96	95	28	29	58
Sweden	79	97	89	96	92	96	96	78	46	85
Turkey (Istanbul)	39	88	15	18	9	86	87	7	16	41
Ukraine	56	84	16	17	33	82	82	12	15	44
United Kingdom	79	93	91	87	90	91	90	90	49	84
<i>Average</i>	69	90	63	53	55	90	90	45	31	
Latvia	39	83	29	28	26	90	87	19	12	
Greece	..	95	74	..	67	94	95	46	..	
England	78	94	91	87	91	91	90	91	48	
Northern Ireland	71	90	90	83	87	89	90	89	29	
Scotland	90	95	92	89	90	90	89	91	62	
Wales	69	89	82	79	82	87	86	83	35	

Table 22 b. Students who have heard of different drugs.
Percentages among girls.

	Tranqui- lizers or sedatives	Marijuana or hashish	LSD	Amphe- tamines	Crack	Cocaine	Heroin	Ecstasy	Metha- done	Ave- rage
Croatia	85	96	66	18	46	96	96	46	23	64
Cyprus	97	95	54	26	27	96	96	62	17	63
Czech Republic	55	98	76	40	28	97	97	28	11	59
Denmark	96	99	80	95	84	98	96	46	87	87
Estonia	12	81	30	19	29	94	90	11	7	41
Faroe Islands	91	94	70	50	69	93	90	42	31	70
Finland	.	91	90	89	78	90	91	49	44	78
Hungary	95	93	88	19	20	97	96	25	14	61
Iceland	67	90	84	85	77	87	87	74	19	74
Ireland	87	89	83	52	87	88	89	88	54	80
Italy	93	99	69	89	82	98	100	86	49	85
Lithuania	63	51	4	10	15	85	70	24	7	37
Malta	91	96	64	28	53	96	97	73	40	71
Norway	58	97	75	93	81	96	96	67	58	80
Poland	82	89	43	76	10	92	91	20	10	57
Portugal	96	93	50	77	50	98	97	31	22	68
Slovak Republic	76	97	60	73	22	98	98	18	9	61
Slovenia	82	97	71	13	28	97	97	26	25	60
Sweden	85	99	89	98	92	98	98	78	47	87
Turkey (Istanbul)	47	92	12	15	5	92	91	6	11	41
Ukraine	51	75	10	10	19	83	83	10	9	39
United Kingdom	83	94	91	88	91	92	92	92	53	86
<i>Average</i>	76	91	62	53	50	94	93	46	29	
Latvia	48	78	18	16	12	91	82	21	9	
Greece	..	97	67	..	60	96	96	46	..	
England	82	93	90	88	91	92	92	92	52	
Northern Ireland	75	90	88	85	89	91	91	92	38	
Scotland	91	95	93	91	90	93	92	93	67	
Wales	80	93	90	87	89	90	91	91	41	

Table 22 c. Students who have heard of different drugs.
Percentages among all students.

	Tranqui- lizers or sedatives	Marijuana or hashish	LSD	Amphe- tamines	Crack	Cocaine	Heroin	Ecstasy	Metha- done	Ave- rage
Croatia	75	93	62	18	45	93	93	44	24	61
Cyprus	95	94	61	27	35	95	94	68	19	65
Czech Republic	47	97	75	36	31	95	95	22	12	57
Denmark	93	99	78	95	86	97	96	47	87	86
Estonia	13	82	34	22	34	92	90	13	7	43
Faroe Islands	89	94	70	53	72	92	90	39	31	70
Finland	.	88	88	87	78	88	88	46	36	75
Hungary	92	91	87	21	24	95	94	24	13	60
Iceland	66	89	83	84	78	84	85	73	23	74
Ireland	82	89	82	53	85	87	87	87	52	78
Italy	89	98	67	87	84	97	98	87	50	84
Lithuania	57	60	6	13	19	83	72	24	8	38
Malta	87	94	65	29	57	94	95	70	42	70
Norway	56	95	78	93	82	95	95	69	59	80
Poland	77	86	42	75	12	88	87	20	12	55
Portugal	95	93	53	77	58	97	96	31	25	69
Slovak Republic	71	95	65	69	25	95	95	17	9	60
Slovenia	74	95	68	13	30	96	96	27	27	58
Sweden	82	98	89	97	92	97	97	78	48	86
Turkey (Istanbul)	42	89	13	17	7	89	89	6	14	41
Ukraine	53	79	13	13	25	83	82	11	12	41
United Kingdom	81	93	91	88	90	92	91	91	51	85
<i>Average</i>	72	91	62	53	52	92	91	45	30	
Latvia	45	79	22	20	17	91	84	21	10	
Greece	..	96	70	..	63	95	96	46	..	
England	80	93	91	88	91	92	91	91	50	
Northern Ireland	74	90	89	84	88	90	91	91	35	
Scotland	90	95	92	90	90	92	91	92	65	
Wales	75	91	86	83	86	89	89	87	39	

Table 23 a. Frequency of lifetime use of any illicit drug*. Boys.

	Number of occasions used in lifetime**						
	0	1-2	3-5	6-9	10-19	20-39	40+
Croatia	90	5	1	1	1	1	1
Cyprus	89	6	1	0	1	1	1
Czech Republic	74	12	5	3	3	1	2
Denmark	80	8	4	2	2	2	3
Estonia	89	10	1	0	0	0	–
Faroe Islands	88	7	1	1	0	2	2
Finland	95	3	1	1	0	0	0
Hungary	95	4	1	1	0	0	0
Iceland	88	5	2	2	1	1	1
Ireland	58	31	10	1	0	0	0
Italy	76	9	4	2	3	2	5
Lithuania	96	3	1	–	–	0	0
Malta	97	2	1	0	0	0	0
Norway	92	3	1	1	1	0	1
Poland	87	6	3	1	1	1	1
Portugal	89	4	3	2	1	1	1
Slovak Republic	87	7	2	1	1	0	2
Slovenia	85	6	3	2	2	1	2
Sweden	93	4	1	0	1	0	1
Turkey (Istanbul)	94	4	1	0	0	0	1
Ukraine	80	10	4	2	1	1	2
United Kingdom	56	9	7	5	5	5	14
Latvia	90	8	0	1	0	0	0
USA	59	41					
England	57	9	6	4	5	5	14
Northern Ireland	62	9	7	5	4	4	9
Scotland	40	9	5	6	7	10	22
Wales	65	4	8	3	5	4	11

*This table includes marijuana or hashish, amphetamines, LSD or other hallucinogens, crack, cocaine, ecstasy and heroin.

** Percentages are based on students answering the question.

Table 23 b. Frequency of lifetime use of any illicit drug*. Girls.

	Number of occasions used in lifetime**						
	0	1-2	3-5	6-9	10-19	20-39	40+
Croatia	95	3	1	0	0	0	0
Cyprus	97	2	0	—	—	—	1
Czech Republic	81	10	3	3	2	1	1
Denmark	85	7	3	2	1	1	1
Estonia	95	1	1	0	—	0	—
Faroe Islands	89	6	3	0	1	0	1
Finland	94	4	1	0	0	0	0
Hungary	96	3	1	0	0	—	0
Iceland	92	4	2	1	1	0	1
Ireland	68	27	4	0	0	—	—
Italy	83	6	2	1	2	2	5
Lithuania	97	2	0	0	0	—	—
Malta	98	1	0	0	0	0	0
Norway	95	3	1	0	0	0	1
Poland	94	3	2	1	0	0	0
Portugal	94	3	1	0	1	1	1
Slovak Republic	94	4	1	1	0	0	0
Slovenia	88	5	2	2	2	1	1
Sweden	95	3	1	0	0	0	0
Turkey (Istanbul)	97	2	0	0	0	0	0
Ukraine	91	5	2	1	0	0	0
United Kingdom	60	9	7	4	6	5	9
Latvia	96	4	0	0	—	0	0
USA	60	————— 40 —————					
England	60	10	7	4	6	5	9
Northern Ireland	82	6	6	2	2	2	1
Scotland	50	10	8	5	9	5	12
Wales	68	8	6	2	6	3	7

* This table includes marijuana or hashish, amphetamines, LSD or other hallucinogens, crack, cocaine, ecstasy and heroin.

** Percentages are based on students answering the question.

Table 23 c. Frequency of lifetime use of any illicit drug*. All students.

	Number of occasions used in lifetime**						
	0	1-2	3-5	6-9	10-19	20-39	40+
Croatia	92	4	1	1	1	1	1
Cyprus	94	4	1	0	0	0	1
Czech Republic	77	11	4	3	2	1	1
Denmark	82	7	4	2	2	1	2
Estonia	92	7	1	0	0	0	–
Faroe Islands	88	7	2	1	0	1	2
Finland	95	3	1	0	0	0	0
Hungary	95	3	1	0	0	0	0
Iceland	90	5	2	1	1	1	1
Ireland	63	29	7	1	0	0	0
Italy	79	8	3	2	2	2	5
Lithuania	97	2	0	0	0	0	0
Malta	98	1	0	0	0	0	0
Norway	94	3	1	0	1	0	1
Poland	91	4	2	1	1	1	1
Portugal	92	3	2	1	1	1	1
Slovak Republic	90	5	2	1	1	0	1
Slovenia	87	6	3	2	2	1	1
Sweden	94	4	1	0	0	0	0
Turkey (Istanbul)	95	3	0	0	0	0	1
Ukraine	86	8	3	1	1	1	1
United Kingdom	58	9	7	4	6	5	11
Latvia	94	5	0	0	0	0	0
USA***	59	41					
England	59	9	7	4	6	5	11
Northern Ireland	74	7	6	3	3	3	4
Scotland	46	10	7	6	8	7	16
Wales	67	6	7	2	6	4	8

* This table includes marijuana or hashish, amphetamines, LSD or other hallucinogens, crack, cocaine, ecstasy and heroin.

** Percentages are based on students answering the question.

*** Any illicit drug includes marijuana, LSD, other hallucinogens, crack, other cocaine or heroin, or any use of stimulants or tranquilizers not under a doctor's order.

Table 24 a. Lifetime experience of different illicit drugs. Boys.

	Amphetamine- tamines	LSD or other hallu- cinogens	Crack	Cocaine	Ecstasy	Heroin	Any drug by in- jection	Any illicit drug other than mari- juana/hashish*
Croatia	1	2	1	1	3	1	0	5
Cyprus	2	2	1	2	2	2	2	3
Czech Republic	2	3	0	0	0	1	1	4
Denmark	2	0	0	0	1	2	0	3
Estonia	1	1	0	1	0	0	1	3
Faroe Islands	2	1	1	0	0	1	1	3
Finland	0	1	0	0	0	0	0	1
Hungary	1	1	0	0	0	1	0	2
Iceland	3	2	0	1	2	1	2	5
Ireland	4	16	4	2	11	3	2	19
Italy	4	6	2	4	4	3	2	9
Lithuania	0	0	0	1	0	0	0	1
Malta	1	2	2	2	2	1	1	2
Norway	2	2	1	2	3	2	2	4
Poland	3	2	1	1	1	1	1	5
Portugal	3	1	0	0	1	1	—	4
Slovak Republic	1	1	0	1	0	1	1	3
Slovenia	1	2	1	1	2	1	1	3
Sweden	1	1	1	1	1	1	0	2
Turkey (Istanbul)	1	1	1	1	1	2	2	2
Ukraine	0	1	0	1	0	1	0	2
United Kingdom	15	17	3	3	9	2	1	23
Latvia	1	1	—	0	—	0	0	2
France	3	2	..	2	..	1	..	..
Greece	4	1	1	1	..	1	..	..
USA	14	9**	3	5	..	2	2	22
England	14	16	3	3	9	2	1	23
Northern Ireland	10	19	2	3	11	1	0	22
Scotland	23	24	2	2	14	2	1	33
Wales	12	14	1	5	8	1	—	18

* This column includes amphetamines, LSD or other hallucinogens, crack, cocaine, ecstasy and heroin.

** LSD only.

Table 24 b. Lifetime experience of different illicit drugs. Girls.

	Amphetamine- tamines	LSD or other hallu- cinogens	Crack	Cocaine	Ecstasy	Heroin	Any drug by in- jection	Any illicit drug other than mari- juana/hashish*
Croatia	1	0	0	1	2	1	0	3
Cyprus	1	1	1	1	1	1	1	2
Czech Republic	2	2	—	1	0	1	1	4
Denmark	1	0	1	0	0	1	0	3
Estonia	0	1	0	0	0	0	0	2
Faroe Islands	0	0	0	1	0	1	1	1
Finland	0	1	—	—	0	0	0	1
Hungary	0	1	0	0	1	0	0	2
Iceland	2	1	0	1	1	1	1	3
Ireland	2	9	2	1	6	1	0	12
Italy	2	4	1	2	3	1	1	6
Lithuania	0	0	0	1	0	0	0	1
Malta	1	1	0	1	1	0	0	1
Norway	1	0	0	0	1	0	0	2
Poland	2	1	0	0	0	0	0	3
Portugal	1	0	0	0	0	0	0	2
Slovak Republic	0	0	0	0	—	0	—	1
Slovenia	0	1	1	1	1	1	0	2
Sweden	0	1	0	0	0	0	1	1
Turkey (Istanbul)	1	0	0	0	0	0	1	1
Ukraine	0	1	0	0	0	0	0	1
United Kingdom	12	12	2	2	7	2	1	20
Latvia	0	0	—	1	0	0	0	1
France	1	0	..	1	..	0	..	..
Greece	3	1	0	0	..	0	..	..
USA	20	8**	3	5	..	1	1	26
England	11	12	2	2	7	2	1	19
Northern Ireland	3	6	0	1	5	0	0	9
Scotland	21	18	2	2	11	2	1	29
Wales	10	12	3	3	6	—	1	17

* This column includes amphetamines, LSD or other hallucinogens, crack, cocaine, ecstasy and heroin.

** LSD only.

Table 24 c. Lifetime experience of different illicit drugs. All students.

	Amphetamine- tamines	LSD or other hallu- cinogens	Crack	Cocaine	Ecstasy	Heroin	Any drug by in- jection	Any illicit drug other than mari- juana/hashish*
Croatia	1	1	1	1	2	1	1	4
Cyprus	1	2	1	2	2	2	2	3
Czech Republic	2	3	0	1	0	1	1	4
Denmark	2	0	0	0	1	2	0	3
Estonia	0	1	0	0	0	0	0	2
Faroe Islands	1	1	1	1	0	1	1	2
Finland	0	1	0	0	0	0	0	1
Hungary	0	1	0	0	0	0	0	1
Iceland	3	1	0	1	2	1	1	4
Ireland	3	13	3	2	9	2	1	16
Italy	3	5	2	3	4	2	2	8
Lithuania	0	0	0	1	0	0	0	1
Malta	1	2	1	2	2	1	1	1
Norway	1	1	1	1	2	1	1	3
Poland	2	2	0	1	1	1	1	4
Portugal	2	0	0	0	1	0	0	3
Slovak Republic	1	1	0	1	0	1	1	2
Slovenia	0	1	1	1	1	1	1	3
Sweden	1	1	0	0	1	0	1	2
Turkey (Istanbul)	1	1	0	1	1	1	1	2
Ukraine	0	1	0	0	0	0	0	1
United Kingdom	13	14	3	3	8	2	1	21
Latvia	0	1	—	0	0	0	0	1
France	2	1	..	1	..	1	..	..
Greece	4	1	0	0	..	0	..	..
Spain**	2	3	..	1	2	0	..	..
USA	17	8***	3	5	..	2	2	24
England	12	14	3	3	8	2	1	21
Northern Ireland	6	11	1	2	7	1	0	14
Scotland	22	21	2	2	12	2	1	31
Wales	11	13	2	4	6	0	0	17

* This column includes amphetamines, LSD or other hallucinogens, crack, cocaine, ecstasy and heroin.

** Data by sex not available.

*** LSD only.

Table 25 a. Frequency of lifetime use of marijuana or hashish. Boys.

	Number of occasions used in lifetime*							No answer %
	0	1-2	3-5	6-9	10-19	20-39	40+	
Croatia	87	6	2	1	1	1	2	1
Cyprus	93	5	0	0	0	0	1	..
Czech Republic	75	12	5	2	3	1	2	0
Denmark	80	8	4	2	2	2	3	1
Estonia	90	5	2	1	1	1	1	0
Faroe Islands	89	7	0	1	0	2	2	..
Finland	95	4	1	0	0	—	0	0
Hungary	95	3	0	1	0	0	0	1
Iceland	88	6	2	1	1	1	1	0
Ireland	58	12	6	4	6	4	10	1
Italy	79	8	3	2	3	2	3	1
Lithuania	98	1	0	—	—	0	0	0
Malta	90	6	2	0	0	0	1	1
Norway	93	3	1	1	1	0	1	2
Poland	88	6	2	1	1	1	1	1
Portugal	91	3	2	1	1	0	1	1
Slovak Republic	88	7	2	1	1	1	1	1
Slovenia	86	7	3	1	2	0	2	1
Sweden	93	4	1	1	0	0	1	0
Turkey (Istanbul)	95	4	1	0	0	0	1	9
Ukraine	80	11	4	2	2	1	2	3
United Kingdom	56	10	6	4	5	5	14	2
Latvia	92	7	0	1	0	0	0	1
France	87	5	—	2	—	5	—	..
Greece	97	2	0	0	0	0	—	1
USA	64	9	5	4	4	4	11	1
England	58	10	6	4	5	5	13	2
Northern Ireland	65	11	5	5	3	3	7	2
Scotland	40	10	6	7	8	9	21	3
Wales	66	4	8	4	5	3	11	1

* Percentages are based on students answering the question.

Table 25 b. Frequency of lifetime use of marijuana or hashish. Girls.

	Number of occasions used in lifetime*							No answer %
	0	1-2	3-5	6-9	10-19	20-39	40+	
Croatia	95	2	2	0	0	0	0	0
Cyprus	98	1	0	0	0	0	1	..
Czech Republic	82	10	3	2	1	0	1	0
Denmark	85	7	3	2	1	1	1	1
Estonia	95	3	1	0	1	—	0	0
Faroe Islands	89	7	2	0	1	0	0	..
Finland	95	4	1	0	0	0	0	0
Hungary	96	3	1	0	0	—	0	0
Iceland	92	4	1	1	1	0	1	0
Ireland	69	12	7	3	4	3	3	2
Italy	84	6	2	1	2	2	4	1
Lithuania	99	1	0	0	0	—	—	0
Malta	93	3	1	1	1	0	1	1
Norway	95	3	1	0	0	0	0	1
Poland	95	3	1	0	0	0	0	1
Portugal	95	2	1	0	1	1	1	1
Slovak Republic	94	4	1	1	0	0	0	0
Slovenia	88	6	2	2	2	0	1	0
Sweden	95	4	1	0	0	0	—	0
Turkey (Istanbul)	97	2	0	0	0	0	0	10
Ukraine	91	5	2	1	0	0	0	1
United Kingdom	62	11	6	4	6	5	7	2
Latvia	97	2	0	0	—	0	0	1
France	88	4	—	4	—	4	—	..
Greece	98	2	0	0	—	0	0	1
USA	68	9	5	4	4	3	7	1
England	62	11	6	4	6	5	7	2
Northern Ireland	84	7	4	2	2	1	1	1
Scotland	53	13	8	5	7	5	10	1
Wales	69	10	3	4	5	3	7	0

* Percentages are based on students answering the question.

Table 25 c. Frequency of lifetime use of marijuana or hashish. All students.

	Number of occasions used in lifetime*							No answer %
	0	1-2	3-5	6-9	10-19	20-39	40+	
Croatia	91	4	2	1	1	1	1	1
Cyprus	95	3	0	0	0	0	1	..
Czech Republic	78	11	4	2	2	1	1	0
Denmark	83	8	3	2	1	1	2	1
Estonia	93	4	2	1	1	0	1	0
Faroe Islands	89	7	1	1	0	1	1	4
Finland	95	4	1	0	0	0	0	0
Hungary	96	3	1	0	0	0	0	1
Iceland	90	5	2	1	1	1	1	0
Ireland	63	12	7	3	5	3	7	2
Italy	81	7	3	2	2	2	4	1
Lithuania	99	1	0	0	0	0	0	0
Malta	92	4	2	1	0	0	1	1
Norway	94	3	1	1	0	0	1	1
Poland	92	4	2	1	1	1	1	1
Portugal	93	2	1	1	1	1	1	1
Slovak Republic	91	6	1	1	1	0	1	1
Slovenia	87	6	2	2	2	0	1	1
Sweden	94	4	1	0	0	0	0	0
Turkey (Istanbul)	96	3	0	0	0	0	0	9
Ukraine	86	8	2	1	1	1	1	2
United Kingdom	59	10	6	4	5	5	10	2
Latvia	95	4	0	0	0	0	0	1
France	88	5	— 3 —		— 5 —			..
Greece	98	2	0	0	0	0	0	1
Spain**	85	— 15 —						2
USA	66	9	5	4	4	4	9	2
England	60	10	6	4	5	5	10	2
Northern Ireland	77	8	5	3	2	2	3	1
Scotland	47	12	7	6	7	7	15	2
Wales	67	8	5	4	5	3	9	0

* Percentages are based on students answering the question.

** Data by sex not available.

Table 26 a. Frequency of lifetime use of any illicit drug other than marijuana or hashish*. Boys.

	Number of occasions used in lifetime						
	0	1-2	3-5	6-9	10-19	20-39	40+
Croatia	95	2	1	1	0	0	1
Cyprus	96	2	1	—	1	1	1
Czech Republic	95	3	1	0	1	0	0
Denmark	97	2	1	0	0	0	0
Estonia	97	2	0	0	0	0	—
Faroe Islands	97	1	0	0	0	0	0
Finland	99	1	0	0	—	—	—
Hungary	99	1	0	—	0	0	—
Iceland	95	2	1	1	1	0	0
Ireland	81	16	3	0	0	—	—
Italy	91	4	2	1	1	1	2
Lithuania	98	1	0	—	—	—	—
Malta	98	1	0	0	0	0	0
Norway	96	1	1	0	0	0	1
Poland	95	3	1	0	0	0	1
Portugal	96	2	1	0	0	—	0
Slovak Republic	97	2	1	0	0	0	0
Slovenia	97	1	1	1	0	—	0
Sweden	98	1	0	0	0	0	0
Turkey (Istanbul)	98	2	0	0	0	0	0
Ukraine	98	1	1	0	0	0	0
United Kingdom	77	8	6	2	3	2	2
Latvia	98	2	—	—	—	—	—
USA	78	22					
England	77	8	6	2	3	2	2
Northern Ireland	78	6	4	3	5	3	1
Scotland	68	10	7	3	6	3	4
Wales	83	3	4	3	1	2	3

* This table includes amphetamines, LSD or other hallucinogens, crack, cocaine, ecstasy and heroin.

Table 26 b. Frequency of lifetime use of any illicit drug other than marijuana or hashish*. Girls.

	Number of occasions used in lifetime						
	0	1-2	3-5	6-9	10-19	20-39	40+
Croatia	97	2	0	–	0	–	0
Cyprus	99	1	–	–	–	–	0
Czech Republic	96	2	1	0	1	–	0
Denmark	97	2	0	1	0	0	0
Estonia	99	1	0	0	–	–	–
Faroe Islands	99	0	0	0	0	0	0
Finland	99	1	0	–	–	–	–
Hungary	99	1	0	–	–	–	0
Iceland	97	1	1	0	0	0	0
Ireland	88	11	1	0	–	–	–
Italy	94	3	1	0	1	0	1
Lithuania	99	1	0	0	0	–	–
Malta	99	1	0	0	0	0	0
Norway	98	1	0	0	0	0	0
Poland	97	2	1	0	0	0	0
Portugal	98	1	0	–	0	–	0
Slovak Republic	99	1	0	0	0	–	0
Slovenia	98	1	1	0	0	0	0
Sweden	99	1	0	0	–	0	0
Turkey (Istanbul)	99	1	0	0	0	0	0
Ukraine	99	1	0	0	–	–	0
United Kingdom	80	7	6	2	3	1	1
Latvia	98	1	0	0	–	–	–
USA	74	—————26—————					
England	81	8	6	2	2	1	1
Northern Ireland	91	3	4	0	0	1	0
Scotland	71	9	7	3	5	2	3
Wales	83	6	6	1	2	0	3

* This table includes amphetamines, LSD or other hallucinogens, crack, cocaine, ecstasy and heroin.

Table 26 c. Frequency of lifetime use of any illicit drug other than marijuana or hashish*. All students.

	Number of occasions used in lifetime						
	0	1-2	3-5	6-9	10-19	20-39	40+
Croatia	96	2	1	0	0	0	0
Cyprus	98	1	0	–	0	0	1
Czech Republic	96	2	1	0	1	0	0
Denmark	97	2	0	1	0	0	0
Estonia	98	2	0	0	0	0	–
Faroe Islands	98	1	0	0	0	0	0
Finland	99	1	0	0	–	–	–
Hungary	99	1	0	–	0	0	0
Iceland	96	2	1	1	0	0	0
Ireland	84	14	1	0	0	0	0
Italy	92	4	1	1	1	0	1
Lithuania	98	1	0	0	0	–	0
Malta	99	1	0	0	0	0	0
Norway	97	1	1	0	0	0	0
Poland	96	2	1	0	0	0	0
Portugal	97	2	1	0	0	–	0
Slovak Republic	98	1	0	0	0	0	0
Slovenia	97	1	1	0	0	0	0
Sweden	98	1	0	0	0	0	0
Turkey (Istanbul)	98	1	0	0	0	0	0
Ukraine	99	1	0	0	0	0	0
United Kingdom	78	8	6	2	3	2	2
Latvia	97	1	0	0	–	–	–
USA	76	————— 24 —————					
England	79	8	6	2	2	2	2
Northern Ireland	86	4	4	1	2	2	0
Scotland	69	9	7	3	5	2	3
Wales	83	5	6	2	2	1	3

* This table includes amphetamines, LSD or other hallucinogens, crack, cocaine, ecstasy and heroin.

** Illicit drugs other than marijuana include LSD, other hallucinogens, crack, other cocaine, or heroin or any use of stimulants or tranquilizers not under a doctors orders.

Table 27 a. Lifetime use of tranquilizers or sedatives; anabolic steroids or other doping agents; alcohol together with pills. Boys.

	Tranquilizers or sedatives <u>by</u> prescription	Tranquilizers or sedatives <u>without</u> prescription	Anabolic steroids or other doping agents	Alcohol to- gether with pills
Croatia	..	6	6	6
Cyprus	7	7	3	5
Czech Republic	26	8	3	8
Denmark	6	9	1	9
Estonia	3	2	..	..
Faroe Islands	6	5	1	7
Finland	5	4	0	11
Hungary	6	5	1	9
Iceland	14	9	1	..
Ireland	..	6	..	..
Italy	10	8	3	5
Lithuania	12	8	3	2
Malta	12	8	..	10
Norway	15	2	2	7
Poland	10	11	4	6
Portugal	14	8	1	4
Slovak Republic	10	3	3	5
Slovenia	9	5	4	6
Sweden	11	5	2	12
Turkey (Istanbul)	7	6	1	3
Ukraine	8	3	3	5
United Kingdom	17	7	2	14
Latvia	6	2	4	2
Greece	4	6	..	..
USA	..	6*	3**	..
England	17	6	2	14
Northern Ireland	18	5	1	13
Scotland	18	16	2	18
Wales	13	5	3	15

* Tranquilizers only.

** Steroids only.

Table 27 b. Lifetime use of tranquilizers or sedatives; anabolic steroids or other doping agents; alcohol together with pills. Girls.

	Tranquilizers or sedatives <u>by</u> prescription	Tranquilizers or sedatives <u>without</u> prescription	Anabolic steroids or other doping agents	Alcohol to- gether with pills
Croatia	..	11	2	7
Cyprus	8	9	1	4
Czech Republic	27	15	1	10
Denmark	5	12	1	16
Estonia	3	2	..	..
Faroe Islands	2	2	0	13
Finland	4	6	0	25
Hungary	9	11	1	11
Iceland	13	10	0	..
Ireland	..	9	..	..
Italy	16	15	1	7
Lithuania	20	20	0	2
Malta	8	10	..	15
Norway	12	3	1	12
Poland	14	25	0	8
Portugal	16	8	0	5
Slovak Republic	12	6	1	5
Slovenia	9	10	1	8
Sweden	9	7	0	24
Turkey (Istanbul)	8	7	—	2
Ukraine	10	3	1	3
United Kingdom	18	10	1	25
Latvia	10	5	2	3
Greece	4	7	..	..
USA	..	7*	1**	..
England	16	9	1	25
Northern Ireland	20	9	0	16
Scotland	17	15	2	27
Wales	13	7	—	25

* Tranquilizers only.

** Steroids only.

Table 27 c. Lifetime use of tranquilizers or sedatives; anabolic steroids or other doping agents; alcohol together with pills. All students.

	Tranquilizers or sedatives <u>by</u> prescription	Tranquilizers or sedatives <u>without</u> prescription	Anabolic steroids or other doping agents	Alcohol to- gether with pills
Croatia	..	8	3	6
Cyprus	8	8	3	5
Czech Republic	26	11	2	9
Denmark	6	11	1	13
Estonia	3	2	..	..
Faroe Islands	4	4	1	10
Finland	5	5	0	17
Hungary	8	8	1	10
Iceland	13	9	1	..
Ireland	..	7	..	..
Italy	12	11	3	6
Lithuania	16	15	2	2
Malta	10	9	..	13
Norway	13	3	2	9
Poland	13	18	2	7
Portugal	15	8	1	5
Slovak Republic	11	4	2	5
Slovenia	9	8	3	7
Sweden	10	6	1	18
Turkey (Istanbul)	8	7	0	2
Ukraine	9	3	2	4
United Kingdom	17	8	2	20
Latvia	8	4	3	3
Greece	4	6	..	..
Spain	6	5	..	..
USA	..	6*	2**	..
England	17	7	2	20
Northern Ireland	19	7	1	15
Scotland	18	16	2	23
Wales	13	6	2	20

* Tranquilizers only.

** Steroids only.

Table 28 a. Frequency of the use of marijuana or hashish during the last 12 months and the last 30 days. Boys*.

	Number of occasions							
	Last 12 months					Last 30 days		
	0	1-2	3-5	6-9	10+	1-2	3-5	6+
Croatia	90	5	1	1	3	2	1	1
Cyprus	96	2	0	—	1	1	0	1
Czech Republic	81	10	4	2	3	5	1	2
Denmark	83	8	3	2	4	5	1	2
Estonia	..	..	..	..	..	..	..	..
Faroe Islands	93	4	0	0	2	0	1	1
Finland	97	2	1	0	0	1	0	0
Hungary	97	2	1	0	1	1	0	0
Iceland	90	5	2	1	2	3	1	1
Ireland	61	11	7	5	16	9	6	10
Italy	82	7	2	2	7	5	3	5
Lithuania	99	0	0	—	0	1	0	0
Malta	93	4	1	1	1	1	0	2
Norway	94	3	1	1	1	2	1	1
Poland	92	4	2	1	1	2	1	1
Portugal	92	3	1	1	2	2	1	1
Slovak Republic	92	5	1	1	1	3	1	1
Slovenia	89	5	3	1	3	3	2	2
Sweden	95	3	1	0	0	2	0	0
Turkey (Istanbul)	96	2	0	0	1	2	0	1
Ukraine	88	7	2	2	2	4	1	1
United Kingdom	62	10	5	5	18	10	6	13
Latvia	94	4	0	1	0	1	0	0
France	88	6	—	2	—	..	..	..
Greece	98	2	0	0	0	1	0	0
USA	69	8	5	4	14	7	4	9
England	63	10	5	5	17	9	5	12
Northern Ireland	68	13	4	5	10	8	5	7
Scotland	48	11	5	8	28	12	10	18
Wales	67	8	7	5	13	13	3	9

* Percentages are based on students answering the question.

Table 28 b. Frequency of the use of marijuana or hashish during the last 12 months and the last 30 days. Girls*.

	Number of occasions							
	Last 12 months					Last 30 days		
	0	1-2	3-5	6-9	10+	1-2	3-5	6+
Croatia	96	2	1	0	1	1	0	0
Cyprus	99	0	0	—	1	0	0	1
Czech Republic	87	8	2	2	2	4	1	1
Denmark	88	6	3	1	2	3	1	0
Estonia	..	..	..	..	..	..	..	..
Faroe Islands	90	7	1	1	1	3	0	0
Finland	95	3	1	0	0	1	0	0
Hungary	97	2	0	0	0	1	0	0
Iceland	94	3	1	0	1	2	0	1
Ireland	73	13	5	3	6	7	2	3
Italy	85	4	3	1	7	4	2	4
Lithuania	100	0	0	0	—	0	0	0
Malta	95	4	1	1	1	1	0	0
Norway	97	2	1	0	1	1	0	1
Poland	96	2	1	0	1	1	0	0
Portugal	96	2	1	0	1	1	1	0
Slovak Republic	96	3	1	0	0	1	0	0
Slovenia	90	5	2	2	1	3	1	1
Sweden	96	3	0	0	0	1	0	0
Turkey (Istanbul)	98	1	1	0	0	1	0	0
Ukraine	95	3	1	0	1	2	0	0
United Kingdom	68	10	6	5	11	9	4	7
Latvia	98	2	0	0	0	1	0	0
France	90	4	—	4	2	..	..	..
Greece	98	1	0	0	0	1	0	0
USA	74	8	5	4	10	6	3	6
England	68	10	6	4	11	9	4	7
Northern Ireland	87	5	4	2	2	5	2	1
Scotland	60	13	6	7	15	12	5	8
Wales	71	12	4	3	10	7	4	4

* Percentages are based on students answering the question.

Table 28 c. Frequency of the use of marijuana or hashish during the last 12 months and the last 30 days. All students*.

	Number of occasions							
	Last 12 months					Last 30 days		
	0	1-2	3-5	6-9	10+	1-2	3-5	6+
Croatia	94	4	1	0	1	1	1	1
Cyprus	97	1	0	—	1	1	0	1
Czech Republic	84	9	3	2	3	5	1	1
Denmark	86	7	3	1	3	4	1	1
Estonia	..	..	..	..	..	..	..	..
Faroe Islands	91	6	1	1	2	2	0	0
Finland	96	3	1	0	0	1	0	0
Hungary	97	2	0	0	0	1	0	0
Iceland	92	4	2	1	2	2	1	1
Ireland	67	12	6	4	7	8	4	7
Italy	82	6	3	2	7	5	3	5
Lithuania	99	0	0	0	0	0	0	0
Malta	94	3	1	1	1	1	0	1
Norway	95	2	1	1	1	2	0	1
Poland	94	3	1	1	1	2	1	0
Portugal	94	2	1	1	2	2	1	1
Slovak Republic	94	4	1	1	1	2	0	1
Slovenia	90	5	2	2	2	3	1	1
Sweden	96	3	1	0	0	1	0	0
Turkey (Istanbul)	97	2	1	1	0	1	0	1
Ukraine	92	5	1	1	1	3	1	1
United Kingdom	65	10	6	5	14	10	5	9
Latvia	97	3	0	0	0	1	0	0
France	89	5	—	3	3	..	..	..
Greece	98	1	0	0	0	1	0	0
Spain**	87	—	—	13	—	5	2	2
USA	71	8	5	4	12	6	3	7
England	66	10	6	5	14	9	5	9
Northern Ireland	80	8	4	3	5	6	3	3
Scotland	54	12	6	7	21	12	7	13
Wales	69	10	5	4	11	10	3	6

* Percentages are based on students answering the question.

** Data by sex not available.

Table 29 a. First drug used*.
Percentages among boys.

	Never used any	Tranqui- lizers or sedatives	Marijuana or hashish	LSD	Amphe- tamines	Crack	Cocaine	Heroin	Ecstasy	Don't know
Croatia	84	2	11	0	0	0	0	0	1	1
Cyprus	90	2	4	0	0	0	0	0	1	3
Czech Republic	73	2	22	0	0	—	0	0	1	1
Denmark	76	4	19	0	0	0	0	0	0	0
Estonia	86	1	10	—	—	—	—	—	—	3
Faroe Islands	79	3	10	0	0	0	0	6	0	2
Finland	94	2	4	0	0	0	0	0	0	0
Hungary	92	1	3	0	0	0	0	0	0	0
Iceland	85	3	10	0	1	0	0	0	0	1
Ireland	55	1	38	2	0	0	0	0	1	1
Italy	76	2	17	1	0	0	0	0	0	..
Lithuania	89	7	1	—	0	0	1	0	0	1
Malta	86	2	7	1	0	0	0	0	1	3
Norway	92	1	5	0	0	0	0	0	1	1
Poland	86	4	7	0	1	0	—	0	0	2
Portugal	86	3	9	—	1	0	—	0	0	1
Slovak Republic	88	2	8	0	1	0	0	0	0	1
Slovenia	85	1	12	0	—	—	0	0	0	0
Sweden	91	2	6	0	0	0	—	—	0	1
Turkey (Istanbul)	92	2	4	0	..	—	0	..	0	3
Ukraine	83	2	8	0	0	0	0	0	0	6
United Kingdom**	52	1	36	2	1	0	0	0	1	1
Latvia	91	1	7	0	0	0	0	0	0	1
England**	53	0	35	2	1	0	0	0	1	1
Northern Ireland**	61	1	20	4	0	0	1	0	2	1
Scotland**	38	1	51	4	1	0	0	0	0	1
Wales**	60	1	26	1	0	0	0	0	0	1

* Refers to the selected drugs listed in the table.

**Small percentages are reported for drugs not on the list. Thus, the percentages do not always add to 100.

Table 29 b. First drug used*.
Percentages among girls.

	Never used any	Tranqui- lizers or sedatives	Marijuana or hashish	LSD	Amphe- tamines	Crack	Cocaine	Heroin	Ecstasy	Don't know
Croatia	90	4	4	0	0	0	0	0	1	1
Cyprus	94	3	2	0	—	—	0	—	0	1
Czech Republic	75	8	14	0	0	—	0	0	1	1
Denmark	80	5	14	0	0	0	0	0	0	0
Estonia	93	1	4	—	—	—	—	—	—	2
Faroe Islands	83	1	9	0	0	0	0	3	0	3
Finland	91	3	4	0	0	0	0	0	0	0
Hungary	91	4	2	0	0	0	0	0	0	0
Iceland	89	4	6	0	0	0	0	0	0	1
Ireland	65	3	28	2	0	0	—	0	1	1
Italy	76	5	13	1	1	0	0	0	0	1
Lithuania	80	17	1	—	0	0	0	0	0	1
Malta	88	5	4	0	0	0	0	0	0	2
Norway	93	2	4	0	0	0	0	0	1	0
Poland	81	14	3	0	1	—	0	—	0	1
Portugal	89	4	5	—	0	—	—	—	—	1
Slovak Republic	90	3	4	0	1	0	0	0	0	1
Slovenia	85	4	10	—	—	—	0	—	0	0
Sweden	91	3	4	—	0	—	0	—	—	1
Turkey (Istanbul)	94	3	1	0	..	—	0	..	—	1
Ukraine	92	2	3	0	0	0	0	0	0	3
United Kingdom**	56	1	29	2	1	0	0	0	1	2
Latvia	94	2	2	0	0	0	0	0	0	1
England**	56	1	29	2	1	0	0	0	1	2
Northern Ireland**	77	1	13	1	0	0	0	0	1	1
Scotland**	48	2	34	5	3	0	0	0	1	1
Wales**	66	0	26	1	0	1	1	0	0	0

* Refers to the selected drugs listed in the table.

**Small percentages are reported for drugs not on the list. Thus, the percentages do not always add to 100.

Table 29 c. First drug used*.
Percentages among all students.

	Never used any	Tranqui- lizers or sedatives	Marijuana or hashish	LSD	Amphe- tamines	Crack	Cocaine	Heroin	Ecstasy	Don't know
Croatia	87	3	8	0	0	0	0	0	1	1
Cyprus	92	2	3	0	0	0	0	0	1	2
Czech Republic	74	5	19	0	0	—	0	0	1	1
Denmark	78	5	16	0	0	0	0	0	0	0
Estonia	90	1	7	—	—	—	—	—	—	2
Faroe Islands	81	2	10	0	0	0	0	5	0	3
Finland	93	2	4	0	0	0	0	0	0	0
Hungary	92	2	3	0	—	0	0	0	0	0
Iceland	87	3	8	0	1	0	0	0	0	1
Ireland	60	2	33	2	0	0	0	0	1	1
Italy	75	4	16	1	0	0	0	0	0	1
Lithuania	84	13	1	—	0	0	0	0	0	1
Malta	87	4	5	0	0	0	0	0	1	2
Norway	92	2	5	0	0	0	0	0	1	0
Poland	83	9	5	0	1	—	0	0	0	2
Portugal	88	3	7	—	0	0	—	0	0	1
Slovak Republic	89	2	6	0	1	0	0	0	0	1
Slovenia	86	3	11	0	—	—	0	0	0	0
Sweden	91	3	5	0	0	0	0	0	0	1
Turkey (Istanbul)	93	2	3	0	..	—	0	..	—	2
Ukraine	88	2	5	0	0	0	0	0	0	4
United Kingdom**	54	1	33	2	1	0	0	0	1	1
Latvia	93	2	4	0	0	0	0	0	0	1
England**	55	1	32	2	1	0	0	0	1	2
Northern Ireland**	71	1	15	2	0	0	0	0	1	1
Scotland**	43	2	41	5	2	0	0	0	1	1
Wales**	64	0	26	1	0	0	0	0	0	0

* Refers to the selected drugs listed in the table.

**Small percentages are reported for drugs not on the list. Thus, the percentages do not always add to 100.

Table 30 a. How the first used drug was obtained*.
Percentages among boys.

	Never used any illicit drug	Given by older brother or sister	Given by older friend	Given by friend of the same age or younger	Given by someone else	Shared in a group	Bought from a friend	Bought from someone else	Other way
Croatia	85	1	2	3	0	4	1	1	2
Cyprus	90	1	2	1	1	1	0	0	4
Czech Republic	73	1	6	9	1	5	2	1	3
Denmark	74	1	4	6	1	4	2	2	6
Estonia	87	1	4	3	1	4	1	1	0
Faroe Islands	79	1	4	4	1	1	1	7	2
Finland	93	0	1	1	1	2	0	0	2
Hungary	92	–	1	1	0	2	–	0	3
Iceland	84	1	2	2	1	3	3	2	3
Ireland	56	2	7	9	1	14	4	3	4
Italy	78	1	4	4	1	5	3	0	4
Lithuania	89	0	2	2	–	1	1	1	3
Malta	88	0	3	1	1	2	1	1	3
Norway	92	0	1	1	1	2	1	1	2
Poland	86	0	2	2	0	3	1	1	4
Portugal	86	–	2	2	–	7	0	0	3
Slovak Republic	88	0	4	2	0	3	1	0	2
Slovenia	85	0	2	2	0	6	1	–	2
Sweden	91	0	1	2	0	1	1	0	2
Turkey (Istanbul)	91	0	1	1	0	3	1	0	3
Ukraine	81	1	6	5	0	4	0	0	1
United Kingdom	52	2	11	**	1	18	5	3	5
Latvia	91	0	1	1	0	4	1	1	2
England	53	2	11	**	1	17	5	3	9
Northern Ireland	61	2	6	**	2	10	7	5	8
Scotland	..	..	..	..	..	..	..	..	..
Wales	60	1	8	**	1	15	3	3	9

* Refers to the drugs listed in table 29.

** Included under "other way".

Table 30 b. How the first used drug was obtained*.
Percentages among girls.

	Never used any illicit drug	Given by older brother or sister	Given by older friend	Given by friend of the same age or younger	Given by someone else	Shared in a group	Bought from a friend	Bought from someone else	Other way
Croatia	90	0	2	1	0	3	0	0	4
Cyprus	94	1	1	0	0	1	0	0	3
Czech Republic	75	0	7	4	1	6	1	1	7
Denmark	76	1	5	4	0	4	1	1	10
Estonia	93	–	2	1	0	3	–	0	1
Faroe Islands	85	1	5	2	2	1	0	4	1
Finland	92	0	2	2	1	1	0	0	2
Hungary	91	0	2	1	1	2	–	–	4
Iceland	87	0	3	1	1	2	1	1	3
Ireland	65	1	6	6	2	12	2	1	5
Italy	80	1	8	1	0	4	2	0	5
Lithuania	80	0	3	4	0	2	0	1	9
Malta	88	0	3	0	0	1	0	0	5
Norway	93	0	2	1	1	1	0	1	2
Poland	82	1	2	1	0	3	0	0	12
Portugal	90	0	1	1	–	4	0	–	3
Slovak Republic	91	0	3	1	0	1	0	0	4
Slovenia	86	1	3	1	0	4	1	0	4
Sweden	91	–	2	1	0	1	0	0	3
Turkey (Istanbul)	94	1	1	0	–	1	0	–	3
Ukraine	92	0	4	1	0	2	0	0	0
United Kingdom	56	2	11	**	1	16	3	2	5
Latvia	94	0	1	1	0	2	0	0	3
England	56	2	11	**	11	16	3	2	9
Northern Ireland	77	0	5	**	0	9	1	1	6
Scotland	48	3	14	**	2	17	5	3	8
Wales	66	1	11	**	2	13	1	1	5

* Refers to the drugs listed in table 29.

**Included under "other way".

Table 30 c. How the first used drug was obtained*.
Percentages among all students.

	Never used any illicit drug	Given by older brother or sister	Given by older friend	Given by friend of the same age or younger	Given by someone else	Shared in a group	Bought from a friend	Bought from someone else	Other way
Croatia	87	1	2	2	0	3	1	0	3
Cyprus	92	1	2	1	1	1	0	0	2
Czech Republic	74	1	7	7	1	5	1	1	5
Denmark	75	1	4	5	1	4	1	2	8
Estonia	90	0	3	2	1	3	0	1	0
Faroe Islands	82	1	4	3	1	1	1	6	2
Finland	92	0	2	1	1	1	0	0	2
Hungary	91	0	2	1	1	2	–	0	4
Iceland	86	1	3	2	1	2	2	1	3
Ireland	61	2	7	8	2	13	3	2	4
Italy	78	1	5	3	1	4	3	0	4
Lithuania	84	0	3	3	0	2	0	1	7
Malta	88	0	3	1	1	2	1	0	4
Norway	92	0	2	1	1	1	1	1	2
Poland	84	1	2	1	0	3	1	1	8
Portugal	88	0	2	1	–	6	0	0	3
Slovak Republic	89	0	3	1	0	2	1	0	3
Slovenia	86	1	3	2	0	5	1	0	3
Sweden	91	0	2	2	0	1	1	0	3
Turkey (Istanbul)	92	0	1	1	0	2	0	1	3
Ukraine	87	0	5	2	0	3	0	0	1
United Kingdom	54	2	11	**	1	17	4	2	5
Latvia	93	0	1	1	0	2	0	0	2
England	55	2	11	**	1	16	5	2	9
Northern Ireland	71	1	5	**	1	9	3	2	7
Scotland	..	..	..	..	..	..	..	..	..
Wales	64	1	9	**	2	14	2	2	7

* Refers to the drugs listed in table 29.

** Included under "other way".

Table 31. Age at time of first use of different substances (marijuana or hashish, LSD, ecstasy, tranquilizers or sedatives, inhalants).
Percentages among students who have answered 13 years or younger.

	Boys					Girls					All students				
	Marij. /hash.	LSD	XTC	Tranq. /sedat.	Inha- lants	Marij. /hash.	LSD	XTC	Tranq. /sedat.	Inha- lants	Marij. /hash.	LSD	XTC	Tranq. /sedat.	Inha- lants
Croatia	3	1	1	2	4	1	0	0	2	7	1	0	1	2	6
Cyprus	17	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Czech Republic	1	0	–	1	2	1	0	–	2	2	1	0	–	1	2
Denmark	5	0	0	4	2	2	0	0	2	2	4	0	0	3	2
Estonia	1	..	..	0	3	0	..	..	1	4	0	..	..	0	3
Faroe Islands	3	0	0	2	5	1	0	0	1	0	2	0	0	1	3
Finland	1	0	0	1	2	1	0	0	1	1	1	0	0	1	2
Hungary	1	0	0	1	3	0	0	–	2	3	0	0	0	1	3
Iceland	1	0	0	1	4	1	0	0	2	4	1	0	0	1	4
Ireland	10	3	1	1	9	4	1	0	2	8	7	2	1	2	9
Italy	2	2	1	3	2	2	0	0	3	2	2	1	1	3	2
Lithuania	0	–	0	3	7	0	0	0	4	5	0	0	0	4	6
Malta	1	1	1	2	4	1	0	1	2	3	1	0	0	2	4
Norway	1	1	1	1	3	1	0	0	1	3	1	0	0	1	3
Poland	1	1	0	2	2	0	–	0	3	1	1	0	0	3	1
Portugal	2	0	–	2	3	1	0	0	2	2	2	0	0	2	2
Slovak Republic	1	1	0	1	2	0	0	0	1	1	1	0	0	1	1
Slovenia	2	0	0	2	7	2	0	0	2	5	2	0	0	2	6
Sweden	1	0	0	0	5	0	0	0	1	3	1	0	0	1	4
Turkey (Istanbul)	1	1	1	1	1	0	0	0	1	1	1	0	0	1	1
Ukraine	2	0	0	1	1	0	0	0	1	0	1	0	0	1	1
United Kingdom	16	5	1	2	7	13	3	1	3	9	14	4	1	2	8
Latvia	0	0	0	1	2	0	0	0	1	1	0	0	0	1	1
Spain	..	..	..	..	..	..	..	..	..	..	2	0	0	..	2
USA*	..	..	..	..	..	..	..	..	..	..	6	1	..	1**	9
England	16	5	1	2	7	12	3	1	3	9	14	4	1	2	8
Northern Ireland	25	4	1	2	12	7	0	1	3	7	14	2	1	2	9
Scotland	23	9	1	2	8	17	5	1	3	9	20	7	1	2	9
Wales	12	1	1	1	8	10	4	1	5	6	11	2	1	3	7

* Used by the end of 7th grade.

** Tranquilizers only.

Table 32 a. Frequency of use of inhalants during the lifetime, the last 12 months and the last 30 days.

Percentages among boys.

	Number of occasions							
	Lifetime					Last 12 months		Last 30 days
	0	1-2	3-5	6-9	10+	1-2	3+	1+
Croatia	87	9	2	1	2	4	3	3
Cyprus	97	2	0	0	1	2	1	2
Czech Republic	92	6	1	1	1	3	1	2
Denmark	94	4	1	1	1	3	1	1
Estonia	92	5	1	1	1	1	1	0
Faroe Islands	88	5	2	0	3	0	2	1
Finland	95	3	1	0	1	1	1	1
Hungary	93	5	1	0	0	1	1	1
Iceland	89	6	2	1	2	3	3	2
Ireland	..	..	..	..	..	..	..	..
Italy	91	4	2	1	2	4	3	6
Lithuania	82	9	3	2	4	5	4	3
Malta	83	10	2	2	3	7	5	7
Norway	93	5	1	1	1	2	2	2
Poland	89	7	1	1	2	..	..	2
Portugal	96	3	0	0	0	1	0	1
Slovak Republic	92	6	1	0	1	2	1	1
Slovenia	86	10	2	1	2	4	3	3
Sweden	85	8	2	1	3	4	2	2
Turkey (Istanbul)	95	4	0	0	1	2	1	3
Ukraine	93	4	1	1	1	2	1	2
United Kingdom	80	12	2	2	4	5	5	5
Latvia	85	9	3	1	2	3	3	3
France	94	3	— 2 —		1	3	2	..
Greece	92	5	1	1	1	3	2	2
USA	80	11	4	2	3	6	4	4
England	81	12	2	1	3	5	5	5
Northern Ireland	72	11	6	5	7	8	9	8
Scotland	78	12	2	3	6	6	6	5
Wales	84	10	2	1	3	8	4	7

Table 32 b. Frequency of use of inhalants during the lifetime, the last 12 months and the last 30 days.
Percentages among girls.

	Number of occasions							
	Lifetime					Last 12 months		Last 30 days
	0	1-2	3-5	6-9	10+	1-2	3+	1+
Croatia	86	9	2	0	2	4	2	2
Cyprus	99	0	0	0	1	1	1	2
Czech Republic	93	6	1	0	0	2	1	1
Denmark	94	4	1	0	1	3	1	2
Estonia	93	6	1	0	1	1	1	1
Faroe Islands	96	2	0	1	0	3	0	1
Finland	96	4	0	0	0	1	1	1
Hungary	95	4	0	0	0	1	0	1
Iceland	90	5	2	1	1	3	2	2
Ireland	..	..	..	..	..	..	..	..
Italy	94	3	1	1	1	2	2	2
Lithuania	86	8	3	1	2	3	2	2
Malta	83	8	4	2	3	6	5	7
Norway	93	5	1	0	1	2	1	1
Poland	92	6	1	0	0	2	1	1
Portugal	98	1	0	0	0	1	0	1
Slovak Republic	95	4	1	0	0	1	0	0
Slovenia	90	7	1	1	1	3	1	2
Sweden	91	6	1	1	0	3	1	1
Turkey (Istanbul)	97	2	0	0	0	1	0	0
Ukraine	96	3	0	0	0	1	0	1
United Kingdom	79	12	4	2	3	7	4	4
Latvia	81	9	4	2	4	5	4	5
France	95	3	—	1	—	2	1	..
Greece	96	3	0	1	0	2	1	1
USA	82	11	4	2	2	5	4	3
England	79	11	4	3	3	7	4	4
Northern Ireland	74	18	5	2	2	12	4	4
Scotland	78	12	3	2	4	6	5	5
Wales	81	10	2	2	4	8	5	1

Table 32 c. Frequency of use of inhalants during the lifetime, the last 12 months and the last 30 days.

Percentages among all students.

	Number of occasions							
	Lifetime					Last 12 months		Last 30 days
	0	1-2	3-5	6-9	10+	1-2	3+	1+
Croatia	87	8	2	1	2	4	3	3
Cyprus	97	1	0	0	1	1	2	2
Czech Republic	92	6	1	0	1	3	1	1
Denmark	94	4	1	0	1	3	1	1
Estonia	92	6	1	1	1	1	1	1
Faroe Islands	92	4	1	1	2	2	1	1
Finland	96	3	1	0	1	1	1	1
Hungary	94	5	1	0	0	1	0	1
Iceland	92	4	1	1	1	3	3	2
Ireland	..	..	..	..	..	..	..	..
Italy	92	4	2	1	2	3	3	5
Lithuania	84	8	3	1	3	4	3	3
Malta	83	9	3	2	3	7	5	7
Norway	93	5	1	1	1	2	2	2
Poland	91	7	1	1	1	2	1	1
Portugal	97	2	0	0	0	1	0	1
Slovak Republic	94	5	1	0	1	2	1	1
Slovenia	88	9	2	1	1	4	2	2
Sweden	88	7	2	1	1	4	2	1
Turkey (Istanbul)	96	3	0	0	0	2	1	2
Ukraine	95	3	1	0	1	1	1	1
United Kingdom	80	12	3	2	3	6	5	4
Latvia	83	9	4	2	3	4	4	4
France	94	3	—	2	—	2	1	..
Greece	94	4	1	1	1	2	1	1
Spain	97	—	—	3	—	—	2	—
USA	81	11	4	2	3	6	4	4
England	80	12	3	2	3	6	5	4
Northern Ireland	74	15	5	3	4	11	6	5
Scotland	78	12	3	2	5	6	5	5
Wales	82	10	2	2	4	8	5	4

Table 33 a. Lifetime abstinence from various substances. Boys.

	Ciga- rettes	Alco- hol	Illicit drugs*	Tranqui- lizers or sedatives	Inha- lants	**	***	****	*****
Croatia	30	15	90	94	87	8	8	8	7
Cyprus	38	8	92	93	97	5	5	5	5
Czech Republic	22	3	74	92	92	2	2	2	2
Denmark	33	3	80	91	94	2	2	2	2
Estonia	15	5	89	99	92	3	3	3	3
Faroe Islands	14	21	88	95	88	6	6	6	6
Finland	22	12	95	96	96	6	6	6	6
Hungary	29	10	94	95	93	6	6	6	6
Iceland	40	22	88	91	89	18	18	17	17
Ireland	28	9	56	94	82	7	7	6	6
Italy	37	11	74	92	90	13	9	6	3
Lithuania	21	6	96	92	82	4	4	3	3
Malta	45	8	89	92	83	6	6	6	6
Norway	34	21	92	98	93	15	14	14	14
Poland	23	7	87	89	89	5	4	..	4
Portugal	44	20	89	92	96	17	17	17	17
Slovak Republic	24	4	87	97	92	2	2	0	0
Slovenia	40	12	85	95	86	9	9	9	9
Sweden	31	11	93	95	85	8	8	8	8
Turkey (Istanbul)	32	38	93	94	95	17	13	13	13
Ukraine	21	14	80	92	93	9	9	9	9
United Kingdom	37	6	55	93	80	4	3	3	3
Latvia	16	7	90	98	85	..	..	..	..
France	49	24	84 ^{oo}	..	..	19	18	..	..
USA	42	30	..	94 ^o	80	..	..	..	..
England	37	6	57	94	81	4	4	3	3
Northern Ireland	40	6	62	95	72	4	4	4	4
Scotland	37	3	40	84	78	2	2	2	2
Wales	37	2	65	95	84	2	2	2	2

* Illicit drugs include marijuana or hashish, LSD, amphetamines, crack, cocaine, heroin and ecstasy.

** Cigarettes and alcohol.

*** Cigarettes and alcohol and illicit drugs.

**** Cigarettes and alcohol and illicit drugs and tranquilizers or sedatives.

***** Cigarettes and alcohol and illicit drugs and tranquilizers or sedatives and inhalants.

^o Tranquilizers only.

^{oo} Including: Amphetamines, hallucinogens, cocaine, heroin, inhalants.

Table 33 b. Lifetime abstinence from various substances. Girls.

	Ciga- rettes	Alco- hol	Illicit drugs*	Tranqui- lizers or sedatives	Inha- lants	**	***	****	*****
Croatia	33	21	95	89	86	12	12	12	12
Cyprus	57	12	97	91	99	10	9	9	9
Czech Republic	30	3	81	85	93	2	2	2	2
Denmark	31	5	85	88	94	3	3	3	3
Estonia	38	6	95	98	93	5	5	5	5
Faroe Islands	12	20	89	98	96	7	7	7	6
Finland	25	11	94	94	96	7	7	7	7
Hungary	33	9	96	89	95	6	6	6	6
Iceland	38	20	92	91	90	18	17	16	16
Ireland	25	9	67	91	81	7	6	6	6
Italy	34	14	80	85	93	11	11	10	10
Lithuania	47	5	97	80	86	5	5	4	4
Malta	44	8	93	90	83	6	6	6	6
Norway	36	20	94	97	93	15	15	15	15
Poland	41	10	94	75	92	8	7	..	7
Portugal	43	22	94	92	98	17	18	17	17
Slovak Republic	45	6	94	94	95	4	5	0	0
Slovenia	43	14	88	90	90	12	12	11	11
Sweden	28	11	95	93	91	8	8	8	8
Turkey (Istanbul)	33	40	92	93	97	18	13	13	12
Ukraine	45	12	91	90	96	14	14	13	13
United Kingdom	29	6	60	91	79	5	4	4	3
Latvia	37	6	96	95	81	..	..	..	..
France	43	20	85 ^{oo}	..	..	16	15	..	..
USA	43	29	..	94 ^o	82	..	..	..	..
England	28	6	60	91	79	4	4	4	3
Northern Ireland	37	15	82	91	74	12	12	12	10
Scotland	30	4	50	85	78	3	3	3	3
Wales	28	0	68	93	81	0	0	0	0

* Illicit drugs include marijuana or hashish, LSD, amphetamines, crack, cocaine, heroin and ecstasy.

** Cigarettes and alcohol.

*** Cigarettes and alcohol and illicit drugs.

**** Cigarettes and alcohol and illicit drugs and tranquilizers or sedatives.

***** Cigarettes and alcohol and illicit drugs and tranquilizers or sedatives and inhalants.

^o Tranquilizers only.

^{oo} Including: Amphetamines, hallucinogens, cocaine, heroin, inhalants.

Table 33 c. Lifetime abstinence from various substances. All students.

	Ciga- rettes	Alco- hol	Illicit drugs*	Tranqui- lizers or sedatives	Inha- lants	**	***	****	*****
Croatia	31	18	92	92	87	10	10	10	9
Cyprus	47	10	94	92	97	7	7	7	7
Czech Republic	26	3	77	89	92	2	2	2	2
Denmark	32	4	82	89	94	2	2	2	2
Estonia	28	5	92	98	93	4	4	4	4
Faroe Islands	13	21	88	96	92	6	6	6	6
Finland	23	11	95	95	96	7	7	7	7
Hungary	31	9	95	92	94	6	6	6	6
Iceland	39	21	90	91	90	18	18	17	17
Ireland	27	9	61	93	81	7	6	6	6
Italy	36	11	76	88	89	15	12	10	9
Lithuania	35	5	97	85	84	4	4	4	3
Malta	45	8	91	91	83	6	6	6	6
Norway	35	21	93	97	93	15	15	15	14
Poland	34	8	90	82	91	6	6	..	5
Portugal	44	21	92	92	97	17	17	17	17
Slovak Republic	34	4	90	96	94	3	3	0	0
Slovenia	41	13	87	92	88	10	10	10	10
Sweden	29	11	94	94	88	8	8	8	8
Turkey (Istanbul)	32	39	93	93	96	17	13	13	13
Ukraine	34	13	86	91	95	12	11	11	11
United Kingdom	32	6	67	92	80	4	4	4	3
Latvia	30	7	94	96	83	..	..	..	..
France	46	22	84 ^{oo}	..	..	..	..	..	..
USA	42	30	59	94 ^o	81	..	..	..	..
England	32	6	59	93	80	4	4	4	3
Northern Ireland	38	12	74	93	74	9	9	9	8
Scotland	33	4	46	85	78	3	3	3	3
Wales	32	1	58	94	82	1	1	1	1

* Illicit drugs include marijuana or hashish, LSD, amphetamines, crack, cocaine, heroin and ecstasy.

** Cigarettes and alcohol.

*** Cigarettes and alcohol and illicit drugs.

**** Cigarettes and alcohol and illicit drugs and tranquilizers or sedatives.

***** Cigarettes and alcohol and illicit drugs and tranquilizers or sedatives and inhalants.

^o Tranquilizers only.

^{oo} Including: Amphetamines, hallucinogens, cocaine, heroin, inhalants.

Table 34 a:1 Perceived availability of substances. (continues...)
Percentages among boys answering "Very easy" or "Fairly easy".

	Alcohol				Inhalants	Anabolic steroids
	Beer	Wine	Spirits	Home made spirits		
Croatia	87	86	72	52	42	12
Cyprus	92	90	86	..	16	22
Czech Republic	97	94	82	..	38	17
Denmark	99	98	94	34	57	15
Estonia	94	81	71	..	21	4
Faroe Islands	92	78	76	57	26	4
Finland	91	85	66	32	50	5
Hungary	91	92	83	..	49	10
Iceland	88	80	75	68	55	10
Ireland	96	90	86	..	78	16
Italy	94	93	84	..	21	13
Lithuania	87	72	64	41	31	13
Malta	70	69	53	..	12	9
Norway	91	83	76	73	65	20
Poland	91	86	72	41	45	19
Portugal	96	94	88	..	30	13
Slovak Republic	87	85	71	46	34	16
Slovenia	88	87	80	58	60	15
Sweden	92	81	75	65	60	28
Turkey (Istanbul)	78	67	66	..	39	8
Ukraine	74	67	61	58	10	6
United Kingdom	89	87	79	..	68	23
Latvia	93	84	81	36	33	9
USA	———— 89 ————			..	..	37
England	88	86	78	..	67	24
Northern Ireland	92	92	88	..	76	14
Scotland	93	91	88	..	69	22
Wales	91	89	76	..	56	12

Table 34 a:2 Perceived availability of substances. (continued)
Percentages among boys answering "Very easy" or "Fairly easy".

	Marijuana or hashish	Ampe- tamines	LSD or other hallu- cinogens	Crack	Cocaine	Ecstasy	Heroin	Tranqui- lizers or sedatives
Croatia	20	11	10	7	7	13	8	20
Cyprus	10	8	6	5	6	8	6	31
Czech Republic	37	10	12	5	6	5	7	22
Denmark	48	17	12	10	11	8	17	35
Estonia	11	4	3	3	3	2	3	4
Faroe Islands	19	6	6	6	5	3	5	25
Finland	10	4	4	2	2	2	3	17
Hungary	11	5	7	5	5	6	5	32
Iceland	30	17	14	7	9	13	9	21
Ireland	65	30	44	18	16	51	19	24
Italy	31	15	16	10	12	19	11	24
Lithuania	5	4	3	3	3	3	4	23
Malta	9	7	6	5	7	7	6	19
Norway	25	12	12	9	10	13	11	21
Poland	22	16	13	6	8	7	11	34
Portugal	27	17	11	9	14	10	16	22
Slovak Republic	27	7	7	4	8	5	10	9
Slovenia	29	15	14	10	10	11	11	22
Sweden	25	14	13	10	9	12	11	27
Turkey (Istanbul)	13	7	7	7	8	6	9	17
Ukraine	7	4	4	2	3	2	3	4
United Kingdom	58	38	42	19	19	37	18	26
Latvia	12	4	5	3	4	3	4	9
Greece	39	..	31	..	..	..	34	68
USA	79	44	40*	33	33	..	25	29**
England	57	38	41	19	19	35	18	25
Northern Ireland	55	37	50	19	20	52	15	23
Scotland	73	45	46	17	16	48	18	35
Wales	37	19	28	8	9	27	13	14

* LSD only.

** Tranquilizers only.

Table 34 b:1 Perceived availability of substances. (continues...)
Percentages among girls answering "Very easy" or "Fairly easy".

	Alcohol				Inhalants	Anabolic steroids
	Beer	Wine	Spirits	Home made spirits		
Croatia	85	86	69	58	43	11
Cyprus	93	91	86	..	12	12
Czech Republic	96	92	77	..	25	8
Denmark	98	97	93	37	58	11
Estonia	83	68	56	..	16	2
Faroe Islands	91	78	72	53	28	3
Finland	91	85	64	25	46	3
Hungary	89	90	79	..	53	7
Iceland	87	77	74	69	47	5
Ireland	96	92	89	..	82	12
Italy	96	95	83	..	20	10
Lithuania	78	59	49	34	26	4
Malta	65	70	61	..	12	6
Norway	90	78	70	69	54	12
Poland	89	79	59	31	39	7
Portugal	96	94	88	..	27	11
Slovak Republic	81	81	62	45	22	7
Slovenia	88	88	79	61	58	8
Sweden	92	80	74	66	61	22
Turkey (Istanbul)	76	58	56	..	30	4
Ukraine	60	60	54	51	5	2
United Kingdom	86	88	80	..	68	20
Latvia	86	75	65	36	27	3
USA	———— 90 ————			..	..	33
England	86	88	79	..	67	21
Northern Ireland	84	85	82	..	76	17
Scotland	89	90	85	..	71	21
Wales	93	91	84	..	69	16

Table 34 b:2 Perceived availability of substances. (continued)
Percentages among girls answering "Very easy" or "Fairly easy".

	Marijuana or hashish	Amphe- tamines	LSD or other hallu- cinogens	Crack	Cocaine	Ecstasy	Heroin	Tranqui- lizers or sedatives
Croatia	17	11	9	6	7	12	7	29
Cyprus	8	8	6	5	6	6	6	34
Czech Republic	31	9	12	4	6	4	6	30
Denmark	44	15	12	8	10	8	18	35
Estonia	5	3	2	2	3	2	2	4
Faroe Islands	18	4	2	2	2	1	3	23
Finland	18	8	7	3	4	4	5	25
Hungary	8	4	5	3	3	4	4	41
Iceland	25	12	11	6	7	11	8	22
Ireland	60	33	43	27	23	56	35	38
Italy	32	18	17	9	12	16	10	29
Lithuania	2	2	1	1	2	1	2	31
Malta	11	6	6	6	6	7	5	15
Norway	26	10	10	7	8	12	9	22
Poland	15	11	9	4	6	5	9	42
Portugal	23	18	12	10	13	9	13	27
Slovak Republic	21	5	6	3	6	4	7	11
Slovenia	25	11	11	6	7	8	8	24
Sweden	25	14	13	9	10	11	11	29
Turkey (Istanbul)	9	6	6	4	5	4	6	17
Ukraine	3	2	2	1	1	1	1	3
United Kingdom	54	39	42	22	22	40	21	29
Latvia	6	2	3	1	2	1	3	10
Greece	35	..	33	..	..	..	31	77
USA	77	51	39*	36	37	..	25	33**
England	53	38	41	22	22	39	22	28
Northern Ireland	40	33	36	21	21	47	21	32
Scotland	64	48	49	21	22	46	21	40
Wales	47	31	33	18	16	30	15	24

* LSD only.

** Tranquilizers only.

Table 34 c:1 Perceived availability of substances. (continues...)
Percentages among all students answering "Very easy" or "Fairly easy".

	Alcohol				Inhalants	Anabolic steroids
	Beer	Wine	Spirits	Home made spirits		
Croatia	86	86	70	55	42	12
Cyprus	92	91	86	..	14	17
Czech Republic	97	93	79	..	32	13
Denmark	98	97	94	35	57	13
Estonia	88	74	63	..	19	3
Faroe Islands	91	78	74	55	27	4
Finland	91	85	65	28	48	4
Hungary	90	91	81	..	51	9
Iceland	87	78	74	69	51	7
Ireland	96	91	88	..	80	15
Italy	95	94	84	..	21	12
Lithuania	82	65	56	37	28	3
Malta	67	70	57	..	12	7
Norway	91	80	73	71	59	16
Poland	90	82	65	36	42	13
Portugal	96	94	88	..	28	12
Slovak Republic	84	83	67	46	29	12
Slovenia	88	87	79	59	59	11
Sweden	92	80	74	65	61	25
Turkey (Istanbul)	77	63	62	..	35	7
Ukraine	67	64	58	54	8	4
United Kingdom	87	87	80	..	68	21
Latvia	88	78	71	36	29	5
USA	———— 90 ————			..	..	35
England	87	87	78	..	67	22
Northern Ireland	87	88	84	..	76	16
Scotland	91	90	86	..	70	21
Wales	92	90	80	..	63	14

Table 34 c:2 Perceived availability of substances. (continued)

Percentages among all students answering "Very easy" or "Fairly easy".

	Marijuana or hashish	Ampe- tamines	LSD or other hallu- cinogens	Crack	Cocaine	Ecstasy	Heroin	Tranqui- lizers or sedatives
Croatia	19	11	9	7	7	13	8	24
Cyprus	9	8	6	5	6	7	6	32
Czech Republic	35	9	12	4	6	4	6	26
Denmark	46	16	12	9	10	8	18	35
Estonia	8	3	3	2	3	2	3	4
Faroe Islands	18	5	4	4	3	2	4	24
Finland	14	6	5	2	3	3	4	21
Hungary	9	5	6	4	4	4	5	37
Iceland	27	14	12	7	8	12	9	22
Ireland	62	31	43	23	20	54	28	31
Italy	32	16	17	10	12	18	11	26
Lithuania	3	3	2	2	2	2	3	27
Malta	10	7	6	6	6	7	6	17
Norway	25	11	11	8	9	12	10	21
Poland	18	13	11	5	11	6	10	40
Portugal	25	18	12	9	14	9	14	25
Slovak Republic	24	6	7	4	7	4	9	10
Slovenia	27	13	12	8	9	10	10	23
Sweden	25	14	13	10	10	11	11	28
Turkey (Istanbul)	11	7	6	6	7	5	8	17
Ukraine	5	3	3	2	2	2	2	3
United Kingdom	56	39	42	20	20	39	20	28
Latvia	8	3	4	2	3	2	3	10
Greece	37	..	32	..	..	..	33	73
USA	78	48	40*	35	35	..	25	31**
England	55	38	41	21	21	37	20	26
Northern Ireland	45	35	42	20	21	49	19	28
Scotland	68	47	48	19	20	50	19	38
Wales	43	26	31	14	13	28	14	19

* LSD only.

** Tranquilizers only.

Table 35 a. Perceived risks of substance use.
Percentages among boys answering "Great risk".

	One or more packs of cigarettes per day	Five + drinks once or twice each weekend	Marijuana or hashish		Amphetamine		LSD		Ecstasy		Cocaine or crack		Inhalants	
			A	B	A	B	A	B	A	B	A	B	A	B
Croatia	54	40	56	78	60	76	65	80	63	77	69	82	52	74
Cyprus	60	67	56	85	51	76	58	81	54	.	57	83	54	78
Czech Republic	71	35	36	75	49	82	49	84	50	78	58	87	47	85
Denmark	70	12	22	71	39	80	41	75	38	69	50	83	38	77
Estonia	66	35	43	75	29	54	36	61	29	53	41	68	31	60
Faroe Islands	80	31	44	83	49	80	57	85	54	79	53	85	47	82
Finland	60	24	53	89	63	90	69	92	66	87	72	93	57	91
Hungary	74	48	64	86	63	84	61	85	63	84	68	87	61	84
Iceland	69	34	39	86	49	82	63	86	50	82	58	87	54	84
Ireland	58	14	17	53	15	63	33	73	38	75	50	83	44	80
Italy	64	31	50	83	57	83	59	83	60	84	66	87	59	79
Lithuania	71	50	63	76	60	72	61	73	58	72	62	76	55	72
Malta	47	36	60	64	63	73	65	79	61	75	69	75	56	72
Norway	53	29	39	85	42	87	48	87	44	83	48	89	40	83
Poland	80	40	66	91	67	92	70	92	69	91	71	93	60	88
Portugal	66	51	70	88	72	90	75	90	75	89	81	94	69	86
Slovak Republic	66	41	57	84	60	84	68	89	63	84	69	89	57	89
Slovenia	47	37	51	76	49	72	56	82	51	75	57	82	36	67
Sweden	62	42	52	89	60	89	60	89	61	89	65	90	50	83
Turkey (Istanbul)	74	58	76	88	72	79	74	80	74	..	76	85	75	..
Ukraine	45	53	59	78	56	72	58	74	59	74	61	75	57	77
United Kingdom	55	18	21	41	42	65	40	68	53	76	60	82	60	82
<i>Average</i>	63	38	50	78	53	78	58	81	56	79	62	84	53	80
Latvia	65	50	59	82	61	79	62	78	60	79	64	82	58	81
Greece	52	..	46	79	..	..	50	68	..	..	60	..	..	..
USA	53	47	22	64	..	..	45	73	..	..	56*	..	45	72
England	54	18	22	42	43	66	41	68	53	76	60	81	61	82
Northern Ireland	59	18	27	48	38	63	37	68	51	78	58	86	56	79
Scotland	60	21	11	28	36	61	36	63	50	75	65	85	61	88
Wales	68	11	29	53	42	69	37	75	48	77	55	83	54	82

A once or twice
B regularly
* Cocaine powder

Table 35 b. Perceived risks of substance use.
Percentages among girls answering "Great risk".

	One or more packs of cigarettes per day	Five + drinks once or twice each weekend	Marijuana or hashish		Ampheta-mine		LSD		Ecstasy		Cocaine or crack		Inhalants	
			A	B	A	B	A	B	A	B	A	B	A	B
Croatia	60	48	54	87	54	78	58	86	55	81	63	88	44	76
Cyprus	66	73	50	89	46	80	53	82	49	.	52	88	50	82
Czech Republic	80	44	37	82	40	83	40	86	42	82	50	89	39	87
Denmark	69	13	19	72	32	78	33	76	34	69	41	83	28	81
Estonia	76	41	45	79	28	57	37	63	29	56	37	71	30	62
Faroe Islands	85	31	36	87	40	84	47	88	50	85	46	89	37	88
Finland	77	36	44	92	52	94	62	96	54	90	58	95	41	93
Hungary	81	60	59	92	57	89	55	91	60	88	63	93	53	87
Iceland	80	39	45	93	52	89	63	92	53	89	56	92	53	90
Ireland	64	18	21	61	10	74	37	77	52	87	49	89	47	82
Italy	60	35	48	83	50	83	52	87	54	86	61	90	49	83
Lithuania	76	57	64	77	58	74	59	74	56	76	58	78	53	75
Malta	57	42	60	58	63	79	61	83	56	82	64	82	51	77
Norway	58	28	32	89	35	90	38	88	35	86	38	91	29	83
Poland	87	51	62	95	59	96	60	95	61	95	64	97	51	91
Portugal	72	55	64	89	63	89	67	89	65	91	71	95	62	87
Slovak Republic	70	50	46	90	47	85	52	90	49	87	56	92	42	92
Slovenia	52	45	44	81	41	80	46	87	42	83	48	88	29	71
Sweden	69	48	51	95	55	95	56	93	55	94	60	96	42	87
Turkey (Istanbul)	75	68	76	91	71	80	72	80	73	..	77	88	75	..
Ukraine	47	62	63	82	59	76	61	77	61	78	63	80	59	81
United Kingdom	57	22	24	46	39	65	39	69	54	80	54	81	54	82
<i>Average</i>	69	44	47	82	48	82	52	84	52	83	56	88	46	83
Latvia	69	53	54	82	53	78	56	79	53	79	56	81	50	79
Greece	60	..	47	85	..	..	50	75	..	..	59	..	..	..
USA	61	57	21	72	..	..	45	79	..	..	52*	..	32	72
England	55	22	24	46	39	65	39	69	53	80	54	80	53	82
Northern Ireland	70	26	41	68	52	79	49	80	64	89	61	91	59	87
Scotland	60	20	17	35	37	59	32	61	55	79	56	80	55	81
Wales	71	14	19	42	40	67	40	72	57	86	49	80	49	83

A once or twice

B regularly

* Cocaine powder

Table 35 c. Perceived risks of substance use.
Percentages among all students answering "Great risk".

	One or more packs of cigarettes per day	Five + drinks once or twice each weekend	Marijuana or hashish		Ampheta-mine		LSD		Ecstasy		Cocaine or crack		Inhalants	
			A	B	A	B	A	B	A	B	A	B	A	B
Croatia	57	44	55	82	57	77	62	83	59	79	66	84	48	74
Cyprus	63	71	53	87	48	78	55	82	51	.	52	86	52	80
Czech Republic	75	39	37	78	45	83	45	85	47	80	55	88	43	86
Denmark	70	13	21	71	36	79	37	76	36	69	45	83	33	79
Estonia	71	38	44	78	29	56	37	62	29	55	39	70	30	61
Faroe Islands	83	31	40	85	44	82	52	86	52	82	49	87	42	85
Finland	68	30	49	91	57	92	66	94	60	89	65	94	49	92
Hungary	77	55	62	89	60	86	58	88	60	86	65	90	57	86
Iceland	74	37	42	89	50	86	63	89	51	86	57	90	53	87
Ireland	61	16	19	57	12	69	35	75	45	81	49	86	46	81
Italy	63	33	49	83	54	83	56	84	58	85	64	88	55	80
Lithuania	74	54	63	76	59	73	60	74	57	74	60	77	54	73
Malta	53	40	60	61	63	77	62	81	59	79	66	79	53	75
Norway	56	29	36	87	39	88	43	88	39	85	43	90	34	83
Poland	84	46	64	93	63	94	65	94	65	93	67	95	55	90
Portugal	69	53	67	89	67	89	71	90	69	90	75	94	65	87
Slovak Republic	68	45	52	87	54	84	61	89	56	85	63	90	50	90
Slovenia	49	40	48	79	45	75	51	84	47	79	53	85	33	69
Sweden	65	45	52	92	58	92	58	91	58	91	62	93	46	85
Turkey (Istanbul)	75	62	76	89	72	79	73	80	74	..	77	86	75	..
Ukraine	46	58	61	80	58	74	60	76	60	76	62	78	58	79
United Kingdom	56	20	23	44	41	65	40	68	53	78	57	81	57	82
<i>Average</i>	66	41	49	80	50	80	55	83	54	81	59	86	49	81
Latvia	68	52	56	82	56	78	58	79	55	79	59	82	53	80
Greece	56	..	47	82	..	..	50	71	..	..	59	..	..	..
USA	57	52	22	68	..	..	45	76	..	..	54*	..	42	72
England	55	20	23	44	41	65	40	69	53	78	57	81	57	82
Northern Ireland	66	23	36	61	46	73	44	75	59	85	60	89	58	84
Scotland	60	20	14	32	36	60	34	62	53	78	60	82	58	84
Wales	69	12	23	47	41	68	38	73	53	82	51	82	51	83

A once or twice
B regularly
* Cocaine powder

Table 36 a. Disapproval of different substance use.

Percentages among boys who "Disapprove" or "Strongly disapprove" the use of different drugs.

	10 or more ciga- rettes a day	Getting drunk once a week	Marijuana or hashish once or twice	Amphe- tamines once or twice	LSD once or twice	Ecstasy once or twice	Cocaine once or twice	Crack once or twice	Heroin once or twice	Tranqui- lizers or sedatives once or twice	Inha- lants once or twice
Croatia	54	64	74	82	83	81	86	84	83	81	75
Cyprus	36	59	62	56	62	61	62	60	63	47	59
Czech Republic	51	56	61	79	80	78	82	80	83	72	78
Denmark	..	..	..	..	..	..	..	..	..	..	..
Estonia	..	..	..	..	..	..	..	..	..	..	..
Faroe Islands	46	59	79	81	84	83	83	82	84	81	81
Finland	52	45	88	..	..	..	..	..	..	..	..
Hungary	72	70	86	90	90	90	92	91	92	88	90
Iceland	..	..	..	..	..	..	..	..	..	..	..
Ireland	..	..	..	..	..	..	..	..	..	..	..
Italy	59	77	81	85	85	86	88	88	89	84	84
Lithuania	87	80	93	93	93	93	93	94	93	86	92
Malta	68	82	82	86	86	86	87	87	87	85	85
Norway	58	58	82	89	87	86	89	89	90	86	86
Poland	..	..	..	..	..	..	..	..	..	..	..
Portugal	70	80	84	88	90	90	92	91	92	87	88
Slovak Republic	75	79	85	93	93	92	93	94	94	92	92
Slovenia	43	48	63	66	71	67	72	69	72	60	56
Sweden	62	51	80	84	83	83	84	85	85	80	80
Turkey (Istanbul)	71	80	93	91	92	..	94	..	94	88	94
Ukraine	63	79	75	80	81	81	83	82	83	78	81
United Kingdom	48	33	42	71	66	73	80	80	81	78	80
Latvia	76	85	86	89	90	89	91	90	91	89	90
USA	70*	67**	58	..	77	..	86	87	88	..	84
England	47	34	43	71	67	73	80	79	80	77	80
Northern Ireland	55	31	53	71	67	74	83	83	83	80	75
Scotland	55	26	28	65	58	71	83	82	84	77	83
Wales	49	36	53	77	76	73	82	82	85	84	81

* One or more packs per day.

** 5+ drinks once or twice each weekend.

Table 36 b. Disapproval of different substance use.

Percentages among girls who "Disapprove" or "Strongly disapprove" the use of different drugs.

	10 or more ciga- rettes a day	Getting drunk once a week	Marijuana or hashish once or twice	Amphe- tamines once or twice	LSD once or twice	Ecstasy once or twice	Cocaine once or twice	Crack once or twice	Heroin once or twice	Tranqui- lizers or sedatives once or twice	Inha- lants once or twice
Croatia	63	78	80	84	86	83	88	87	87	81	76
Cyprus	47	65	65	60	63	63	66	61	66	47	62
Czech Republic	59	70	64	78	79	77	82	78	83	63	77
Denmark	..	..	..	..	..	..	..	..	..	..	..
Estonia	..	..	..	..	..	..	..	..	..	..	..
Faroe Islands	51	73	84	86	88	88	87	87	89	84	84
Finland	54	48	84	..	..	..	..	..	..	..	..
Hungary	78	79	86	92	90	90	93	92	92	84	90
Iceland	..	..	..	..	..	..	..	..	..	..	..
Ireland	..	..	..	..	..	..	..	..	..	..	..
Italy	62	83	84	86	86	87	90	91	93	79	86
Lithuania	92	83	94	94	95	95	94	95	94	80	93
Malta	73	86	85	88	87	87	89	88	89	84	85
Norway	64	67	86	92	91	89	93	92	93	89	88
Poland	..	..	..	..	..	..	..	..	..	..	..
Portugal	76	87	88	90	93	91	93	93	94	87	89
Slovak Republic	85	89	88	95	95	95	96	95	96	93	94
Slovenia	44	61	63	71	71	71	74	71	75	60	60
Sweden	67	59	87	91	91	91	92	92	92	85	87
Turkey (Istanbul)	73	82	95	93	93	..	96	..	95	87	95
Ukraine	76	88	82	87	87	89	89	88	88	84	87
United Kingdom	43	34	45	70	66	75	81	81	82	77	80
Latvia	87	88	88	90	90	90	91	91	91	89	89
USA	77*	78**	62	..	80	..	88	90	91	..	86
England	42	34	45	71	67	75	81	81	82	77	80
Northern Ireland	56	45	65	86	78	85	91	88	91	83	83
Scotland	46	29	33	63	58	72	81	81	83	74	78
Wales	49	42	48	71	66	78	81	83	85	77	82

* One or more packs per day.

** 5+ drinks once or twice each weekend.

Table 36 c. Disapproval of different substance use.

Percentages among all students who "Disapprove" or "Strongly disapprove" the use of different drugs.

	10 or more cigarettes a day	Getting drunk once a week	Marijuana or hashish once or twice	Amphetamines once or twice	LSD once or twice	Ecstasy once or twice	Cocaine once or twice	Crack once or twice	Heroin once or twice	Tranquilizers or sedatives once or twice	Inhalants once or twice
Croatia	58	70	77	83	84	82	87	85	85	81	75
Cyprus	42	62	63	58	62	62	64	61	65	47	61
Czech Republic	55	63	63	79	79	78	82	80	83	68	78
Denmark	..	..	..	..	..	..	..	..	..	..	..
Estonia	..	..	..	..	..	..	..	..	..	..	..
Faroe Islands	48	66	82	83	86	86	85	85	86	82	82
Finland	53	46	86	..	..	..	..	..	..	..	..
Hungary	75	75	86	91	90	90	92	91	92	86	90
Iceland	..	..	..	..	..	..	..	..	..	..	..
Ireland	..	..	..	..	..	..	..	..	..	..	..
Italy	60	79	82	86	86	87	89	89	90	82	85
Lithuania	90	82	94	94	94	94	94	94	94	83	92
Malta	71	84	84	87	87	87	88	88	88	85	85
Norway	61	62	84	90	89	88	91	91	91	88	87
Poland	..	..	..	..	..	..	..	..	..	..	..
Portugal	74	84	86	90	91	91	93	92	93	87	89
Slovak Republic	80	84	86	94	94	94	94	94	95	93	93
Slovenia	44	54	63	68	71	69	73	70	73	60	58
Sweden	64	56	83	88	87	87	89	88	89	83	83
Turkey (Istanbul)	72	81	94	92	93	..	95	..	94	88	94
Ukraine	70	84	79	84	84	85	86	85	86	81	84
United Kingdom	46	34	43	70	66	74	81	81	81	77	80
Latvia	83	87	87	89	90	90	91	90	91	89	89
USA	73*	72**	60	..	78	..	87	89	90	..	85
England	44	34	44	71	67	74	80	80	81	77	80
Northern Ireland	55	39	60	80	74	81	88	86	88	82	80
Scotland	50	27	31	64	58	72	82	81	83	75	80
Wales	49	39	51	73	71	75	81	82	85	80	82

* One or more packs per day.

** 5+ drinks once or twice each weekend.

Table 37. Perceived cigarettes and alcohol use among friends.
Percentages among boys, girls and all students.

	Most or all friends*								
	Boys			Girls			All students		
	Smoke cigarettes	Drink alcoholic beverages	Get drunk at least once a week	Smoke cigarettes	Drink alcoholic beverages	Get drunk at least once a week	Smoke cigarettes	Drink alcoholic beverages	Get drunk at least once a week
Croatia	50	39	15	54	32	10	52	36	12
Cyprus	42	49	8	33	43	8	37	46	8
Czech Republic	38	52	13	42	53	9	40	52	11
Denmark	20	84	22	33	87	24	27	86	23
Estonia	44	52	9	41	51	9	43	51	9
Faroe Islands	37	45	30	49	48	36	43	47	33
Finland	28	57	17	34	65	13	31	61	15
Hungary	39	36	13	44	31	8	41	33	10
Iceland	23	50	9	29	62	10	26	56	10
Ireland	40	72	19	45	66	16	43	70	18
Italy	57	52	13	72	55	4	64	55	10
Lithuania	35	39	15	36	50	16	35	45	16
Malta	47	49	8	52	51	8	50	50	8
Norway	22	41	7	30	50	8	26	46	7
Poland	25	29	5	28	27	5	27	28	5
Portugal	22	35	3	34	35	5	29	35	4
Slovak Republic	20	17	6	16	12	3	18	14	4
Slovenia	26	33	11	32	34	9	29	34	10
Sweden	22	57	13	30	64	17	26	61	15
Turkey (Istanbul)	47	23	5	55	24	5	50	24	5
Ukraine	53	45	7	47	46	5	50	46	6
United Kingdom	37	75	35	48	77	39	43	76	37
Latvia	37	38	6	39	47	7	38	44	7
Greece	26	50	6	33	49	7	30	49	6
USA	25	48	19	30	54	22	28	51	21
England	39	75	34	51	78	39	45	76	37
Northern Ireland	34	74	36	31	70	28	32	71	31
Scotland	25	74	44	38	74	46	32	74	45
Wales	38	88	28	46	92	32	42	90	30

* Alternative answers to this question were: "None, a few, some, most and all".

Table 38 a. Perceived drug use among friends.
Percentages among boys.

	Some, most or all friends*								
	Smoke marijuana or hashish	Take amphetamines	Take LSD or other hallucinogens	Take cocaine or crack	Take ecstasy	Take heroin	Take tranquilizers or sedatives	Take inhalants	Take anabolic steroids
Croatia	11	3	4	3	5	3	5	9	4
Cyprus	3	3	3	3	3	3	3	3	4
Czech Republic	15	2	3	1	1	1	3	2	3
Denmark	14	1	1	1	1	1	3	2	1
Estonia	5	0	1	1	1	1	1	1	1
Faroe Islands	5	0	1	0	0	0	1	1	0
Finland	4	1	1	0	0	1	1	1	0
Hungary	2	1	1	1	2	1	2	1	1
Iceland	9	2	0	1	2	1	3	5	1
Ireland	35	6	12	3	–	2	4	8	..
Italy	27	4	7	5	8	4	5	7	5
Lithuania	2	1	1	1	0	1	2	2	4
Malta	12	5	5	5	5	4	6	6	5
Norway	4	1	1	1	2	1	2	3	2
Poland	23	10	8	5	4	5	12	16	11
Portugal	10	2	1	1	1	2	2	2	2
Slovak Republic	1	0	0	0	0	0	1	0	0
Slovenia	12	3	2	2	3	2	3	5	2
Sweden	3	1	1	1	1	1	1	4	1
Turkey (Istanbul)	6	2	2	3	2	3	4	6	2
Ukraine	5	1	1	1	1	1	2	1	..
United Kingdom	46	13	18	4	11	4	6	6	3
Latvia	3	1	1	1	1	1	1	2	1
Greece	2	2	2	2	–	1	4	–	–
USA	40	–	–	5	–	2	–	8	–
England	45	12	17	4	10	4	5	6	4
Northern Ireland	37	8	20	2	15	2	1	10	2
Scotland	60	19	23	3	16	3	10	5	2
Wales	32	14	19	3	14	3	3	5	3

* Alternative answers to this question were: "None, a few, some, most and all".

Table 38 b. Perceived drug use among friends.
Percentages among girls.

	Some, most or all friends*								
	Smoke marijuana or hashish	Take amphetamines	Take LSD or other hallucinogens	Take cocaine or crack	Take ecstasy	Take heroin	Take tranquilizers or sedatives	Take inhalants	Take anabolic steroids
Croatia	10	3	3	3	5	3	6	10	3
Cyprus	3	2	2	2	2	2	4	1	2
Czech Republic	15	2	3	1	1	1	5	3	2
Denmark	19	2	1	1	1	2	4	5	1
Estonia	5	1	1	1	1	1	1	1	1
Faroe Islands	6	0	1	1	1	1	1	2	1
Finland	5	1	1	0	0	0	3	2	0
Hungary	3	1	2	1	1	1	2	1	1
Iceland	9	1	1	1	2	1	3	5	2
Ireland	24	5	9	1	–	1	4	6	..
Italy	34	8	11	6	9	5	9	6	3
Lithuania	2	1	1	1	0	0	7	1	1
Malta	14	4	4	4	4	3	9	5	2
Norway	5	1	0	1	2	0	2	3	1
Poland	20	9	8	4	3	5	20	16	5
Portugal	14	4	3	3	2	3	6	3	1
Slovak Republic	1	0	0	0	0	0	0	0	0
Slovenia	13	2	3	2	3	2	3	5	2
Sweden	4	1	1	0	1	0	2	5	2
Turkey (Istanbul)	7	3	3	3	2	3	6	6	2
Ukraine	3	1	1	0	0	0	1	1	..
United Kingdom	44	16	19	6	14	5	8	9	4
Latvia	3	0	1	1	0	0	0	0	0
Greece	3	2	2	1	..	0	5	..	..
USA	43	..	..	7	..	3	..	9	..
England	45	16	19	7	14	5	7	9	4
Northern Ireland	16	5	7	2	9	1	3	11	1
Scotland	49	20	23	4	18	3	11	7	3
Wales	37	10	14	4	6	2	5	5	1

* Alternative answers to this question were: "None, a few, some, most and all".

Table 38 c. Perceived drug use among friends.
Percentages among all students.

	Some, most or all friends*								
	Smoke marijuana or hashish	Take amphetamines	Take LSD or other hallucinogens	Take cocaine or crack	Take ecstasy	Take heroin	Take tranquilizers or sedatives	Take inhalants	Take anabolic steroids
Croatia	11	3	4	3	5	3	6	9	4
Cyprus	3	2	2	2	2	2	3	2	3
Czech Republic	15	2	3	1	1	1	4	3	3
Denmark	16	1	1	1	1	2	3	4	1
Estonia	5	1	1	1	1	1	1	1	1
Faroe Islands	5	0	1	1	1	1	1	1	1
Finland	4	1	1	0	0	1	2	1	0
Hungary	3	1	2	1	1	1	2	1	1
Iceland	9	2	1	1	2	1	3	5	1
Ireland	30	5	10	2	–	2	4	7	..
Italy	31	6	9	5	9	5	7	6	4
Lithuania	2	1	1	1	0	1	5	1	2
Malta	13	4	5	5	5	4	8	6	4
Norway	4	1	1	1	2	1	2	3	2
Poland	22	10	8	4	4	4	16	16	8
Portugal	12	3	2	2	2	2	4	3	1
Slovak Republic	1	0	0	0	0	0	0	0	0
Slovenia	12	2	2	2	3	2	3	5	2
Sweden	3	1	1	0	1	0	2	4	2
Turkey (Istanbul)	6	3	2	3	2	3	5	6	2
Ukraine	4	1	1	1	1	1	1	1	..
United Kingdom	45	14	18	5	13	4	7	8	4
Latvia	3	1	1	1	0	1	1	1	1
Greece	3	2	2	2	..	1	5	..	..
USA	41	..	..	6	..	3	..	8	..
England	45	14	18	5	12	4	6	8	4
Northern Ireland	24	6	12	2	11	2	3	10	2
Scotland	54	20	23	4	17	3	11	6	2
Wales	34	12	16	3	10	3	4	5	2

* Alternative answers to this question were: "None, a few, some, most and all".

Table 39 a. Frequency of the use of slotmachines.
Percentages among boys.

	Number of occasions									
	Lifetime					Last 12 months			Last 30 days	
	0	1-5	6-19	20-39	40+	1-5	6-19	20+	1-5	6+
Croatia	46	30	11	5	9	12	5	3	5	4
Cyprus	30	36	18	5	12	29	12	8	15	8
Czech Republic	27	45	18	3	7	26	8	4	14	4
Denmark	..	..	..	..	..	..	..	..	..	..
Estonia	..	..	..	..	..	..	..	..	..	..
Faroe Islands	..	..	..	..	..	..	..	..	..	..
Finland	..	..	..	..	..	..	..	..	..	..
Hungary	51	42	7	—	—	..	..	..	..	..
Iceland	..	..	..	..	..	..	..	..	..	..
Ireland	..	..	..	..	..	..	..	..	..	..
Italy	..	..	..	..	..	..	..	..	..	..
Lithuania	40	34	15	4	6	16	5	3	8	3
Malta	39	33	14	5	9	23	10	7	12	8
Norway	1	3	10	11	76	17	31	47	34	47
Poland	33	29	18	6	15	18	11	8	11	8
Portugal	72	13	8	2	5	11	5	3	8	4
Slovak Republic	22	43	21	5	9	27	9	6	12	5
Slovenia	58	29	8	2	3	11	2	2	4	2
Sweden	..	..	..	..	..	..	..	..	..	..
Turkey (Istanbul)	..	..	..	..	..	..	..	..	..	..
Ukraine	..	..	..	..	..	..	..	..	..	..
United Kingdom	9	20	25	13	33	33	25	16	21	14
Latvia	33	45	14	2	6	23	7	3	12	3
England	9	20	25	13	33	32	25	15	22	14
Northern Ireland	7	16	25	13	39	31	31	19	24	18
Scotland	4	21	27	14	34	35	25	17	19	14
Wales	16	20	28	10	25	32	23	12	22	11

Table 39 b. Frequency of the use of slotmachines.
Percentages among girls.

	Number of occasions									
	Lifetime					Last 12 months			Last 30 days	
	0	1-5	6-19	20-39	40+	1-5	6-19	20+	1-5	6+
Croatia	73	22	3	1	1	6	1	1	2	1
Cyprus	55	33	8	2	3	19	4	1	8	1
Czech Republic	49	44	6	1	1	15	2	1	5	1
Denmark	..	..	..	..	..	..	..	..	..	..
Estonia	..	..	..	..	..	..	..	..	..	..
Faroe Islands	..	..	..	..	..	..	..	..	..	..
Finland	..	..	..	..	..	..	..	..	..	..
Hungary	74	25	1	—	—	..	..	..	..	..
Iceland	..	..	..	..	..	..	..	..	..	..
Ireland	..	..	..	..	..	..	..	..	..	..
Italy	..	..	..	..	..	..	..	..	..	..
Lithuania	72	24	3	1	1	4	1	0	2	0
Malta	55	30	11	2	2	18	4	1	5	2
Norway	2	8	24	22	44	32	39	19	42	19
Poland	64	27	7	1	1	10	2	1	3	1
Portugal	80	13	4	1	1	8	3	1	4	2
Slovak Republic	50	42	6	1	1	13	1	1	3	1
Slovenia	78	20	2	0	0	5	1	0	1	0
Sweden	..	..	..	..	..	..	..	..	..	..
Turkey (Istanbul)	..	..	..	..	..	..	..	..	..	..
Ukraine	..	..	..	..	..	..	..	..	..	..
United Kingdom	12	28	31	12	16	38	18	6	15	4
Latvia	71	24	4	1	1	6	1	0	1	0
England	13	28	31	12	16	38	19	6	15	4
Northern Ireland	14	34	32	8	11	42	16	5	14	3
Scotland	9	28	31	12	20	36	19	6	12	4
Wales	18	34	29	8	11	37	14	4	16	4

Table 39 c. Frequency of the use of slotmachines.
Percentages among all students.

	Number of occasions									
	Lifetime					Last 12 months			Last 30 days	
	0	1-5	6-19	20-39	40+	1-5	6-19	20+	1-5	6+
Croatia	59	26	7	3	5	10	3	2	4	2
Cyprus	43	35	12	3	7	24	8	5	11	5
Czech Republic	37	45	13	2	4	21	5	3	10	3
Denmark	..	..	..	..	..	..	..	..	..	..
Estonia	..	..	..	..	..	..	..	..	..	..
Faroe Islands	..	..	..	..	..	..	..	..	..	..
Finland	..	..	..	..	..	..	..	..	..	..
Hungary	63	33	4	—	—	..	..	..	..	..
Iceland	..	..	..	..	..	..	..	..	..	..
Ireland	..	..	..	..	..	..	..	..	..	..
Italy	..	..	..	..	..	..	..	..	..	..
Lithuania	57	29	8	2	3	10	3	1	4	2
Malta	48	31	12	3	5	21	7	4	8	5
Norway	1	5	17	16	60	24	35	34	38	34
Poland	49	28	12	3	8	14	6	4	7	4
Portugal	77	13	6	2	3	10	4	2	6	2
Slovak Republic	35	43	14	3	5	20	6	4	8	3
Slovenia	67	25	5	1	2	8	1	1	3	1
Sweden	..	..	..	..	..	..	..	..	..	..
Turkey (Istanbul)	..	..	..	..	..	..	..	..	..	..
Ukraine	..	..	..	..	..	..	..	..	..	..
United Kingdom	11	24	29	12	24	35	22	10	18	9
Latvia	58	31	8	1	2	12	3	1	5	1
England	11	24	28	13	24	35	22	10	18	9
Northern Ireland	12	27	30	10	22	38	22	10	18	8
Scotland	7	25	29	13	27	36	22	11	15	9
Wales	17	28	28	9	18	35	18	8	19	7

Table 40 a. Leisure time activities.

Percentages among boys reporting participation in each activity once a month or more often.

	Ride around on a moped or motor- cycle just for fun	Play on slotma- chines	Play com- puter games	Actively participate in sports, athletics or exercising	Read books for enjoy- ment (not schoolbooks)	Go out with friends in the evening (to a disco, cafe, party etc)	Other hobbies (play instrument, sing, draw, write etc)
Croatia	35	6	58	78	35	66	47
Cyprus	83	25	83	91	53	89	52
Czech Republic	42	7	55	80	44	66	47
Denmark	46	14	83	85	48	75	61
Estonia	..	26	78	93	65	71	59
Faroe Islands	31	4	74	74	35	70	46
Finland	59	70	83	89	39	77	59
Hungary	37	17	62	72	53	68	54
Iceland	..	..	..	..	..	..	..
Ireland	..	..	..	..	..	..	..
Italy	70	21	75	77	34	87	60
Lithuania	29	10	77	85	56	72	37
Malta	7	9	71	67	45	80	61
Norway	35	72	79	78	32	79	57
Poland	50	10	72	77	34	70	47
Portugal	26	9	85	98	61	67	54
Slovak Republic	26	9	57	91	41	64	43
Slovenia	59	3	72	80	42	64	51
Sweden	50	16	80	91	40	77	58
Turkey (Istanbul)	15	..	57	91	60	36	56
Ukraine	14	5	25	11	24	27	13
United Kingdom	15	28	87	94	47	85	70
Latvia	37	14	78	88	65	69	55
Greece	43	..	..	79	53	92	..
USA	82*	..	..	85	..	96**	..
England	15	28	87	93	48	84	70
Northern Ireland	13	38	87	98	44	93	65
Scotland	10	25	90	97	43	89	68
Wales	21	23	80	87	49	78	74

* "Ride around in a car (or motorcycle) just for fun".

** "Get together with friends informally".

Table 40 b. Leisure time activities.

Percentages among girls reporting participation in each activity once a month or more often.

	Ride around on a moped or motor- cycle just for fun	Play on slotma- chines	Play com- puter games	Actively participate in sports, athletics or exercising	Read books for enjoy- ment (not schoolbooks)	Go out with friends in the evening (to a disco, cafe, party etc)	Other hobbies (play instrument, sing, draw, write etc)
Croatia	12	1	32	66	57	71	62
Cyprus	40	8	45	70	55	78	61
Czech Republic	13	2	32	73	74	76	71
Denmark	12	2	61	86	81	84	73
Estonia	..	3	51	88	77	78	65
Faroe Islands	11	1	38	79	54	74	68
Finland	15	26	47	92	77	91	85
Hungary	6	5	38	66	78	72	62
Iceland	..	..	..	..	..	..	..
Ireland	..	..	..	..	..	..	..
Italy	26	6	42	59	56	80	75
Lithuania	2	1	49	76	73	79	71
Malta	2	2	42	46	60	87	69
Norway	11	47	42	80	70	91	67
Poland	17	1	40	65	63	78	61
Portugal	10	4	58	92	70	57	68
Slovak Republic	3	1	37	92	73	72	63
Slovenia	24	1	42	72	64	66	72
Sweden	22	3	42	95	69	88	72
Turkey (Istanbul)	6	..	30	62	75	21	73
Ukraine	4	1	21	18	21	29	17
United Kingdom	3	12	62	89	68	90	78
Latvia	3	2	45	77	78	77	75
Greece	28	..	..	70	55	86	..
USA	81*	..	..	79	..	96**	..
England	3	12	62	88	69	90	78
Northern Ireland	3	13	60	94	74	93	86
Scotland	3	14	59	89	64	95	74
Wales	8	15	55	93	74	91	84

* "Ride around in a car (or motorcycle) just for fun".

** "Get together with friends informally".

Table 40 c. Leisure time activities.

Percentages among all students reporting participation in each activity once a month or more often.

	Ride around on a moped or motor- cycle just for fun	Play on slotma- chines	Play com- puter games	Actively participate in sports, athletics or exercising	Read books for enjoy- ment (not schoolbooks)	Go out with friends in the evening (to a disco, cafe, party etc)	Other hobbies (play instrument, sing, draw, write etc)
Croatia	24	4	46	73	45	68	54
Cyprus	61	16	63	80	54	83	56
Czech Republic	29	5	45	77	57	70	58
Denmark	28	8	71	85	65	79	67
Estonia	..	14	63	90	72	75	63
Faroe Islands	26	2	57	77	44	79	56
Finland	37	48	65	90	58	84	72
Hungary	20	10	49	69	66	70	58
Iceland	..	..	..	..	..	..	..
Ireland	..	..	..	..	..	..	..
Italy	54	16	63	70	43	84	67
Lithuania	15	5	63	84	65	76	55
Malta	4	5	55	55	53	84	65
Norway	23	60	61	79	51	85	62
Poland	33	5	56	70	49	74	54
Portugal	17	6	69	95	66	61	62
Slovak Republic	15	6	44	91	56	67	52
Slovenia	42	2	62	77	52	65	61
Sweden	36	9	61	93	54	83	66
Turkey (Istanbul)	11	..	46	78	66	30	63
Ukraine	8	3	23	15	23	28	15
United Kingdom	9	19	74	91	58	88	74
Latvia	15	6	56	81	73	74	68
Greece	35	..	..	74	54	89	..
USA	82*	..	..	82	..	96**	..
England	9	20	74	91	59	87	74
Northern Ireland	7	22	70	95	62	93	78
Scotland	6	19	73	93	55	92	71
Wales	14	19	66	90	63	86	80

* "Ride around in a car (or motorcycle) just for fun".

** "Get together with friends informally".

Table 41. TV or video watching on an average weekday.
Percentages among boys, girls and all students.

	Number of hours											
	Boys				Girls				All students			
	0	-1	2-3	4+	0	-1	2-3	4+	0	-1	2-3	4+
Croatia	1	10	44	45	1	17	48	34	1	13	46	40
Cyprus	..	..	..	..	..	..	..	..	..	..	..	..
Czech Republic	1	19	52	29	2	26	51	21	1	22	51	25
Denmark	0	22	55	22	1	26	54	19	1	24	55	21
Estonia	1	10	60	29	2	13	60	26	1	12	60	27
Faroe Islands	..	..	..	..	..	..	..	..	..	..	..	..
Finland	3	15	56	25	3	21	60	17	3	18	58	21
Hungary	2	20	50	30	5	26	45	25	3	23	46	27
Iceland	..	..	..	..	..	..	..	..	..	..	..	..
Ireland	..	..	..	..	..	..	..	..	..	..	..	..
Italy	2	21	62	16	1	27	58	14	1	24	60	15
Lithuania	0	7	49	44	1	12	50	37	1	10	50	40
Malta	1	25	49	24	1	27	46	25	1	26	48	25
Norway	2	19	51	28	3	23	54	20	2	21	53	24
Poland	..	..	..	..	..	..	..	..	..	..	..	..
Portugal	0	12	55	33	0	17	55	28	0	15	55	30
Slovak Republic	1	13	50	37	1	21	54	24	1	17	52	31
Slovenia	1	26	53	19	1	33	53	12	1	30	53	16
Sweden	1	16	52	32	1	24	52	23	1	20	51	28
Turkey (Istanbul)	1	11	44	44	1	13	42	45	1	12	43	44
Ukraine	2	22	49	30	2	24	48	26	2	23	48	28
United Kingdom	0	10	44	46	1	11	45	43	0	10	45	45
Latvia	2	18	50	30	2	19	47	32	2	18	48	32
England	0	9	43	48	1	10	44	45	0	10	44	46
Northern Ireland	1	18	50	32	1	21	47	30	1	20	48	31
Scotland	0	10	48	42	0	12	48	40	0	11	48	41
Wales	3	13	48	38	1	17	52	31	2	15	50	34

Table 42. Missed schooldays during the last 30 days because of illness.
Percentages among boys, girls and all students.

	Boys			Girls			All students		
	0	1-2	3+	0	1-2	3+	0	1-2	3+
Croatia	53	25	22	52	25	24	53	25	23
Cyprus	66	28	6	59	35	6	62	32	6
Czech Republic	59	15	27	50	19	31	55	17	29
Denmark	65	23	12	53	30	17	59	26	14
Estonia	61	14	25	56	18	26	58	16	26
Faroe Islands	71	19	11	60	24	16	65	21	13
Finland	59	28	13	57	27	16	58	28	15
Hungary	63	14	23	60	14	26	62	14	25
Iceland	71	20	9	64	25	11	68	23	10
Ireland	..	..	..	..	..	..	..	..	..
Italy	54	27	20	50	28	23	52	27	21
Lithuania	67	16	17	60	18	23	63	17	20
Malta	48	27	25	48	30	22	48	29	24
Norway	64	25	11	56	29	15	60	27	13
Poland	63	16	21	62	19	19	63	18	20
Portugal	78	17	4	71	25	4	74	22	4
Slovak Republic	56	13	31	52	19	30	54	18	30
Slovenia	60	21	20	59	19	22	59	20	21
Sweden	55	29	17	46	33	22	51	31	18
Turkey (Istanbul)	61	28	12	54	34	13	58	30	12
Ukraine	52	20	28	50	22	28	51	21	28
United Kingdom	57	26	17	45	31	24	51	29	21
Latvia	59	16	26	49	23	28	53	20	27
USA*	65	24	11	55	31	15	60	27	13
England	58	25	30	46	30	24	51	28	21
Northern Ireland	55	24	21	39	39	22	45	33	22
Scotland	56	28	16	43	32	25	49	30	21
Wales	54	31	16	48	35	17	51	33	16

* Last four weeks.

Table 43. Missed schooldays during the last 30 days because of truancy.
Percentages among boys, girls and all students.

	Boys			Girls			All students		
	0	1-2	3+	0	1-2	3+	0	1-2	3+
Croatia	72	20	8	75	19	6	74	19	7
Cyprus	64	27	9	79	17	4	72	22	7
Czech Republic	82	14	5	74	21	5	78	17	5
Denmark	81	15	5	76	19	6	78	17	5
Estonia	84	10	6	88	8	4	86	9	5
Faroe Islands	69	20	10	79	13	9	74	17	9
Finland	73	20	7	69	25	6	71	22	6
Hungary	87	9	4	87	10	9	87	9	3
Iceland	88	10	3	89	8	3	88	9	3
Ireland	..	..	..	..	..	..	..	..	..
Italy	60	26	14	62	26	13	61	26	13
Lithuania	60	25	15	69	22	9	65	23	12
Malta	72	17	11	78	16	6	75	17	8
Norway	88	10	3	83	14	4	85	12	3
Poland	59	26	15	63	27	10	61	27	12
Portugal	86	10	3	87	12	2	87	11	2
Slovak Republic	76	17	7	76	20	4	76	19	6
Slovenia	82	14	5	84	13	3	83	13	4
Sweden	79	15	6	74	20	6	77	18	5
Turkey (Istanbul)	49	33	18	49	32	20	49	33	19
Ukraine	55	25	20	59	24	17	57	25	18
United Kingdom	83	11	5	82	13	6	82	12	6
Latvia	64	24	12	66	23	11	65	23	11
USA*	82	12	6	82	13	5	82	12	6
England	83	11	6	82	13	6	82	12	6
Northern Ireland	87	12	1	92	7	1	90	9	1
Scotland	81	14	5	78	15	7	79	15	6
Wales	89	4	7	85	11	4	87	8	5

* Last four weeks.

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ESPAD

The European School Survey Project on Alcohol and Other Drugs



STUDENT QUESTIONNAIRE

Before you start, please read this

This questionnaire is part of an international study on alcohol, drugs and tobacco use among students your age. The survey is performed this year in a great number of European countries from Iceland in the west to Russia in the east. The project was initiated by The Swedish Council for Information on Alcohol and Other Drugs, CAN and it is supported by the Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group) at the Council of Europe.

In your country the survey is made by The results will be presented in a national report as well as in an international comparison of the results from all participating countries. The report will not include any results of single classes.

Your class has been randomly selected to take part in this study. You are one out of about 2.800 students in, participating in the study.

This is an anonymous questionnaire - it will not contain your name or any other information which would identify you individually. When you have finished the questionnaire, please put it in the enclosed envelope and seal it yourself. Do not write your name on that either. The envelopes will be collected by your teacher/survey administrator after completion.

If the study is to be successful, it is important that you answer each question as thoughtfully and frankly as possible. Remember your answers are totally confidential.

The study is completely voluntary. If there is any question which you would find objectionable for any reason, just leave it blank.

This is not a test. There are no right or wrong answers. If you do not find an answer that fits exactly, mark the one that comes closest. Please, mark the appropriate answer to each question by making an "X" in the box.

We hope you will find the questionnaire interesting and if you have a question, please raise your hand and your teacher/survey administrator will come to your desk to answer it.

Thank you in advance for your participation.

Please begin.

BEFORE BEGINNING BE SURE TO READ THE INSTRUCTIONS ON THE COVER.

Please mark your answer to each question by making an "X" in the appropriate box.

The next few questions ask for some background information about yourself.

1. What is your sex?

- 1 ☐ Male
2 ☐ Female

2. When were you born?

Optional

Year: 19.....

Month:

The next few questions ask about the kinds of things you might do.

Optional

3. How often (if at all) do you do each of the following? (Mark one box for each line)

	Never	A few times a year	Once or twice a month	At least once a week	Almost every day
a) Ride around on a moped or motorcycle just for fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Play on slotmachines..... (the kind in which you may win money)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Play computer games.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Actively participate in sports, athletics or exercising	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Read books for enjoyment (do not count school books)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Go out with your friends in the evening (to a disco, cafe, party etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Other hobbies (play an instrument, sing, draw, write etc).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

Optional

4. How much TV or video do you estimate you watch on an average weekday?

- 1 ☐ None
- 2 ☐ Half-hour or less
- 3 ☐ About 1 hour
- 4 ☐ About 2 hours
- 5 ☐ About 3 hours
- 6 ☐ About 4 hours
- 7 ☐ 5 hours or more

Optional

5. Which of the following best describes your average grade in the end of the last semester?

- 01 ☐ A (93-100)
- 02 ☐ A- (90-92)
- 03 ☐ B+ (87-89)
- 04 ☐ B (83-86)
- 05 ☐ B- (80-82)
- 06 ☐ C+ (77-79)
- 07 ☐ C (78-76)
- 08 ☐ C- (70-72)

Optional

6. During the LAST 30 DAYS how many whole days of school have you missed?

	None	1 day	2 days	3-4 days	5-6 days	7 days or more
a) Because of illness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Because you skipped or "cut"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) For other reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6

The next major section of this questionnaire deals with cigarettes, alcohol and various other drugs. There is a lot of talk these days about these subjects, but very little accurate information. Therefore, we still have a lot to learn about the actual experiences and attitudes of people your age.

We hope that you can answer all questions, but if you find one which you feel you cannot answer honestly, we would prefer that you leave it blank.

Remember that your answers will be kept strictly confidential; they are never connected with your name or your class.

The following questions are about CIGARETTE SMOKING.

7. On how many occasions (if any) during your lifetime have you smoked cigarettes?

Number of occasions						
0	1-2	3-5	6-9	10-19	20-39	40 or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7

8. How frequently have you smoked cigarettes during the LAST 30 DAYS?

- 1 ☐ Not at all
- 2 ☐ Less than 1 cigarette per week
- 3 ☐ Less than 1 cigarette per day
- 4 ☐ 1-5 cigarettes per day
- 5 ☐ 6-10 cigarettes per day
- 6 ☐ 11-20 cigarettes per day
- 7 ☐ More than 20 cigarettes per day

The next questions are about ALCOHOLIC BEVERAGES - including beer, wine and liquor.

9. On how many occasions (if any) have you had any alcoholic beverage to drink? (Mark one box for each line)

		Number of occasions						
		0	1-2	3-5	6-9	10-19	20-39	40 or more
a)	In your lifetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b)	During the last 12 months.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c)	During the last 30 days.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1	2	3	4	5	6	7

10. Below is a list of reasons why some people do NOT drink alcohol. Read through the list and tick each item to show whether you personally agree or disagree. (Mark one box for each line)

	Agree 1	Disagree 2
a) Drinking is bad for your health.....	<input type="checkbox"/>	<input type="checkbox"/>
b) Drinking costs too much	<input type="checkbox"/>	<input type="checkbox"/>
c) I have religious reasons for not drinking.....	<input type="checkbox"/>	<input type="checkbox"/>
d) People who drink lose control in an unpleasant way	<input type="checkbox"/>	<input type="checkbox"/>
e) It is hard to stop drinking once you start the habit	<input type="checkbox"/>	<input type="checkbox"/>
f) My parents disapprove strongly of people who drink	<input type="checkbox"/>	<input type="checkbox"/>
g) Drinking makes you put on weight.....	<input type="checkbox"/>	<input type="checkbox"/>
h) Drinking has destroyed somebody that I know well.....	<input type="checkbox"/>	<input type="checkbox"/>
i) Alcohol tastes horrible	<input type="checkbox"/>	<input type="checkbox"/>
j) Some of the effects, eg. hangovers, dizziness and vomiting, are awful	<input type="checkbox"/>	<input type="checkbox"/>
k) Drinking is too likely to lead to crime and violence	<input type="checkbox"/>	<input type="checkbox"/>
l) Drinking is against my principles	<input type="checkbox"/>	<input type="checkbox"/>
m) Drinking is too likely to lead to serious accidents	<input type="checkbox"/>	<input type="checkbox"/>
n) Drinking is too likely to have bad effects on family life.....	<input type="checkbox"/>	<input type="checkbox"/>
o) Some other reason. Which?		

.....

.....

11. Do you think you will be drinking alcohol when you are twentyfive?

- 1 ☐ No
 2 ☐ Yes
 3 ☐ I don't know

12. Think back over the LAST 30 DAYS. On how many occasions (if any) have you had any of the following to drink? (Mark one box for each line)

		Number of occasions						
		0	1-2	3-5	6-9	10-19	20-39	40 or more
Optional	a) Low alcohol beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Core	b) Beer (do not include low alcohol beer) ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Core	c) Wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Core	d) Liquor (whisky, cognac, shot drinks etc) (also include liquor mixed with soft drinks) ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1	2	3	4	5	6	7

Optional

13. Now think back over the LAST 30 DAYS once more. On how many occasions (if any) have you had any home made alcohol to drink? (Mark one box for each line)

		Number of occasions						
		0	1-2	3-5	6-9	10-19	20-39	40 or more
a)	Home made beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b)	Home made wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c)	Home made liquor.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1	2	3	4	5	6	7

14. The last time you had an alcoholic drink, did you drink any beer/lager/stout? If so, how much? (Do not include low alcohol beer)

- 1 ☐ I never drink beer
 2 ☐ I did not drink beer on my last drinking occasion
 3 ☐ Less than a regular bottle or can (<50 cl)
 4 ☐ 1-2 regular bottles or cans (50-100 cl)
 5 ☐ 3-4 regular bottles or cans (101-200 cl)
 6 ☐ 5 or more regular bottles or cans (≥ 200 cl)

15. The last time you had an alcoholic drink, did you drink any wine? If so, how much?

- 1 ☐ I never drink wine
 2 ☐ I did not drink wine on my last drinking occasion
 3 ☐ Less than a glass (<10 cl)
 4 ☐ 1-2 glasses (10-20 cl)
 5 ☐ Half a bottle (37 cl)
 6 ☐ A bottle or more (≥ 75 cl)

16. The last time you had an alcoholic drink, did you drink any liquor? If so, how much?

- 1 ☐ I never drink liquor
- 2 ☐ I did not drink liquor on my last drinking occasion
- 3 ☐ Less than a drink (<5 cl)
- 4 ☐ 1-2 drinks (5-10 cl)
- 5 ☐ 3-5 drinks (11-25 cl)
- 6 ☐ 6 drinks or more (≥ 30 cl)

Optional

17. You have now answered separate questions for different types of alcoholic beverage. We would now like you to think back on your last drinking occasion and to describe in your own words as accurately as you can what you drank and how much. Here are some examples:

- ☐ 1) I had one can of Tennants Lager and two glasses of wine.
- ☐ 2) I shared a small bottle of vodka and four cans of beer with two friends. I think I drank half the vodka and one can of beer. (If you shared drinks with other people please try to tell us how much *you personally drank*).

☐ Your answer.....

.....

.....

.....

18. Think of the last day on which you drank alcohol. Where were you when you drank? (Mark all that apply)

- 1 ☐ Have never been drinking alcohol
- 1 ☐ At home
- 1 ☐ At someone else's home
- 1 ☐ Out on the street, in a park, beach or other open area
- 1 ☐ At a bar or a pub
- 1 ☐ In a disco
- 1 ☐ In a restaurant
- { 1 ☐ Other (please describe)
- 2

19. Think back over the LAST 30 DAYS. How many times (if any) have you had five or more drinks in a row? (A "drink" is a glass of wine, a bottle of beer, a shot glass of liquor or a mixed drink).

- 1 ☐ None
- 2 ☐ 1
- 3 ☐ 2
- 4 ☐ 3-5
- 5 ☐ 6-9
- 6 ☐ 10 or more times

Optional

20. How likely is it that each of the following things would happen to you personally, if you drink alcohol? (Mark one box for each line)

	Very likely	Likely	Unsure	Unlikely	Very unlikely
a) Feel relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Get into trouble with police.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Harm my health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Feel happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Forget my problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Not be able to stop drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Get a hangover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Feel more friendly and outgoing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Do something I would regret	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Have a lot of fun.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Feel sick.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

21. On how many occasions (if any) have you been drunk from drinking alcoholic beverages? (Mark one box for each line)

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) In your lifetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) During the last 12 months.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) During the last 30 days.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

22. Have you ever had any of the following problems because of your alcohol use? (Mark one box for each line)

	Never	Once	Twice	3 times or more
Core a) Quarrel or argument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optional b) Scuffle or fight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Core c) Accident or injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optional d) Loss of money or other valuable items.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optional e) Damage to objects or clothing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Core f) Problems in your relationship with your parents.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Core g) Problems in your relationship with your friends.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optional h) Problems in your relationship with your teachers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Core i) Reduced your performance at school or at work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Core j) Made you engaged in unwanted sexual experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Core k) Made you engaged in unprotected sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Core l) Driving a motorcycle/car under the influence of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optional m)Victimized by robbery or theft.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Core n) Trouble with police.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

The next questions ask about some other drugs.

Optional

23. Have you ever heard of any of the following drugs? (Mark one box for each line)

	Yes	No
a) Tranquilizers or sedatives (give names that apply).....	<input type="checkbox"/>	<input type="checkbox"/>
b) Marijuana or hashish.....	<input type="checkbox"/>	<input type="checkbox"/>
c) LSD.....	<input type="checkbox"/>	<input type="checkbox"/>
d) Amphetamines.....	<input type="checkbox"/>	<input type="checkbox"/>
e) Crack.....	<input type="checkbox"/>	<input type="checkbox"/>
f) Cocaine.....	<input type="checkbox"/>	<input type="checkbox"/>
g) Relewin.....	<input type="checkbox"/>	<input type="checkbox"/>
h) Heroin.....	<input type="checkbox"/>	<input type="checkbox"/>
i) Ecstasy.....	<input type="checkbox"/>	<input type="checkbox"/>
j) Methadone.....	<input type="checkbox"/>	<input type="checkbox"/>
k)	<input type="checkbox"/>	<input type="checkbox"/>
l)	<input type="checkbox"/>	<input type="checkbox"/>
m)	<input type="checkbox"/>	<input type="checkbox"/>
	1	2

24. On how many occasions (if any) have you used marijuana (grass, pot) or hashish (hash, hash oil)? (Mark one box for each line)

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) In your lifetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) During the last 12 months.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) During the last 30 days.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

25. On how many occasions (if any) have you sniffed a substance (sniffing glue, aerosols, laughing gas etc) to get high? (Mark one box for each line)

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) In your lifetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) During the last 12 months.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) During the last 30 days.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

**26. On how many occasions (if any) have you used any of the following drugs?
(Mark one box for each line)**

	Number of occasions 0	1-2	3-5	6-9	10-19	20-39	40 or more
a) Tranquilizers or sedatives (without a doctor's prescription)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Amphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) LSD or some other hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Crack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Relevin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Drugs by injection with a needle (like heroin, cocaine or amphetamine) ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optional							
j) Alcohol together with pills.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Anabolic steroids or other doping agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

Tranquilizers and sedatives, like (give examples that are appropriate) are sometimes prescribed by doctors to help people to calm down, get to sleep or to relax. Pharmacies are not supposed to sell them without a prescription. (These do NOT include any non-prescription type drugs).

27. Have you ever taken tranquilizers or sedatives because a doctor told you to take them?

- 1 ☐ No, never
2 ☐ Yes, but for less than 3 weeks
3 ☐ Yes, for 3 weeks or more

28. When (if ever) did you FIRST do each of the following things? (Mark one box for each line)

	Never	11 years old or less	12 years old	13 years old	14 years old	15 years old	16 years old
a) Drink beer (at least one glass).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Drink wine (at least one glass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Drink liquor (at least one glass)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Get drunk on alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Smoke your first cigarette.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Smoke cigarettes on a daily basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Try amphetamines.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Try tranquilizers or sedatives (with-.. out a doctors prescription)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Try marijuana or hashish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Try LSD or some other hallucinogen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Try crack.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Try cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Try relevin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Try ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Try heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Try inhalants (glue etc) to get high ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optional							
q) Try anabolic steroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

We want to find out how people begin to take drugs. We want you to think back to the very first occasion (if any) on which you took any of them and tell us about it. (Let us say again that any information you choose to give us about this will be very strictly confidential to the researchers. Your name is not on this questionnaire and nobody will attempt to find it out).

29. What was the first drug (if any) that you have ever tried?

- 01 ☐ I have never tried any of the substances listed below
- 02 ☐ Tranquilizers or sedatives without a doctors prescription
- 03 ☐ Marijuana or hashish
- 04 ☐ LSD
- 05 ☐ Amphetamines
- 06 ☐ Crack
- 07 ☐ Cocaine
- 08 ☐ Relevin
- 09 ☐ Heroin
- 10 ☐ Ecstasy
- 11 ☐ I don't know what it was

30. How did you get this substance?

- 01 ☐ I have never used any of the substances listed in question 29
- 02 ☐ Given me by an older brother or sister
- 03 ☐ Given me by a friend, a boy or a girl older than me
- 04 ☐ Given me by a friend my own age or younger
- 05 ☐ Given me by someone I have heard about but did not know personally
- 06 ☐ Given me by a stranger
- 07 ☐ It was shared round a group of friends
- 08 ☐ Bought from a friend
- 09 ☐ Bought from someone I have heard about but did not know personally
- 10 ☐ Bought from a stranger
- 11 ☐ Given me by one of my parents
- 12 ☐ Took it at home without my parents permission
- 13 ☐ None of these (please describe briefly how you did get it)

.....

Optional

31. Individuals differ in whether or not they disapprove of people doing certain things. Do YOU disapprove of people doing each of the following? (Mark one box for each line)

	Don't disapprove	Disapprove	Strongly disapprove	Don't know
a) Smoking cigarettes occasionally.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Smoking 10 or more cigarettes a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Trying one or two drinks of an alcoholic beverage (beer, wine, liquor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Having one or two drinks several times a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Getting drunk once a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Trying marijuana or hashish (cannabis pot, grass) once or twice.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Smoking marijuana or hashish occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Smoking marijuana or hashish regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Trying LSD or some other hallucinogen once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Trying heroin (smack, horse) once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Trying tranquilizers or sedatives (without a doctors prescription) once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Trying an amphetamine (upper, pep pill, bennie, speed) once or twice.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Trying crack once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Trying cocaine once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Trying ecstasy once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Trying inhalants (glue etc) once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

32. How much do you think people risk harming themselves (physically or in other ways), if they ... (Mark one box for each line)

	No risk	Slight risk	Moderate risk	Great risk	Don't know
a) smoke cigarettes occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) smoke one or more packs of cigarettes per day ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) take one or two drinks nearly every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) take four or five drinks nearly every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) have five or more drinks once or twice each weekend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) try marijuana or hashish (cannabis, pot, grass) once or twice.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) smoke marijuana or hashish occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) smoke marijuana or hashish regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) try LSD once or twice.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) take LSD regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) try an amphetamine (uppers, pep pills, bennie, speed) once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) take amphetamines regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) try cocaine or crack once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) take cocaine or crack regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) try ecstasy once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) take ecstasy regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) try inhalants (glue etc) once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) take inhalants (glue etc) regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

33. How difficult do you think it would be for you to get each of the following, if you wanted? (Mark one box for each line)

	Impossible	Very difficult	Fairly difficult	Fairly easy	Very easy	Don't know
a) Beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Liquor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Marijuana or hashish (cannabis, pot, grass)...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) LSD or some other hallucinogen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Amphetamines (uppers, pep pills, bennies, speed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Tranquilizers or sedatives.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Crack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Heroin (smack, horse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Inhalants (glue etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Anabolic steroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Optional

n) Home made liquor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6

34. How many of your friends would you estimate ... (Mark one box for each line)

	None	A few	Some	Most	All
a) smoke cigarettes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) drink alcoholic beverages (beer, wine, liquor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) get drunk at least once a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) smoke marijuana (pot, grass) or hashish...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) take LSD or some other hallucinogen.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) take amphetamines (uppers, pep pills, bennies, speed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) take tranquilizers or sedatives (without a doctors prescription)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) take cocaine or crack.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) take ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) take heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) take inhalants (glue etc).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Optional

l) take anabolic steroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

Optional

The next question is about gambling. It refers only to the kind of slot machines from which you may win money.

**35. On how many occasions (if any) have you thrown money in a slotmachine?
(Mark one box for each line)**

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) In your lifetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) During the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) During the last 30 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

The next questions ask about your parents. If you were raised mostly by foster parents, step-parents, or others answer for them. For example, if you have both a stepfather and a natural father, answer for the one that was the most important in raising you.

36. What is the highest level of schooling your father completed?

- 1 ☐ Completed primary school or less
- 2 ☐ Some secondary school
- 3 ☐ Completed secondary school
- 4 ☐ Some college or university
- 5 ☐ Completed college or university
- 6 ☐ Don't know, or does not apply

37. What is the highest level of schooling your mother completed?

- 1 ☐ Completed primary school or less
- 2 ☐ Some secondary school
- 3 ☐ Completed secondary school
- 4 ☐ Some college or university
- 5 ☐ Completed college or university
- 6 ☐ Don't know, or does not apply

**38. Which of the following people live in the same household with you?
(Mark all that apply)**

- 1 ☐ I live alone
 - 1 ☐ Father
 - 1 ☐ Stepfather
 - 1 ☐ Mother
 - 1 ☐ Stepmother
 - 1 ☐ Brother(s) and/or sister(s)
 - 1 ☐ Grandparent(s)
 - 1 ☐ Other relative(s)
 - 1 ☐ Non-relative(s)
- 2

39. How good do you think you are at school work, compared to other people your age?

- 1 ☐ Excellent, I am probably one of the very best
- 2 ☐ Well above average
- 3 ☐ Above average
- 4 ☐ Average
- 5 ☐ Below average
- 6 ☐ Well below average
- 7 ☐ Poor, I am probably one of the worst

40. If you had ever used marijuana or hashish, do you think that you would have said so in this questionnaire?

- 1 ☐ I already said that I have used it
- 2 ☐ Definitely yes
- 3 ☐ Probably yes
- 4 ☐ Probably not
- 5 ☐ Definitely not

41. If you had ever used heroin, do you think that you would have said so in this questionnaire?

- 1 ☐ I already said that I have used it
- 2 ☐ Definitely yes
- 3 ☐ Probably yes
- 4 ☐ Probably not
- 5 ☐ Definitely not