

# The **ESPAD Report 2003**

Alcohol and Other Drug Use Among Students  
in 35 European Countries

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# Preface

This is the third report published within the ESPAD project. It presents data on more than 100,000 European students in numerous diagrams and maps and around 150 tables. Independent researchers in 35 European countries have collaborated in planning, methodological discussions, the data collections and the reporting of the national results.

The two earlier reports presented data from 1995 and 1999. The first report covered 26 European countries, the second included data from 30 countries. The project now covers most of the European continent and has become an important source of information on young people's alcohol and drug use.

Moreover, the body of articles with analyses published in international scientific journals is growing. The enormous data mass now kept in each individual

country will soon be gathered into a common database for further analyses.

The work with this report would not have been possible without the economic support from the Swedish Government. We are also grateful for the support we have got from the Pompidou Group at the Council of Europe and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in Lisbon.

We would like to take this opportunity to thank our colleagues in all ESPAD countries for the inspiring work, the good spirit and the always friendly and collaborative atmosphere that have characterised our meetings and seminars. We are also grateful to the teachers and huge number of students across Europe that participated in the 2003 data collection.

Stockholm in November 2004

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# Introduction

Health effects of tobacco, alcohol and drug consumption are apparent on the individual as well as the societal level as a whole. The negative aspects are of great concern in municipalities and countries and for that matter the international community. Governments and major international bodies as the United Nations and the European Union are constantly looking for policy measures to reduce the negative impact of the use of different substances.

The wellbeing of young people is of special concern in all societies and ongoing efforts are made to reduce all types of dangerous behaviour. These include many aspects of the consumption of tobacco, alcohol and different kinds of illegal drugs. Most countries have laws in place that restrict the availability of these substances. The legal regulations may vary between countries but many of them include limitations especially targeted to young people.

The wellbeing of young people is visible in the Action plans of the European Union. The first covered the years from 1995 to 1999 and the second, the period from 2000 to 2004. A new plan from 2005 is in the preparative stage. The plan for 2000–2004 included the following six targets:

- To reduce significantly over five years the prevalence of illicit drug use, as well as new recruitment to it, particularly among young people under 18 years of age.
- To reduce substantially over five years the incidence of drug-related health damage (HIV, hepatitis B and C, TBC, etc.) and the number of drug-related deaths.
- To increase substantially the number of successfully treated addicts.
- To reduce substantially over five years the availability of illicit drugs.
- To reduce substantially over five years the number of drug related crimes.
- To reduce substantially over five years money-laundering and illicit trafficking of precursors.

The European Union established the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in Lisbon. The centre is responsible

for supplying objective, reliable and comparable data to provide the Community and member states with an overall view of drugs, drug addiction and their consequences. The tasks of EMCDDA include; to collect and analyse existing data, to improve data-comparison methods, to disseminate data and to co-operate with European and international organisations and third countries.

WHO formulated a European Alcohol action plan for the years 2000 to 2005 with the aim to reduce the harm caused by alcohol. To complement this broad plan a declaration on young people and alcohol was released in 2001. The declaration includes the following targets:

- To substantially reduce the number of young people who start consuming alcohol.
- To delay the age of onset of drinking by young people.
- To substantially reduce the occurrence and frequency of high-risk drinking among young people, especially adolescents and young adults.
- To increase education for young people on alcohol.
- To substantially reduce alcohol-related harm, especially accidents, assaults and violence, and particularly as experienced by young people.

The Pompidou Group at the Council of Europe provides a forum for European ministers, officials and other professionals to co-operate and exchange information about drugs. The main mission is the facilitation of the triangulation between policy, practice and research with the aim to promote evidence-based policy with focus on day-to-day practice as well as local level policy and practice.

Platforms are the main instruments through which the mission of the Pompidou Group has been implemented. The functions of the research platform includes to signal developments in the use of data and research as a basis for policy and practice. In relation to the ESPAD project this includes examination of the impact of the ESPAD project on policy and practice and to better understand risk factors and communicate this information to policymakers and practitioners to elaborate evidence-



based prevention policies and programmes.

The ESPAD project can play a key role in relation to the actions proposed by all these actors. One of the goals of the ESPAD project is to provide data that can be used as a part of the evaluation of the EU action plan on drugs as well as the WHO Europe declaration on young people and alcohol. In relation to the evaluation of the EU action plan co-operation with EMCDDA is essential. The same is true in relation to the Pompidou Group and its role to promote evidence-based drug policy measures.

There is a growing concern from policy makers and other decision makers about the negative effects of young peoples' consumption of different substances. Informed and well supported decisions demand comprehensive information, which is a key mission for the ESPAD project. With three data collections in 1995, 1999 and 2003 the ESPAD project provides a reliable overview of trends in licit and illicit drug use among European adolescents between 1995–2003 as well as a comprehensive picture of young peoples' use of tobacco, alcohol, cannabis and other drugs in Europe.

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## Background

The use of tobacco, alcohol and other drugs among young people is of great concern in most countries and many studies have been conducted to better understand consumption patterns. Traditionally, in spite of the significant number of studies conducted in many countries, it was rather difficult to obtain a comprehensive picture and more to the point compare the levels of alcohol and drug use prevalence in different countries. The main reason for this was that the studies involved different age groups with different questionnaires and at different times, i.e. too many disparate factors that made comparisons difficult.

During the 1980's a subgroup of collaborating investigators was formed within the Pompidou Expert Committee on Drug Epidemiology, Council of Europe, to develop a standardised school survey questionnaire and methodology. The purpose and rationale for the work was to produce a standard survey instrument, which would permit different countries to compare alcohol and drug use in student populations. The common questionnaire was used by eight countries in a pilot study. 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 (Johnston et al. 1994).

Another study, who's primary objective is 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 now has an increasing number of countries involved in it. Surveys have been conducted since 1983/84 and to date total some six, the last one in 2001/02. However, the focus of these studies is mainly health issues, although in later studies a few questions were asked on smoking, alcohol consumption and cannabis use (Currie et. al. 2004).

Some few countries conduct school surveys on a more or less regular basis. However, the long series of annual school surveys in Sweden since 1971 is unique. Over the years however there has been a growing interest to compare the results from the Swedish school surveys with comparable data from other countries.

In the light of the experiences described above, the Swedish Council for Information on Alcohol and Other Drugs (CAN) initiated a collaborative project in 1993 by contacting researchers in most European countries, to explore the possibility of simultaneously performed school surveys on tobacco, alcohol and drugs in co-operation with the Pompidou Group. These contacts resulted in the first ESPAD study involving 26 European countries in 1995. The second study was conducted in 1999.

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## ***Purpose of the project***

A main purpose of the ESPAD project is to collect comparable data on alcohol, tobacco and drug use among 15–16 year old students in European countries. The studies are conducted as school surveys by researchers in each participating country, during the same period of time and with a common methodology. By adopting this ESPAD format, comprehensive and comparable data on alcohol, tobacco and drug use among European students are produced.

The most important goal of this project is to monitor trends in alcohol and drug habits among students in Europe and to compare trends between countries and between groups of countries. The knowledge thus gained will be important in the future when changes in one part of Europe may serve as a possible forecast for other countries where changes have not yet appeared. Such trends

may also function as the basis for future prevention initiatives.

In relations to the EU action plan on drugs and the WHO Europe declaration on young people and alcohol, a third goal of the ESPAD project is to provide data that can be used as a part of the evaluation of these charters.

The surveys are planned to be repeated every fourth year, thus providing long-term data on changes in alcohol and drug consumption among young people. The collected data should also be analysed in depth for a better understanding of young peoples' alcohol and drug behaviour. European countries which are not yet involved in the ESPAD project are welcome to join the next wave in 2007, to further the coverage across Europe as completely as possible.

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## ***The use of surveys***

Knowledge pertaining to the levels of alcohol and drug use can be derived in different ways depending on which part of the phenomenon one wants to address. In many countries household surveys are conducted with the aim of measuring alcohol and drug habits 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, homeless or drop-outs from school. The latter is a group of young persons known to be vulnerable to alcohol and drug use. 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 students represent age-groups when onset of different substance use is likely to occur and therefore important to monitor. Another reason is ease of accessibility, students are as such within the school system, which

also reduces the costs.

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

A handbook on the methods usually required in the conduct of school surveys on drug abuse has recently been published by United Nations Office on Drugs and Crime (Hibell et al 2003). It includes information on the planning of school surveys, methodological issues, sampling issues, questionnaire development, data collection procedure as well as report writing.

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## ***National project plans and regional seminars***

Prior to the survey each country produced a national project plan, following a standardised outline, describing the target population's distribution over the grades in school and the proportion of students expected to be enrolled in school (Hibell and Andersson 2002). The plans for sampling and field procedures were also described in detail.

In an effort to standardise the methodology regional seminars were held with small groups of

investigators. The purpose of the seminars was to maximise the standardisation of the data collection procedure and to discuss and suggest which of the sampling procedures were most appropriate for the different countries with different conditions in terms of available school statistics. The seminars per se also functioned as training courses for the less experienced participants.

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## ***Participants and ownership***

Each researcher raised funds in his or her own country and participated in the project and at project meetings independently and at own costs. Data collected in the project are owned by each country

independently. The co-ordination of the project is financed by a mutual agreement between the Swedish Council for Information on Alcohol and Other Drugs (CAN) and the Swedish Government.

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## ***Participating countries***

About 30 countries were involved in the planning process of the 1995 ESPAD study. Unfortunately a few of them were unable to raise the funding needed for data collection and thus the 1995 ESPAD Report included information gathered from 26 countries (Hibell et al 1997). In the second round of data collection held in 1999 data was collected from 30 countries.

For the 2003 survey, new countries have joined and this report includes data from 35 participating countries including Austria, Belgium, Bulgaria, Croatia, Cyprus, the Czech Republic, Denmark, Estonia, the Faroe Islands, Finland, France, Germany, Greece, Greenland, Hungary, Iceland, Ireland, Isle of Man, Italy, Latvia, Lithuania, Malta, the Netherlands,

Norway, Poland, Portugal, Romania, Russia (Moscow), the Slovak Republic, Slovenia, Sweden, Switzerland, Turkey, Ukraine and United Kingdom.

Five of these countries participated in the ESPAD project for the first time in 2003. They are Austria, Belgium, Germany, Isle of Man and Switzerland. Turkey collected data in 1995, but not in 1999, and re-joined for the 2003 survey. One country (FYROM – Former Yugoslav Republic of Macedonia) that participated in the 1999 study did not take part in the 2003 data collection exercise. Besides the 35 ESPAD countries the report also includes data from Spain and USA.

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## ***The structure of the 2003 ESPAD report***

The structure of this report follows to a large extent the structure of previous ESPAD reports. A major difference is a new more analytical chapter about the relationship between some background variables and the consumption of alcohol and other drugs.

Moreover, one of the first chapters includes an overview of the study design and procedures. As mentioned earlier, a goal of the ESPAD project has of course been to standardise the procedures as much as possible, including the target population, the questionnaire, the sampling procedure as well



as the way in which data are collected. A complement to this overview can be found in Appendix I in which the sampling and field procedures are presented and commented on country by country.

Changes between the three data collections in 1995, 1999 and 2003 are presented in the first of the result chapters. This is the only part of the report that includes data from previous data collections. (An exception is the last of the tables in the table section, where recalculated data on estimates for alcohol consumption from the 1999 study are presented.) To give an overview of major changes from 1999 to 2003 in the countries that participated in both studies the chapter is made more explicit by the significant use of a number of diagrams. In addition to this, a new type of diagram has been introduced that provides information on the trends between all the three data collections country by country.

Major results from the 2003 data collection are presented in a separate chapter. As in previous reports, it includes maps that illustrate the differences between high and low prevalence countries

for a large number of variables. The maps are complemented by bar graphs that "rank" all countries with available information.

The key results for individual countries are gathered in a separate chapter. It includes a country by country overview in which the findings of each country are compared with the averages of all 35 ESPAD countries.

Some of the most relevant variables describing the alcohol and drug situation among students across Europe are summarised in a short chapter. The overview includes information on cigarette smoking, alcohol consumption, drunkenness as well as the use of cannabis and other illicit drugs.

The last chapter includes correlates of adolescent substance use. The use of cigarettes, alcohol and cannabis use correlated to parental education, family structure, economic situation, parental control, truancy and sibling substance use.

The tables of the methodological chapter are presented in the text. However, the tables that include data related to the consumption of alcohol and other drugs are to be found in Appendix II.



# Summary of the 2003 findings

Data on young people's alcohol and drug habits have been collected in three waves of the European School Survey Project on Alcohol and Other Drugs, ESPAD. The first study was conducted in 26 countries in 1995. The second survey was done in 1999 and reached 30 participating countries.

The focus of this chapter is on the findings from the surveys that were performed in 35 countries in 2003.

The participating countries include Austria, Belgium, Bulgaria, Croatia, Cyprus, the Czech Republic, Denmark, Estonia, the Faroe Islands, Finland, France, Germany (6 Bundesländer), Greece, Greenland, Hungary, Iceland, Ireland, Isle of Man, Italy, Latvia, Lithuania, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Russia (Moscow), the Slovak Republic, Slovenia, Sweden, Switzerland, Turkey (6 cities), Ukraine and the United Kingdom. The project is a collaborative project between independent research teams in the participating countries. More than 100,000 students participated in the 2003 data collection.

In this chapter a short version of the 2003 findings is presented. Key data on important variables are presented in summary tables 1–3. The behaviours included are cigarette smoking, alcohol consumption, drunkenness and use of illicit drugs.

## Methodology

As in earlier studies, the surveys were conducted with a standardised methodology and a common questionnaire to provide as comparable data as possible. Data were mainly collected during Spring 2003 and the target population was students born in 1987. Thus, the age group studied turned 16 during the year of data collection. At the time of the data collections the average age was 15.8 years. Data were collected by group-administered questionnaires in schools on nationally representative samples of classes. Exceptions include Russia, where the study was restricted to Moscow only, Germany, where the study was performed in six Bundesländer and Turkey, where the study was restricted to six major cities in the six main regions in Turkey.

Teachers or research assistants collected the data.

The students answered the questionnaires anonymously in the classroom under conditions similar to a written test. The sample sizes in participating countries ranges between 555 in Greenland to almost 6,000 in Poland. However, small study groups are only found in small countries where no sampling was done. In all remaining countries, the sample size was close to or above the recommended number of 2,400.

The results of the survey were reported in a standardised format. These country reports form the basis of the content of this report.

## Data quality

Every effort was made to standardise the methodology of the ESPAD project across countries. Nevertheless, some methodological issues inevitably arise in a comparative survey of 35 countries.

The validity is deemed to be high in most ESPAD countries. The cultural context in which the students have answered the questions has most probably differed between countries. However, this does not necessarily indicate large differences in the willingness to give honest answers. A few countries have experienced modest validity problems, but such problems are not of the magnitude necessary to seriously threaten the comparability of results.

For various reasons it was not possible to give precise levels of statistical significance in this report. Small differences in point estimates between countries or over time should therefore be interpreted with caution. However, given the size of the national samples and the sampling methods employed, differences of more than a few percentage points can with considerable confidence be considered significant.

## Tobacco

The use of cigarettes 40 times or more in lifetime and the 30 days prevalence rates are presented in the summary tables. In nearly all ESPAD countries 50–80% of the students had smoked cigarettes at least once in their lifetime, and those who had smoked 40 times or more are mainly found in countries where the lifetime prevalence is high. In

Austria, the Czech Republic, the Faroe Islands, Greenland, Germany, Lithuania and Russia (Moscow) about 40% had smoked 40 times or more in their lifetime. The lowest prevalence rates are found in Turkey (13%), Malta (16%), Iceland and Portugal (18% each).

In eight of the 35 ESPAD countries more boys than girls had smoked 40 times or more in their lifetime. These countries are mainly found in the eastern parts of Europe such as Estonia, Latvia, Lithuania, Poland, Romania and Ukraine, but also in Cyprus and Turkey. Large differences in the other direction with more girls reporting this behaviour are mainly found in two northern islands, Greenland and the Isle of Man.

The highest percentage of students, which reported smoking during the last 30 days is found in Greenland, which stands apart from other countries on this variable (60%). High rates are also found in Austria, Bulgaria, Germany, Russia (Moscow) and the Czech Republic (43–49%). Particularly low proportions are found in Cyprus, Iceland, Sweden and Turkey with figures ranging between 18 and 25%.

Countries with substantially higher rates of last month smoking among boys include Cyprus, Latvia, Lithuania, Turkey and Ukraine. Considerably higher rates among girls are found in Greenland, Ireland, Isle of Man and the United Kingdom.

## **Alcohol consumption**

Prevalence of alcohol consumption 40 times or more in lifetime is presented in the summary tables. They also contain the 30 days prevalence of alcohol consumption 10 times or more, as well as the 30 days prevalence of consuming beer, wine and spirits 3 times or more.

In two thirds of the ESPAD countries the vast majority (90% or more) of the students have drunk alcohol at least once in their lifetime. However, these students do not all drink on a regular basis. A student who has been drinking at least 40 times can be labelled as more of a regular consumer. The prevalence rates of this frequency of drinking are much lower than the total lifetime prevalence.

The highest rates reporting use of alcohol 40 times or more in lifetime are primarily found in the same countries as reported the highest lifetime figures. They include Denmark, Austria, the Czech Republic, Isle of Man, the Netherlands and the United Kingdom (43–50%). The lowest proportion is reported from Turkey (7%) followed by Greenland, Iceland, Norway and Portugal (13–15%).

More boys than girls report this level of alcohol consumption. In a few countries, Isle of Man, Finland and Norway, the gender distribution is about equal. However, no country reports prevalence rates among girls that exceed those of the boys.

A higher frequency of alcohol use is revealed among students who had consumed alcohol 10 times or more during the last 30 days, i.e. at least every third day on average. About one quarter of the students in the Netherlands (25%) and about one fifth of the respondents in Austria, Belgium, Malta and the United Kingdom (17–21%) reported this frequency of alcohol use. In some countries, this drinking frequency is hardly reported at all. Proportions of 3% or less were found in Finland, Greenland, Iceland, Norway and Sweden. Thus, the very low prevalence rates are mainly concentrated to the Nordic countries.

Many students report rather frequent beer consumption. The percentages of students who had consumed beer 3 times or more during the last 30 days varies between 10 and 44%. The highest figures are found in Denmark, Bulgaria, the Netherlands and Poland (40–44%). The smallest proportions were reported from Norway and Turkey (10 and 14% respectively). Other countries where less than 20% had consumed beer that often include Finland, Hungary, Iceland and Portugal.

Drinking beer is a predominantly male behaviour in most ESPAD countries. The only exceptions are two countries in the North Atlantic, Greenland and Iceland, where almost equal proportions of girls and boys report frequent beer drinking.

A smaller number of students had been drinking wine than beer during the last 30 days. The proportions of students reporting a wine consumption frequency of 3 times or more during last 30 days are in most cases lower than 20%. However, one country stands out in this respect, as one third (35%) of the students in Malta reported this frequency of wine drinking. Other high prevalence countries include Austria, the Czech Republic, Greece, Italy and Slovenia (21–23%). The lowest proportions that reported this frequency of wine consumption are found in Finland, Iceland, Norway and Turkey (5% or less).

The number of students who had been drinking spirits during the last 30 days vary considerably between the ESPAD countries. This also holds true also when looking at the number of students who had been drinking 3 times or more during last month. The British Isles are at the top but also two

Mediterranean countries. The highest proportion is found in Malta, where 43% of the students reported this frequency of spirits consumption. The countries that come next include the Faroe Islands, Greece, Ireland, Isle of Man and the United Kingdom (37–39%).

In about half of the countries, more boys than girls report such frequent consumption of spirits. However, almost the same number of countries report prevalence rates that are equal or almost equal between the sexes. Only three countries report proportions among the girls that exceed those of the boys. These countries are all high frequency countries and they are all parts of the British Isles, i.e. Ireland, Isle of Man and the United Kingdom.

### **Drunkenness**

Lifetime prevalence of having been drunk 20 times or more and the 30 days prevalence of being drunk 3 times or more are presented in the summary tables.

Some students have a rather limited experience of getting drunk, while others get intoxicated more frequently. However, in 30 of the 35 countries studied a majority of the students have been drunk at least once. The countries with the highest percentages indicating that they had been drunk 20 times or more in lifetime include Denmark, Ireland, Isle of Man, the United Kingdom, Estonia and Finland (26–36%). In other countries only a few report this frequency of drunkenness. In Turkey only 1% had been drunk 20 times or more and in Cyprus, France, Greece and Portugal this was reported by about 3% of the students.

In a majority of the countries there are more boys than girls that report this frequency of intoxication. In no country are the girls in majority. However, in relatively many countries the gender distribution is rather even. These countries include both the British Isles and most of the Nordic countries (Finland, the Faroe Islands, Iceland, Ireland, Isle of Man, Norway, Sweden and the United Kingdom).

The number of students who have been drunk 3 times or more during the last 30 days is of course much smaller, but the highest ranked countries are in most cases the same. Thus, in Denmark and Ireland about one fourth of the students had been drunk that often. Other countries with high prevalence rates include Isle of Man and the United Kingdom.

However, in about half of the ESPAD countries the number of students reporting this frequency of intoxication is 10% or less. The lowest figures are

reported from Cyprus, France, Greece, Portugal and Turkey (1–4%).

### **Binge drinking**

The frequency of having 5 or more drinks in a row, sometimes referred to as “binge drinking”, provides an alternative measure of heavy alcohol use. The proportion indicating such consumption 3 times or more during the last 30 days vary considerably over the ESPAD countries. This is reported by one fifth to one third of the students in about half of the ESPAD countries.

The highest number of students reporting this behaviour is found in Denmark, Ireland, Isle of Man, Malta, the Netherlands, Norway, Poland, Sweden and the United Kingdom (24–32%). Thus, there is a concentration of countries to the northern and western parts of Europe with Malta as the only exception. Countries with the lowest binge drinking figures are Cyprus, France, Greece, Hungary, Iceland, Romania and Turkey (5–11%).

### **Illicit drugs**

Lifetime use of various illicit drugs are presented in the summary tables, including cannabis, amphetamines, LSD, Ecstasy, tranquillisers or sedatives without a doctor’s prescription and the use of inhalants. In addition the 30 days prevalence of cannabis is included.

The vast majority of students in all ESPAD countries that have tried any illicit drug have used marijuana or hashish. Thus, the number of students reporting cannabis use is almost identical with the total illicit drug prevalence.

The top country in this respect is the Czech Republic where 44% of the students have used marijuana or hashish. High prevalence rates are also reported in France, Ireland, Isle of Man, Switzerland and the United Kingdom (38–40%). Other countries where more than one fourth have used cannabis include Belgium, Germany, Greenland, Italy, the Netherlands, the Slovak Republic and Slovenia (27–32%).

The lowest levels are reported in Cyprus, Greece, Sweden, Romania and Turkey (3–7%), but also in the Faroe Islands, Finland and Norway (around 10%).

The use of cannabis during the last 30 days may indicate regular use. In some countries about one fifth of the students report this, in others much lower prevalence rates are noted. The countries with the highest 30 days prevalence include the Czech Republic, France, Isle of Man, Switzerland and the United Kingdom (19–22%).

In most ESPAD countries there are more boys than girls who have used cannabis. However, the gender differences are small in Bulgaria, Croatia, Greenland, Hungary, Iceland, Ireland, Russia (Moscow) the Slovak Republic and Slovenia.

The countries with the highest percentages of students reporting use of amphetamines are Estonia, Germany, Iceland, Lithuania and Poland (5–7%). In 13 countries 1% or less reported use of amphetamines.

The ESPAD students do not use LSD very frequently. The highest percentages are found in the Czech Republic and Isle of Man where 5–6% reported such use.

Ecstasy is the most used drug of those included in the questionnaire apart from cannabis. In the Czech Republic 8% had used it, followed by Croatia, Estonia, Ireland, Isle of Man, the Netherlands and the United Kingdom (5–7%).

Tranquillisers or sedatives can be used both as a legally prescribed medicine and as an illicit drug. The use of such substances without prescription is most common in Poland (17%) followed by Lithuania (14%), France and the Czech Republic (11–13%). The lowest prevalence rates are found in Austria, Bulgaria, Germany, Ireland, Ukraine and the United Kingdom (2% each).

The highest prevalence of inhalants is reported in Greenland, where 22% had ever used them. Other countries with high levels of inhalant use include Cyprus, Greece, Ireland, Isle of Man, Malta and Slovenia (15–19%).

Very small gender differences are found in relation to the use of inhalants. In a majority of the countries there are no gender differences, but in Belgium, Cyprus, Greece, Portugal and Ukraine more boys than girls reported this behaviour. Girls

only reported more use than boys in one country, Ireland.

## Conclusions

In summary, the pattern of alcohol consumption reveals that frequent drinking is most prevalent among students in the western parts of Europe, such as the British Isles, the Netherlands, Belgium but also in Austria, the Czech Republic and Malta. Very few students in the northern parts of Europe drink that often.

Beer consumption is most prevalent in Bulgaria, Denmark, the Netherlands and Poland, while wine consumption is most prevalent in typical wine producing countries such as Austria, the Czech Republic, Greece, Italy, Malta and Slovenia. The consumption of spirits is less uniform, with high prevalence rates in as disparate countries as the Faroe Islands, Greece, Ireland, Isle of Man, Malta and the United Kingdom.

The prevalence of drunkenness seem to be most concentrated to countries in the western parts of Europe, such as Denmark, Ireland, Isle of Man and the United Kingdom. Very few students report frequent drunkenness in Mediterranean countries such as Cyprus, France, Greece, Portugal, Romania and Turkey.

The illicit drug use is dominated by use of marijuana or hashish. Frequent use is mainly reported from countries in the central and western parts of Europe, where more than one third of the students have used it. The high prevalence countries include the Czech Republic, France, Ireland, Isle of Man, Switzerland and the United Kingdom. The low prevalence countries are found in the north as well as the south of Europe.



**Summary table 1. Selected variables on tobacco, alcohol and drug consumption. Boys.**

Country	Cigarette smoking		Alcohol consumption		Drunkenness			Binge drinking <sup>a)</sup> last 30 days 3 times or more	Cannabis	Lifetime use of other illicit drugs			Lifetime use of tranquilisers or sedatives <sup>b)</sup>	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		Spirits 3 times or more	Wine 3 times or more			Beer 3 times or more	Any alcohol 10 times or more	Last 30 days			Ampheta- mines	LSD	Ecstasy
				Lifetime use 40 times or more	Smoked during the last 30 days			Lifetime use 40 times or more	Lifetime 20 times or more				Last 30 days 3 times or more	Lifetime			
Austria	41	48	53	27	50	20	36	37	22	..	23	12	4	2	3	1	14
Belgium	28	32	46	28	49	21	33	11	12	28	37	20	3	4	5	9	9
Bulgaria	32	42	33	13	55	16	27	15	17	26	23	10	2	2	3	2	4
Croatia	32	36	38	15	42	23	20	14	12	19	24	9	2	2	5	4	14
Cyprus	28	30	34	18	40	15	39	2	6	17	7	4	1	2	2	7	19
Czech Rep.	39	43	54	17	52	18	30	25	17	24	48	21	3	6	8	8	9
Denmark	26	27	57	18	54	6	34	41	30	31	27	10	5	1	3	4	9
Estonia	41	40	38	8	35	12	27	33	23	26	28	8	7	3	5	5	9
Faroe Isl.	39	42	34	6	38	7	42	26	20	21	9	2	1	0	0	5	10
Finland	32	35	20	3	22	4	10	25	15	18	11	3	1	1	1	4	8
France	..	31	30	10	26	11	21	4	5	13	42	26	3	1	4	10	12
Germany	40	43	43	15	45	12	28	16	11	31	31	14	5	3	3	1	12
Greece	19	27	43	17	39	27	41	4	3	14	7	2	0	1	2	3	17
Greenland	34	56	17	5	33	5	33	24	20	23	29	12	0	1	2	3	23
Hungary	33	39	27	8	23	20	23	16	11	12	18	7	3	2	3	7	6
Iceland	19	20	16	2	19	5	15	16	9	13	14	4	5	2	2	8	12
Ireland	25	28	42	17	47	6	29	32	27	31	38	16	1	2	4	2	14
Isle of Man	15	23	45	19	41	15	32	28	20	26	41	24	4	6	7	6	18
Italy	25	35	33	17	45	29	30	8	9	19	31	19	3	4	4	5	8
Latvia	39	46	30	7	42	12	13	19	12	24	20	5	3	1	3	2	8
Lithuania	49	49	45	13	38	12	15	29	17	19	18	8	6	3	3	10	6
Malta	17	28	41	25	45	42	44	7	7	32	13	5	1	1	1	2	16
Netherlands	28	32	55	34	55	7	36	9	10	37	32	17	2	3	6	7	7
Norway	23	24	17	3	16	5	17	14	12	25	9	3	2	1	2	3	6
Poland	32	35	36	13	50	9	18	15	13	17	23	10	6	3	3	12	10
Portugal	19	28	20	11	27	8	29	5	6	20	18	11	3	3	5	4	10
Romania	26	32	26	9	47	20	10	7	6	19	4	1	1	0	1	3	2
Russia	42	44	44	16	47	16	17	18	13	22	26	7	1	2	3	2	7
Slovak Rep.	35	39	42	12	32	21	27	20	14	20	32	10	2	2	3	3	10
Slovenia	26	35	32	10	31	28	19	20	16	23	31	14	0	1	3	3	15
Sweden	20	20	21	2	26	9	19	18	12	27	9	2	1	2	2	5	8
Switzerland	24	33	33	18	39	12	37	14	12	21	44	23	3	1	2	4	9
Turkey	17	22	10	4	14	4	7	3	4	9	6	3	3	2	3	3	5
Ukraine	38	49	24	6	45	17	18	24	18	28	29	8	1	1	2	3	9
United Kingdom	19	25	47	18	42	15	33	27	22	26	41	23	2	3	5	2	12

a) Binge drinking: 5 drinks or more in a row.

b) Without a doctor's prescription.

**Summary table 2. Selected variables on tobacco, alcohol and drug consumption. Girls**

Country	Cigarette smoking		Alcohol consumption		Drunkenness		Binge drinking <sup>a)</sup> last 30 days 3 times or more	Cannabis		Lifetime use of other illicit drugs			Lifetime use of tranquilisers or sedatives <sup>b)</sup>	Lifetime use of inhalants
	Lifetime use 40 times or more	Smoked during the last 30 days	Lifetime use 40 times or more	Any alcohol 10 times or more	Beer 3 times or more	Wine 3 times or more	Spirits 3 times or more	Lifetime 20 times or more	Last 30 days 3 times or more	Last 30 days	Amphetamines	LSD	Ecstasy	
Austria	44	56	41	15	18	23	23	13	11	7	5	2	3	14
Belgium	26	33	27	13	24	15	26	3	4	13	2	1	4	5
Bulgaria	37	50	21	7	33	9	25	7	8	19	2	2	2	3
Croatia	29	37	16	11	14	15	18	5	5	20	3	1	4	14
Cyprus	12	14	12	6	16	8	23	0	1	2	1	0	1	15
Czech Rep.	38	43	40	10	28	24	27	13	10	17	5	5	8	9
Denmark	28	32	42	10	35	10	31	31	21	5	3	1	2	7
Estonia	29	33	26	5	16	15	21	19	13	18	8	2	5	7
Faroe Isl.	42	41	30	4	21	4	34	23	16	1	0	2	2	13
Finland	32	41	20	2	13	6	10	28	17	2	1	1	2	8
France	..	36	15	5	16	4	16	2	2	15	2	1	3	10
Germany	39	46	31	9	18	21	23	8	8	35	6	4	4	11
Greece	21	30	28	9	18	15	32	3	3	5	0	1	1	13
Greenland	49	65	9	4	32	6	20	18	19	26	0	0	2	22
Hungary	30	40	14	4	9	16	21	5	5	13	3	2	4	4
Iceland	17	20	12	1	17	5	13	15	9	4	5	1	3	11
Ireland	29	37	36	14	25	13	46	29	25	17	2	2	5	21
Isle of Man	28	36	44	13	13	20	46	29	25	38	2	3	6	20
Italy	25	40	16	6	22	16	21	3	3	12	2	2	2	5
Latvia	25	36	23	4	22	14	10	10	7	23	3	1	3	7
Lithuania	28	33	31	5	20	16	12	12	8	9	4	1	1	4
Malta	16	26	27	16	16	32	42	3	4	8	1	0	1	15
Netherlands	26	31	35	17	23	12	30	4	4	24	1	2	3	5
Norway	29	32	14	2	11	4	18	13	10	9	2	1	1	4
Poland	21	27	18	6	32	7	11	5	5	13	4	1	2	8
Portugal	17	27	8	4	10	3	24	2	2	12	3	1	3	6
Romania	15	26	12	3	22	9	5	2	2	2	0	0	0	1
Russia	38	44	34	10	30	19	14	13	9	18	1	1	2	6
Slovak Rep.	30	36	28	6	14	17	22	10	8	22	2	2	3	7
Slovenia	28	38	18	4	12	17	21	10	8	26	1	1	4	15
Sweden	24	27	14	1	14	8	17	15	9	6	1	1	1	8
Switzerland	24	34	20	7	18	8	33	6	6	36	3	1	2	6
Turkey	7	12	4	1	5	3	1	0	1	2	1	1	1	3
Ukraine	19	28	19	4	21	18	12	11	10	12	1	1	0	4
United Kingdom	24	34	39	15	17	22	43	27	25	35	3	1	5	13

a) Binge drinking: 5 drinks or more in a row.

b) Without a doctor's prescription..



**Summary table 3. Selected variables on tobacco, alcohol and drug consumption. All students.**

Country	Cigarette smoking		Alcohol consumption		Drunkenness			Cannabis	Lifetime use of other illicit drugs				Lifetime use of tranquilisers or sedatives <sup>b)</sup>	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 20 times or more	Last 30 days 3 times or more		Lifetime	Last 30 days	Ampheta- mines	LSD			Ecstasy	
				Any alco- hol 10 times or more	Beer 3 times or more			Wine 3 times or more								Spirits 3 times or more
Austria	42	49	48	21	36	22	30	21	17	..	21	4	2	3	2	14
Belgium	27	32	36	20	36	18	29	7	8	22	32	2	3	4	9	7
Bulgaria	35	46	27	9	43	14	25	10	10	21	21	2	2	3	2	3
Croatia	30	36	27	13	28	19	17	9	8	15	22	2	1	5	6	14
Cyprus	20	22	21	11	28	13	31	2	2	11	4	1	1	2	6	17
Czech Rep.	39	43	46	13	39	21	28	18	13	18	44	4	6	8	11	9
Denmark	27	30	50	13	44	9	31	36	26	24	23	4	1	2	4	8
Estonia	35	37	32	6	25	15	24	26	17	20	23	7	2	5	9	8
Faroe Isl.	41	41	32	4	31	7	37	24	18	19	9	1	1	1	5	11
Finland	32	38	20	2	18	5	10	26	16	15	11	1	1	1	7	8
France	..	33	22	7	20	8	19	3	3	9	38	2	1	3	13	11
Germany	40	45	37	11	30	17	24	12	10	28	27	5	3	3	2	11
Greece	20	28	35	13	28	21	37	3	3	11	6	0	1	2	4	15
Greenland	42	60	13	3	32	6	26	21	19	19	27	0	0	2	3	22
Hungary	31	39	21	6	17	19	22	11	9	8	16	3	2	3	10	5
Iceland	18	20	14	1	19	5	13	16	10	11	13	4	1	3	9	12
Ireland	27	33	39	16	36	10	38	30	26	32	39	1	2	5	2	18
Isle of Man	22	30	45	15	25	18	38	29	23	27	39	3	5	7	5	19
Italy	25	38	24	12	34	23	25	5	7	13	27	3	3	3	6	6
Latvia	32	40	26	6	32	12	12	14	8	22	16	3	1	3	3	7
Lithuania	39	41	38	8	28	13	14	21	12	13	13	6	2	2	14	5
Malta	16	27	33	20	29	35	43	4	5	25	10	1	1	1	3	16
Netherlands	27	31	45	25	40	11	34	6	7	28	28	1	2	5	8	6
Norway	26	28	15	3	14	3	17	14	12	24	9	2	1	2	3	5
Poland	26	31	27	10	41	8	14	10	10	11	18	5	2	3	17	9
Portugal	18	28	14	7	18	6	26	3	3	16	15	3	2	4	5	8
Romania	20	29	18	5	33	13	6	3	3	11	3	0	0	1	5	1
Russia	40	44	39	12	38	17	16	15	11	17	22	1	1	3	3	7
Slovak Rep.	32	37	34	9	38	19	25	14	11	15	27	2	2	3	4	9
Slovenia	27	36	25	7	21	21	20	15	12	22	28	1	1	3	5	15
Sweden	22	23	17	1	20	8	18	17	9	25	7	1	1	2	6	8
Switzerland	24	34	27	13	28	10	35	10	9	15	40	3	1	2	6	7
Turkey	13	18	7	4	10	4	5	1	1	5	4	2	2	2	3	4
Ukraine	28	39	22	5	34	17	16	18	16	22	21	1	1	1	2	6
United Kingdom	22	29	43	17	31	18	39	27	23	27	38	3	2	5	2	12

a) Binge drinking: 5 drinks or more in a row.

b) Without a doctor's prescription.



# Study design and procedures

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## ***The target population***

The target population for the ESPAD project is students that will become 16 years old during the year of the data collection i.e. they should all be born a specific year. The 1995 study focussed on students born in 1979 and in the second data collection in 1999 they were born in 1983. The third survey in 2003 targeted students born in 1987. The main idea behind the choice of this agegroup for the study is that the students should still be available in schools, but not too young to have had any experience of alcohol or drug use.

The mean age among surveyed students have been about the same in all three data collections. In 2003 the approximate mean age was 15.8 years with a range of 15.6–15.9 years (Table A in the chapter “Methodological considerations”).

There are, however, differences between coun-

tries 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 secondary school, but leave for other training or for work. Table A shows the approximate proportion of the age cohort expected to be enrolled in school in different countries.

Available information about the proportion of the actual age cohort still in school shows that there are some differences between countries in this respect. However, with a few exceptions 85% or more of the 1987 age cohort was to be found at school at the time of the data collection. The lower this proportion, the less representative are the results for the 1987 birth cohort.

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## ***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 researchers in different countries that were interested in performing school surveys. 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 first ESPAD questionnaire was developed from the battery of questions that was tested by the Pompidou School Survey Subgroup. However, every question was discussed and agreed upon by the large group of collaborating investigators. A very large part of the first questionnaire was kept also in the 1999 and 2003 surveys.

The main part of the questionnaire constitutes of core questions to be used in all countries. In addition a number of module and 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 in the cultural context. Drug streetnames etc. should be adjusted to what was common in the country. Once the translation was ready, it should be back translated 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. A test would also indicate how long time the students needed to complete the question-

naire. In the 2003 survey a little more than half of the countries did a pilot study (Table A). However, some of the countries that did not do so this time had tested the questionnaire in relation to earlier surveys.

Table A shows the number of core, optional and own questions included in different countries' questionnaires. For each question every single subquestion is counted as one variable.

All countries but one asked all, or nearly all, core questions. The main exception is France that only used 174 of the 309 core questions (56%). However, only a few own questions were put within the core questions. Hence, the context of the French core questions have most probably not affected the possibilities to compare with data from other countries.

The Swiss questionnaire includes a battery of questions in the midst of the ESPAD questions because they belonged thematically to this section. However, before doing so two versions of the questionnaire were piloted and no effects on the response pattern were identified.

Despite all efforts to standardise the data collection instrument, some discrepancies were inevitable. However, it may not 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. In the few cases when discrepancies are important enough to make a question less comparable, this will be commented in the result chapters.

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## ***Sampling procedure***

The sample size and sampling procedures have been discussed at some ESPAD project meetings. It soon became clear that the ESPAD countries were very different in terms of what kind of school statistics are 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. The sample should consist of randomly selected classes. As mentioned in an earlier part of this report, regional seminars were organised aimed at discussing the project plans in detail, including problems and opportunities for the sampling procedure in each country.

It was recommended that each country, with some minor exceptions, should draw a sample of about 2,800 students as a minimum, regardless of the size of the country (Bjarnason and Morgan,

2002). This was calculated to give about 2400 answered questionnaires, which would allow for breakdowns by sex plus another variable. However, in a few countries a lesser number of students participated, simply because the study population was smaller.

The target population of students born in 1987 was very differently distributed over schooltypes (academic, vocational etc.) and grades in different countries. 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 or more grades where this agegroup was taught. Whenever possible it was recommended to include all grades with students born in 1987. However, in some countries the grade with the highest proportion of students born in 1987 was the only chosen.

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## ***Field procedure***

In line with what was decided about the sampling and the data collection instrument, also the field procedures should be standardised as much as possible (Hibell and Andersson, 2002a). Due to cultural differences there are of course many factors, which make it difficult to follow exactly the same schedule in every country.

The recommended data collection period was March–April 2003. Most countries adhered to these dates, but the length of the period varied quite a lot, from one day only to about 2–3 months in some countries. For practical reasons the time of the data collection was different from the planned period in a few countries, including Malta (January), the

Netherlands (October–November), Poland (May–June), Portugal (May), Romania (June), Switzerland (May–June) and Turkey (May).

The data collection in a country 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 or drug consumption due to any celebration should 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 were contacted and informed of the planned study. He or 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 group administered questionnaires, under the supervision of a teacher or a research assistant. At some ESPAD project meetings much discussion have been directed towards this issue. It was thought that in many countries teachers would not be trusted by the students and therefore cause biased data. The solution to this problem was that in countries where it was judged to be possible to use teachers this ought to be done, while in others research assistants were used. It was

considered crucial not whether a teacher or a research assistant was present, but whether they were trusted by the students or not. In a methodological study by Bjarnason (1995) no significant differences were 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 or her completed questionnaire in, before it was sealed by him- or herself. When the data collection was over the teacher/research 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 standardised classroom report was used. On this form 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. The classroom report also contained information about whether the students were interested in the study and worked seriously.



# Methodological considerations

## Introduction

All surveys encounter methodological problems which have to be considered when analysing the results. The 2003 ESPAD project is based on 35 national surveys united by a single project plan. The methodological issues that have been identified and resolved could fill several thick volumes such as this report. This chapter provides a brief overview of the issues of representativeness, reliability and validity in the ESPAD project. The chapter ends with a short summary of the most important conclusions.

In the first ESPAD survey in 1995 it was apparent that several of the participating countries were also conducting a school survey on alcohol and drug use for the first time. In this third ESPAD study, increased experience and a long co-operation have contributed to a more robust and standardised methodology. There are still some discrepancies and areas of concern that need to be addressed, but it should be stressed that overall the ESPAD project has accomplished a high degree of representativeness, reliability and validity.

In 1988 the Pompidou group of the Council of Europe initiated a pilot study of adolescent substance use. One of the main goals of the 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 a critical part of the report and has been very useful for the ESPAD project. The experiences of the pilot study were positive and implied that valid international research on substance use among students is feasible.

The ESPAD project relies on experiences from more than 30 years of school surveys in Sweden, the Pompidou pilot project as well as knowledge gained by individual researchers from all over Europe in earlier ESPAD data collections. Many of the questions in the ESPAD questionnaire originate from the Pompidou pilot study that, in turn, to a large extent was based on the questionnaire used in the Monitoring the Future Project in the USA.

The standardisation of survey methodology is one of the most important issues in the ESPAD

project. However, it should be stressed that standardisation alone does not ensure that data are directly comparable between countries. It is not possible to control for everything and some influences are not even possible to measure. The cultural contexts in which the students have given their answers varies and formally identical measures may have very different meanings in different contexts.

In addition, one can never be certain of whether results from one country are more or less valid than those from another. This is one reason why the long-term goal, and one of the most characteristic features of the ESPAD project, is to compare trends in participating countries.

In the figures two dots (..) symbolise that data does not exist or is not available. A zero (0) means that the information is related to at least one person but to less than 0.5%. A short line (–) signifies that no one has given that answer.

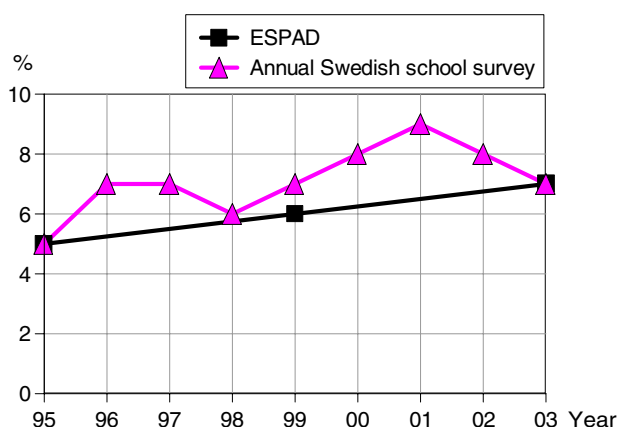
To better ascertain the role of cultural context in different countries, and how it may impact on validity, a methodological study was conducted as one of the preparative measures prior to the ESPAD 99 data collection (Hibell et al. 2000). The methodology study was conducted in 1998 and included aspects of reliability as well as validity.

Data were collected in countries from different parts of Europe. Two countries hailed from northern/western parts of Europe (Denmark and Sweden), two from the Mediterranean (Cyprus and Malta) while three were situated in the central and eastern parts of Europe (Lithuania, the Slovak Republic and Ukraine).

The study indicated that the reliability as well as the validity was high in all seven countries. With a few modifications, the survey leader questionnaire (the classroom report) of the methodology study was used in the 1999 and 2003 data collections.

## Changes over time

One of the important long-term goals of the ESPAD project is to track changes in adolescent substance use over time. While cultural context may affect the meaning of responses to formally stand -



**Figure A.** Lifetime prevalence of any illicit drug among girls in the ESPAD studies and in the annual Swedish school surveys.

Source: Hvitfeldt et al. (2004)

ardised measures, changes in such responses over time may be relatively less affected by context. In other words, even if the percentages using a particular drug were not directly comparable between two countries, the increase or decrease in those two countries could still be compared.

It should be noted that the ESPAD survey is repeated every four years. In the next chapter changes between 1995 and 1999 as well as between 1999 and 2003 are shown country by country in simple graphs in which a straight line is drawn between the dots of each of the three data collections. However, four years is a relatively long period during which many changes might have occurred. In other words, the straight lines may mask considerable annual fluctuation. An example of this can be seen in figure A. Data from the annual Swedish school surveys show that there was an increasing trend from 1998 to 2001 in the proportion of girls that tried any illicit drug. After that there is a downward trend. However, the figures from the three ESPAD data collections are indicative of a weak increasing trend.

## A note on statistical significance

As will be discussed in detail below, the sampling procedures in the ESPAD survey differ considerably between countries. This affects the precision of the estimates in each country but should in principle not bias the point estimate itself (Bjarnason and Morgan 2002). The calculation of standard errors is therefore rather complicated in many countries and the necessary software and resources to calculate them were in many cases unavailable. As a result, confidence intervals are not calculated for this report. This issue is an ongoing concern in the ESPAD project and will hopefully be resolved in future reports

In the current report figures are compared between countries and over time in terms of substantive rather than statistical significance. In general it can be assumed that differences that are large enough to have policy implications far exceed the limit of statistically significance differences. However, considerably caution should be exercised in comparing small differences in percentages.

Leena Metso (2000) has examined these issues in some detail using the Finnish ESPAD data collected in 1995 and 1999. As she points out, cluster sampling does not affect the estimates of percentages. However, she found a moderate level of intracluster correlation in the Finnish data. This implies that standard errors calculated for these data under the assumptions of simple random sampling would be too small and the precision of the results is therefore less than standard significance tests would suggest. This further underscores the importance of resolving the problems surrounding the calculation of standard errors in the future.

It is important to note that a certain difference in a particular variable between 1999 and 2003 maybe significant in one country but not so in another. Differences have to be tested separately from each country's results to make it possible to decide whether a difference is significant or not. However, to be able to do so it is necessary to have access to the whole data set and to use a statistical programme that accounts for cluster effects.



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## Representativeness

The target population of the ESPAD study is defined as the national population of students whose sixteenth birthday is in the calendar year of the survey (Bjarnason and Morgan 2002). In 2003 the goal of a national survey was reached in 32 of the 35 countries. In Russia the ESPAD survey targeted only students living in Moscow, the capital of the Russian Federation with about 8.5 million inhabitants. In Germany the data collection was limited to the six out of 16 federal states (Bundesländer) that agreed to participate. They were Bavaria, Brandenburg, Berlin, Hesse, Mecklenburg-Western Pomerania and Thuringia. The population in these Bundesländer are about 28.6 million out of 82.5 million in the whole of Germany. Finally, in Turkey data were collected in one major city in each of six different regions in the country. Participating cities were Adana, Ankara, Diyarbakir, Istanbul, Izmir and Samsun. While the results in these countries may to some degree reflect the situation in the country as a whole, they can only be representative of the population from which they are drawn.

### Average age and time of the data collection

With the exception of the Netherlands, data were collected during the first half of 2003, with a majority conducted between the period March to May (Table A). The Dutch ESPAD researchers did not find it possible to collect data during springtime since this would most probably have resulted in substantially more refusals from schools and classes. Instead the questionnaires were administrated in October and November.

Based on the time of data collection, an approximate average age of the students has been estimated for each country (Table A). In all but one of the 35 ESPAD countries the average age varies between 15.7 and 15.9 years, which is the same range in average age as in 1999<sup>1</sup>. The only minor exception is Malta with the average age of 15.6 years. In the Netherlands the target population was redefined to be students born from August 1987 through July 1998, which gives an average age of 15.7 years. (A further discussion of this redefinition can be found in Appendix 1).

In 1999 data in Greece were collected in October which gave an average age of about 16.3 years,

while the corresponding figure in 2003 is 15.8 years. This age difference of seven months must be kept in mind when interpreting changes in the substance use figures between 1999 and 2003.

### Representativeness of the samples

Sampling in the ESPAD project is based on classes as the final sampling unit (Bjarnason and Morgan 2002). This procedure is vastly more economical than sampling individual students and also has some desirable methodological properties. In particular, sampling entire classes can be expected to increase student perceptions of anonymity. Sampling individual students and asking them to fill out a questionnaire individually could affect the truthfulness of their answers and therefore bias the results of this study.

If students born in 1987 were in two or more grades it was recommended that it was advisable to sample classes from all those grades and then screen the target population by using a question on the year of birth. If it was not possible to sample more than one grade, the grade chosen should include the majority of students born in 1987. In countries where sampling was not so straightforward it was recommended that one seek co-operation of an experienced sociologist or statistician.

An overview of the sampling procedure in each country is provided in Table A. Further information can be found in chapter 2 and Appendix 1. The number of students born in 1987 in Faroe Islands, Greenland, Iceland, Isle of Man and Malta was similar to the number of students to be sampled according to the ESPAD guidelines (Bjarnason and Morgan 2002). In these countries all students were therefore targeted for sampling. In all other countries but one, classes were the sampling units. The only exception was Denmark where a small part of the sample was composed of schools (see Appendix 1). In some countries classes were the only sampling units, i.e. they were drawn from comprehensive lists of classes. In other countries school classes were the last units in a multistage stratified sampling process. In these countries schools were sampled before the final sampling of classes was done. In many countries sampled schools were asked to provide lists of classes before the final sample of classes could be effectively drawn.

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<sup>1</sup> The calculated averages ages in the ESPAD 99 report were systematically 0.5 years too low.

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

Country	Born in 1983 still in school (approx. %)	Sampling unit(s)	Sample type	Grade level(s) included	Approx. mean age <sup>a)</sup>	Represent- ativeness <sup>b)</sup>
Austria	90	class	stratified random	grades 9–10	15.8	national (86%)
Belgium	99	school, class	systematic random	grades 8–10 <sup>c)</sup>	15.8	national (95%)
Bulgaria	72	school	stratified random	grades 9–10	15.9	national (100%)
Croatia	95	class	stratified random	grades 1–2	15.8	national (97%)
Cyprus	..	school	stratified random	grades 1–2	15.8	national (74%)
Czech Republic	95	school	stratified random	grade 1	15.7	national (~68%)
Denmark	98	school, class	stratified random	grade 9	15.8	national (85%)
Estonia	~80	school, class	systematic random	grades 8–10	15.7	national (~80%)
Faroe Islands	95	no sampling	total	grade 9	15.7	national (92%)
Finland	~100	school, class	systematic random	grade 9	15.7	national (93%)
France	98	school	stratified random	grades 8–11	15.8	national (93%)
Germany	92	class	systematic random	grades 9–10	15.7	6 Bundesl. (84%)
Greece	~100	class	stratified random	gymn 3rd, lycee A, B, C	15.8	national (93%)
Greenland	88	no sampling	total	grades 9–11	15.7	national (~100%)
Hungary	91	class	stratified random	grades 8–10	15.7	national (91%)
Iceland	99	no sampling	total	grade 10	15.7	national (99%)
Ireland	93	school, class	stratified random	grade 5	15.8	national (67%)
Isle of Man	≥ 80	no sampling	total	grades 10–11	15.8	national (100%)
Italy	~93	school	stratified random	grades 1–4	15.8	national (100%)
Latvia	87	classes	stratified random	grades 8–10, grade 1 vocational	15.8	national (89%)
Lithuania	96	school, class	systematic random	grades 8–10	15.7	national (97%)
Malta	95	no sampling	total	grade 5	15.6	national (75%)
Netherlands	~92	school, class	stratified random	grades 3–4 secondary school	15.7	national (92%)
Norway	100	classes	stratified random	grade 10	15.7	national (~100%)
Poland	95	class	systematic random	gymn. grade 3	15.9	national (92%)
Portugal	81	class	stratified random	grades 7–10	15.9	national (99%)
Romania	93	school, class	stratified random	grades 9–10	15.9	national (79%)
Russia (Moscow)	~95	school, class	systematic random <sup>l)</sup>	9–10th secondary, 1st techn., profess., nurses	15.7	Moscow (98%)
Slovak Republic	98	school	stratified random	grades 1–4	15.7	national (~67%)
Slovenia	90–95	class	systematic random	grade 1	15.8	national (84%)
Sweden	95	class	systematic random	grade 9	15.7	national (95%)
Switzerland	98	class	strat syst random	grades 8–10	15.9	national (85%)
Turkey	60	school	stratified random	grades 9–10	15.9	six cities (90%)
Ukraine	90	school, class	stratified random	9–10th secondary, 1st vocat., techn., colleges	15.9	national (97%)
United Kingdom	>90	school, class	proportionate random	grades 4–6	15.8	national (100%)

a) A calculated figure based on the time of the data collection. In the 1999 report the calculated mean averages were systematically 0.5 years too low.

b) Representativeness in relation to the target population, i.e. students (not persons) born in 1987. The figure within brackets show the approximate population of students born in 1987 that attended participating grades.

c) Grade 8 was included only in the French speaking part.

d) Teachers in French and research assistants in Dutch speaking areas.

e) Individual envelopes were used in the French speaking parts. In the Flemish speaking parts where research assistants collected data the questionnaires were put in a class envelope.

f) Flemish and French speaking respectively.

g) Staff members from Department of Occupational and Public Health.

h) The students put their questionnaire in a locked letter box.

i) Class envelopes were used.

j) Two questionnaires were used. Form A contained 27 own questions and form B 43.

k) Staff members from Regional Health Services, research assistants and researchers.

l) 40 out of 208 classes were sampled via a two step random sample.

m) Only a small questionnaire test among data collection leaders.

**Table A.** *Continued.*

Country	Data collection leader	Data collection period	Individual envelopes	Pilot study	Number of questions (variables)				Data weighted
					Core	Module	Optional	Own	
Austria	teacher	March 31–April 4	no	yes	294	36		13	no
Belgium	teacher, research assistant <sup>d)</sup>	March–May	yes <sup>e)</sup>	yes	309	57/0 <sup>f)</sup>	–	35/120 <sup>f)</sup>	no
Bulgaria	research assistant	May 15–26	yes	no	300	147	–	–	no
Croatia	school councillor	April 1–15	yes	no	308	62	–	–	no
Cyprus	research assistant	March–April	no	yes	308	36	–	–	no
Czech Republic	research assistant	April 3–16	yes	no	309	25	–	36	no
Denmark	teacher	March 6–May 2	yes	no	307	24	–	8	no
Estonia	research assistant	March	yes	yes	309	54	–	2	no
Faroe Islands	staff from.. <sup>g)</sup>	March 10–21	no <sup>h)</sup>	yes	309	82	9	149	no
Finland	teacher	March–April	yes	no	306	16	3	6	no
France	doctor, nurse	March 17–May 18	no	yes	174	14	–	122	no
Germany	teacher	March–April	no <sup>i)</sup>	no	308	17	–	8	yes
Greece	research assistant	March 1– April 30	no	yes	308	36	–	77	no
Greenland	teacher	March	yes	no	306	24	–	8	no
Hungary	research assistant	March 5–20	no	yes	308	5	–	–	yes
Iceland	teacher, research assistant	March 8–28	yes	yes	309	67	7	27/43 <sup>j)</sup>	no
Ireland	teacher	April	yes	no	309	16	–	–	no
Isle of Man	teacher	March 31–May 3	yes	no	309	71	–	26	no
Italy	teacher	March/April	yes	no	309	147	10	–	no
Latvia	research assistant	March–May	yes	no	309	57	–	38	yes
Lithuania	teacher	March–April	yes	no	309	41	–	–	no
Malta	teacher	January 22	no	no	303	74	–	–	no
Netherlands	research assistant <sup>k)</sup>	October–November	no <sup>i)</sup>	yes	309	–	–	4	yes
Norway	teacher	March–April	yes	no	309	12	–	6	yes
Poland	research assistant	May–June	yes	yes	309	22	–	32	yes
Portugal	teacher	May 28	yes	yes	294	–	–	117	no
Romania	research assistant	June 3–12	yes	yes	309	66	–	2	yes
Russia (Moscow)	research assistant	March–April	yes	no <sup>m)</sup>	309	36	–	–	no
Slovak Republic	health staff	March 24–28	yes	yes	307	62	–	23	no
Slovenia	health staff	April 7–18	yes	yes	308	62	–	14	no
Sweden	teacher	March 17–21	yes	yes	309	38	10	3	no
Switzerland	teacher	May–June	yes	yes	309	59	–	96	no
Turkey	research assistant	May	yes	yes	308	36	–	–	no
Ukraine	research assistant	May 10–24	yes	yes	309	71	10	–	yes
United Kingdom	school staff	March–May	yes	yes	301	71	–	26	no

a) A calculated figure based on the time of the data collection. In the 1999 report the calculated mean averages were systematically 0.5 years too low.

b) Representativeness in relation to the target population, i.e. students (not persons) born in 1987. The figure within brackets show the approximate population of students born in 1987 that attended participating grades.

c) Grade 8 was included only in the French speaking part.

d) Teachers in French and research assistants in Dutch speaking areas.

e) Individual envelopes were used in the French speaking parts. In the Flemish speaking parts where research assistants collected data the questionnaires were put in a class envelope.

f) Flemish and French speaking respectively.

g) Staff members from Department of Occupational and Public Health.

h) The students put their questionnaire in a locked letter box.

i) Class envelopes were used.

j) Two questionnaires were used. Form A contained 27 own questions and form B 43.

k) Staff members from Regional Health Services, research assistants and researchers.

l) 40 out of 208 classes were sampled via a two step random sample.

m) Only a small questionnaire test among data collection leaders.

Some countries have not considered what might be called “the problem of small and large classes”. In some countries all schools/classes have had the same probability to be sampled, independent of the size of the class and the school. In practice this means that students in small classes and schools are overrepresented in the samples. If students in these classes and schools have different alcohol and/or drug habits compared to students in large classes or schools, data are not entirely representative of the population. However, in many countries where this might be the case a stratified sample has been used and it seems reasonable to assume that the sizes of schools and classes are rather similar within strata. Furthermore, class size is rather standardised in many countries. As a whole the “problem of small and large classes” is not considered a major problem in the context of the entire ESPAD project.

### **Representativeness of participating grades**

The target population of the ESPAD project is students who's 16<sup>th</sup> birthday falls during the year of data collection. For the 2003 study that they should be born in 1987. If possible, data were to be collected in March or April, which occurred in a large majority of the countries (Table A).

The definition of the ESPAD target population excludes individuals who are no longer in school. Thus, it should be kept in mind that the student populations are not coextensive with the birth cohorts, and those who have left school are more likely to have used different substances and are likely to use them at higher rates than students. However, in about three fourths of the countries with available information 90% or more of the birth cohort was enrolled in school (Table A). Important exceptions include Turkey, where only 60% of the cohort was enrolled in school, and Bulgaria, where 72% of the cohort was enrolled.

In some countries nearly all students born in 1987 were assigned to one grade only, while in other countries it was in two or more grades. When this was the case, it was recommended, if necessary resources were available, to include as many grades as possible that catered for students born in 1987. If only one of these grades could be included it should be the grade with the largest proportion of students born in 1987. In countries where not all grades with students in the target age group were included in the data collection the sample is only representative of the students found in the grades targeted.

In more than half of the countries 90% or more

of the students born in 1987 were in the grades studied (Table A). In addition, the proportion was also rather high (85–89%) in some other countries. However, in some few countries the corresponding figure was considerably lower, including the Czech Republic, Ireland and the Slovak Republic (about 67% each), Cyprus (74%), Malta (75%) and Romania (79%). Due to changes in the Slovak school system the proportion of the 15–16 year old cohort diminished from 99% in 1999 to 67% in 2003. It is of course not possible to know how the results in countries with the smallest proportion of the 1987 cohort would have been affected if all relevant grades/school types had been included. This uncertainty should be kept in mind when reading the results and comparing countries.

In nearly all countries students born in other years than 1987 have usually also answered the questionnaire. However, the results in this report only reflect the answers of students born in 1987. It should be noted that the results from the USA are based on students in tenth grade, not students born in 1987. However, a large majority of the tenth graders in the USA were born in 1987, which yields some modest degree of non-comparability with the ESPAD countries. In addition, data from the Spanish school survey are included in some tables and are based only on students born in 1987.

### **School co-operation**

The number of non-participating schools and classes are shown in Table B. As already mentioned, classes were the (final) sampling units in all countries but one. However, in most countries a multistage sample was drawn, which means that schools usually were sampled in the step before classes. Denmark had two samples. One was a sample of classes in public schools and the other a small sample of private and boarding schools. In the second sample schools were the final sampling unit since most private and boarding schools were rather small and did not have a class system. Consequently, all students born in 1987 in schools in the second sample were supposed to participate in the study.

With some exceptions the number of refusing schools and refusing classes was low or very low. The highest proportion were found in Belgium (54%), Denmark (47%), the United Kingdom (45%) and the Netherlands (28%). The number of non-participating classes was usually low. However, it was above 20% in four countries, including Denmark (35%), Austria (24%), Norway (23%) and Estonia (20%).

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

Country	Non-participating		Eliminated questionnaires (%) <sup>a)</sup>	Average time to complete the questionnaire (minutes)
	Schools	Classes		
Austria	..	79/331 <sup>b)</sup>	0.9	41
Belgium	153/284	52/442 <sup>c)</sup>	1.5	40/50 <sup>d)</sup>
Bulgaria	1/278	1/278	0.8	51
Croatia	1/113	2/238	0.6	45
Cyprus	1/43	..	5.0	57
Czech Republic	0/180	0/180	0.7	47
Denmark	35/74 <sup>e)</sup>	74/214 <sup>e)</sup>	0.3	37
Estonia	10/119	66/324	0.1	35
Faroe Islands	1/19	1/38	—	55
Finland	7/200 <sup>f)</sup>	7/200 <sup>f)</sup>	0.6	31
France	50/450	127/900	1.8	45
Germany	..	49/557 <sup>g)</sup>	0.7	40
Greece	5/221 <sup>h)</sup>	13/448	2.3	52
Greenland	..	..	..	69
Hungary	6/407	8/432 <sup>i)</sup>	0.1	48
Iceland	3/132	4/250	0.8	55
Ireland	12/120	20/216	0.7	37
Isle of Man	0/7	..	3.6	60
Italy	12/336	12/336 <sup>j)</sup>	1.5	40
Latvia	..	14/436	1.2	49
Lithuania	1/277	1/316	0.0	44
Malta	4/65	3/245	0.4	50
Netherlands	76/268	5/194	0.5	31
Norway	..	60/265	0.3	36
Poland	6/390	6/390	0.9	37
Portugal	25/554	16/658	2.3	50
Romania	1/208	0/414	0.5	60
Russia (Moscow)	16/208	16/210	0.5	33
Slovak Republic	1/109	3/118 <sup>k)</sup>	0.4	47
Slovenia	0/150	0/150	1.2	40
Sweden	27/200	27/200	1.4	35
Switzerland	..	65/473	0.6	42
Turkey	0/88	0/167	0.3	30
Ukraine	6/243	6/243	0.1	60
United Kingdom	64/141	..	0.8	..

a) Proportion of all answered questionnaires judged not to be seriously answered when the questionnaires were scrutinised.

b) 28 classes were replaced.

c) In addition to this 17 classes were replaced.

d) Flemish and French speaking respectively.

e) Two samples were drawn in Denmark. One sample of 74 private and boarding schools and another of 214 classes in public schools.

f) The seven classes in the seven schools were replaced by substitutive schools/classes.

g) 15 classes were replaced.

h) 5 schools were replaced.

i) 16 classes were replaced.

j) 13 schools/classes were replaced.

k) 3 classes were replaced.



Information about non-participating schools and classes is not available from Greenland, which was cause for some concern since Greenland was one of the countries with highest school dropout rate in the ESPAD 99 data collection (24%).

In some countries, including Austria, Belgium, Finland, Germany, Greece, Hungary, Italy, Portugal and Slovak Republic non-participating schools or classes were replaced by other randomly selected schools/classes. The same was also done in the Monitoring the Future Survey in the United States. This procedure assumes that the replaced schools and classes are equivalent to those refusing. However, some of the schools/classes might have refused due to supposed “bad drug habits” among the students.

In nearly all countries school co-operation is reported to have been very good. In countries with few non-participating schools or classes the main reasons for not doing so were usually different kinds of schoolwork, examinations or other reasons that can be considered random occurrences. Hence for countries with few schools or classes that did not take part in the data collection there is reason to assume that non-participating schools and classes have not influenced the representativeness of the samples drawn.

Altogether seven countries reported a loss of schools and/or classes that represented at least 20% of the original sample. A recurring reason provided in these countries has been that schools are asked to take part in so many school surveys that they simply don't have the time to participate in all of them.

Austria used a particular technique that involved random replacement of refusing or non-responding schools. Despite this, a relatively large number of classes (24%) did not participate in the end. There is no information available on the drop-outs and whether the loss was systematic or not. However, the assumption adopted was that the non-participating classes were randomly distributed.

About 20% of the sampled classes in Estonia did not take part in the data collection exercise. However, in most of these classes no or only a few students born in 1987 were to be found. The proportion of missing students is much lower than the 20% indicate. Hence, there is reason to assume that the rather high proportion of non-participating Estonian schools and classes has not caused any important problems about the representativity.

The proportion of classes that did not participate in the Norwegian study increased from 14% in

1999 to 23% in 2003. A major reason was the impossibility of schools to accede to every request to participate in school surveys. The non-participating classes were spread all over the country and there were no indications that students in these classes have different alcohol and drug habits. However, since this conclusion is not based on any a systematic follow up, the high proportion of non-participating classes remains an uncertainty.

About 28% of all sampled schools in the Netherlands did not participate. Participating and non-participating classes were compared for school size and proportion of immigrant students. No significant differences were found. Compared to similar school surveys in the Netherlands the response rate was high. Even if there are reasons to assume that the non-participating schools did not bias the results to any degree that the comparability with other ESPAD countries was jeopardised, the rather high proportion of schools that did not participate should be noted.

In the United Kingdom 45% of the sampled schools did not participate in the data collection. The most common reason given for school refusals was that the school had taken part in other research projects. There were no discernible differences in the types of schools co-operating and not co-operating. Hence, there is reason to believe that the high proportion of non-participating schools has not biased the sample to any degree and hence it should be representative. However, the fact that relatively many schools did not want to participate should be borne in mind.

In Denmark two samples were drawn. One consisted of private and boarding schools in which 47% of the schools did not participate. In the other, and larger, sample of classes in public schools 35% of the schools did not take part in the survey. Non-participating schools were contacted and the most common explanation was that the schools did not have the time and that they had received too many inquiries to participate in lifestyle surveys. A comparison between participating and non-participating schools did not show any systematic differences. Taken together this would suggest that the relatively large number of non-participating schools and classes may not have caused major problems as far as representativeness is concerned. However, some uncertainty still remains.

The large proportion of school refusals in Belgium (54%) was in line with what was expected from earlier experiences. The major reason for non-participation was that Belgian schools were asked

to take part in so many school surveys that many of them simply did not have the time to accede to all requests. A comparison between participating and refusing Flemish speaking schools did not reveal any notable differences. If this was also so for French speaking schools then the problem of the large number of non-participating schools is not sufficient to jeopardise the possibilities for comparisons with data from other ESPAD countries.

In summary, the rather high drop-out rate of schools and classes in some countries raises questions about representativeness. The refusals nevertheless do not appear to be linked to any particular characteristics of the students but rather the attitudes and working conditions of the school staff. It should be noted that the problem is mainly related to countries from the western parts of Europe where the use of school surveys is most widespread.

### Participating students

In order to obtain satisfactory precision of estimates for various subgroups of the population the ESPAD guidelines recommend a net sample of 2,400 participating students in each country (Bjarnason and Morgan 2002). Assuming that 10% of students would be absent and that some selected classes would be unable to participate, a sample size of 2,800 students was recommended. However, for countries where the target cohort was less than about 30,000, it could be advisable to reduce the sample size by a factor of (1-sf), where the sampling fraction (sf) equals sample size divided by cohort size.

In small countries with fewer than 2,800 students in each cohort, the total population was targeted. This was the case in the three countries with the smallest sample sizes; Greenland (555), the Faroe Islands (640) and Isle of Man (721) (Table C). In other ESPAD countries the figure varies from 1,906 (Greece), 1,925 (Russia/Moscow), 2,068 (United Kingdom) and 2,095 (the Netherlands) to 5,964 (Poland). (In USA 16,244 students took part in the study.) Thus, the number of participating students is satisfactory for international comparisons between countries.

In this report the results for all students are not weighted by gender. In other words, in countries where the proportion of boys in girls is not equal, the results are slightly skewed toward the patterns among the majority gender. However, in a large majority of the countries the distribution by sex was close to even. In three countries the difference between the sexes was more than 10 percentage

points (i.e. 45–55%). In Austria 56% of the sample were boys, in Malta 44% and in Romania 42%.

The uneven gender distribution in Austria, with 56% boys in the data set is due to an uneven sex distribution in grade 10. The proportion of participating boys in Romania (42%) is most probably too low compared to the proportion of boys in the target population. For certain purposes it may be advisable to calculate a weighted proportion for these countries by taking the average of the numbers for boys and for girls.

The target population of Malta consisted of 47% boys, which is close to the 44% among those who participated. Thus, in practice Malta is within “the margin” of  $\pm 5\%$ .

### Response rates

The response rates in each country are shown in Table C. With the exception of Greenland the response rates 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 on the day of the survey. 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. In 24 of the 35 countries 85% or more of the students in participating classes answered the questionnaire. The only country with a response rate below 80% is Greenland with 68%. However, this is not calculated in the same way as the response rate in the other countries. Due to a lack of information the response rate for Greenland is calculated as the proportion of participating students out of all individuals born in 1987 in the country. In other words, the figure includes young people in the birth cohort that were not enrolled in school as well as students in possible schools and classes that did not take part in the survey. Hence, the response rate in Greenland would have been substantially higher if it had been possible to calculate in the same way as in other countries.

In all countries that provided information on non-participation, the main reason to emerge was that students were ill or absent for other apparently random reasons. No country reported any major methodological problems in connection with absent students. Student refusal to participate was

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

Country	Number of participating students			Response rates (%) <sup>a)</sup>		
	Boys	Girls	Total	Boys	Girls	Total
Austria	1,340	1,062	2,402	..	..	90
Belgium	1,112	1,208	2,320	..	..	81 <sup>b, c)</sup>
Bulgaria	1,291	1,449	2,740	84	86	85
Croatia	1,446	1,438	2,884	88	88	88
Cyprus	999	1,153	2,152	..	..	88
Czech Republic	1,472	1,723	3,195	96	94	95
Denmark	1,504	1,474	2,978	90	88	89
Estonia	1,246	1,217	2,463	87	86	86
Faroe Islands	322	318	640	85	87	86
Finland	1,739	1,804	3,543	92	91	91
France	1,087	1,112	2,199	..	..	91
Germany	2,402	2,685	5,110	..	..	89 <sup>b)</sup>
Greece	886	1,020	1,906	..	..	83
Greenland	281	274	555	68 <sup>d)</sup>	69 <sup>d)</sup>	68 <sup>d)</sup>
Hungary	1,398	1,279	2,677	..	..	82
Iceland	1,728	1,604	3,348	82	80	81
Ireland	1,219	1,188	2,407	96	97	96
Isle of Man	340	381	721	..	..	85 <sup>b)</sup>
Italy	2,300	2,571	4,871	99	98	98
Latvia	1,372	1,469	2,841	83 <sup>b)</sup>	85 <sup>b)</sup>	84 <sup>b)</sup>
Lithuania	2,517	2,519	5,036	90	85	88
Malta	1,557	1,943	3,500	79	88	83
Netherlands	1,061	1,034	2,095	93 <sup>b)</sup>	93 <sup>b)</sup>	93 <sup>b)</sup>
Norway	1,945	1,888	3,833	..	..	87 <sup>d)</sup>
Poland	2,930	3,025	5,964	84	85	85
Portugal	1,389	1,557	2,946	97	96	96
Romania	1,823	2,548	4,371	82	84	84
Russia (Moscow)	880	1,045	1,925	78 <sup>b)</sup>	82 <sup>b)</sup>	80 <sup>b)</sup>
Slovak Republic	1,056	1,220	2,276	86	89	87
Slovenia	1,406	1,379	2,785	88	88	88
Sweden	1,592	1,640	3,232	87	87	87
Switzerland	1,278	1,335	2,613	..	..	83
Turkey	2,273	1,904	4,177	91	91	91
Ukraine	1,918	2,255	4,173	81	86	83
United Kingdom	1,083	985	2,068	..	..	84 <sup>b)</sup>

a) Participating students in participating classes.

b) Calculated on all students in participating classes.

c) 93% in Flemish and 74% in French speaking schools.

d) An estimate not based on classrooms reports. It shows the proportion of participating students out of all 1987 born students in the country and not the number of students in participating classes.



very low in nearly all countries. 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.

Absent students are somewhat more prone to be involved in the use of various substances 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 tried alcohol and illegal drugs more often than those present at the regular data collection (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 by one percentage point if absent students were included. In the school surveys in USA the corresponding average figure has been calculated to be 1.4% (Johnston et al, 2004). The difference in drug use between present and absent students may of course differ between countries and the effect of such differences is dependent upon the response rate. However, in the ESPAD context the alcohol and drug involvement among absent students is not a major methodological problem when students in different countries are compared.

## Summary

To summarise the issues related to representativeness one can conclude that the average age of participating students across countries was 15.7–15.9 years, that the samples were representative and that the

number of participating students was in line with the ESPAD protocol. In all countries but two a very large majority of those born in 1987 were enrolled in school (usually 90% or more). In a large majority of participating countries the proportion of students born in 1987 that were found in participating schools categories/grades was high (usually 90% or more). However, it was relatively low (below 80%) in five countries. School co-operation was satisfactory in most countries, even though many countries report problems with schools that were asked to participate in too many school surveys. Seven countries reported that 20% or more of the sampled schools or classes did not participate in the survey for this very reason.

The representativeness of the surveys in some countries is somewhat uncertain. Austria, Belgium, Denmark, the Netherlands, Norway and the United Kingdom have a relatively large number of non-participating schools or classes. In Austria and Romania the gender distribution was skewed. In Bulgaria and Turkey a substantial proportion of the 1987 birth cohort were not enrolled in school. In Cyprus, Ireland and Romania a substantial proportion of the target population were not in the selected grades and in Greenland the response rate is unknown. The results of the surveys in these countries are nevertheless deemed to be sufficiently representative of students born in 1987.

The fact that the Greek students in 2003 were seven months younger than in 1999 must be kept in mind when interpreting changes in the substance use figures from 1999 to 2003.

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## 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.

Data from different questions within the ESPAD questionnaire have been used to measure reliability. 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 actually gave this answer.

In the ESPAD methodology study in 1998 students in seven countries were asked to complete the

questionnaire on their use of alcohol and drugs on two separate occasions with a delay period on 3–5 days (Hibell et al. 2000). Since the studies were completely anonymous it was not possible to do a test-retest study limited only to individuals who participated in both data collections. No significant differences in the consumption patterns were found between the two data collections in any of the countries. This was true for alcohol consumption as well as drug prevalence which suggests that the reliability was very high in all seven ESPAD countries. Similar results with no significant differences were also reported from two repeated studies in Iceland and Hungary (Hibell et al. 1997).

### Inconsistency in relation to lifetime use

For many drugs the questionnaire contained questions about 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 compare the prevalence of users of each drug according to these two questions.

Table D includes information on the proportion of students reporting drug use on one question and not on the other, i.e. giving inconsistent answers. The lowest inconsistency figures were found for anabolic steroids and other illicit drugs than cannabis (explained in Table D). In nearly all countries inconsistency rates are 0 or 1%, demonstrating that 99–100% gave consistent answers in relation to the consumption of these substances. With some very few exceptions the figures were nearly as low for tranquillisers and sedatives without a doctor’s prescription. In about 80% of the countries the proportions with inconsistent answers were 3% or less. The highest figures were 6–7% and were reported from the Netherlands and Poland.

The figures are in many cases low also for cannabis. In a majority of the countries inconsistent answers were given by 3% or less of the students. The highest figures were found in Belgium, Bulgaria, Greenland and Ukraine (6–8%). The figures are also rather similar for the use of inhalants as well as tranquillisers or sedatives without a doctor’s prescription. In about half of the countries 3% or less of the students gave inconsistent answers on their use of inhalants. The highest inconsistency figures are found in Greenland and Malta (10–11%) followed by Cyprus, Greece, Iceland, Isle of Man, Latvia, Poland and Slovenia (6–7%).

For cigarette smoking the proportion of inconsistent answers is somewhat higher (4–5%) with a majority of 5% or less. The highest figure is found in Turkey (15%), followed by Bulgaria, the Faroe Islands, Greenland, Latvia and Switzerland in which 7–8% of the students gave inconsistent answers on the lifetime prevalence of smoking cigarettes.

Some countries had rather high inconsistency rates for the variable been drunk. The highest are found in Greenland (16%), Bulgaria, Latvia, Ukraine (12–14%) and Portugal (10%). However, rather low figures are found in most countries and in about half of them they are 5% or less.

In most countries the inconsistency rates are low for all drugs. However, it is often lowest for anabolic steroids and “other illicit drugs” followed by tranquillisers and sedatives without a doctor’s pre-

scription, cannabis and inhalants. Somewhat less consistency is reported for the variables cigarette and drunkenness.

Some of the high inconsistency rates can to a certain extent be explained by differences in the questions being matched. For instance the first question on inhalants was “On how many occasions (if any) have you sniffed a substance (glue, aerosols etc.) to get high?” In the second question some examples were omitted and it was written “When (if ever) did you FIRST do each of the following things?” One of the sub-questions was “Try inhalants (glue, etc) to get high”. The different examples might give rise to different perceptions of the variable content. Students may also have been ambivalent when answering the question about the age of the first use of a drug. If a student had only used a drug once or twice and did not define himself or herself as a user and therefore may not have found it appropriate to give an age when he or she started. These students may have answered “never” since they think of their consumption as an experiment rather than use.

The question about the age at first use did not include a category like “I do not remember”. If a student did not remember there is probably a risk that he/she answers never instead of “guessing” about an age, especially if the person has used the substance a few times only. An other possibility could be that the student simply do not answer the question.

There may also be other factors that complicate the interpretation of inconsistency rates. One is that the inconsistency rate may be affected by the prevalence rate. In other words, there are more people who can report their use inconsistently when there are more users in a country. However, there does not seem to be a strong relationship between high prevalence figures and high inconsistency figures. For none of the drugs the highest inconsistency figures are found in countries with the highest prevalence rates or the lowest found in countries with the lowest prevalence rates.

It could also be argued that a given inconsistency figure (e.g. 1%) is more “serious” in country A where 5% admit drug use than in country B where 50% do so. In country A the inconsistency is 20% of the prevalence rate, but in country B it is only 2% of the prevalence rate. The importance of the size of the inconsistency in relation to the prevalence figure can be illustrated by the cannabis figures. In a majority of the countries the inconsistency figures are between 0–3%. The Romanian inconsistency figure of 1% might be seen as high

**Table D.** *Some aspects of reliability. Two measures of inconsistency between two questions in a single administration. Percentages and quotients among all students.*

Country	Students reporting lifetime drug use on one question and not on the other (%) <sup>a)</sup>							Quotient between two questions <sup>b)</sup>
	Cigar-ettes	Been drunk	Inhal-ants	Canna-bis	Other illicit drugs <sup>c)</sup>	Tranq. or sedat. <sup>d)</sup>	Anabolic steroids	Cannabis
Austria	3	6	5	3	1	1	1	0.9
Belgium	3	6	3	6	1	4	1	0.7
Bulgaria	8	12	3	7	1	2	2	1.1
Croatia	2	7	4	2	0	2	1	0.8
Cyprus	4	5	6	1	1	3	1	1.5
Czech Republic	2	3	3	3	1	5	0	0.8
Denmark	3	2	3	1	0	2	0	0.9
Estonia	5	4	3	5	1	3	1	0.8
Faroe Islands	7	3	3	2	1	1	0	1.2
Finland	4	2	3	1	0	2	0	0.9
France	..	..	..	..	..	..	..	..
Germany	2	6	3	2	1	1	0	0.9
Greece	3	5	6	1	0	2	1	1.2
Greenland	7	16	11	6	1	1	0	0.9
Hungary	4	4	2	5	1	4	1	0.8
Iceland	2	2	7	1	0	3	..	1.1
Ireland	1	1	1	1	1	1	1	0.9
Isle of Man	0	0	7	1	0	0	0	0.9
Italy	5	6	5	5	2	4	1	0.8
Latvia	7	13	6	5	1	3	1	1.0
Lithuania	3	6	1	2	0	1	1	0.8
Malta	3	7	10	2	1	2	1	1.0
Netherlands	4	5	..	2	1	6	0	0.8
Norway	5	3	2	1	0	1	0	1.0
Poland	6	8	6	4	1	7	1	1.6
Portugal	3	10	5	4	1	3	1	0.9
Romania	6	7	1	1	0	2	0	1.7
Russia (Moscow)	5	7	5	3	1	1	1	0.8
Slovak Republic	6	5	3	3	0	2	0	0.8
Slovenia	5	8	6	3	1	2	1	0.9
Sweden	3	3	3	1	0	0	0	1.2
Switzerland	7	4	3	0	0	1	0	0.8
Turkey	15	8	3	2	3	2	4	0.7
Ukraine	6	14	4	8	1	1	1	0.4
United Kingdom	3	4	5	2	0	1	0	0.9

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

b) Quotient a/b between the proportion answering "I already said that I have used it" to the question "If you 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).

c) Other illicit drugs include amphetamines, LSD and other hallucinogenes, crack, cocaine, ecstasy and heroin. The figure is an average for these drugs.

d) Tranquillisers or sedatives without a doctor's prescription.

considering that only 3% answered that they had used cannabis. Thus for Romania as a country the prevalence figure of 3% could be seen as uncertain. However, in the ESPAD context, when data are compared with results from other countries, it is not of “vital importance” whether the “true figure” is 2 or 4%, if the “true figures” in all other countries are (much) above this level. In the ESPAD context Romania is still a country where very few students have used cannabis.

A more problematic inconsistency is found in Ukraine, where 21% admit that they have used cannabis but 8% give inconsistent answers, which means that “the true prevalence figure” may vary quite a lot (13–29%).

In 27 of the 34 countries with available information, consistent answers were provided by 92% or more of the respondents, which must be seen as a satisfactory result. In 8 cases the values were 10% or above, which is a cause for concern since “the true prevalence” may very quite substantially compared to the reported figure. However, it seems rather unlikely that (nearly) all students would opt for one of the “extreme positions”, i.e. either denying real use or admitting use that never has occurred.

With the exception of cigarette smoking in Turkey and the use of inhalants in Greenland and Malta all 10+ inconsistency rates were found for the variable been drunk. With the exception of Greenland no country has more than one 10+ figure. If one also includes inconsistency figures that are high in comparison to other figures for the same drug, a few countries with relatively high figures might include Bulgaria (been drunk and cannabis use), Greenland (been drunk, use of inhalants and cannabis use), Latvia (been drunk), Malta (use of inhalants), Poland (tranquillisers and sedatives without a doctor’s prescription), Portugal (been drunk), Turkey (cigarette smoking and use of anabolic steroids) and Ukraine (been drunk and cannabis use).

### **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 be used as a measure of validity and it is from this perspective that it is 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 that reported cannabis use 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. The quotient is above 1.0 if more students answered that they already had said they have used the drug than actually reporting so on the direct question. Conversely, the quotient is below 1.0 if fewer students indicated that they have already admitted drug use than actually did admit to it on the direct question.

The quotient is  $1.0 \pm 0.2$  in 28 out of the 34 countries where it was possible to calculate. It was above 1.2 in Romania (1.7), Poland (1.6) and Cyprus (1.5) and below 0.8 in Ukraine (0.4), Belgium (0.7) and Turkey (0.7). The Ukrainian ESPAD researcher has found that amongst those who reported lifetime cannabis use 7.3% answered “definitely yes” on the honesty question, which in some way also is a correct answer. If these answers are added to the 8.7% that answered “I have already said I have used it” the figure is 16.0%, which is rather close to the lifetime prevalence figure. This seems like a plausible explanation. However, if so, why does this mainly occur in Ukraine? (If one accepts this “recalculation” the quotient is changed to 0.8).

For Romania, Cyprus and Turkey the deviant quotient measures are in part due to the low prevalence figures. Only 3–4% reported cannabis use on the lifetime prevalence question, which implies that only a rather few individuals can “cause” a high or a low quotient figure.

### **Summary**

In the ESPAD methodology study in 1998 reliability was high in all the seven participating countries. In the 2003 ESPAD study the inconsistency rates are rather satisfactory in most countries and for most measured variables. No country scores high on all variables. However, Greenland shows rather high inconsistencies on three out of the seven measures – having been drunk, inhalants and cannabis. Three countries showed high inconsistency measures for two variables. They are Bulgaria (been drunk and cannabis use), Turkey (cigarette smoking and use of anabolic steroids) and Ukraine (been drunk and cannabis use). Ukraine also reports a low inconsistency quotient for cannabis. Four countries reported a high inconsistency figure for one vari-

able, including Latvia (been drunk), Malta (use of inhalants), Poland (tranquillisers and sedatives without a doctor's prescription) and Portugal (been drunk). Altogether the inconsistency measures demonstrate that reliability is good in most ESPAD

countries. However, in Bulgaria, Greenland, Latvia, Malta, Poland, Portugal, Turkey and Ukraine the reliability is probably somewhat lower for one or a few variables.

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## Validity

The validity of answers is a major concern in survey research, in particular in surveys of sensitive behaviours like substance use. In ESPAD terms, validity could be said to be the degree to which the ESPAD questionnaire (including how data are collected) measures aspects of students' consumption of different substances that 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, Harrison (1997) has argued that most research conducted on validating self-report has focused on criminal justice and treatment populations and is thus 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 (1997) emphasizes 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. Third, self-administrated questionnaires tends to produce more valid data than interviews in which the respondents are required to give a verbal response.

In a review of studies about drug use Morgan (1977) concludes 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. Adding special conditions to enhance validity (like the bogus pipeline) do not add anything to validity over and above anonymity and confidentiality. Morgan also concludes 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. Finally, self-reports have the greatest claim to construct validity, that is, the measures related in predicted ways to other outcomes and to antecedent factors.

In a discussion on validity in school surveys of USA Johnston and O'Malley (1985) also conclude on the bases of considerable inferential evidence that self report questions produce largely valid data.

High reliability is a necessary but not sufficient condition for validity. In the previous section it was concluded that the test-retest reliability was high in seven countries in the ESPAD methodology study as well as in two countries where such studies were conducted separately with the ESPAD questionnaire. It was also concluded that the inconsistency measures using a high level of reliability in most countries and for most drugs. However, this is in itself not enough to secure high validity.

## Student co-operation

The primary condition for obtaining any data is that students in selected classes actually receive the questionnaire and are willing to respond to it. The first condition is nullified if the school or the teacher refuses to co-operate. If students do receive the questionnaire they must have enough time to complete it, 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 state that many students were very interested in answering the questionnaire.

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 France, Norway and the United Kingdom. In France as well as in the United Kingdom 1% of the parents refused their children to take part in the study. The corresponding figure was low also in Norway. Thus, parents refusing their children to participate in the ESPAD study is only a very limited problem.

A visual inspection of each questionnaire, sometimes combined with computer screening, was undertaken before data entry into the national databases. With very few exceptions, only a small fraction of all questionnaires were excluded during the scrutinising process. On average 1.0% of the questionnaires were excluded for that reason (Table B). However, there are a few countries which reported higher proportions of eliminated questionnaires, including Cyprus (5.0%), Isle of Man (3.6%), Greece (2.3%) and Portugal (2.3%). Unfortunately, information is not available from two of the ESPAD countries.

The survey leaders were asked to fill out classroom reports about disturbances during the data collection, the students interest in the survey as well as whether the students worked seriously. In 21 of 32 countries with available information 60% or more of the survey leaders did not report any disturbances during data collection (Table E). The highest figures were found in Cyprus (100%), Ireland (97%) and Croatia (95%) and the lowest in Russia (Moscow) (24%), the Slovak Republic (36%) and Belgium (41%). The highest proportions which reported disturbances from more than a few students are found in Greece, Russia (Moscow) and Turkey (16–18%) together with Belgium and the Slovak Republic (14% each). In most countries giggles or eye makings were the most commonly reported disturbances.

It should be noted that research assistants were responsible for data collection in all countries with widespread reported disturbances. Since they are not used to the “normal level of disturbance” in a classroom they are probably much more sensitive than teachers for different kinds of disturbances and, consequently, report them to a much higher degree. In three of these countries (Belgium, Poland and Russia (Moscow)) the research assistants had received special instructions to report all kinds of disturbances.

In nearly all countries a very large majority of the survey leaders (91–100%) reported that “all”, “nearly all” or “a majority” of the students were interested in the study, and 75–100% reported that “all” or “nearly all” students were interested (Table E). The smallest proportions were reported from Slovenia (58%) and Turkey (68%).

The figures were very similar on the question of whether the students worked seriously. Nearly all data collection leaders (95–100%) answered that “all”, “nearly all” or “a majority” of the students worked seriously on the questionnaire (Table E). With the exception of three countries the proportions answering “all” or “nearly all” were 75–100%. Again the exceptions were Turkey (65%) and Slovenia (69%), as well as Russia (Moscow) (69%).

Unfortunately, data from the survey leaders from Isle of Man and the United Kingdom were not available following an oversight in which the classroom reports were not used. However, from other indices gleaned from the country reports student co-operation was on par with that reported by other countries.

In summary, no countries reported problems with many students refusing to participate. The proportion of eliminated questionnaires was low in nearly all countries with 5.0% as the maximum figure. When disturbances did occur this rarely involved more than a few students. Even if some disturbances were reported in some countries, they seem very seldom to have negatively affected the student co-operation. Most survey leaders reported that the students were interested in the study and worked seriously.

Over all, student co-operation seems to have been good or very good in all participating countries.

## Student comprehension

The number of questions included in the questionnaire varies somewhat between countries. Naturally, the length of the questionnaire has a direct effect on the time taken to complete it. In addition, a difference between students’ experience in participating in these types of studies would also affect the time to complete questionnaires. For these and other reasons, it is not surprising that the time taken to complete the questionnaire varied between countries.

The average time to complete the questionnaire varied between 30 and 50 minutes in most countries (Table B). The highest figure (69 minutes) was reported from Greenland. A rather long time was

**Table E.** *Opinions of the data collection leaders <sup>a)</sup>. Percentages.*

Country	Disturbances during the completion of the questionnaire			Kind of disturbances <sup>b)</sup>			Student co-operation	
	No	A few students	More	Giggles or eye makings	Loud comments	Other comments	Students interested <sup>c)</sup>	Students worked seriously <sup>d)</sup>
Austria	76	20	5	5	12	7	95(77)	99(86)
Belgium <sup>e)</sup>	41	45	14	26	13	34	92(80)	93(78)
Bulgaria	56	34	10	30	14	9	97(85)	97(89)
Croatia	95	4	1	2	3	2	100(100)	100(95)
Cyprus	100	—	—	5	3	3	95 (83)	95 (83)
Czech Republic	61	32	6	31	5	3	99(92)	98(88)
Denmark	84	13	2	7	8	9	99(95)	100(99)
Estonia	51	39	10	41	14	—	89(72)	96(83)
Faroe Islands	81	16	3	10	—	6	100(100)	100(91)
Finland	76	22	2	8	13	13	96(84)	99(94)
France	62	..	..	30	12	11	96(78)	..
Germany	81	15	3	5 <sup>f)</sup>	10 <sup>f)</sup>	2 <sup>f)</sup>	96(72)	99(82)
Greece	56	29	16	..	39	5	92(81)	92(81)
Greenland	68	30	2	21	42	37	100(93)	97(93)
Hungary	75	20	5	18	5	2	97(87)	98(91)
Iceland	71	23	6	16	1	—	96(88)	100(96)
Ireland	97	3	—	3	—	—	100(100)	100(100)
Isle of Man <sup>g)</sup>	..	..	..	..	..	..	..	..
Italy	56	37	7	30	21	2	94(79)	98(86)
Latvia	67	27	6	21	14	..	94(79)	95(79)
Lithuania	72	24	11	17	11	1	96(86)	99(88)
Malta	83	17	—	17	—	—	98(86)	97(88)
Netherlands	81	— 19 <sup>h)</sup> —	—	5	4	18	..	99(96)
Norway	81	18	1	10	7	6	96(89)	99(93)
Poland	54	36	10	32	49	15	90(81)	92(74)
Portugal	69	26	6	25	9	5	98(86)	99(88)
Romania	90	8	2	10	2	0	98(92)	98(92)
Russia (Moscow)	24	60	16	53	7	1	93(72)	92(69)
Slovak Republic	36	50	14	46	16	21	97(86)	97(86)
Slovenia	57	— 43 <sup>h)</sup> —	—	24	13	9	92(58)	98(69)
Sweden	59	34	6	24	15	..	90 (82)	100 (96)
Switzerland	70	28	2	25	10	9	94(77)	100(94)
Turkey	54	28	18	36	13	8	89 (68)	92 (65)
Ukraine	48	41	11	40	15	7	99 (88)	100 (86)
United Kingdom <sup>g)</sup>	..	..	..	..	..	..	..	..

a) In countries where more than one age group participated, the information is usually based on all participating students.

b) Percent of participating classes.

c) "All", "Nearly all" or "A majority" of the students were reported to have been uninterested in the survey (within brackets: "All" or "Nearly all" students).

d) "All", "Nearly all" or "A majority" of the students were reported to have worked seriously (within brackets: "All" or "Nearly all" students).

e) Information is only available from the Flemish speaking areas.

f) Classifications of free text answers.

g) The ESPAD classroom report was not used.

h) Only two answering categories were used (yes/no).



also utilised in Isle of Man and Romania with 60 minutes each. No countries reported that students refused to complete the questionnaire as a result of its length. On the other hand, one of the most frequent comments was that the questionnaire was long and repetitive.

Nor were there any countries that reported any major problems on the ability of students to understand the questionnaire.

Overall, student comprehension seems to have been satisfactory in all participating countries.

## **Anonymity**

The validity of answers in surveys related to illegal behaviour, such as drug use, is dependent upon the respondents' trusting that reporting such behaviour would not result in any negative consequences. Thus, it is important that the students perceive the survey to be anonymous. Several measures were taken to ensure the perceived as well as the actual anonymity of the ESPAD survey.

The ESPAD protocol recommends distributing an envelope for each student to seal after having answered the questions. In 25 ESPAD countries individual envelopes were used (Table A). Countries that did not use individual envelopes used other methods to secure that the students felt that their anonymity was secured. These methods included a closed box and a large envelope for the entire class, often sealed in front of the class before being transported to the research institute.

It is also important that the students trust that the data collection leaders do not look at their answers. He or she could either be a teacher or a research assistant. In some countries with long traditions of school surveys students are used to teachers taking responsibility for the data collection. In other countries research assistants, or other persons not affiliated to the school, administered the questionnaire. The decision on the most suitable data collection leader was taken by each country independently. The base for that decision should of course be to choose the person most trusted by the students.

In a methodological study in Iceland, Bjarnason (1995) found no significant differences in either the reported prevalence or the reported frequency of drug use between randomly selected classes responding to the ESPAD questionnaire administered by their teachers and randomly selected classes that had the questionnaire administered to them by research assistants. These findings suggest that at least in some countries the mode of administration does not significantly affect the results of school

surveys on drug use. It can thus be inferred that results obtained by a teacher administrator are fully comparable with results obtained by research assistants in countries where mode of administration may be more sensible.

In about half of the ESPAD countries teachers were data collection leaders, while more than one third choose research assistants (Table A). A few schools used health staff. The data collection leader was asked to stress the question of anonymity and to refrain from walking around in the classroom while the questionnaires were completed. The students were instructed verbally and in writing on the first page of the questionnaire that they should not put their names on the questionnaires or the envelopes.

No country reported any serious 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, since participation in the study was voluntary they were told that they could skip any questions they found objectionable for any reason. Thus, missing data rates on drug questions can be seen as an indicator of the respondents' willingness to report drug use. Of special interest are 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. In about two thirds of the countries with available information only 0–2% of the questions were unanswered (Table F). In only two it exceeded 5%. Because of mistakes in the layout and coding of multiple questions 21% of the data were missing in Estonia. The proportion of unanswered questions in Greenland was 10%. The high rate of missing values in Estonia is limited to a relatively small number of questions and does therefore not signal a threat to validity of the questions about substance use. Some caution should however be exercised in the interpretation of Greenlandic results as the rate of missing values indicates a reluctance by students to provide honest responses.

In some few countries the proportion of unanswered questions varies a little between core, module and own questions. The core ESPAD questions are to be situated in the beginning of the national

**Table F.** Proportions of unanswered questions. All students.

Country	Cigar- ettes <sup>a)</sup>	Alco- hol <sup>b)</sup>	Been drunk <sup>b)</sup>	Inhal- ants <sup>b)</sup>	Canna- bis <sup>b)</sup>	Other illegal drugs <sup>c)</sup>	Tranq. or sed. <sup>d)</sup>	Anabol- ic stero- ids <sup>e)</sup>	Core quest- ions	Module quest- ions	Own quest- ions	All quest- ions
Austria	1	4(4)	5(2)	2(1)	2(1)	1	1	1	1	2	4	2
Belgium	1	2(3)	2(2)	1(1)	1(1)	1	1	2	2	3	7	3
Bulgaria	2	5(6)	5(4)	3(1)	3(1)	2	1	2	6	3	—	5
Croatia	0	1(1)	1(0)	1(0)	1(0)	0	0	0	1	2	4	1
Cyprus	0	2(2)	1(1)	0(1)	0(1)	0	0	0	..	..	..	..
Czech Republic	1	2(2)	2(1)	1(0)	1(1)	0	0	0	1	4	4	2
Denmark	0	3(3)	3(2)	2(1)	2(1)	2	2	2	1	2	5	1
Estonia	1	3(3)	3(2)	1(1)	1(1)	2	2	2	25 <sup>f)</sup>	3	0	21 <sup>f)</sup>
Faroe Islands	1	5(2)	4(1)	3(1)	3(1)	2	2	2	6	3	5	5
Finland	0	1(0)	2(0)	2(0)	2(0)	1	1	1	1	1	2	1
France	..	5(3)	5(2)	2(1)	3(1)	2	1	3	3	3	..	3
Germany	0	2(2)	1(1)	1(0)	1(0)	0	0	1	1	1	2	1
Greece	1	2(2)	2(1)	1(0)	1(0)	1	0	1	1	1	1	1
Greenland	5	12(11)	13(14)	12(9)	12(10)	8	8	8	10	17	13	10
Hungary	1	4(3)	3(2)	1(0)	1(0)	1	0	1	2	3	—	2
Iceland	0	2(1)	2(1)	1(1)	1(0)	0	0	0	19 <sup>g)</sup>	19 <sup>g)</sup>	49 <sup>g)</sup>	29 <sup>g)</sup>
Ireland	0	4(4)	5(3)	3(1)	3(1)	2	2	2	2	2	..	2
Isle of Man	1	3(3)	3(2)	1(0)	1(1)	1	1	0	..	..	..	2
Italy	0	2(1)	2(1)	3(2)	3(2)	2	2	2	2	—	—	2
Latvia	0	3(2)	3(1)	0(0)	0(0)	0	0	0	1	3	4	2
Lithuania	0	0(0)	0(0)	0(0)	0(0)	0	0	0	0	0	..	0
Malta	1	4(3)	2(1)	2(1)	3(1)	1	1	1	3	2	—	3
Netherlands	1	4(3)	2(1)	2(0)	2(0)	1	1	2	3	..	13	3
Norway	1	7(3)	6(3)	7(3)	6(3)	4	4	5	3	4	10	3
Poland	1	2(2)	2(1)	1(0)	1(1)	1	1	1	..	..	..	..
Portugal	1	7(7)	4(3)	3(1)	3(2)	1	1	1	..	..	..	..
Romania	1	4(3)	3(1)	3(1)	3(1)	2	1	1	2	4	—	2
Russia (Moscow)	1	3(3)	4(2)	2(0)	2(1)	1	1	1	2	1	..	2
Slovak Republic	1	2(2)	2(2)	1(0)	1(0)	1	1	1	1	3	11	2
Slovenia	0	3(1)	2(1)	1(0)	1(0)	1	1	1	1	3	1	1
Sweden	1	3(1)	3(1)	2(1)	2(1)	2	2	2	2	2	7	2
Switzerland	—	0(0)	1(1)	0(0)	0(0)	0	0	0	2	2	8	1
Turkey	0	5(1)	8(4)	6(2)	5(2)	4	2	5	..	..	..	..
Ukraine	0	5(4)	4(3)	1(1)	2(1)	2	1	2	2	2	..	2
United Kingdom	0	3(3)	2(2)	1(1)	1(1)	1	1	1	1	5	7	1

a) Average for lifetime and 30 days prevalence.

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

c) Other illegal drugs include amphetamines, LSD and other hallucinogenes, crack, cocaine, ecstasy, heroin and drugs by injection. The figure is an average of lifetime prevalence for these drugs.

d) Tranquillisers or sedatives without a doctor's prescription. Lifetime prevalence.

e) Lifetime prevalence.

f) The high proportion of unanswered core questions is related to mistakes in how Q37 and some other multiple questions were layouted and coded. This also "explain" the large number of unanswered questions in the questionnaire as a whole.

g) Based on those students that answered questionnaire A, i.e. the questionnaire that included almost all ESPAD core questions.

questionnaire and generally the rate of missing values for these questions was equal to or lower than the rate for country-specific question.

The proportions of unanswered questions for different substances are low for all drugs in most countries (usually 1–3%). It should be noticed, however, that they are higher in a few countries, including Greenland (high on all questions), Norway (rather high for illegal substances), Turkey (rather high for most substances) and Portugal (rather high for alcohol consumption). Apart from these concerns, the proportions of unanswered questions about the consumption of different substances does not constitute any methodological problems.

The proportion of unanswered questions in Greenland in the questionnaire as a whole (10%) was about the same as it was for most drug related variables. Consequently, it is mainly in Greenland that the proportion of unanswered questions, in the questionnaire as a whole as well as for questions on consumption of different substances, is so high that it needs careful consideration when interpreting the results.

### 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 drug questions measuring the prevalence for the three time periods, namely lifetime, last 12 months and last 30 days. Logically the last 12 months prevalence cannot 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 G includes information on the proportion of inconsistent answers related to the three time periods for four variables; 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.

Rather high proportions of inconsistent answers are only found in a few countries and are concentrated on the two alcohol related variables. Inconsistent answers on these two questions are mainly reported from Greenland (10–12%), Bulgaria (9–10%), Ukraine (8–10%) and Portugal (7–10%). A high figure for alcohol use is also found in Cyprus (10%).

### Faking good

Social desirability is an important methodological problem in all surveys, i.e. the tendency of respondents to give answers that they believe show them in a desirable light in the eyes of others. This becomes particularly important in surveys on behaviour that is not accepted by some social groups or are even illegal. In addition to the methods discussed above, it is possible to gauge the magnitude of the social desirability effect by asking respondents directly about the honesty of their responses.

In the ESPAD methodology study in seven countries data were collected twice with a lag time of 3–5 days (Hibell et al. 2000). The second time the questionnaire included some additional questions about the first study. One of them was whether they answered honestly to the questions on their drug consumption and another whether they thought that their classmates answered honestly.

Nearly all students in the seven countries said that they answered honestly to the questions related to their alcohol and drug habits. With some few exceptions, 95% or more of the students said yes.

Students were more sceptical about the honesty of their classmates, but the large majority nevertheless thought that “all” or “most” of their classmates answered honestly about their use of alcohol and drugs. About 85% or more of the students said that all or most of their classmates answered honestly to the questions about their consumption of the different substances.

At the end of the international ESPAD questionnaire the students were asked two questions on their willingness to admit drug use in a hypothetical fashion. The wording of the first question was “If you had ever used marijuana or hashish, do you think that you would have said so in this questionnaire?” The second question asked in the same fashion about heroin use. 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 reporting that they would definitely not report drug use is shown in Table G. In two-thirds of the countries with available information 7% or less answered that they definitely were unwilling to admit cannabis use if they had used it. The highest figure is reported from Greenland (30%) followed by Malta (13%), Croatia (12%), Latvia (12%) and Lithuania (10%).

In line with social desirability concerns the willingness to admit heroin use is slightly lower than

**Table G.** *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.*

Country	Inconsistent answers <sup>a)</sup>				Unwillingness to admit drug use <sup>b)</sup>		Dummy drug “relevin”	
	Alcohol <sup>c)</sup>	Been drunk	Cannabis	Inhalants	Cannabis	Heroin	Heard of	Reported own use
Austria	3	3	2	2	7	11	11	0.5
Belgium	4	2	1	0	5	9	8 <sup>g)</sup>	0.3 <sup>g)</sup>
Bulgaria	10	9	1	1	8	9	10	0.8
Croatia	3	2	1	0	12	15	14	0.2
Cyprus	10	4	1	2	6	6	10	0.3
Czech Republic	2	1	0	0	3	7	9	0.2
Denmark	1	1	0	0	3	5	6	0.1
Estonia	3	1	0	0	8	9	9	0.2
Faroe Islands	2	1	—	—	3	3	5	0.3
Finland	1	1	0	0	2	4	8	—
France	5	2	2	0	..	..	8 <sup>d)</sup>	0.4 <sup>d)</sup>
Germany	3	2	1	0	4	9	11	0.4
Greece	7	3	1	1	4	4	9	0.2
Greenland	10	12	3	2	30	46	5	0.2
Hungary	4	2	1	0	6	7	7	0.3
Iceland	2	1	1	1	5	8	11	0.7
Ireland	1	1	1	1	5	10	14	0.4
Isle of Man	—	—	—	—	7	12	16	0.6
Italy	5	3	1	1	4	7	11	1.2
Latvia	2	2	1	0	12	13	6	0.1
Lithuania	0	1	0	0	10	10	0	0.1
Malta	5	3	1	1	13	15	12	0.4
Netherlands	2	2	0	0	6	9	13 <sup>e)</sup>	0.9 <sup>e)</sup>
Norway	1	1	0	0	3	3	11	0.4
Poland	5	5	5	6	8	10	12	1.0
Portugal	10	7	2	1	4	5	9	0.8
Romania	5	4	0	0	8	7	11	0.1
Russia (Moscow)	6	7	4	2	5	8	10	0.1
Slovak Republic	3	3	2	1	3	5	8	0.0
Slovenia	5	3	1	1	4	6	7	0.1
Sweden	1	1	0	0	7	7	12	0.2
Switzerland	3 <sup>f)</sup>	2 <sup>f)</sup>	1 <sup>f)</sup>	0 <sup>f)</sup>	5	9	8	0.4
Turkey	4	3	1	1	3	3	9	1.3
Ukraine	10	8	1	0	8	9	6	0.4
United Kingdom	2	2	1	0	7	14	16	0.1

a) 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.

b) 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.

c) Any alcoholic beverage.

d) MOP was used as a dummy drug instead of relevin.

e) NSTC was used as a dummy drug instead of relevin.

f) Before the data cleaning process.

g) NTSC/BKR was used as a dummy drug instead of relevin.

for cannabis in many countries. Fifteen countries have proportions of 7% or less. The highest figures are found in Greenland (46%), Croatia (15%), Malta (15%), the United Kingdom (14%), Latvia (13%), Isle of Man (12%), Austria (11%) and Ireland (10%), i.e. to a large extent the same countries that also reported high proportions of students that were unwilling to admit to cannabis use.

A high proportion of students answering that they would not be willing to admit drug use may signal problems with validity, but this is not necessarily the case. Students who have never used drugs tend to be rather strongly opposed to their use and this opposition may in part be reflected in their answers to these questions. To the extent that responses to this question reflects the opinions of the non-drug using population these questions give a pessimistic view of the actual willingness of the drug using population to report their use of different substances.

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

Combining these two arguments give rise to a third reflection. 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 the reasons for a changed willingness to admit that use.

The questions on the hypothetical willingness to report drug use may be most useful in a cross-cultural context. In countries where a high proportion would definitely not admit such use many adolescents apparently consider it so shameful that they could not hypothetically imagine reporting it. The figures of unwillingness to admit drug use are rather high in some countries but much smaller in others, indicating that a probable underreporting may differ somewhat between countries. Students in Greenland are extremely reluctant to admit the use of both cannabis (30%) and heroin (46%). Countries with rather high figures (12+%) for both drugs also include Croatia, Latvia and Malta.

It can be concluded that self-reported surveys most likely underestimate the prevalence of drug use and that underreporting probably differs somewhat between countries. It also seems reasonable to assume that underreporting to some extent differs between drugs. There is, however, no reason to believe that such differences undermine the overall conclusions of the study. However, the high figures for Greenland should be kept in mind.

## Faking bad

In addition to the risk of underreporting in drug surveys, the tendency of some adolescents to pretend they have used drugs can pose a threat to validity. To test this, the non-existent dummy drug “relevin” was included among real drugs in the questionnaire. The plausibility of this drug name is reflected in the fact that on average 9% of the students believe they have heard about it before. However, as shown in Table G, very few students report having used the dummy drug. In all participating countries but three the figure is 0.9% or less, with an average of 0.4%. However, in neither of these three countries the figure exceeds 1.3%.

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 routinely exaggerate drug experience. Thus, it seems reasonable to assume that high prevalence rates of drug use in practice nearly are unaffected by a possible general tendency to exaggerate drug use. However, these results also underline the need for caution in interpreting the prevalence of less common drugs such as heroin and LSD. For each country, the proportion reporting use of the non-existent drug relevin could be used as a baseline for plausibility. If 0.9% of students in a given country have used a non-existing drug, the first 0.9% of students reporting using existing drugs should be interpreted with extreme caution.

## Construct validity

The using of existing theories, results from earlier studies and logical inference, makes it possible to evaluate the extent to which variables are related to one another in a valid fashion. Such construct validity was discussed rather extensively in the Pompidou six-country pilot study which provided the base for the ESPAD questionnaire. The conclusion was that “there is considerable evidence of construct validity in the current data sets” (Johnston et al. 1994).

For instance, 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 was tested in the 1995 ESPAD report with the outcome of very strong relationships for LSD ( $r_{xy} = 0.95$ ), cannabis ( $r_{xy} = 0.92$ ) as well as for drunkenness ( $r_{xy} = 0.87$ ), which indicate a high validity (Hibell et al. 1997).



## The validity of the questionnaire

The comparability of the questionnaire across countries is of vital importance in any multi-national survey project. The equivalency of the translation of questions into different languages is therefore an important aspect of validity. The standard ESPAD questionnaire is written in English. In non-English speaking countries the questionnaire was translated to the native language and then translated back by another translator and then both the original and the back translated version were compared for anomalies.

However, the equivalency of questionnaires is not only a matter of literal translation. It is also a matter of equivalent understanding. Thus, the question per se should be “understood” in the same way in all countries irrespective of the original wording in the model questionnaire. When necessary, the questions have been “culturally adjusted” to the situation in a country. For instance drugs or nicknames should be adjusted to the situation in each single country. If this is not done correctly, it may pose difficulties for comparisons with other countries.

In Austria and Germany the fixed answering categories to the questions about alcohol consumption at the last drinking occasion were changed to open alternatives. However, the answers to these open ended questions are judged not to be comparable with the answers given in other countries that have used the fixed answering categories. Hence, these data will be presented separately in the tables.

For instance, the concept “drunkenness” is difficult to translate in equivalent terms into different languages. In the 2003 Russian (Moscow) survey a new translation of drunkenness was used. It was a little less harsh than the earlier translation and was tested in a split half test among participating students in Moscow. The new translation resulted in more students providing an affirmative answer on drunkenness (for example 24% compared with 15% for being drunk 20 times or more often). The Russian ESPAD researchers concluded that the new translation is more appropriate and that it should be used in the chapter that describes the situation in 2003. However, the old version will be used for comparisons between the 1995, 1999 and 2003 surveys.

With some few exceptions no country reported any major problems with the translation of the questionnaire. Thus, it seems reasonable to assume that the translation of the questionnaire is a non-issue and does not jeopardise the possibility to com-

pare results between the ESPAD countries. In the few cases when this was not so it is commented on in the result chapter.

## The cultural context

The standardisation of the different steps in the data collection procedure was the adopted method by the ESPAD project to provide as much as possible a suitable framework for comparability between countries. This included the target population, the questionnaire and how data were collected and treated, all of which have been described in earlier sections. However, as already stressed in the introduction of this chapter, it has not been possible to standardise every detail. This holds true for the cultural contexts in which the students have provided their replies.

The role of cultural context will be discussed from two perspectives. One is whether the questions are understood or perceived 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 students answer the same questions. All countries but one included (nearly) all core questions while others also used the module and optional questions of the ESPAD questionnaire.

In the section “The validity of the questionnaire” it was described how the questionnaires were translated and “culturally adjusted”. No major problems were reported in this process.

However, even if no single researcher noticed any “problems” in his or her own country, i.e. that the questions were not technically correct, one cannot automatically assume that students in different countries did not perceive them any differently. Does, for example the word “solvent”, even if exemplified, signify the same thing for a student in Ukraine, Norway or Italy? “Being drunk” may mean many different things for students in Iceland, Hungary and Portugal?

Apparently one cannot ascertain in total whether students in different countries have understood 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 or perception of some questions paves the way to “explaining” these differences.

Earlier in this section, different indices for cultural context have been elaborated. Student co-operation, missing data rates and reported willingness to answer honestly differ somewhat between coun-

tries, which is suggestive that the cultural context in which the questions have been answered may vary between countries. However, for each of these indicators only a rather few countries seem to differ in any major way from any of the others.

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

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

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

Some ESPAD countries have long traditions in the conduct of school surveys while the ESPAD study was the first in others. These different traditions and, consequently, differences in the students' experiences of surveys could in principle affect the willingness to answer honestly and thus this may differ between countries.

One of the conclusions of the methodological discussions in the ESPAD 95 report (Hibell et al. 1997) was that the cultural context in which the students answered the questions most probably differed between countries and that one could not exclude that these differences may have differently impacted on the willingness to answer honestly.

To obtain a better insight into the effects of cultural context, the ESPAD methodology project was conducted in 1998 (Hibell et al. 2000). The answers from the students about their own honesty and the expected honesty of their classmates, as well as data from the survey leaders, clearly indicated a high reliability and validity in the seven participating countries. It could not be excluded, however, that the validity might have been slightly lower in one or two out of the seven participating countries (Cyprus, Denmark, Lithuania, Malta, Ukraine, the Slovak Republic and Sweden; i.e.

countries in different parts of Europe).

The cultural context in which the students answered the questions most probably differed between the seven countries. However, it does not seem plausible that validity differed very much. One reason for this outcome, indicated by the methodology study, might be that the students really trusted that anonymity and confidentiality would be observed.

Even if some doubts remain on the effect of cultural context for the validity, especially in countries that did not participate in the methodology study, 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  $\pm 5\%$  (i.e. between 25–35%). Thus, a low prevalence country is most probably still 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 not known for certain. However, it may be difficult to draw any firm conclusions about significant differences between countries with only small differences in prevalence figures.

## Summary

An analysis of available information strongly suggests that the validity of the ESPAD studies is high in most countries. These indicators include student co-operation, student comprehension, anonymity, reported dummy drug use and construct validity. The main threats to validity are related to missing data rates, logical inconsistencies and reported lack of willingness to answer honestly. Validity problems are encountered in a limited number of countries, mainly Greenland but to some extent also Croatia, Latvia and Malta. However, it should be noted that with the exception of Greenland, none of these countries are indicated on more than one of the validity measures. The importance of the cultural context should not be underestimated, but responses by students and survey leaders in the ESPAD methodology project indicated that the students usually answered rather honestly. These conclusions are also supported in the present study by the very large proportion of the data collection leaders that reported that students were interested in the study and worked seriously. Validity problems seem to be limited in scope and to affect only a few 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 provide valuable information on whether differences in alcohol and drug habits between students in different ESPAD countries are realistic. In this perspective, results from two studies in a country do not have to be exactly the same. What is important is that they are of the similar magnitude.

It could be questioned whether this is a measure of validity or not. Even if the results of two surveys are similar one could argue that this is not sufficient proof for validity. However, the general consensus is that school surveys usually do provide rather valid results, thus comparisons with other data should further provide valuable insights as to the validity of the ESPAD project, at least in countries with comparable data.

Comparable data are available in Sweden, Norway and the Netherlands. Comparisons on four variables from the Study of Health Behaviour in School-aged Children (HBSC) (Currie et al. 2004) are discussed below

Data accrued in the studies used for comparisons are not always collected in the same way, with the use of same questions or on exactly the same age groups. The most important methodological differences are mentioned in the tables (H–N). Again, these differences stress the importance of focusing on magnitudes rather than on exact figures.

In Norway the figures for most variables are similar in both studies (Table H). The proportion that said that they had used any alcohol in their lifetime was slightly higher in the ESPAD study compared to that obtained from a national survey that employed the use of mailed questionnaires. However, the latter survey specified a lower limit of at least a bottle of beer or 10 cl of wine or 2.5 cl of spirits but the ESPAD did not contain any minimum quantities so the difference between the two studies seems reasonable.

For all other variables the figures are remarkably similar, including measures related to three different time frames, i.e. lifetime (intoxication, use of cannabis, use of amphetamines and use of inhalants), last 12 months (intoxication, use of cannabis and use of inhalants) and last 30 days (any alcohol and cigarette smoking).

In Sweden slightly more boys in the ESPAD study answered that they have ever been drunk and

that they were drunk at the age of 13 or younger compared to estimates from the regular national school survey in 2003, while for the remaining five variables there were no differences of note (Table I). Among girls there were no differences at all for any of the seven variables. The questions on drunkenness were not the same in the two surveys, which may be a source for the difference in the answers. However, in the total ESPAD context, figures for lifetime prevalence for boys range from 25 to 87% while figures for being drunk at the age of 13 or earlier range from 8 to 42%, the differences between the two Swedish studies among boys are probably of minor importance.

A third country with information from another school survey is the Netherlands. It was conducted in parallel with the ESPAD study and used the same questionnaire with some minor differences. Hence, the Dutch comparison should be seen more

**Table H.** Alcohol and drug use in Norway. Frequency of lifetime, last 12 months and last 30 days use. Data from ESPAD and a national survey in 2003. Percentages among all respondents <sup>a)</sup>.

	ESPAD 15–16 years	National survey <sup>b)</sup> 15–16 years
<b>Lifetime</b>		
Any alcohol	84	72 <sup>c)</sup>
Intoxicated	59	56
Cannabis	9	8
Amphetamines	2	2
Inhalants	6	5
<b>Last 12 months</b>		
Intoxicated	54	52 (last 6 months)
Cannabis	6	6 (last 6 months)
Inhalants	3	2 (last 6 months)
<b>Last 30 days</b>		
Any alcohol	51	51
Smoke cigarettes	28	27 (smoke tobacco)
Number of respondents	3,833	563

a) Percentages are based on respondents answering respective question.

b) Data were collected by mailed surveys with a response rate of about 50%.

c) Specified to at least a bottle of beer or 10cl of wine or 2,5 cl of spirits.

Source: Skretting (2000, 2004).

**Table I.** Alcohol and drug use in Sweden. Frequency of lifetime and last 30 days use. Data from ESPAD and the annual Swedish school survey 2003 in grade 9. Percentages among boys and girls <sup>a)</sup>.

	Boys		Girls	
	ESPAD	Annual school survey 2003	ESPAD	Annual school survey 2003
<b>Lifetime</b>				
Been drunk	62	56	62	60
Been drunk at the age of 13 or younger	25	19	19	18
Used any illicit drug	10	7	7	7
Used cannabis	9	6	6	6
Used inhalants	8	8	8	6
Used anabolic steroids	1	1	0	0
<b>Last 30 days</b>				
Used cannabis	2	2	1	2
Number of respondents	1,592	2,667	1,640	2,559

a) Percentages are based on students answering respective question.  
Source: Hvitfeldt et al. (2004).

as a measure of reliability than of validity.

Data from the two surveys are very similar for alcohol consumption and cannabis use during lifetime, last 12 months as well as last 30 days (Table J). This is also the case for cigarette smoking during the last 30 days. The slightly higher figures in the ESPAD study can be explained by a slightly larger number of boys in the ESPAD sample.

In the 1995 ESPAD report comparisons between ESPAD data and data from national surveys were presented for England, Hungary, Iceland and Scotland. None of them showed any important differences (Hibell et al. 1997).

The proportion of Finish ESPAD students that have ever used cannabis increased from 1995 to 1999 and was unchanged in 2003. A similar trend of an increase in the late 90's and a levelling out in the beginning of this century has also been reported from 15–19 year old Finns in a nation wide survey (Hakkarainen and Metso, 2003).

Many countries that participate in the ESPAD project are also involved in the HBSC study. Comparable information was available for alcohol consumption and drunkenness. Many countries in the HBSC study also asked questions on the use of cannabis.

The latest round of data collection for the HBSC study was conducted in 2001–2002 with the goal to

produce mean ages of 11.5, 13.5 and 15.5 years. Comparisons with the ESPAD study is therefore limited to the oldest age group in the HBSC survey. Table 3 in Annex 1 of the HBSC report (Currie et al. 2004) shows that the mean ages in the oldest age group varied from 14.8 to 16.4 years while the corresponding range in ESPAD was 15.6–15.9. Since a difference of only a few months might indeed have an impact on the experiences with different substances, comparisons between the HBSC and ESPAD studies have been limited to countries in which the differences of the mean ages are not larger than  $\pm 0.2$  years.

There are some small differences between the two surveys in the way in which alcohol consumption and drunkenness have been measured. In ESPAD the figures for alcohol consumption show the proportion of boys and girls that had used alcohol 3 or more times during the last 30 days, while the HBSC survey measured the proportion that drank alcohol at least weekly. ESPAD data for drunkenness show the proportion that have “ever been drunk” while HBSC reports the proportion that has been “drunk” 2 or more times. Possible differences in the measures of lifetime and 12 months prevalence of cannabis use are less obvious between the two surveys.

The relationship is rather strong on the alcohol

**Table J.** Alcohol and drug use in the Netherlands. Frequency of lifetime, last 12 months and last 30 days use. Data from ESPAD and a parallel school survey (PEIL). Percentages among all respondents <sup>a)</sup>.

	ESPAD <sup>b)</sup>	PEIL <sup>c)</sup>
<b>Lifetime</b>		
Any alcohol	92	90
Cannabis	29	27
<b>Last 12 months</b>		
Any alcohol	88	86
Cannabis	23	22
<b>Last 30 days</b>		
Any alcohol	76	73
Cannabis	13	13
Smoke cigarettes	31	29

a) Percentages are based on respondents answering respective question. The questions were the same. However, in the PEIL study the answering categories were separate up to 10 (0, 1, 2 etc. till 10 times) while they were combined in ESPAD (1–2, 3–5, 6–9 times).

b) Since there are no weight factors for the PEIL study for the selected birth cohort ESPAD figures are also unweighted, which means that there in a few cases are minor differences compared with data in the result sections.

c) The national sample of the PEIL study included students that were 10–18 years. However, for this comparison the selected age group is matched to the ESPAD target population.

Source: Dorsselaer and Monshouwer (2004).

use variable, with  $r_{xy}=0.91$  for boys and 0.90 for girls and with Spearman's rank correlation ( $r_{rank}$ ) on 0.89 and 0.78 respectively (Table K). The  $r_{xy}$  figures are about the same for drunkenness with 0.89 for boys and 0.90 for girls, while the  $r_{rank}$  values are

a little higher with 0.93 and 0.96 (Table L).

The cannabis variables also show a high correlation between the ESPAD and HBSC surveys. For lifetime use of cannabis the  $r_{xy}$  was 0.96 and  $r_{rank}$  0.93 for boys as well as for girls (Table M). The  $r_{xy}$  values are more or less equivalent for both sexes (0.94 for boys and 0.95 for girls) on the 12 months prevalence figures for cannabis, while  $r_{rank}$  was a little higher for girls (0.94) than for boys (0.85) (Table N).

Overall, the comparisons between ESPAD data in Norway, Sweden and the Netherlands and results from other surveys in these three countries, as well as comparisons between the ESPAD and HBSC surveys, show very similar figures. The same conclusions were also drawn from earlier studies in England, Hungary, Iceland and Scotland.

Even if ESPAD data are “validated” by data from other studies, this really only applies to the countries involved and says nothing of the remaining ESPAD countries. On the other hand, it does not seem unrealistic to expect the situation to be rather equivalent in similar countries, i.e. mainly countries from the western part of Europe (since six of the seven countries included in the individual country comparisons were from this part of Europe as well as nine of the thirteen countries in the ESPAD – HBSC comparison).

It is more difficult to form an opinion on the countries of central and eastern Europe, even if the comparisons between the two 1995 Hungarian studies indicated very similar results and the comparisons between the ESPAD and HBSC studies included four countries from these parts of Europe.

**Table K.** Alcohol use in the ESPAD and HBSC surveys. Students answering 3 times or more often during the last 30 days (ESPAD) or at least weekly (HBSC). Percentages among boys and girls <sup>a)</sup>,  $r_{xy}$  and Spearman's rangcorrelation coefficient ( $r_{rank}$ ).

Country	Boys		Girls	
	ESPAD	HBSC	ESPAD	HBSC
	3+ times last 30 days	1+ times a week	3+ times last 30 days	1+ times a week
Netherlands	62	56	49	47
Malta	60	56	48	40
Denmark	59	50	50	44
Italy	48	48	30	28
Switzerland	47	39	37	28
Poland	43	29	29	10
Slovenia	35	42	24	26
Portugal	34	21	19	11
Ukraine	31	29	24	19
Hungary	30	34	21	19
Norway	22	20	22	19
Finland	21	18	23	16
Sweden	20	23	16	17
	$r_{xy}=0.91$ $r_{rank}=0.89$		$r_{xy}=0.90$ $r_{rank}=0.78$	

a) Percentages are based on students answering respective question.  
Source: Currie et al. (2004).

**Table L.** Drunkenness in the ESPAD and HBSC surveys. Students who have ever been drunk (ESPAD) and drunk at least twice (HBSC). Percentages among boys and girls <sup>a)</sup>,  $r_{xy}$  and Spearman's rangcorrelation coefficient ( $r_{rank}$ ).

Country	Boys		Girls	
	ESPAD	HBSC	ESPAD	HBSC
	Ever been drunk	Drunk 2+ times	Ever been drunk	Drunk 2+ times
Denmark	87	68	84	65
Ukraine	80	61	75	45
Slovenia	74	44	65	38
Finland	68	53	70	56
Poland	67	40	51	23
Hungary	65	47	56	26
Switzerland	64	39	53	27
Sweden	62	40	62	38
Netherlands	60	35	50	22
Norway	55	39	62	41
Italy	53	23	49	17
Malta	52	25	44	18
Portugal	36	26	29	19
	$r_{xy}=0.89$ $r_{rank}=0.93$		$r_{xy}=0.90$ $r_{rank}=0.96$	

a) Percentages are based on students answering respective question.  
Source: Currie et al. (2004).

**Table M.** Lifetime use of cannabis in the ESPAD and HBSC surveys. Percentages among boys and girls<sup>a)</sup>,  $r_{xy}$  and Spearmans rangcorrelation coefficient ( $r_{rank}$ ).

Country	Boys		Girls	
	ESPAD	HBSC	ESPAD	HBSC
Switzerland	44	49	36	40
Netherlands	32	29	24	23
Italy	31	27	23	18
Slovenia	31	31	26	25
Ukraine	29	33	12	15
Denmark	27	26	18	21
Poland	23	25	13	12
Hungary	18	17	13	11
Portugal	18	25	12	15
Malta	13	9	8	4
Finland	11	11	11	10
Sweden	9	8	6	7
	$r_{xy}=0.96$ $r_{rank}=0.93$		$r_{xy}=0.96$ $r_{rank}=0.93$	

a) Percentages are based on students answering respective question.  
Source: Currie et al. (2004).

**Table N.** 12 months prevalence of cannabis use in the ESPAD and HBSC surveys. Percentages among boys and girls<sup>a)</sup>,  $r_{xy}$  and Spearmans rangcorrelation coefficient ( $r_{rank}$ ).

Country	Boys		Girls	
	ESPAD	HBSC	ESPAD	HBSC
Switzerland	35	40	28	35
Netherlands	27	24	18	19
Italy	24	24	19	17
Slovenia	24	27	22	21
Denmark	21	24	13	19
Poland	19	21	9	9
Ukraine	18	21	6	8
Portugal	15	25	11	14
Hungary	13	15	9	10
Malta	10	8	7	4
Finland	7	8	8	7
Sweden	5	5	4	5
	$r_{xy}=0.94$ $r_{rank}=0.85$		$r_{xy}=0.95$ $r_{rank}=0.94$	

a) Percentages are based on students answering the respective question.  
Source: Currie et al. (2004).

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## Conclusions

The methodological discussion on representativeness, reliability and validity is rather extensive. The most salient conclusions are listed below (they are not ranked in any order).

### General conclusions

- None of the countries experienced methodological problems that made it impossible to compare their data with the data of other countries.
- The drug use figures are probably somewhat underestimated and underreporting appears to differ somewhat between countries. However, the relative ranking of high and low prevalence countries is not likely to be affected by differences in underreporting between countries.
- Despite some differences in cultural context the validity of the ESPAD survey is assumed to be high in most ESPAD countries.
- The report does not provide confidence intervals for individual figures. It is important to interpret differences in point estimates with caution.
- Individual countries suffer from methodological problems that should be taken into account when analysing their figures. These problems are briefly reviewed below.
- The magnitude of various kinds of drug use in different ESPAD countries probably reflects country differences quite well, especially between distinguished groups of countries with different experiences of drug use.
- It is more important to concentrate on the magnitudes of the estimates than on single figures, both when analysing data in single countries as well as when interpreting trends and differences between countries.
- Small discrepancies between countries should be considered carefully. They may not reflect valid differences.
- The proportion enrolled in school of those born in 1987 was also low in **Bulgaria** (72%). Inconsistency rates were rather high for alcohol consumption, drunkenness and cannabis use, which call for some caution when interpreting the figures of these variables.
- Relatively large proportions in **Croatia** answered that they were unwilling to report possible use of cannabis (12%) and heroin (15%), which points to some uncertainty.
- The sample in the **Czech Republic** only “covered” about 68% of all students born in 1987, which mainly limits the representativeness to students in grade 1.
- The sample in **Cyprus** only “covered” 74% of all students born in 1987, which mainly limits the representativeness to students in grades 1 and 2.
- A large number of schools and classes in **Denmark** refused to participate. Even though no systematic differences were found between participating and refusing schools, one cannot exclude the risk that the study is not fully representative for Danish students.
- The proportion of non-participating schools and classes is unknown in **Greenland**, which cause some concern since school drop-out rates was rather high in 1999. The proportions of inconsistent answers were rather high as well as the proportions of unanswered questions. Many students reported an unwillingness to admit drug use. Hence, some caution is recommended when comparing data from Greenland with those from other ESPAD countries.
- Students in **Greece** were seven months younger in 2003 than in the 1999 data collection, which must be kept in mind when interpreting changes in the substance use figures from 1999 to 2003.
- In **Ireland** a relatively small proportion of students born in 1987 were found in the only participating grade in the ESPAD study (67%). Consequently Irish data are mainly representative for students born in 1987 that attended grade 5.
- Compared with other countries rather large proportions in **Latvia** reported that they were unwilling to report possible use of cannabis (12%) and heroin (13%). Rather many students gave inconsistent answers to questions on drunkenness. Hence, some caution is recommended when interpreting the figures of these variables.

### Country-specific conclusions

- In **Austria** there were rather many classes that did not participate, which indicate some uncertainty. Boys were slightly overrepresented, and thus data ought to have been weighted.
- A large number of schools and classes in **Belgium** did not participate in the data collection. There were sufficient reasons to believe that this did not impact on representativity, but the high figure calls for some caution.



- The participating grade in **Malta** only included 75% of all students born in 1987. Hence, data are mainly representative for students attending grade 5. The inconsistency figure for inhalants was rather high and relatively large proportions reported that they were unwilling to report possible use of cannabis (13%) and heroin (15%). Hence, some caution is recommended when interpreting the figures of these variables.
- Rather many schools in **the Netherlands** refused to participate, which points to some uncertainty.
- Rather many classes in **Norway** did not participate, which raises some uncertainty. The proportions of unanswered questions on illegal substances were higher in Norway (4–7%) than in nearly all other countries, which might indicate an underreporting to a slightly higher degree than in some other ESPAD countries.
- Of all student born in 1987 in **Romania** only 79% were found in participating school categories and grades. Thus, data were mainly representative for students born in 1987 enrolled in grades 9 and 10 in regular high schools. Boys were underrepresented in the Romanian sample and data should have been weighted to correct for this.
- Participating grades in **the Slovak Republic** only included a rather small proportion of all students born in 1987 (67%), which was smaller than that in 1999 when the coverage was 99%.

Thus, data from the Slovak Republic are mainly representative for students born in 1987 that were found in grades 1–4. Some caution is recommended when comparisons are made between data from 1999 and 2003.

- The proportion of the survey leaders in **Slovenia** that reported that “all” or “nearly all” students were interested in the study and worked seriously was rather low. However, there are no other indications that the reliability or validity should be lower than in other ESPAD countries.
- The proportion of the 1987 birth cohort enrolled in school was low in **Turkey** (60%). The inconsistency figures were high for cigarette smoking and the proportion of unanswered questions on alcohol consumption, drunkenness and the use of inhalants, cannabis and other illegal drugs were rather high, which calls for some caution when interpreting many of the substance use variables.
- Some reliability and validity measures for drunkenness and cannabis use in **Ukraine** call for some caution when interpreting the figures for those variables.
- A large proportion of sampled schools in the **United Kingdom** did not participate. No differences were found when participating and non-participating schools were compared. However, the high proportion calls for some caution.





# Changes in the use of alcohol and other drugs 1995–2003

This chapter presents changes in the use of alcohol and other drugs between 1995–2003 that are best exemplified by diagrams and scatter plots. Changes between 1999 and 2003 as well as between 1995 and 1999 are also included for selected variables. The variables selected are the same as those used in the 1999 ESPAD report. However, not all countries participated in 1995 or 1999 and in some instances data for one of the years may be missing on a specific variable. In both cases missing data are marked by two dots (..) in the bar graphs. A zero (0) signifies that at least 1 but less than 0.5 % have given this answer, while a short line (–) means that no student has given that answer.

A study that is based on a random sample from a specific population will always result in a point estimate within a certain confidence interval. This means that a small difference in proportions can be caused by random sampling fluctuations rather than true differences in the populations under study. The confidence intervals enable the researcher to establish whether a difference should be considered a true difference or not. For various reasons described elsewhere in this report, no confidence intervals have been calculated for the surveys included in this study (see the chapter “Methodical considerations”). Consequently, the comments in this section of the report are based on substantive differences and changes, while differences of only a few percentage points are disregarded.

In order to maintain consistency between this and the 1999 report we have only highlighted changes of more than three percentage points. Thus, values for a specific variable for a specific country that are unchanged or only changed within the range of three percentage points are coloured in yellow in the diagrams. Figures that have increases more than three percentage points are marked in red and figures that have decreased by more than three percentage points are marked in green.

It should be pointed out however, that this is only to facilitate interpretation as a difference within the yellow section of the diagrams may very well be statistically significant.

The comments on each diagram focus mainly on the pattern of changes and the grouping of countries that fall within this pattern. The actual levels (percentages) of involvement in the various behaviours that are shown are usually disregarded as these findings are discussed in more detail in the next chapter, where the results are presented for each country that participated in the data collection in 2003. The gender pattern is demonstrated in the bar graphs, but is not discussed in the text. However, the next chapter includes some comments about gender differences.

When data from 2003 are compared to those from earlier data collections it should be observed that the Romanian figures from the 1999 data collection included in this report are in some cases not those as found in the ESPAD 99 report since it by mistake included answers from students not born in 1983. Hence, to rectify this anomaly in this report, the Romanian figures for 1999 are only based on students belonging to the target population. It should also be observed that the Slovenian figures for cigarette smoking during the last 30 days have been recalculated for 1995 as well as for 1999.

Greek students were seven months younger in 2003 than in the 1999 data collection, which must be kept in mind when interpreting changes from 1999 to 2003. A smaller proportion (67%) of the target population in the Slovak Republic participated in 2003 compared to 1999 (99%), which have limited the possibilities to compare data from the two surveys. The same is true for Portugal where the proportion of the target population that was included in the sampling frame increased from 66% in 1995 to 83% in 1999 and to 99% in 2003.

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## ***Changes in cigarette smoking***

### **Lifetime use of cigarettes 40 times or more**

(Figures 1a–c)

In many of the countries the proportion of students that smoked at least 40 cigarettes in their lifetime was about the same in 2003 as it was in 1999. However, when changes occurred it was more common that these were downward rather than upward.

The highest prevalence of smoking cigarettes at least 40 times is in most cases found in the eastern parts of Europe including the Czech Republic, Estonia, Lithuania and Romania. However, the two countries at the very top are still the same as they were in 1999, Greenland and Faroe Islands, despite the fact that the proportion reporting this behaviour had decreased somewhat in Greenland. The prevalence rates are also almost unchanged for this variable in other countries. This would seem to suggest that in countries where the prevalence rates were quite high in 1999, they have remained so in 2003.

Countries where an increase can be observed were mainly found in eastern parts of Europe (the Czech Republic, Estonia, Lithuania and Romania). However, the prevalence rates in Romania are still among the lowest.

The proportions reporting lifetime use of cigarettes 40 times or more decreased in some of the ESPAD countries between 1999 and 2003. As mentioned above, this was apparent in the high prevalence country Greenland, but also in Denmark, Finland, Ireland and Norway, all of which were half way up the list in 1999. Decreases, however, were also observed in countries that reported rather low prevalence rates in 1999 (Greece, Iceland, Malta and United Kingdom).

When looking at the trend development for this particular behaviour between 1995 and 2003, only Lithuania has a clear upward tendency in this measure of lifetime use, while no country shows a continuous decrease over the years.

### **Cigarette smoking during the last 30 days**

(Figures 2a–c)

Having smoked more than 40 times in a lifetime does not in itself refer to most recent habits. The last 30 days prevalence rates on the other hand, give an overall assessment of actual smoking habits.

As in 1999 the top countries are still to be found in the eastern parts of Europe together with Greenland and the Faroe Islands. The prevalence rates are extremely high in Greenland and surpass other top

ESPAD countries by about 15 percentage points. It was, however, even higher in 1999 and thus they have somewhat decreased in 2003.

In many of the top countries the prevalence rates were relatively unchanged between 1999 and 2003. Despite a decrease in Bulgaria between the two surveys, this does not alter the fact that the country is still the second highest on this variable followed by Russia (Moscow) and the Czech Republic. Some countries with relatively high prevalence rates in 1999 have lower figures for 2003, including Denmark, Finland, France, Ireland and Norway. However, this also occurred in countries with somewhat lower prevalence rates such as Greece, Iceland, Malta, Sweden and the United Kingdom.

An increase in the prevalence rate for the 30 days smoking was observed in Cyprus, Estonia and Romania, although these countries' position in the prevalence hierarchy are different – Cyprus and Romania are among the countries with the lowest prevalence rates, while Estonia is somewhere in the middle with respect to all ESPAD countries.

Changes in 30 days smoking over the eight years in the countries that have conducted all three ESPAD studies show that very few of them have any continuous trends. However, the Estonian students reported increases from 1995 to 1999 to 2003, while students' responses in Iceland and Ireland were indicative of a unidirectional decrease between the three surveys.

### **Daily smoking at the age of 13 or younger**

(Figures 3a–c)

Many young people who experiment with smoking do so a few times but do not necessarily continue to smoke on a regular basis. Others, however, have already started daily smoking at an early age. Countries where smoking is highly prevalent also generally have a higher proportion of students that started to smoke at the age of 13.

From 1999 to 2003 very small changes occurred on this variable in most of the countries. In Estonia, Faroe Islands and Latvia, however, a rather big increase was noted. A change in the opposite direction only occurred in two countries, Ireland and United Kingdom, where a rather big decrease was observed. This results in a change in these countries 1999 position in the prevalence hierarchy; they are replaced at the top of list by the Faroe Islands and Estonia in 2003.

In many countries the prevalence rates for daily

smoking at the age of 13 have been rather stable over the three ESPAD data collections. No country

shows either a continuous increase or decrease between the three surveys.

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## ***Changes in alcohol consumption***

### **Alcohol use 40 times or more in lifetime**

(Figures 4a–c)

The diagrams show that the prevalence rates on this variable were relatively unchanged in many ESPAD countries. However, in some of them the proportion of students who report this behaviour have noticeably increased. The twelve countries where this was observed include Bulgaria, Croatia, the Czech Republic, Estonia, the Faroe Islands, Hungary, Italy, Latvia, Lithuania, Russia (Moscow), the Slovak Republic and Ukraine. From the above list it would appear that the increases have predominantly occurred in the eastern parts of Europe, but also in the Faroe Islands and Italy.

Changes in the opposite direction were only found in three countries, all of which were among the top countries in 1999: Denmark, Greece and the United Kingdom. Denmark and the United Kingdom still hold onto their top ranking despite the recent decrease, but Greece has fallen down the list.

The trend development for this variable over the period 1995 to 2003 shows that in some of the countries there has been a unidirectional increase over the years. An upward trend can be observed in six countries, all of which are found in the eastern parts of Europe and include Croatia, the Czech Republic, Estonia, Lithuania, the Slovak Republic and Ukraine.

### **Alcohol use 20 times or more during the last 12 months**

(Figures 5a–c)

Changes in the proportion of students who drank alcohol 20 times or more during the last 12 months are very similar to the lifetime prevalence of drinking 40 times or more. Thus, an increase was observed in a large number of countries, mainly in the eastern parts of Europe.

The twelve countries where increasing proportions of students report such frequency of drinking include Bulgaria, Croatia, the Czech Republic, Estonia, the Faroe Islands, Hungary, Italy, Latvia, Lithuania, Russia (Moscow), the Slovak Republic and Ukraine. A decrease was found in Denmark, Greece and Ireland.

Over the years from 1995 to 2003 a continuous increasing number of students reported drinking 20 times or more in the last 12 months in the Czech Republic, Estonia, Lithuania, and the Slovak Republic. Others were relatively unchanged over the same time period but in no country was there evidence for a decrease in this trend.

### **Alcohol use 10 times or more during the last 30 days**

(Figures 6a–c)

Among 15–16 year old students in Europe, an alcohol consumption frequency of 10 times or more over the last 30 days is relatively uncommon but the prevalence rates differ substantially.

However, between 1999 and 2003 rather small changes were observed and in the main the situation is one of status quo. Nevertheless, changes occurred in a few of the countries, some of which were rather noteworthy. Thus, increased figures were observed in Bulgaria, Croatia, Italy, Latvia and Russia (Moscow). A decrease was reported by only one country, Denmark.

From the rather stable situation between 1999 and 2003 it follows that the top countries remain, including Malta, the United Kingdom, Ireland and Denmark.

Looking at the trends over the eight years no continuous changes were found, neither in a positive nor negative direction.

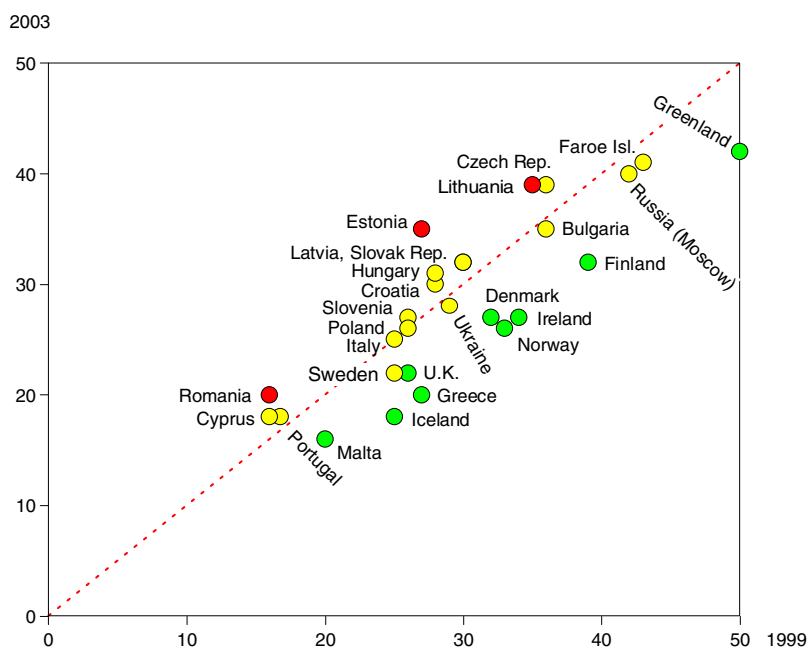
### **Beer consumption 3 times or more during the last 30 days**

(Figures 7a–c)

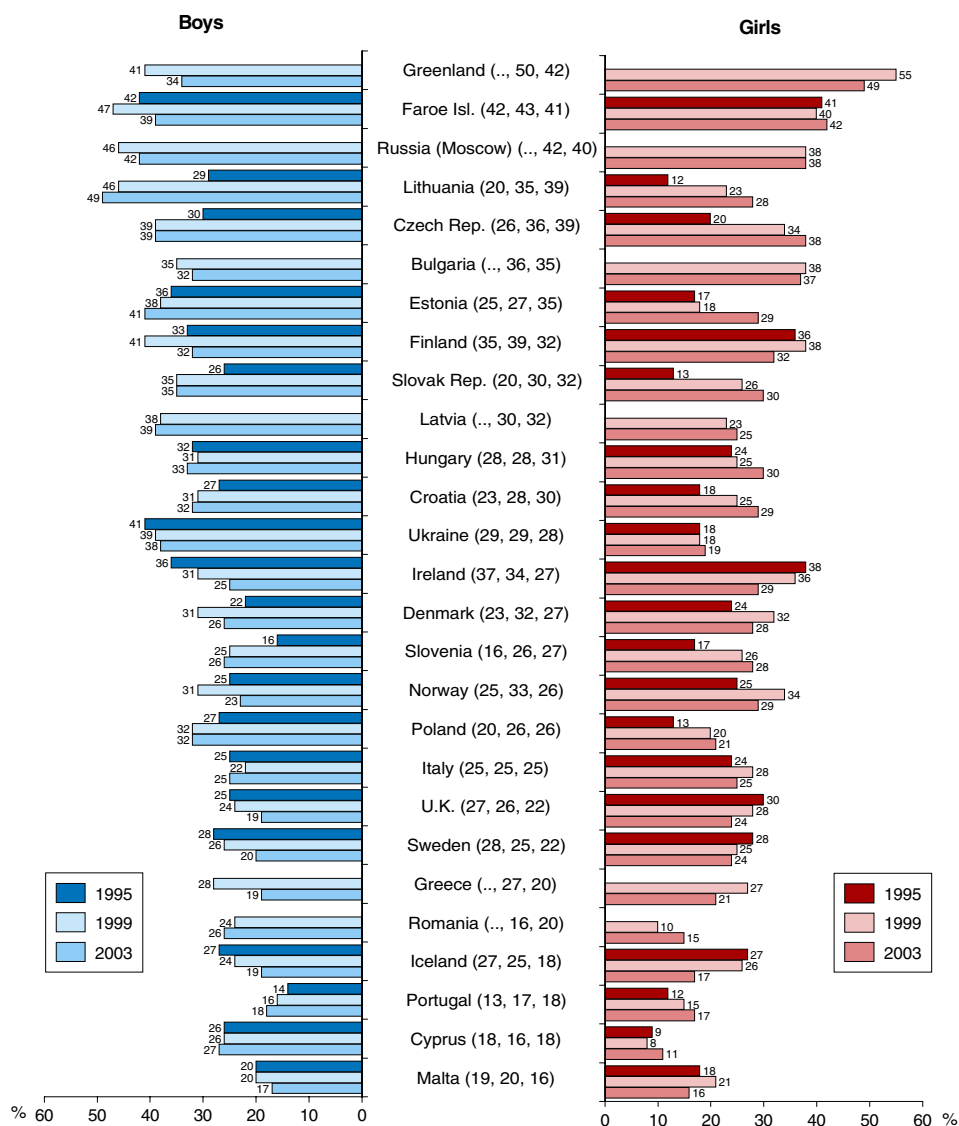
The pattern of frequent beer consumption has changed in different directions among young people in Europe over the actual four years. Moreover, it is not simply a pattern of an increase in low prevalence countries and a decrease in high prevalence countries, but a mixture of both. However, the increases tend to be mainly found in the eastern parts of Europe.

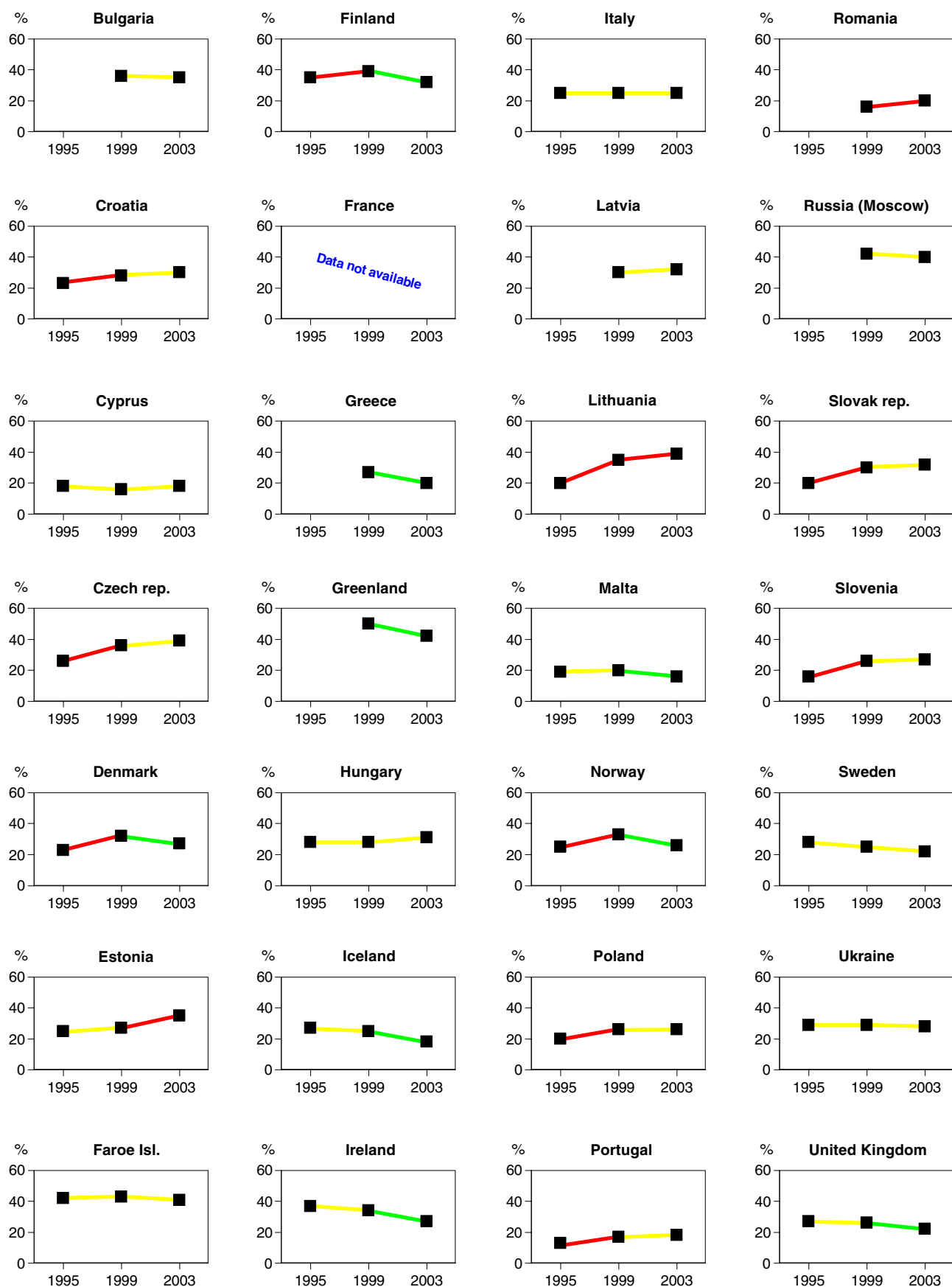
Increases in the proportions reporting that they had consumed beer three times or more during the last 30 days were found in Bulgaria, Croatia, the

**Figure 1a.** Changes between 1999 and 2003 in lifetime use of cigarettes 40 times or more. Countries above the line have increased prevalence rates, and countries below have decreased. All students.



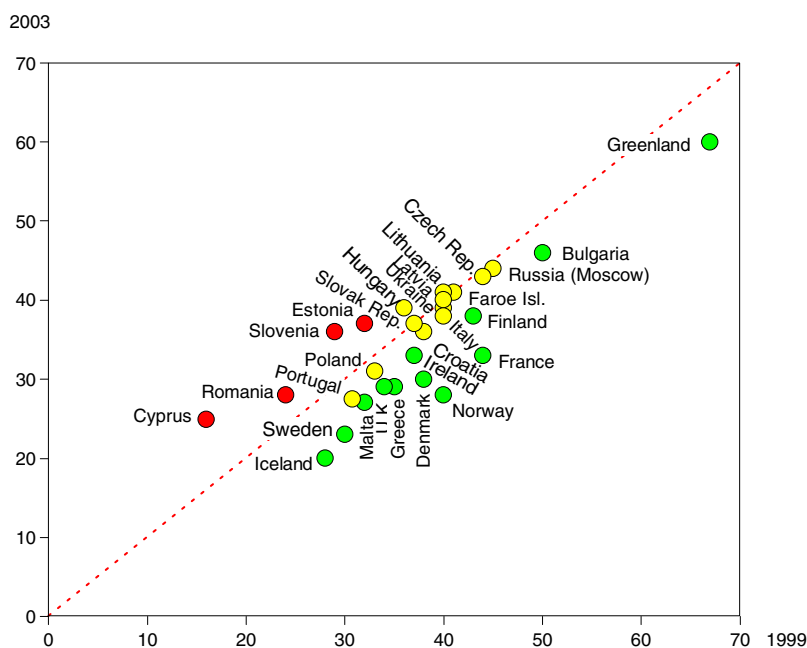
**Figure 1b.** Changes between 1995 and 2003 in lifetime use of cigarettes 40 times or more. Percentages among boys and girls (values within brackets refer to all students 1995, 1999, 2003). Data sorted by all students 2003.



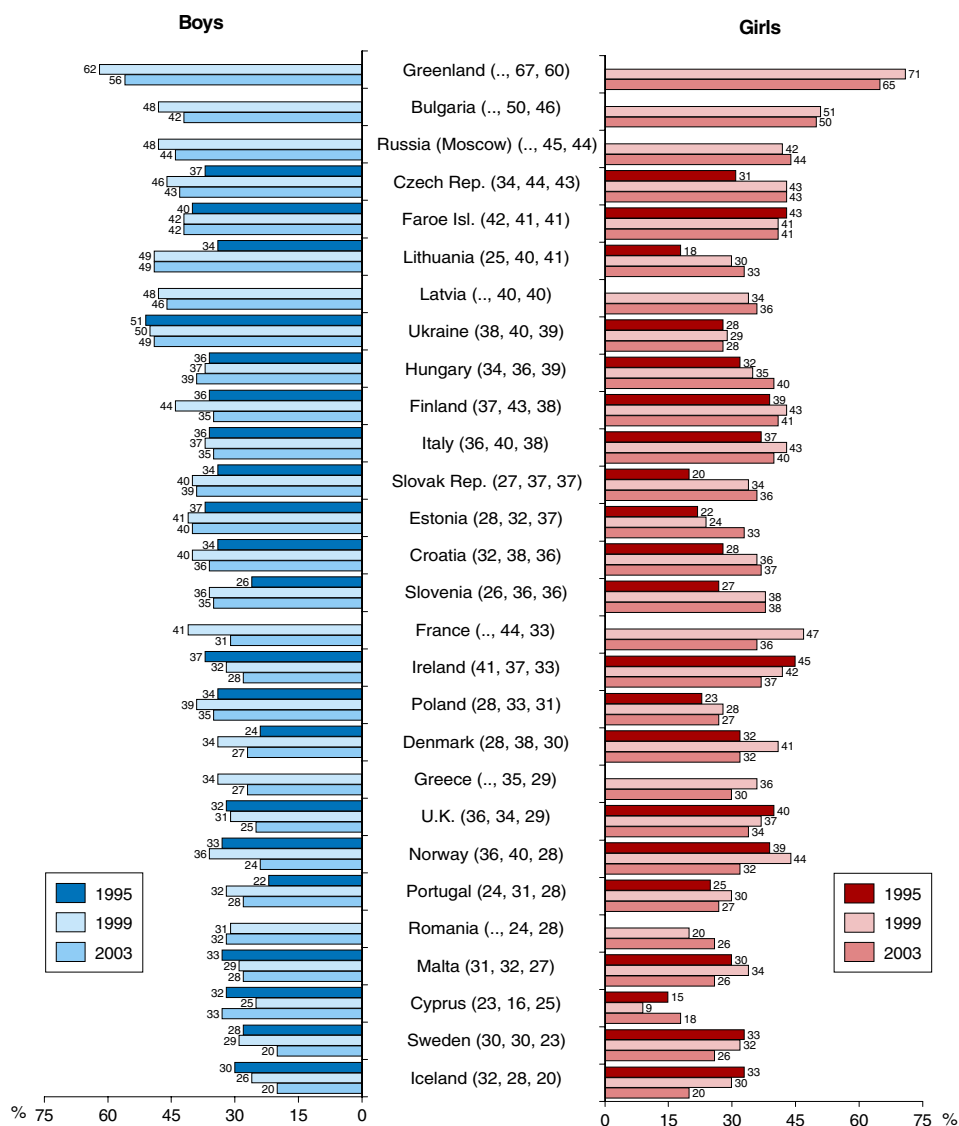


**Figure 1c.** Changes between 1995 and 2003 in lifetime use of cigarettes 40 times or more, by country. All students.

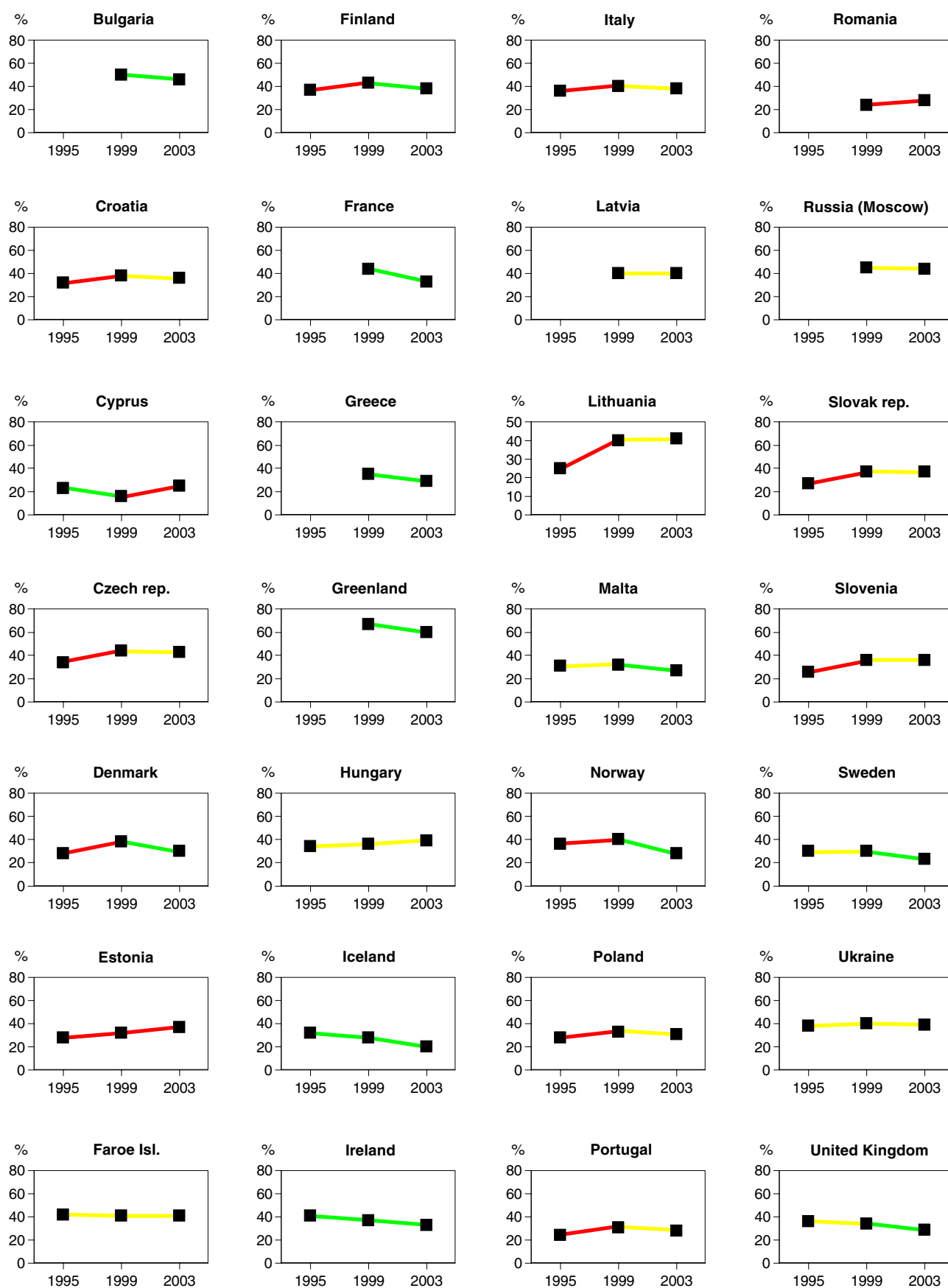
**Figure 2a.** Changes between 1999 and 2003 in cigarette smoking during the last 30 days. Countries above the line have increased prevalence rates, and countries below have decreased. All students.



**Figure 2b.** Changes between 1995 and 2003 in cigarette smoking during the last 30 days. Percentages among boys and girls (values within brackets refer to all students 1995, 1999, 2003). Data sorted by all students 2003.

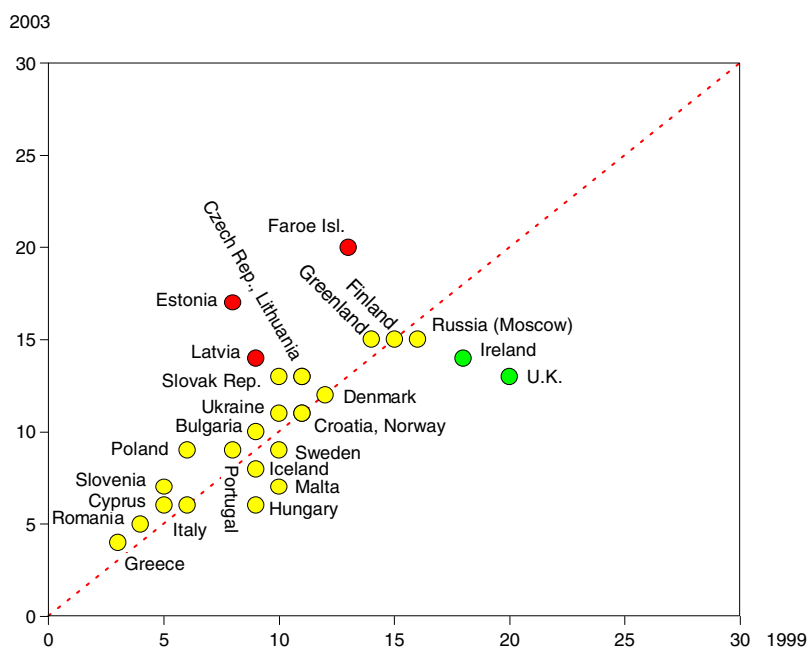




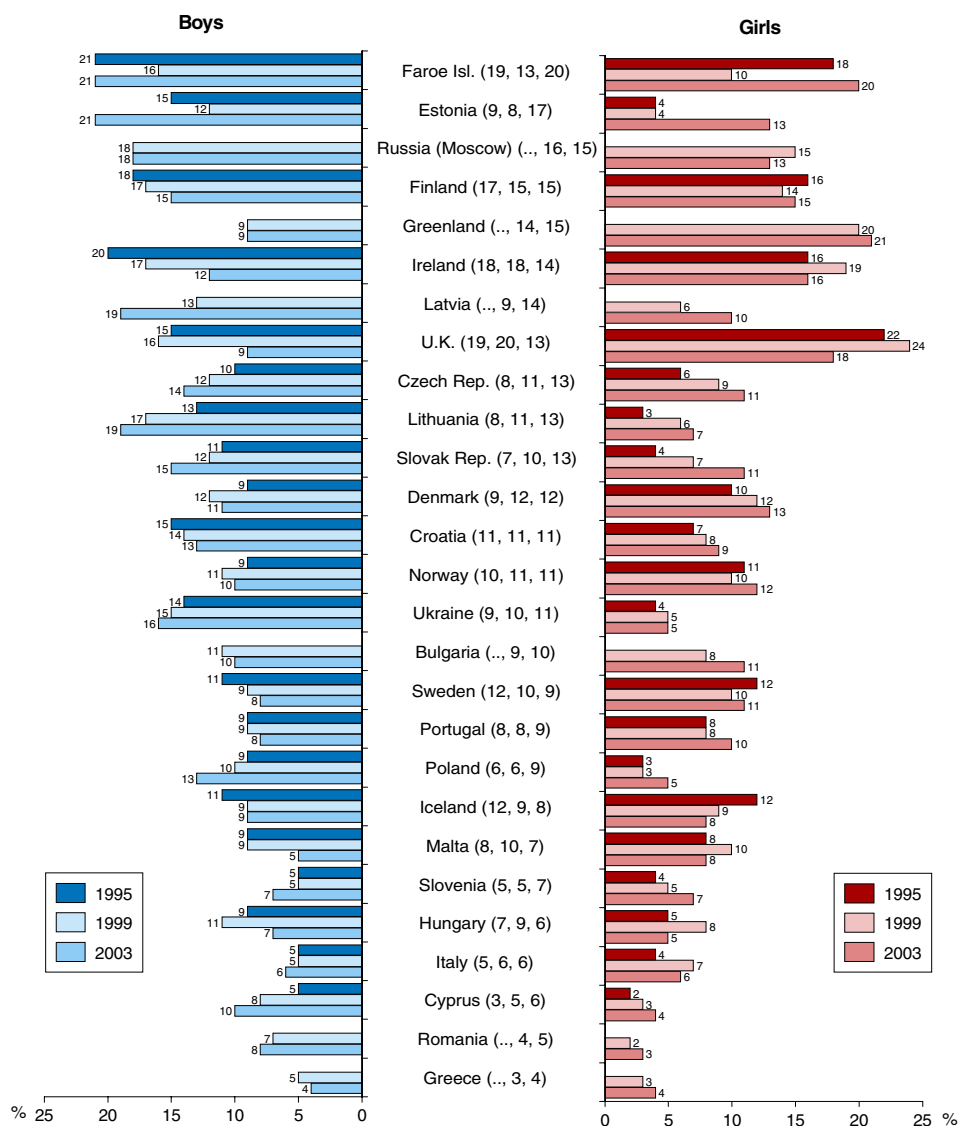


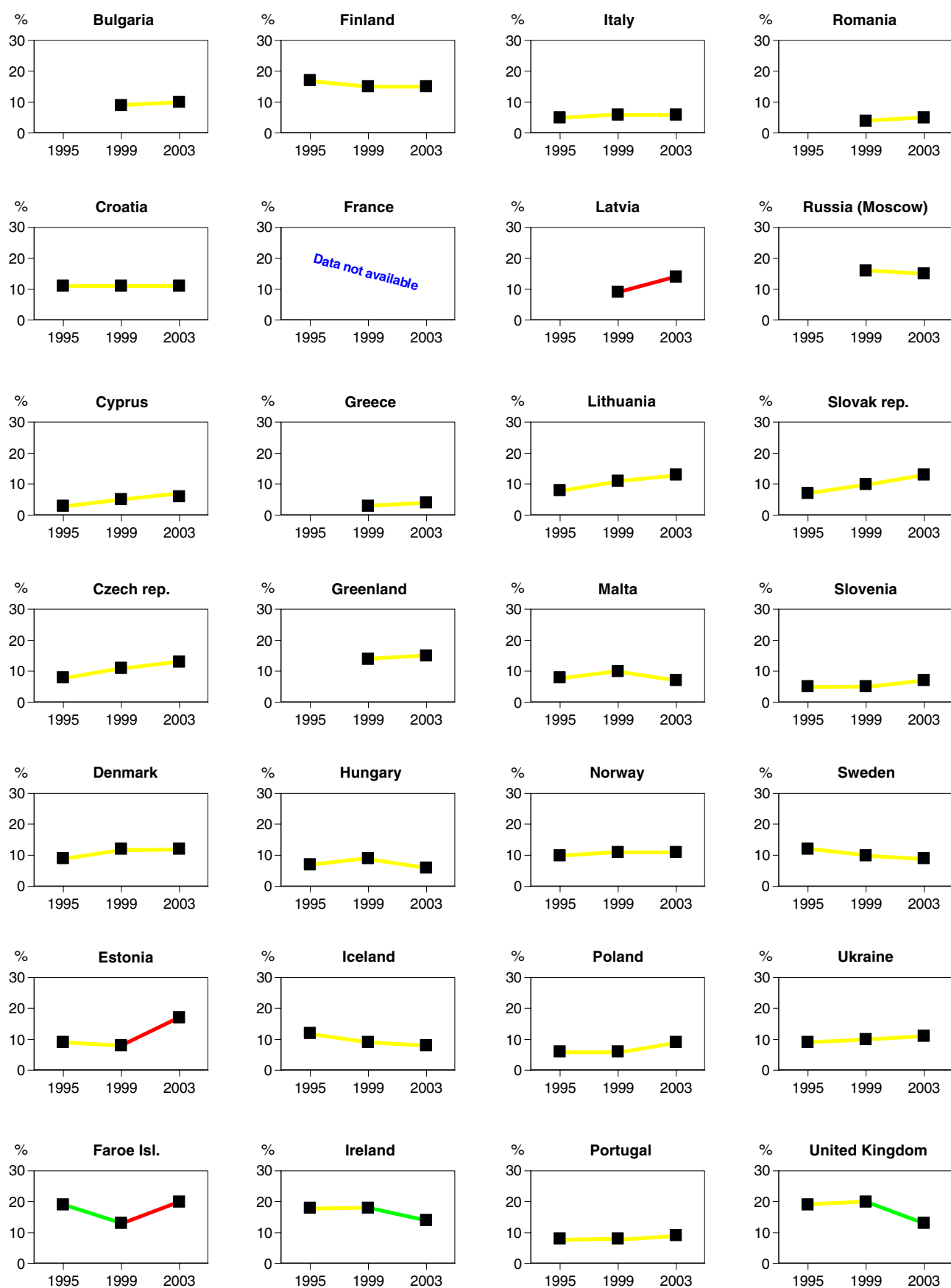
**Figure 2c.** Changes between 1995 and 2003 in cigarette smoking during the last 30 days, by country. All students.

**Figure 3a.** Changes between 1999 and 2003 in daily smoking at the age of 13 or younger. Countries above the line have increased prevalence rates, and countries below have decreased. All students.



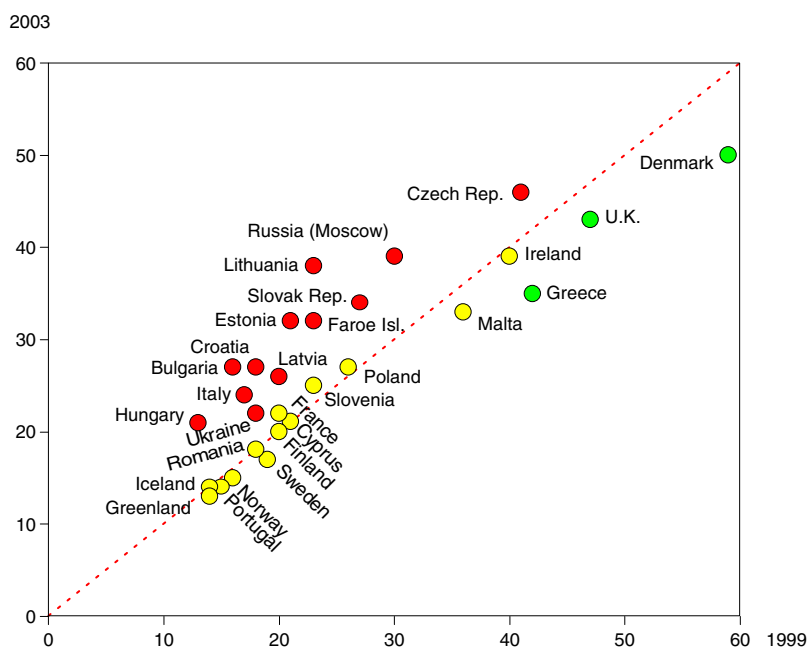
**Figure 3b.** Changes between 1995 and 2003 in daily smoking at the age of 13 or younger. Percentages among boys and girls (values within brackets refer to all students 1995, 1999, 2003). Data sorted by all students 2003.



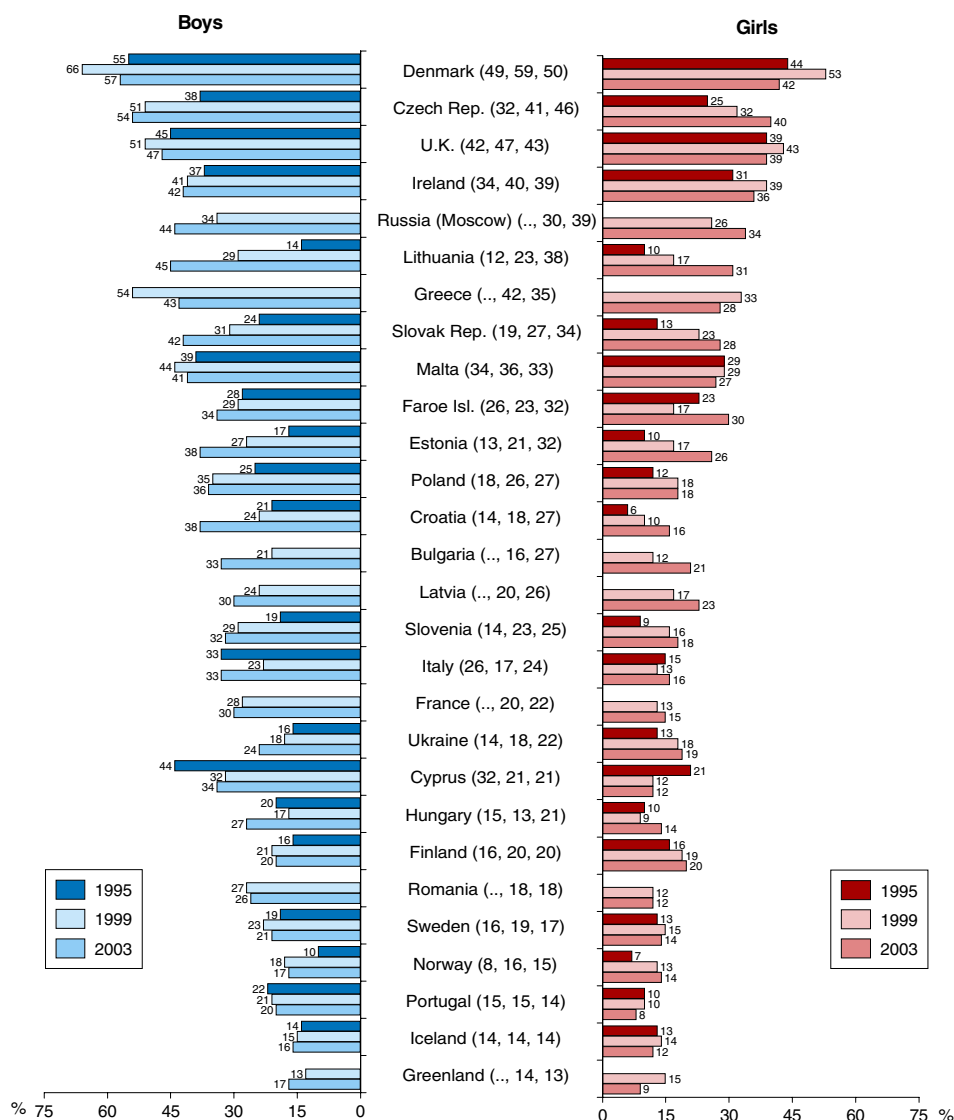


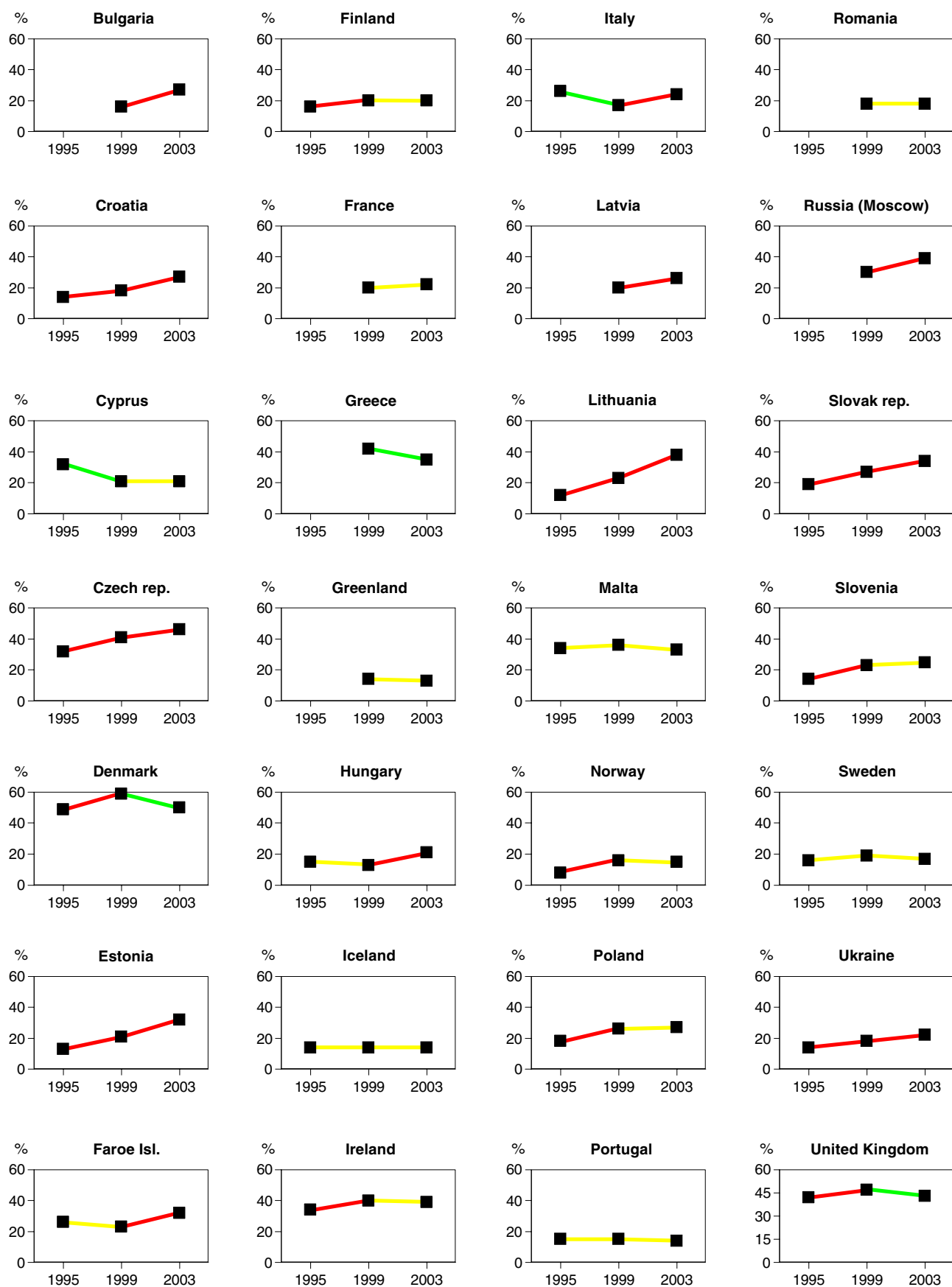
**Figure 3c.** Changes between 1995 and 2003 in daily smoking at the age of 13, by country. All students.

**Figure 4a.** Changes between 1999 and 2003 in lifetime use of any alcoholic beverages 40 times or more. Countries above the line have increased prevalence rates, and countries below have decreased. All students.



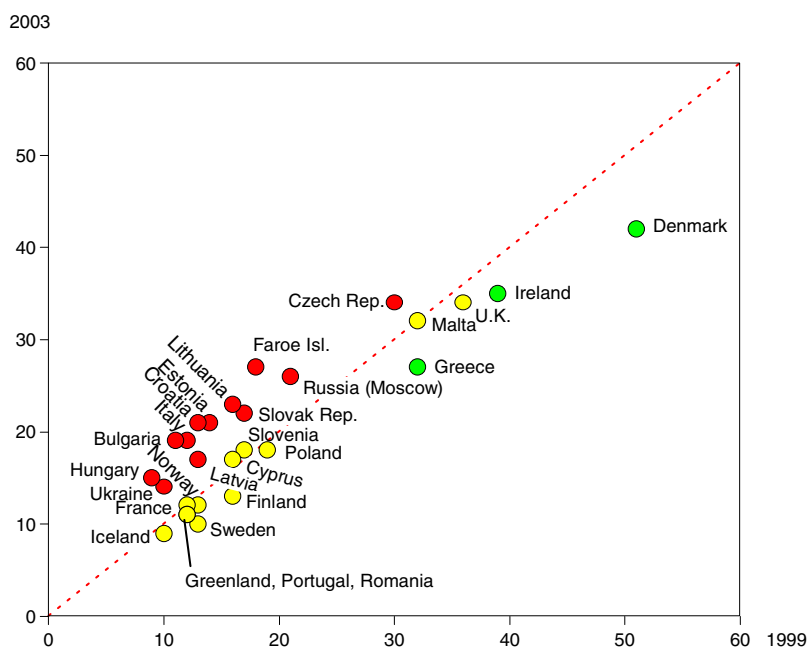
**Figure 4b.** Changes between 1995 and 2003 in lifetime use of any alcoholic beverages 40 times or more. Percentages among boys and girls (values within brackets refer to all students 1995, 1999, 2003). Data sorted by all students 2003.



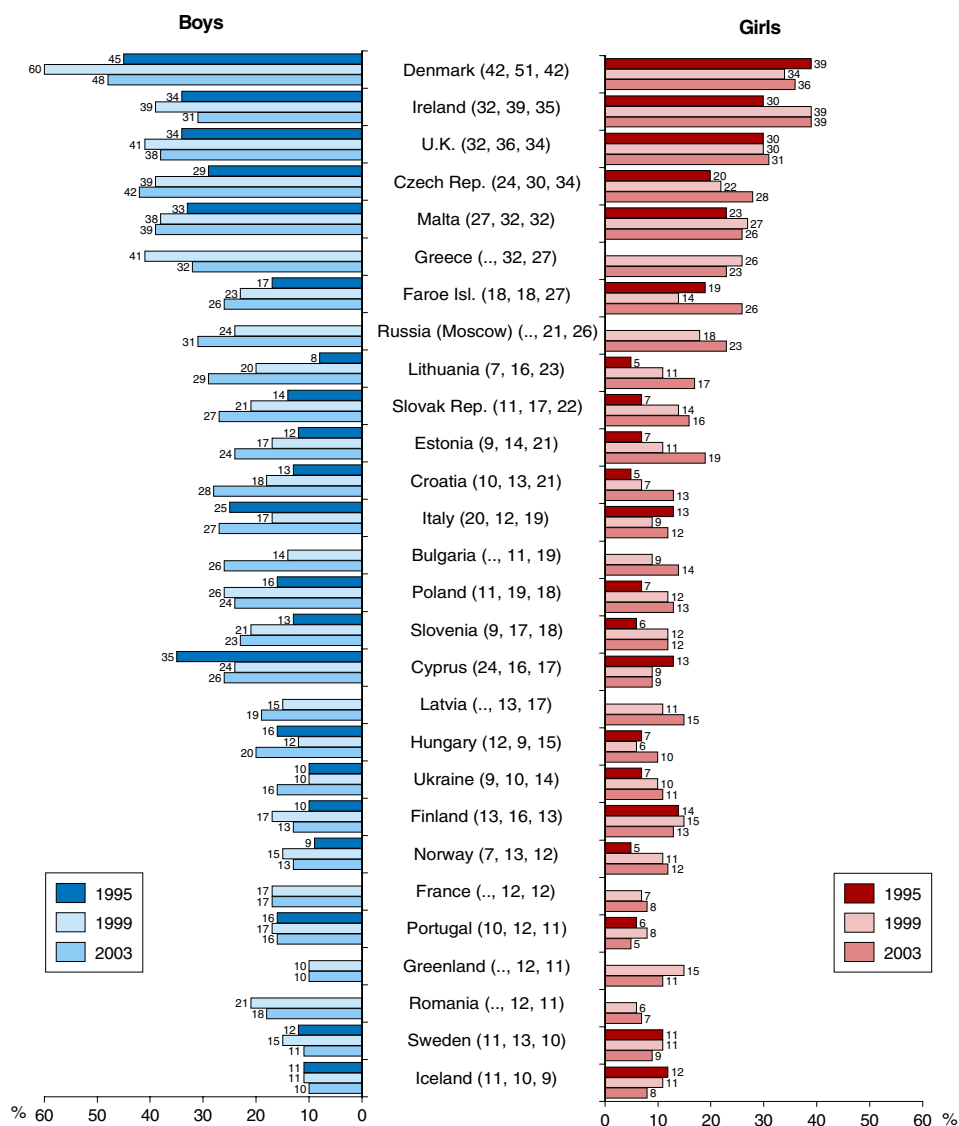


**Figure 4c.** Changes between 1995 and 2003 in lifetime use of any alcoholic beverages 40 times or more, by country. All students.

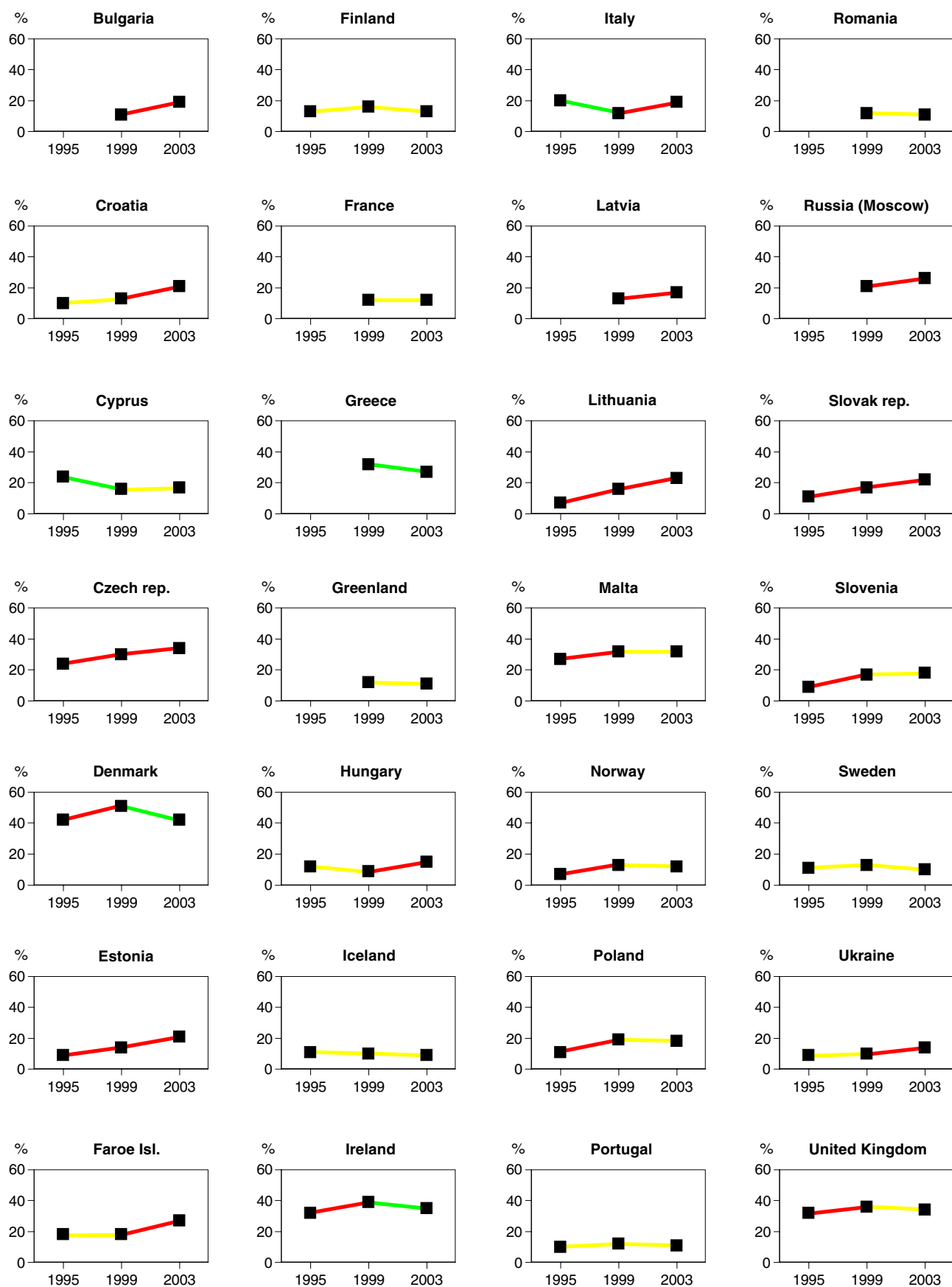
**Figure 5a.** Changes between 1999 and 2003 in use of any alcoholic beverages 20 times or more during the last 12 months. Countries above the line have increased prevalence rates, and countries below have decreased. All students.



**Figure 5b.** Changes between 1995 and 2003 in use of any alcoholic beverages 20 times or more during the last 12 months. Percentages among boys and girls (values within brackets refer to all students 1995, 1999, 2003). Data sorted by all students 2003.

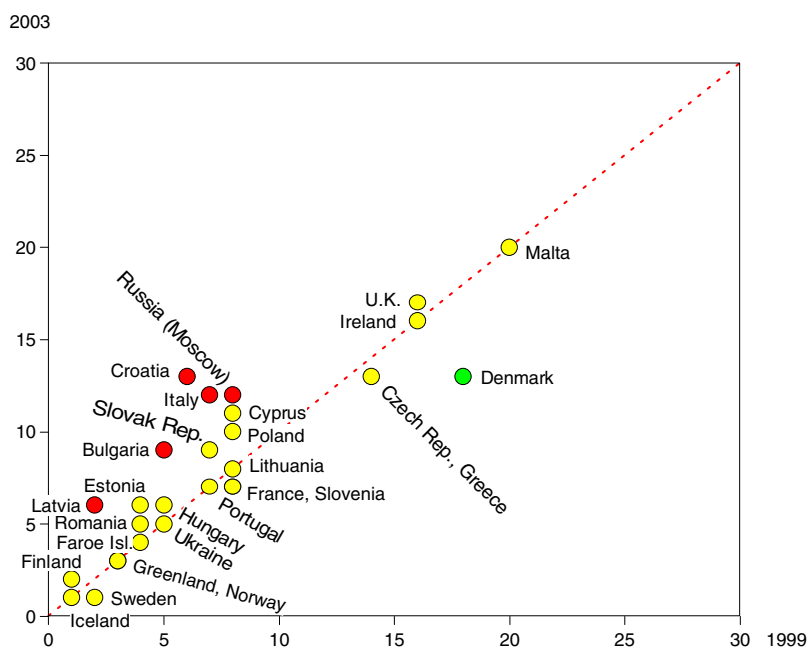




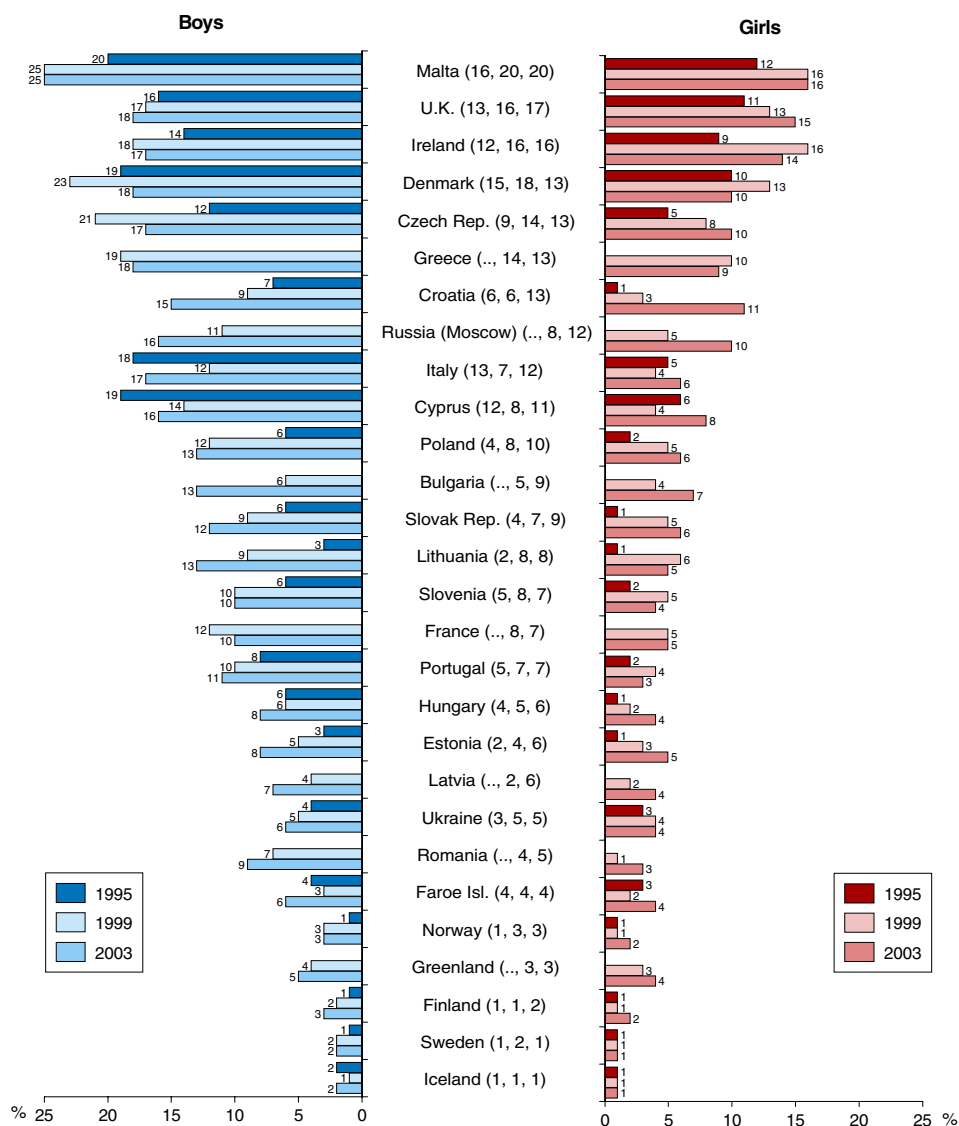


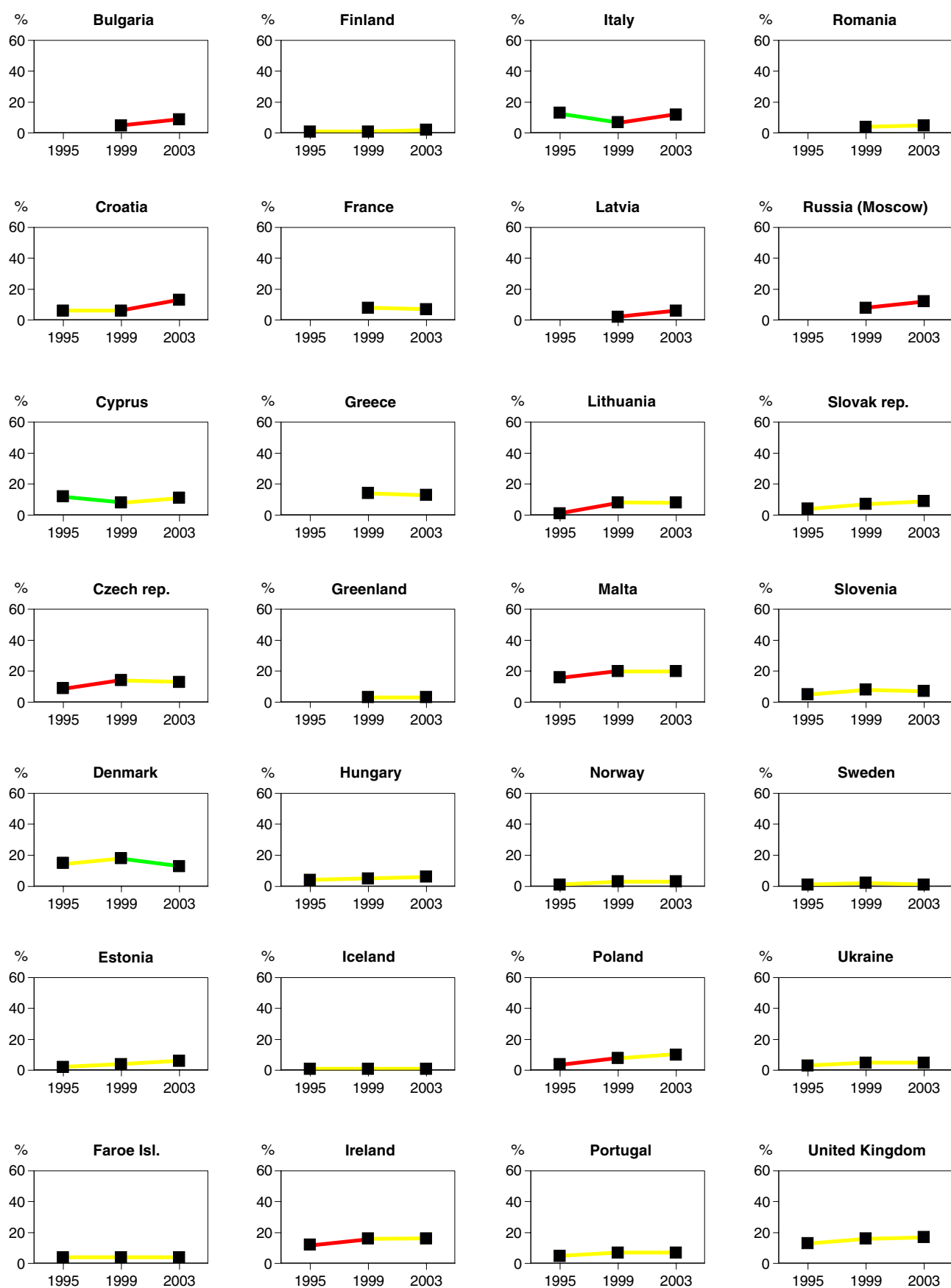
**Figure 5c.** Changes between 1995 and 2003 in use of any alcoholic beverages 20 times or more during the last 12 months, by country. All students.

**Figure 6a.** Changes between 1999 and 2003 in use of any alcoholic beverages 10 times or more during the last 30 days. Countries above the line have increased prevalence rates, and countries below have decreased. All students.



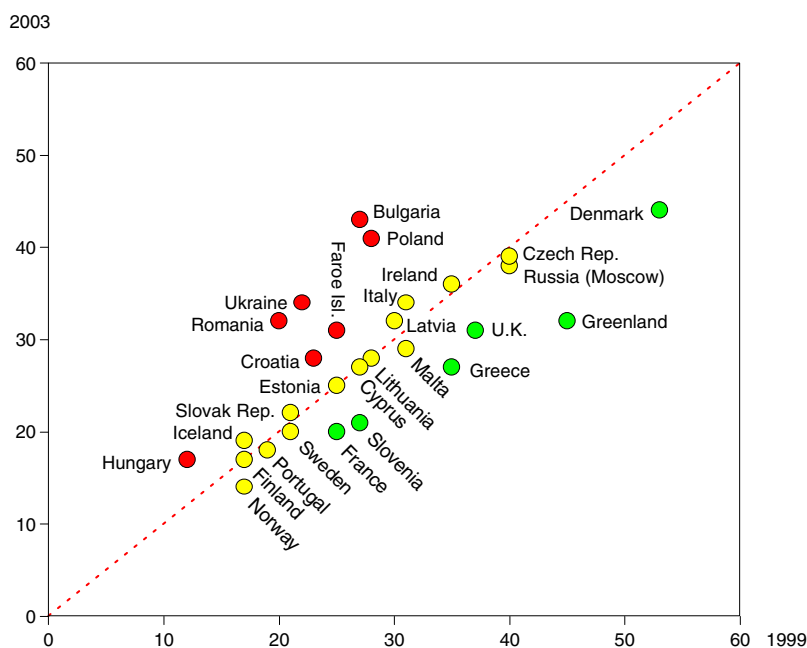
**Figure 6b.** Changes between 1995 and 2003 in use of any alcoholic beverages 10 times or more during the last 30 days. Percentages among boys and girls (values within brackets refer to all students 1995, 1999, 2003). Data sorted by all students 2003.



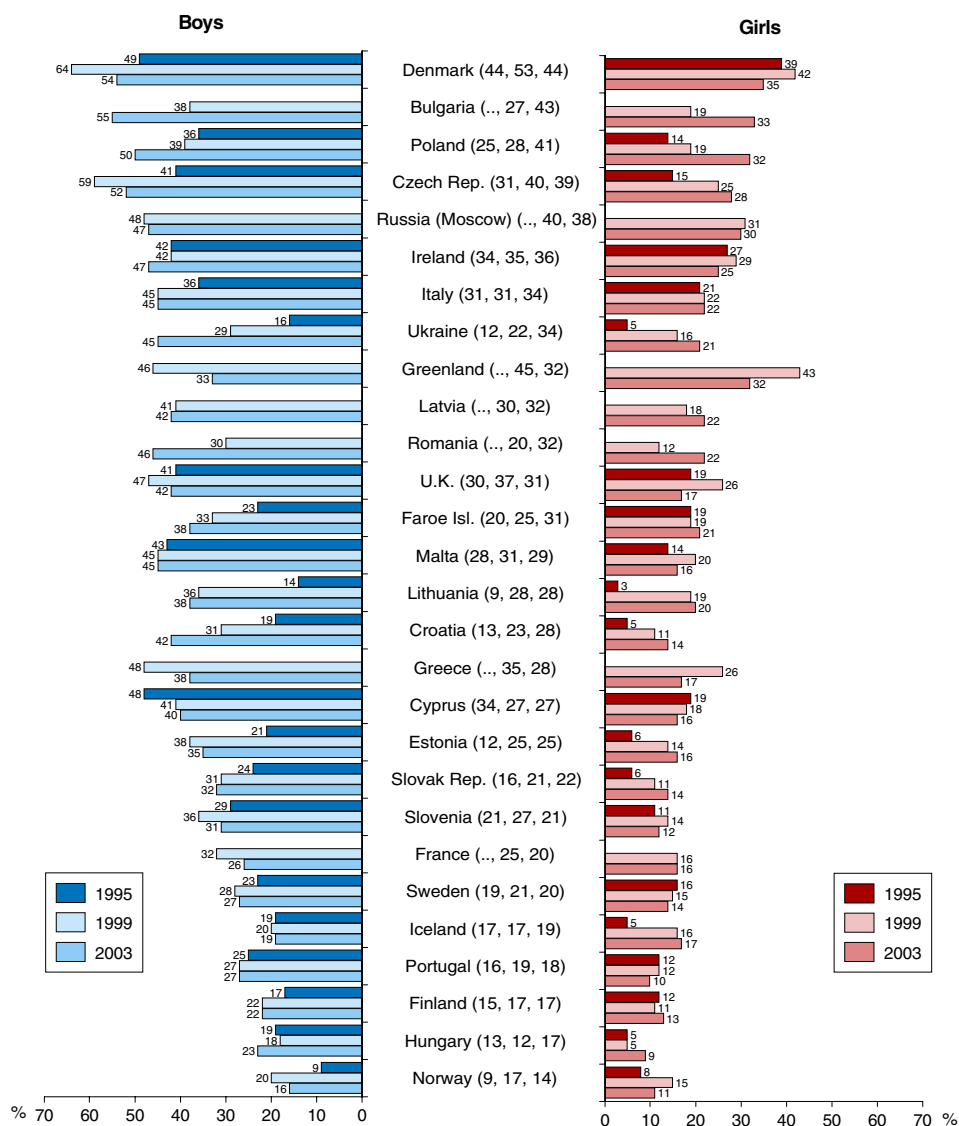


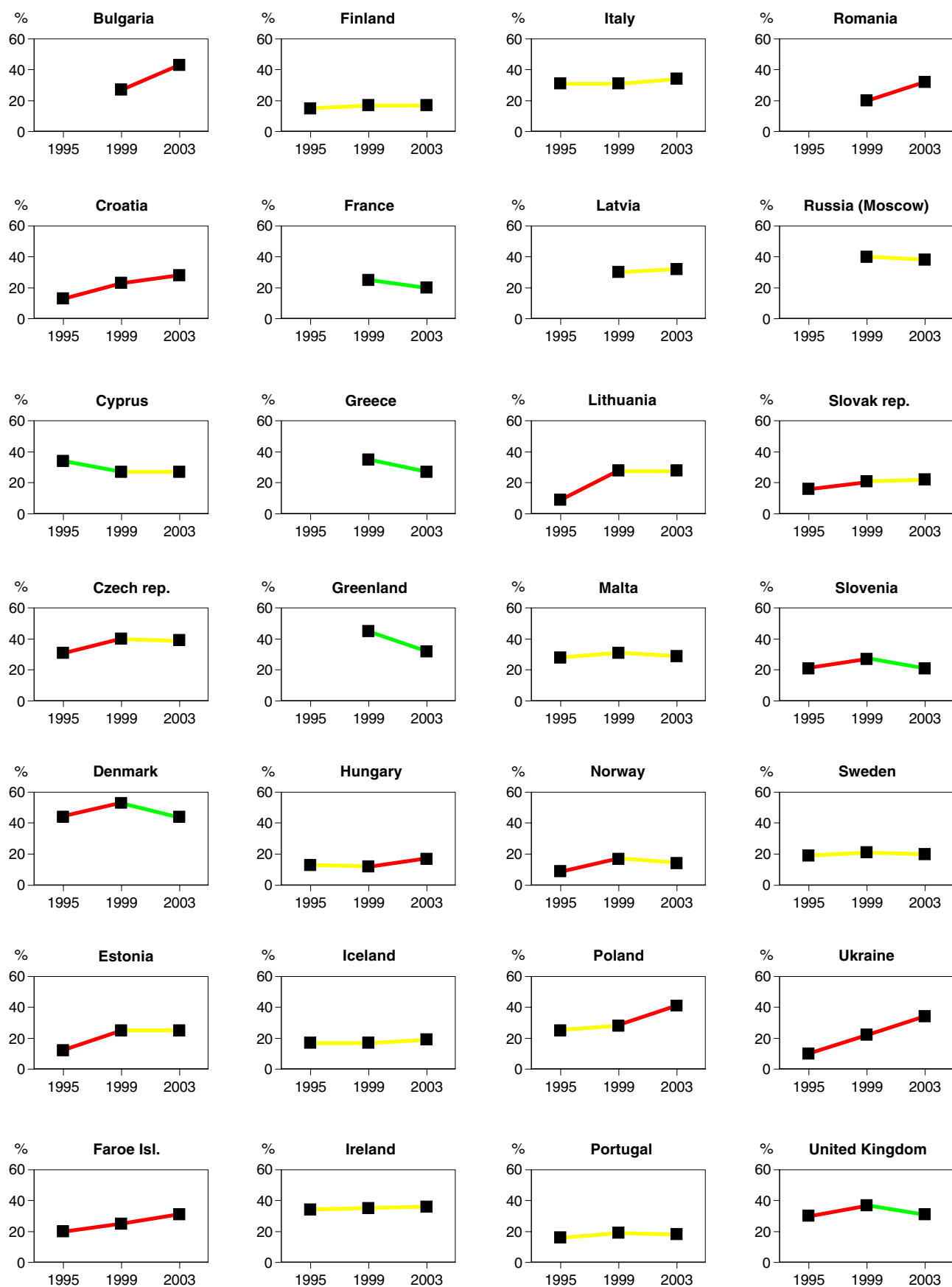
**Figure 6c.** Changes between 1995 and 2003 in use of any alcoholic beverages 10 times or more during the last 30 days, by country. All students.

**Figure 7a.** Changes between 1999 and 2003 in beer consumption 3 times or more during the last 30 days. Countries above the line have increased prevalence rates, and countries below have decreased. All students.



**Figure 7b.** Changes between 1995 and 2003 in beer consumption 3 times or more during the last 30 days. Percentages among boys and girls (values within brackets refer to all students 1995, 1999, 2003). Data sorted by all students 2003.





**Figure 7c.** Changes between 1995 and 2003 in beer consumption 3 times or more during the last 30 days, by country. All students.

Faroe Islands, Hungary, Poland, Romania, the Slovak Republic and Ukraine. Decreases were not only observed in the top two countries in 1999 (Denmark and Greenland) but also in France, Greece, Slovenia and the United Kingdom.

Despite the decrease Denmark still ranks highest in this regard in 2003. Other countries that have joined this group after rather pertinent increases in the prevalence figures include Bulgaria, Poland and the Slovak Republic.

Over the years 1995 to 2003 an increase in the prevalence rates of having consumed beer 3 times or more in the last 30 days were found in Croatia, the Faroe Islands, the Slovak Republic and Ukraine. No country showed a continuous decreasing trend over the last eight years.

### **Wine consumption 3 times or more during the last 30 days** (Figures 8a–c)

The proportions of students who reported wine consumption as frequent as 3 times or more during the last 30 days were unchanged between 1999 and 2003 in most countries, including the highest ranking country in 1999 and 2003 (Malta). In five countries, however, an increase was observed. These were Croatia, Greece, Hungary, Italy and Russia (Moscow). In only Denmark and France was there a notable decrease in the prevalence rate of wine consumption at this frequency.

When focusing on the development of this behaviour over the eight years of the ESPAD project, it is clear that the proportions to a large extent remain rather unchanged in many countries. No countries show a unidirectional increasing or decreasing trend between 1995 and 2003.

### **Consumption of spirits 3 times or more during the last 30 days** (Figures 9a–c)

There is a wide variety in the 30 days prevalence rates in the consumption of spirits 3 times or more in the past 30 days in the participating countries. In many of them, the figure for 2003 was similar to that in 1999. Hence, the high and low prevalence countries hold their positions.

However, an increase in the reported consumption of spirits 3 times or more over the last 30 days was observed in nine countries. They include Cyprus, Estonia, the Faroe Islands, Greece, Greenland, Ireland, Italy, Poland, Portugal, the Slovak Republic and the United Kingdom. The consumption of spirits has declined in Denmark and France.

For this variable there was a continuous upward trend between 1995 and 2003 in the Faroe Islands, Ireland, Portugal, the Slovak Republic and the United Kingdom. No country showed a continuous decrease over the period.

### **Consumption of 101 cl of beer or more on the last drinking occasion**

(Figures 10a–c)

The proportion of students in 2003 that reported that they had consumed at least 101 cl beer the last time they drank any alcohol, were very much the same as they were in 1999. There were some notable decreases, especially among the top prevalence countries like Denmark, Greenland and Ireland. Other countries where decreases were observed include Norway, Sweden and the United Kingdom. An increase was only noted in two countries (Croatia and Latvia). Despite the drop in prevalence rates on this variable, Denmark and Ireland remain ranked higher than other countries in this regard, while Greenland drops to a similar level as several other countries.

The overall assessment of the findings from 1995 to 2003 is that the prevalence rates on this variable have remained rather stable over the years in most ESPAD countries. A long term decreasing trend was only found in one country (Sweden).

### **Consumption of 101 cl of alcopops or more on the last drinking occasion**

(Figures 11a–b)

Alcopops are not available in all ESPAD countries. Thus, only some countries included this beverage when asking about consumption on the last drinking occasion. However, the pattern of consumption of at least 101 cl alcopops on the last drinking occasion is of course of interest to those countries where it is available. The results are very diverse. Generally, the prevalence rates are very low. Moreover, only a few countries showed any change from 1999 to 2003.

However, the changes that did occur are relevant and are apparent in only four countries. These are Denmark, Ireland, Norway and the United Kingdom, where big increases in alcopops consumption were in evidence between 1999 and 2003.

### **Consumption of 15 cl of wine or more on the last drinking occasion**

(Figures 12a–c)

The question related to wine consumption on the last drinking occasion was slightly altered for the



2003 survey. The amount indicating one glass was increased from 10 to 15 centilitres. This must be borne in mind when comparing the results on this variable between surveys, although it may not have changed the estimated number of glasses consumed by students. It can be argued, however, that most students would appear to consider 1–2 glasses of wine rather similar irrespective of whether in parenthesis it stated 10–20 cl or 15–30 cl.

The proportion of students that indicated 15 centilitres or more on last drinking occasion decreased in ten countries. They include Denmark, the Faroe Islands, Finland, France, Iceland, Latvia, Lithuania, Norway, Romania and the Slovak Republic. The only countries with increasing proportions were Croatia and Russia (Moscow). Since the definition of the volume that relates to a glass of wine was larger in 2003 than it was in 1999, this in itself might have tilted the bias in favour of the number of countries reporting a decrease and thus should be taken into consideration when viewing such figures.

A unidirectional increase from 1995 to 2003 was only observed in Croatia.

### **Consumption of 11 cl of spirits on the last drinking occasion**

(Figures 13a–c)

In many ESPAD countries the prevalence rates for the consumption of a relatively large quantity of spirits on last drinking occasion did not change between 1999 and 2003. This is true for high prevalence as well as low prevalence countries.

However, in a few countries increases were observed and in one of them, the Faroe Islands, which topped the list last time, the increase was 12 percentage points. Other countries where increases were observed include the Czech Republic, Estonia, Italy and the Slovak Republic.

Countries where the prevalence decreased include four of the Nordic countries (Denmark, Iceland, Norway, Sweden) together with Russia (Moscow) and the United Kingdom.

The highest ranked countries in 1999 were again in the top group in 2003 (the Faroe Islands, Malta and Ireland). However, the top group now also includes some of the countries that showed increased prevalence rates for this variable between the two data collections (the Czech Republic and Estonia).

Looking at the development of this variable over the years reveals that in only one country, the Slovak Republic, was there a continuous upward

trend. A continuous decreasing trend was also only found in one country (Iceland).

### **Drunkenness, 20 times or more in lifetime**

(Figures 14a–c)

The proportion of students who reported been drunk 20 times or more in a lifetime was relatively stable between 1999 and 2003 in many of the ESPAD countries. The increases that were observed were mainly found in the eastern parts of Europe. Increased prevalence rates were reported from Estonia, the Faroe Islands, Hungary, Ireland, Latvia, Lithuania, Russia (Moscow), the Slovak Republic and Ukraine. The only decreases in this respect were reported from Denmark and Iceland. Denmark nevertheless remained the highest ranked country in students reporting having been drunk 20 times or more in their lifetime.

Over the years a unidirectional increase in the proportion of students that reported this behaviour was observed in five countries. They include Estonia, Ireland, Lithuania, the Slovak Republic and Ukraine. No one of the countries showed unidirectional decrease from 1995 to 2003.

### **Drunkenness, 10 times or more in the last 12 months**

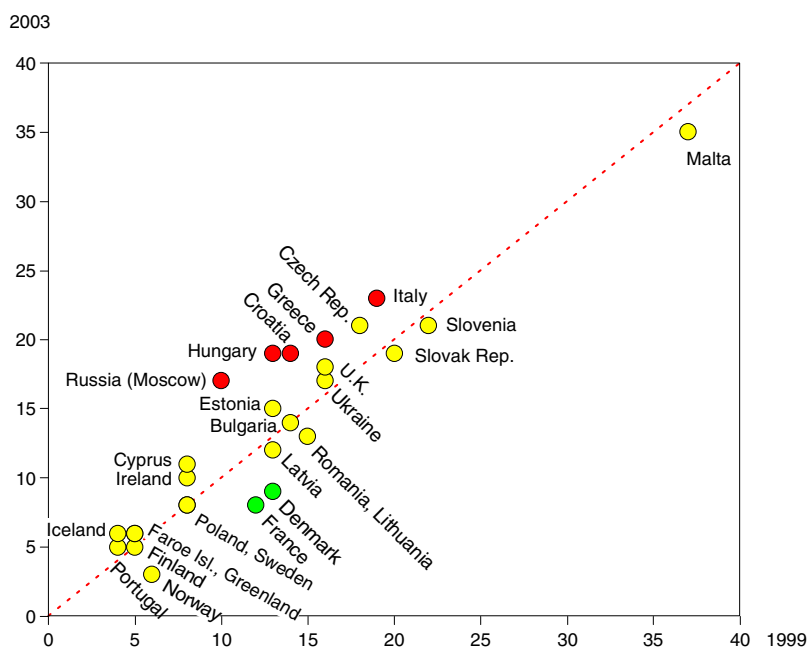
(Figures 15a–c)

In the 15–16 age group, the experience of being drunk is a rather recent event for most of the students. Therefore, the prevalence rates of been drunk 10 times or more over the last year is not very different from been drunk 20 times or more in a lifetime.

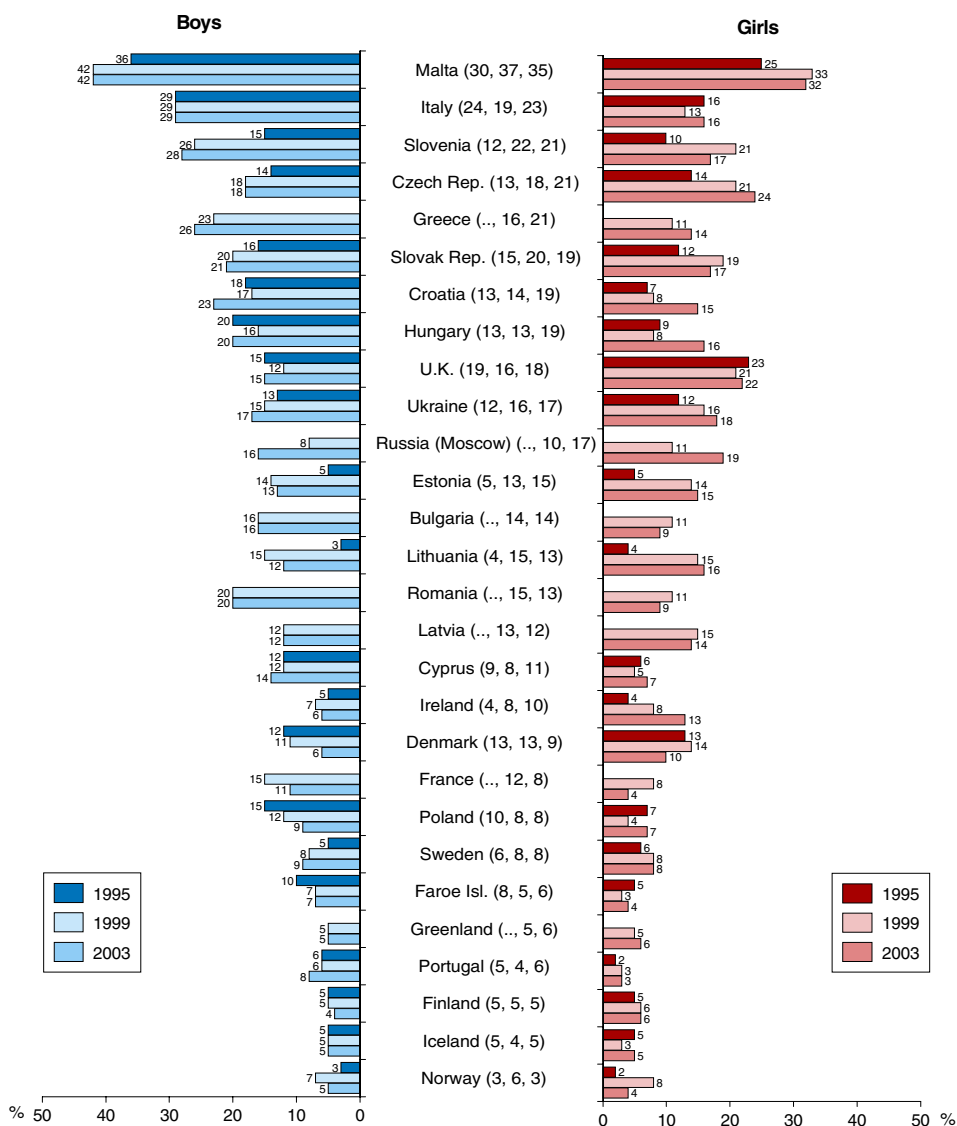
The response pattern on this variable revealed that the figures were relatively unchanged between 1999 and 2003 in most countries. Increased values were reported from two Baltic States (Estonia and Lithuania) as well as from the Faroe Islands and the Slovak Republic. A decrease was observed in countries, which in 1999 were among the top group, including Denmark, Finland, Iceland and the United Kingdom, i.e. all four from the northern parts of Europe. With the exception of Iceland, these countries along with Ireland rank highest on this measure of adolescent drunkenness in the past 12 months.

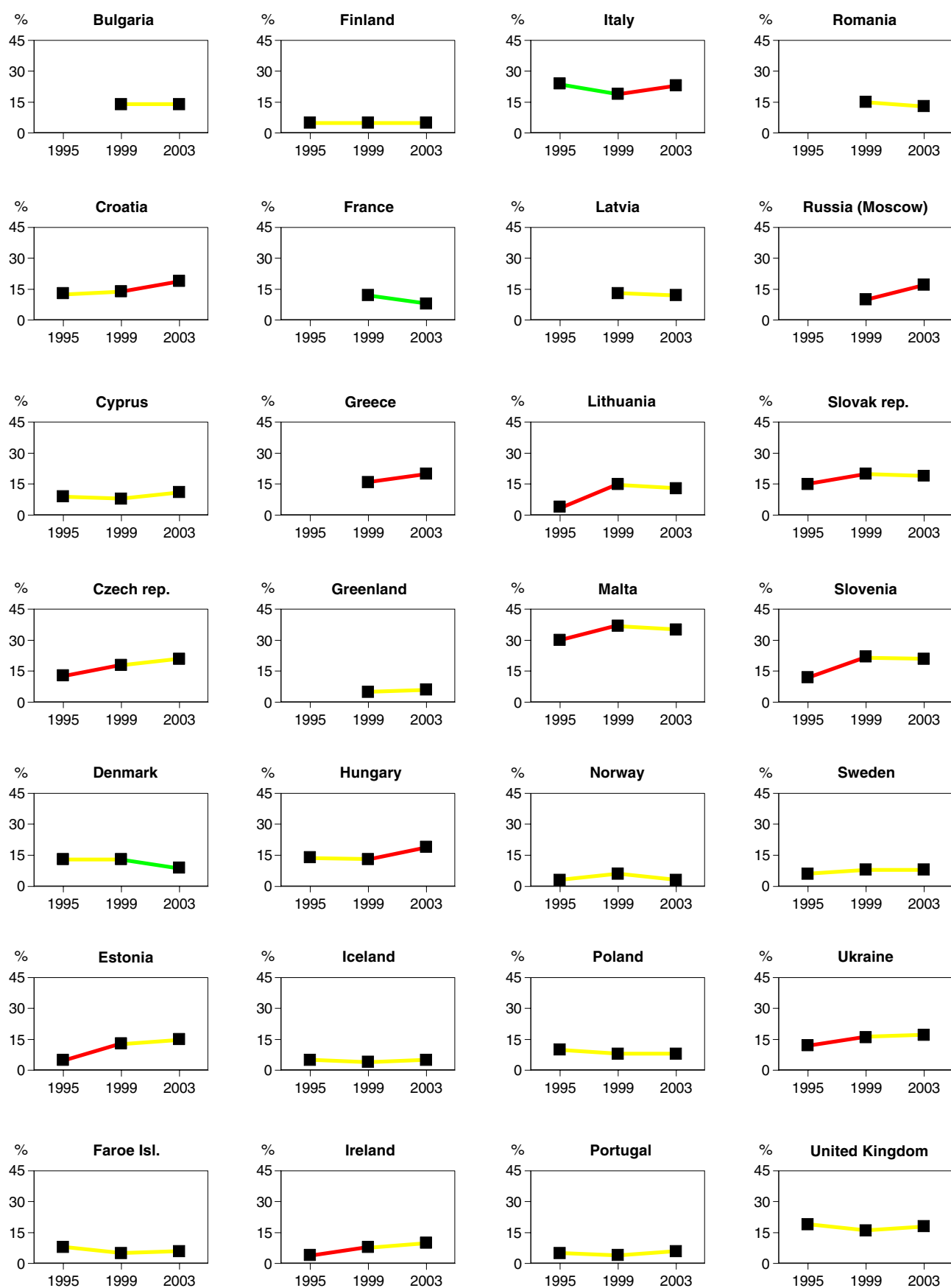
A long-term increase in the prevalence rates for been drunk 10 times or more in the last 12 months was observed only in Estonia for the period 1995–2003.

**Figure 8a.** Changes between 1999 and 2003 in wine consumption 3 times or more during the last 30 days. Countries above the line have increased prevalence rates, and countries below have decreased. All students.



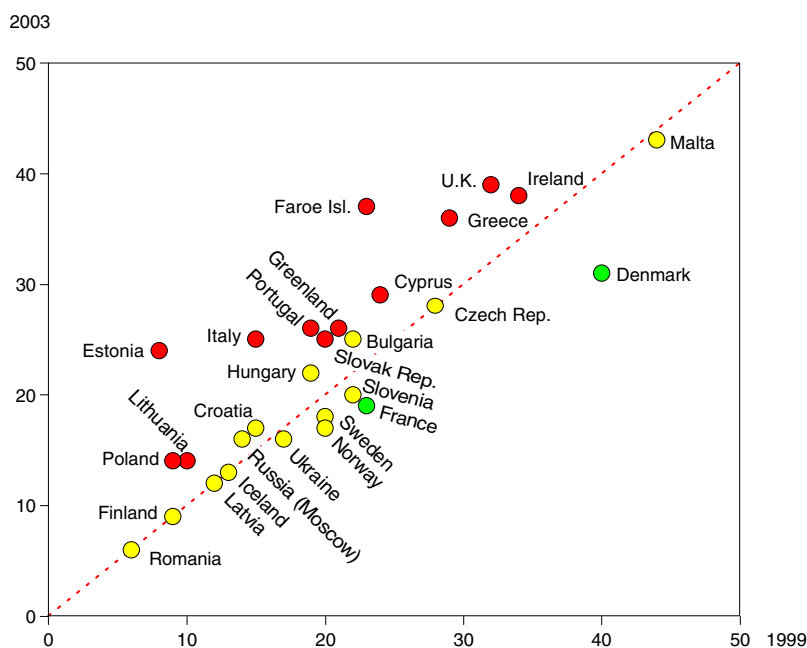
**Figure 8b.** Changes between 1999 and 2003 in wine consumption 3 times or more during the last 30 days. Percentages among boys and girls (values within brackets refer to all students 1995, 1999, 2003). Data sorted by all students 2003.



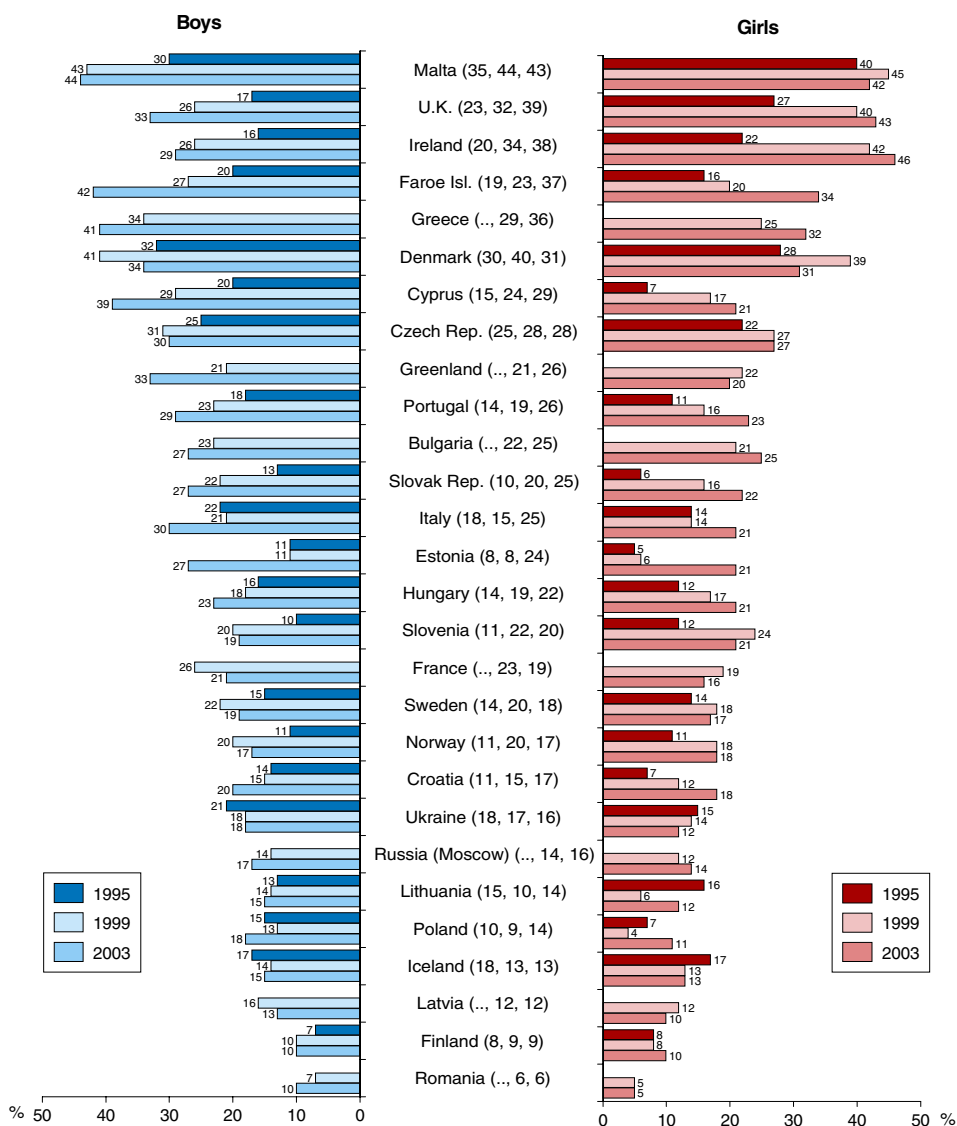


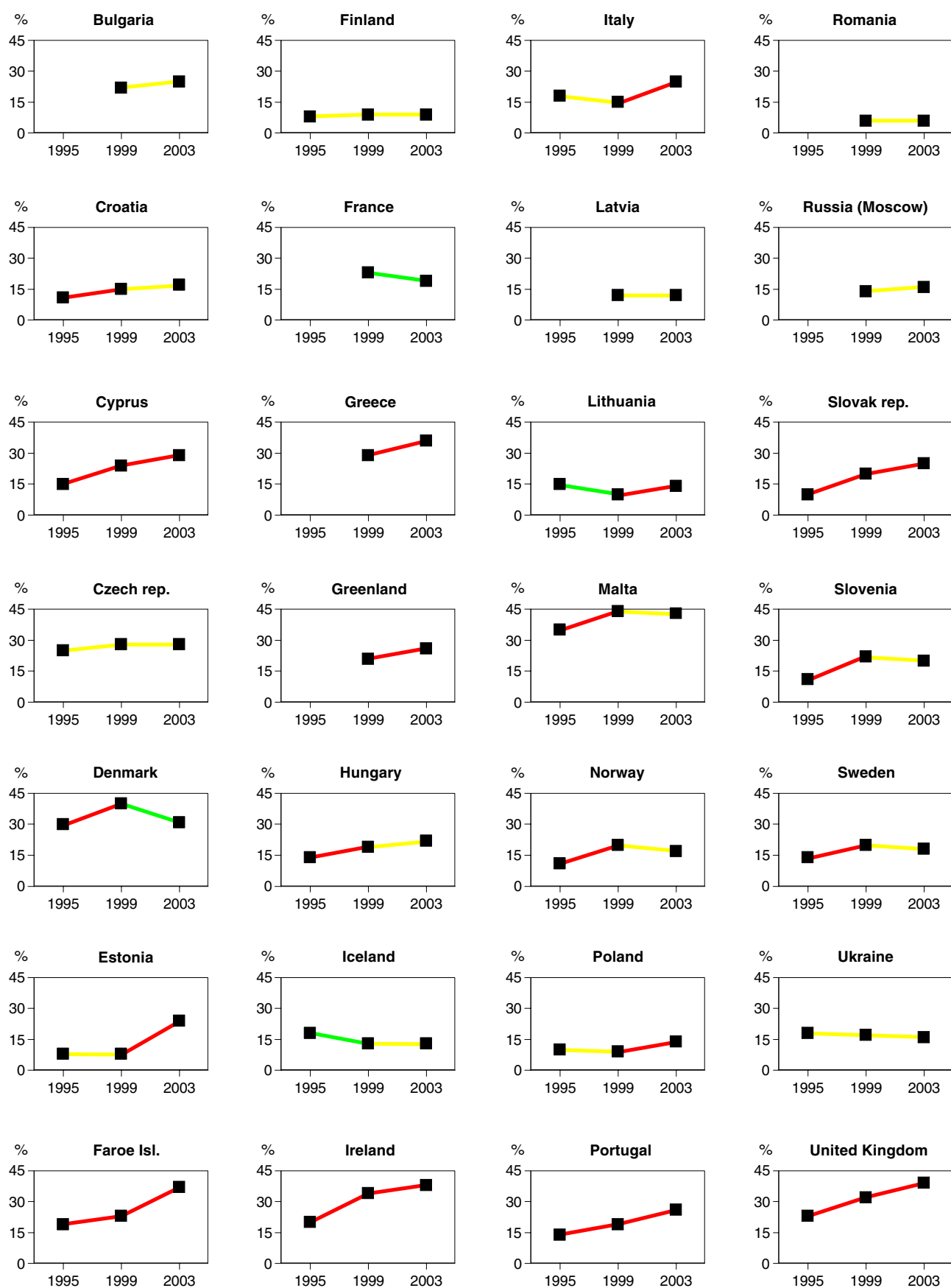
**Figure 8c.** Changes between 1995 and 2003 in wine consumption 3 times or more during the last 30 days, by country. All students.

**Figure 9a.** Changes between 1999 and 2003 in consumption of spirits 3 times or more during the last 30 days. Countries above the line have increased prevalence rates, and countries below have decreased. All students.



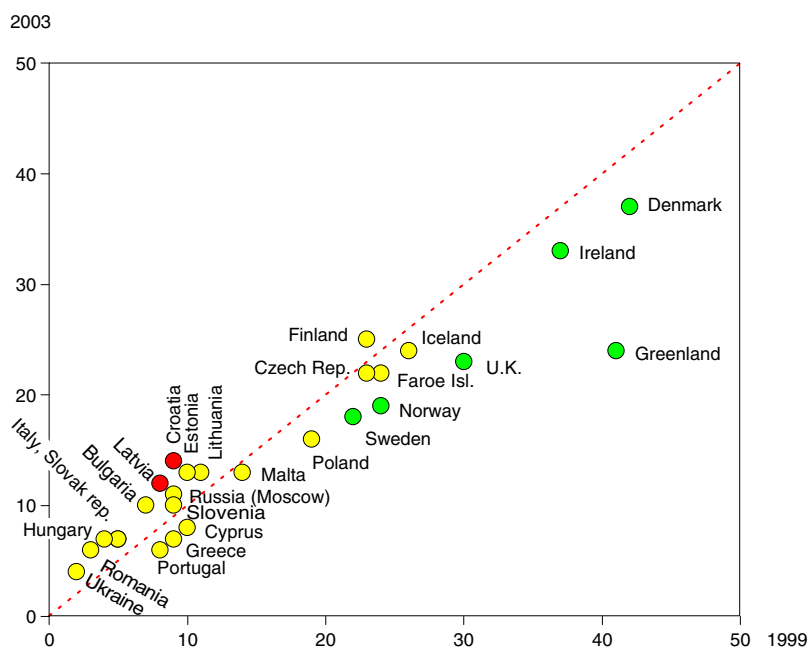
**Figure 9b.** Changes between 1999 and 2003 in consumption of spirits 3 times or more during the last 30 days. Percentages among boys and girls (values within brackets refer to all students 1995, 1999, 2003). Data sorted by all students 2003.



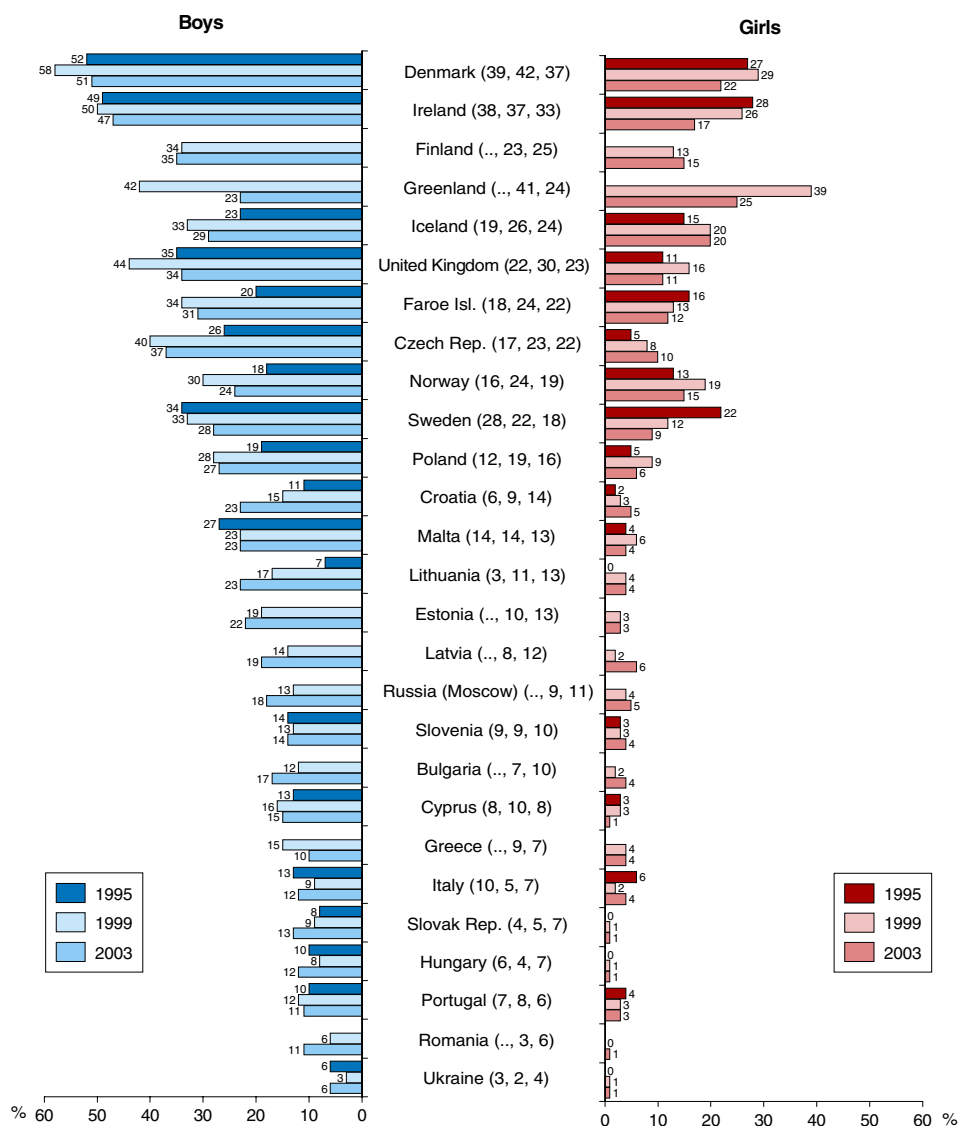


**Figure 9c.** Changes between 1995 and 2003 in consumption of spirits 3 times or more during the last 30 days, by country. All students.

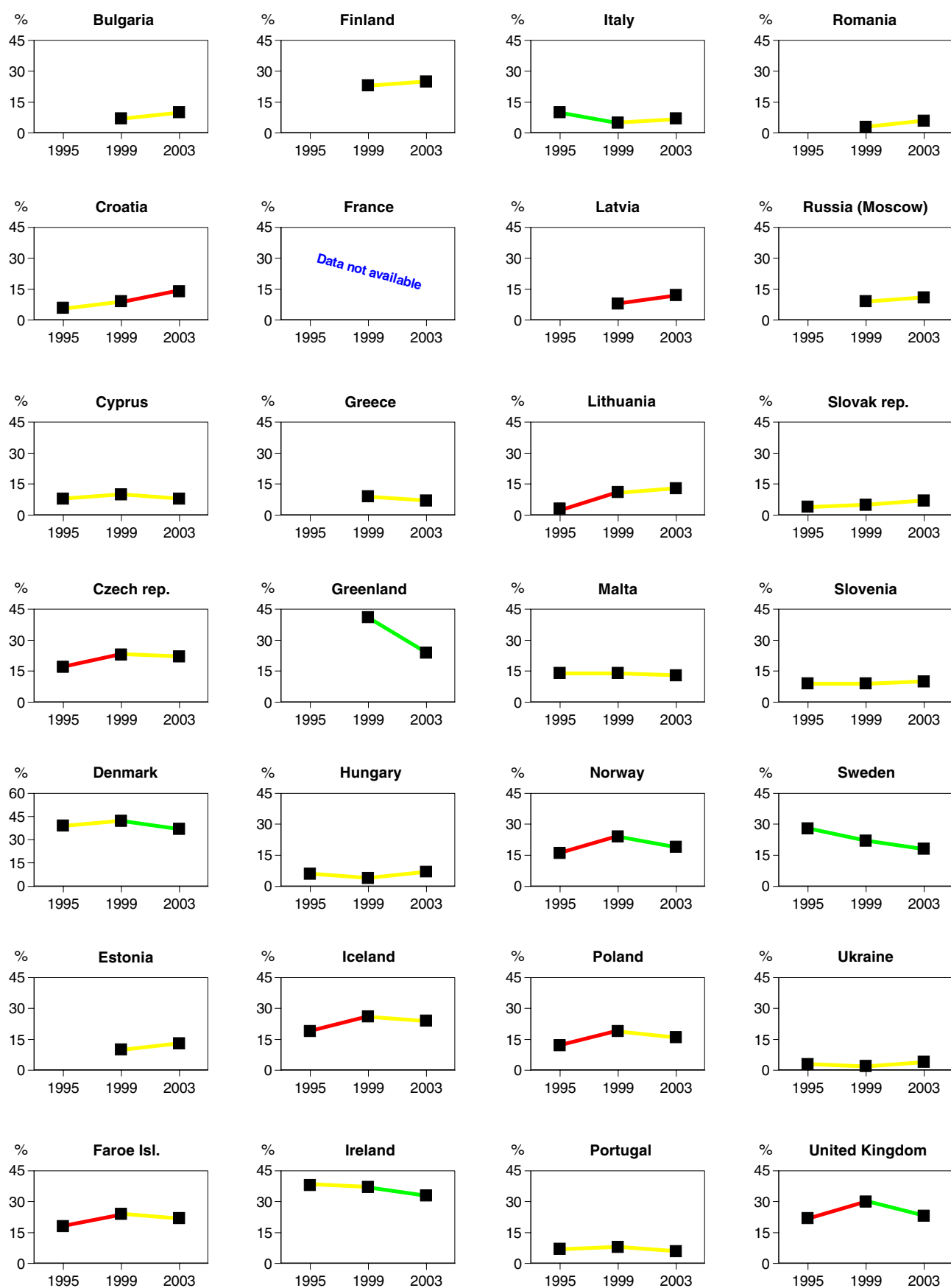
**Figure 10a.**  
Changes between 1999 and 2003 in consumption of 101 cl beer or more on the last drinking occasion. Countries above the line have increased prevalence rates, and countries below have decreased. All students.



**Figure 10b.** Changes between 1995 and 2003 in consumption of 101 cl beer or more on the last drinking occasion. Percentages among boys and girls (values within brackets refer to all students 1995, 1999, 2003). Data sorted by all students 2003.

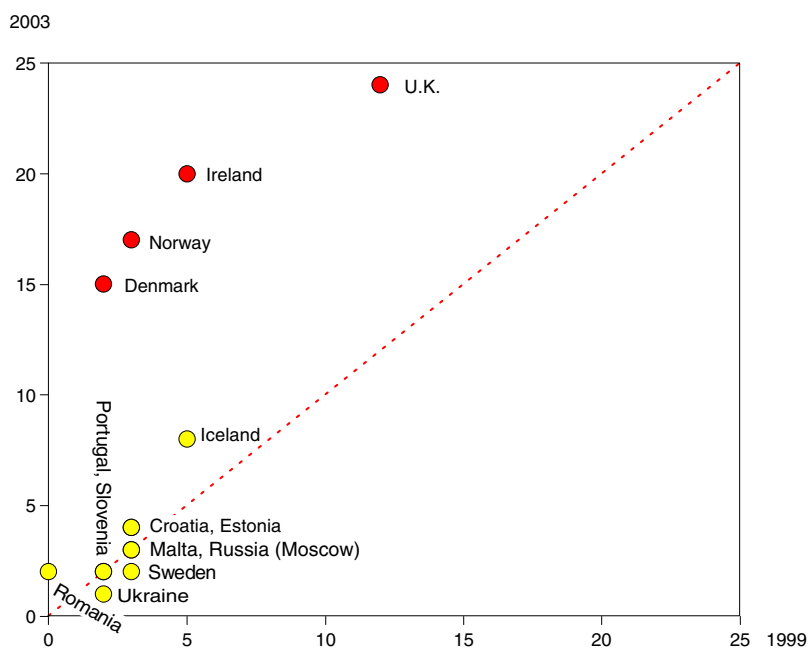




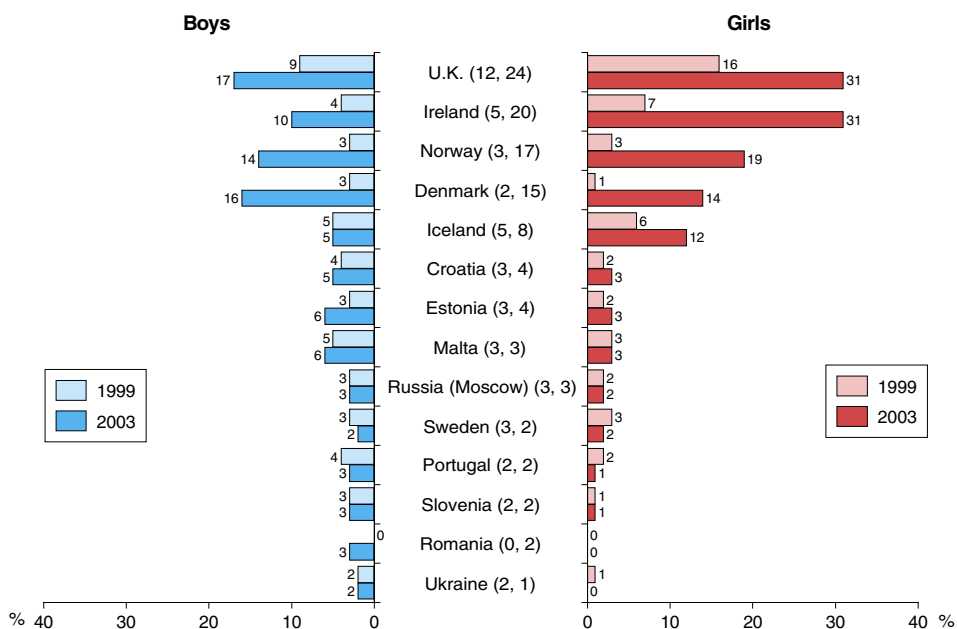


**Figure 10c.** Changes between 1995 and 2003 in consumption of 101 cl beer or more on the last drinking occasion, by country. All students.

**Figure 11a.** Changes between 1999 and 2003 in consumption of 101 cl alcopops or more on the last drinking occasion. Countries above the line have increased prevalence rates, and countries below have decreased. All students.



**Figure 11b.** Changes between 1995 and 2003 in consumption of 101 cl alcopops or more on the last drinking occasion. Percentages among boys and girls (values within brackets refer to all students 1995, 1999, 2003). Data sorted by all students 2003.



### **Drunkenness, 3 times or more during the last 30 days**

(Figures 16a–c)

The prevalence rates for been drunk 3 times or more in the last 30 days did not change very much in the participating countries between 1999 and 2003. Countries where an increase was found include Estonia, the Faroe Islands, Italy and Ukraine, i.e. countries that are rather disparate geographically. A decrease was only reported in Denmark and Sweden. The former remained, despite the decrease, in the top position for this behaviour followed by Ireland and the United Kingdom.

During the eight years of the ESPAD project a continued increasing in prevalence rates were found in Estonia and Ukraine.

### **Binge drinking 3 times or more in the last 30 days**

(Figures 17a–c)

The proportion of students, who reported “binge drinking”, i.e. drinking five or more drinks in a row at one drinking occasion, have increased in many ESPAD countries between 1999 and 2003. These countries include Bulgaria, Estonia, the Faroe Islands, Latvia, Lithuania, Portugal, the Slovak Republic, Sweden and Ukraine. Thus increases predominantly occurred in low prevalence countries across disparate parts of the European map. Decreasing figures were reported from Denmark, Greece, Greenland, Hungary, Iceland and Poland. Despite these changes the top countries more or less retained their positions, although two of them, Denmark and Poland, dropped down somewhat from 1999 to 2003. In both surveys the highest

figures were reported from Ireland.

A continuous increase in the prevalence rates for binge drinking between 1995, 1999 and 2003 was only found in Estonia.

### **Drunk at the age of 13 or younger**

(Figures 18a–c)

Many young people start drinking alcohol at a rather early age and some of them drink to the point of intoxication, as showed in the previous parts of this chapter. The proportion of students who reported been drunk at the age of 13 or younger differed to quite a degree among ESPAD countries. From 1999 to 2003 the proportions that report this behaviour remain rather unchanged in many of them, while in others rather large changes occurred.

The proportion of students that have been drunk at the age of 13 or younger mainly increased in the eastern parts of Europe, including Bulgaria, Croatia, Estonia, Latvia, Lithuania, Russia (Moscow), the Slovak Republic, Slovenia and Ukraine. However, an increase was also reported in the Faroe Islands. Decreased percentages were only found in Denmark, Greenland and Romania. The top group still includes Denmark, Finland, Russia (Moscow) and the United Kingdom and they have been joined by Estonia. Greenland, which was in the top group in 1999 reported a decrease in 2003.

Between 1995 and 2003 Ukraine was the only country in which a continuous increasing proportion of students reported been drunk at the age of 13. No country showed a continuous trend in the opposite direction.

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## ***Changes in illicit drug use prevalence***

### **Lifetime use of any illicit drug**

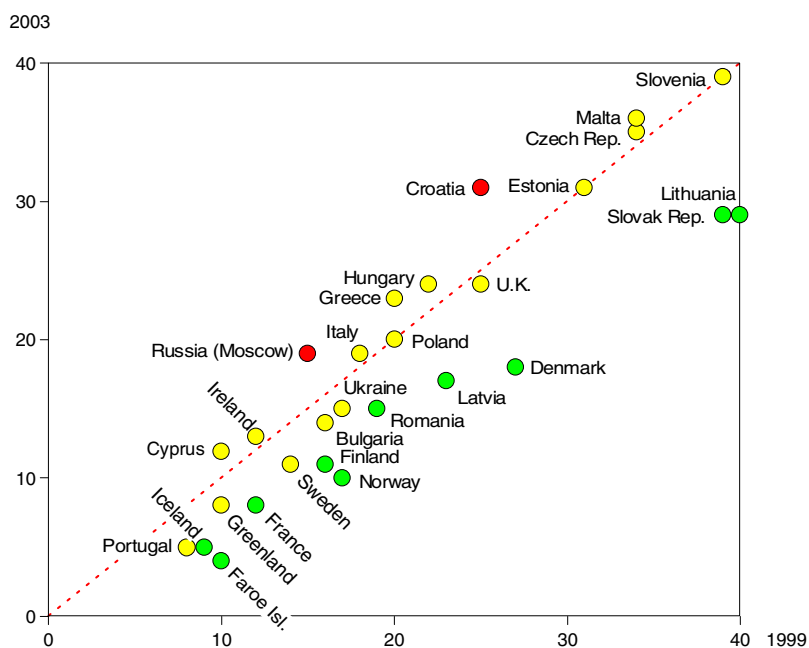
(Figures 19a–c)

The proportion of students that have tried illicit drugs varies to a significant extent amongst countries, from less than 5% to almost half (44%) of the student population. Between 1999 and 2003 the prevalence rates for this variable increased in nine of the ESPAD countries. They include Bulgaria, Croatia, the Czech Republic, Estonia, Greenland, Hungary, Ireland, Portugal and the Slovak Republic. Decreasing prevalence rates were found in Greece, Latvia, Norway and Romania.

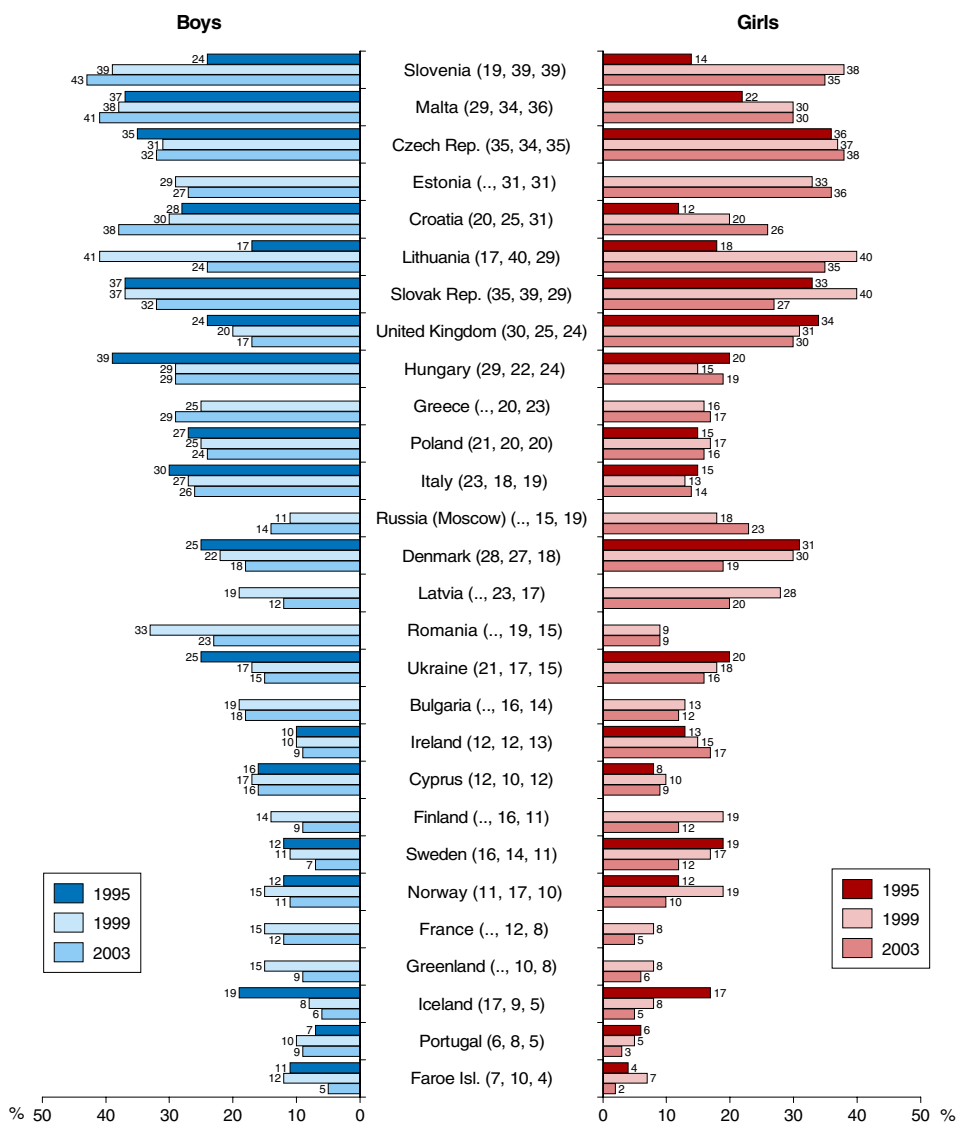
Among the four top countries from 1999 a further increase occurred in the Czech Republic and Ireland, while France and the United Kingdom remained relatively unchanged. Increases of 7–8 percentage points in the lifetime experiences of any illicit drug use were found in Bulgaria, the Czech Republic, Ireland and the Slovak Republic.

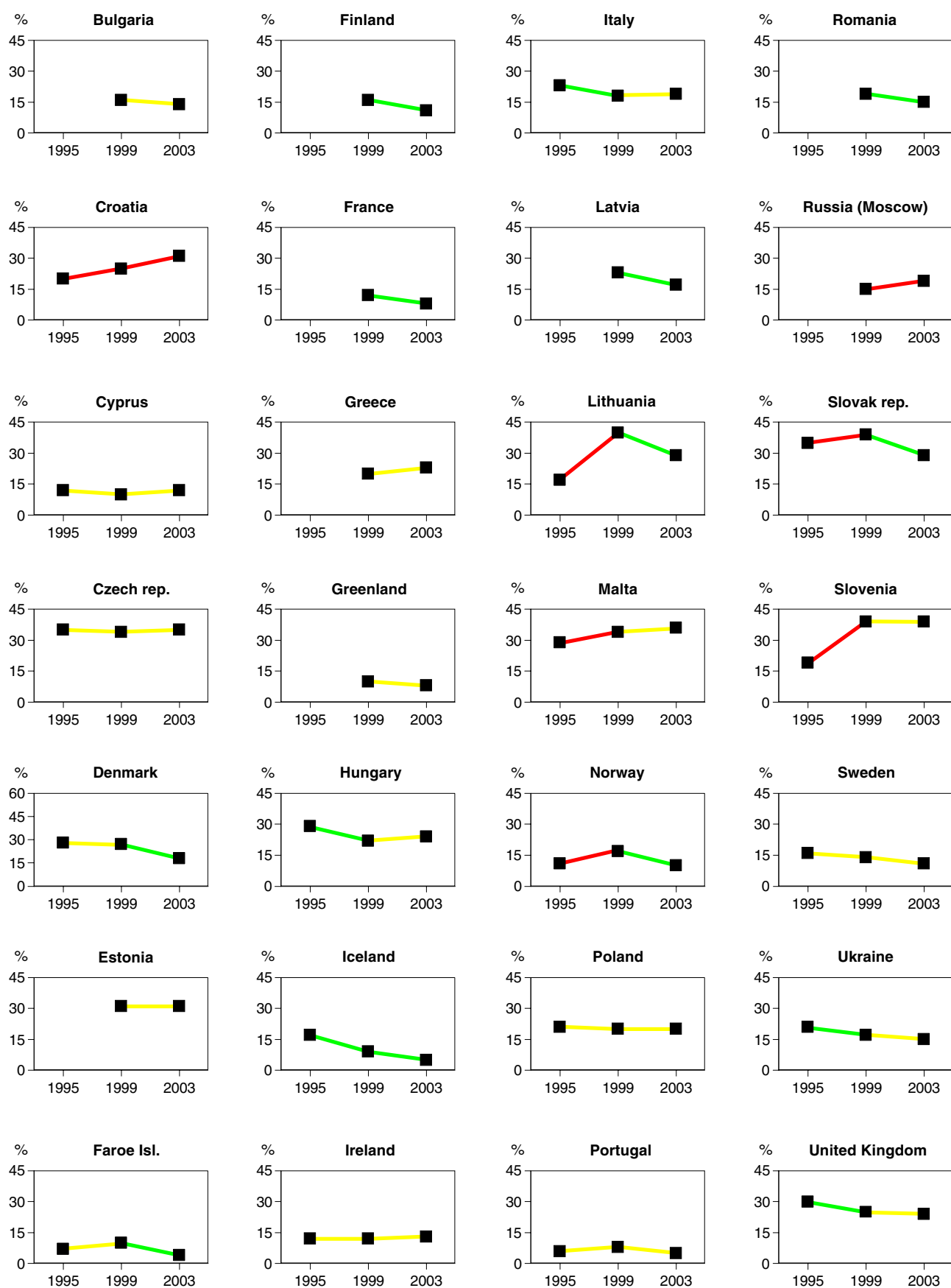
The trend in prevalence rates over time between 1995 and 2003 show that a continuous increase has occurred in six ESPAD countries. The sizes of these increases vary but in many countries the rates have doubled or tripled. The countries in which increases

**Figure 12a.** Changes between 1999 and 2003 in consumption of 15 cl wine or more on the last drinking occasion. Countries above the line have increased prevalence rates, and countries below have decreased. All students.



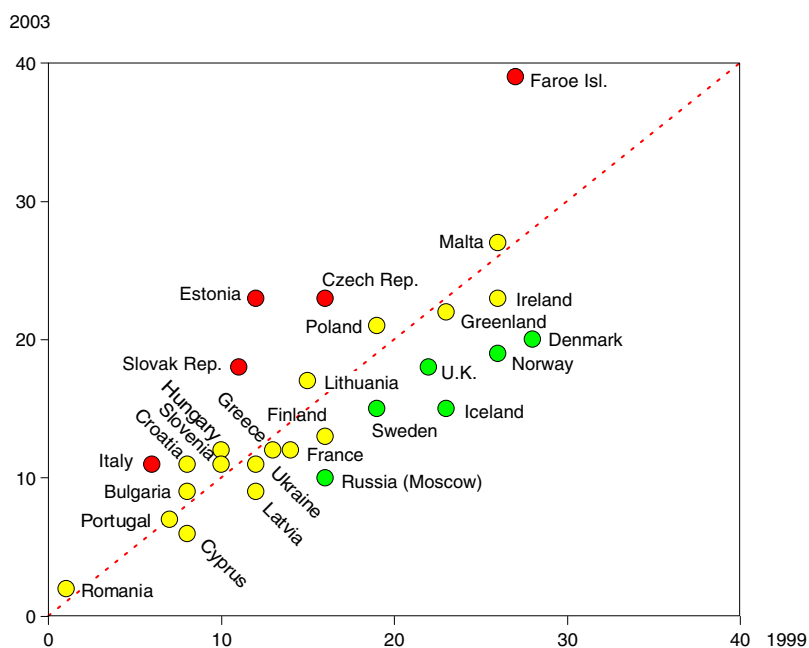
**Figure 12b.** Changes between 1995 and 2003 in consumption of 15 cl wine or more on the last drinking occasion. Percentages among boys and girls (values within brackets refer to all students 1995, 1999, 2003). Data sorted by all students 2003.



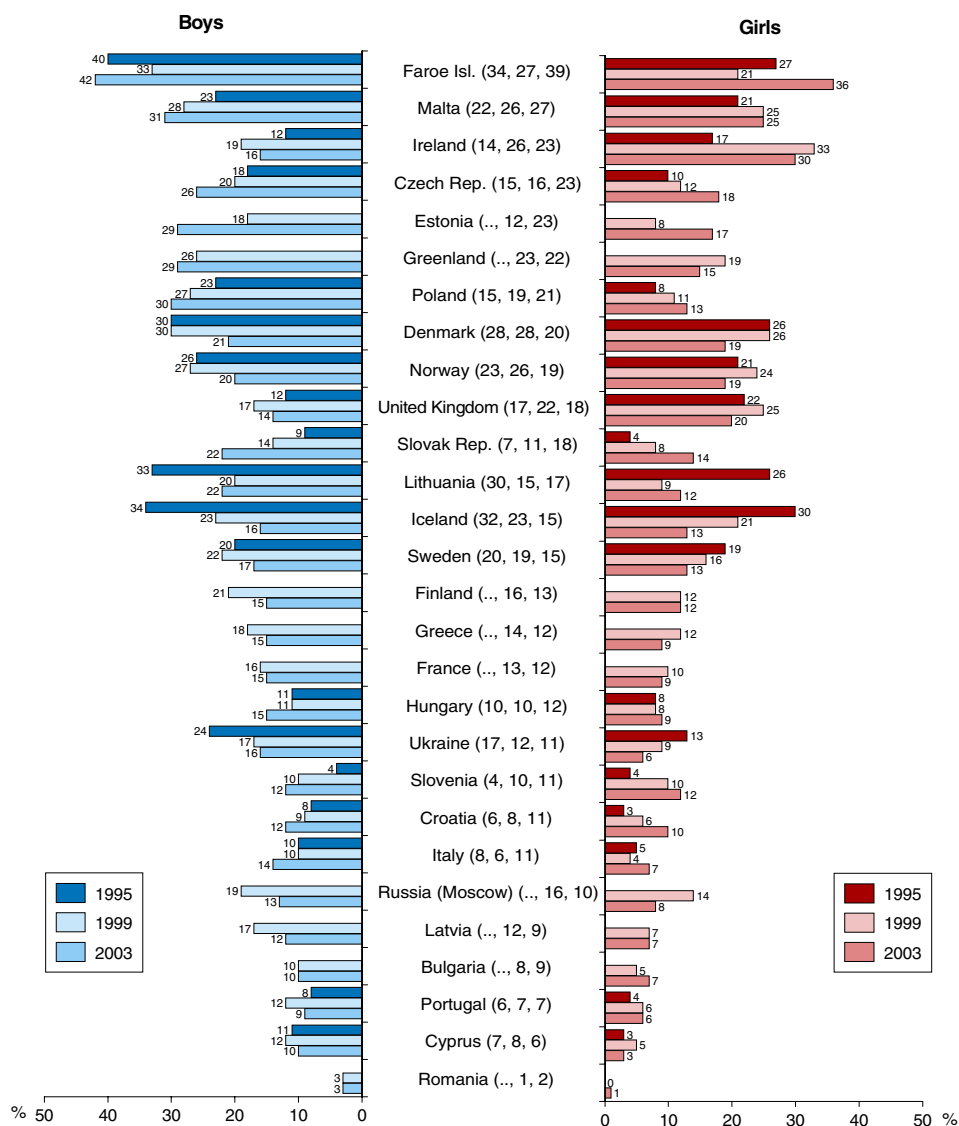


**Figure 12c.** Changes between 1995 and 2003 in consumption of 15 cl wine or more on the last drinking occasion, by country. All students.

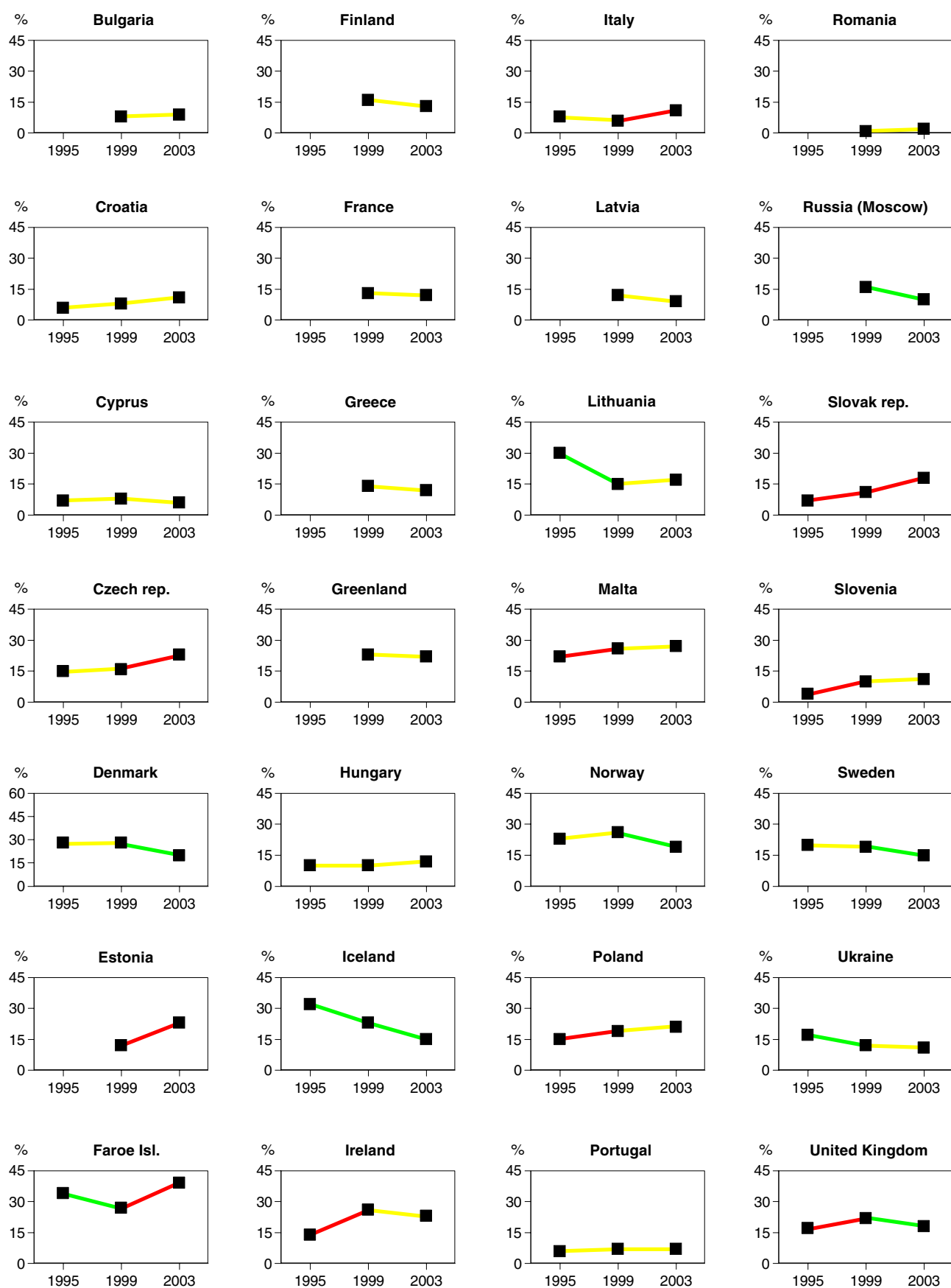
**Figure 13a.** Changes between 1999 and 2003 in consumption of 11 cl spirits or more on the last drinking occasion. Countries above the line have increased prevalence rates, and countries below have decreased. All students.



**Figure 13b.** Changes between 1995 and 2003 in consumption of 11 cl spirits or more on the last drinking occasion. Percentages among boys and girls (values within brackets refer to all students 1995, 1999, 2003). Data sorted by all students 2003.

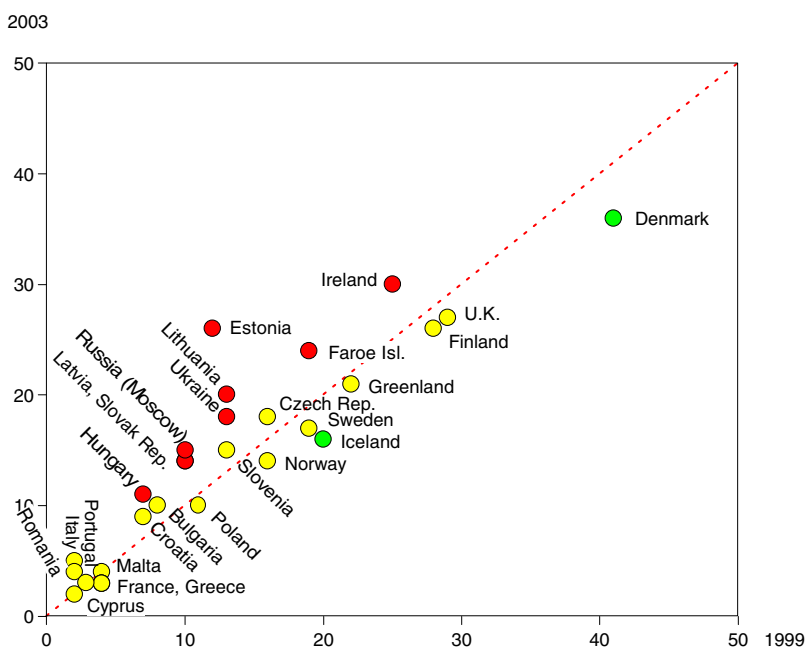




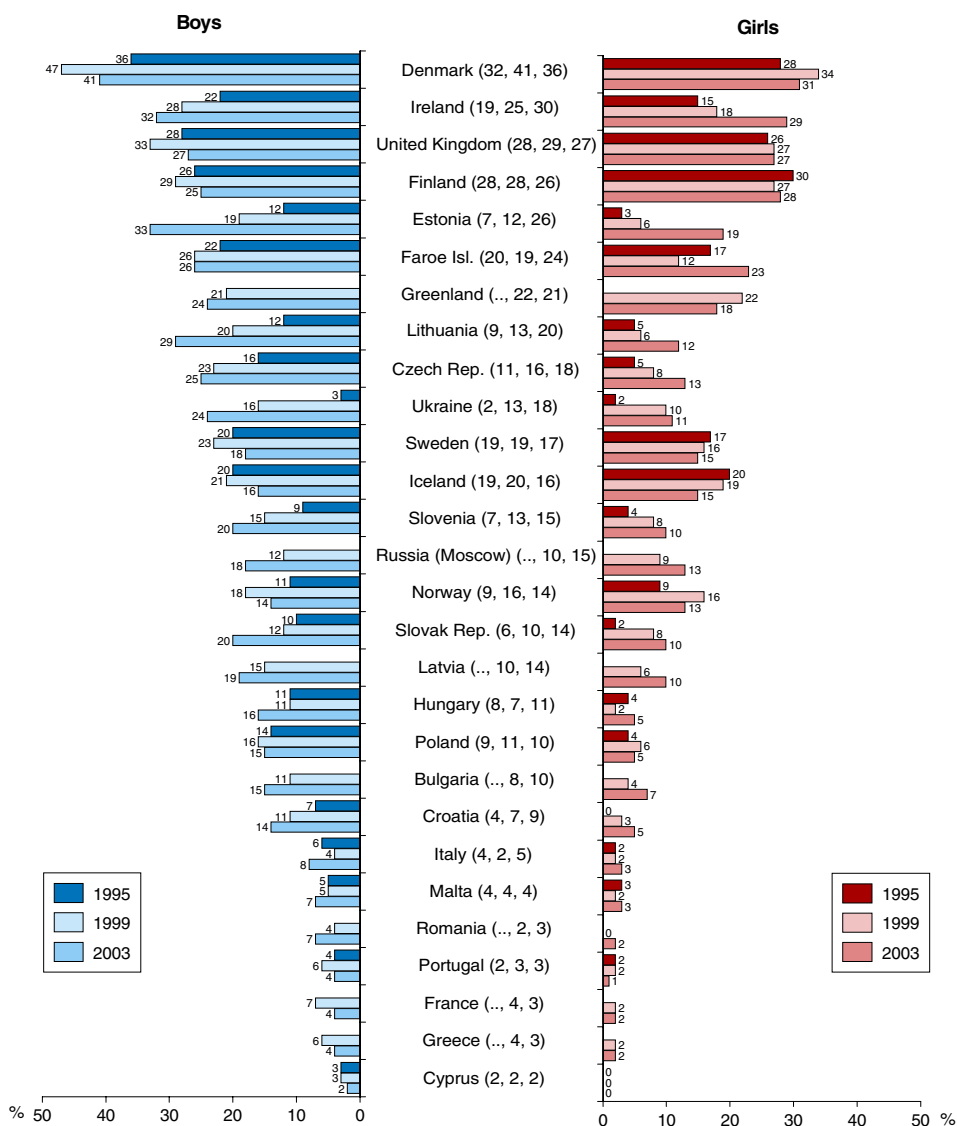


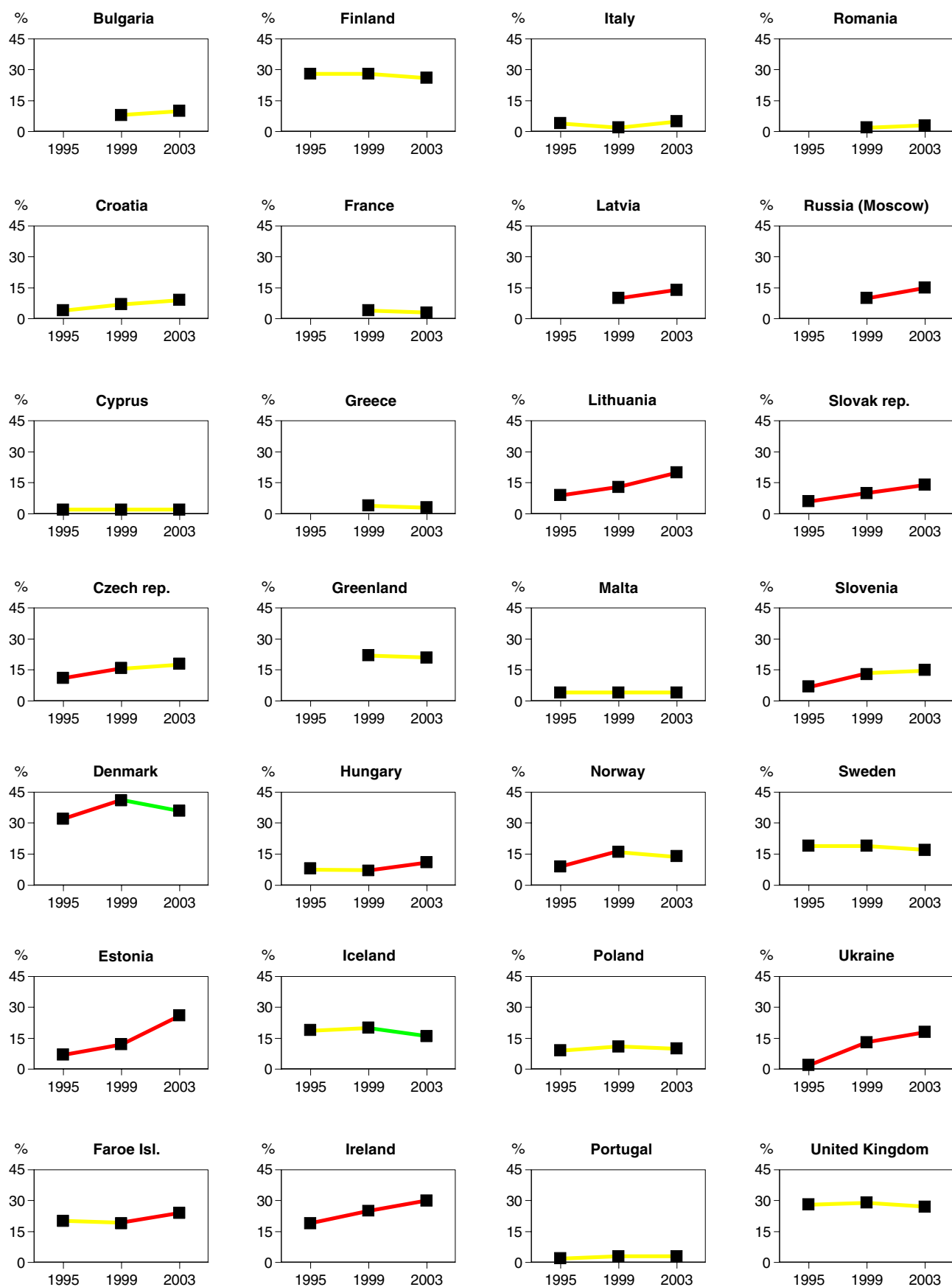
**Figure 13c.** Changes between 1995 and 2003 in consumption of 11 cl spirits or more on the last drinking occasion, by country. All students.

**Figure 14a.** Changes between 1999 and 2003 in the proportion who have been drunk 20 times or more in lifetime. Countries above the line have increased prevalence rates, and countries below have decreased. All students.



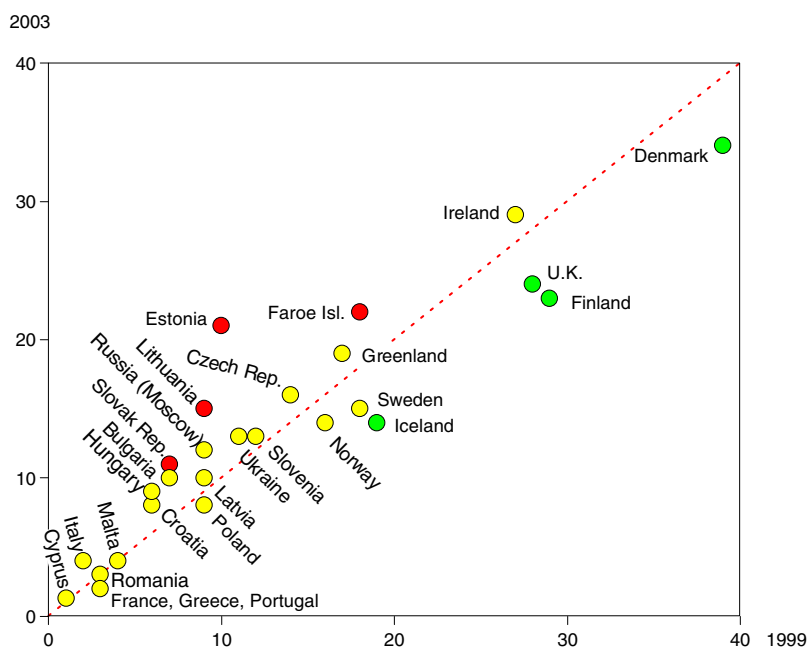
**Figure 14b.** Changes between 1995 and 2003 in the proportion who have been drunk 20 times or more in lifetime. Percentages among boys and girls (values within brackets refer to all students 1995, 1999, 2003). Data sorted by all students 2003.



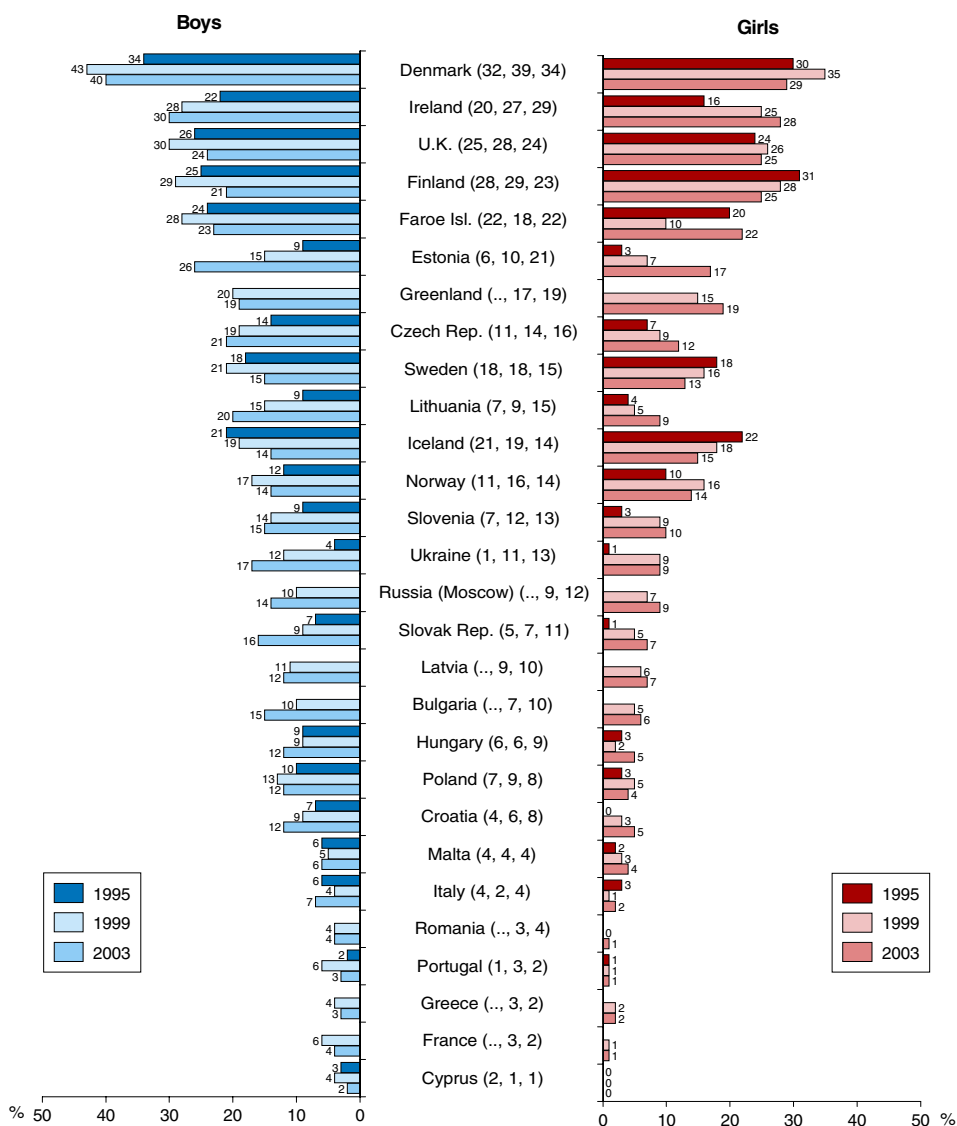


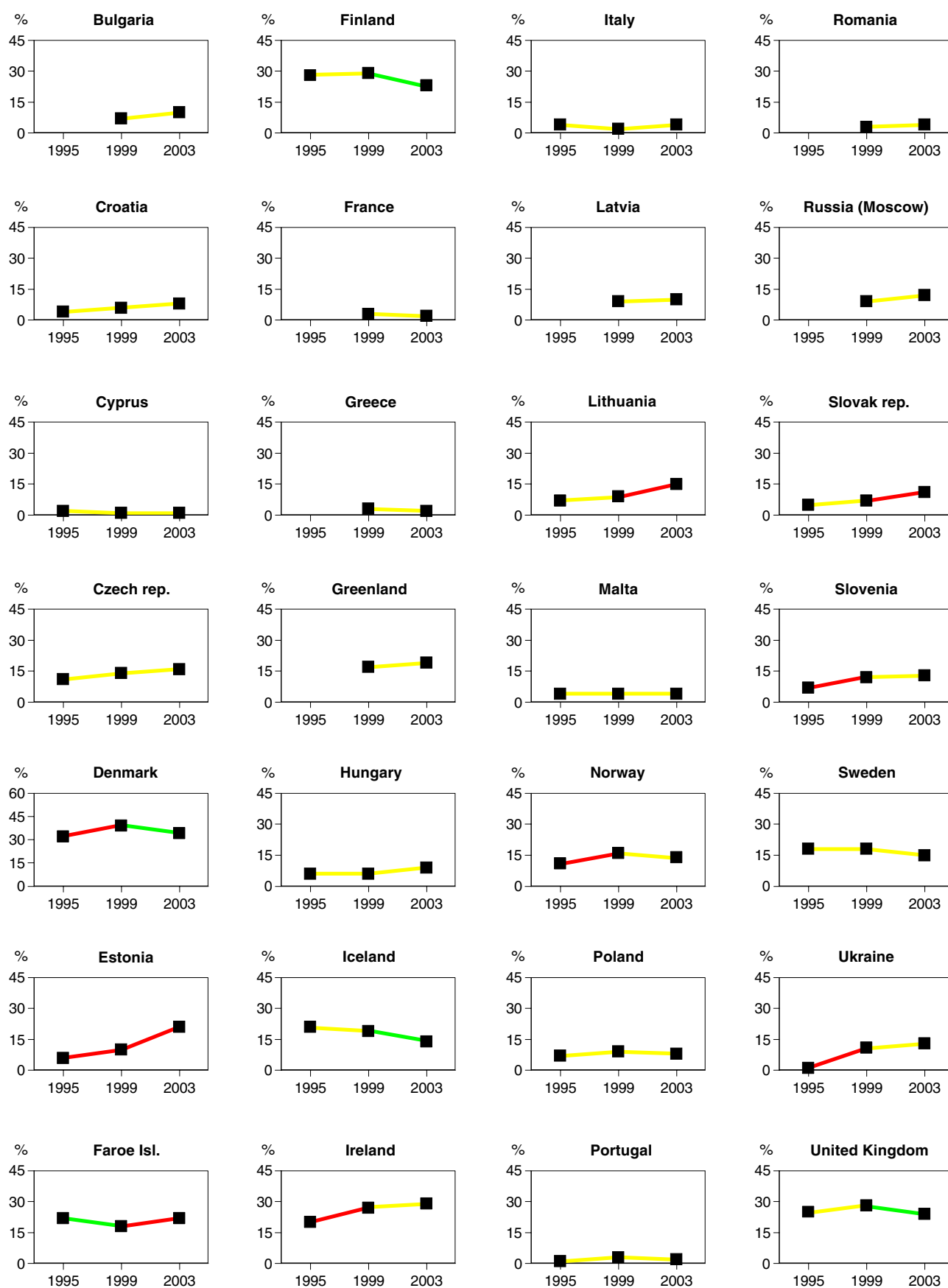
**Figure 14c.** Changes between 1995 and 2003 in the proportion who have been drunk 20 times or more in life-time, by country. All students

**Figure 15a.** Changes between 1999 and 2003 in the proportion who have been drunk 10 times or more during last 12 months. Countries above the line have increased prevalence rates, and countries below have decreased. All students.



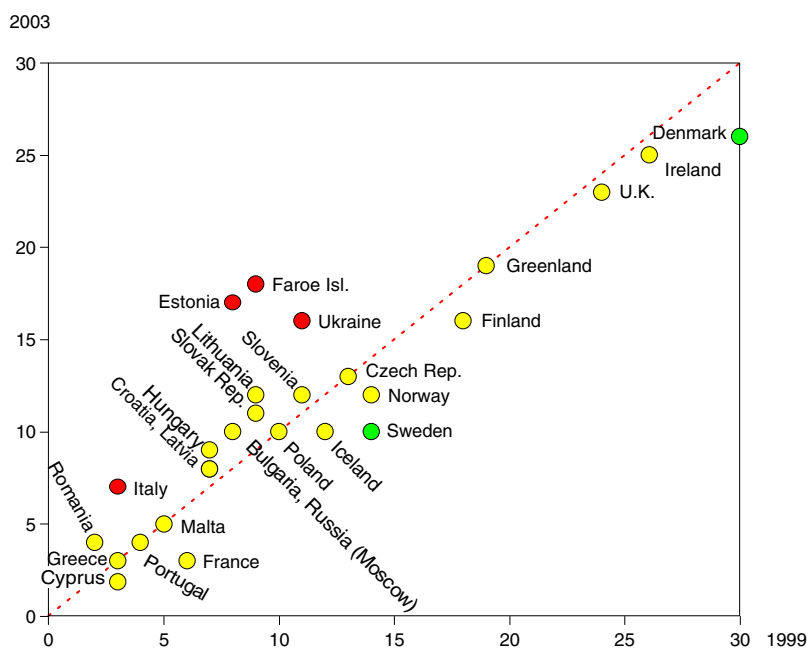
**Figure 15b.** Changes between 1995 and 2003 in the proportion who have been drunk 10 times or more during last 12 months. Percentages among boys and girls (values within brackets refer to all students 1995, 1999, 2003). Data sorted by all students 2003.



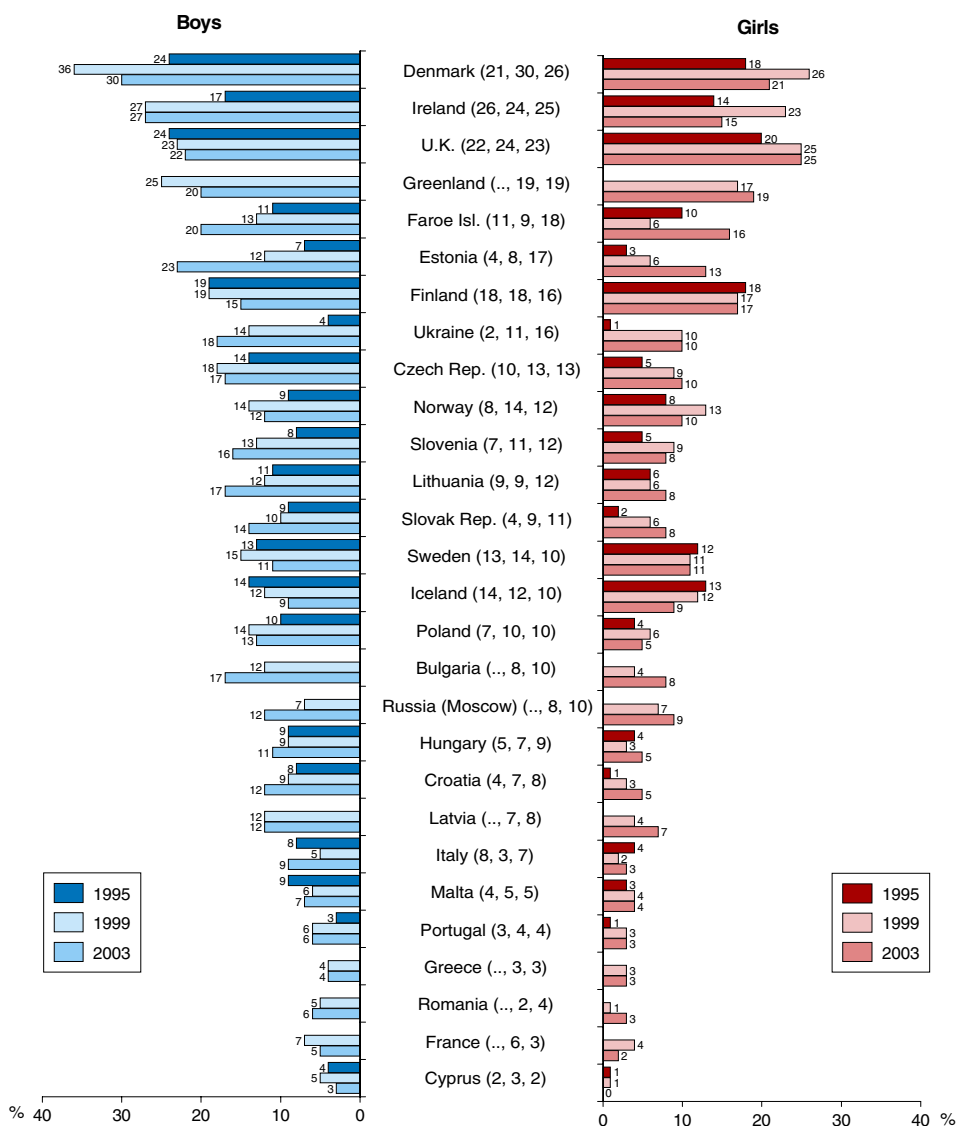


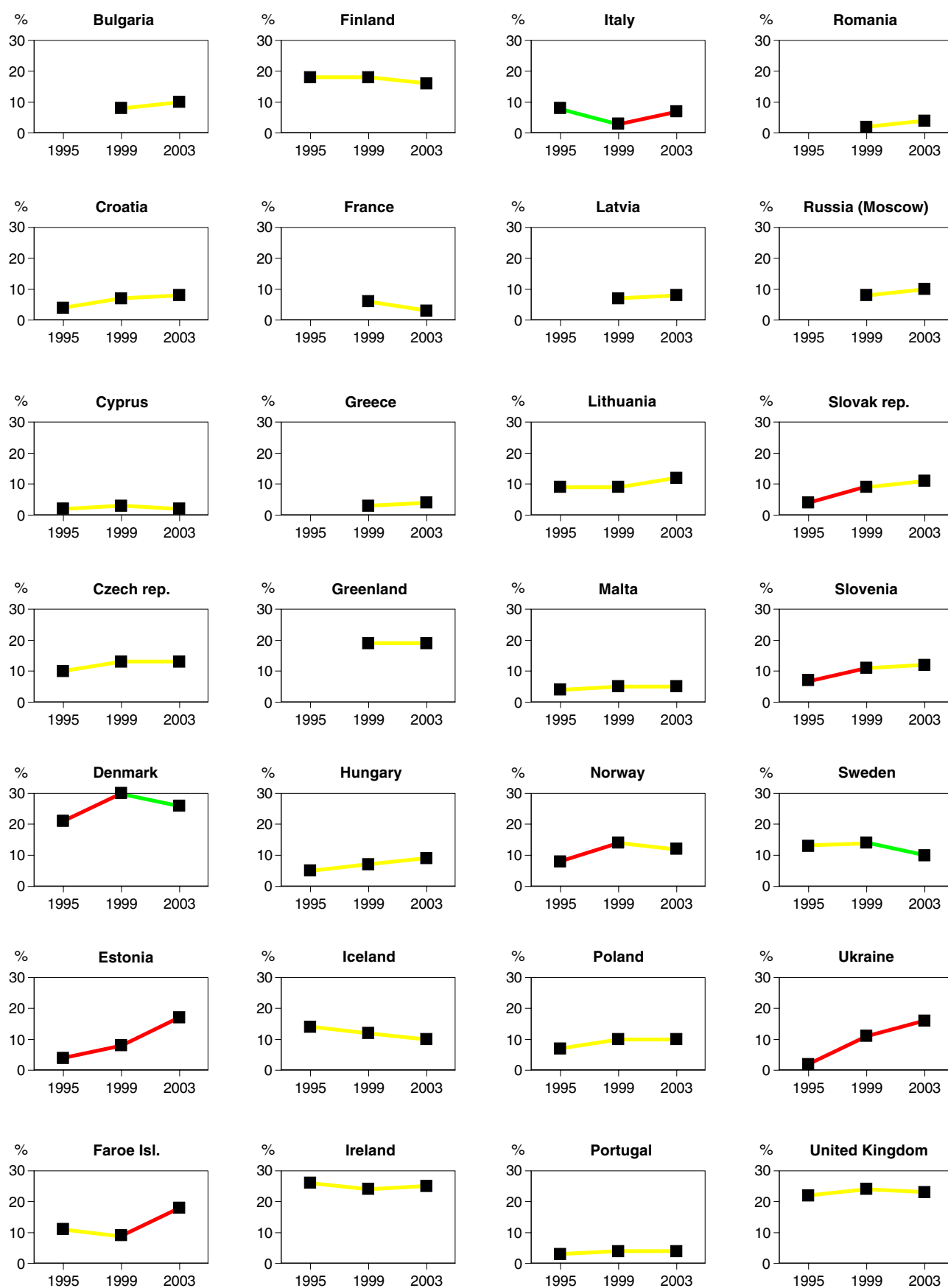
**Figure 15c.** Changes between 1995 and 2003 in the proportion who have been drunk 10 times or more during last 12 months, by country. All students.

**Figure 16a.** Changes between 1999 and 2003 in the proportion who have been drunk 3 times or more during last 30 days. Countries above the line have increased prevalence rates, and countries below have decreased. All students.



**Figure 16b.** Changes between 1995 and 2003 in the proportion who have been drunk 3 times or more during last 30 days. Percentages among boys and girls (values within brackets refer to all students 1995, 1999, 2003). Data sorted by all students 2003.

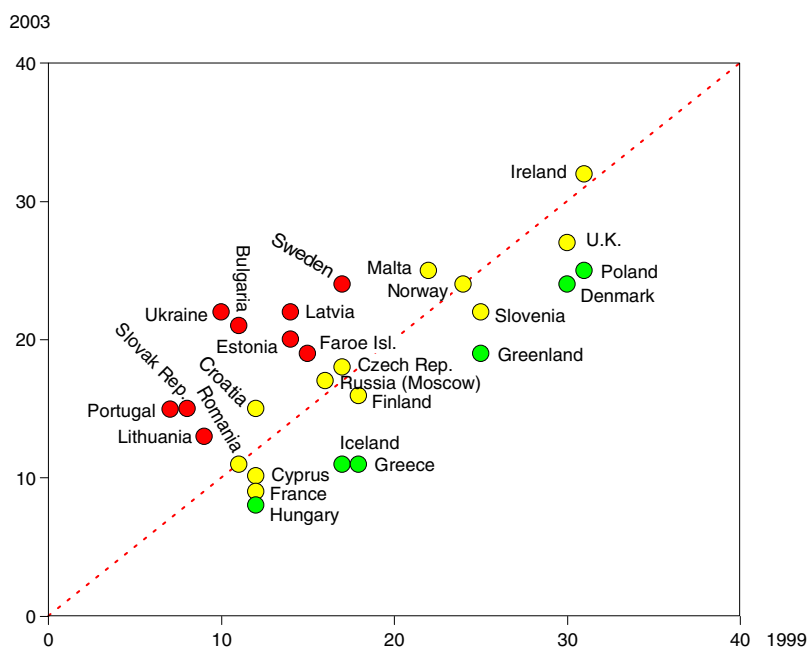




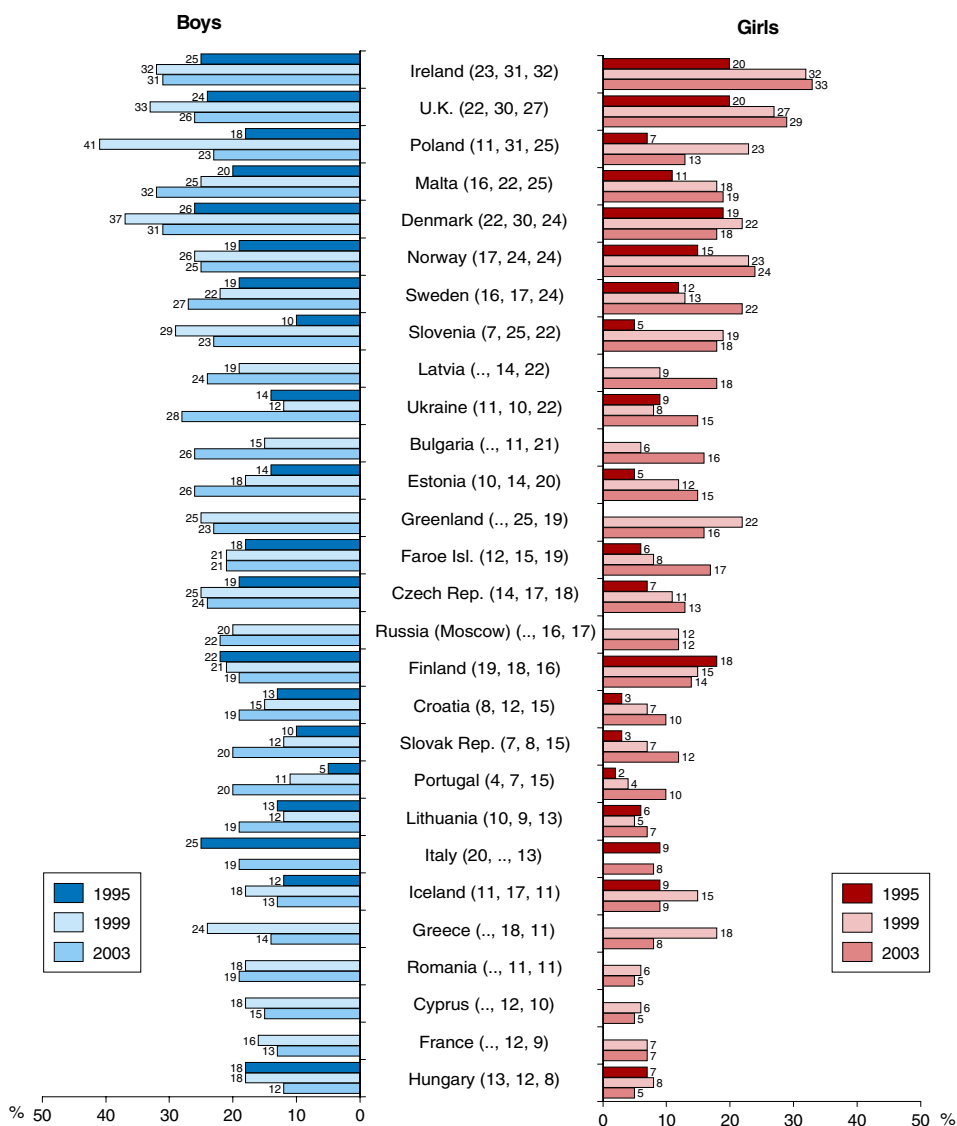
**Figure 16c.** Changes between 1995 and 2003 in the proportion who have been drunk 3 times or more during last 30 days, by country. All students.

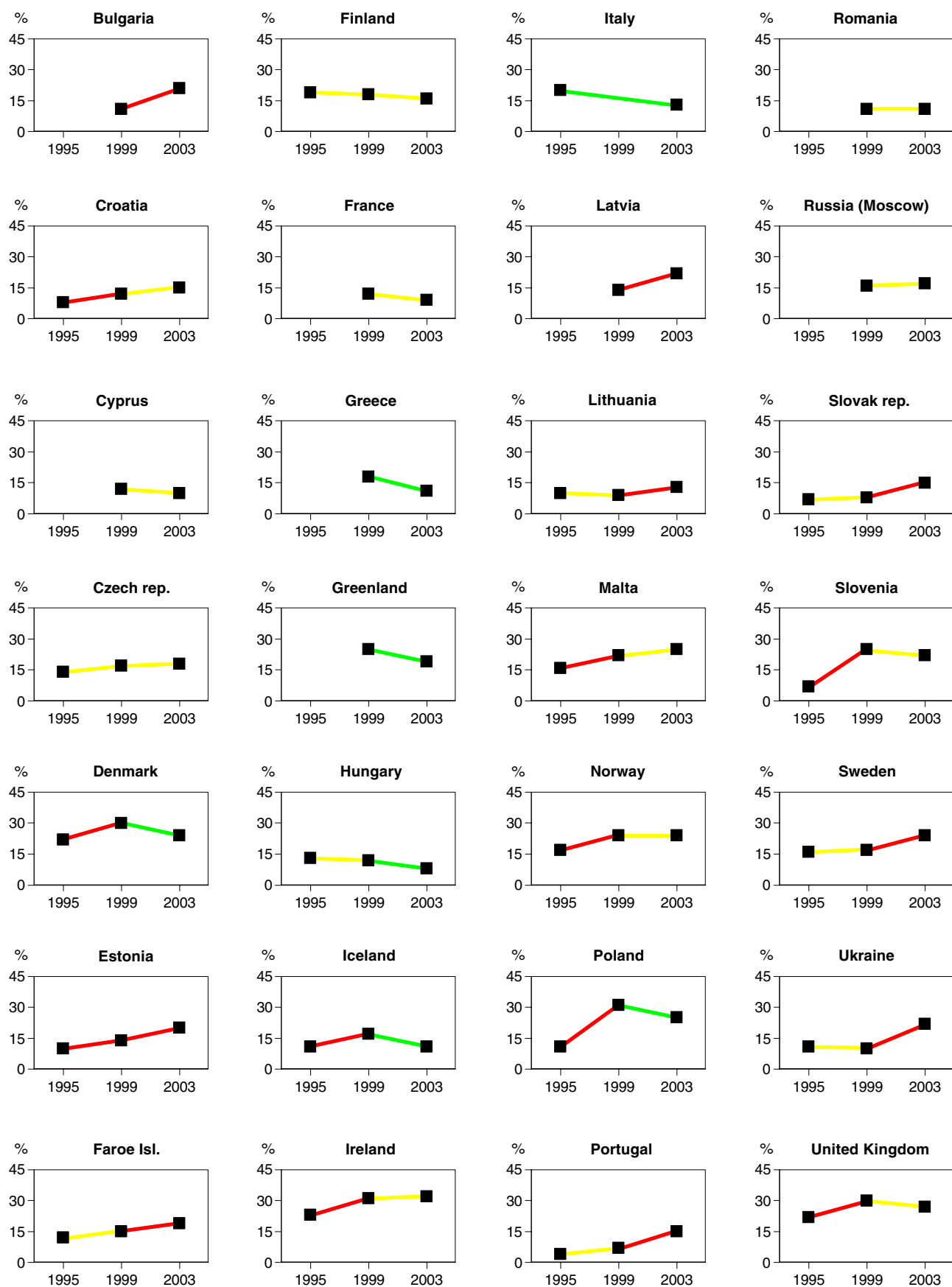


**Figure 17a.** Changes between 1999 and 2003 in the proportion who have reported “binge drinking” 3 times or more during last 30 days. Countries above the line have increased prevalence rates, and countries below have decreased. All students.



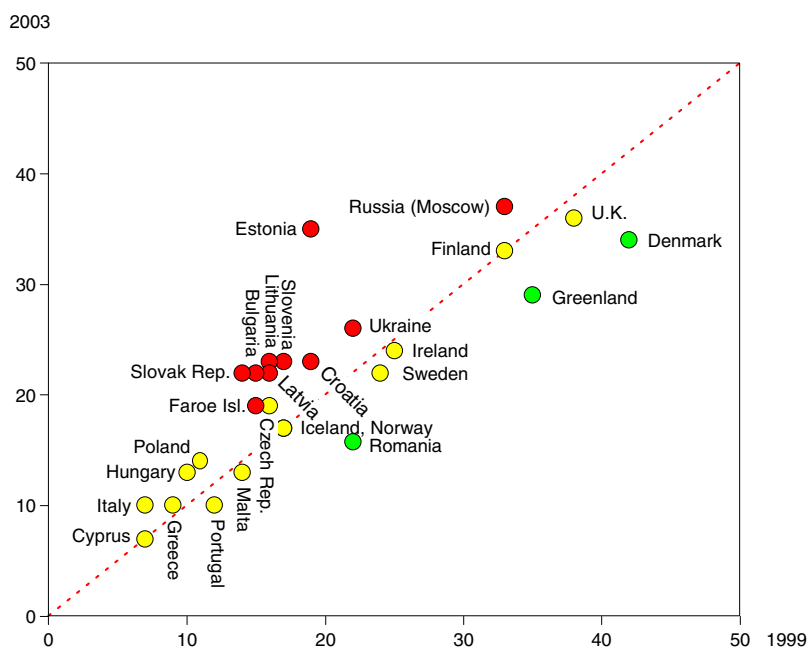
**Figure 17b.** Changes between 1995 and 2003 in the proportion who have reported “binge drinking” 3 times or more during last 30 days. Percentages among boys and girls (values within brackets refer to all students 1995, 1999, 2003). Data sorted by all students 2003.



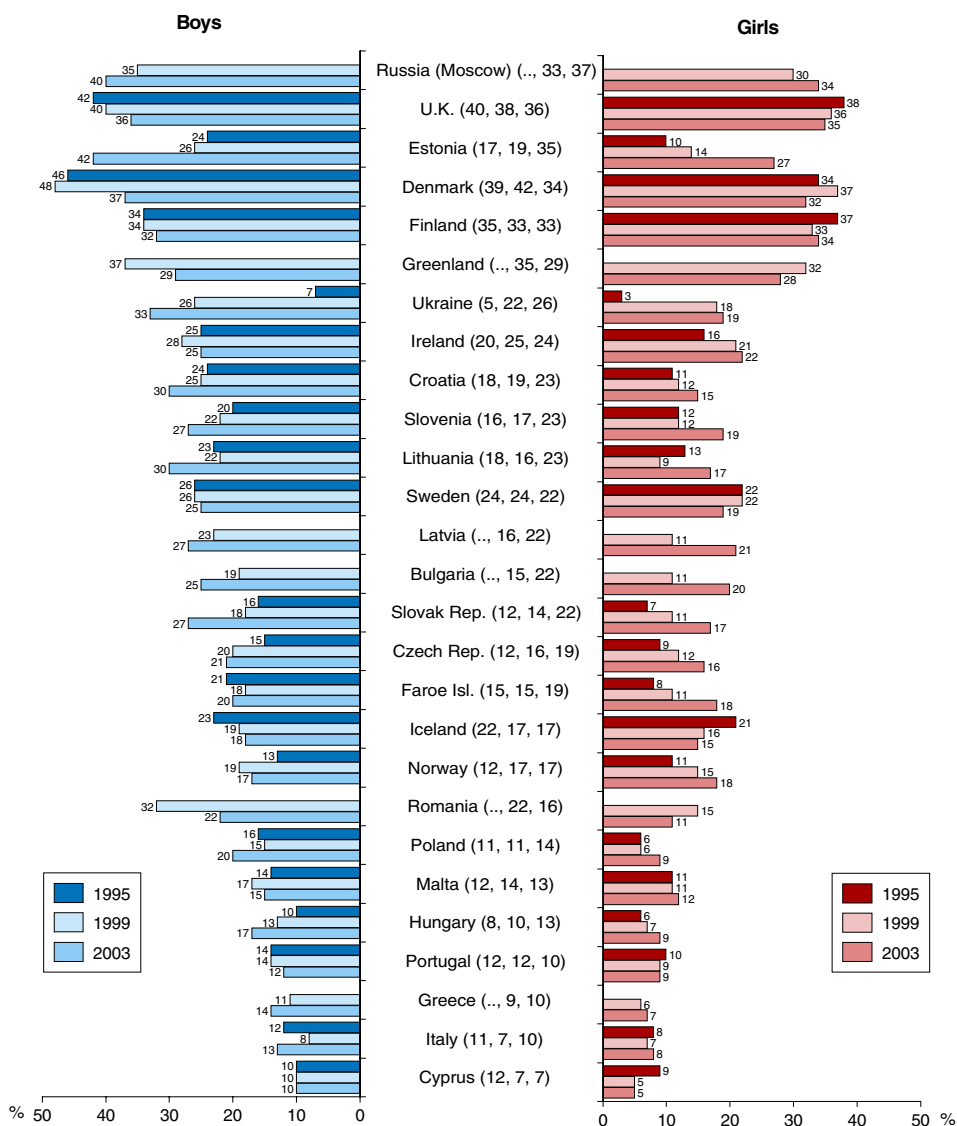


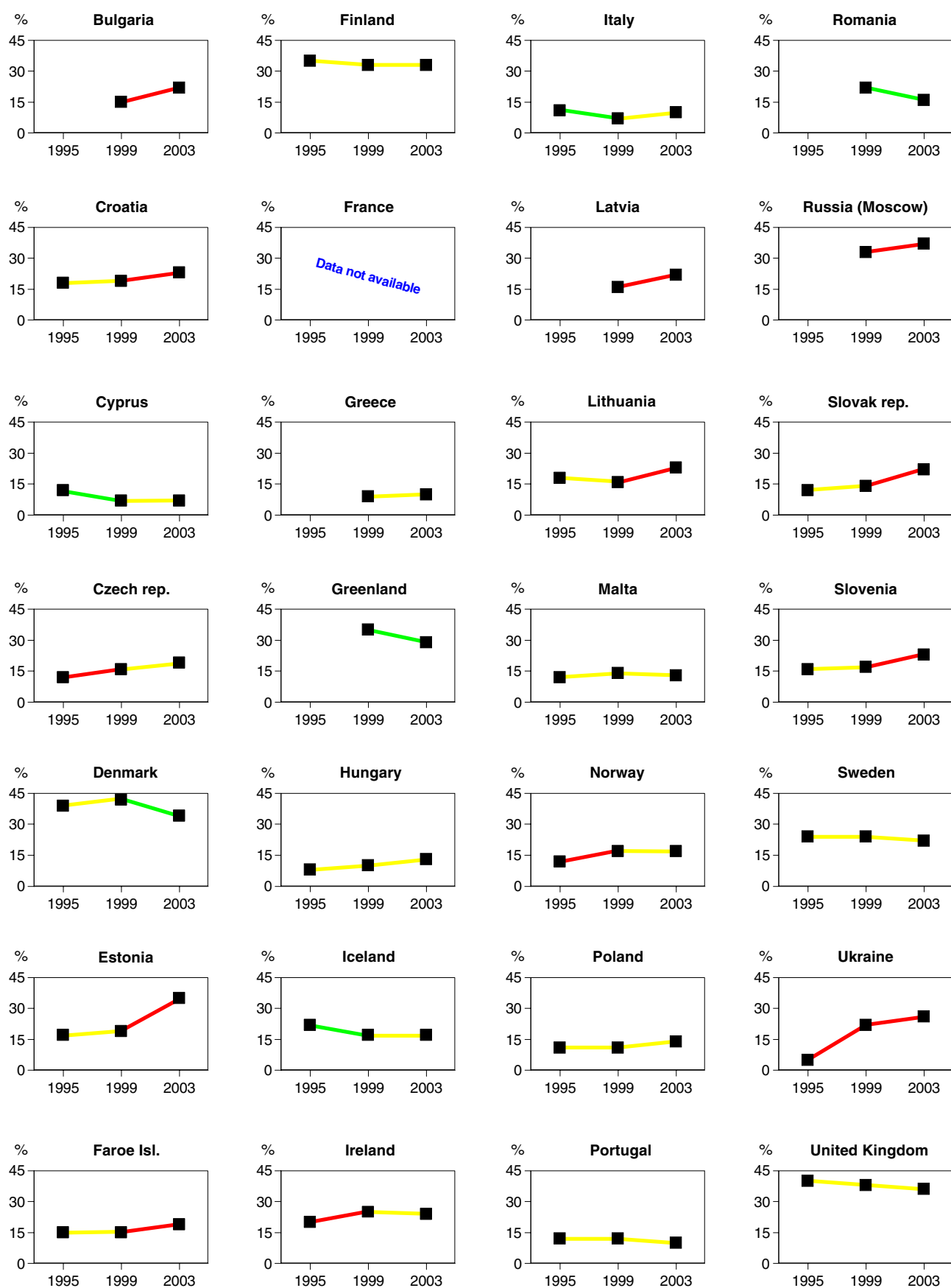
**Figure 17c.** Changes between 1995 and 2003 in the proportion who have reported “binge drinking” 3 times or more during last 30 days, by country. All students.

**Figure 18a.** Changes between 1999 and 2003 in the proportion of all students who have been drunk at the age of 13 or younger. Countries above the line have increased prevalence rates, and countries below have decreased. All students.



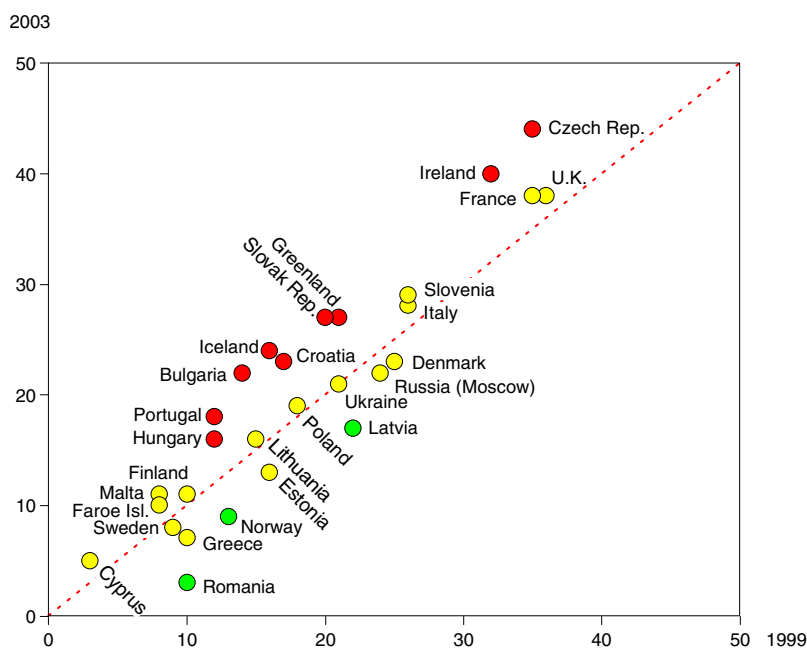
**Figure 18b.** Changes between 1995 and 2003 in the proportion of all students who have been drunk at the age of 13 or younger. Percentages among boys and girls (values within brackets refer to all students 1995, 1999, 2003). Data sorted by all students 2003.



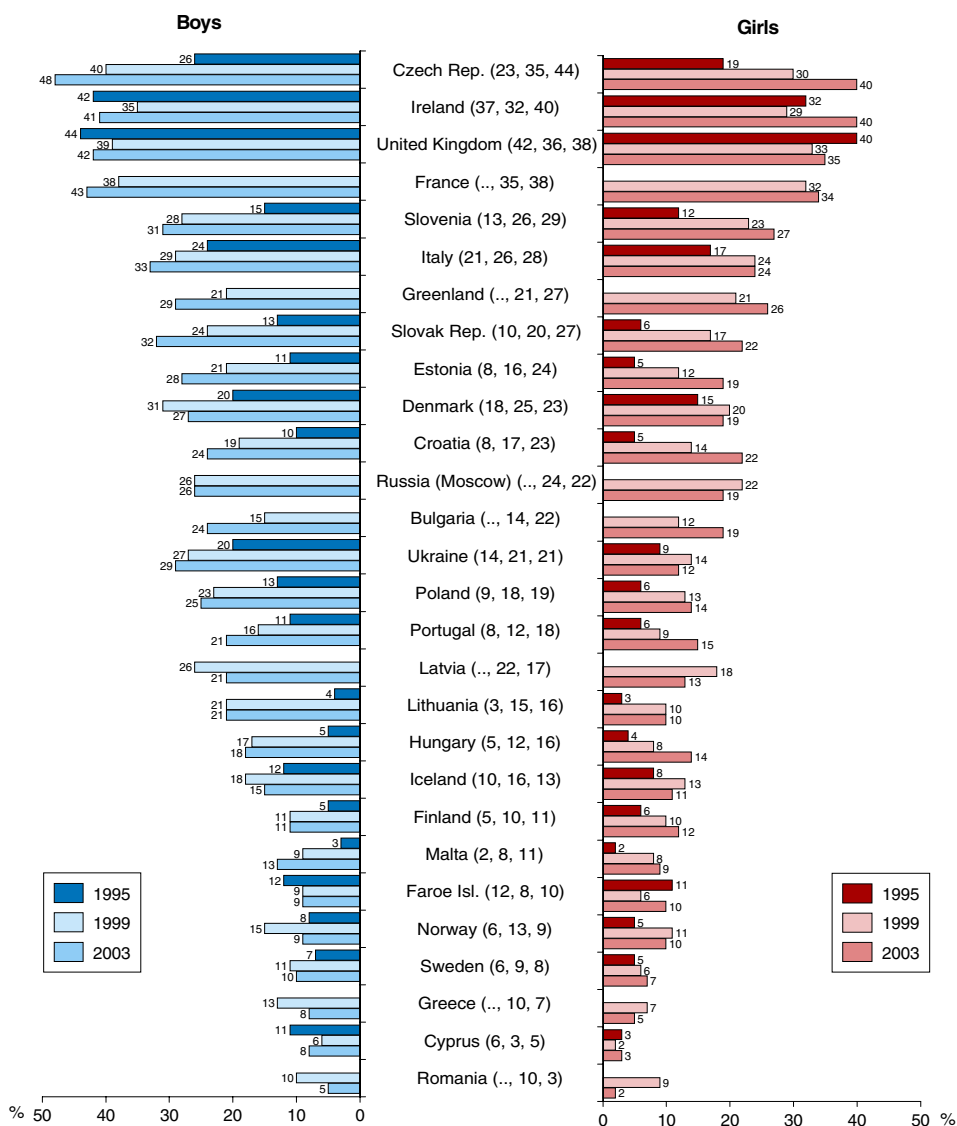


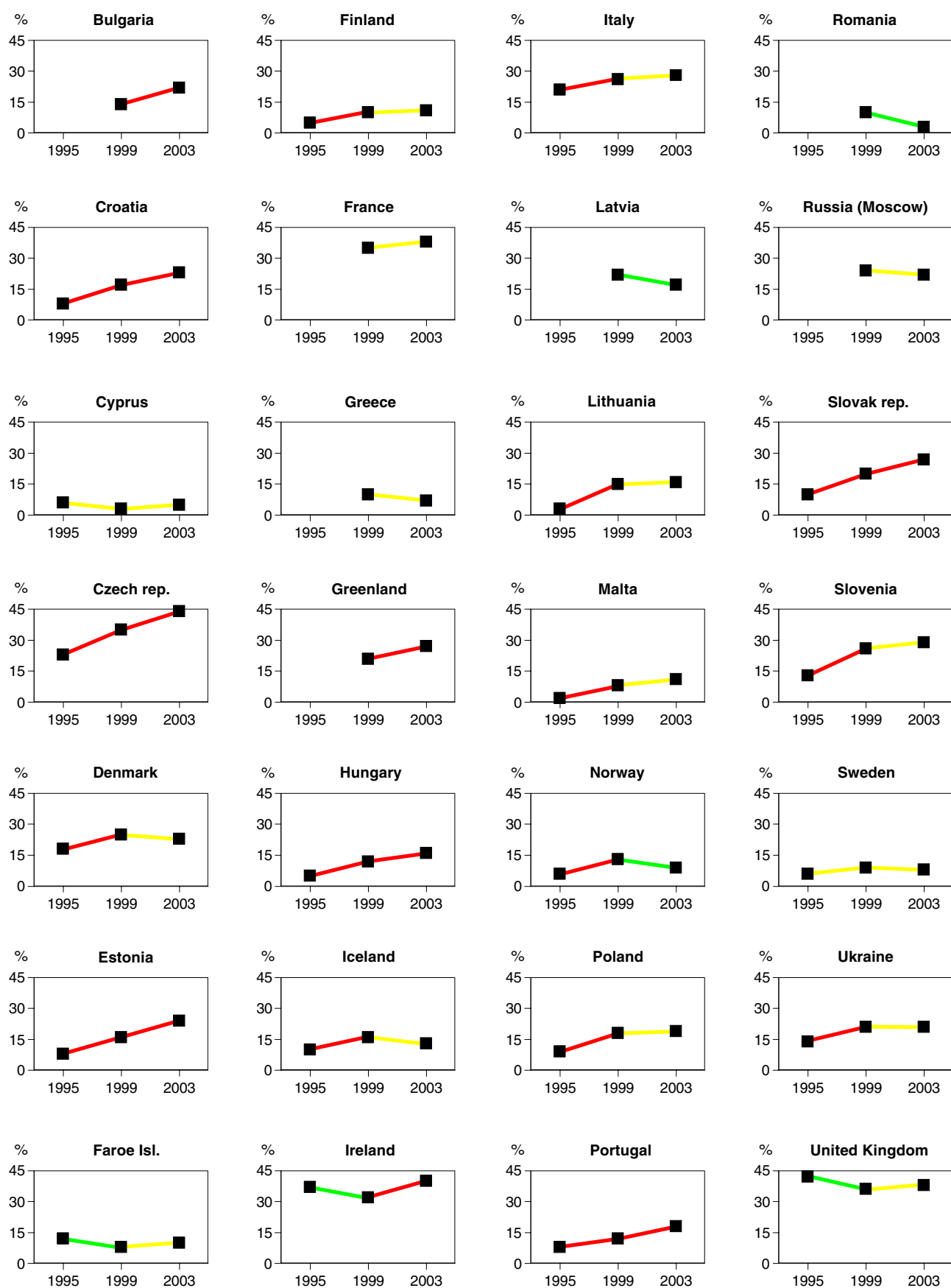
**Figure 18c.** Changes between 1995 and 2003 in the proportion of all students who have been drunk at the age of 13 or younger, by country. All students.

**Figure 19a.** Changes between 1999 and 2003 in lifetime experience of any illicit drug. Countries above the line have increased prevalence rates, and countries below have decreased. All students.



**Figure 19b.** Changes between 1995 and 2003 in lifetime experience of any illicit drug (values within brackets refer to all students 1995, 1999, 2003). Data sorted by all students 2003.





**Figure 19c.** Changes between 1995 and 2003 in lifetime experience of any illicit drug, by country. All students.

occurred between 1995 and 2003 include Croatia, the Czech Republic, Estonia, Hungary, Portugal and the Slovak Republic. No country showed a continuous decrease between the three data collections.

### **Lifetime use of cannabis**

(Figures 20a–c)

The majority of those who tried any illicit drug have used marijuana or hashish. The lifetime prevalence rates for cannabis use are thus rather similar to the figures presented above and the changes that are found are almost all in the same countries. Increased prevalence rates were reported from Bulgaria, Croatia, the Czech Republic, Estonia, Greenland, Hungary, Ireland, Poland, Portugal and the Slovak Republic. The top four countries in 2003 are the same as those in 1999. The Czech Republic and Ireland report further increases while France and the United Kingdom remain relatively unchanged.

No country had decreasing figures on this variable. Thus, in a majority of the countries the figures for 2003 are as they were in 1999.

Looking at the trend development since 1995 reveals that a continuous increase over time seems in order for Croatia, the Czech Republic, Estonia, Hungary, Poland, and the Slovak Republic, i.e. countries in the eastern part of Europe. In no ESPAD country was there a continuous development in the opposite direction.

### **Cannabis use during the last 30 days**

(Figures 21a–c)

The proportion of students in various ESPAD countries that used marijuana or hashish during the last 30 days as expected were much lower than the lifetime prevalence rates. In most of the countries there were no changes from 1999 to 2003. Only a few countries show increasing figures. They include Bulgaria, the Slovak Republic and the United Kingdom. No country has decreasing values for this variable.

The seven top countries in 1999 were again at the top in 2003, with France, the United Kingdom and the Czech Republic in the top 3 positions.

The impression that the situation was rather constant is reinforced on viewing the trends from 1995 to 2003. No continuous long term increases or decreases were evident.

### **Lifetime use of any illicit drug other than cannabis**

(Figures 22a–c)

The drugs included in this definition are amphetamines, LSD or other hallucinogens, cocaine/crack, ecstasy and heroin. The proportion of students that used any illicit drug other than cannabis is much lower than the cannabis prevalence rates in all ESPAD countries. In most countries the relatively low figures are unchanged. No country reported an increase, while lower figures for 2003 as compared to 1999 were found in four countries including Latvia, Poland, Russia (Moscow) and Romania.

There were no continuous upward or downward trends in the lifetime use of any illicit drug other than cannabis between 1995 and 2003.

### **Lifetime use of tranquillisers or sedatives without a doctor's prescription**

(Figures 23a–c)

The prevalence rates for the use of tranquillisers or sedatives without a doctor's prescription are relatively low in most ESPAD countries. Moreover, there were very few changes from 1999 to 2003. In only one country, Estonia, a substantial increase occurred whereas there was a decrease the Czech Republic, one of the two top countries in 1999 together with Poland. The other two top countries in 1999 (Lithuania and France) show no change for 2003, and alas they still form part of the top group.

From 1995 to 2003 only small changes have been noted in this behaviour. In no country, however, has a continuous upward or downward trend been observed.

### **Lifetime use of alcohol together with pills**

(Figures 24a–c)

In many ESPAD countries students have tried the combination of alcohol and pills of various types. The assumption for such use is based on the expectation that mixing products induces a higher degree of intoxication. Whatever the assumption or for that matter reason for the use of this cocktail, it would appear to be a rather common, yet dangerous, phenomenon in many ESPAD countries, especially amongst girls.

In a large majority of the countries the proportion of students reporting this behaviour remained relatively stable between 1999 and 2003. However, there was an increase in the Slovak Republic, one of the high prevalence countries in 1999, which became the highest ranked country in this regard in 2003.



Decreasing prevalence rates for this variable were only reported in Denmark, Sweden and the United Kingdom. As a result Denmark drops from being ranked 1<sup>st</sup> on this measure to being ranked 12<sup>th</sup>, and Sweden drops from 2<sup>nd</sup> to 10<sup>th</sup> place in this ranking.

The tendency for the increase in the prevalence rates for the Slovak Republic is visible through out the period 1995 to 2003. In Sweden and the United Kingdom the proportion of students that reported this behaviour have decreased continuously during the same period.

### **Lifetime use of inhalants**

(Figures 25a–c)

The lifetime prevalence rates for the use of inha-

lants have not changed very much between the two last surveys in a large majority of the ESPAD countries. The differences between countries are rather great; from a few percentages to about one fourth of the student population. Increases were mainly found in the Faroe Islands and Portugal, and decreases in Ireland and Lithuania. The decrease in Ireland, however, did not effect its top position together with Greenland and Malta.

The trends over the three surveys revealed the same pattern of relatively unchanged prevalence rates. Only two countries showed continuous changes. A substantial increase was indicated in Cyprus (that did not have any data in 1999) whereas a decrease was observed in Lithuania.

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## ***Changes in perceived availability of drugs***

The perceived availability of different substances varies substantially between the ESPAD countries. The students were asked to indicate their opinion about how easy or difficult it would be for them to acquire any of the substances listed in the questionnaire.

### **Proportion of students who perceive inhalants “very easy” or “fairly easy” to obtain**

(Figures 26a–c)

The proportion of students who indicated that inhalants would be “very easy” or “fairly easy” for them to obtain, increased in eleven countries between 1999 and 2003. These changes occurred in both low and high prevalence countries. They include Bulgaria, Croatia, the Czech Republic, Estonia, the Faroe Islands, Finland, Greenland, Ireland, Malta, Romania and the United Kingdom. Interestingly, a decrease was observed in more or less an equal number of countries (12). They include Cyprus, Denmark, Greece, Hungary, Iceland, Italy, Latvia, Lithuania, Norway, Portugal, Russia (Moscow) and Slovenia. Unchanged figures were thus only found in a small number of countries (6).

Two of the top three countries in 1999 were also in this group in 2003 (Ireland and Slovenia). However, Cyprus has moved down the order to be replaced by Finland.

The trends from 1995 to 2003 are rather divergent. There are, however, indications of continuous increasing rise in this figure over time in Estonia,

the Faroe Islands, Finland and Malta. During the same period this figure has decreased in Norway.

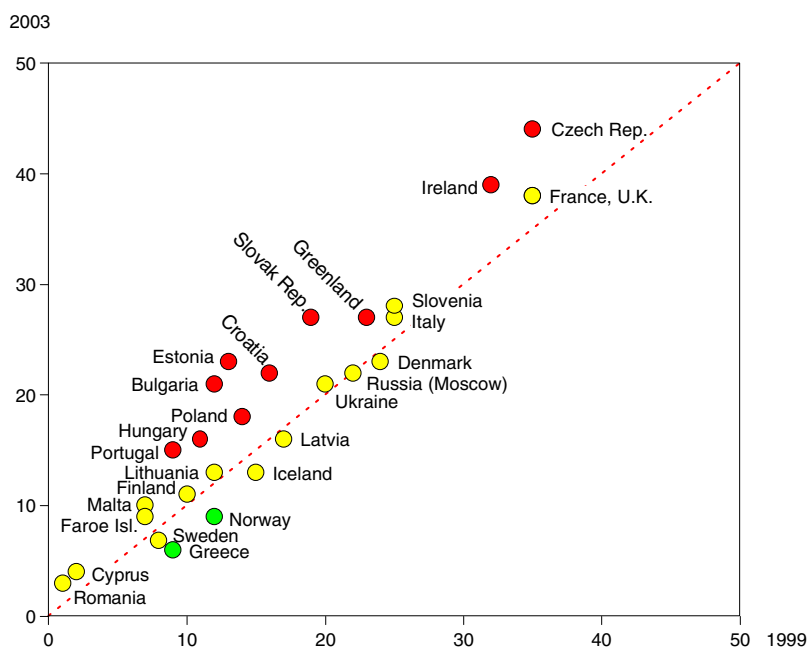
### **Proportion of students who perceive cannabis “very easy” or “fairly easy” to obtain.**

(Figures 27a–c)

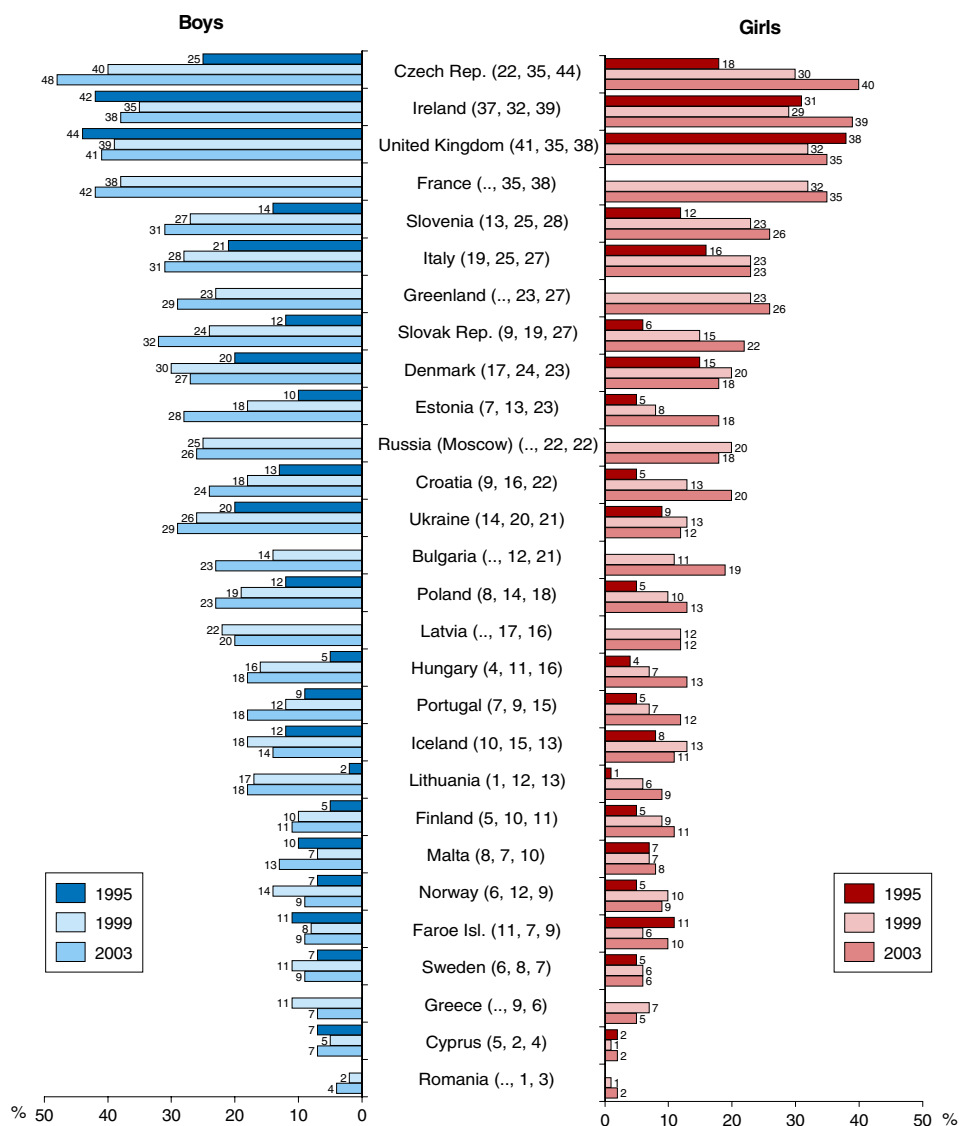
An increasing proportion of the ESPAD students perceive cannabis to be easy to obtain. Increased proportions indicating “very easy” and “fairly easy” in relation to cannabis were found in fourteen countries, including Bulgaria, Croatia, the Czech Republic, Estonia, the Faroe Islands, Greenland, Latvia, Lithuania, Malta, Poland, Romania, the Slovak Republic, Slovenia, Romania and the United Kingdom. Decreased proportions were mainly found in Denmark, Greece and Norway, the outcome of which resulted in Denmark falling within the top group and both Greece and Norway from their position in the upper half of the table.

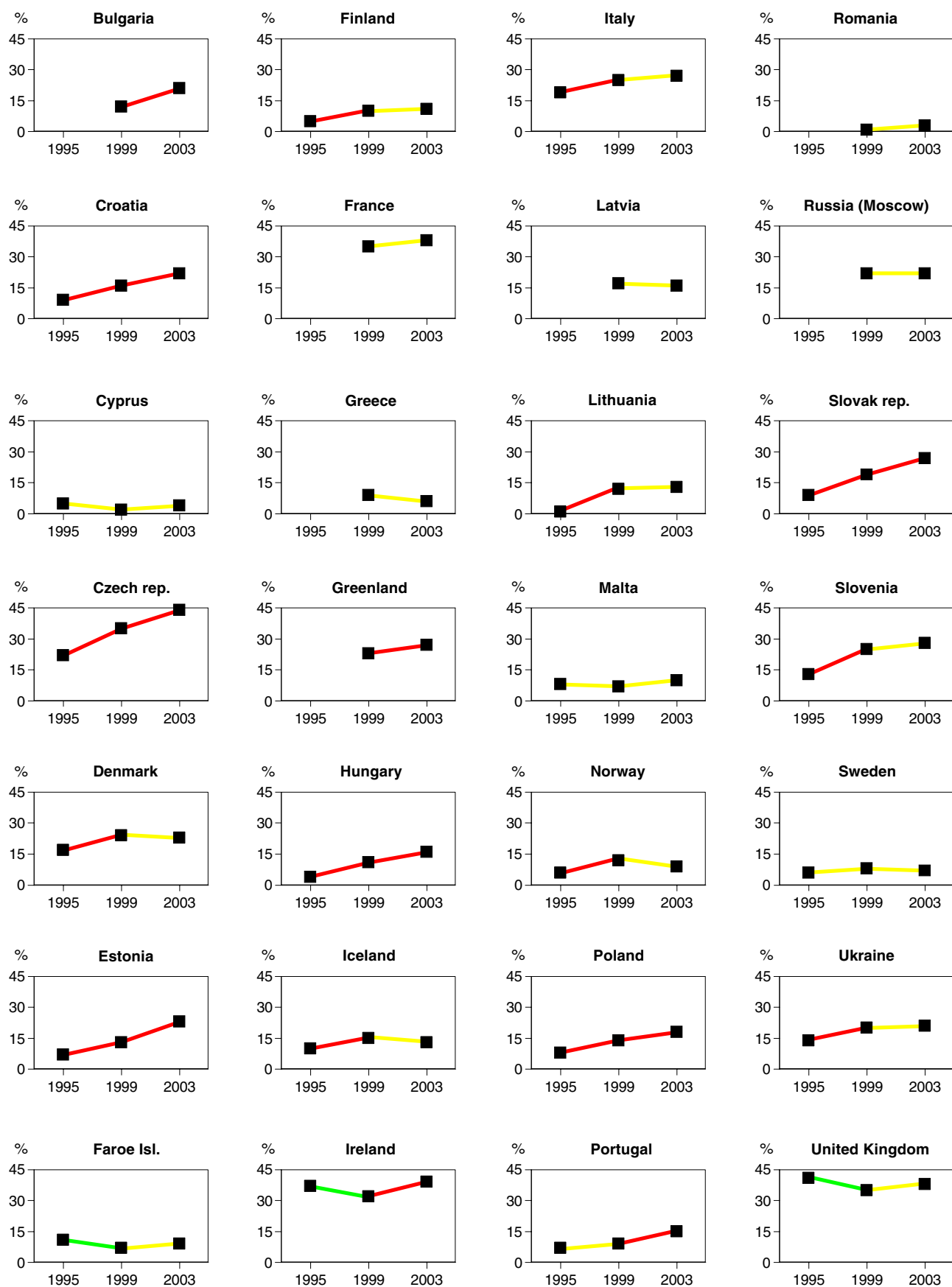
From 1995 to 2003 there was a continuous increase in perceived availability of cannabis in seven ESPAD countries. They include Croatia, the Czech Republic, Estonia, Lithuania, Poland, the Slovak Republic and Slovenia, all of which are in the eastern parts of Europe. In five of these countries, the proportion doubled over the eight years. In Estonia the increase was threefold while in Lithuania it was six fold (starting from a low level). No country reported a continuous decrease between 1995, 1999 and 2003.

**Figure 20a.** Changes between 1999 and 2003 in lifetime experience of marijuana or hashish. Countries above the line have increased prevalence rates, and countries below have decreased. All students.



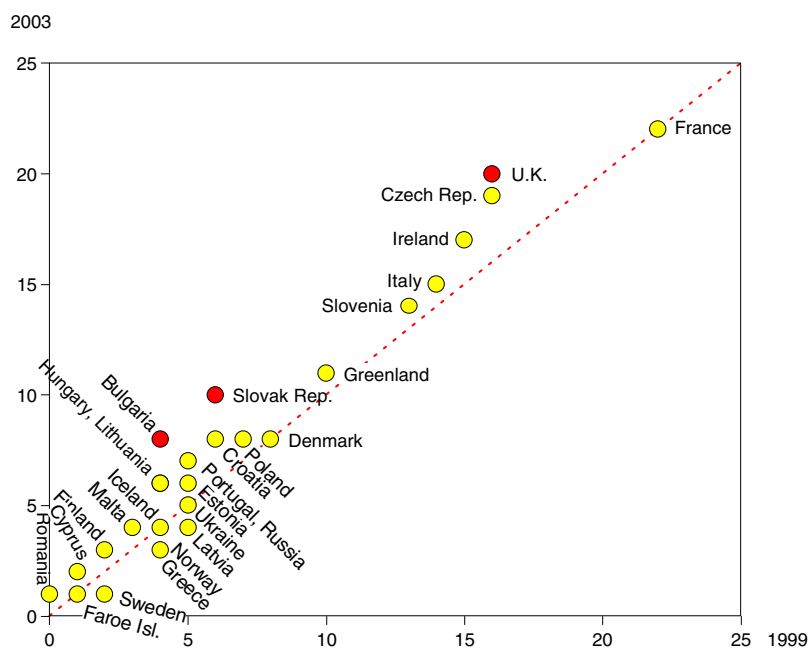
**Figure 20b.** Changes between 1995 and 2003 in lifetime experience of marijuana or hashish (values within brackets refer to all students 1995, 1999, 2003). Data sorted by all students 2003.



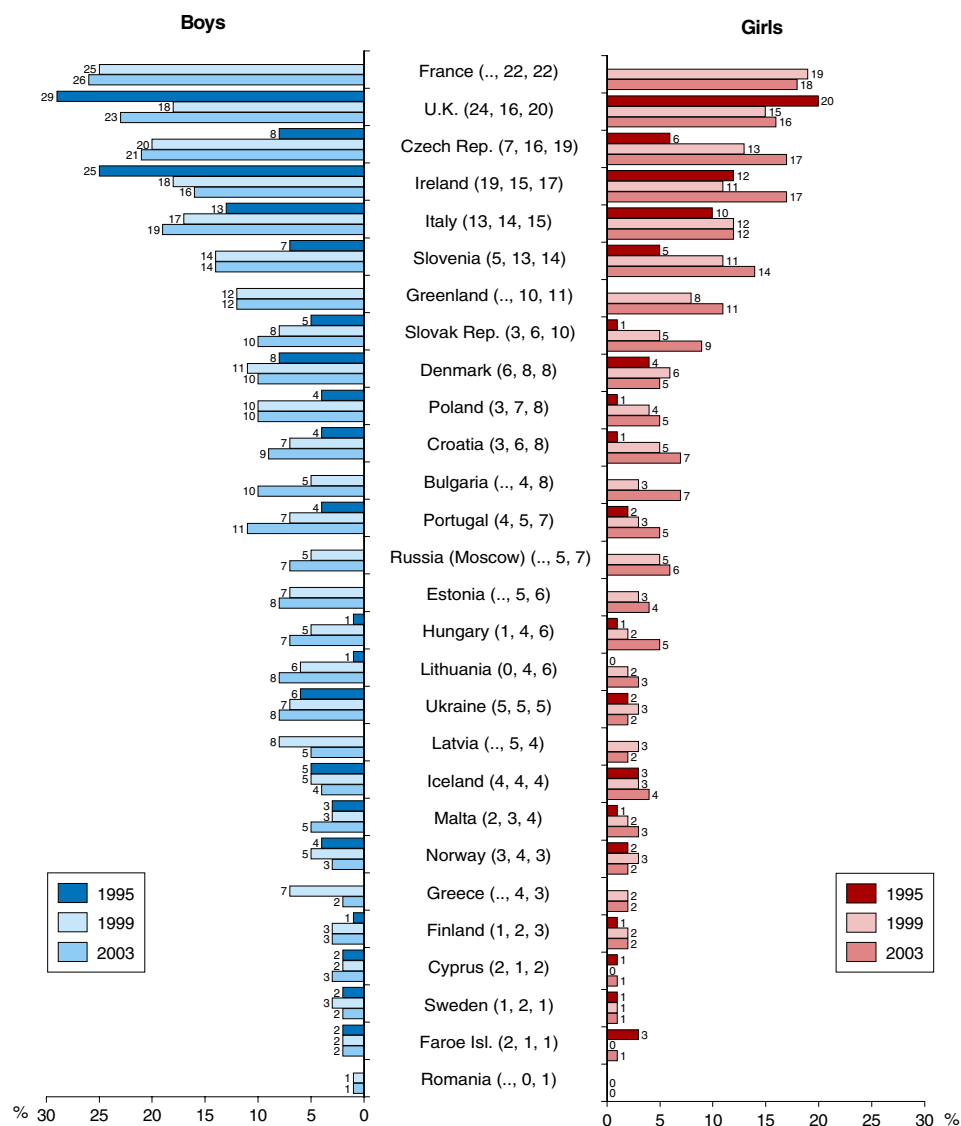


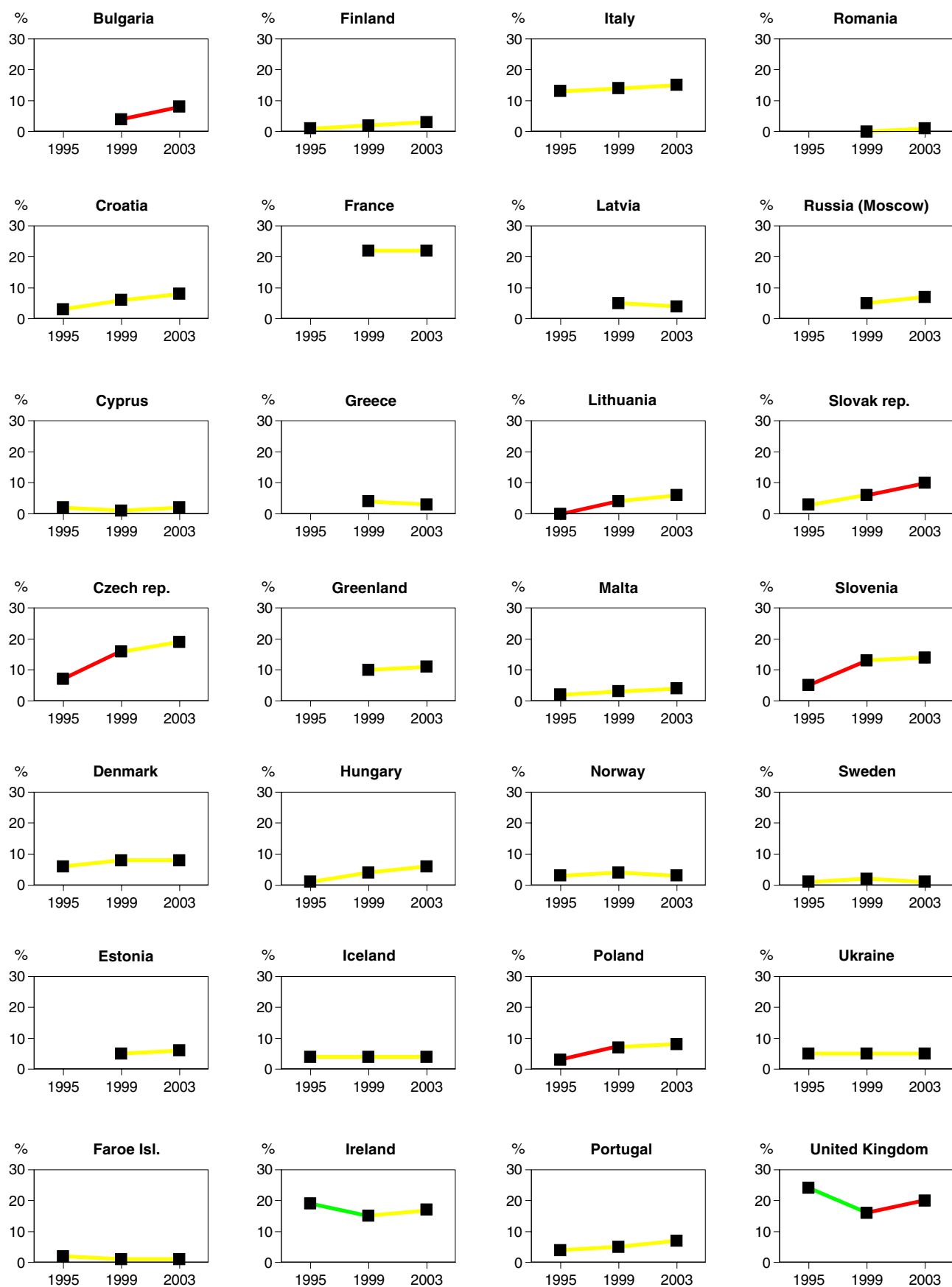
**Figure 20c.** Changes between 1995 and 2003 in lifetime experience of marijuana or hashish, by country. All students.

**Figure 21a.** Changes between 1999 and 2003 in the proportion of all students who have used marijuana or hashish during the last 30 days. Countries above the line have increased prevalence rates, and countries below have decreased. All students.



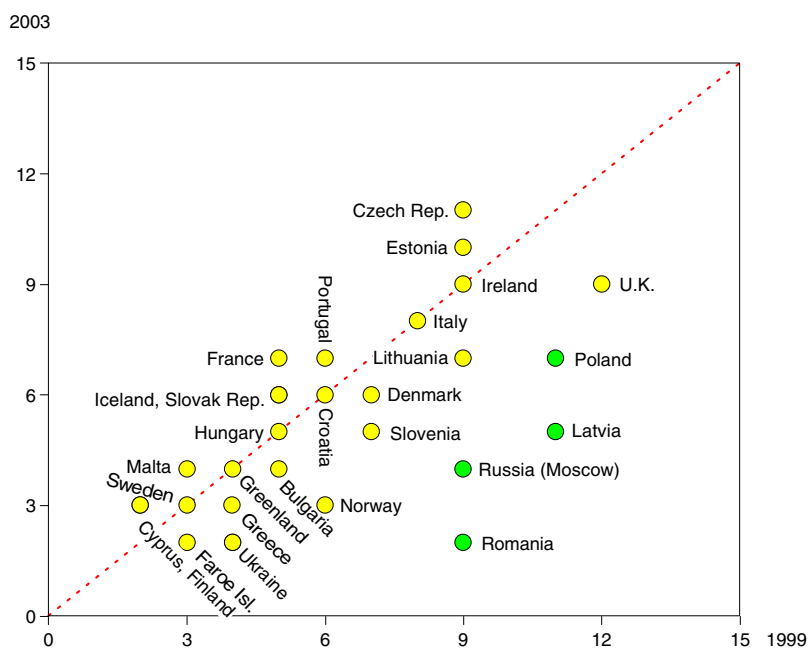
**Figure 21b.** Changes between 1995 and 2003 in the proportion of all students who have used marijuana or hashish during the last 30 days (values within brackets refer to all students 1995, 1999, 2003). Data sorted by all students 2003.



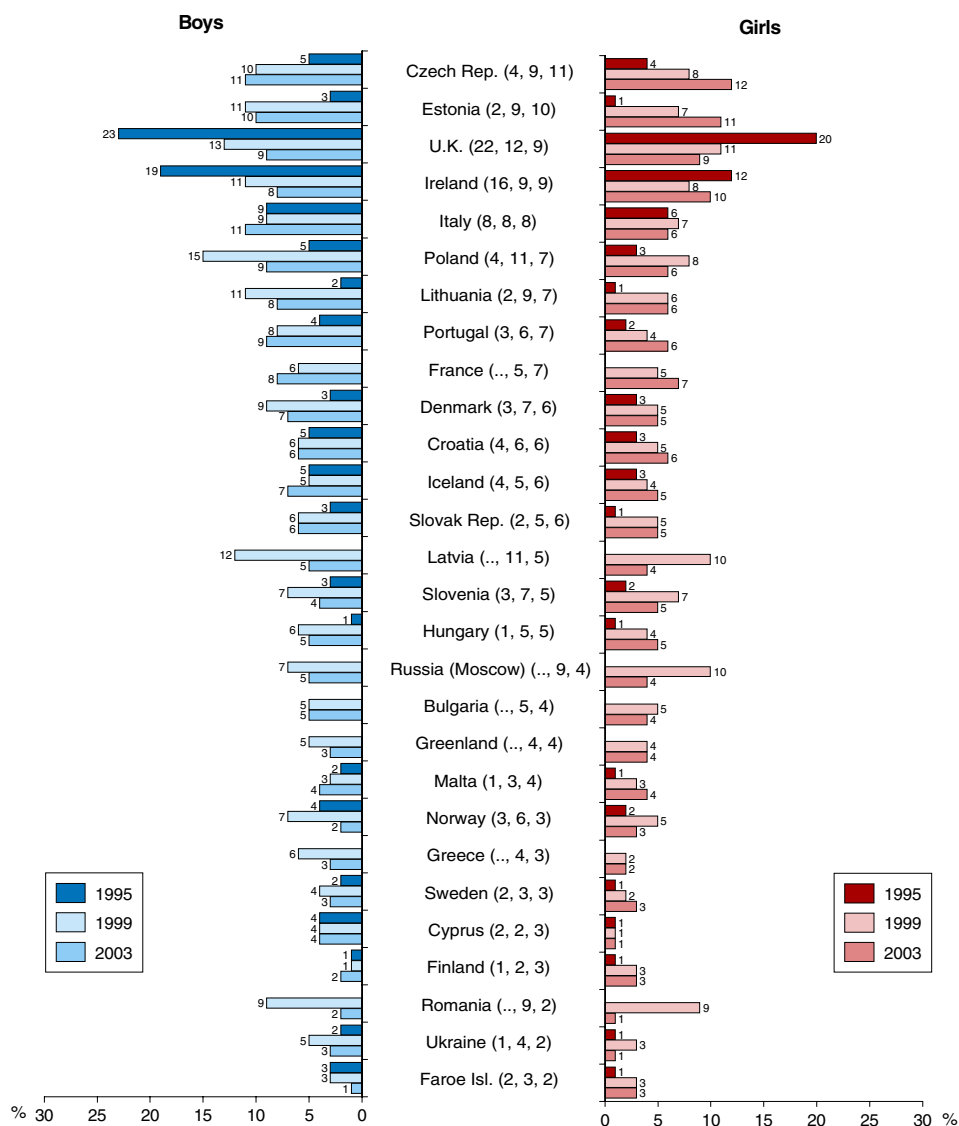


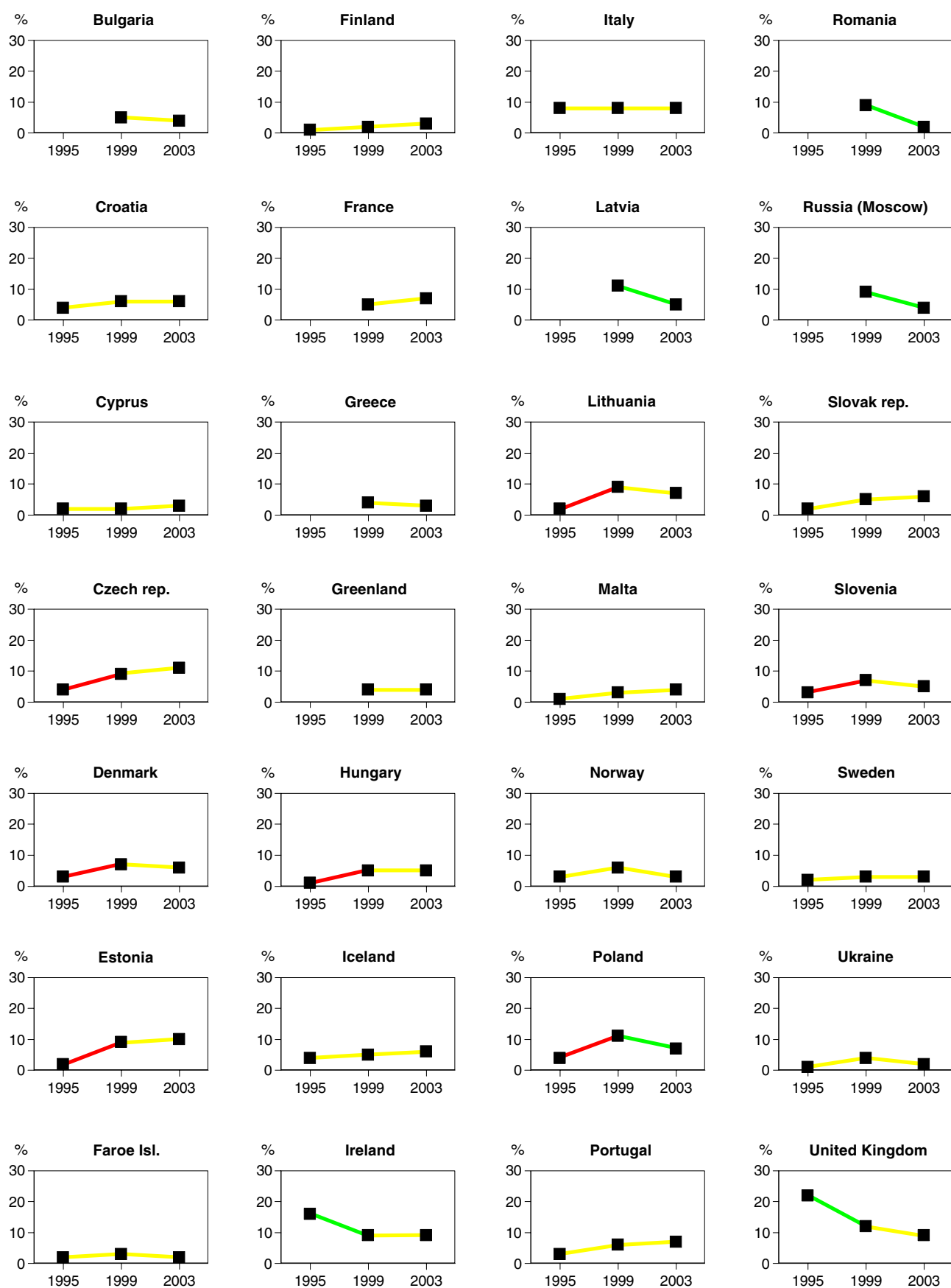
**Figure 21c.** Changes between 1995 and 2003 in the proportion of all students who have used marijuana or hashish during the last 30 days, by country. All students.

**Figure 22a.** Changes between 1999 and 2003 in lifetime experience of any illicit drug other than marijuana or hashish. Countries above the line have increased prevalence rates, and countries below have decreased. All students.



**Figure 22b.** Changes between 1995 and 2003 in lifetime experience of any illicit drug other than marijuana or hashish (values within brackets refer to all students 1995, 1999, 2003). Data sorted by all students 2003.

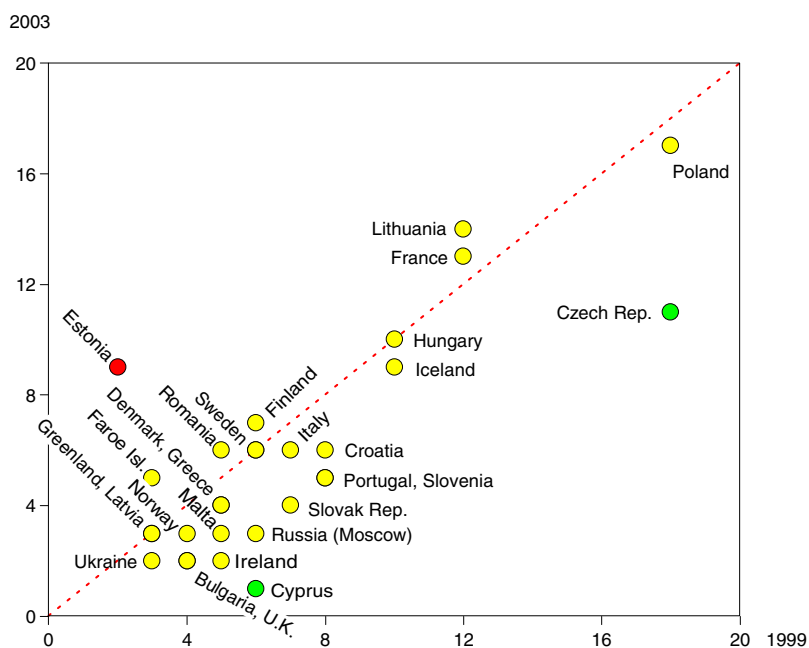




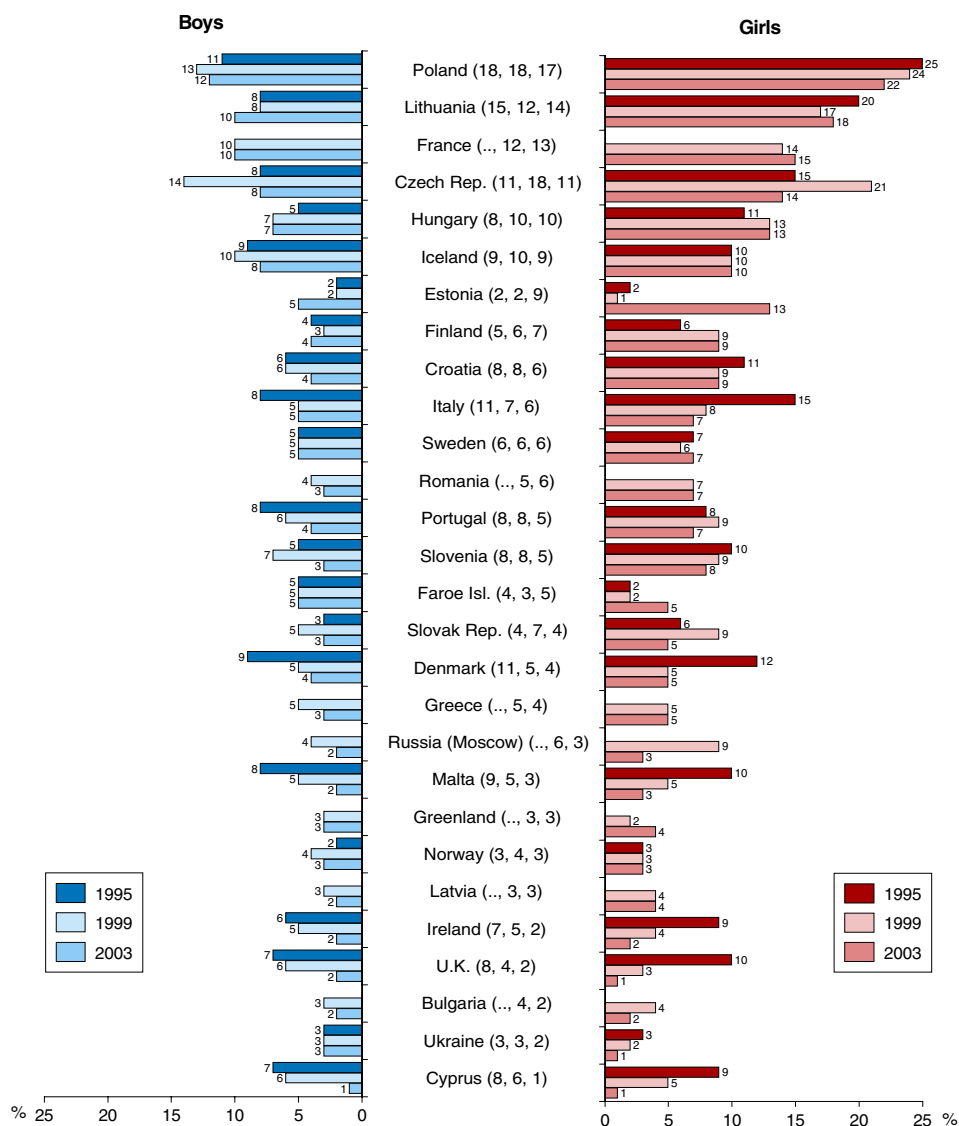
**Figure 22c.** Changes between 1995 and 2003 in lifetime experience of any illicit drug other than marijuana or hashish, by country. All students.

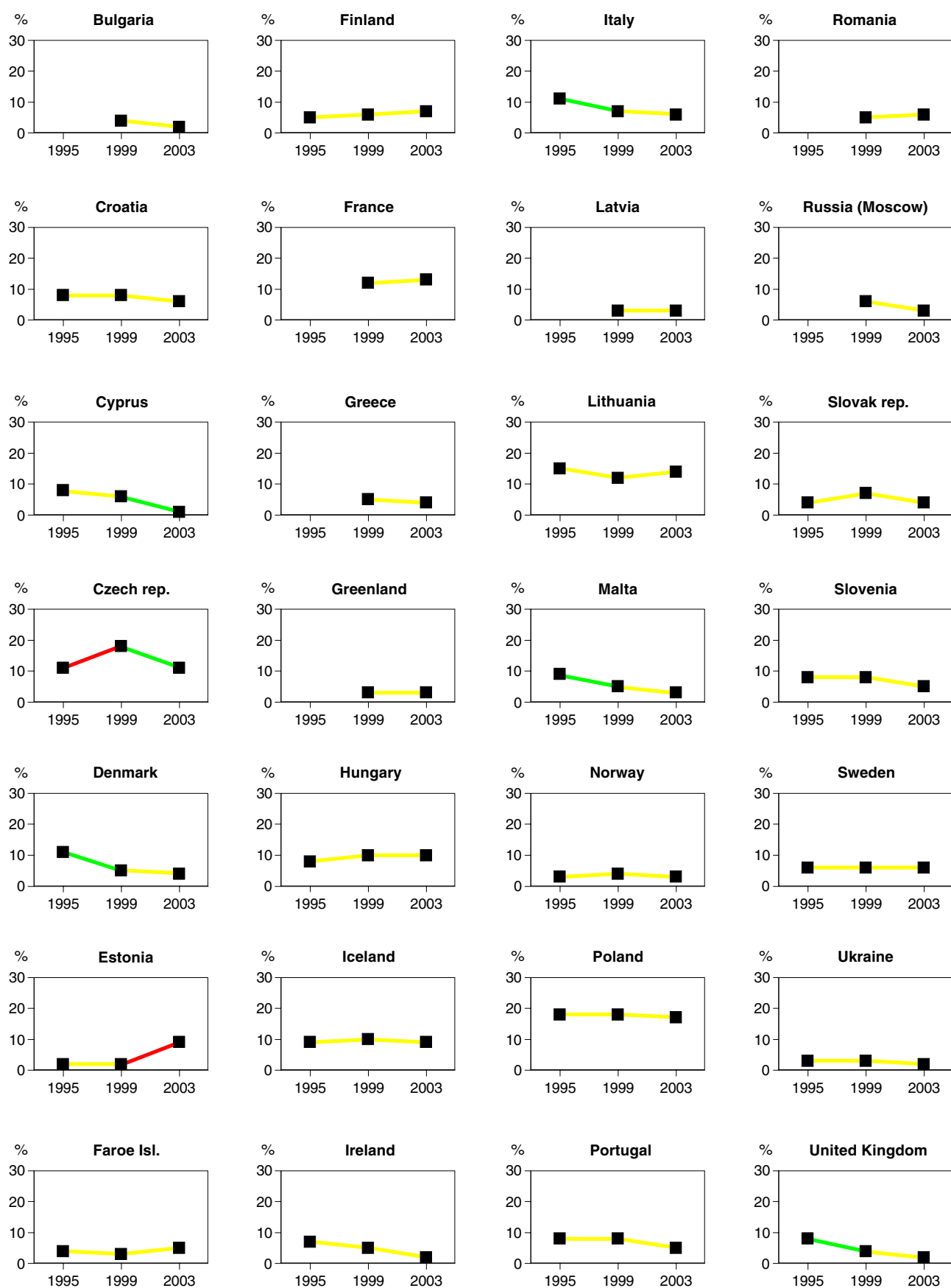


**Figure 23a.** Changes between 1999 and 2003 in lifetime experience of tranquillisers or sedatives without a doctor's prescription. Countries above the line have increased prevalence rates, and countries below have decreased. All students.



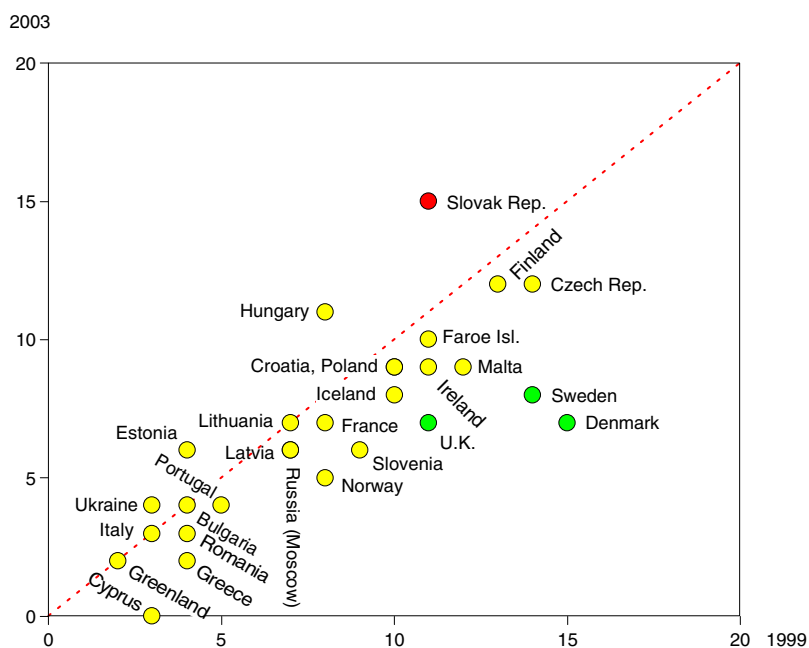
**Figure 23b.** Changes between 1995 and 2003 in lifetime experience of tranquillisers or sedatives without a doctor's prescription (values within brackets refer to all students 1995, 1999, 2003). Data sorted by all students 2003.



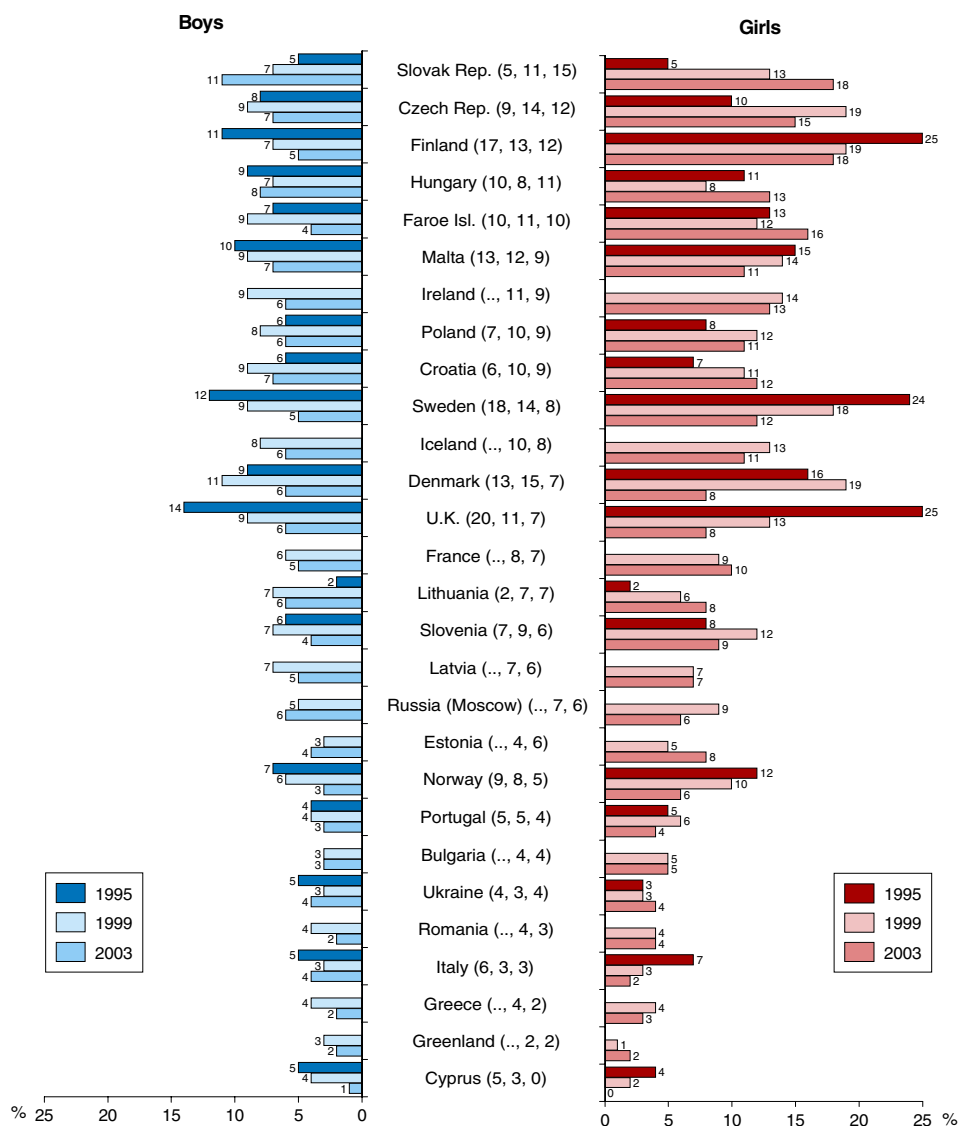


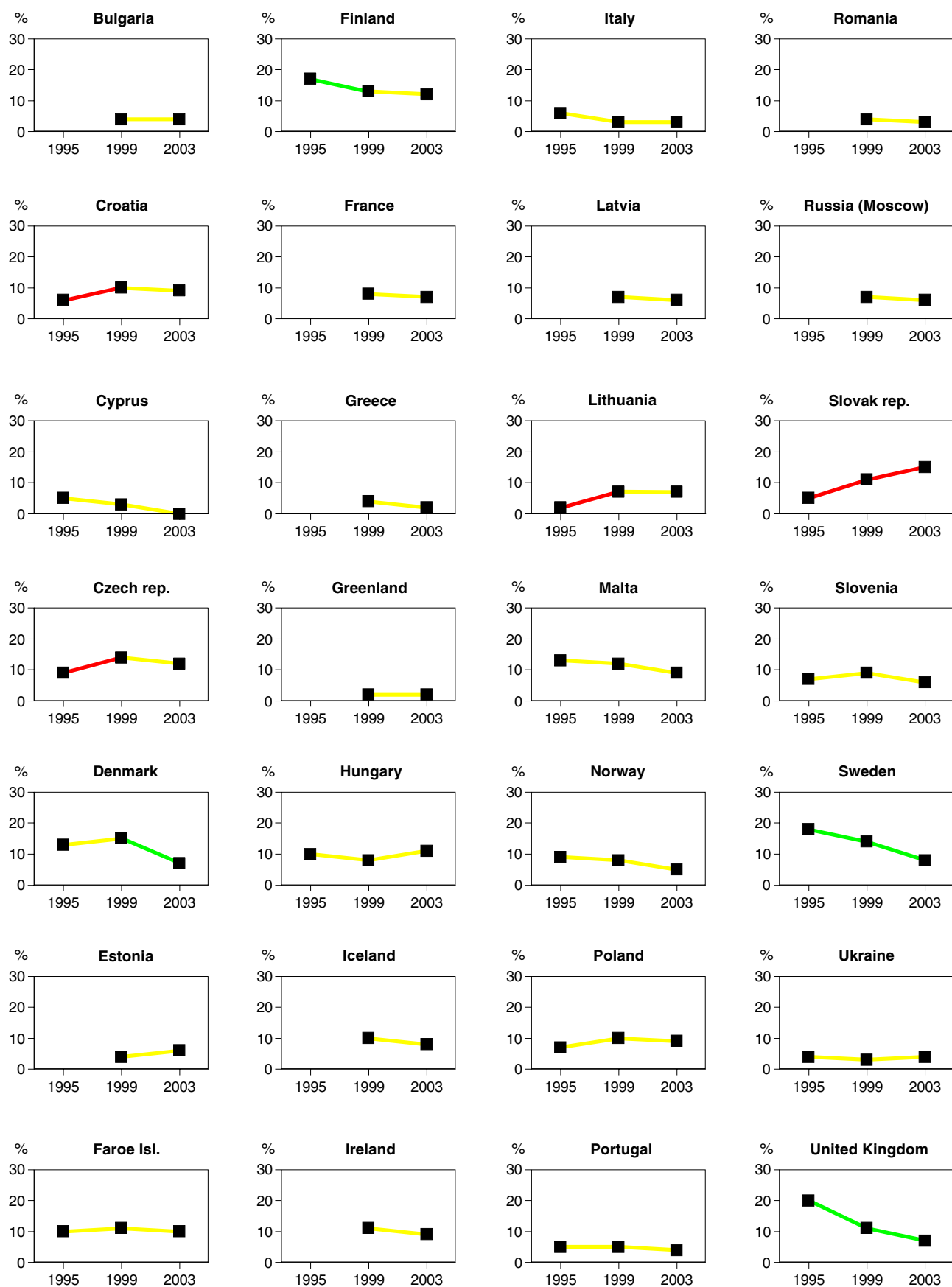
**Figure 23c.** Changes between 1995 and 2003 in lifetime experience of tranquilisers or sedatives without a doctor's prescription, by country. All students.

**Figure 24a.** Changes between 1999 and 2003 in lifetime experience of alcohol together with pills. Countries above the line have increased prevalence rates, and countries below have decreased. All students.



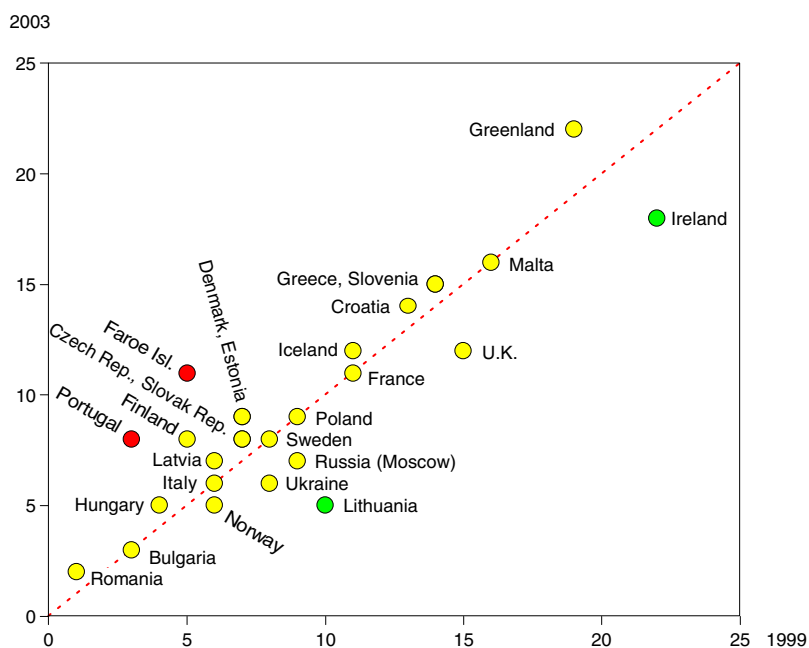
**Figure 24b.** Changes between 1995 and 2003 in lifetime experience of alcohol together with pills (values within brackets refer to all students 1995, 1999, 2003). Data sorted by all students 2003.



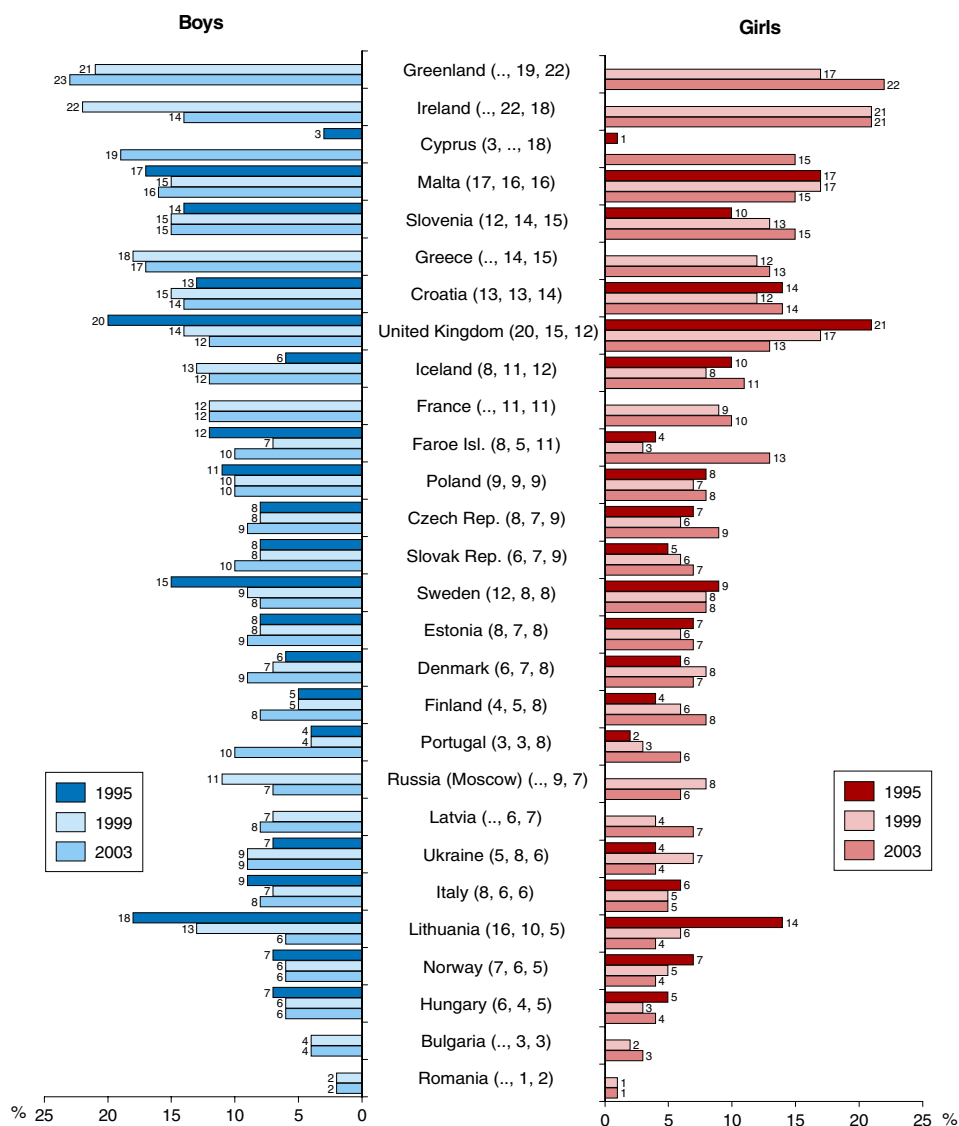


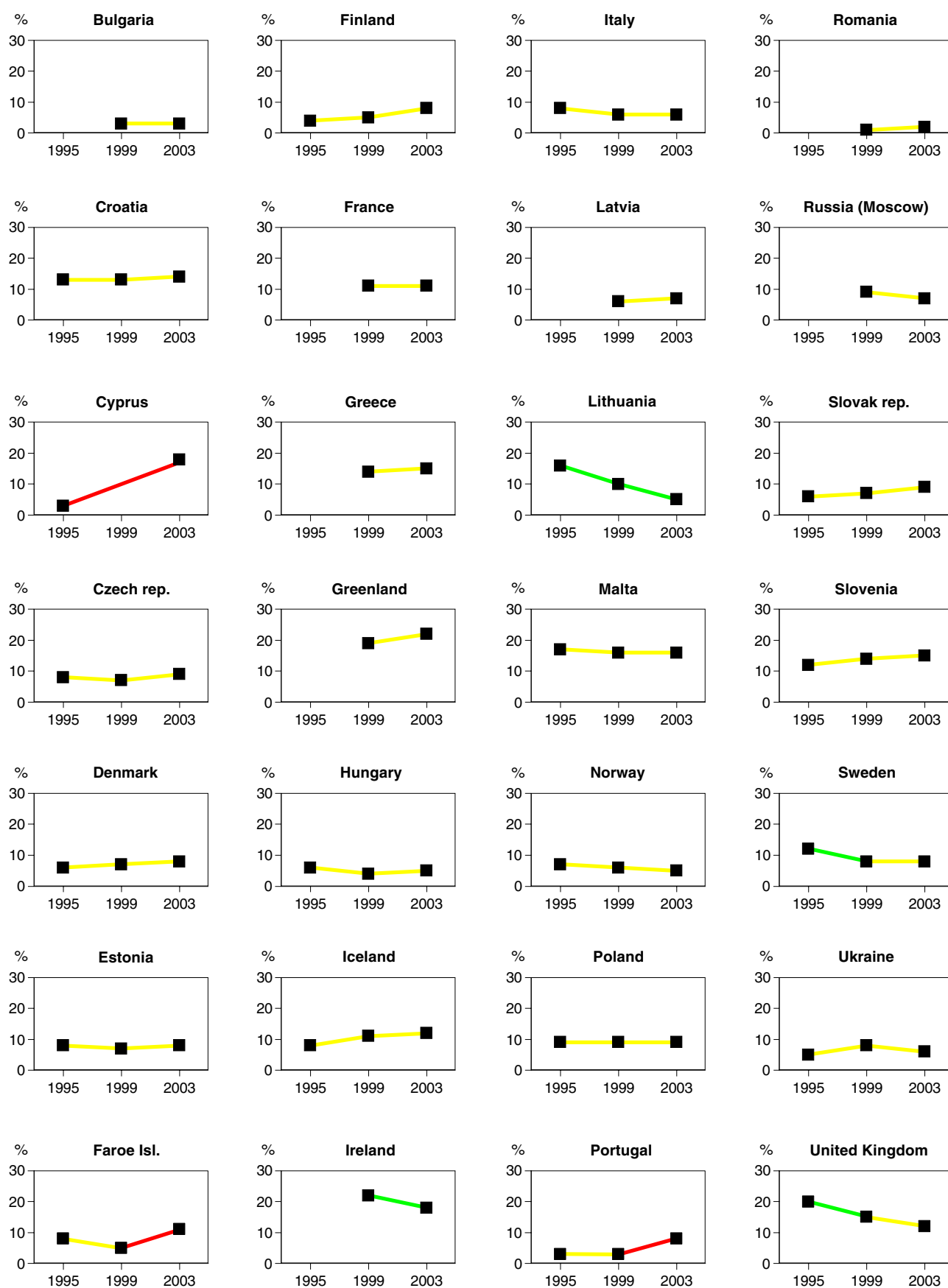
**Figure 24c.** Changes between 1995 and 2003 in lifetime experience of alcohol together with pills, by country. All students.

**Figure 25a.** Changes between 1999 and 2003 in lifetime experience of inhalants. Countries above the line have increased prevalence rates, and countries below have decreased. All students.



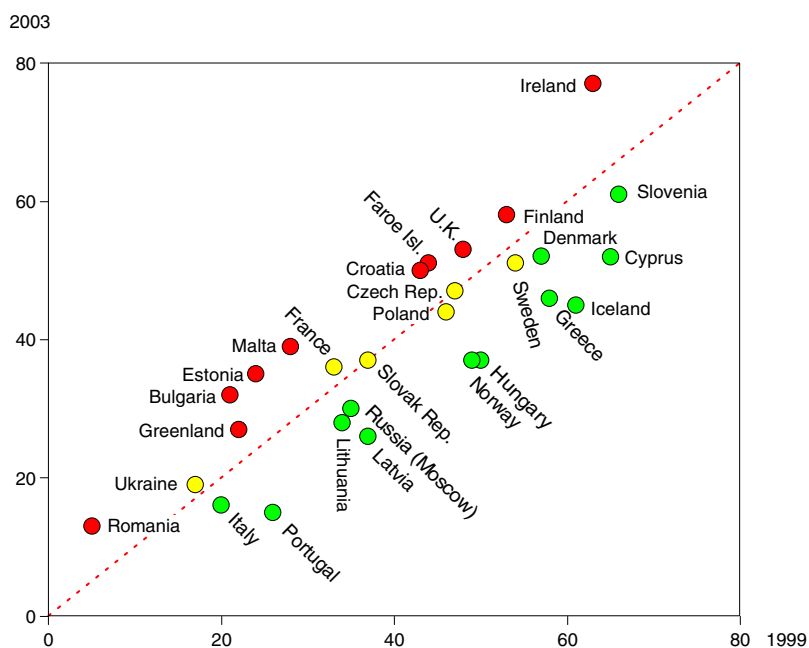
**Figure 25b.** Changes between 1995 and 2003 in lifetime experience of inhalants (values within brackets refer to all students 1995, 1999, 2003). Data sorted by all students 2003.



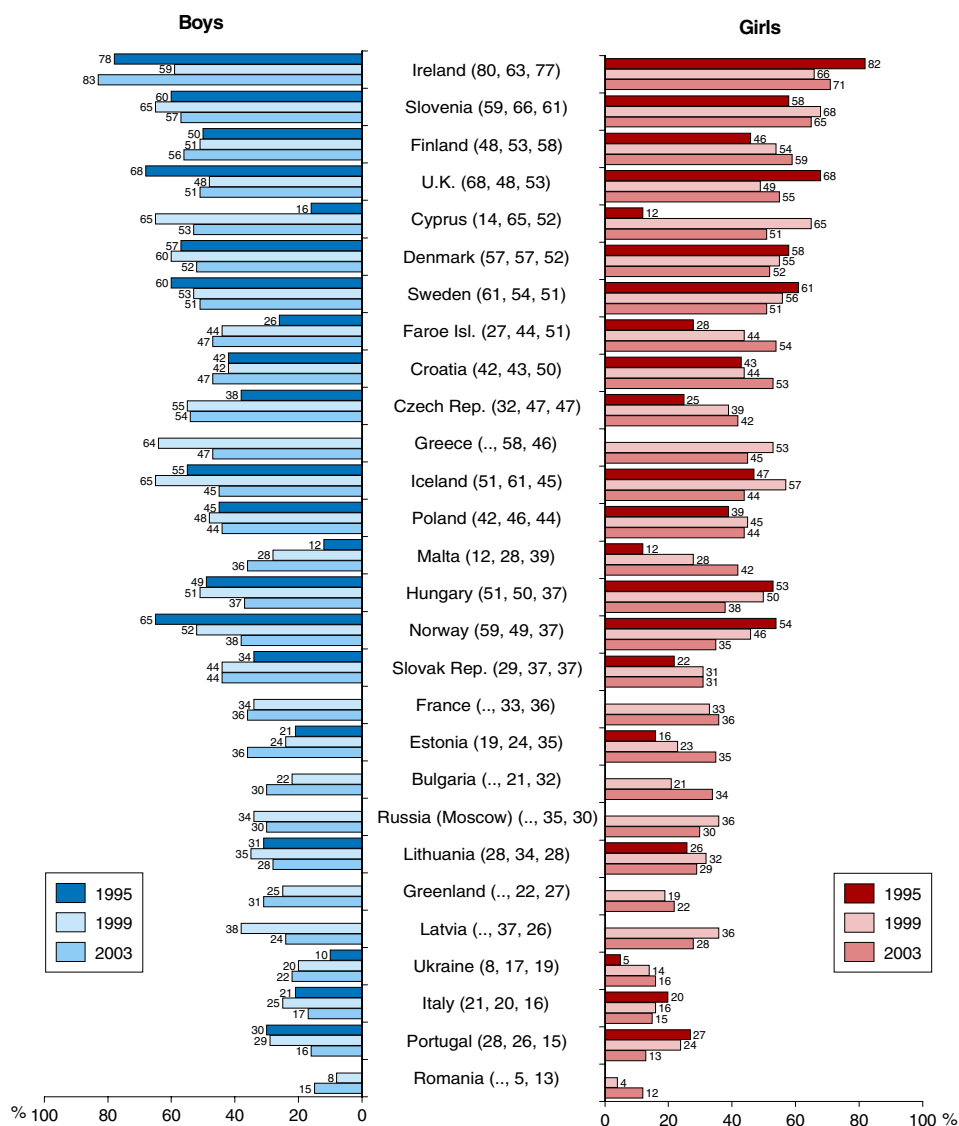


**Figure 25c.** Changes between 1995 and 2003 in lifetime experience of inhalants, by country. All students.

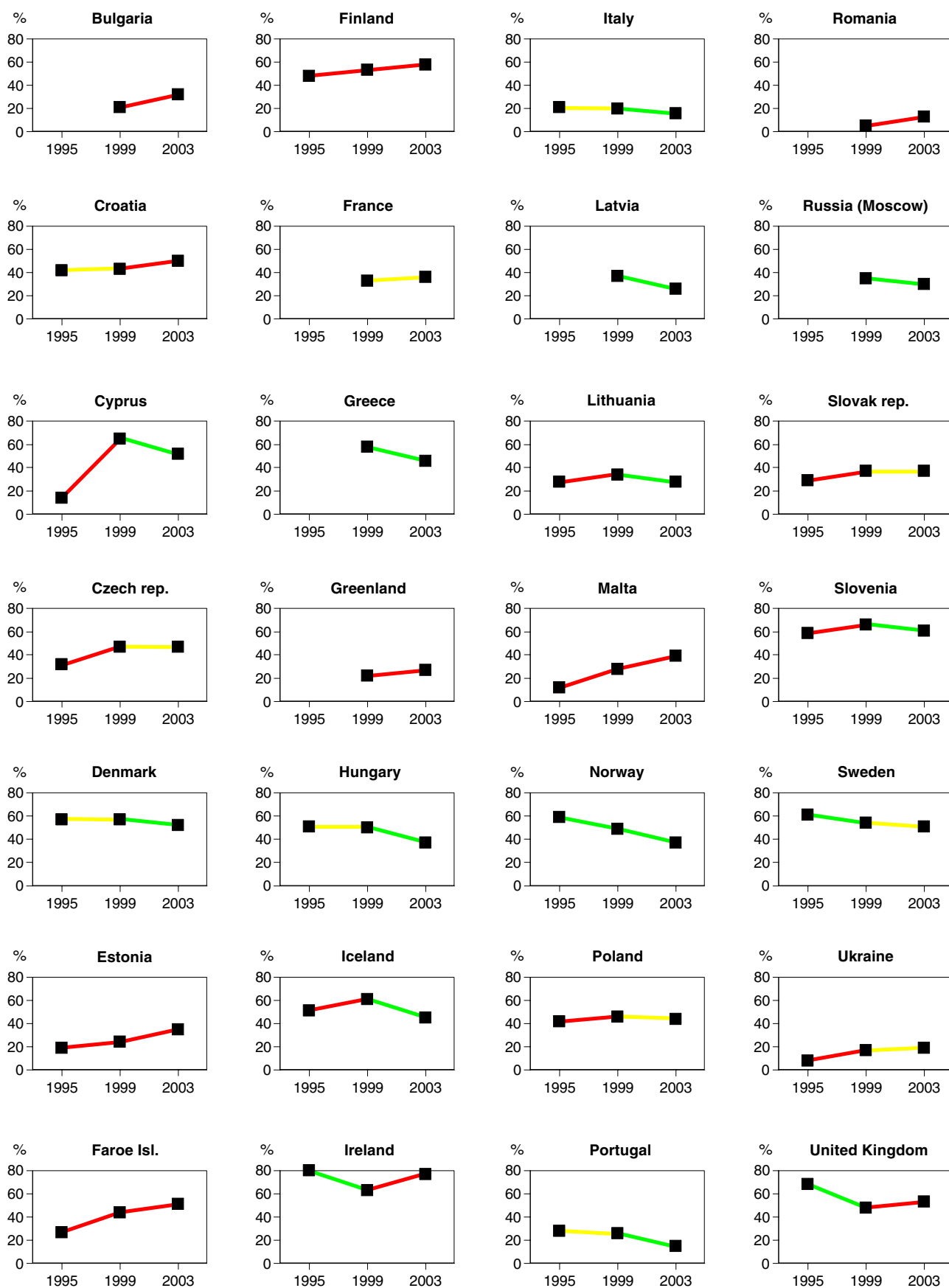
**Figure 26a.** Changes between 1999 and 2003 in the proportion of all students who perceive inhalants “very easy” or “fairly easy” to obtain. Countries above the line have increased prevalence rates, and countries below have decreased. All students.



**Figure 26b.** Changes between 1995 and 2003 in the proportion of all students who perceive inhalants “very easy” or “fairly easy” to obtain (values within brackets refer to all students 1995, 1999, 2003). Data sorted by all students 2003.

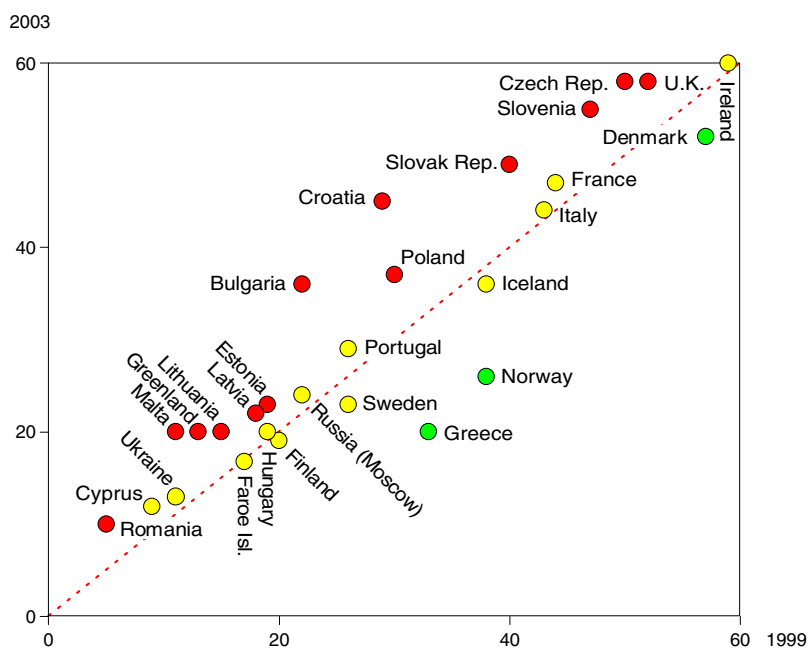




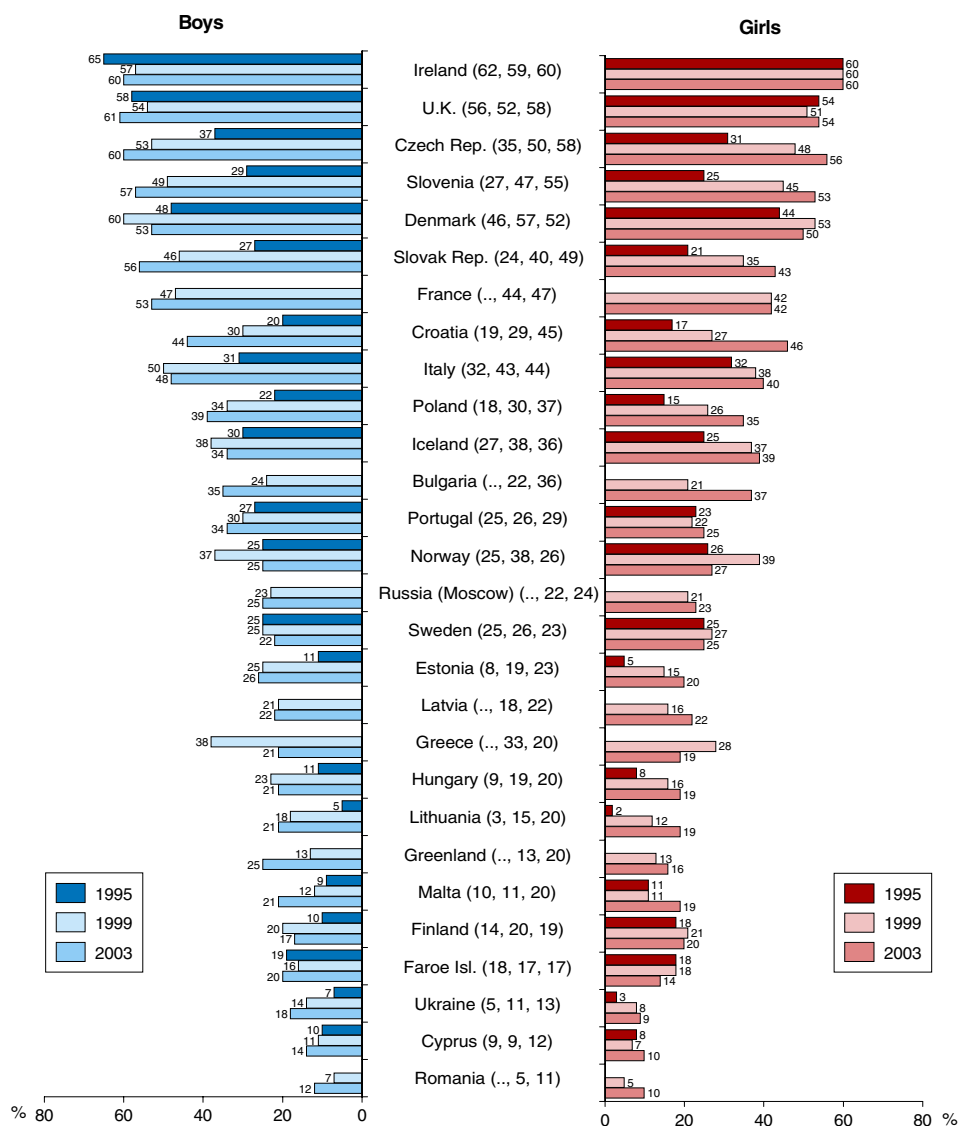


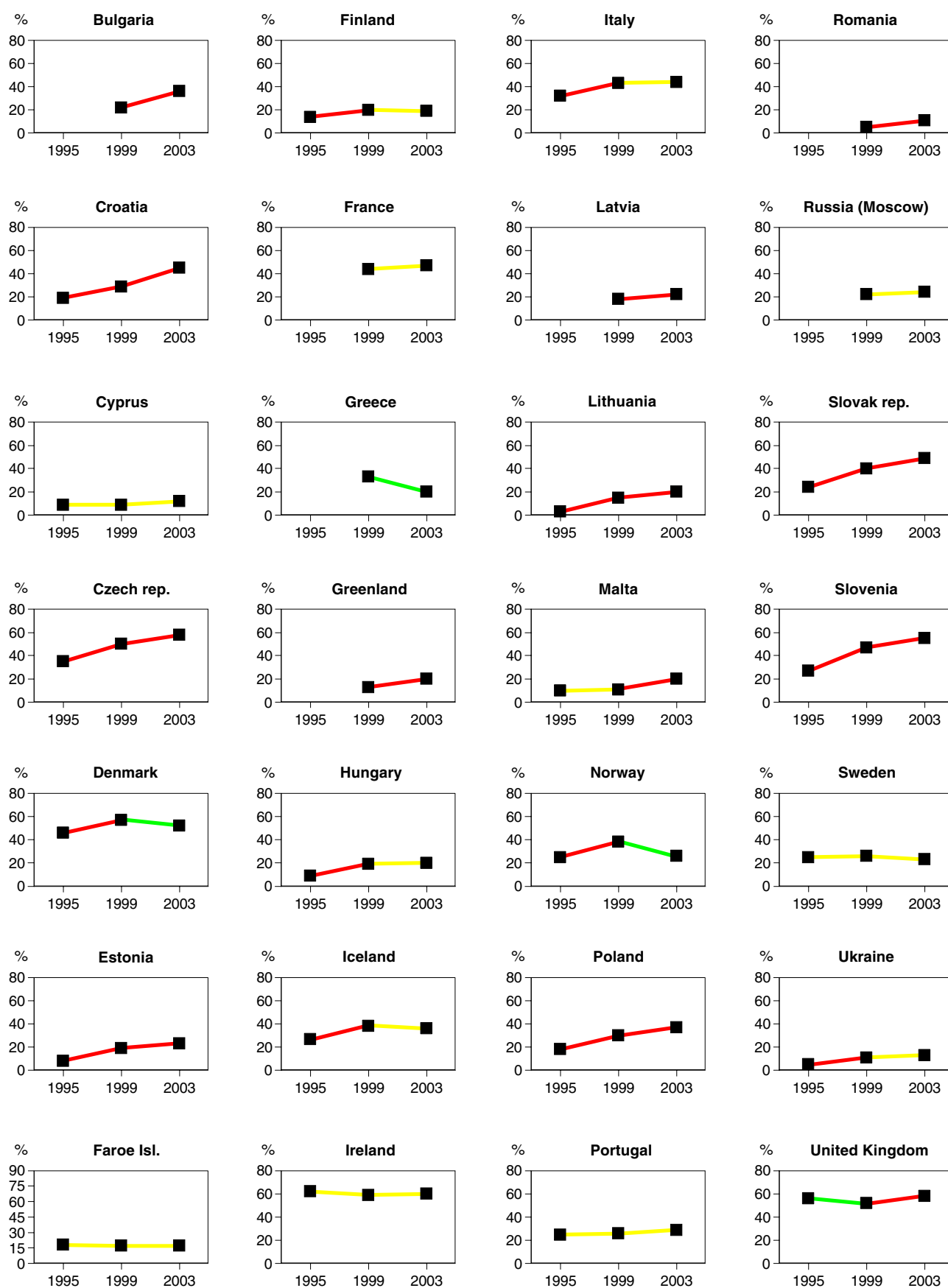
**Figure 26c.** Changes between 1995 and 2003 in the proportion of all students who perceive inhalants “very easy” or “fairly easy” to obtain, by country.

**Figure 27a.** Changes between 1999 and 2003 in the proportion of all students who perceive marijuana or hashish “very easy” or “fairly easy” to obtain. Countries above the line have increased prevalence rates, and countries below have decreased. All students.



**Figure 27b.** Changes between 1995 and 2003 in the proportion of all students who perceive marijuana or hashish “very easy” or “fairly easy” to obtain (values within brackets refer to all students 1995, 1999, 2003). Data sorted by all students 2003.





**Figure 27c.** Changes between 1995 and 2003 in the proportion of all students who perceive marijuana or hashish “very easy” or “fairly easy” to obtain, by country.

## **Proportion of students who perceive LSD or other hallucinogens “very easy” or “fairly easy” to obtain**

(Figure 28a–c)

The proportion of students who perceive LSD or other hallucinogens easy to obtain differ substantially between countries. In some countries only very few students think so, while about one fifth of the students in the top prevalence countries think that it would be “very easy” or “fairly easy” to obtain LSD or other hallucinogens.

In most countries the figures for 2003 were more or less equivalent to those reported in 1999. Increases were mainly found in Bulgaria and Croatia, while seven countries reported a decrease. They include Denmark, Greece, Hungary, Ireland, Nor-

way, Russia (Moscow), Slovenia and the United Kingdom.

The most pronounced decrease was found in Ireland that resulted in the accompanying drop down the table from its previous top position in 1999. In 2003 Poland was in the top group together with one of the countries with a clear increase, Croatia.

From 1995 to 2003 a continuous increasing in the proportion of students thinking that LSD or other hallucinogens are easy to obtain were mainly found in Bulgaria and Croatia. A continuous downward trend was observed in Ireland and the United Kingdom. In both of these countries the figures have approximately halved, from 43% in 1995 to 17% in 2003.

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## **Summary**

The prevalence figures for smoking provide a relative stable trend pattern in a majority of the ESPAD countries. Increasing figures were mainly found in countries in the eastern parts of Europe and decreasing figures in the western parts.

The more recent smokers, those who had smoked during the last 30 days, only increased in a few countries. All but one of the twelve countries with decreasing figures is found in the northern, western and southern parts of Europe. Still, however, proportions varying between 20 and 50% had smoked during the last 30 days in the ESPAD countries.

The proportions reporting daily smoking at the age of 13 were also relatively unchanged between 1999 and 2003 in a large majority of the countries. Only a few countries reported increased figures (Estonia, the Faroe Islands and Latvia) on this variable.

Only a minority of the ESPAD students have drunk alcohol as many times as 40 or more. In almost half of the countries only a quarter of the students report such behaviour and in no country has the proportion exceeded 50%. There was, however, a clear increase in the prevalence rates, especially in countries from the eastern part of Europe.

It is clear that alcohol consumption among students in most cases is a relatively new experience. The proportions answering that they had consumed alcohol 20 times or more over the last 12 months were not very unlike the rates reported for lifetime prevalence. Accordingly, nearly all countries with

increasing figures were found in the eastern part of Europe.

Much lower proportions have drunk alcohol 10 times or more during the last 30 days. A very large majority show rather unchanged figures. However, four of the five countries with increases are found in the eastern part of Europe.

For all these variables concerning prevalence rates of alcohol consumption, the increases in the eastern parts of Europe do result in them moving up the ladder to occupy the top positions for these behaviours. However, for most variables Malta, the United Kingdom, Ireland, Denmark, the Czech Republic and Greece are still the top ranked countries.

Some students drink alcohol rather frequently. A comparison between students that had drunk 3 times or more during the last 30 days shows that spirits was the beverage of choice in 2003. The figure for spirits (12 countries) was about twice as high as it was for beer or wine (6–7). A decreased proportion reporting such a high drinking frequency was mainly reported for beer (5 countries). In Denmark and France the figures dropped between 1999 and 2003 for all three beverages.

For beer most of the increases occurred in the eastern parts of Europe, while for wine it was most apparent in countries that traditionally are viewed as wine countries like Croatia, Cyprus, Greece, Hungary and Italy. The increase in the frequent consumption of spirits is on the other hand more diverse from a geographical point of view.

There are more countries that report a reduced rather than an increased number of students that drank large quantities on the last drinking occasion for beer (>100 cl) and wine (>15 cl). For spirits (>10 cl) the number of countries showing an increase and a decrease was more or less the same. Four countries (Denmark, Ireland, Norway and the United Kingdom) reported rather remarkable increases in the proportion of students that drank more than 100 cl of alcopops at the last drinking occasion, while the remaining countries in which this beverage is sold remained at rather low levels.

The proportion of students who had been drunk 20 times or more in a lifetime increased mainly in some countries in the eastern part of Europe. However, this also occurred in some countries in the western part that in turn were already high prevalence countries in 1999, like Ireland and the Faroe Islands. Moreover, the same pattern was found in relation to the 12 months prevalence rates.

The pattern of the prevalence rates for being drunk 3 times or more during the last 30 days were rather unchanged in a large majority of the ESPAD countries. This is suggestive of the fact that the prevalence rates have remained low in the Mediterranean countries, e.g. Greece, France, Italy, Malta and Portugal, but also in Romania. Much higher figures were recorded for Denmark, Finland, Greenland, Ireland and the United Kingdom, which in the main reinforces the apparent accepted pattern of frequent intoxication in the north but much less so in the southern part of Europe.

The figures for binge drinking 3 times or more often during the last 30 days changed more than the drunkenness figures. Six of the nine countries with an increased proportion were found in the eastern parts of Europe.

The lifetime prevalence for any illicit drug use was mainly stable in about half of the countries. The increases that occurred in nine countries were geographically rather spread, without any clear pattern. The top countries in 2003 are still those that were in the same position in 1999 (the Czech Republic, France, Ireland and the United Kingdom), but further increases were noted in two of them; the Czech Republic and Ireland.

Changes in the prevalence rates of cannabis use were very similar to the changed rates for any illicit drug use.

The use of other kinds of drugs is not that prevalent and the number of countries that have changed are rather few. Four countries reported lower figures in 2003 (Latvia, Poland, Russia (Moscow) and

Romania). The former top countries in 1999 are still on top in 2003, i.e. the Czech Republic, Estonia, Ireland, Italy and the United Kingdom.

Tranquillisers or sedatives are mostly used in the Czech Republic (although a decrease was noted between 1999 and 2003), France, Lithuania and Poland, and the prevalence rates have not changed very much. Only one country, Estonia, showed an increased prevalence rate between 1999 and 2003.

Taking pills together with alcohol is about as common in terms of prevalence rates as those for tranquillisers or sedatives, and the proportions were about the same in the two last surveys. However, the top country in this respect in 2003, the Slovak Republic, showed an increase. Other countries at the top were Finland, Hungary and the Czech Republic.

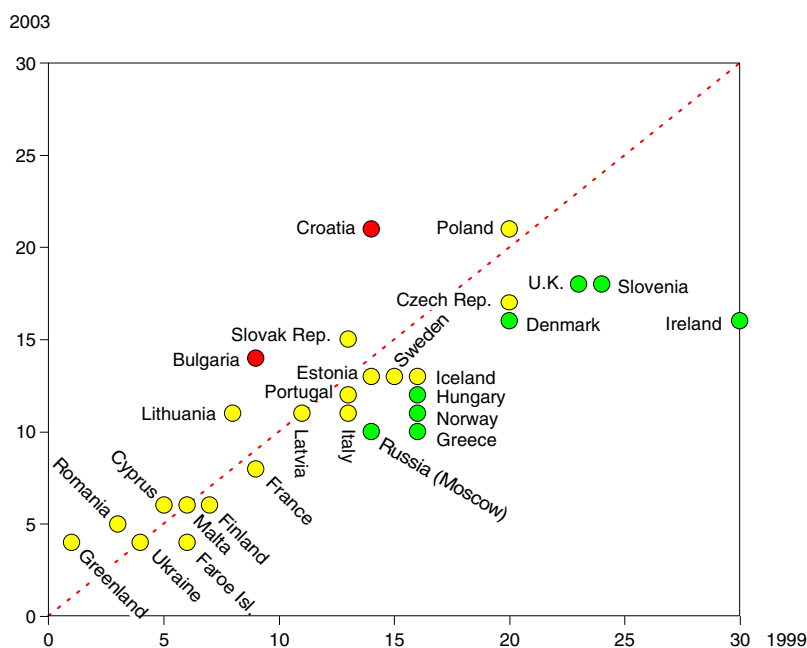
The use of inhalants is rather spread geographically and the proportions indulging in such behaviour vary between 2 and 22%. Only two countries reported increased prevalence rates from 1999 to 2003 (the Faroe Islands and Portugal) and two decreased rates (Ireland and Lithuania). The top country for this variable is Greenland, which remained so together with Ireland and Malta. Figures were missing for Cyprus in 1999 but following the latest survey the country joined the top group of countries.

Even though the proportion of students that had ever tried inhalants were rather unchanged the perceived availability changed in a large number of countries. In about 10, the students reported an increased availability and in about the same number of countries the figures dropped, without any clear geographical pattern.

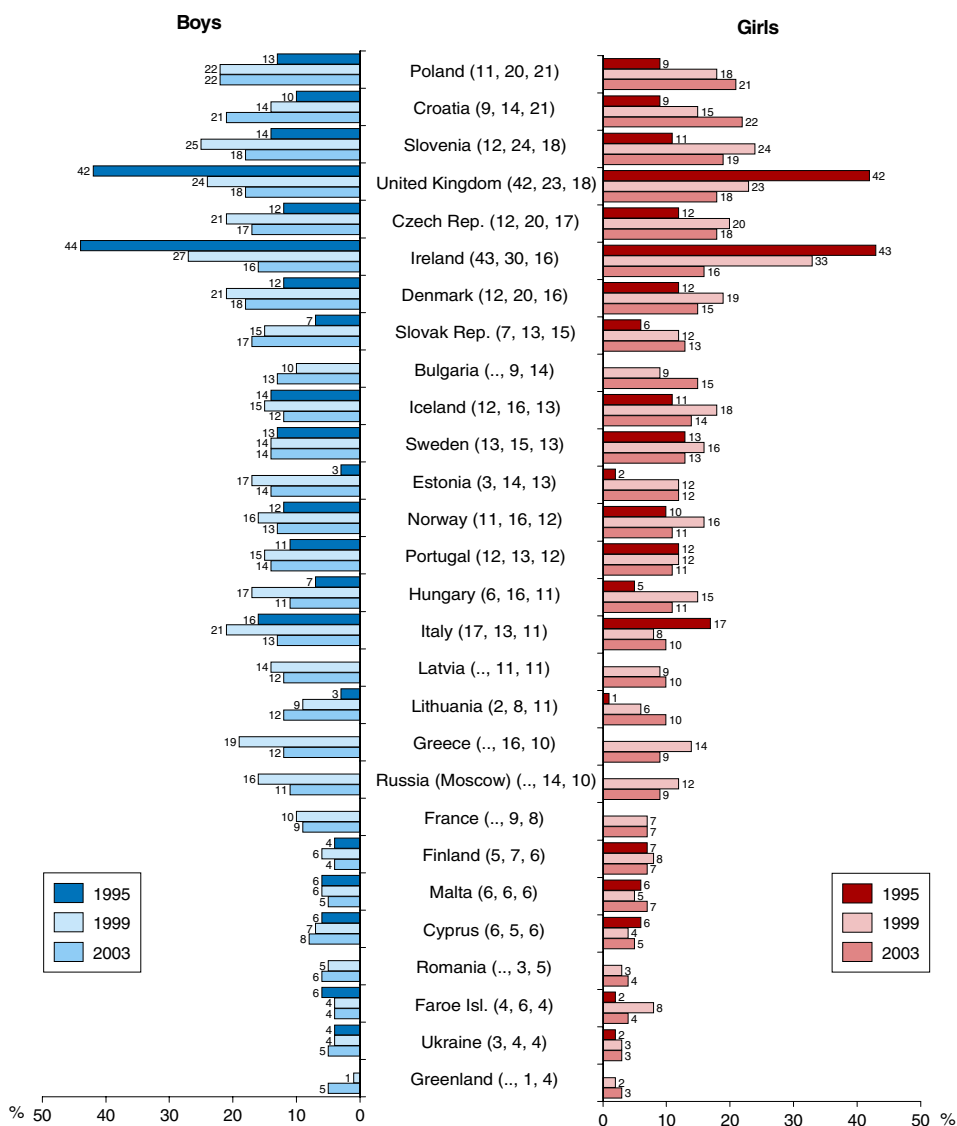
An increased availability of cannabis between 1999 and 2003 was reported from more than half of the countries while only three changed in the opposite direction (Denmark, Norway and Greece). The large number of countries reporting an increase was spread all over Europe. However, if looking only at countries with more extensive increases (8 percentage points or more) six of the seven are found in the eastern parts of Europe.

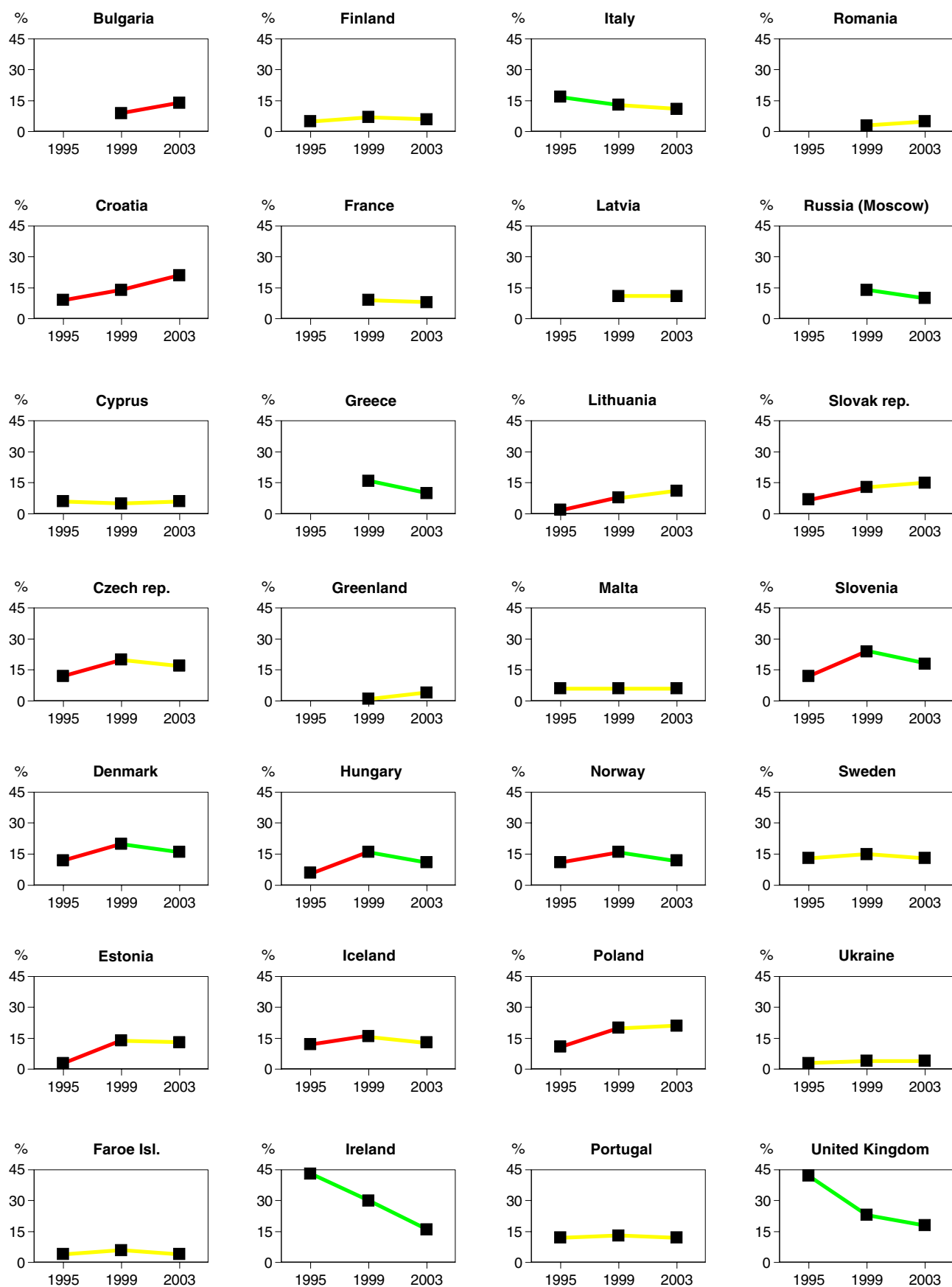
The perceived availability of LSD or other hallucinogens is unchanged in a majority of the countries. However, there are more countries (8) that report a decreased availability than an increased (Croatia and Bulgaria). The decreases were remarkable in Ireland and the United Kingdom, especially if one also includes the 1995 exercise. Between 1995 and 2003 the proportion answering "very easy" or "fairly easy" dropped in both countries from

**Figure 28a.** Changes between 1999 and 2003 in the proportion of all students who perceive LSD or other hallucinogens “very easy” or “fairly easy” to obtain. Countries above the line have increased prevalence rates, and countries below have decreased. All students.



**Figure 28b.** Changes between 1995 and 2003 in the proportion of all students who perceive LSD or other hallucinogens “very easy” or “fairly easy” to obtain (values within brackets refer to all students 1995, 1999, 2003). Data sorted by all students 2003.





**Figure 28c.** Changes between 1995 and 2003 in the proportion of all students who perceive LSD or other hallucinogens “very easy” or “fairly easy” to obtain, by country.

about 43% to about 17%.

To sum up, the trend development over the 8 years of the ESPAD history is indicative of the fact that smoking remains at about the same level or decreased in a majority of the countries. With regard to alcohol an unchanged or a somewhat decreasing consumption was observed in the western parts of Europe while increases mainly were found

in the eastern parts. The use of drugs is still dominated by the use of cannabis. The high prevalence countries in 1999 are still at the top in 2003, but a clear increasing tendency can be observed in the eastern parts of Europe. It is also clear that an increasing number of students in many European countries find cannabis easily available.



# The alcohol and drug situation 2003

This chapter presents the results of the 2003 ESPAD survey, mainly following the same structure as in the two earlier reports from 1995 and 1999. Each variable is presented with reference to the relevant table in the table section (Appendix II). In addition, the results of many of the variables are illustrated by a map, a bar graph by sex and a graph describing the changes from 1995 to 2003.

In the maps the prevalence rates of each variable have been divided into five groups. The cut-off points for the intervals have been chosen to fit the emerging pattern, with the aim of giving a picture as comprehensive as possible. Thus, the maps show the differences in prevalence rates over the countries for all students, while in the bar graphs the variables are presented by sex. The order of appearance in the bar graphs is determined by the results for all students (the figure within brackets). However, the differences between countries are sometimes very small.

When available, corresponding figures from USA and Spain are presented in tables, maps and bar graphs. The American figures originate from the "Monitoring the Future" study in Michigan, from which many of the ESPAD questions originally are taken. It ought to be observed that data from USA relates to students in grade 10, in which the large majority, but not all students, were born in 1987. The Spanish data are from a national survey in 2002 and calculated for the same agegroup as the ESPAD target group, i.e. students born in 1987.

Since Spain and USA are not parts of the ESPAD project and data not collected with the same proto-

col, their results are not fully comparable as data are between the ESPAD countries. To show this, data from these two countries are presented below the bottom line in the tables and marked differently in the maps and graphs. In some few cases also an ESPAD country is found below the line in a table. It happens if the formulation of a question or the answering categories differ so much from the standardised ESPAD questionnaire that the results are judged not to be fully comparable.

The first part of the chapter deals with tobacco use, followed by a section on alcohol consumption, including prevalence rates of consumption as well as drunkenness and binge drinking. The alcohol section also includes findings from some related variables like expected consequences of alcohol consumption, risk perception etc.

The third part presents prevalence rates of illicit drug use, use of inhalants and tranquillisers or sedatives, with and without a doctor's prescription, onset of drug use and the students' perception of the availability of drugs. The students' views of possible drug use among friends and siblings are also included.

In the maps, a few of the smallest countries (islands) have been enlarged. This has been done to enhance the visibility of the 5-colour division of the countries into different prevalence groups. In the tables a 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 comparable or available.

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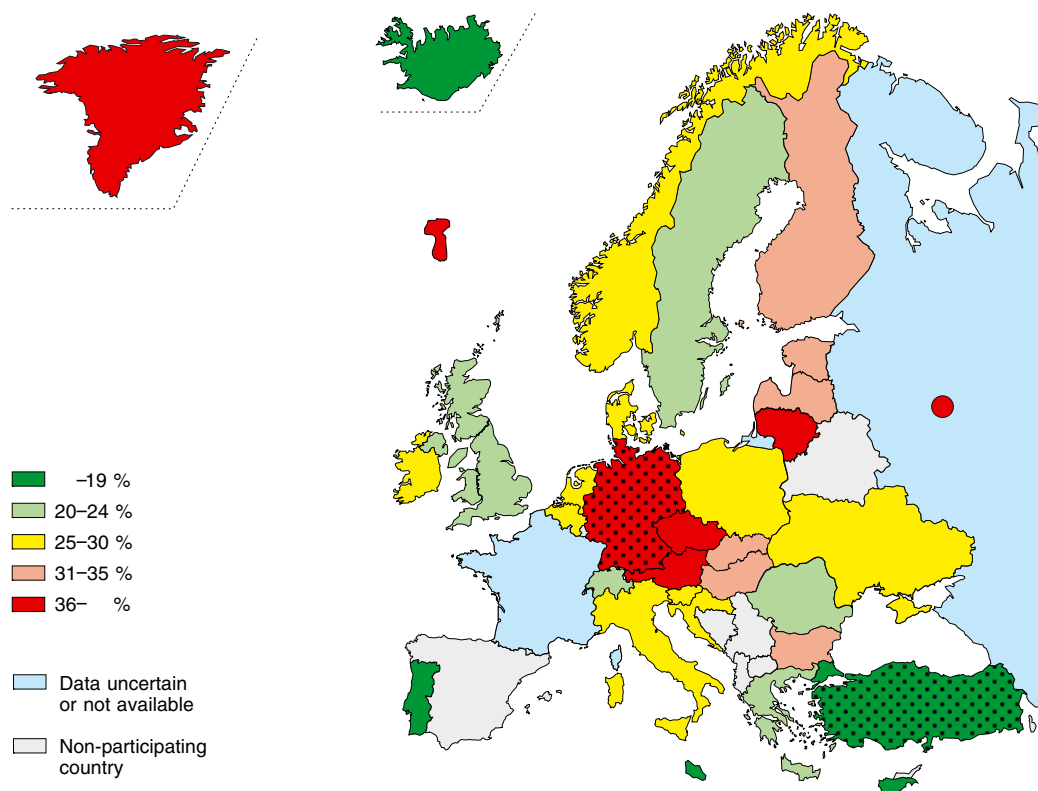
## **Tobacco use**

In this section the lifetime prevalence rates of smoking cigarettes, the rates of smoking 40 times or more during lifetime, the last 30 days prevalence rates and the prevalence of daily smoking at the age of 13 are presented.

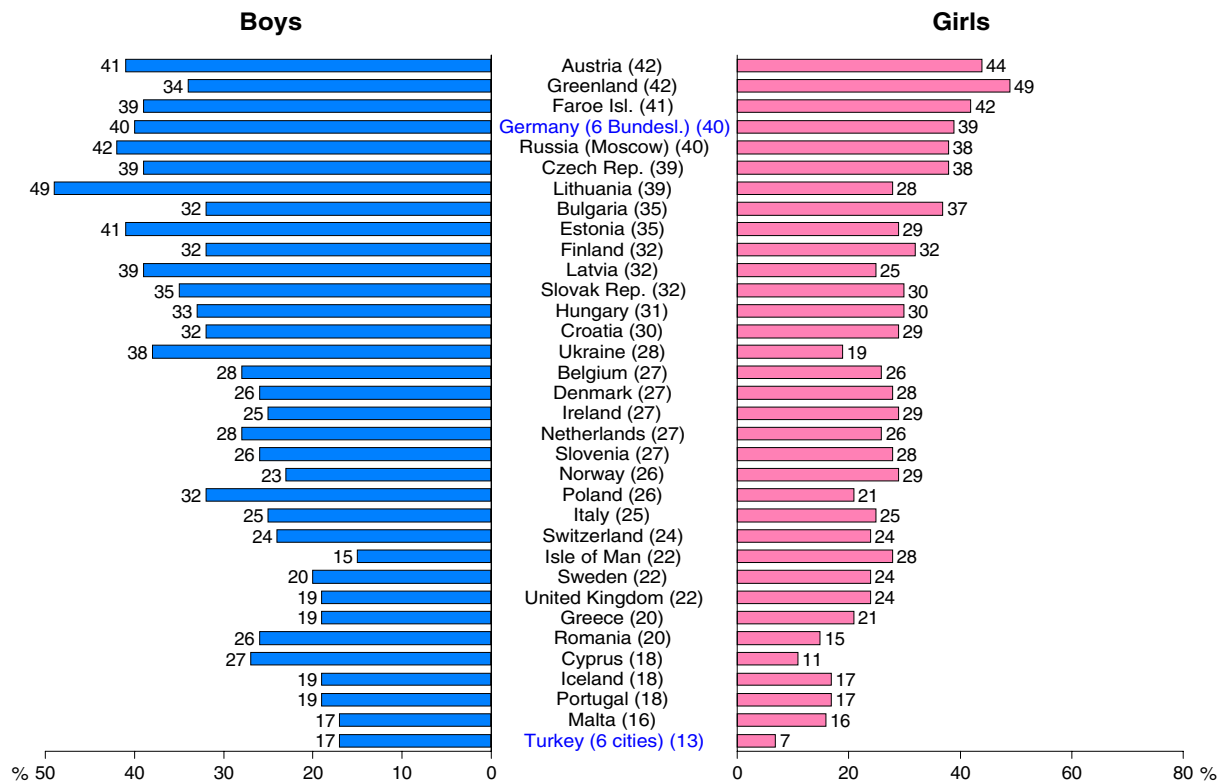
### **Lifetime use of cigarettes**

(Tables 1a–c, figures 29a–b)

In nearly all the ESPAD countries 50–80% of the students had smoked cigarettes, at least once in their lifetime. The highest lifetime prevalence rates of smoking cigarettes were found in the Faroe



**Figure 29a.** Lifetime use of cigarettes 40 times or more. Percentages among all students. 2003.  
Germany and Turkey: Limited geographical coverage.



**Figure 29b.** Lifetime use of cigarettes 40 times or more. Percentages among boys and girls. 2003.  
Values within brackets refer to all students. Data sorted by all students. Germany and Turkey: Limited geographical coverage.

Islands (83%) followed by Austria, the Czech Republic and Lithuania in which 80% had ever smoked. Next to those are Estonia, Germany, Greenland and Latvia, with lifetime prevalence rates just below 80%.

The lowest figures are found in Cyprus, Greece, Iceland, Malta and Turkey, but also in these countries about half of the study population had ever tried to smoke (46 – 52%). Thus, it seems as if smoking is somewhat less prevalent in the eastern part of the Mediterranean area, while Iceland makes out a contrast as a Nordic country at the bottom of the list, especially in comparison with other Nordic islands like the Faroe Islands and Greenland where the prevalence rates are among the highest.

Looking at figures 29a–b, where the prevalence rates for smoking 40 times or more in lifetime are presented, it is obvious that there are more students reporting this frequency of smoking in countries where the lifetime prevalence figures are the highest. In Austria, the Czech Republic, the Faroe Islands, Greenland, Germany, Lithuania and Russia (Moscow) about 40% had smoked 40 times or more in their lifetime. The lowest prevalence rates are found in Turkey (13%), Malta (16%), Iceland and Portugal (18% each).

It is obvious that smoking is especially prevalent in the central and eastern parts of Europe, but also in the North Atlantic islands, the Faroe Islands and Greenland. On the other hand, the other island in the same area, Iceland, is one of the low prevalence countries.

In eight of the 35 ESPAD countries more boys than girls had smoked 40 times or more in their lifetime. They are mainly found in the eastern parts of Europe such as Estonia, Latvia, Lithuania, Poland, Romania and Ukraine, but also in Cyprus and Turkey. Large differences in the other direction with more girls reporting this behaviour are mainly found in two islands countries, Greenland and Isle of Man.

### **Cigarette smoking during the last 30 days** (Tables 2a–c, figures 30a–b)

The highest percentage of students having been smoking during the last 30 days is found in Greenland, which is outstanding on this variable (60%). High rates are also found in Austria (49%), Bulgaria (46%), Germany (45%), Russia (Moscow) (44%) and the Czech Republic (43%). Particularly low proportions were found in Cyprus, Iceland, Sweden and Turkey with figures varying between 18 and 25%. In Spain 27% of the students had been smoking during the last 30 days.

The gender pattern reveals that countries with substantially higher rates of last month smoking among boys include Cyprus, Latvia, Lithuania, Turkey and Ukraine. The other way around, i.e. considerably higher figures among girls, are mainly found in Greenland, Ireland, Isle of Man and the United Kingdom. The distributions do not follow any strict geographical pattern although the male smokers are predominantly found in the eastern parts of Europe (and eastern Mediterranean) and females in the west, predominantly in the British Isles.

Some students are more or less occasional smokers and do not smoke every day. However, on average 2% of the students have smoked 21 cigarettes or more during the last 30 days. The variations between countries are not important and only in two countries as much as about 5% of the students reported this (Croatia and Ireland).

A closer look at those who have smoked 6 or more cigarettes during the last 30 days gives a better picture of high and low prevalence countries. The country where the highest number of students had done this is the Faroe Islands, where 30% reported this frequency of smoking. Other countries where this to a higher extent was reported are Austria and Bulgaria (24–25%), Germany, Greenland and Ireland (21–22%). Very few had been smoking that often in Malta, Sweden and Turkey (6%).

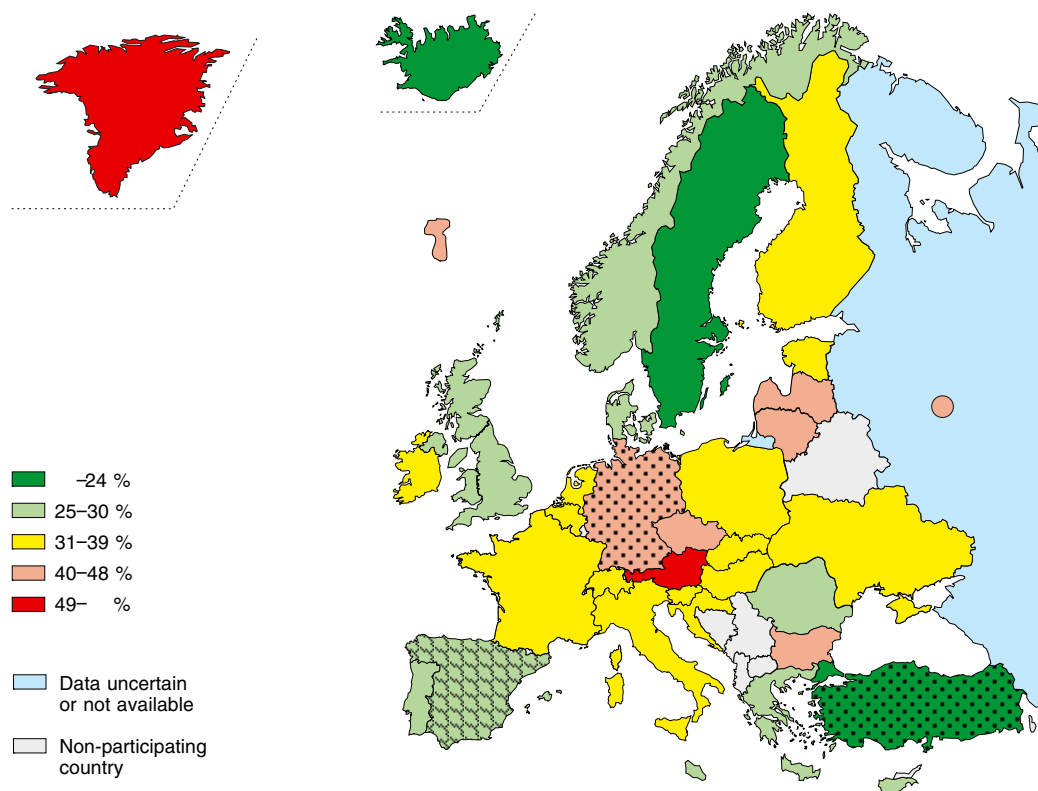
### **Age at first use**

(Table 3)

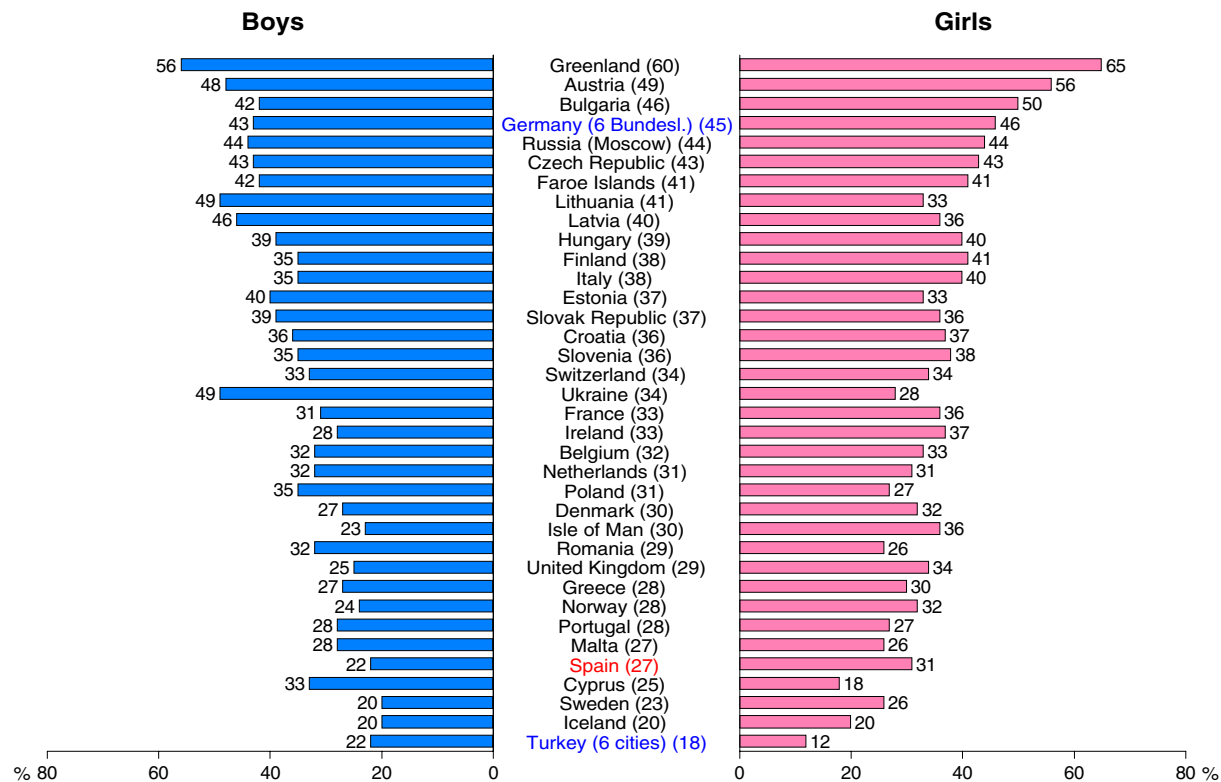
Young people may have tried occasionally to smoke early in life, and some of them continue to a habitual smoking, while others do not. The number of students, who have smoked their first cigarette at the age of 13 or younger, vary considerably over the countries, from 20 to 60%.

In eleven countries more than half of the students have tried to smoke at the age of 13 or younger. The highest percentages are found in the Faroe Islands and Germany (59% each), Latvia (57%), Austria, Estonia and Greenland (56% each). The lowest proportions of students who have tried to smoke at this early age are found in Greece (20%), Turkey (23%), Cyprus and Iceland (26% each) and in Malta (29%).

In many ESPAD countries the prevalence rates of early initiation to cigarette smoking is rather equal between boys and girls. In some countries, however, there are more boys that report early use of cigarettes. The largest gender differences are found in Cyprus, Estonia, Latvia, Lithuania, Poland, Romania, the Slovak Republic, Switzerland



**Figure 30a.** Cigarette smoking during the last 30 days. Percentages among all students. 2003.  
Germany and Turkey: Limited geographical coverage. Spain: Limited comparability.



**Figure 30b.** Cigarette smoking during the last 30 days. Percentages among boys and girls. 2003.  
Values within brackets refer to all students. Data sorted by all students. Germany and Turkey: Limited geographical coverage. Spain: Limited comparability.

and Ukraine. Not so many countries are reporting more girls than boys that have tried their first cigarette by the age of 13 years. The most important include Greenland, Ireland, Isle of Man and the United Kingdom. Overall, there seem to be more early smokers among boys in the eastern parts of Europe than in the western. Countries with more female early smokers are mainly found in the British Isles.

### **Daily smoking at the age of 13**

(Table 3, figures 31a–b)

The number of students who have been daily smokers at the age of 13 or younger is rather high in some countries in the northern parts of Europe, but lower in the south. The highest proportions are found in the Faroe Islands (20%), Germany (18%) and Estonia (17%) followed by Finland, Greenland

and Russia (Moscow) (15% each). The lowest percentages are found in Turkey (3%), Greece (4%), Romania (5%), Hungary and Italy (6% each). However, in most countries the prevalence rates range from 7 to 14%.

In a majority of the ESPAD countries, both in the north and the south, the number of students that report daily smoking at this early age are rather equally distributed between the sexes. However, in some countries the gender differences are important and they go in different directions. In a number of countries the proportions among boys double (or more than double) those of the girls. This is true in Cyprus, Latvia, Lithuania, Poland, Romania and Ukraine. Another country with a male majority of early smokers is Estonia. Gender differences in the opposite direction are mainly found in Greenland, Isle of Man and the United Kingdom.

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## **Alcohol consumption**

### **Lifetime use of any alcoholic beverage**

(Tables 4a–c, figures 32a–b)

In two thirds of the ESPAD countries the vast majority (90% or more) of the students have been drinking alcohol at least once in their lifetime. The highest percentages are found in the Czech Republic, Lithuania (98% each), the Slovak Republic (97%), Austria, Denmark, Estonia, Germany, Greece, Isle of Man and Latvia (96% each).

In some few countries, however, smaller proportions report this experience. The country that deviates the most from this pattern is Turkey, where only slightly less than half of the students (45%) report having been drinking any alcohol at all. Other countries with low prevalence rates include Iceland (75%), Greenland and Portugal (78–80%).

Not all of those who have tried alcohol at least once in their lifetime drink on a regular basis. Thus the number of students that have been drinking at least 40 times can be viewed as more of a regular customer. The prevalence rates of this frequency of drinking are much lower than the total lifetime prevalence.

The highest percentages reporting use of alcohol 40 times or more in their lifetime are found in more or less the same countries that also had the highest lifetime prevalence rates. They include Denmark (50%), Austria (48%), the Czech Republic (46%), Isle of Man, the Netherlands (45% each) and the

United Kingdom (43%). The lowest proportion is reported from Turkey (7%) followed by Greenland, Iceland, Norway and Portugal (13–15%).

The gender pattern reveals that in almost all countries there are more boys than girls who report this behaviour. In a few countries, Isle of Man, Finland and Norway, the gender distribution is about equal. However, no country reports prevalence rates among girls that exceed those of the boys.

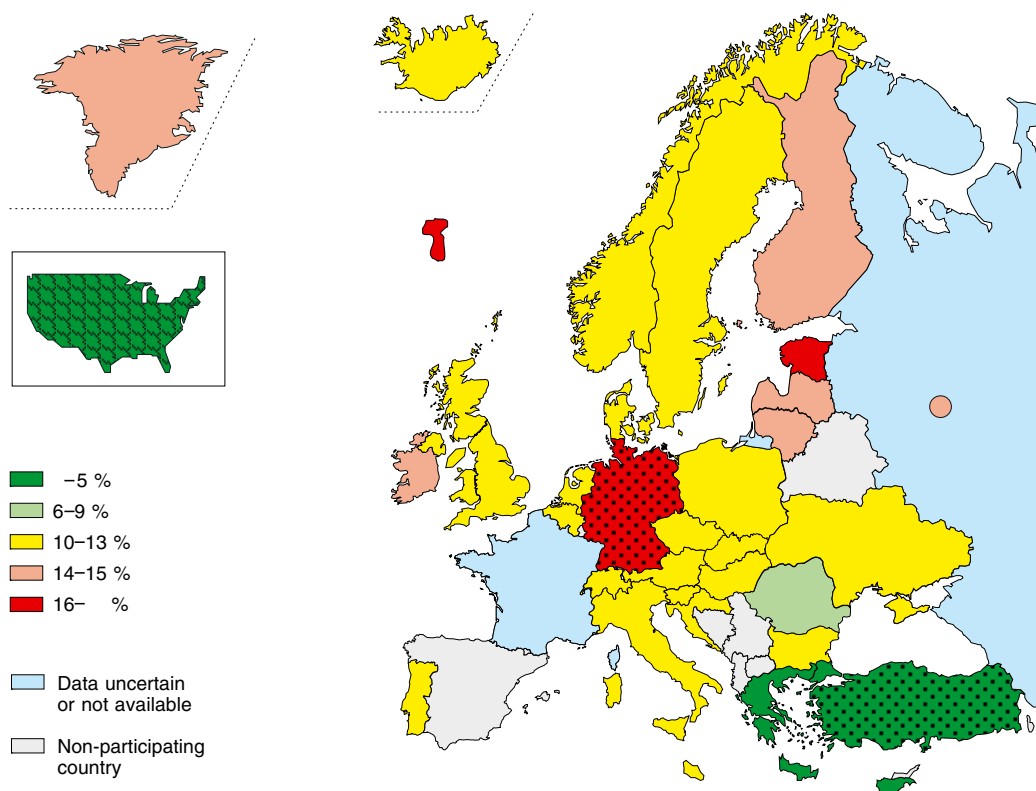
### **Last 12 months**

(Tables 5a–c, figures 33a–b)

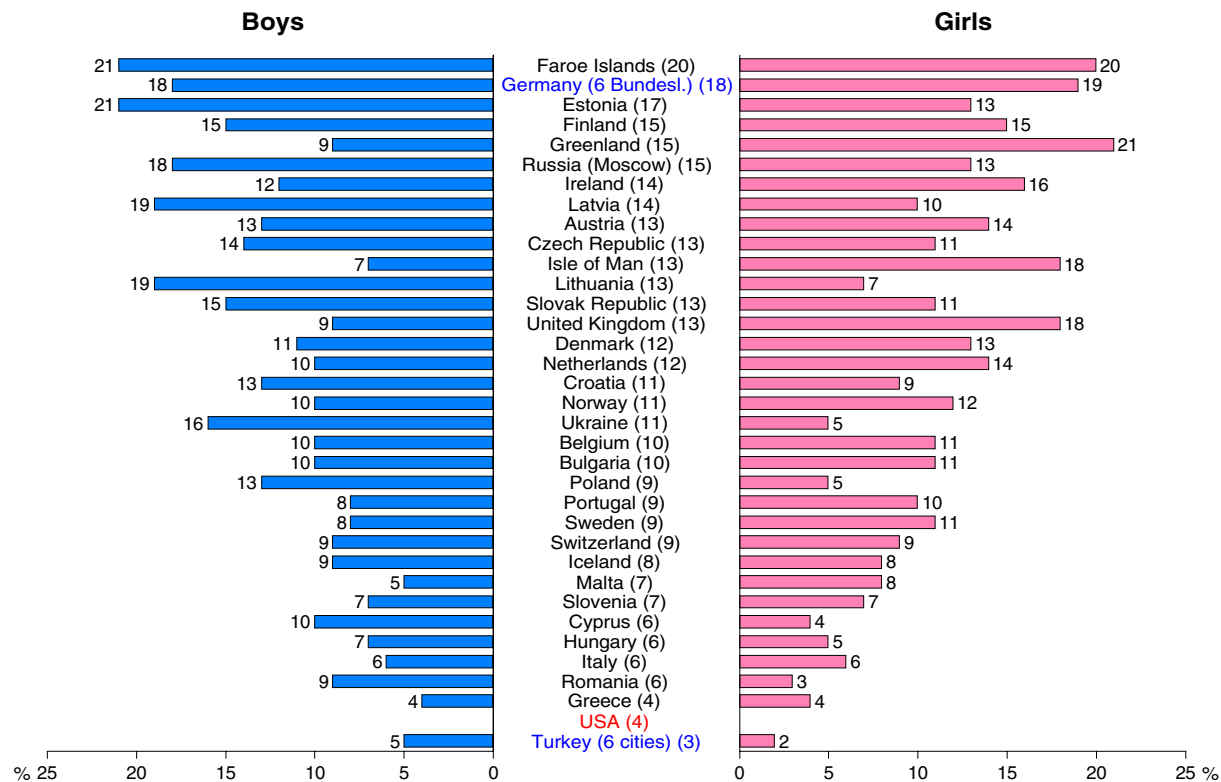
Not all students who have reported lifetime experience of alcohol have used it as recently as during the last 12 months. Only in 10 of the 35 countries 90% or more had indicated alcohol use during the last 12 months. They include the Czech Republic, Denmark (95% each), Isle of Man, Lithuania (94% each), Austria, Germany (93% each), Greece, the United Kingdom (91% each), Malta and the Slovak Republic (90% each).

Of those reporting the lowest 12 months prevalence rates Turkey is again the country with the lowest frequency. Only 35% of the Turkish students had been drinking alcohol during the last 12 months. Other countries with low numbers include Iceland (64%) together with the Faroe Islands, Greenland, Norway, Portugal and Sweden (73–77%).

The percentage that report drinking 20 times or

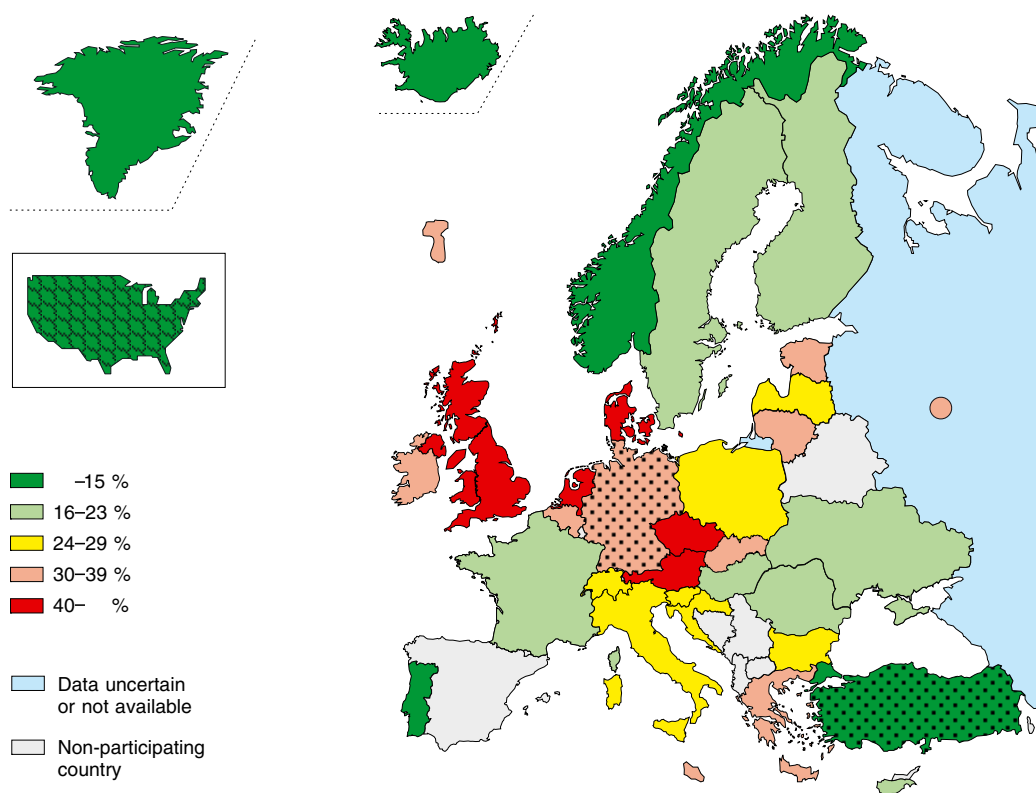


**Figure 31a.** Daily smoking at the age of 13 or younger. Percentages among all students. 2003.  
Germany and Turkey: Limited geographical coverage. USA: Limited comparability.

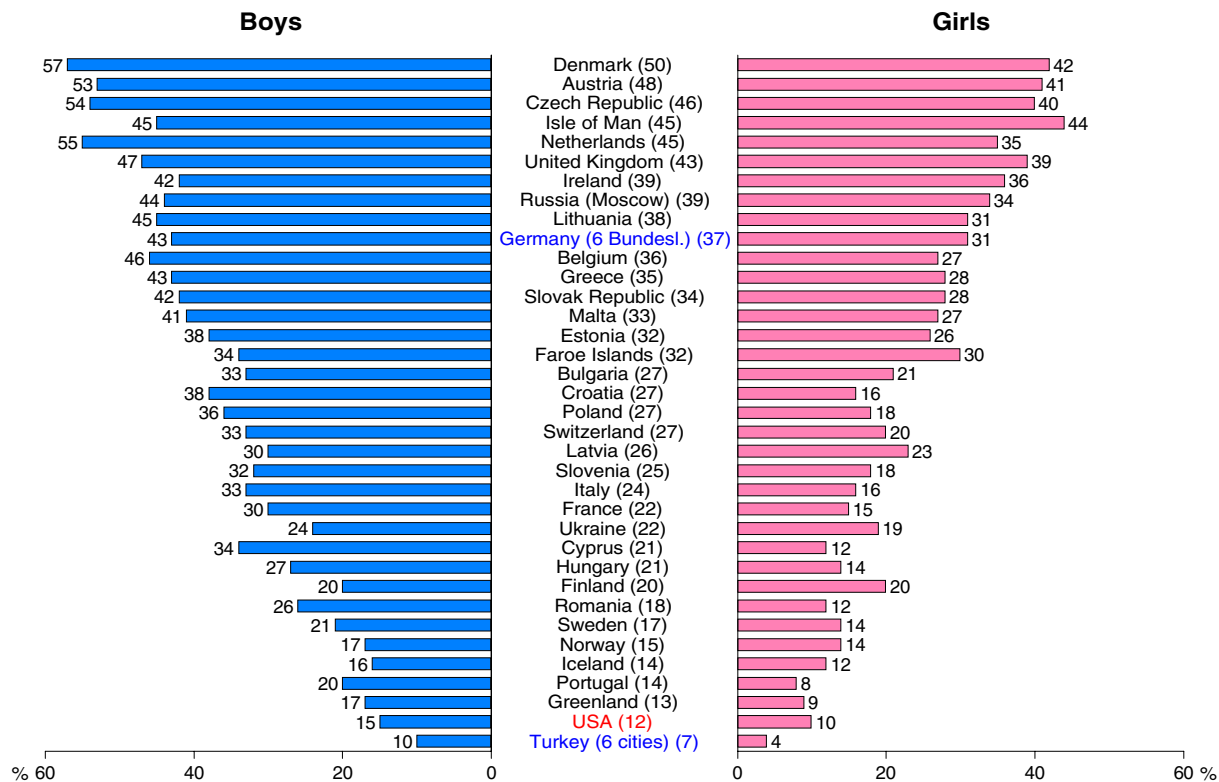


**Figure 31b.** Daily smoking at the age of 13 or younger. Percentages among boys and girls. 2003.  
Values within brackets refer to all students. Data sorted by all students. Germany and Turkey: Limited geographical coverage. USA: Limited comparability.

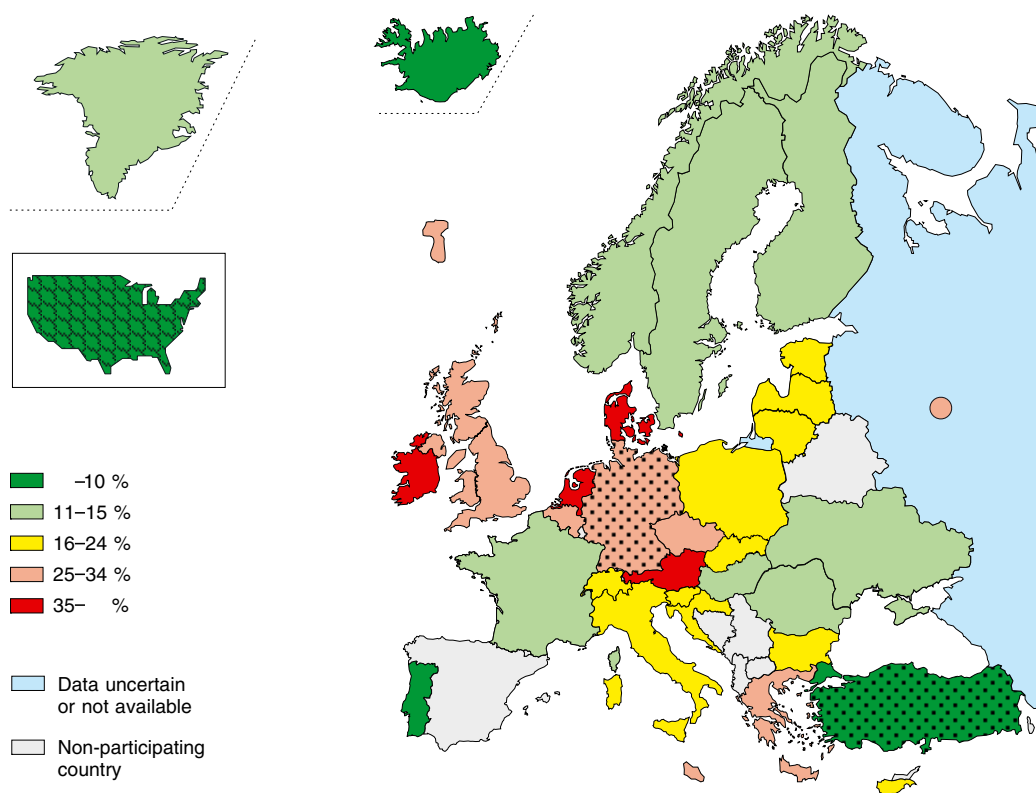




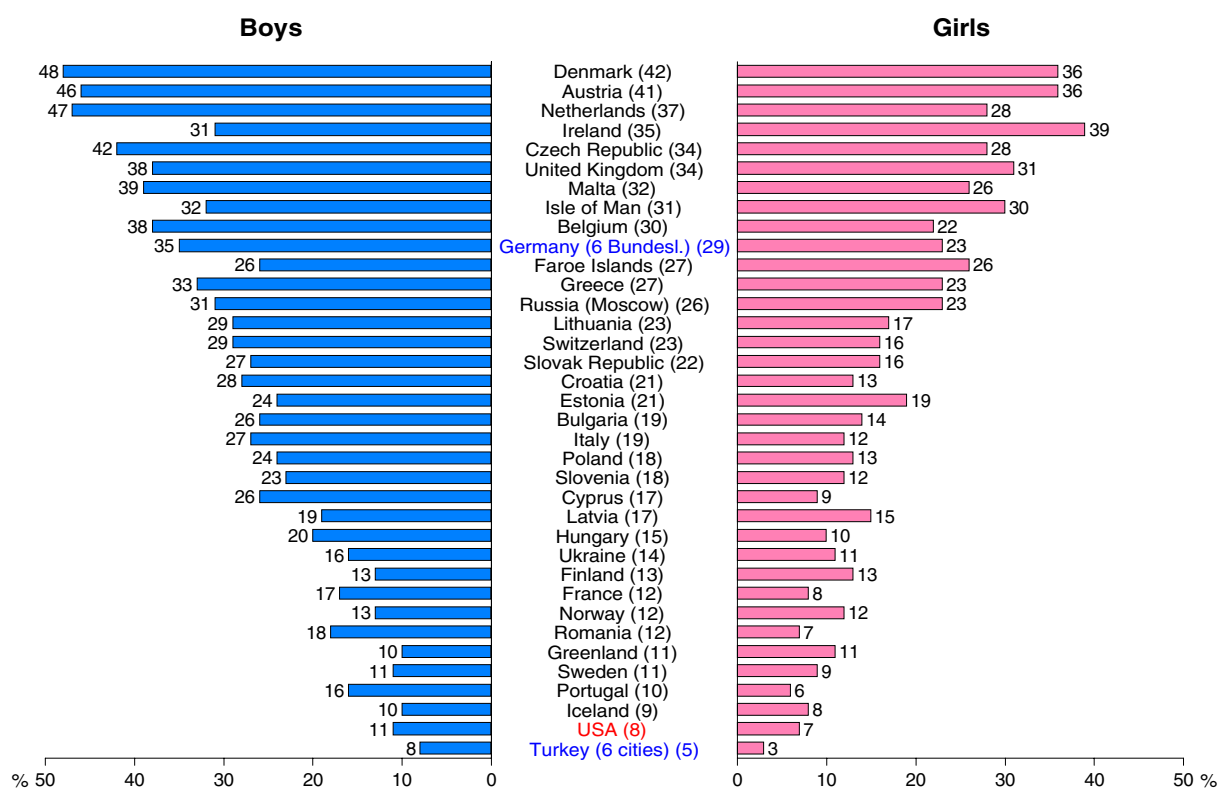
**Figure 32a.** Lifetime use of any alcoholic beverage 40 times or more. Percentages among all students. 2003.  
Germany and Turkey: Limited geographical coverage. USA: Limited comparability.



**Figure 32b.** Lifetime use of any alcoholic beverage 40 times or more. Percentages among boys and girls. 2003.  
Values within brackets refer to all students. Data sorted by all students. Germany and Turkey: Limited geographical coverage. USA: Limited comparability.



**Figure 33a.** Use of any alcoholic beverage 20 times or more during the last 12 months. Percentages among all students. 2003. Germany and Turkey: Limited geographical coverage. USA: Limited comparability.



**Figure 33b.** Use of any alcoholic beverage 20 times or more during the last 12 months. Percentages among boys and girls. 2003.

Values within brackets refer to all students. Data sorted by all students. Germany and Turkey: Limited geographical coverage. USA: Limited comparability.



more during the last year gives a picture of a more frequent alcohol use. The highest numbers are found in Denmark and Austria (41–42%), the Netherlands (37%) and Ireland (35%) followed by the Czech Republic and the United Kingdom (34%). The lowest frequencies are found in Turkey (5%), Iceland and Portugal (9–10%).

In most ESPAD countries, such frequent drinking during the last 12 months is a typical male behaviour. Thus, in about three fourths of the ESPAD countries a majority of those reporting this were boys. In only one country, Ireland, more girls than boys (39 vs. 31%) indicated this drinking behaviour. About equal proportions, however, are reported from almost only Nordic countries including the Faroe Islands, Finland, Greenland, Iceland, Isle of Man, Norway and Sweden.

## **Last 30 days**

### ***Any alcohol***

(Tables 6a–c, figures 34a–b)

The number of students who had been drinking any alcohol during the last 30 days varies quite a lot between the ESPAD countries. In Austria, Denmark and Isle of Man a vast majority of the students (79–82%) had been drinking alcohol during this period. Other countries where about three quarters of the students reported this include Germany (78%), the Czech Republic, Lithuania (77% each), Greece, Malta, and Switzerland (75% each).

Much lower prevalence rates are reported from Turkey, where only 20% of the students reported any alcohol use during the last month, but also Iceland reports a rather low figure on this variable (37%). Countries where about half of the students had been drinking any alcohol during the last 30 days include Portugal (48%), Greenland, Norway, Sweden (51% each), Finland and Romania (54% each).

A higher frequency of alcohol use is revealed in the number of students who had been consuming alcohol 10 times or more during the last 30 days, i.e. at least every third day if a drinking occasion is defined as a day when you drink alcohol. In the Netherlands one quarter of the students report this behaviour (25%), while about one fifth of the respondents in Austria, Belgium, Malta and the United Kingdom did so (17–21%). In some other countries, this drinking frequency is hardly reported at all. Proportions of 3% or less were found in Finland, Greenland, Iceland, Norway and Sweden. Thus, the very low prevalence rates were mainly found in the Nordic countries.

In a majority of the countries more boys than girls are reporting this frequency of drinking. With two exceptions this is clearly related to the prevalence rates, i.e. there are more males reporting this in the high prevalence countries. The two exceptions are the United Kingdom and Ireland where the sex distribution is about equal. No country is reporting more girls than boys with this behaviour, but in a number of countries the proportions are about equal between the sexes, especially so in the low prevalence countries.

The students were asked what kind of beverage they had been drinking during the last 30 days. In the next three sections their choice of beverage is reported. The presentation is focused on the consumption of beer, wine and spirits.

## ***Beer***

(Tables 7a–c, Figures 35a–b)

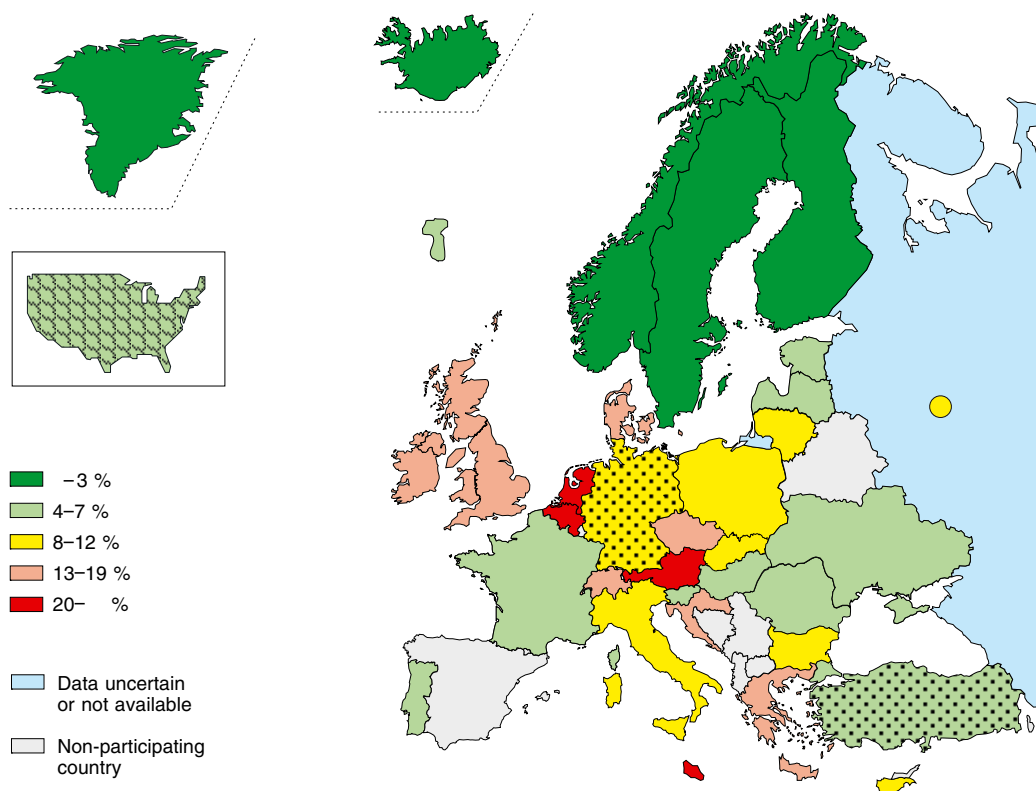
The largest proportions that report having been drinking beer during last 30 days were found in Bulgaria (70%), Denmark (69%), Poland (68%), Romania (67%), the Czech Republic (63%) and Ukraine (61%). As a contrast, only 21% of the Turkish students had done so. In some other countries the prevalence rates are also rather low. They include Hungary, Norway and Portugal where about 35% had had beer.

Many students report rather frequent beer consumption. The percentages of students who had been drinking beer 3 times or more during the last 30 days varies between 10 and 44%. The highest figures are found in Denmark (44%), Bulgaria (43%), Poland (41%) and the Netherlands (40%). Other countries with high levels include the Czech Republic (39%), Russia (Moscow) and the Slovak Republic (38% each).

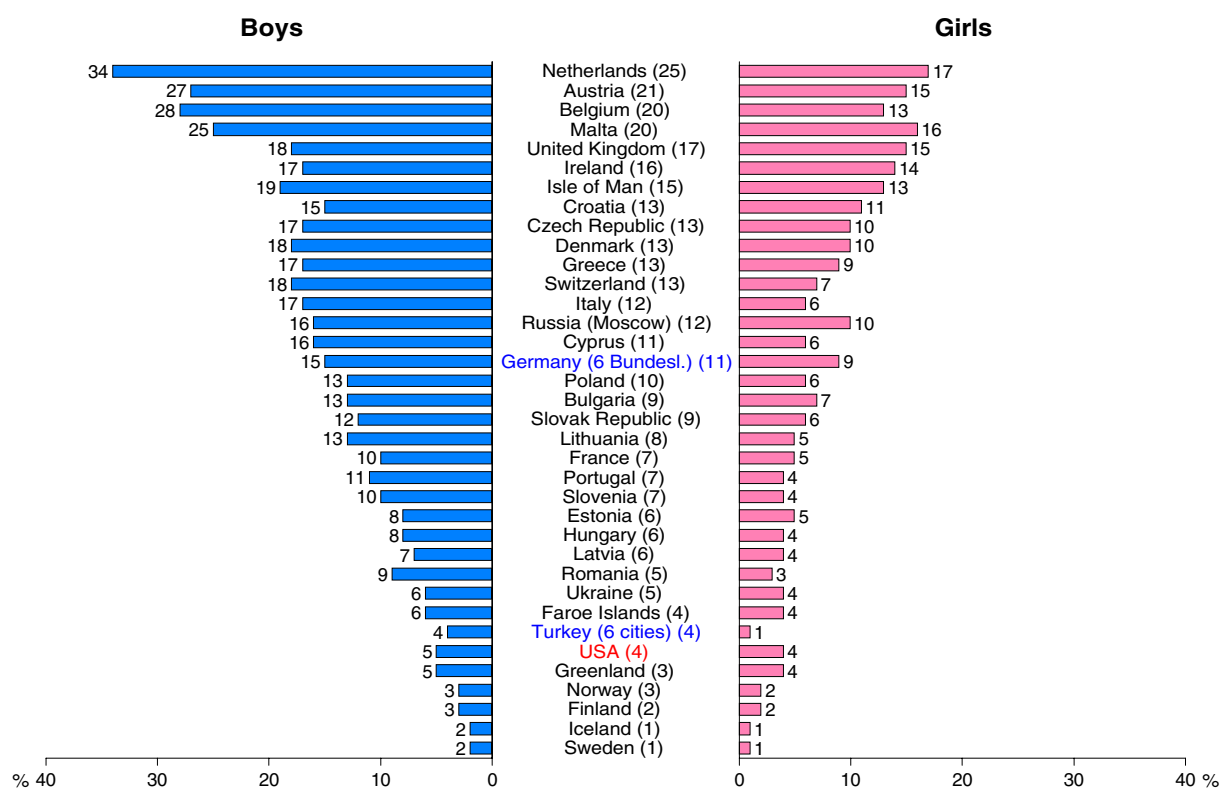
The smallest proportions were reported from Turkey (10%) and Norway (14%). Other countries where less than 20% had consumed beer that often include Finland, Hungary, Iceland, and Portugal.

Beer drinking does not follow any geographical pattern, neither among the high nor the low prevalence countries.

Drinking beer is a predominantly male behaviour. This is true also in relation to frequent consumption. In almost all ESPAD countries more boys than girls reported that they had been drinking beer 3 times or more often over the last 30 days. The only exceptions where the distributions are almost equal between the sexes are found in two countries in the North Atlantic, Greenland and Iceland.

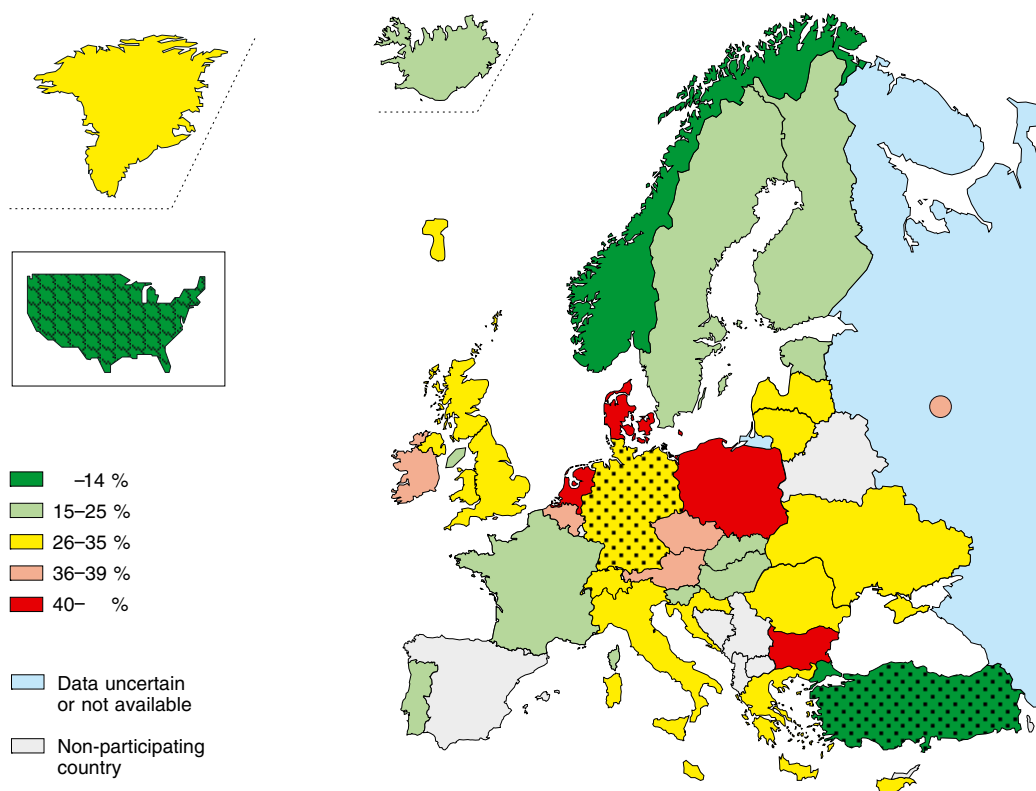


**Figure 34a.** Use of any alcoholic beverage 10 times or more during the last 30 days. Percentages among all students. 2003. Germany and Turkey: Limited geographical coverage. USA: Limited comparability.

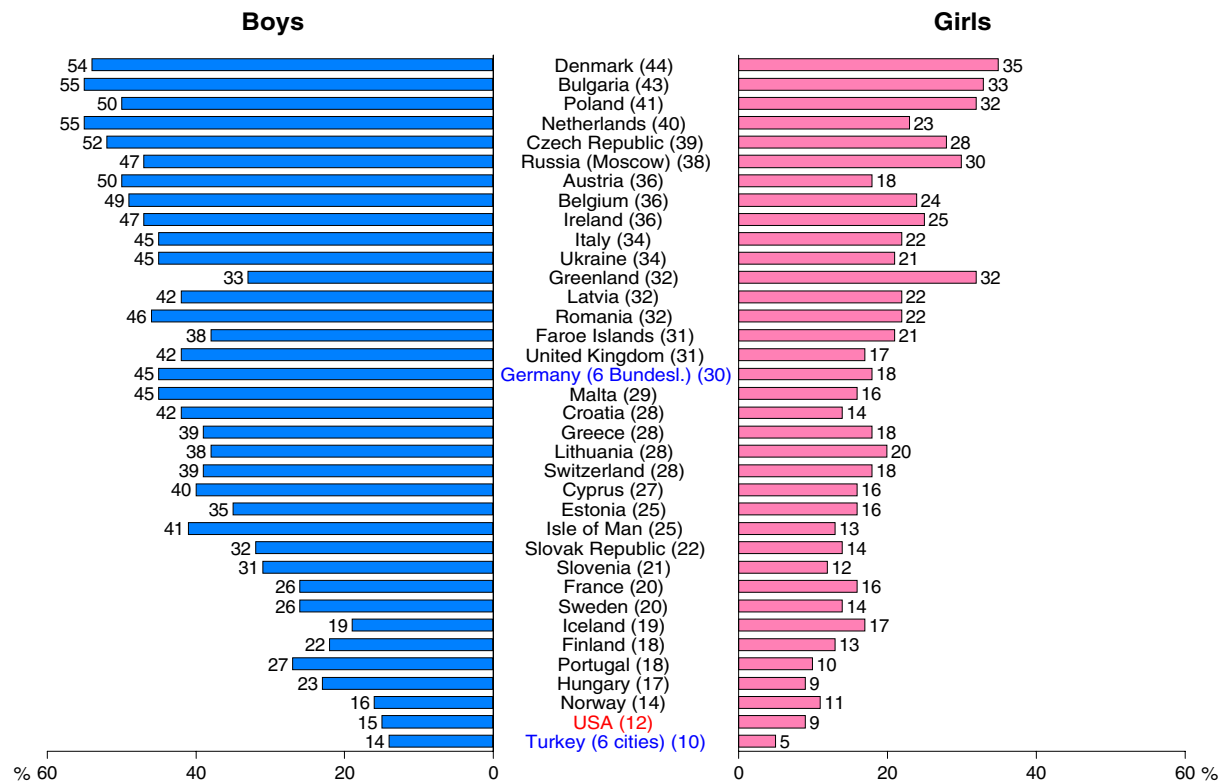


**Figure 34b.** Use of any alcoholic beverage 10 times or more during the last 30 days. Percentages among boys and girls. 2003.

Values within brackets refer to all students. Data sorted by all students. Germany and Turkey: Limited geographical coverage. USA: Limited comparability.



**Figure 35a.** Beer consumption 3 times or more during the last 30 days. Percentages among all students. 2003.  
Germany and Turkey: Limited geographical coverage. USA: Limited comparability.



**Figure 35b.** Beer consumption 3 times or more during the last 30 days. Percentages among boys and girls. 2003.  
Values within brackets refer to all students. Data sorted by all students. Germany and Turkey: Limited geographical coverage. USA: Limited comparability.

## *Wine*

(Tables 8a–c, figures 36a–b)

Much less students had been drinking wine during the last 30 days compared to beer. The country with the most outstanding figure reporting this behaviour is Malta where 68% had been drinking wine during the last 30 days. Other relatively high prevalence countries include Austria, the Czech Republic and Lithuania, where a little more than half of the students had consumed wine during this period.

In some countries very few students had been drinking wine during the last month. The two with the lowest frequencies are Turkey (10%) and Portugal (15%). Other low prevalence countries include the Faroe Islands, Greenland, Iceland and Norway (around 19%). Apparently there is no clear geographical pattern in the distribution of low prevalence countries on wine consumption. They include one low alcohol prevalence country like Turkey, one wine producing country and four North Atlantic countries.

The proportions of students reporting a wine consumption frequency of 3 times or more during the last 30 days are mainly lower than 20%. However, one country is outstanding in this respect since one third (35%) of the students in Malta reported this frequency of wine consumption. Other high prevalence countries include Austria and Italy (about 23%), the Czech Republic, Greece and Slovenia (21% each). Thus, all high prevalence countries are wine producing countries.

The lowest proportions that reported this frequency of wine consumption are found in Norway (3%), Turkey (4%), Finland and Iceland (5% each). Other low prevalence countries (below 9%) are found in northern Europe such as Greenland, the Faroe Islands, Poland and Sweden, but also in “wine countries” like France and Portugal.

In about one third of the ESPAD countries boys are in majority when it comes to drinking wine 3 times or more during the last 30 days. In about the same number of countries there are hardly any gender differences at all. In some countries, however, the girls are in majority among these consumers. Findings in this direction are mainly found in the Czech Republic, Germany, Ireland and the United Kingdom.

## *Spirits*

(Tables 9a–c, figures 37a–b)

The number of students who had been drinking spirits during the last 30 days varies considerably between the ESPAD countries. The highest per-

centages, around two thirds of the student population, are found in countries spread geographically all over Europe. They include Isle of Man (66%), Denmark, Malta (65% each), Greece, Switzerland (63% each), the United Kingdom (61%) and Ireland (60%). Much lower numbers are found in a few countries in different parts of Europe. They mainly include Turkey (11%) and Romania (23%).

A similar picture of high and low prevalence countries is found when looking at the percentage of students that had been drinking spirits at least 3 times during the last 30 days. Again the British Isles are appearing at the top, but also the two Mediterranean countries. The highest proportion is found in Malta, where 43% of the students reported this frequency of spirits consumption. Next come the United Kingdom (39%), Ireland, Isle of Man (38% each), the Faroe Islands and Greece (37% each).

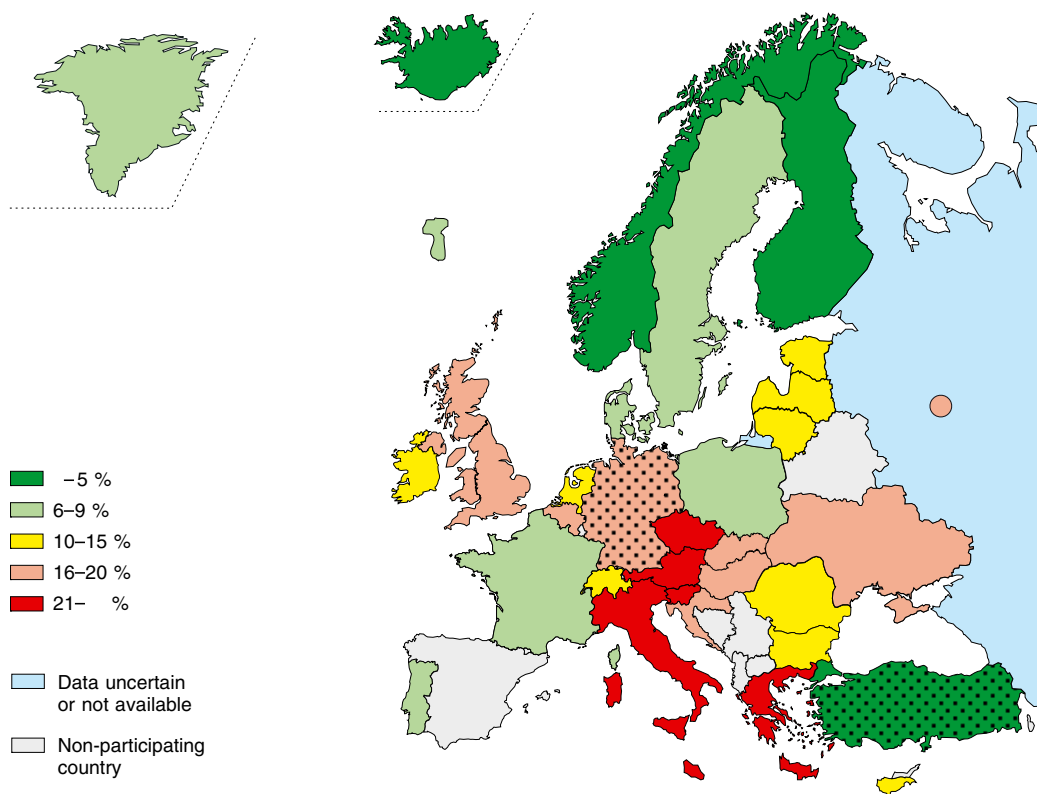
Countries where rather few students reported this frequency of drinking spirits include Turkey (5%), Romania (6%) and Finland (10%). Other countries with low prevalence rates are Latvia, Iceland, Lithuania and Poland (12–14%).

In about half of the countries there are more boys than girls reporting such a frequent consumption of spirits. However, in about the same number of countries the prevalence rates are equal or almost equal between the sexes. Only three countries reported proportions among the girls that exceeded those of the boys. These countries were all high frequency countries and they were all parts of the British Isles, i.e. Ireland, Isle of Man and the United Kingdom.

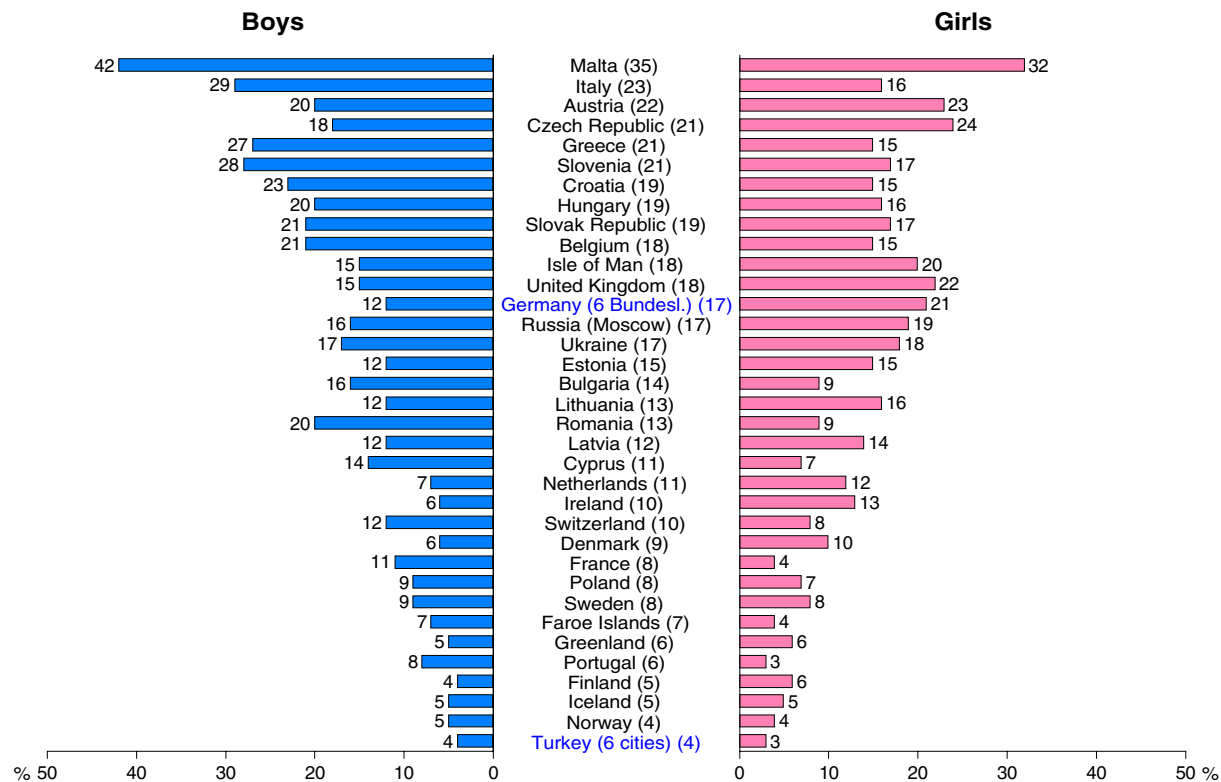
## **Last drinking occasion**

The questionnaire included five questions regarding the consumed quantities on the last drinking occasion, beverage by beverage. The students were asked: “The last time you had an alcoholic drink, did you drink any beer (/cider/alcopops/wine/spirits)? If so, how much?” The format of the response categories was set as fixed quantities relevant for each beverage in terms of centilitres.

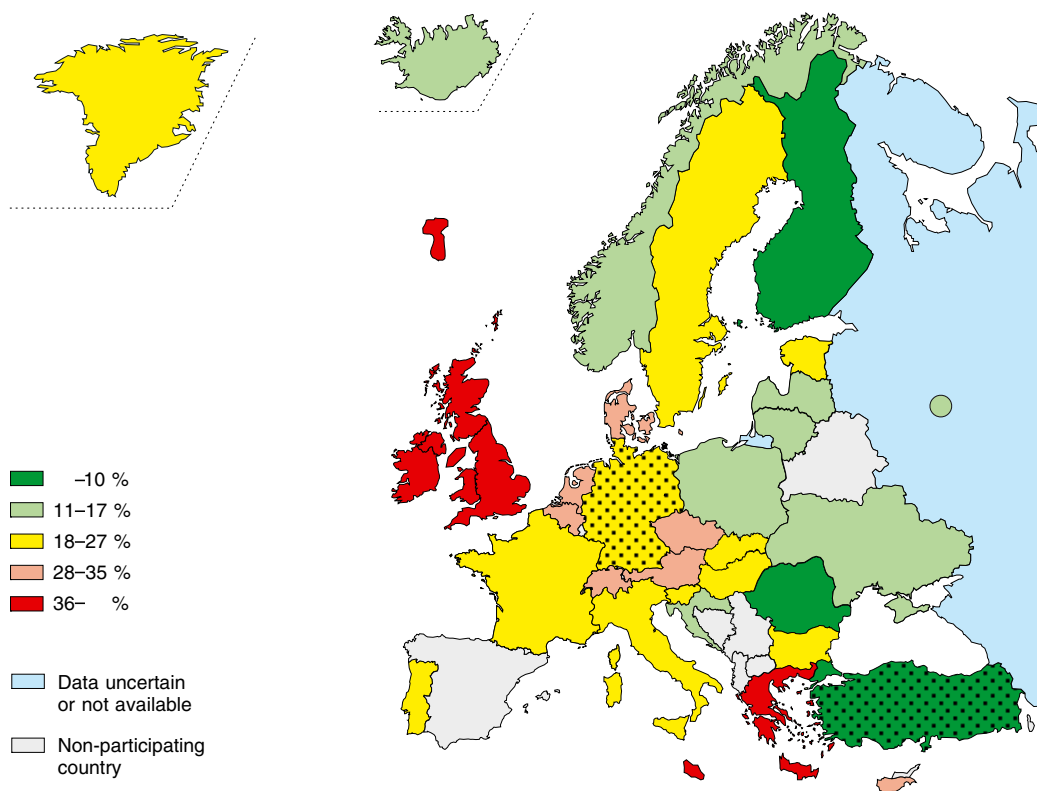
Since glasses, bottles and cans differ in size between countries, each ESPAD researcher described the fixed response categories in the best possible way. The question also included the response categories “I never drink beer (/cider/alcopops/wine/spirits)” and “I did not drink beer (/cider/alcopops/wine/spirits) on my last drinking occasion”. Countries in which cider or alcopops are virtually non-existent did not include questions about these beverages.



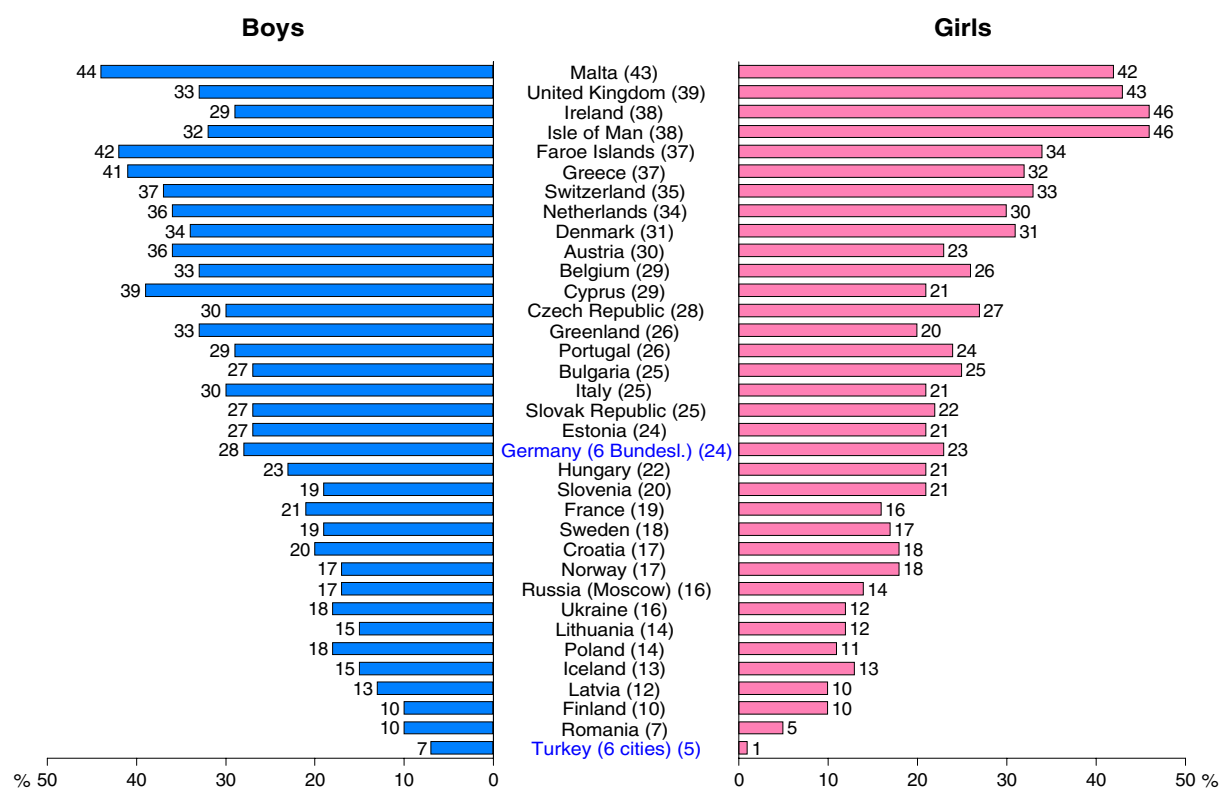
**Figure 36a.** Wine consumption 3 times or more during the last 30 days. Percentages among all students. 2003.  
Germany and Turkey: Limited geographical coverage.



**Figure 36b.** Wine consumption 3 times or more during the last 30 days. Percentages among boys and girls. 2003.  
Values within brackets refer to all students. Data sorted by all students. Germany and Turkey: Limited geographical coverage.



**Figure 37a.** Consumption of spirits 3 times or more during the last 30 days. Percentages among all students. 2003. Germany and Turkey: Limited geographical coverage. The Netherlands: Pre-mixed drinks not included.



**Figure 37b.** Consumption of spirits 3 times or more during the last 30 days. Percentages among boys and girls. 2003. Values within brackets refer to all students. Data sorted by all students. Germany and Turkey: Limited geographical coverage. The Netherlands: Pre-mixed drinks not included.



In a few countries (Austria and Germany) the response categories were changed into an open format to try to get as realistic and true alcohol volumes as possible. However, since this change of format is known to distort the distributions, the results of these countries are put below the line in the tables, and are excluded from the maps and bar graphs, in order to draw the reader's attention to the limited comparability. In Switzerland the response categories for cider and alcopops consumption are different from the ESPAD format, which is the reason for putting these results under the bottom line in relevant tables.

The results on these beverage specific questions are presented below. They include beer, cider, alcopops, wine and spirits.

### **Beer**

(Tables 10a–c, figures 38a–b)

The proportions of students who had been drinking beer last time they had any alcohol vary between one third and two thirds. The highest percentage of students reporting this, are found in Poland and Romania (69% each), Denmark (65%), Lithuania (61%) and the Czech Republic (60%). The countries with relatively small proportions reporting this behaviour include Hungary and Turkey, where one third (33%) had been drinking beer on the last drinking occasion, but also in Norway (38%) and Croatia (37%).

Some of the students who had been drinking beer had consumed quite large quantities. In some countries about one third of the students had consumed at least 101 cl beer on the last drinking occasion. These countries are Denmark (37%), Ireland (32%) and the Netherlands (28%). Other countries where quite large proportions report this level of consumption include Finland (25%), Greenland, Iceland (24% each), the Czech Republic, the United Kingdom (23% each) and the Faroe Islands (22%).

Very few students reported this behaviour in Ukraine (4%), Turkey (5%), Portugal and Romania (6% each). Other low prevalence countries are Greece, Hungary and the Slovak Republic (7% each), Cyprus, Italy (8% each) and Slovenia (9%). An interesting detail is that the two countries which formerly were united as one country, the Czech Republic and the Slovak Republic, show completely different drinking pattern in relation to the consumption of beer.

The gender pattern reveals that beer drinking is a predominantly male behaviour. In all countries, from high to low prevalencies, there are more boys

that reported this level of consumption. The only country with equal proportions between the sexes is Greenland.

### **Cider**

(Tables 11a–c)

Not all ESPAD countries included the question about the consumption of cider in their questionnaire. The reason is that cider is not included in the alcoholic beverage assortments in these countries. However, the results show that not very many students had cider the last time they were drinking alcohol. The largest percentages of students reporting this are found in Romania (42%), Finland (38%), Sweden (35%), Estonia (34%) and Norway (32%).

In certain countries very few students indicated cider consumption on the last alcohol occasion. Less than 10% had cider in Poland (5%), Turkey (6%) and Cyprus (8%).

Also in the countries where the highest percentages of students had reported consumption of cider only rather few had been drinking large quantities. The highest figures in relation to a consumption of 101 cl or more are found in Ireland (14%), Sweden (9%), Finland (8%) and Norway (7%).

Very small gender differences are observed. More boys than girls had been drinking cider at the last drinking occasion in Ireland and Isle of Man. The only country where the opposite is true, i.e. more girls than boys reporting this behaviour, is Finland.

### **Alcopops**

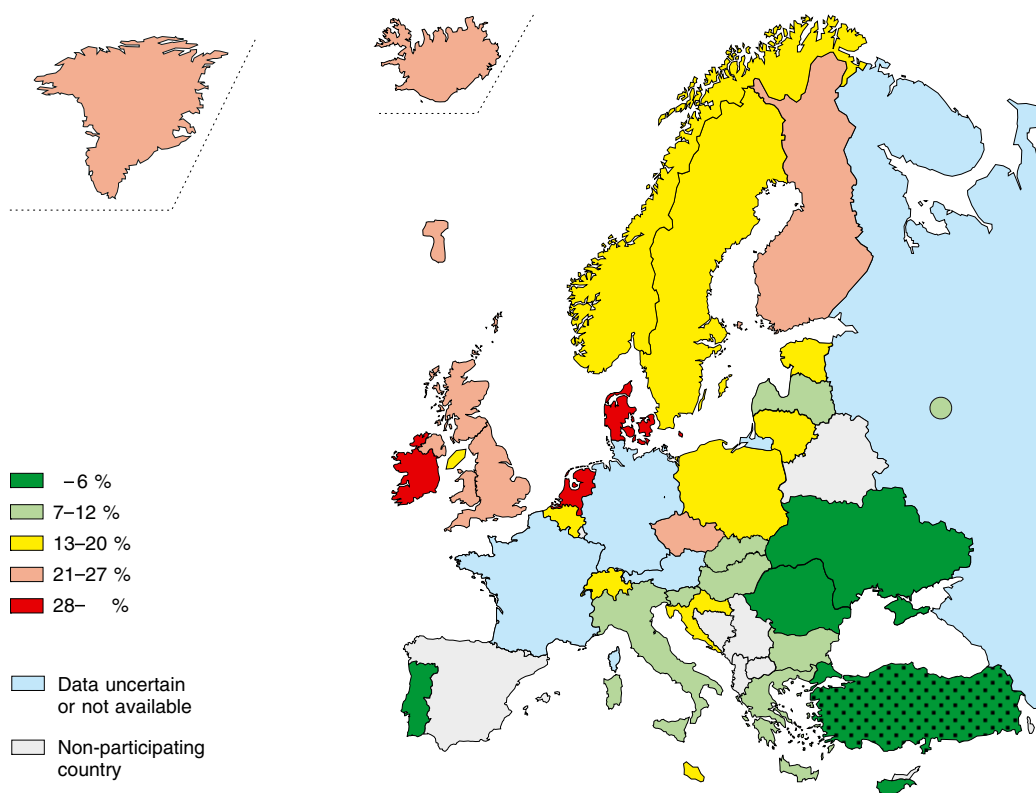
(Tables 12a–c)

Similar to the case of cider, not all countries have alcopops in the assortment of alcoholic beverages. In addition, there are mixtures of alcohol that may be considered as alcopops although it is labelled "mixed drinks" as is the case in the Netherlands. Since these beverages are very similar to alcopops and assumingly consumed in the same way, they are included in the alcopops category.

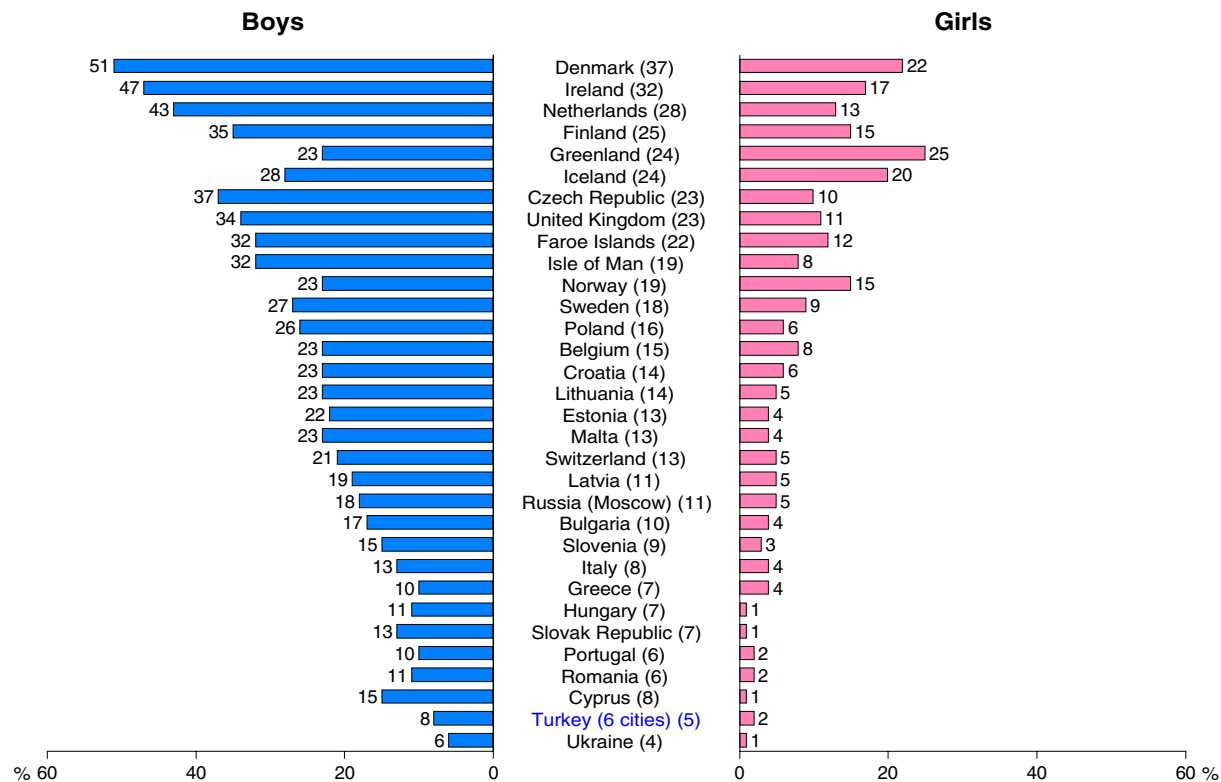
The countries that report the highest percentages of students who had alcopops the last time they had any alcohol are mainly found in the western parts of Europe, but also in a few Mediterranean countries. Thus, the highest figures are noted for Cyprus, Isle of Man (62% each), Denmark (61%), the Netherlands (52%), the United Kingdom (50%), Greece (49%), Belgium (48%), Greenland (46%) and Norway (43%).

The lowest figures are found in a few Baltic countries, but also in the Mediterranean country





**Figure 38a.** Consumption of 101 cl beer or more on the last drinking occasion. Percentages among all students. 2003. Turkey: Limited geographical coverage.



**Figure 38b.** Consumption of 101 cl beer or more on the last drinking occasion. Percentages among boys and girls. 2003. Values within brackets refer to all students. Data sorted by all students. Turkey: Limited geographical coverage.

Malta. Poland is the country that reports the smallest percentage of students who had alcopops to drink on the last drinking occasion (7%). Other countries with rather low figures include Sweden (14%), Latvia (17%) and, as mentioned above, Malta (18%).

There are large differences in the number of students who report having been drinking rather large quantities on their last occasion with alcopops. In a number of countries only 1–2% report this, while in others 20–30% have been drinking considerable amounts. The highest numbers are reported from Isle of Man, where 35% of the students had been drinking 101 cl of alcopops or more. The countries next to Isle of Man are all on a somewhat lower level such as the United Kingdom (24%), Ireland, the Netherlands (20% each), Norway (17%), Denmark and Greenland (15%). The lowest percentages in this respect are reported from Latvia, Ukraine (1% each), Hungary, Poland, Romania, Slovenia, Sweden (2% each), Lithuania, Malta and Russia (Moscow) (3% each).

The gender pattern is very homogenous. In a majority of the countries more girls than boys report having been drinking alcopops on their last drinking occasion. Deviant from this pattern are Cyprus, Greenland and Romania, where boys are in majority. On the other hand, in five countries no gender differences are observed. They include Greece, Malta, Poland, Slovenia and Sweden.

### *Wine*

(Tables 13a–c, figures 39a–b)

There is a wide variation between countries in the consumption of wine on the last drinking occasion. In six countries half of the students or more had been drinking wine on this occasion. The highest numbers are observed in Malta where 61% of the students had wine. Other countries with high percentages are Slovenia (57%), Lithuania (54%), Estonia, the Slovak Republic (53% each) and the Czech Republic (50%).

The lowest figures are found in the North Atlantic area: the Faroe Islands (13%), Greenland and Iceland (15% each). Another country with a low prevalence rate is found at the other end of the European continent, since 14% of the students in Turkey had been drinking wine on the last drinking occasion.

Countries with the highest percentages reporting a consumption of 15 cl of wine or more on the last drinking occasion, slightly above one third of the study populations, are found both in the central

and southern parts of Europe. In Slovenia 39% reported this, in Malta 36% and in the Czech Republic 35%. Other countries with somewhat high numbers of students reporting this behaviour include Croatia and Estonia (31% each), Lithuania and the Slovak Republic (29% each).

The lowest prevalence rates on this level of consumption are found in the Faroe Islands (4%), Iceland, Portugal (5% each), Turkey (7%), France and Greenland (8% each). Thus, there is no clear geographical pattern for the low prevalence countries.

The gender pattern does not seem to be related to the prevalence rates in any systematic way. In a little less than half of the countries more boys than girls report a consumption of 15 cl wine or more. The opposite was found in somewhat fewer countries. Countries where no, or small gender differences were observed include most of the Nordic countries, which at the same time are among the low prevalence countries. They include Belgium, Denmark, the Faroe Islands, Finland, Greenland, Iceland, the Netherlands and Norway.

### *Spirits*

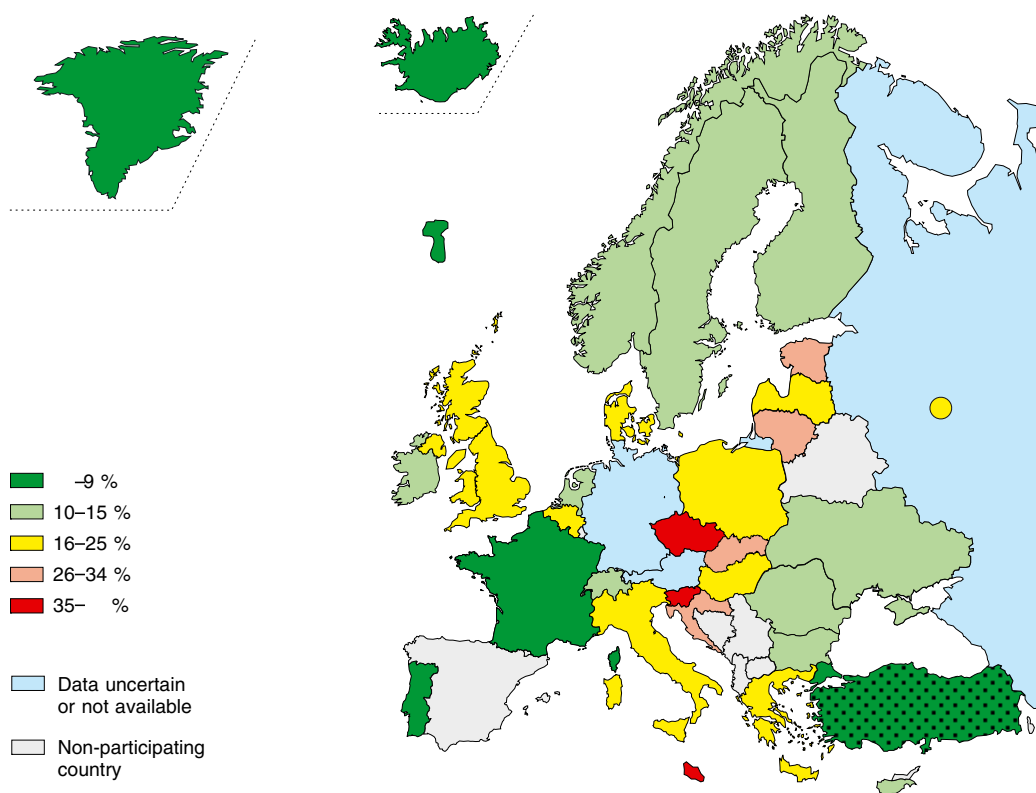
(Tables 14a–c, figures 40a–b)

Also the consumption of spirits on the last drinking occasion differs substantially between countries. In eight countries at least half of the students had been drinking spirits the last time they had any alcohol including Malta (67%), the Faroe Islands (62%), Denmark, Greenland (61% each), Greece (58%), the Czech Republic (55%), Estonia (54%) and Ireland (50%).

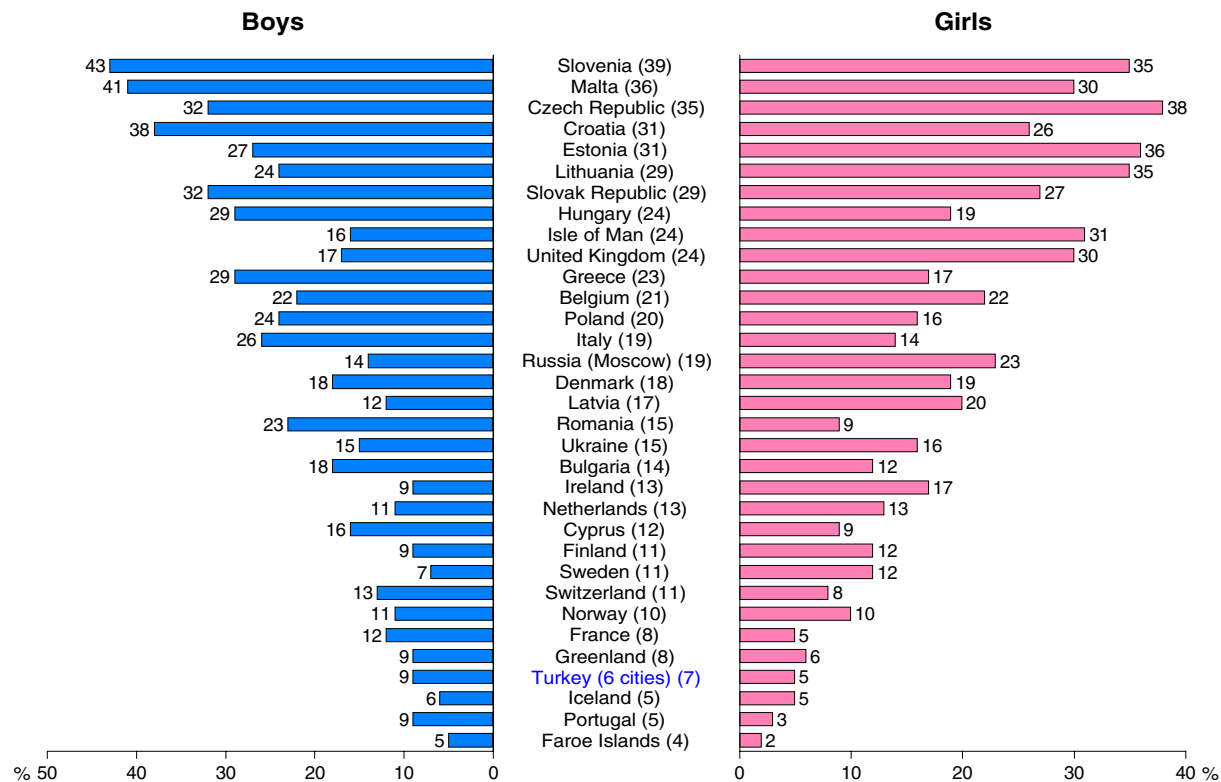
In some countries much smaller proportions of students report this behaviour. In Turkey 13% had indicated consumption of spirits on the last drinking occasion. The corresponding value for Romania is 15% but from Russia (Moscow) a somewhat higher percentage (24%) is reported.

Of those who had been drinking at least 11 cl of spirits on the last occasion the value reported from the Faroe Islands (39%) is outreaching the percentages recorded in other countries. The next highest value is reported from another island at the other end of Europe since 27% in Malta indicated this consumption. Other countries with somewhat high figures include the Czech Republic, Estonia, Ireland (23% each), Greenland (22%), Poland (21%), Denmark and the Isle of Man (20% each).

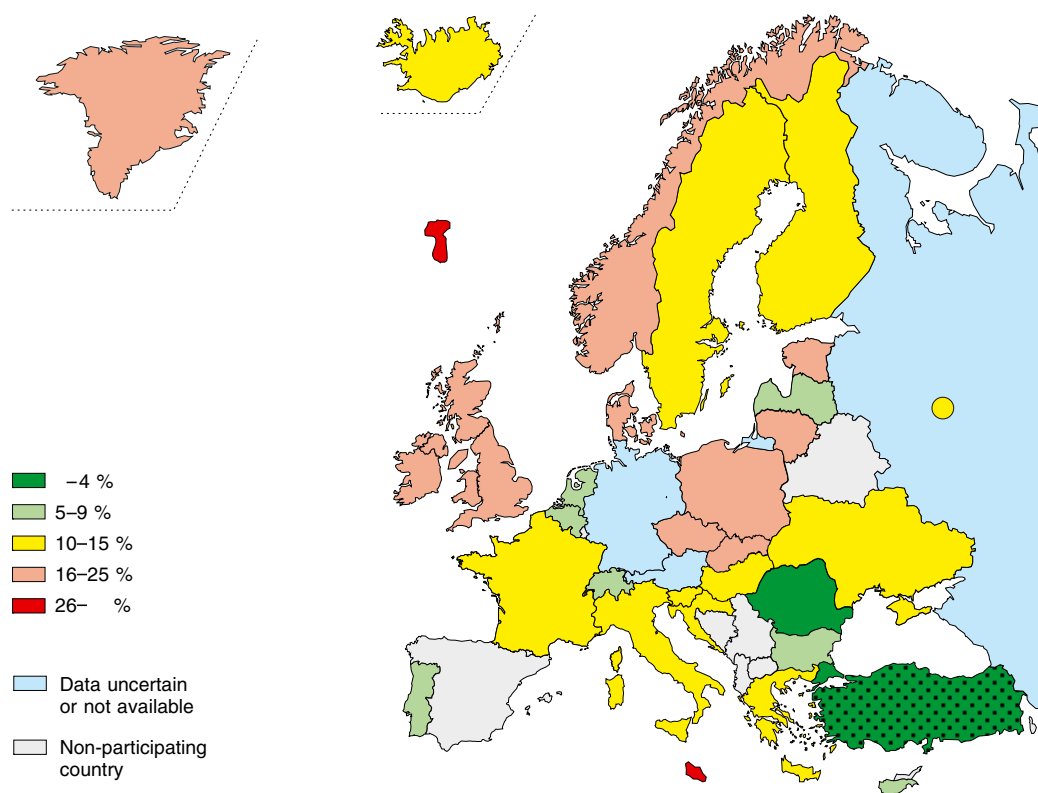
The lowest rates are reported from Romania (2%) and Turkey (3%), but also from Cyprus (6%) and Portugal (7%).



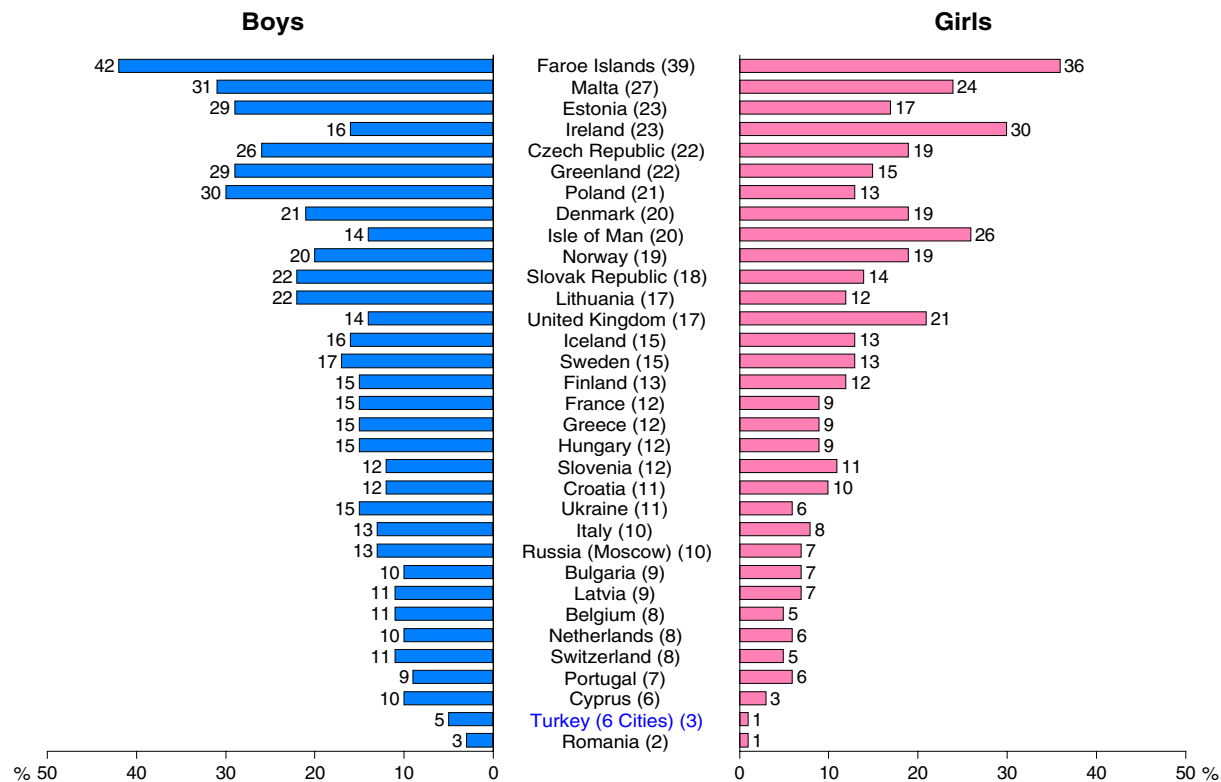
**Figure 39a.** Consumption of 15 cl wine or more on the last drinking occasion. Percentages among all students. 2003. Turkey: Limited geographical coverage.



**Figure 39b.** Consumption of 15 cl wine or more on the last drinking occasion. Percentages among boys and girls. 2003. Values within brackets refer to all students. Data sorted by all students. Turkey: Limited geographical coverage.



**Figure 40a.** Consumption of 11 cl of spirits or more on the last drinking occasion. Percentages among all students. 2003. Turkey: Limited geographical coverage.



**Figure 40b.** Consumption of 11 cl of spirits or more on the last drinking occasion. Percentages among boys and girls. 2003. Values within brackets refer to all students. Data sorted by all students. Turkey: Limited geographical coverage.

Among those who had been drinking 11 cl of spirits or more boys are dominating in a majority of the 35 ESPAD countries. In Ireland, Isle of Man and the United Kingdom, however, more girls than boys reported this level of consumption, i.e. on all the three British Isles. Countries where the figures are about the same among boys and girls include the Nordic countries Denmark, Finland, Iceland and Norway, but also Croatia, Portugal and Slovenia.

### *Beverages consumed*

(Tables 15a–c)

Some of the information in tables 12–14 is summarised in table 15. It contains information about the proportions of students who consumed beer, wine and spirits on the last drinking occasion. The table also shows the proportion of students who drank relatively large quantities of beer (101 cl or more), wine (37 cl or more) or spirits (11 cl or more). As was pointed out above, data from Austria and Germany are not comparable on these variables and thus appearing under the bottom line in the tables.

The most commonly consumed beverage on the last drinking occasion is beer, which was reported by half (49%) of the ESPAD students. The second most reported beverage is spirits (42% on average), while one third of the students had been drinking wine on this occasion.

Beer is the dominating beverage in a little more than half of the countries, while spirits is the most common in six (the Faroe Islands, Greece, Greenland, Isle of Man, Malta and Portugal). In a few countries, however, about equal numbers of students have indicated both beer and spirits. These countries are Ireland, Norway, Sweden and the United Kingdom. Wine was the most commonly drunk beverage only in two countries, the Slovak Republic and Slovenia. In Estonia all three beverages were indicated in equal proportions and in Hungary the number of students who had been drinking wine was about the same as for spirits.

The consumption of beer is on average a male behaviour. Almost twice as many boys as girls had beer on the last drinking occasion (61 vs. 37%). The gender difference is even more obvious in relation to the consumption of 101 cl or more. There are three times more boys than girls reporting this consumption (23 vs. 8%).

Wine consumption on the last drinking occasion is more equally distributed between the sexes. About one third of both boys and girls had wine the last time they had any alcohol. A small minority (about 7%) had been drinking 37 cl wine or more

on that occasion and no gender difference was established.

Also the percentages of students that had spirits on the last drinking occasion are very similar among boys and girls. Around 42% had been drinking spirits. There are, however, more boys (17%) than girls (12%) reporting a consumption of 11 cl spirits or more.

The countries reporting the largest number of students who had 101 cl of beer or more on the last drinking occasion are Denmark (37%), Ireland (32%), the Netherlands (28%) and Finland (25%). On the other hand, very low figures on this level of consumption are reported from Ukraine (4%), Turkey (5%), Portugal, Romania (6% each), Greece, Hungary and the Slovak Republic (7% each).

In no country more than one fifth of the students had been drinking 37 cl wine or more on their last drinking occasion. The largest numbers are found in Slovenia (19%), Croatia (16%), the Czech Republic and Malta (13% each). Very few students had indicated these amounts in the Faroe Islands (1%), France, Iceland, Portugal (2% each), Greenland, Switzerland and Turkey (3% each).

However, relatively large number of students reported a consumption of spirits equalling to 11 cl or more on the last occasion they had alcohol. The highest number is noted for the Faroe Islands, where 39% of the students had been drinking these amounts. Other countries with high prevalence rates include Malta (27%), Estonia and Ireland (23% each). Also for this variable there are large discrepancies between the high and low prevalence countries. The lowest numbers of students who indicated this level of consumption are found in Romania (2%), Turkey (3%) and Portugal (7%).

There are rather big discrepancies between boys and girls when it comes to the consumption of large quantities of beer. Among boys 23% on average have reported this consumption, compared to 8% among girls. For wine there is virtually no difference (8 vs. 6%), but for spirits the boys again are in majority (17 vs. 12%).

### *Estimated average consumption*

(Tables 16a–c, 17a–b, figures 41a–b)

An attempt has been made to estimate the volumes consumed on the last drinking occasion in each country. For this purpose, the proportions in tables 10–14, indicating different volumes of alcohol, have been used. However, the questions on cider and/or alcopops are not relevant in all countries. The presentation begins with the calculated amounts of beer,



wine and spirits that the students had been drinking, based on their answers on the last drinking occasion. In the next section the beverages cider and alcopops have been added when appropriate.

The calculations are based on the alcohol content for different beverage types and recalculated into pure alcohol. The alcohol content for alcopops it is assumed to be 4.5%, beer and cider 5%, wine 11% and spirits 40%.

It should be noted, that in the fixed answering categories in the 2003 survey the indications given within brackets for volumes of wine have been changed since the 1999 survey. The explanatory bracket for “less than a glass” now says (<15 cl) and for “1–2 glasses” it is (15–30 cl). In the 1999 survey this was measured as (<10 cl) and (10–20 cl).

Furthermore, the calculations are done only on students who had ever been drinking alcohol. This is different from the 1999 survey in which the calculations were based on the consumers of each beverage, which probably led to overestimations of the consumption. To help the reader who might want to compare the results of the two surveys, three additional tables (49 a–c) with recalculated figures for the 1999 data have been added.

### **Beer, wine and spirits**

(Tables 16a–c, figures 41a–b)

For the calculations the mid points of each response category’s range are used. For the last open-ended category the lowest value is used. This is most certainly a conservative estimate, since many of the students in this category probably had been drinking larger quantities. In some countries relatively large number of students indicated the highest category. They are often found in countries with the largest calculated quantities. This means in practice, that the calculated differences between the high consumption countries and the others probably are underestimations.

It must be stressed that these kinds of calculations always are uncertain and build on a lot of assumptions. Thus, it is important not to overestimate the differences in the estimates. On the other hand, it seems reasonable to assume that substantial differences in consumption patterns between countries, as well as between boys and girls, most probably also reflect true differences since the calculations are done in exactly the same way in all countries.

The total estimated average consumption of beer, wine and spirits that are calculated in tables 16a–c show that beer makes up almost half of the

consumed quantities (45%). The next most important beverage is spirits, which forms 37% of the total average for all countries. Wine is contributing to the consumed alcohol only to a relatively limited extent and makes up 17% of the total consumption.

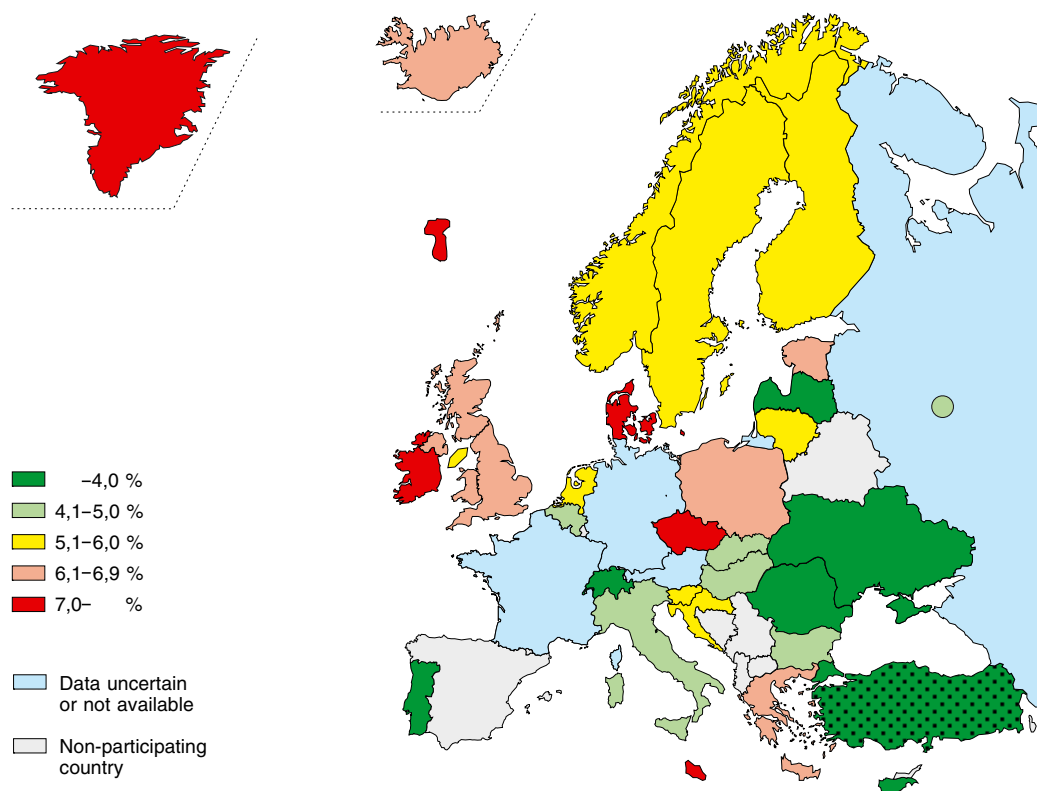
There are, however, rather large differences between countries in the distribution of beverages on the last drinking occasion. The consumption on the last occasion in the Faroe Islands is outreaching those of the other ESPAD countries. On average, the students in this country had consumed 8.3 cl of pure alcohol the last time they had an alcoholic beverage. The countries next at the top are Denmark (7.5 cl), Ireland (7.3 cl), Greenland, Malta (7.1 cl each) and the Czech Republic (7.0 cl). Countries where the students had been drinking rather small quantities include Romania, Portugal (3.3 cl each) and Ukraine (3.5 cl). Thus, students in the top countries had been drinking more than twice as much as students in the countries with the smallest consumption.

There are of course also differences in the consumption pattern as regards beverage types. The largest proportion of beer, out of the total amount consumed, was found in the Netherlands where 65% of the consumption on the last drinking occasion was beer. Other countries with a large proportion of beer are Romania (61%), Iceland (59%), Turkey (58%) and Denmark (56%). Countries with the highest proportions of wine out of the total consumption include Slovenia (35% of the total amount consumed), Croatia, Hungary (28%) and the Slovak Republic (27%). Spirits make up the highest proportion in Greece (61%), the Faroe Islands (59%), Greenland (46%), the Slovak Republic and Portugal (45%). It is of course important to remember that these countries are rather different in total amounts consumed – the percentages mentioned only show the relations between the consumed volumes of different beverages on the last drinking occasion.

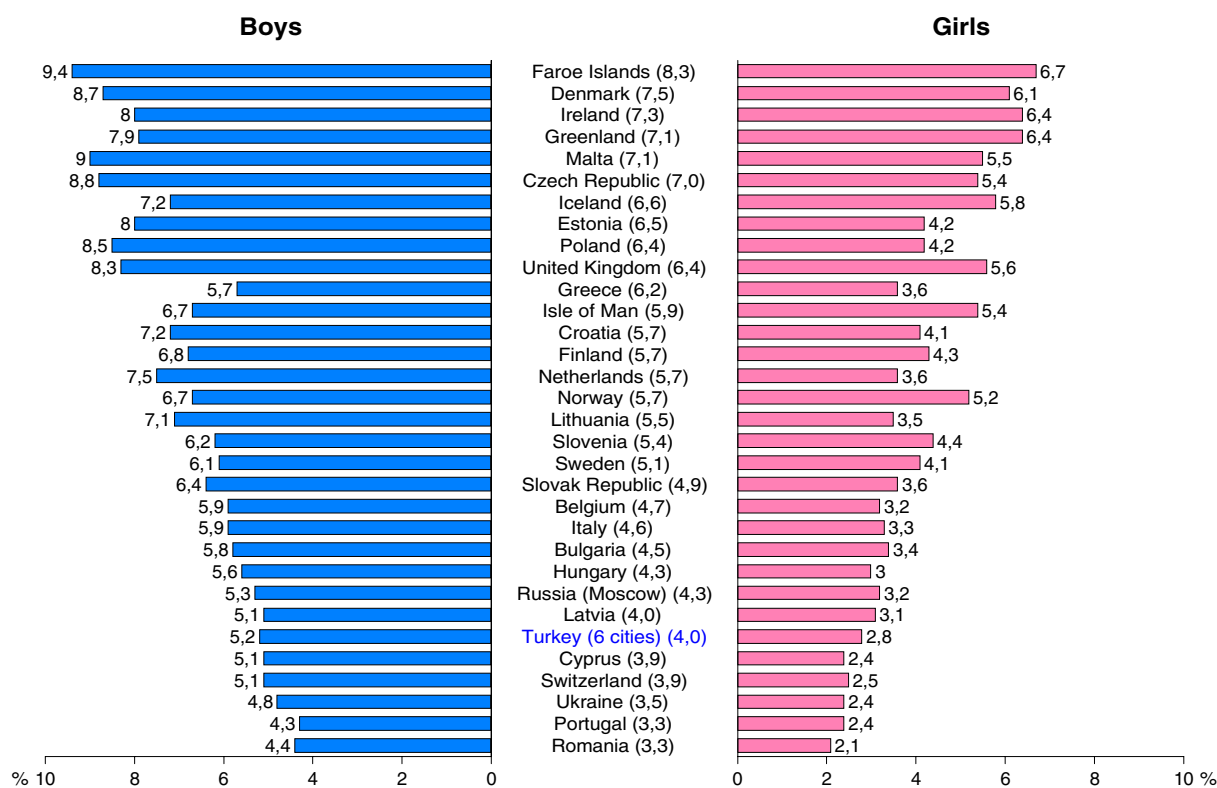
The country that reports the highest average volume consumed among boys is the Faroe Islands. These boys had consumed 9.4 cl of pure alcohol on the last occasion. The countries next at the top are Malta (9.0 cl), the Czech Republic (8.8 cl), Denmark (8.7 cl) and Poland (8.4 cl). The top countries among girls are the Faroe Islands (6.7 cl), Greenland, Ireland (6.4 cl each) and Denmark (6.1 cl).

There are, however, large discrepancies in consumed quantities between the genders in some countries, while in others the differences are smaller. In Greenland, Iceland, Ireland, the Isle of Man and

a) The estimates are based on the reported consumption of beer, wine and spirits only. It should be noted, that in some, but not all, countries alcopops and/or cider are available. The effect of their inclusion in the estimates is discussed in the section "Last drinking occasion".



**Figure 41a.** Estimated average consumption<sup>a)</sup> of beer, wine and spirits, in cl 100% alcohol, on the last drinking occasion. All students. 2003. Turkey: Limited geographical coverage.



**Figure 41b.** Estimated average consumption<sup>a)</sup> of beer, wine and spirits, in cl 100% alcohol, on the last drinking occasion. Boys and girls. 2003. Values within brackets refer to all students. Data sorted by all students. Turkey: Limited geographical coverage.



Norway the girls' consumption on the last drinking occasion is about 80% of that of the boys. Other countries with relatively small differences are Denmark, the Faroe Islands, Slovenia, Sweden and the United Kingdom where the girls' consumption is about 70% of that of the boys'. The largest differences are found in Romania, where the girls had been drinking alcohol to an amount of 47% of the boys', and in Cyprus, Lithuania, the Netherlands, Poland and Switzerland where it makes up a little less than 50%.

### **Beer, wine, alcopops, cider and spirits**

(Tables 17a–c)

In many countries cider and alcopops are parts of the alcohol assortment available in shops. These beverages are sometimes important in relation to young peoples consumption, they are often sweet and tasty and they are promoted with flashy attractive labels. However, they are not available in all ESPAD countries, why the addition of them into the calculation of quantities consumed at the last drinking occasion makes it difficult to make comparisons. In tables 17 a–c the average alcohol consumption on the last drinking occasion is presented with the inclusion of alcopops and cider for countries in which these beverages are available. As mentioned in previous section, the calculations are made under the assumption that alcopops contain 4.5% alcohol and cider 5.0%.

Questions on all five beverages were included in the questionnaires of 17 countries. However, in addition to Austria and Germany also Switzerland had changed the format for the questions on alcopops and cider, which puts a limit to the possibilities of doing comparisons. The question on alcopops was included in the questionnaires of 28 countries, out of which three countries used a format deviating from the ESPAD standard format (Austria, Germany and Switzerland). The results on cider and alcopops for these countries are presented below the line in the tables.

The addition of the two beverages is important in those countries where this is appropriate. The average consumption rises from 7.3 to 11.2 cl pure alcohol in Ireland, from 5.9 to 10.3 cl in Isle of Man, from 6.4 to 10.2 cl in the United Kingdom and from 5.7 to 9.5 cl in Norway. On average the consumption increases with 1 cl pure alcohol per beverage, i.e. from 5cl on average for beer, wine and spirits to 6cl including alcopops and to 7cl if also cider is included.

The effect on the distribution of beverages is

mainly affecting the girls' consumption. The alcopops and cider proportions of the total alcohol consumed is overall more important in relation to girls' alcohol consumption than to that of boys', i.e. these beverages add usually more to the amounts consumed by girls.

### **Drunkenness**

#### *Lifetime*

(Tables 18a–c, figures 42a–b)

In 30 of the 35 countries studied the majority of the students have been drunk at least once. The countries with the highest figures in which three fourths or more of the student population have been drunk include Denmark (85%), Lithuania (81%), Estonia (80%), Isle of Man (79%), the Czech Republic, Ukraine (78% each), Austria, Ireland (76% each) and the United Kingdom (75%).

The lowest proportions are reported from Turkey (21%) and Portugal (32%). Other countries where less than half of the students have experienced drunkenness include Cyprus (38%), France (43%) and Malta (47%).

Some students who have been drunk have a rather limited experience of the phenomenon. Others, however, get intoxicated more frequently. The countries with the highest percentages indicating that students have been drunk 20 times or more in lifetime include Denmark (36%), Ireland (30%), Isle of Man (29%), the United Kingdom (27%), Estonia and Finland (26% each).

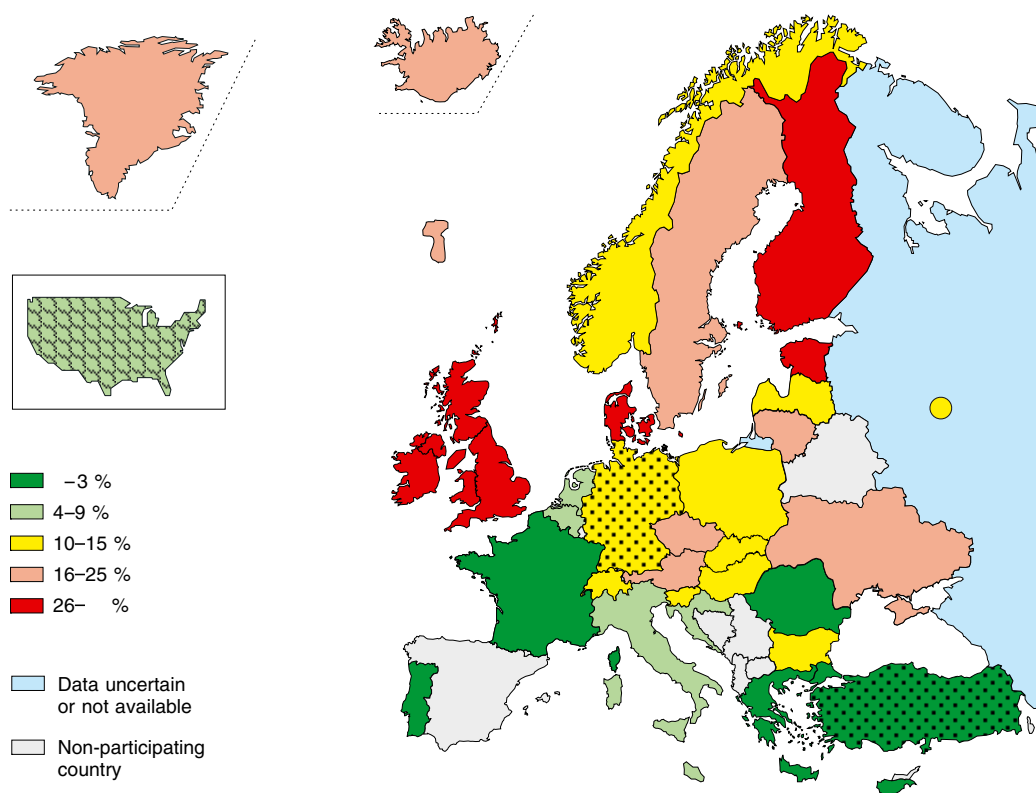
In other countries only a few students report this frequency of drunkenness. In Turkey 1% had been drunk 20 times or more, in Cyprus 2% and in France, Greece, Portugal and Romania 3% gave this answer.

In a majority of the countries there are more boys than girls reporting this frequency of intoxication. In no country are the girls in majority. However, in quite many countries the gender distribution is rather even. These countries include both the British Isles and most of the Nordic countries (Finland, the Faroe Islands, Iceland, Ireland, Isle of Man, Norway, Sweden and the United Kingdom).

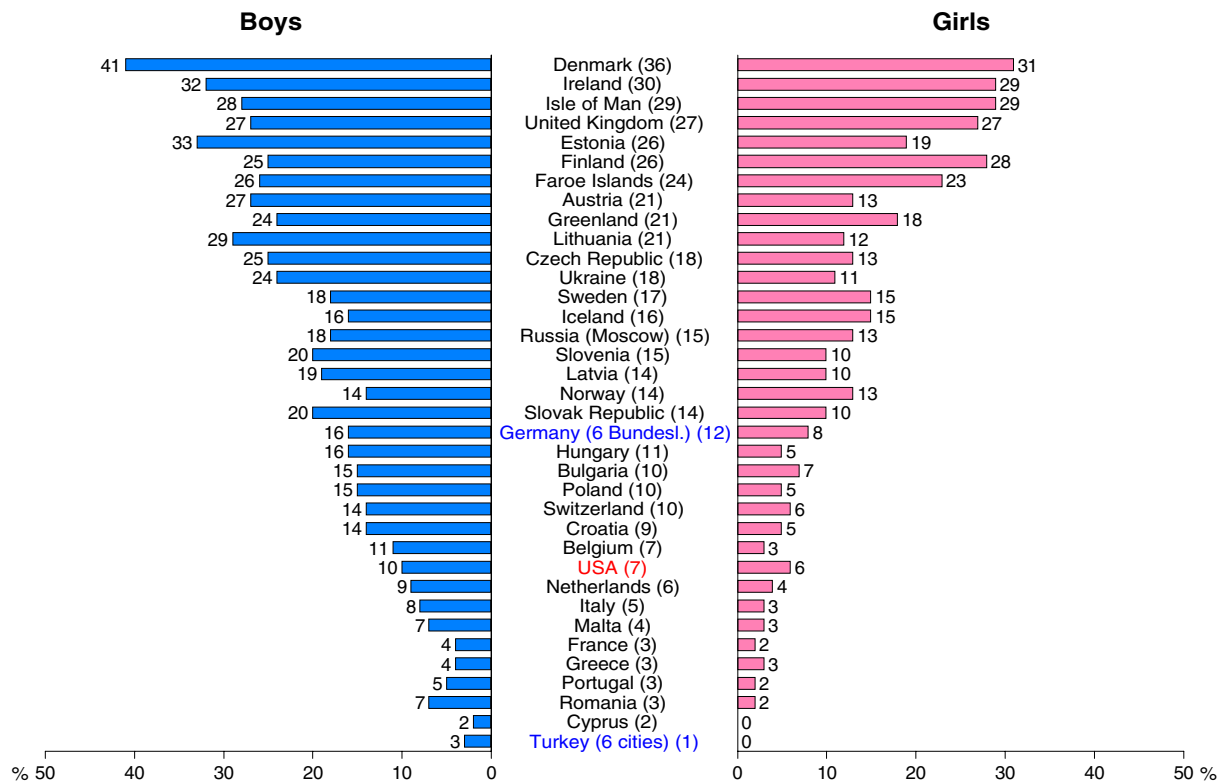
#### *Last 12 months*

(Tables 19a–c, figures 43a–b)

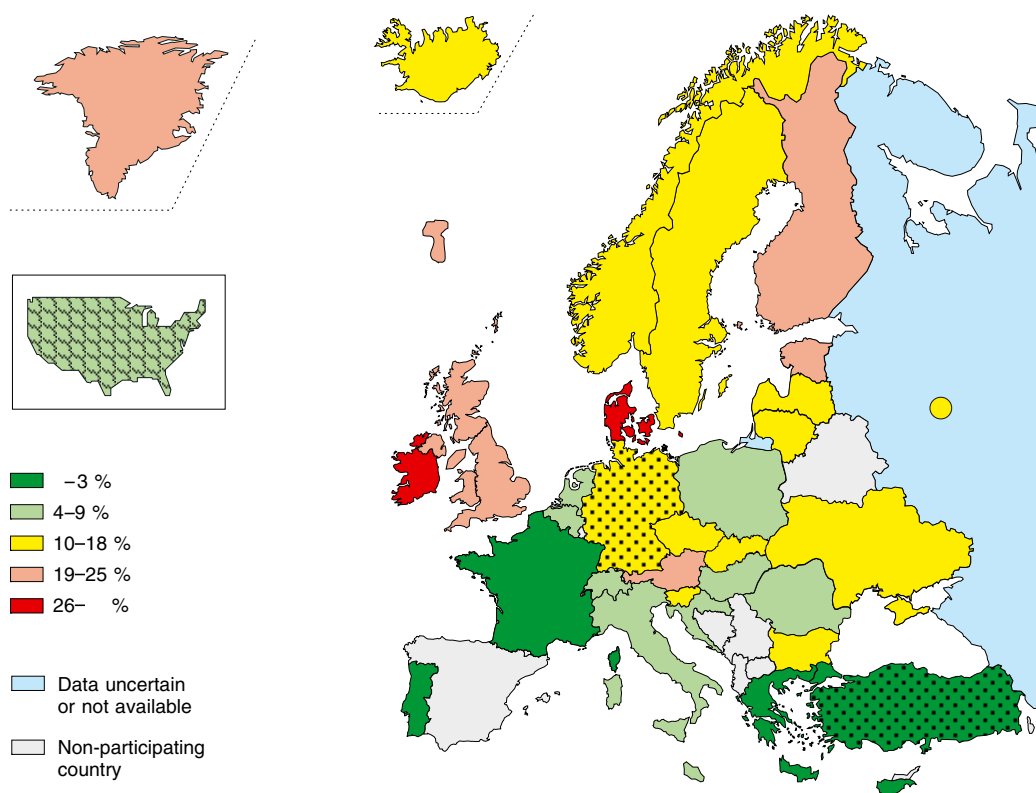
Many students who report lifetime experience of drunkenness probably refer to a rather recent event. Consequently the 12 months prevalence rates are rather close to the lifetime measures. In about 20 of the 35 ESPAD countries a majority of the students report having been drunk during the last 12 months.



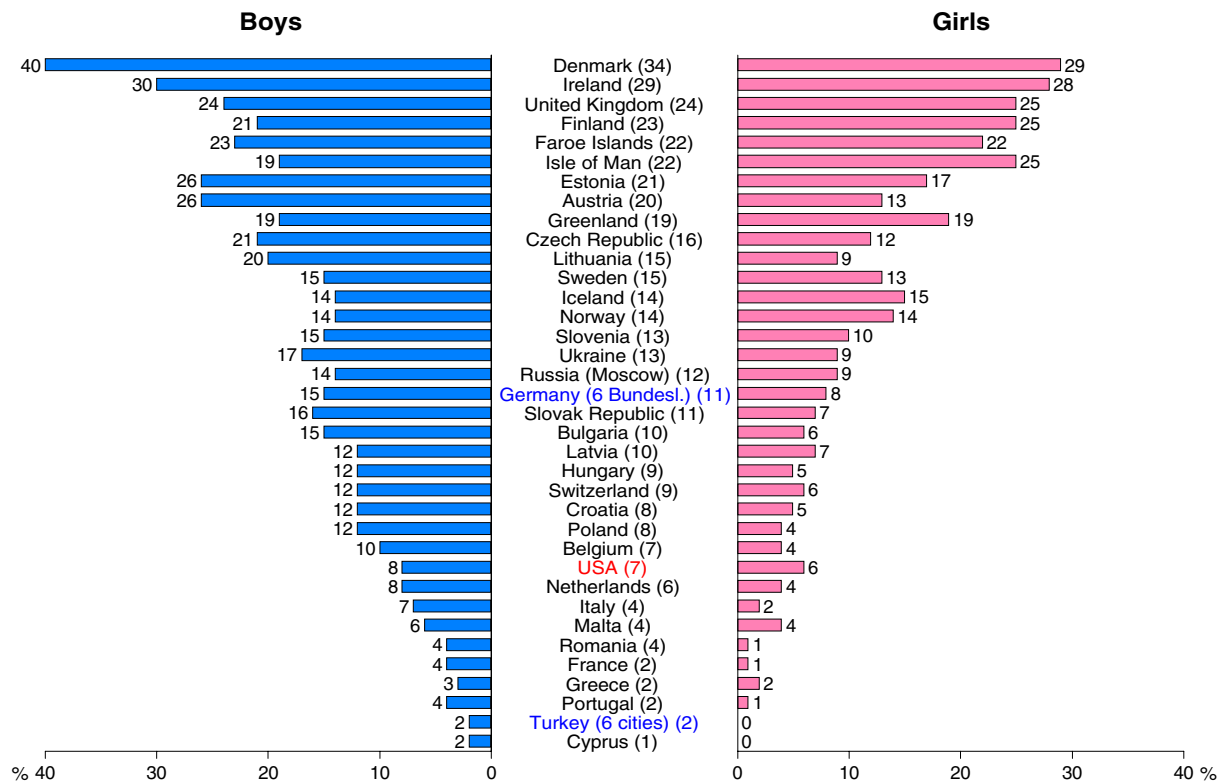
**Figure 42a.** Proportion of all students who have been drunk 20 times or more in lifetime. 2003.  
Germany and Turkey: Limited geographical coverage. USA: Limited comparability.



**Figure 42b.** Proportion of boys and girls who have been drunk 20 times or more in lifetime. 2003.  
Values within brackets refer to all students. Data sorted by all students. Germany and Turkey: Limited geographical coverage. USA: Limited comparability.



**Figure 43a.** Proportion of all students who have been drunk 10 times or more during last 12 months. 2003. Germany and Turkey: Limited geographical coverage. USA: Limited comparability.



**Figure 43b.** Proportion of boys and girls who have been drunk 10 times or more during last 12 months. 2003. Values within brackets refer to all students. Data sorted by all students. Germany and Turkey: Limited geographical coverage. USA: Limited comparability.

The highest 12 months prevalence rates were found in Denmark (82%), Ireland (72%), Isle of Man (71%), Greenland (70%), Austria (69%), the Czech Republic, Estonia, the United Kingdom (68% each), Lithuania and Ukraine (66% each). Much lower figures were recorded in Turkey (16%), Cyprus (25%), Portugal (28%) and France (29%).

The number of students who have been drunk 10 times or more during the last 12 months are highest in Denmark and Ireland, where about one third of the students reported this (34 and 29% respectively). Other countries with high proportions on this variable include the United Kingdom (24%), Finland (23%), the Faroe Islands, Isle of Man (22% each), Estonia (21%), Austria (20%) and Greenland (19%).

In half of the ESPAD countries, the number of students who had been drunk 10 times or more during the last 12 months make up one tenth of the populations. Very low percentages are reported from Cyprus, France, Greece, Portugal and Turkey (2% each).

In a majority of the ESPAD countries there are more boys than girls who had been drunk as often as 10 times or more during the last 12 months. In only two countries there are slightly more girls than boys (Finland and Isle of Man). In the Faroe Islands, Greenland, Iceland, Ireland, Norway, Sweden and the United Kingdom, however, no gender differences are found. Hence, in all British Isles and all Nordic countries but Denmark, girls have been intoxicated rather frequently and to at least the same extent as boys. In addition, in some low prevalence countries it can be observed that the gender differences are small mainly because the prevalence rates are small.

### *Last 30 days*

(Tables 20a–c, figures 44a–b)

The response categories in Austria and Germany were changed into an open format. Since this is expected to influence the comparability with other countries, the results from these countries are put below the line in the tables and are excluded from the graphs.

The number of students who have been drunk as recently as during the last 30 days differs considerably between countries, from 8 to 60%. The highest figure is observed in Denmark, where 61% of the students had been drunk recently and which value is well above the second highest prevalence country, which is Ireland (53%). Other countries with high figures include Greenland, the Isle of Man (49% each) and the United Kingdom (46%).

On the other hand, in some countries this frequency of drunkenness is much less common. They are mainly found in the south, including Turkey (8%), Cyprus (10%), Portugal (14%), France, Romania (15% each) and Greece (16%).

Looking at the number of students who have been drunk 3 times or more during the last 30 days implicates that the figures are smaller, but the pattern over the countries remain about the same. Thus, Denmark is still at the top together with Ireland, in which countries one fourth of the students had been drunk that often. Other countries with high prevalence rates include Isle of Man and the United Kingdom (23% each).

In about half of the ESPAD countries the number of students reporting this frequency of intoxication is 10% or less. The lowest figures are reported from Turkey (1%), Cyprus (2%), France, Greece, Portugal (3% each) and Romania (4%).

In a majority of the countries there are more boys than girls reporting this behaviour. A larger proportion of girls that report being drunk at least 3 times during the last 30 days is mainly found in Isle of Man. In others, the gender distribution is rather equal, which is the case in Finland, Greenland, Iceland, Ireland, Norway, Sweden and the United Kingdom. Thus in all British Isles and almost all Nordic countries there are at least as many girls as boys that had been drunk 3 times or more during the last 30 days.

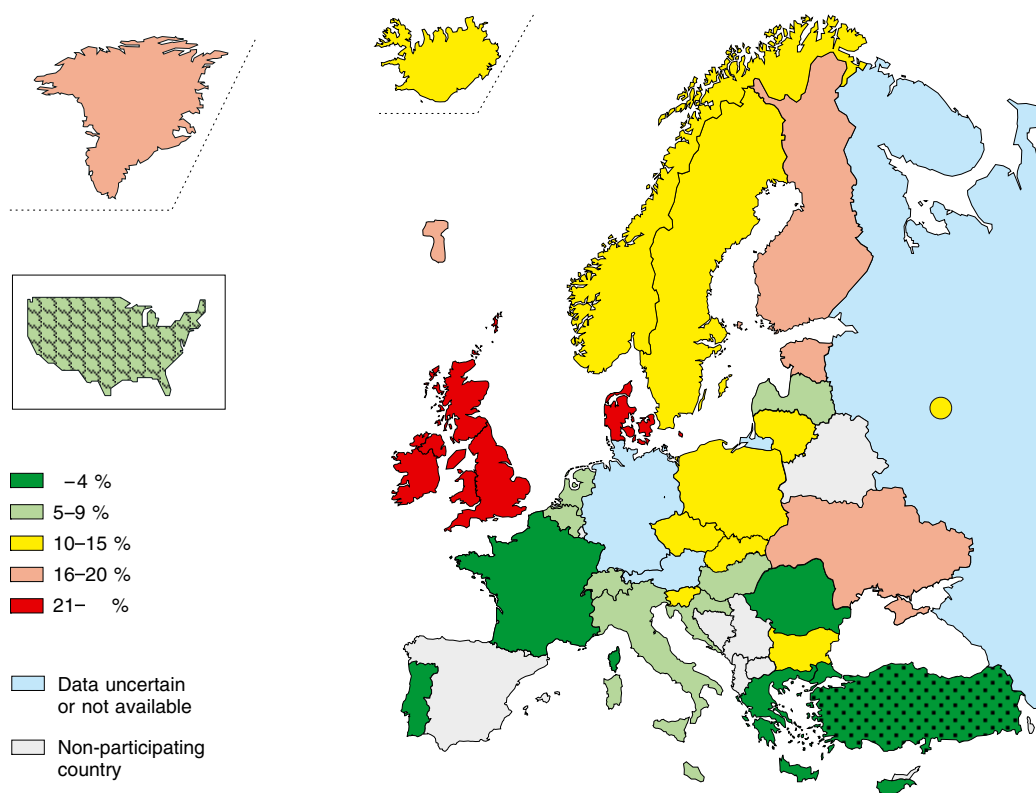
### **Binge drinking**

(Tables 21a–c, figures 45a–b)

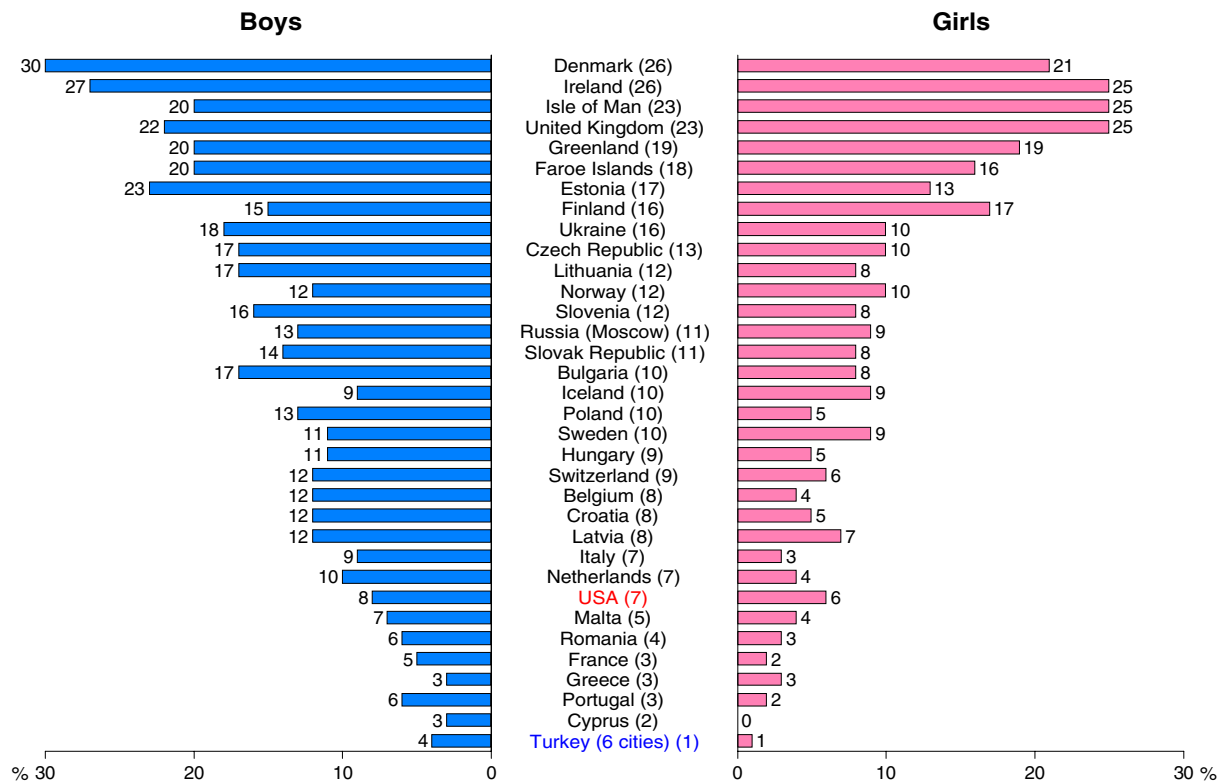
Having five or more drinks in a row (binge drinking) would for most students of this age mean getting drunk. Thus, the distribution of responses in various countries to the question on how many times this amount had been consumed over the last 30 days would be expected to vary in about the same way as was the case in relation to drunkenness. This is also true to a large extent.

The response categories in Austria and Germany were changed into an open format. Since this is expected to influence the comparability with other countries, the results from these countries are put below the line in the tables and are excluded from the graphs.

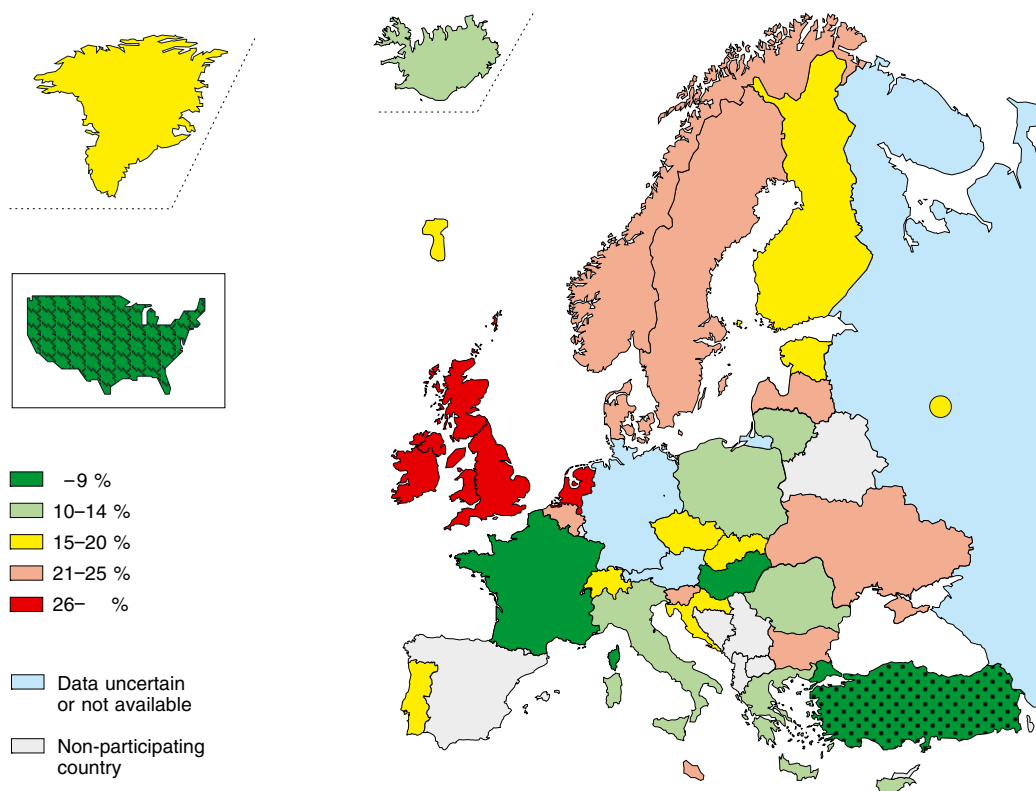
The highest percentage of students who reported this is found in Denmark, where it was indicated by a majority of the students (60%). Other countries where more than half of the students had indicated this are the Netherlands (58%), Germany, Ireland, Isle of Man (57% each), the United Kingdom



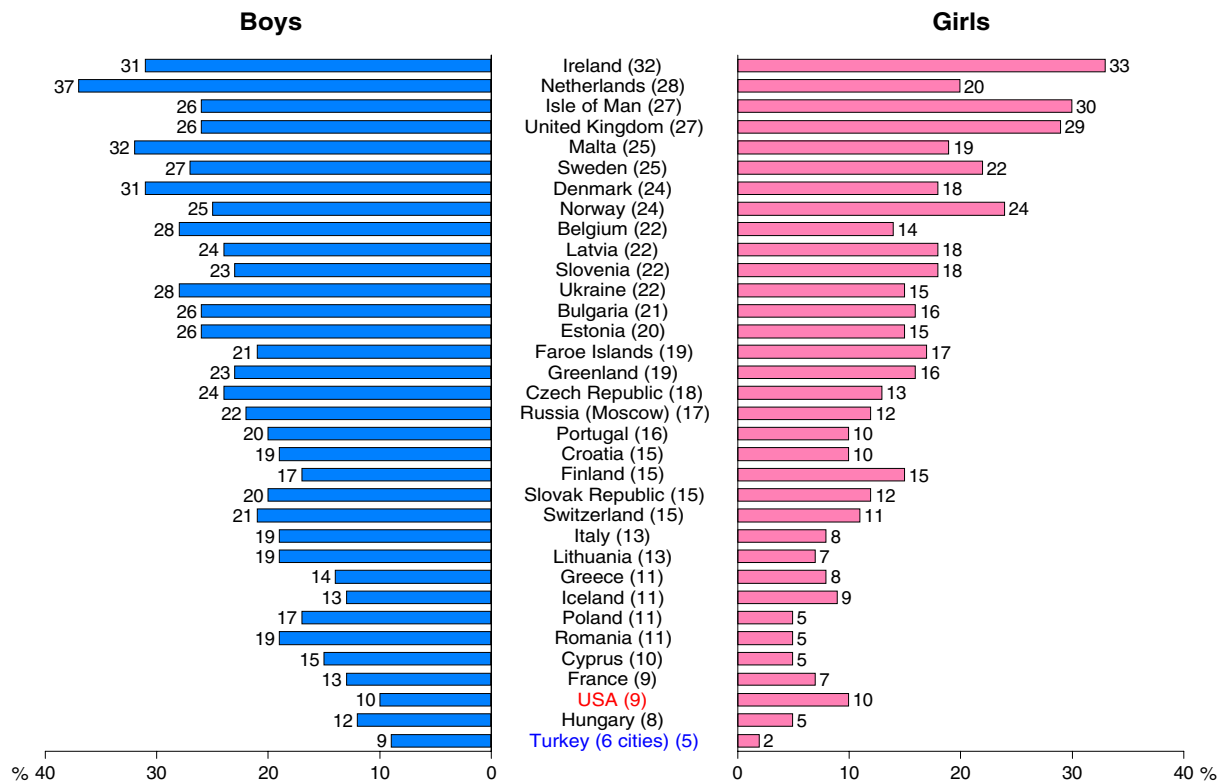
**Figure 44a.** Proportion of all students who have been drunk 3 times or more during the last 30 days. 2003.  
Turkey: Limited geographical coverage. USA: Limited comparability.



**Figure 44b.** Proportion of boys and girls who have been drunk 3 times or more during the last 30 days. 2003.  
Values within brackets refer to all students. Data sorted by all students. Turkey: Limited geographical coverage. USA: Limited comparability.



**Figure 45a.** Proportion of all students who reported “binge drinking” 3 times or more during the last 30 days. 2003. Turkey: Limited geographical coverage. USA: Limited comparability.



**Figure 45b.** Proportion of boys and girls who reported “binge drinking” 3 times or more during the last 30 days. 2003. Values within brackets refer to all students. Data sorted by all students. Turkey: Limited geographical coverage. USA: Limited comparability.



(54%), Belgium and Malta (50% each).

As can be expected since many other alcohol variables in this country show low figures, very few students in Turkey (15%) had reported this. Other countries with rather few students indicating this behaviour include Romania (23%), Portugal (25%) and France (28%).

A more frequent binge drinking, i.e. 3 times or more during the last 30 days, is reported by one fifth to one third of the students in about half of the ESPAD countries. The ranking order is not exactly the same as for the total prevalence, even if many of them are appearing in both groups.

The highest numbers of students having been binge drinking 3 times or more during the last 30 days are found in Ireland (32%), Germany, the Netherlands (28% each), Isle of Man, the United Kingdom (27% each), Malta, Poland, Sweden (25% each), Denmark and Norway (24% each). Thus, there is a concentration of countries in the northern and western parts of Europe with Malta as the only exception.

The countries with the lowest binge drinking figures are Turkey (5%), Hungary (8%), France (9%), Cyprus, Greece, Iceland and Romania (11% each). The value for USA on this variable (9%) is comparable to that of France.

## **Age at first use of alcohol and first drunkenness**

### *Beer, wine and spirits*

(Table 22)

In a majority of the participating countries about half of the students or more have consumed at least one glass of beer or wine at the age of 13 years or younger. It is less common, however, to have tasted spirits (at least one glass) at this age – in about half of the countries this is reported by one third.

In countries with the highest number of students that have tried beer at the age of 13, about two thirds of the students or more had done so. Many of these countries can be categorised as traditional “beer countries”, but this is not sufficient to explain the distribution over Europe. These high proportions are found in Latvia (72%), Slovenia (69%), Bulgaria, Denmark, Lithuania (67% each) and Ukraine (66%). Other countries with almost as high figures include Estonia (64%), Russia (Moscow) (62%), Isle of Man, the United Kingdom (61% each), Germany and the Slovak Republic (60% each).

The lowest percentage in relation to beer drinking at an early age is found in Turkey where 19%

had this experience. Other countries with lower figures include Iceland (34%), Norway (39%), the Faroe Islands and Portugal (41% each).

In four countries about two thirds of the students had been drinking wine at the age of 13 or younger. They include Lithuania (73%), Isle of Man, Slovenia (66% each) and the United Kingdom (65%). Much less students reported this behaviour in Turkey (11%), Norway (26%), Iceland, Portugal (27% each), the Faroe Islands (28%) and the Netherlands (29%).

Rather few students had been drinking spirits at an early age. However, in four countries almost half of the students reported that they had done so. They include Denmark (48%), Isle of Man (47%), the United Kingdom (44%) and Malta (41%). Much lower figures were found in Turkey (7%), Romania (15%), Iceland and Norway (18% each).

In all countries but one, there are more boys than girls that had been drinking beer at the age of 13. The only exception is Russia (Moscow) where the proportions were the same. The tendency with higher frequencies among boys is the same in most countries when it comes to wine consumption. However, in six countries spread all over Europe the gender distributions were about the same (Austria, Bulgaria, Germany, Greenland, the Netherlands and Norway).

The same tendency with larger proportions among boys than girls are found for spirits in about two thirds of the countries. However, in about one third of the countries, spread all over Europe, there were rather equal proportions among boys and girls that had been drinking spirits at the age of 13.

There are clear differences between different types of beverages in the proportion of students that have reported use at the age of 13 or younger. When looking at the averages of all ESPAD countries many more have indicated beer or wine (54 and 49% respectively) compared to spirits (30%). When looking at individual countries the number of students that have been drinking spirits at this young age is smallest in all countries, while beer is dominant in more countries than wine. However, in about half of the countries there are no big difference between beer and wine. Overall, the figures indicates that beer is the most common beverage among the youngest consumers (13 years or younger) in the ESPAD countries.

In most countries the differences related to beverage types are about the same among boys as well as girls. However, the dominate role of beer is more visible among boys.



## ***Drunkenness***

(Table 22, figures 46a–b)

It is clear that many students in most ESPAD countries have tried alcohol at a fairly young age. The consumption has, however, not lead to intoxication to the same extent. The proportions of students that report having been drunk at the age of 13 or younger vary quite substantially between countries. About one fourth of the students in ten countries report that they experienced their first intoxication at the age of 13 or younger. In other countries the percentages are much lower, e.g. in two countries in which less than 10 percent reported this behaviour.

The top country in relation to having been drunk at the age of 13 or younger is Isle of Man (38%) followed by Russia (Moscow) (37%). The figures are also high (33–36%) in Denmark, Estonia, Finland and the United Kingdom.

The two countries with the lowest figures include Turkey (5%) and Cyprus (7%). In four countries this behaviour is reported by 10–11%, including Greece, Italy, Portugal and Switzerland.

In a large majority of the countries there are more boys than girls reporting drunkenness at the age of 13. However, the proportions are rather similar in quite many countries including Austria, Finland, the Faroe Islands, Greenland, Iceland, Ireland, Norway, Malta and the United Kingdom. With the exception of Austria and Malta they all are British Isles and Nordic countries.

## **Drinking places**

(Tables 23a–c)

To explore in which context the students usually consume alcohol, they were asked: “Think about the last day on which you drank alcohol. Where were you when you drank?” The response categories were “I never drink alcohol”, “At home”, “At someone else’s home”, “Out on the street, in a park, beach or other open area”, “At a bar or a pub”, “In a disco”, “In a restaurant” and “Other place”. To be able to group the countries according to the most common answers, the two highest scores in each country has been counted.

The response alternative “At someone else’s home” scored highest in comparison to the others. The countries with the highest proportions on this alternative are found in the Nordic countries and in the Baltic states. They include Denmark (66%), Greenland (61%), Norway (50%), Finland, Sweden

(43% each), Estonia (42%) and Lithuania (41%).

The second most frequent choice was “At home”. Countries where most students have indicated this alternative include Romania (38%), Isle of Man (34%), Cyprus (33%) and the United Kingdom (30%).

A disco is a place where many ESPAD students had been drinking alcohol on the last drinking occasion. Countries with most students indicating this alternative include Cyprus (48%), Austria (34%), Malta (32%), Greece (31%) and the Czech Republic (30%).

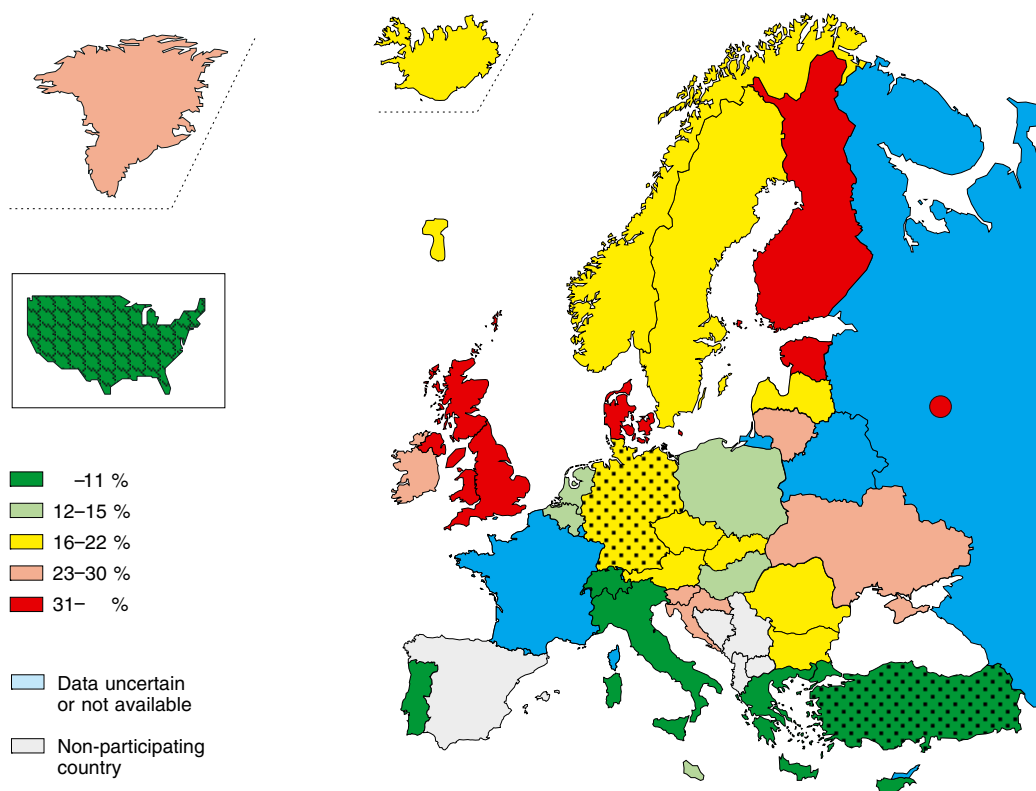
A bar or a pub was almost as frequently indicated as a disco as the place where students had a drink at the last drinking occasion. The highest scores are observed in Austria, Italy (36% each), the Czech Republic (35%), Croatia (34%), Portugal (31%) and the Slovak Republic (30%), i.e. only countries in the central and southern parts of Europe.

Outdoors, such as in the street, in a park or at a beach, was answered by 14% as an average. The highest proportions indicating this alternative were found in Russia, where 33% had said so, Latvia (31%) and Poland (30%).

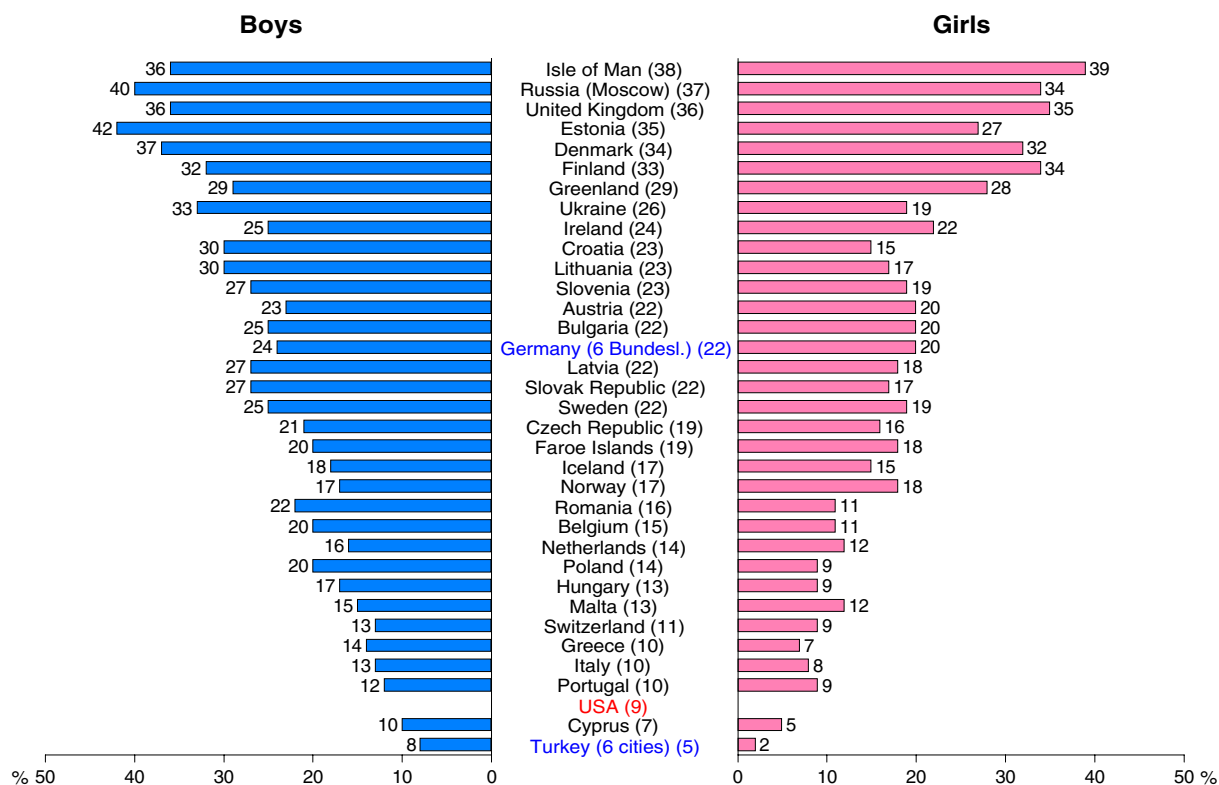
Very few answered that they had been drinking in a restaurant the last time they had alcohol, and this alternative are not among the two most frequent chosen by the students in any country. “Other places”, on the other hand, was frequently indicated in Greece (36%), Germany and Norway (22% each).

There are only small differences between places where boys and girls drink alcohol. The most important differences are found for outdoor places (the street, a park or the beach), which have been reported by more boys than girls.

To sum up, the places most frequently indicated by ESPAD students as the scene for their last drinking occasion are someone else’s home or their own home. It would be of interest to know to which extent existing alcohol regulations and laws might influence the choice of a bar, pub or a disco as a place at which young people drink alcohol. At least in some countries this option is rather limited, since the personnel would not be allowed to serve under-age people. Finally, many students in Greece, Germany and Norway indicated “other places” to a rather high extent. It is difficult to see what the students in these countries might have in common when choosing this alternative.



**Figure 46a.** Proportion of all students who have been drunk at the age of 13 or younger. 2003.  
Germany and Turkey: Limited geographical coverage. USA: Limited comparability.



**Figure 46b.** Proportion of boys and girls who have been drunk at the age of 13 or younger. 2003.  
Values within brackets refer to all students. Data sorted by all students. Germany and Turkey: Limited geographical coverage. USA: Limited comparability.

## Expected personal consequences

(Table 24a–c, figure 47)

The expected consequences of alcohol use vary considerably both between individuals and across countries. Different cultures promote different patterns of alcohol consumption as well as different psychosocial effects of intoxication. Also within countries, individuals adopt different drinking patterns and are experiencing the effects of alcohol in different ways.

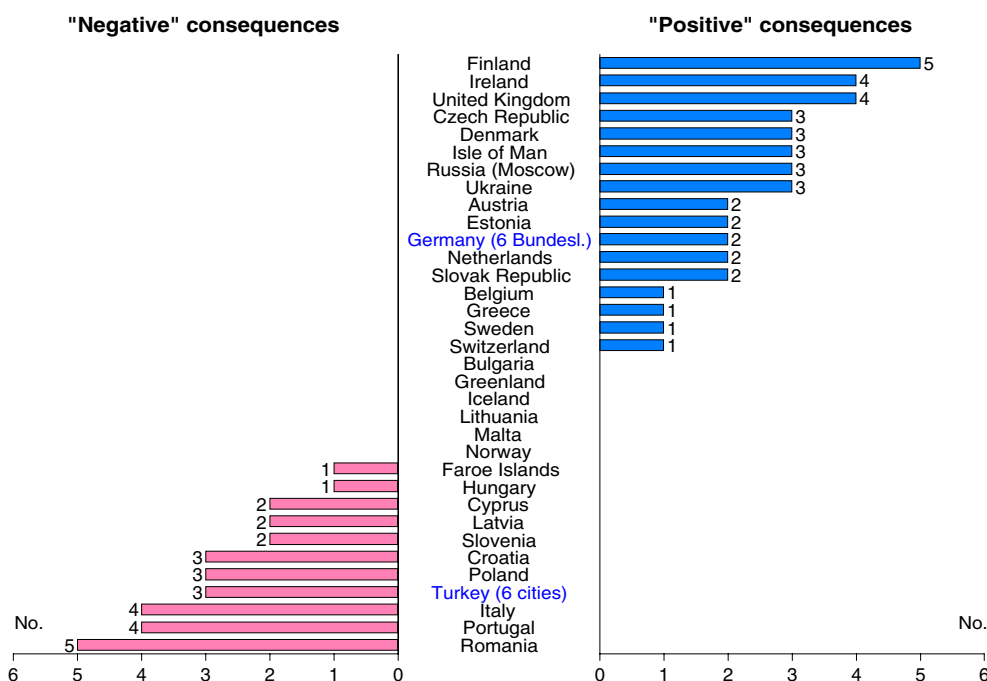
The students were asked to indicate how likely they thought that different positive and negative consequences would happen to them if they drink alcohol. The five proposed positive consequences included “Feel relaxed”, “Feel happy”, “Feel more friendly and outgoing”, “Have a lot of fun” and “Forget my problems”. The six proposed negative consequences included “Feel sick”, “Get a hangover”, “Not be able to stop drinking”, “Harm my health”, “Do something I would regret” and “Get into trouble with the police”. The proportions of students in each country responding “likely” or “very likely” to each question are presented in tables 24a–24c.

Most students associate their alcohol consumption with having fun. A large majority (68% on average) anticipate this as a possible consequence.

Other positive consequences, which more than half of the students on average had indicated, included “feel more friendly and outgoing”, “feel happy”, and “feel relaxed”. Least support has the alternative “forget my problems” (45% on average).

Among the negative consequences “harm my health” is the most anticipated, which 42% on average indicated. In regressing order the following alternatives are “get a hangover”, “do something I would regret”, “feel sick” and “get into trouble with the police”. The least expected consequence among these young people is “not be able to stop drinking”, which on average was indicated by 14%.

Countries where most students on average had indicated positive consequences include Denmark, the Faroe Islands, Ireland, Isle of Man and the United Kingdom, which about three quarters of the students in these countries report. When looking at expected negative consequences the countries with the highest average proportions (around 45%) indicating any of those include Bulgaria, Croatia, the Faroe Islands, Romania, Slovenia and Italy. It seems as if the Faroese students to a high extent have anticipated positive as well as negative consequences when drinking.



**Figure 47.** Anticipated positive and negative consequences of alcohol consumption. Number of statements for which the percentage of all students answering “likely” or “very likely” exceeds the average of all countries.

Germany and Turkey: Limited geographical coverage.

To give an overview of the anticipated positive and negative consequences of alcohol use, figure 46 presents the sums of the proportions of students in each country that agreed with the different statements. Thus, for each of the five positive consequences, if the individual country's proportion exceeds the average for all countries on this variable this country gets one point on this item. In the same way five of the negative consequences (the sixth, least anticipated consequence "not being able to stop drinking" was excluded to balance the scale) are used to summarise the negative side. To balance the positive and the negative consequences, each country's positive points minus its negative points make up the value for this country. This means that the result might be a positive or a negative value, or it might be indifferent. In the figure all countries are presented with their summarised points.

Thus, as can be seen in the figure students in Finland seem to be the most positive in their attitudes towards alcohol, with a total sum of +5 points. Other countries with most positive scores are Ireland, the United Kingdom (+4 points each) and the Czech Republic, Denmark, Isle of Man, Russia (Moscow) and Ukraine (+3 points each). In each of these countries students overall anticipate more positive and less negative consequences of their own alcohol consumption than in other ESPAD countries. It is notable that most of these countries are among those with highest drunkenness figures.

On the negative side we mainly find the countries that most often are associated with low prevalence rates on alcohol consumption and drunkenness. They include Romania (-5 points), Italy, Portugal (-4 points each) as well as Croatia, Poland and Turkey (-3 points each). In these countries, students overall anticipate more negative and less positive consequences of their alcohol consumption than their counterparts in other participating countries.

### **Experienced problems caused by own alcohol use**

(Tables 25a:1 – 25c:2, figures 48–49)

The students were also asked if they had encountered any problems related to alcohol use, drug use or related to some other reasons. The number of students who had experienced problems related to drug use was very low in almost all ESPAD countries, and is therefore not presented in this report. Rather many, however, had experienced various problems in relation to their own alcohol use.

The fourteen problems listed in the question-

naire have been grouped into four categories. These categories are "Individual problems", "Relationship problems", "Sexual problems" and "Delinquency problems".

Included in "Individual problems" are the following items: "Performed poorly at school or at work", "Damage to objects or clothing", "Loss of money or other valuable items", "Accident or injury" and "Hospitalised or admixed to an emergency room".

The problem most often indicated by the students in this group is "damage to objects or clothing" which on average had been indicated by 12%. The next in ranking are "loss of money or other valuable items" and "accident or injury", which are indicated by about 8 and 6% respectively. The other two categories are only mentioned by 2–3% of the students.

The highest average percentages of students indicating any of the individual problems are found in Lithuania (14%), Ireland, Isle of Man, the United Kingdom (13%) and Denmark (12%). The smallest proportions are found in Cyprus, France, Greece, Turkey (2%), Belgium, Italy, Malta, Portugal and Switzerland (3%).

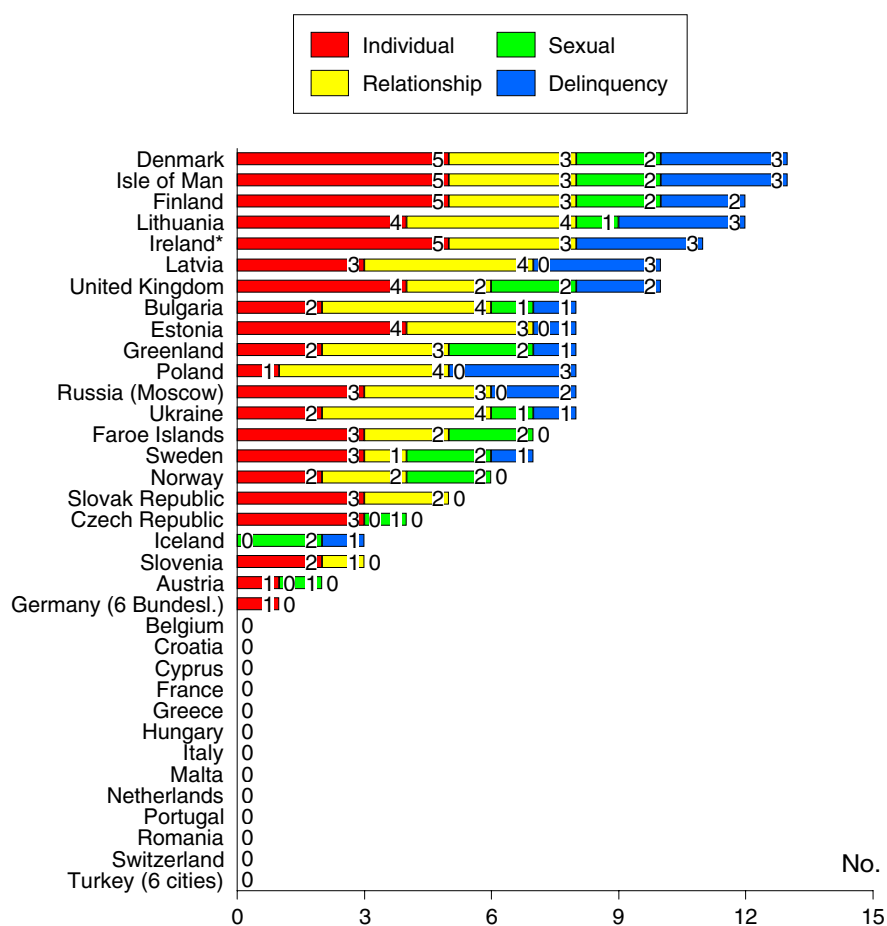
Included in "Relationship problems" are the following items: "Quarrel or argument", "Problems in relationships with friends", "Problems in relationships with parents", "Problems in relationships with teachers".

The problem most indicated in this group is "quarrel or argument" which on average is indicated by 11%. The next most frequently indicated items are "problems in relationships with parents" (8%) and "problems in relationships with friends" (6%). Only 2% had indicated problems with teachers.

The individual countries that for this group of problems have the highest average percentages include Lithuania (19%), Denmark (15%), Finland (12%), Greenland, Ireland and Isle of Man (10% each). Very few students have indicated these types of problems in Cyprus, Greece, Turkey (2%), Italy, the Netherlands and Portugal (3%).

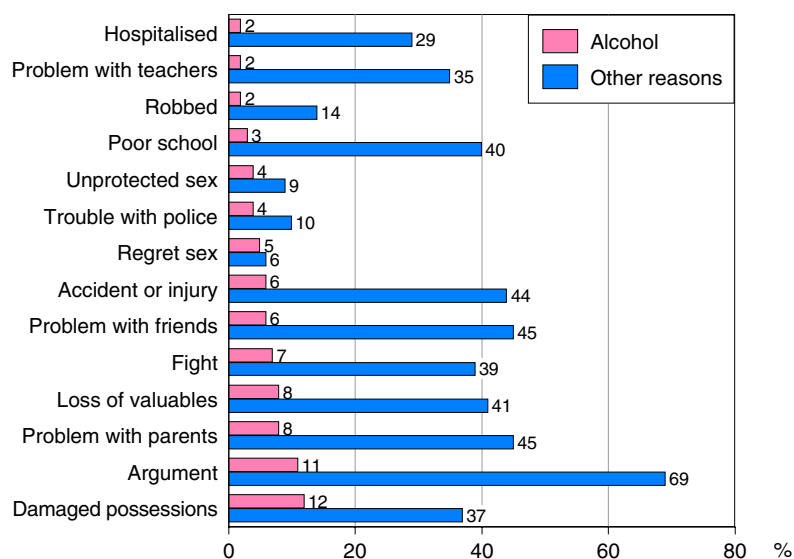
The problem group "Sexual problems" includes two items: "Engaged in sex you regretted the next day" and "Engaged in unprotected sex (without a condom)". Both these alternatives are on average rather equally indicated (about 5%). One country (Ireland) had left out these two items in the questionnaire.

Looking at the countries individually reveals that these problems are by far most experienced by



**Figure 48.** 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.

Germany and Turkey: Limited geographical coverage. \* Not all alternatives were included.



**Figure 49.** Cross-national average of students who report having each of 14 problems because of their alcohol use and because of other reasons.

the youth in Greenland and Isle of Man, where 17 and 13% respectively had indicated that they had experienced any of these two sexual experiences. Other countries with rather high figures on this variable are Denmark and the United Kingdom (9%) followed by Finland (8%).

“Delinquency problems” included the items “Scuffle or fight”, “Victimised by robbery or theft” and “Trouble with police”. Of these the first one is the most often indicated, although the average proportion for all countries is relatively low (7%).

The individual country that scores highest on this group of problems is Lithuania (10%), followed by Ireland, Isle of Man (9% each), Denmark and the United Kingdom (8% each). Very few students in Cyprus and Greece indicated this kind of problems (1% each), but also in Belgium, France, Italy, Malta, the Netherlands, Portugal, Switzerland and Turkey (2% each).

For most of the problem groups the average scores do not indicate any clear gender pattern. The average scores on individual, relationships and sexual problems are the same or about the same for both boys and girls. The only group of experienced problems that reveals a gender difference is the delinquency problems group. On average more boys than girls indicated this (6 vs. 3%). The individual consequence that boys by far are more involved in is a scuffle or fight, which on average 10% of the boys had indicated compared to 5% of the girls.

The pattern of rather small differences between boys and girls is also found in most individual countries. When there are differences the figure is usually higher among boys. However, in a few countries some of the problem types are mainly found among girls. This is the case in the Faroe Islands where more girls have reported sexual problems related to their alcohol consumption. Other countries include Finland (individual, relationship as well as sexual problems), Greenland (sexual problems), Iceland (sexual problems), Isle of Man (individual, relationship and sexual problems), Sweden (sexual problems) and the United Kingdom (individual, relationship and sexual problems). In all these seven countries, which only are found in the British Isles and among the Nordic countries, more girls have reported sexual problems related to their own alcohol consumption.

In figure 48 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. Thus, for each of the 14 problems and for each country, the number of items for which it scores above average are counted and summarised.

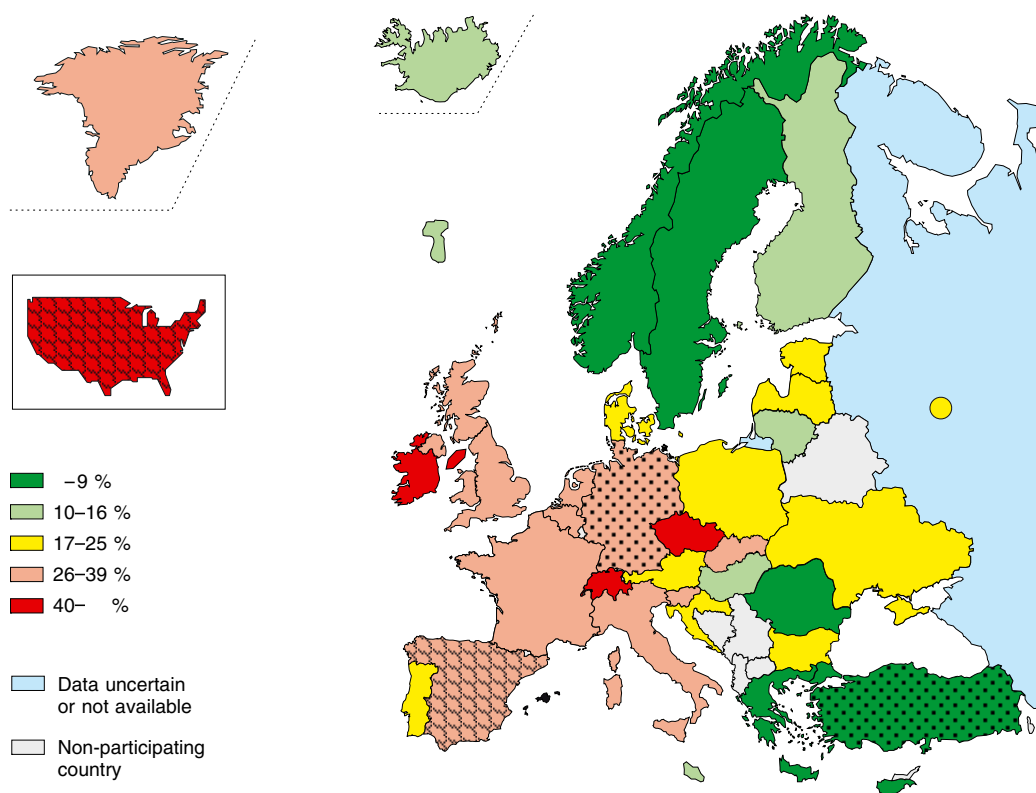
The highest sum of items exceeding average was found in Denmark and Isle of Man (13 over average) followed by Finland, Lithuania (12 over), Ireland (11, however the two variables on sexual problems were omitted in the Irish questionnaire), Latvia and the United Kingdom (10). In other words, among the countries with most reported alcohol related problems are all the British Isles countries as well as Nordic countries and Baltic states.

Countries that have no variable scores exceeding average are predominantly Mediterranean countries. They are also found in all other parts of Europe with the exception of the British Isles, the Nordic countries and the Baltic states.

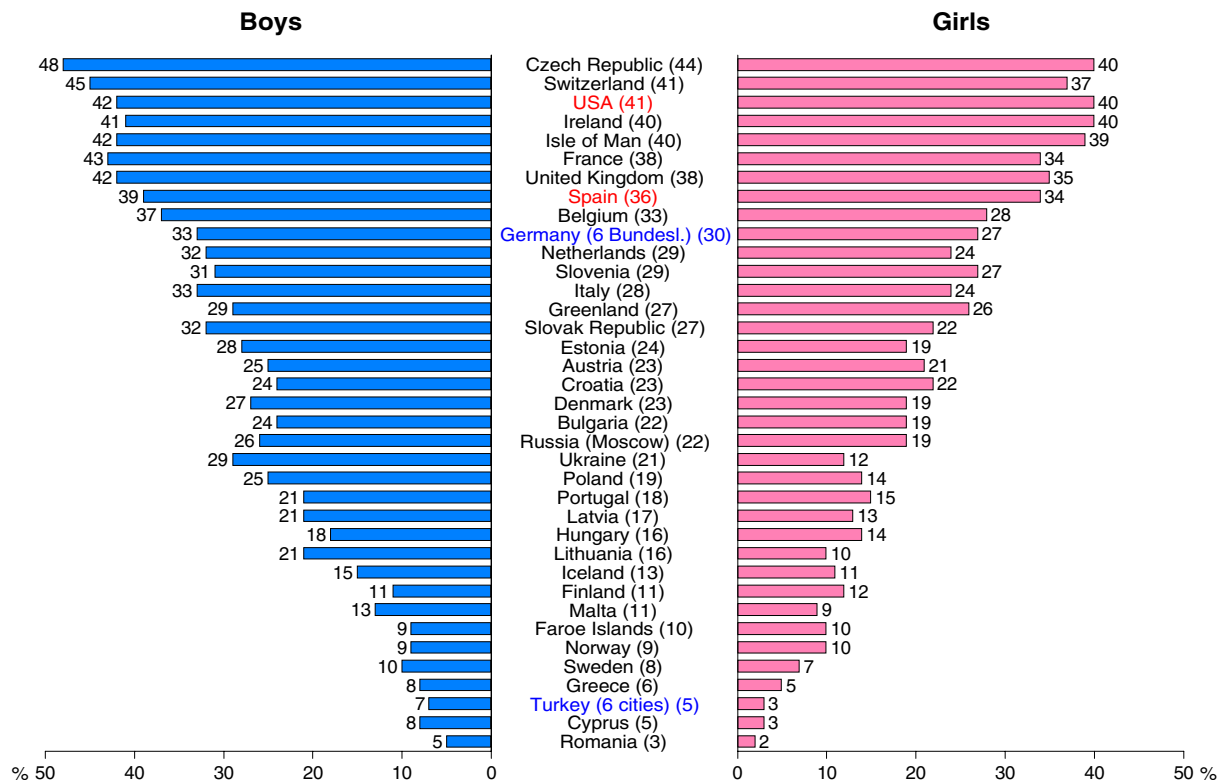
In order to assess the relative role of alcohol in different types of problems, the students were also asked about their experiences of the same problems for reasons other than their own alcohol use. Figure 49 shows the cross-national average of students who report having each of the 14 problems because of their alcohol use and because of other reasons. In most cases, the number of problems that the respondents specifically related to their own alcohol use was small in comparison with such problems caused by other factors. The exceptions from this pattern is the problem defined as “engaged in sexual intercourse you regretted the next day” (regret sex), which is indicated to the same extent because of alcohol as well as for other reasons. Two other variables that are only somewhat more connected with other reasons than alcohol are “unprotected sex” (engaged in sexual intercourses without a condom) (4 vs. 9%) and “trouble with police” (4 vs. 10%).

A conclusion that can be drawn from the results on the two variables “expected consequences” and “problems because of alcohol use” is that many of the countries with students that report expected positive experiences from alcohol consumption are found at the top of the list of countries that report problems. It also seems as if young people in the south of Europe expect more problems to be associated with alcohol consumption, but report less experience of such problems.





**Figure 50a.** *Lifetime experience of any illicit drug. Percentages among all students. 2003.*  
Germany and Turkey: Limited geographical coverage. Spain and USA: Limited comparability.



**Figure 50b.** *Lifetime experience of any illicit drug. Percentages among boys and girls. 2003.*

Values within brackets refer to all students. Data sorted by all students. Germany and Turkey: Limited geographical coverage. Spain and USA: Limited comparability.



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## **Illicit drugs**

In this section the prevalence of use of illicit drugs, tranquillisers or sedatives (with and without a doctor's prescription), anabolic steroids, alcohol in combination with pills and use of inhalants will be presented. Overall, the focus is on lifetime prevalence, except for illicit drugs for which also 12 months and 30 days prevalence rates are presented. The section begins with a presentation of the students' knowledge about various illicit drugs.

### **Knowledge about drugs**

(Tables 26a–c)

The prevalence of drug use differs widely across countries. In some countries both the knowledge of a drug and the use of it are rather widespread, while students in other countries have never heard the name, let alone having used it. To explore how well known certain substances are, also in low prevalence countries, and to be able to monitor possible changes over time, the students were asked if they had ever heard of certain drugs. The drugs included in this question are amphetamines, crack, cocaine, ecstasy, heroin, LSD, marijuana/hashish, methadone and tranquillisers or sedatives.

On average, the most well known drugs are marijuana or hashish, cocaine and heroin, which a large majority (90% on average) indicated that they had heard of. The next substance in this hierarchy is ecstasy, which 83% on average had heard about. A group of drugs, including amphetamines, LSD and crack, were all known to about the same extent on average (60–66%) among the students. The least known substance was GHB which only 18% indicated knowledge about.

Countries that score highest on average in relation to familiarity with the drugs listed are Isle of Man (79%) and the United Kingdom (78%). Other countries with high values (75–76%) include the Czech Republic, Denmark, Ireland, the Netherlands and Sweden. Countries where rather few students were familiar with these drug names include Turkey (34%), Greenland (39%) and Ukraine (43%).

There are only small differences between boys and girls when averages are compared. However, it might be worth to note that, on average, there are more girls than boys that have heard about tranquillisers or sedatives (70 vs. 62%). The same tendency is also found in a vast majority of the countries.

For some of the drugs there are substantial differences between countries in relation to the students' knowledge. One example is LSD that only

17% of the Greenlandic and 20% of the Romanian students had heard of compared with 91% in Germany. Of the students in Turkey only 8% had heard about crack and in Romania only 19%. As typical countries at the other end of the scale, this was reported by about 90% in five countries (Germany, Ireland, Isle of Man, Sweden and the United Kingdom).

The knowledge about GHB differs substantially between countries, from 4–5% in the Faroe Islands and Turkey to 55% in Iceland and 48% in Norway. The discrepancies are also large in relation to methadone. The smallest proportions that had heard about methadone were found in Turkey (7%) and Greenland (11%) while this was the case among 77% in Norway and 72% in Ireland.

The range is wide also for magic mushrooms. For this drug the lowest figure was found in Turkey (11%) followed by Cyprus (13%). On the other hand, there are four countries in which around 90% of the students had heard about magic mushrooms (the Czech Republic, Ireland, Isle of Man and the United Kingdom).

### **Any illicit drug**

#### *Lifetime*

(Tables 27a–c, figures 50a–b)

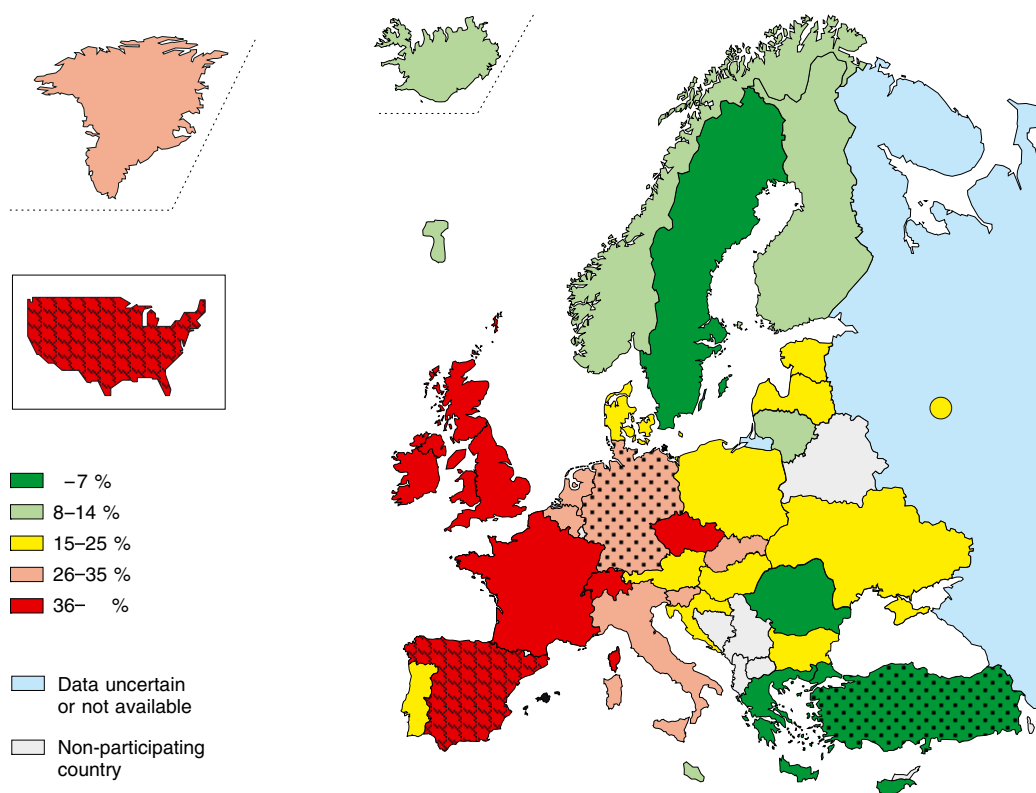
The concept “any illicit drug” includes marijuana or hashish, amphetamines, LSD or other hallucinogens, crack, cocaine, ecstasy and heroin. The lifetime prevalence of any illicit drug varies considerably across the ESPAD countries.

The highest prevalence rates of any illicit drug use are reported from the Czech Republic (44%), Switzerland (41%), Ireland and the Isle of Man (40% each). Other countries with high proportions include France, the United Kingdom (38% each), Belgium (33%), Germany (30%), the Netherlands, Slovenia (29% each), Italy (28%), Greenland and the Slovak Republic (27% each). A majority of these countries are found in the central and western parts of Europe, while only three are found in the eastern parts.

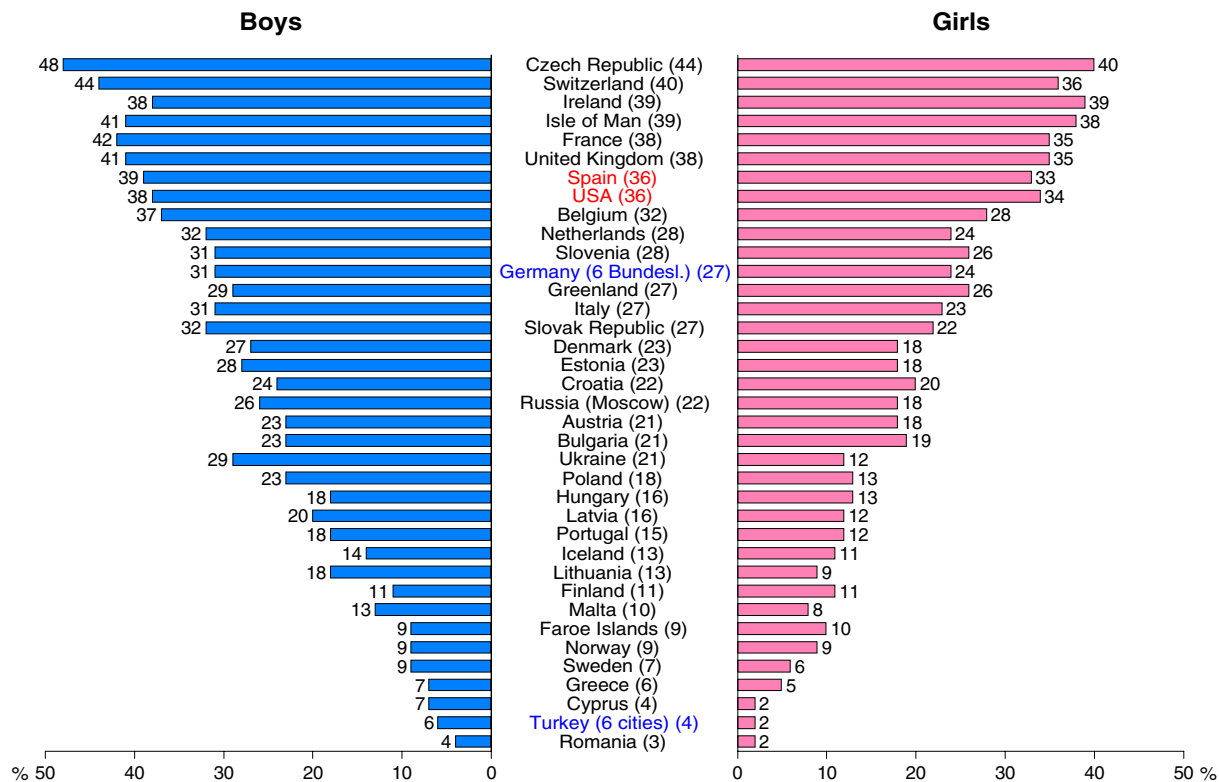
Less than 10% have reported such drug use in Romania (3%), Cyprus, Turkey (5% each), Sweden (8%) and Norway (9%). Other countries with proportions around ten percent are the Faroe Islands (10%), Finland and Malta (11% each).

In Spain 36% of the students have used an illicit drug. The corresponding figure for USA is 41%.

Many of the students have only tried a drug once

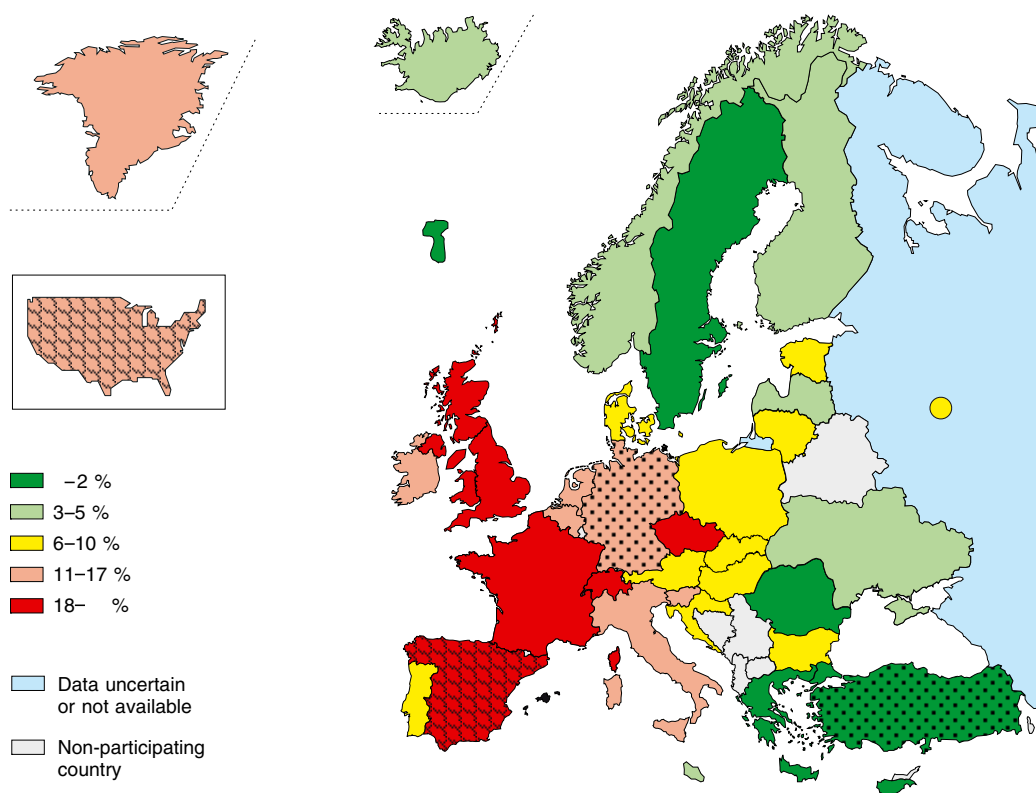


**Figure 51a.** Lifetime experience of marijuana or hashish. Percentages among all students. 2003.  
Germany and Turkey: Limited geographical coverage. Spain and USA: Limited comparability.

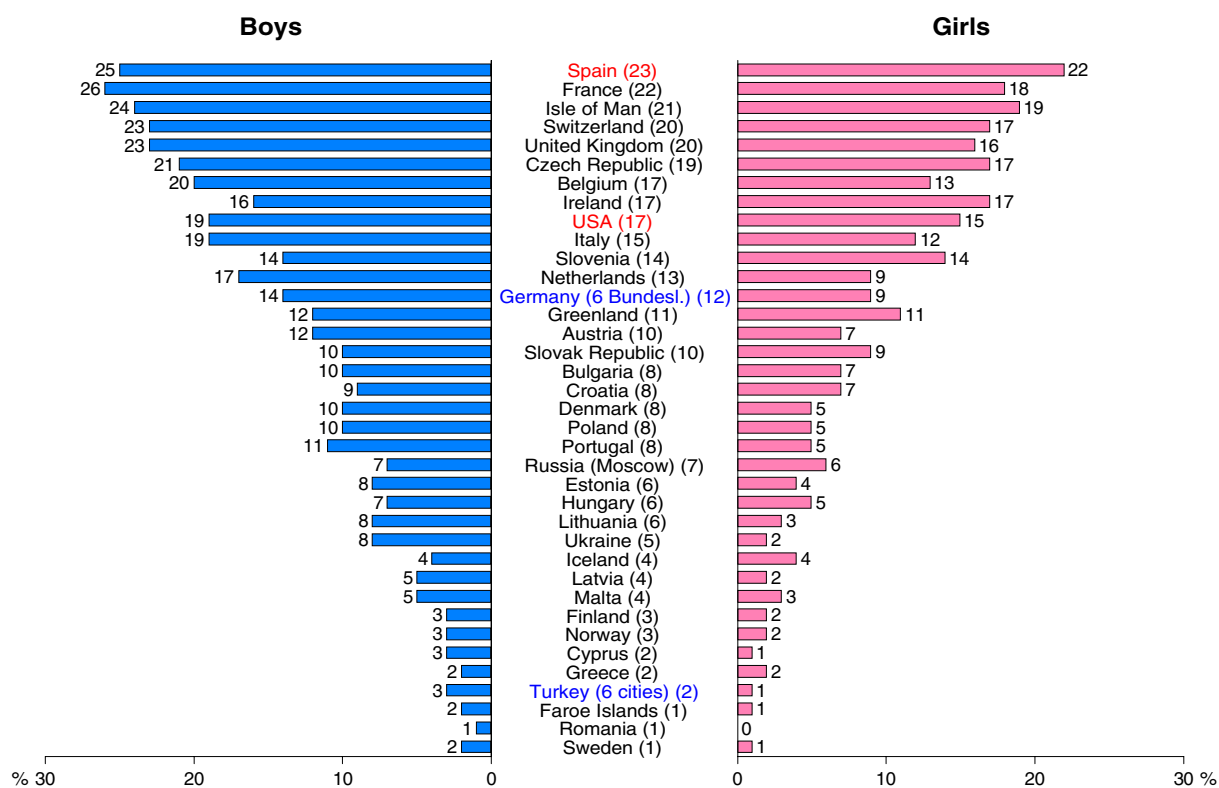


**Figure 51b.** Lifetime experience of marijuana or hashish. Percentages among boys and girls. 2003.

Values within brackets refer to all students. Data sorted by all students. Germany and Turkey: Limited geographical coverage. Spain and USA: Limited comparability.



**Figure 52a.** Proportion of all students who have used marijuana or hashish during the last 30 days. 2003.  
Germany and Turkey: Limited geographical coverage. Spain and USA: Limited comparability.



**Figure 52b.** Proportion of boys and girls who have used marijuana or hashish during the last 30 days. 2003.  
Values within brackets refer to all students. Data sorted by all students. Germany and Turkey: Limited geographical coverage. Spain and USA: Limited comparability.

or twice, while others have had a more or less regular habit of drug taking. Countries where the highest percentages of students have used any drug 20 times or more include Switzerland (16%), France (15%), the United Kingdom (14%), the Czech Republic, Isle of Man (13%), Belgium (11%), Ireland, Italy and the Netherlands (10% each), i.e. about the same top countries as for lifetime prevalence. In contrast, only 1% or less report this in Cyprus, the Faroe Islands, Romania and Sweden.

The gender pattern reveals that in a majority of the countries more boys than girls report that they have tried any illicit drug at least 20 times. In no country the opposite is true. On the other hand, in a number of countries the proportions are similar for boys and girls. If one exclude countries with only small percentages, this is mainly found in Croatia and Slovenia.

## **Marijuana or hashish**

### *Lifetime*

(Tables 28a–c, figures 51a–b)

The vast majority of the students in all ESPAD countries that have tried any illicit drug have used marijuana or hashish. Thus, the number of students reporting experience with cannabis are almost identical with the total illicit drug prevalences.

The top country in this respect is the Czech Republic where 44% of the students have used marijuana or hashish. Still high prevalence rates are reported from Switzerland (40%), Ireland, Isle of Man (39% each), France and the United Kingdom (38% each). Other countries where more than one fourth of the students have used cannabis include Belgium (32%), the Netherlands, Slovenia (28% each), Germany, Greenland, Italy and the Slovak Republic (27% each).

The lowest levels of cannabis use are reported from Romania (3%), Cyprus, Turkey (4% each), Greece (6%) and Sweden (7%). Low prevalence rates are also found in the Faroe Islands, Norway (9% each) and Finland (10%). These low prevalence countries are either found in the south of Europe or among the Nordic countries.

Data from Spain and the USA reveal that 36% of the students in both countries have ever used cannabis.

In no country there are more girls than boys that have tried cannabis, and boys are in majority in about two thirds of the ESPAD countries. In some of them, on the other hand, there are no real gender differences. Those countries are mainly found in the British Isles or among the Nordic countries,

including the Faroe Islands, Finland, Greenland, Iceland, Ireland, Isle of Man, Norway and Sweden. However, included in the list is also a southern country (Greece). It may also be noted that the countries with about equal proportions between the sexes are both high and low prevalence countries.

### *Last 12 months and last 30 days*

(Tables 29a–c, figures 52a–b)

Many of the students who have tried marijuana or hashish have apparently done so during the last year. Thus, the number of students indicating that they have used cannabis during the last 12 months is very similar to the lifetime prevalence of this drug.

The highest number of students that had used cannabis during the last year is found in the Czech Republic (36%). Other high prevalence countries are Isle of Man (34%), France, Ireland, Switzerland and the United Kingdom (31% each).

Countries where very few students have used cannabis during the last 12 months are to a large extent the same that reported low lifetime prevalence rates. Thus, the smallest number of students reporting this behaviour are found in Romania (2%), Cyprus, Turkey (3% each), the Faroe Islands (4%), Greece and Sweden (5% each).

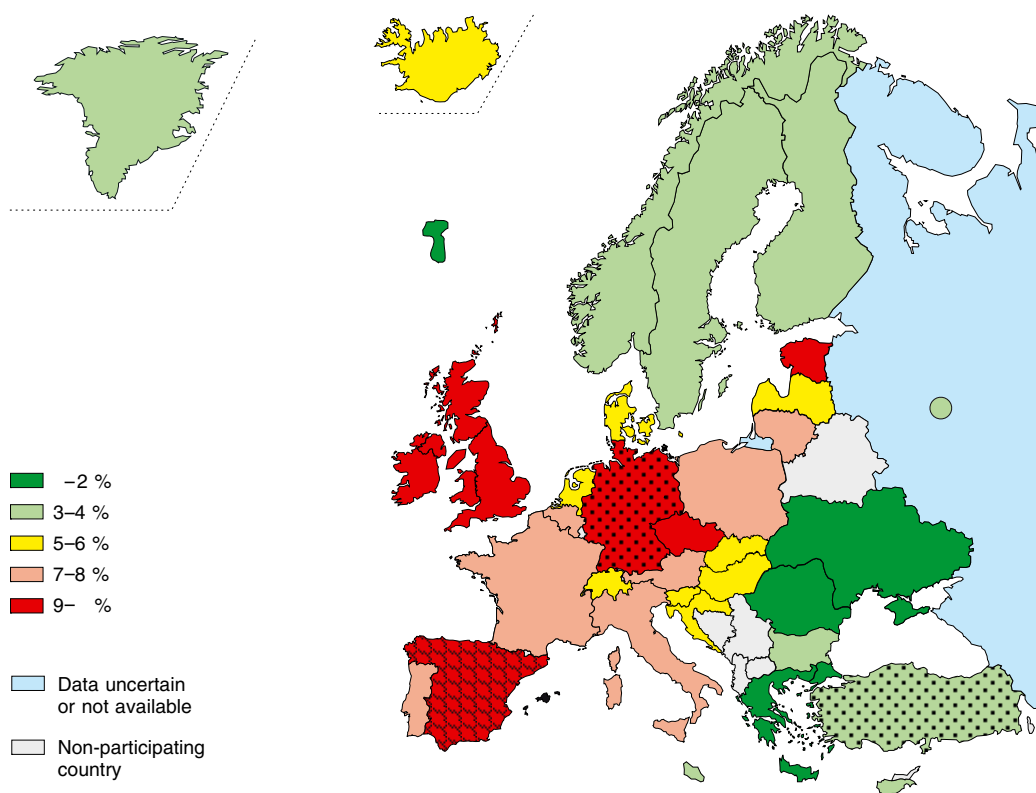
In Spain 32% of the students have used cannabis during the last 12 months. The corresponding value for the USA is 28%.

Use of cannabis during the last 30 days usually indicates an active and ongoing habit. In some countries about one fifth of the students reports this, in others much lower prevalence rates are noted. The countries with the highest 30 days prevalence include France (22%), Isle of Man (21%), Switzerland, the United Kingdom (20% each) and the Czech Republic (19%). Other countries with somewhat high rates are Belgium, Ireland (17% each) and Italy (15%).

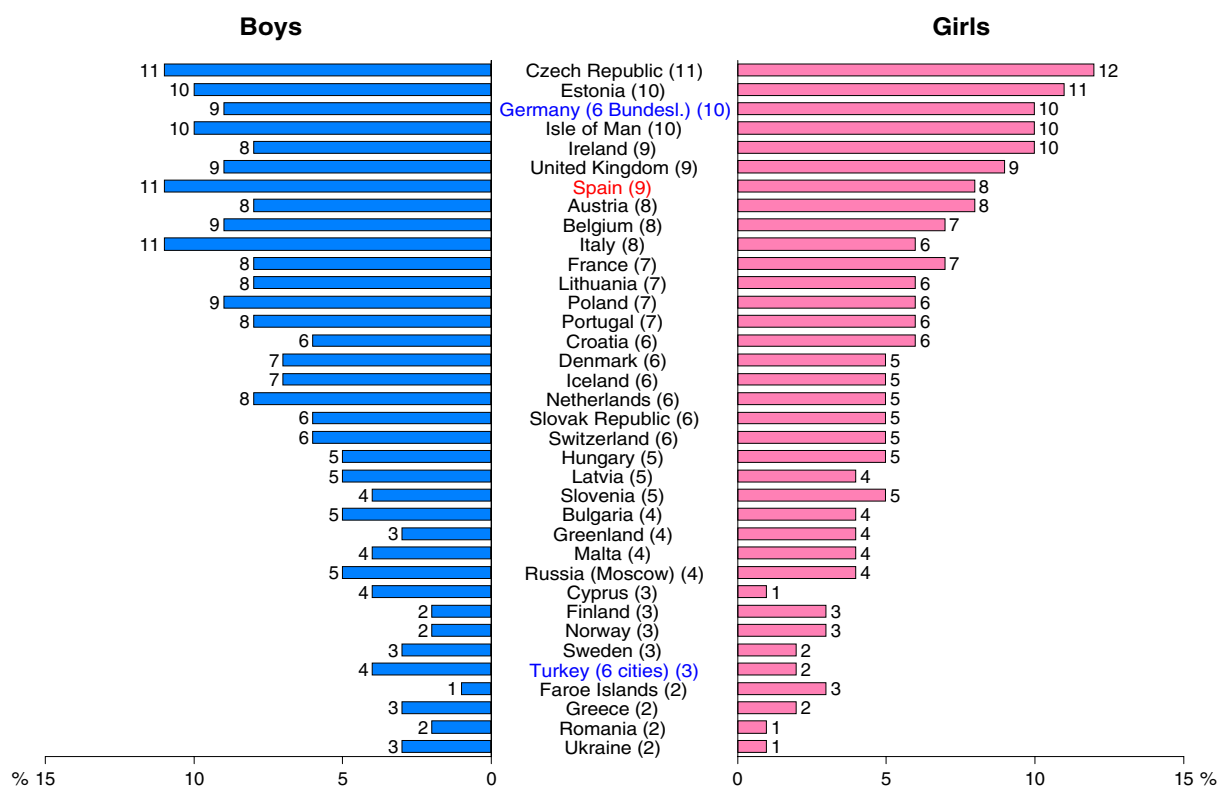
In some countries however, very few report cannabis use during the last 30 days. The six countries with the lowest figures include the Faroe Islands, Romania, Sweden (1% each), Cyprus, Greece and Turkey (2% each).

Data from Spain and USA reveals that 23% and 17% respectively of the students in these countries have used cannabis during the last 30 days.

In many of the high prevalence countries there are more boys than girls indicating that they have used cannabis during the last 12 months. However, countries where no or only small gender differences can be seen include Ireland, Slovenia, Greenland, the Slovak Republic, Bulgaria, Croatia, Rus-



**Figure 53a.** Lifetime experience of any illicit drug other than marijuana or hashish. Percentages among all students. 2003. Germany and Turkey: Limited geographical coverage. Spain: Limited comparability.



**Figure 53b.** Lifetime experience of any illicit drug other than marijuana or hashish. Percentages among boys and girls. 2003.

Values within brackets refer to all students. Data sorted by all students. Germany and Turkey: Limited geographical coverage. Spain: Limited comparability.



sia (Moscow), Hungary and Iceland. Thus, countries with rather equal gender pattern do not seem to have any geographical concentration. However, in some countries the prevalence rates are so low that no gender pattern can be established.

### **Any illicit drug other than marijuana or hashish**

*Lifetime, last 12 months and last 30 days*  
(Tables 30a–c, 31a–c, 32a–c, 33a–c, 34a–c, figures 53a–b)

As was established above, the most important and prevalent drug in all ESPAD countries is cannabis. Nevertheless, many students have also used other substances, and in some cases without any additional experience of cannabis. In tables 30 a–c and 31 a–c the lifetime, 12 months and 30 days prevalence rates of any other drug than cannabis are presented. In tables 32 a–c the lifetime prevalence of specific drugs such as amphetamines, LSD or other hallucinogens, crack, cocaine, heroin, ecstasy, magic mushrooms, GHB (gammahydroxybuturate), as well as any drug by injection are presented.

Overall, the prevalence rates on these substances are relatively low. The ESPAD average is 6% with a range of 2–11%. Of those who have used any other drug than cannabis a majority have done so 1–5 times in their lives. Students, who have used any illicit drug other than marijuana or hashish, make up about one tenth of the total study population in countries with the highest prevalence rates. They include the Czech Republic 11%, Estonia, Germany, Isle of Man (10% each), Ireland and the United Kingdom (9% each).

In nine ESPAD countries 3% or less report any experience of such drugs. The countries with the lowest prevalence rates include the Faroe Islands, Greece, Romania and Ukraine (2% each).

A majority of those who have ever used any drug other than cannabis have done so rather recently. Therefore the 12 months prevalence rates are rather similar to the lifetime rates. The average for all countries on lifetime use is 6% and the average for 12 months 4%.

The highest 12 months prevalence rates for these types of illicit drugs are found in Isle of Man (10%), Austria, the Czech Republic, Germany (7% each), Estonia, Ireland and Italy (6% each). Very few students had used such a drug during the last 12 months in the Faroe Islands, Finland, Romania and Turkey (1% each).

The 30 days prevalence is on average 2% for all countries. The highest figures are found in Austria

(4%), Belgium, the Czech Republic, Germany, Ireland, the Netherlands and the United Kingdom (3% each).

Very low prevalence rates are observed in some countries. Values of only 1% or below are reported from the Faroe Islands, Finland, Greece, Norway, Romania, Russia (Moscow), the Slovak Republic, Sweden, Turkey and Ukraine.

The gender pattern is rather homogeneous both for the lifetime, 12 months and 30 days prevalence rates.

Tables 32a–c show the prevalence rates for individual drugs. Overall the rates are low, but in a few individual countries they are higher. Besides cannabis, the most commonly used illicit drug is ecstasy, which 3% on average have indicated. The average rates for amphetamines, LSD or other hallucinogens, cocaine and magic mushrooms are all the same (2%). Crack, heroin and any drug by injection was on average mentioned by 1% of the students. Very few (0%) had indicated experience of GHB.

The countries with the highest percentages of students reporting use of amphetamines are Estonia (7%), Germany, Iceland, Lithuania and Poland (5% each). On the other hand, in 13 countries 1% or less reported such use.

Very few students have used LSD or other hallucinogens. The highest percentages are found in the Czech Republic and Isle of Man where 5–6% reported this.

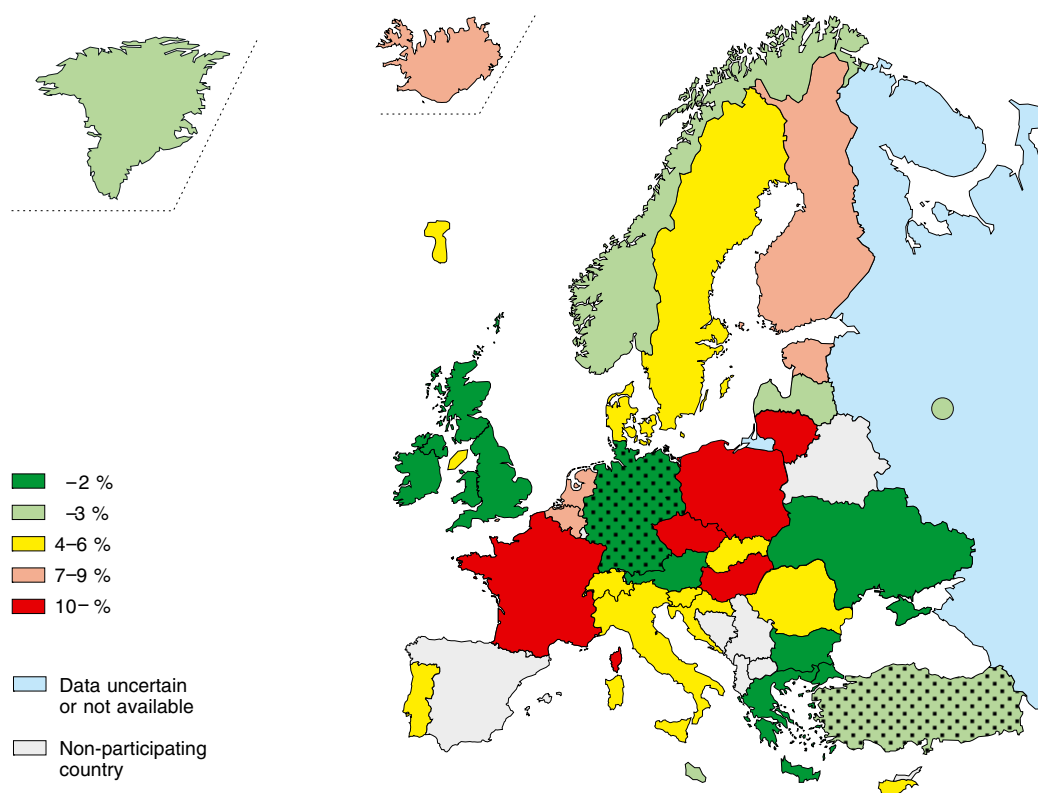
The use of crack or cocaine is also very limited. The highest value is observed in relation to cocaine and this is found in the Isle of Man, Italy and the United Kingdom, where 4% reported use.

Around 1% on average had ever used heroin. The single highest value is found in Italy where 4% gave this answer.

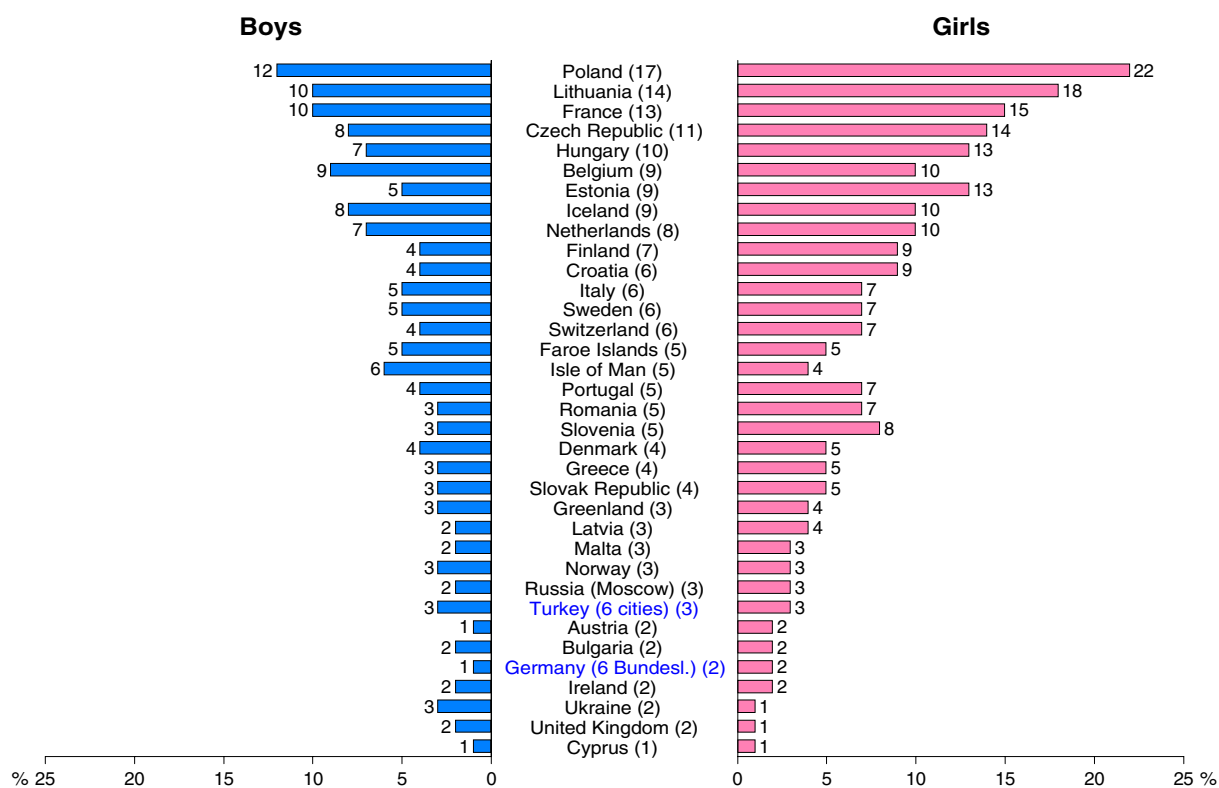
Ecstasy is, apart from cannabis, the most used drug of those included in the questionnaire. In the Czech Republic 8% had used it, followed by Isle of Man (7%), Croatia, Estonia, Ireland, the Netherlands and the United Kingdom (5% each).

Magic mushrooms are not very frequently used in the majority of the countries. However, a few countries are more outstanding in reported use, such as the Czech Republic (8%), Isle of Man (7%), Belgium, France, Germany and the Netherlands (5% each).

The lifetime use of GHB is limited to 1% of the students or less in all ESPAD countries. Another practically non-existent habit is drug taking with use of a needle (drugs by injection).

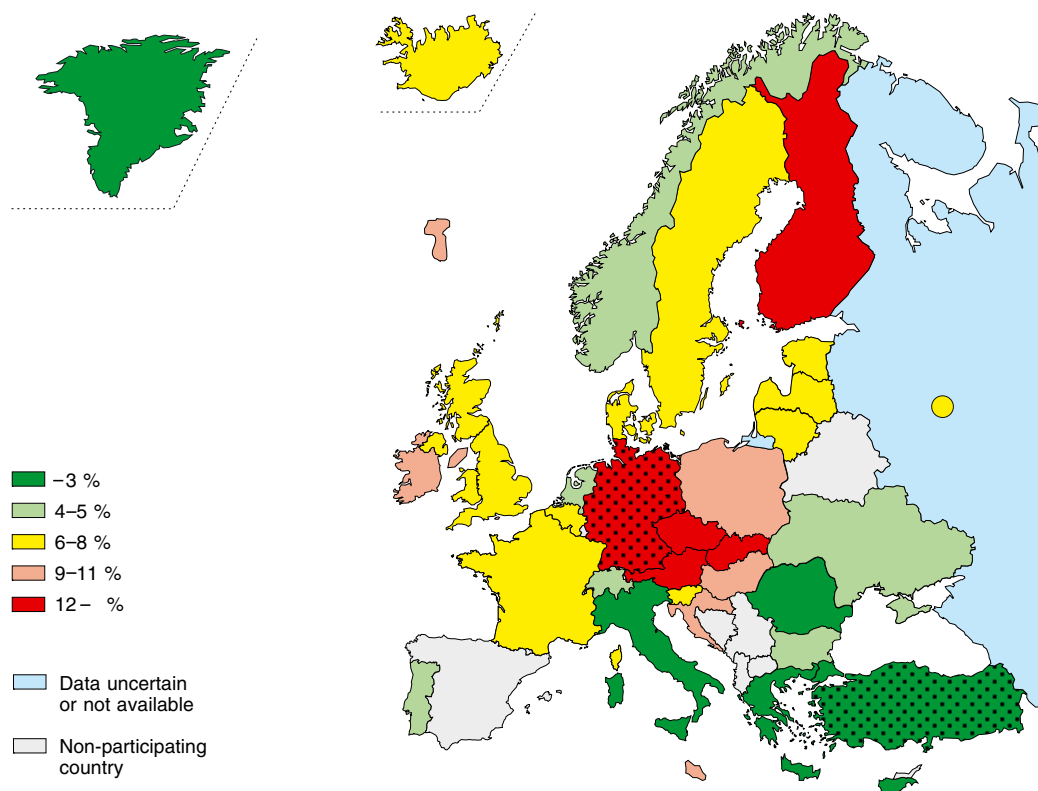


**Figure 54a.** Lifetime experience of tranquillisers or sedatives without a doctors prescription. Percentages among all students. 2003. Germany and Turkey: Limited geographical coverage.

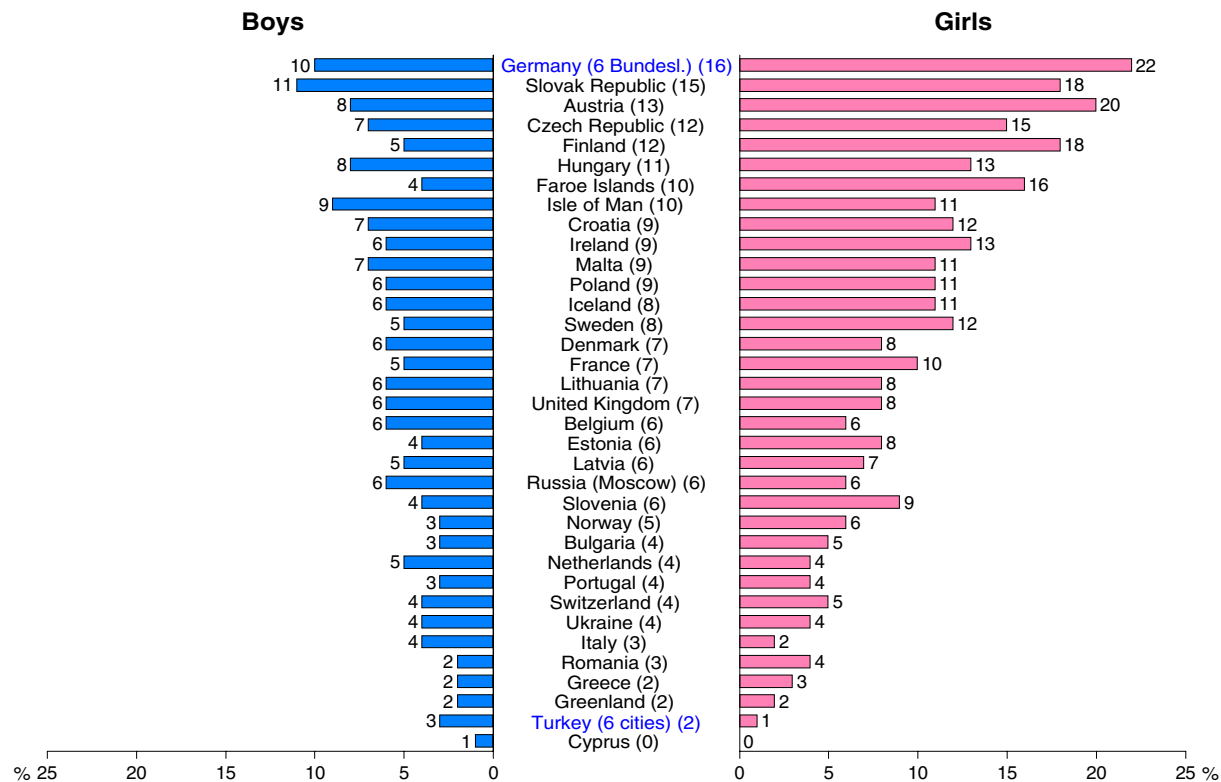


**Figure 54b.** Lifetime experience of tranquillisers or sedatives without a doctors prescription. Percentages among boys and girls. 2003. Values within brackets refer to all students. Data sorted by all students. Germany and Turkey: Limited geographical coverage.

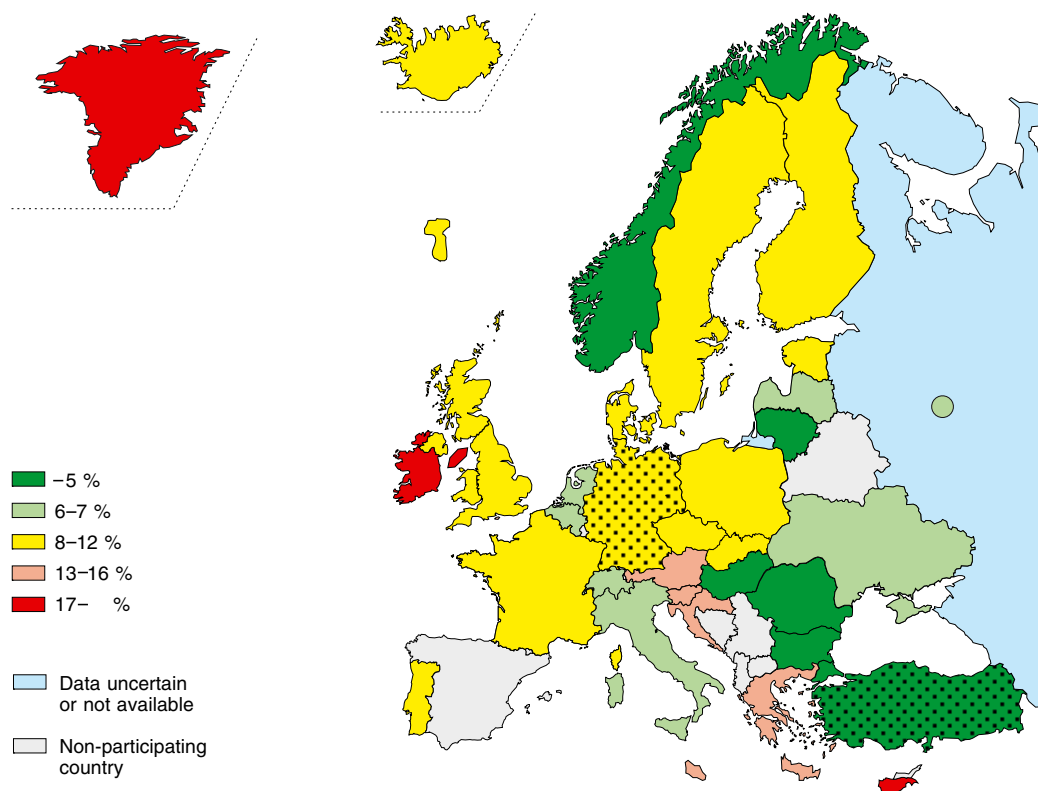




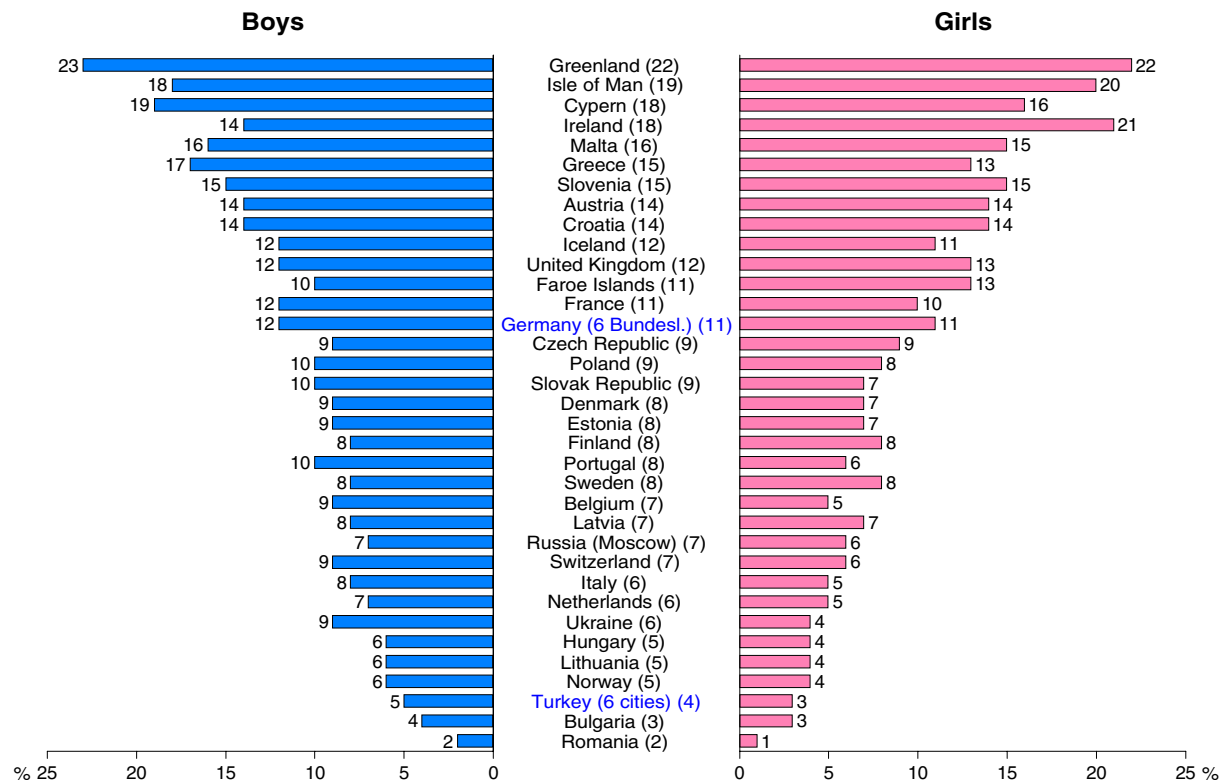
**Figure 55a.** Lifetime experience of alcohol together with pills. Percentages among all students. 2003.  
Germany and Turkey: Limited geographical coverage.



**Figure 55b.** Lifetime experience of alcohol together with pills. Percentages among boys and girls. 2003.  
Values within brackets refer to all students. Data sorted by all students. Germany and Turkey: Limited geographical coverage.



**Figure 56a.** *Lifetime experience of inhalants. Percentages among all students. 2003.*  
Germany and Turkey: Limited geographical coverage.



**Figure 56b.** *Lifetime experience of inhalants. Percentages among boys and girls. 2003.*  
Values within brackets refer to all students. Data sorted by all students. Germany and Turkey: Limited geographical coverage.

The 12 months and 30 days prevalence of use of different drugs other than cannabis are overall very low in a majority of the countries; 1–2% or less report any use. However, in a few countries the 12 months figures amounts to 3–4%. Use of amphetamines during the last 12 months is reported by 4% in Austria and by 3% in Denmark, Estonia, Germany, Iceland, Lithuania and Poland.

LSD or other hallucinogens during the last 12 months are reported by 3% in the Czech Republic, cocaine by 3% in the United Kingdom, heroin by 3% in Italy, ecstasy by 5% in the Czech Republic and 3% in Belgium, the Netherlands and the United Kingdom. Magic mushrooms were used by 4% in the Czech Republic and by 3% in Belgium, Germany, Italy and the Netherlands.

The highest 30 days prevalence is noted for amphetamines in Austria (3%) and ecstasy in Croatia (3%).

### **Tranquillisers, anabolic steroids, alcohol together with pills**

#### *Lifetime*

(Tables 35a–c, figures 54a–b, 55a–b)

Tranquillisers or sedatives can be used both as a legally prescribed medicine and as an illicit drug. The majority of the students that have used any such drug have used a prescribed medicine, with an average of 8% for prescribed drugs and 4% when not prescribed. The prevalence rates differ however rather much over the countries. The highest percentages of students that have used tranquillisers or sedatives prescribed by a doctor are found in the Czech Republic (20%), France (17%), Belgium, Croatia, Iceland, Portugal and the Slovak Republic (14–15%).

Rather low figures, on the other hand, are found in Cyprus (1%), the Faroe Islands (3%), Austria, Bulgaria, Greece, Isle of Man and the United Kingdom (4% each).

Use of tranquillisers or sedatives without prescription is most common in Poland (17%) followed by Lithuania (14%), France (13%) and the Czech Republic (11%). Similar to the legally prescribed use, the lowest prevalence rates are found in Cyprus (1%), Austria, Bulgaria, Germany, Ireland, Ukraine and the United Kingdom (2% each).

Very few students in most ESPAD countries have ever used anabolic steroids. The use of these substances is mainly associated with athletic training and bodybuilding. Only few students in the ESPAD countries reported such use. The highest number of students is found in Poland and Turkey (3% each).

It is well known that young people sometimes combine the use of pills with alcohol with the anticipation of getting a synergetic effect. The prevalence rates of “alcohol together with pills” are highest in Germany (16%), the Slovak Republic (15%), Austria (13%), the Czech Republic and Finland (12% each). Low prevalence countries for this variable are Cyprus (0%), Greece, Greenland and Turkey (2% each).

The ESPAD students were also asked if they used to combine alcohol and cannabis. This behaviour is much more frequent than to combine alcohol with a pill. Almost one third of the students in the Czech Republic, Ireland, Isle of Man, Switzerland and the United Kingdom reported use of alcohol and cannabis at the same time. As a contrast, only 1% of the students in Cyprus and Romania had experienced this.

Looking at the distributions by gender reveals that, on average, there are more girls that report having used tranquillisers or sedatives without prescription as well as alcohol together with pills. On the other hand, there are more boys than girls that have used alcohol and cannabis at the same time.

A more frequent use of alcohol together with pills among girls is reported from about half of the countries. In the remaining countries the figures are to a large extent the same for both sexes. However, no country reports that more boys than girls have done this.

The situation is similar for the use of alcohol and cannabis at the same time, but with boys in the majority. In about half of the countries there are more boys than girls that have tried this, while no country reported the opposite. In about half of them there are only small or no gender differences in the reported figures.

### **Use of inhalants**

(Tables 36a–c, figures 56a–b)

The students were asked: “On how many occasions (if any) have you sniffed a substance (sniffing glue, aerosols etc.) to get high?” The highest lifetime prevalence rates are reported from countries in very different parts of Europe. The top country on lifetime prevalence is Greenland, where 22% had done so. Other countries with high levels of inhalants use include Isle of Man (19%), Cyprus, Ireland (18% each), Malta (16%), Greece and Slovenia (15% each). In Romania as well as Bulgaria the figures are as low as 2–3%. Other low prevalence countries include Turkey (4%), Hungary, Lithuania and Norway (5%).

Some of those who declared experience of inhalants may have tried it rather long time ago and is perhaps no longer using it. The last 12 months prevalence rates are lower, but the highest figures are found in about the same countries as for lifetime prevalence. The highest rates of use of inhalants during the last 12 months are reported from Greenland (16%), Cyprus, Isle of Man (11% each), Ireland and Malta (10% each).

As can be expected the 30 days prevalence rates are lower. The highest values are found, again, in about the same countries as for lifetime and 12 months prevalence figures. The highest percentages of students who have used inhalants during the last 30 days are found in Cyprus (6%), Greece and Malta (5% each).

Very small gender differences are found in the use of inhalants. In a majority of the countries there are no differences, but in Belgium, Cyprus, Greece, Portugal and Ukraine more boys than girls reported this behaviour. In one country only, Ireland, more girls than boys have used inhalants.

It is striking that the high prevalence countries to a large extent are islands. It is difficult to see why this is so. A possible explanation might be that the social control in smaller societies might make it more difficult for young people to get hold of other illegal substances.

## Onset

### First drug used

(Tables 37a–c)

The students were asked about the first illicit drug they ever used. The drugs listed were tranquillisers or sedatives, marijuana or hashish, LSD, amphetamines, crack, cocaine, heroin, ecstasy, magic mushrooms and GHB.

The most important illegal substance as a debut drug is cannabis. This was on average answered by 18% of all students, which corresponds to about 80% of all students that have tried any illicit drug. The “dominance” of cannabis is also found in all, but three, of the ESPAD countries. In more than half of them cannabis was mentioned as the first illicit drug by 80% or more of the students that had tried any such drug.

Second to cannabis, but with much lower figures, are tranquillisers or sedatives. This was reported by 2% of all students which is about 9% of all students that have tried any illicit drug. Rather high prevalence rates for tranquillisers and sedatives are mainly reported from Poland and Lithuania in which 35–40% of the “drug users” gave this answer.

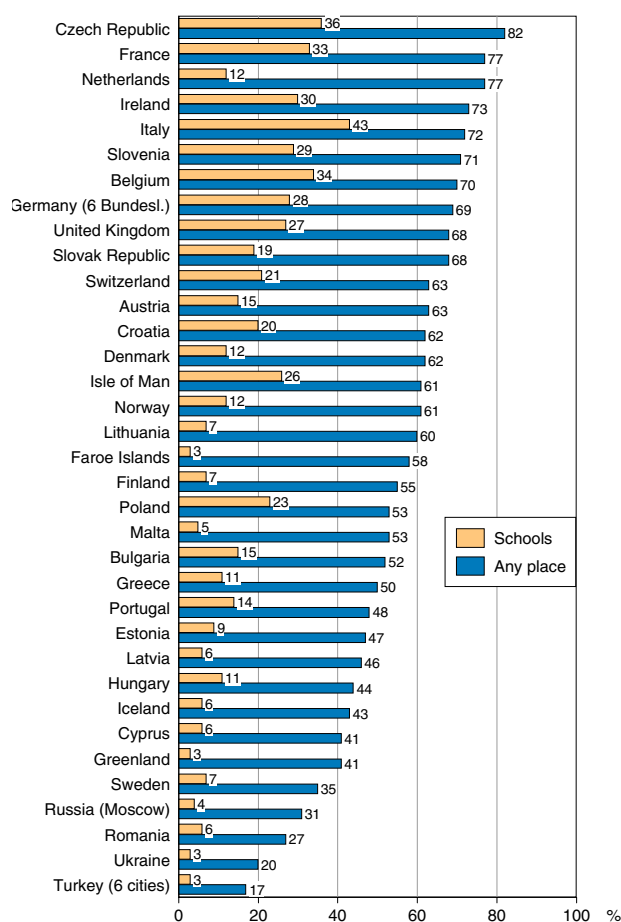
A comparison between the sexes shows that more boys than girls used cannabis as their first drug. However, the opposite is true for tranquillisers and sedatives which, on average, was more common among girls, and this especially true in Lithuania and Poland.

### How the first drug was obtained

(Tables 38a–c)

The students were asked how they obtained the drug on the first occasion. The responses were given in a fixed format including 13 alternatives. The results in the tables are summarised in nine groups, one of which is “I have never used any illicit drug”.

There are three alternatives that seem to apply for most of the students. They are: “It was shared in a group”, “Given by an older friend” and “Given by a friend of the same age or younger”. Each of them was on average indicated by 5% of the student population, which corresponds to about 20–



**Figure 57.** The proportion of students who reported that cannabis was easily available in schools and any other place respectively.

Germany and Turkey: Limited geographical coverage.

25% of those who have tried any illicit drug. This means that about 70% of all “drug users” had mentioned any of these three answers.

In individual countries one of these categories is more important than others. One example is “shared in a group”, which was especially dominant in the Czech Republic, Estonia, Russia (Moscow) and Slovenia. Another, and even more striking example, is that “given by older friend” was by far the most frequent answer in Greenland. It means, that this is how about 60% of the Greenlandic “drug users” were introduced to illegal drugs.

Rather few students answered that they bought the first drug they used, either from a friend or someone else. Taken together, these answers are on average given by 13% of those that have tried any illicit drug. With one exception, this way of getting the first drug is uncommon in all countries. The only exception is Malta in which about one third of the those who had used any drug answered that their first drug was bought from a friend.

No specific gender pattern is observed for this variable.

### *Reasons for first use*

By mistake the answers to the question about the reason for the first drug use were calculated on all students and not limited to “drug users” only. This was not realised until it was too late to ask for recalculated figures to be put in this report. However, in spite of this some written comments will be made.

The main results from the 2003 data collection reveals that the pattern of responses is very similar to the answers given in 1999. The dominant reason for the first drug use is that the students were curious. On average this was answered by about two thirds of all students that had tried any illicit drug. With one exception, this is the outstanding reason in all countries.

The major exception is Greenland in which the most important single reason for the first drug use was a wish to feel high. This was answered by about one third of the “drug users”. There was also relatively many Greenlandic “drug users” (about 30%) that answered “other reasons”.

The second most important reason for the first drug use was “wanted to get high”, which on average was answered by about 20% of the “drug users”. Other reasons were given to a much smaller extent than curiosity and a wish to feel high. This also includes “wanted to forget my problems”, a category that was mentioned by a little more than

10% of all students that had used any illicit drug.

The gender differences are small. However, in some countries there are slightly more boys than girls that answered that they wanted to feel high the first time they tried an illegal drug.

### *Age at first use*

(Table 39)

The two most common drugs that have been used at the age of 13 or younger are cannabis and inhalants. On average 4% had used cannabis and 3% inhalants at this very young age.

The highest figures on early consumption of cannabis are found in the United Kingdom and the Isle of Man, where about 13% answered this. Other countries with relatively high numbers reporting this are Switzerland (11%), Germany (9%), Ireland and the Netherlands (8% each). Marijuana or hashish is also the drug that most students in USA have used at the age of 13.

Students who reported that they used inhalants at the age of 13 are predominantly found in Cyprus (10%), but also in Croatia, Greenland and the Isle of Man (7%), followed by Austria, Greece, Ireland and Slovenia (6%).

The other drugs listed are only occasionally mentioned as debut drugs. No country reports that more than 1% indicated LSD or ecstasy as their first drug (with the exception of Isle of Man with 2% for LSD). Tranquillisers or sedatives are indicated by 2% on average. The country with the highest percentage indicating this is Poland (4%), followed by Belgium, Estonia, Greenland, Lithuania and the Netherlands (3%).

Very small gender differences are observed. As an average boys tend to indicate cannabis or inhalants at a somewhat higher degree than girls, but the differences are very small.

### *Places to buy cannabis*

(Tables 40a–c, figure 57)

The students were asked: “In which of the following places do you think you could easily buy marijuana or hashish if you wanted to?” The results show that there are rather large differences between countries in the extent to which the students thought they had knowledge of any such place.

The European countries where most students think they know of any place to buy cannabis include the Czech Republic (82%), the Netherlands (77%), Ireland (73%), Italy (72%), Slovenia (71%) and Belgium (70%). In other countries, however, rather few students could specify a place where



they would be able to buy cannabis. They include Turkey (17%), Ukraine (20%), Romania (27%), Russia (31%) and Sweden (35%).

It is obvious that the awareness of any possibility to buy drugs is closely related to the prevalence rates in a country. Among the alternatives given, the place that on average is most frequently indicated is a disco or a bar. This was on average answered by 27% of the students. On second “ranking place” is “street, park etc.” (23%).

Within the group indicating “disco/bar” the Czech Republic students are those who most frequently gave this answer (55%), followed by the Slovak Republic (46%), Germany (44%), Belgium (43%), Austria (42%) and Denmark (40%). Least common was this category among students in Ukraine (7%), Sweden (8%), Turkey (10%), Russia (12%) and Greenland (13%).

Students who indicated “street/park etc.” are mainly found in Italy (45%), Slovenia (39%), Belgium (38%), Norway (37%) and Ireland (36%). Very few students have given this answer in Turkey (4%), Cyprus (5%), Ukraine (6%), Russia (8%) and Romania (9%).

To have a possibility to buy cannabis at the house of a dealer was on average indicated by 21% of the students. Countries with rather high percentages of students giving this answer are Italy (43%), France (41%), the United Kingdom (39%) and Denmark (36%).

Schools are least indicated on this question (apart from “other places”). Despite the quite low average of 16%, rather high proportions gave this answer in a number of countries. They include Italy (43%), the Czech Republic (36%), Belgium (34%), France (33%) and Ireland (30%).

In some countries many students answered “other places”. The highest figures are found in the Netherlands (64%), Norway (48%) and Belgium (38%). A major reason for this high figure in Belgium and the Netherlands was that an extra answering category “coffee shop” was used in tables 40a–c. These answers are included in the category “Other places”. The high figure for “Other places” in Norway include to a large extent names of places or streets where Norwegian students think that they can buy cannabis.

There are on average more girls than boys that think that they can buy cannabis at a disco or a bar (30 vs. 24%), while it is the other way around for “school” (14 vs. 17%). When there are differences between boys and girls within countries, they usually follow this general pattern.

Even though the averages are about the same for boys and girls when it comes to the category “house of a dealer”, this is more frequently indicated by girls than boys in a few individual countries, including Finland, Ireland, Isle of Man, Malta, Norway and the United Kingdom. On the other hand, more boys than girls gave this answer in Greenland.

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## ***Lifetime abstinence from various substances***

(Tables 41a–c)

In tables 41a–c the rates of lifetime abstainers are given for each of the following substances: cigarettes, alcohol, illicit drugs, tranquillisers or sedatives and inhalants. In addition four calculated variables are presented in the table, which reflect the proportion of those who abstained from using different combinations of the previously listed substances.

The average percentage of lifetime non-smokers is 34%. The highest rates of abstainers are found in Iceland (54%), Malta (52%), Greece and Turkey (50% each). On the other hand, the smallest numbers of lifetime non-smokers are found in the Faroe Islands (17%), Austria, the Czech Republic, Lithuania (20%), Greenland (21%), Latvia (22%) and Germany (23%).

In most countries rather few students reported lifetime abstinence of drinking alcohol. The average for all ESPAD countries is 11%. The highest value in this respect for an individual country is found in Turkey, which by far outreach most other countries, since more than half of the students (55%) never had been drinking alcohol. Other countries with relatively high percentages of alcohol abstainers are Iceland (25%), Portugal (22%) and Greenland (20%). The lowest rates are found in ten countries where less than 5% of the students had never used any alcohol. They include the Czech Republic, Lithuania (2%), the Slovak Republic (3%), Austria, Denmark, Estonia, Germany, Greece, Isle of Man and Latvia (4%).

The average abstinence figure for illicit drug use (including marijuana or hashish, LSD, amphetamines, crack, cocaine, heroin and ecstasy) is 78%

for all ESPAD countries. The highest percentages of abstainers from these drugs in the individual countries are found in Cyprus, Turkey (95%), Greece (93%), Sweden (92%), Faroe Islands, Norway (91% each) and Romania (90%). The lowest rates are observed in the Czech Republic (56%), Ireland, Isle of Man (60% each), France and the United Kingdom (62% each). The high abstinence countries are found in the south of Europe and among the Nordic countries while the low abstinence countries include all countries of the British Isles.

A large majority (95%) of the students in the ESPAD countries have never used tranquillisers or sedatives. There are, however, differences between individual countries, but they are not dramatic. The highest value, 98%, is observed in seven countries, including Austria, Germany, Ireland, Norway, the Slovak Republic, Ukraine and the United Kingdom. The lowest rate of non-users of these substances is found in Poland where 83% had never used it. Other countries with relatively low percentages are Lithuania (87%), France (88%) and the Czech Republic (89%).

The average rate of abstinence from inhalants is 90%. The variation around this value ranges from 78% (Greenland) to 97% (Bulgaria and Romania). Other countries with low percentages of abstainers from inhalants use also include Isle of Man (81%), Ireland (82%), Malta (84%), Greece and Slovenia (85%). Apart from Bulgaria and Romania high percentages of abstainers are found also in Turkey (96%), Hungary, Lithuania and Norway (95%).

Tables 41a–c also include figures representing abstinence rates for combinations of drugs. Thus, the a-category represents those that are abstainers from cigarettes as well as alcohol, b) cigarettes, alcohol and illicit drugs, c) cigarettes, alcohol, illicit drugs and tranquillisers/sedatives, d) cigarettes, alcohol, illicit drugs, tranquillisers/sedatives and inhalants.

The countries vary in the proportions of students who are abstainers from any of the drugs included. Analysis of the sequence of figures for the four substance combinations reveals no difference in most countries or a change of only one percentage

point. This means that if students neither smoked nor used alcohol, they usually did not use any other substance either.

Looking closer at the data reveals that the only thing that differs between countries is if, and when, the possible change occurs. For example in Malta, the Netherlands and Ukraine the small difference occurs between a) and b), i.e. the value decreases when illicit drugs are added. This means that some students, which not already are among those who use cigarettes or drink alcohol, have used illicit drugs, thus making the group who did neither of this a little smaller.

In Cyprus (10, 10, 9, 9), Greenland (9, 9, 8, 8) and Lithuania (2, 2, 1, 1) the change happens when tranquillisers or sedatives are added, while in Portugal (14, 14, 14, 13) the inclusion of inhalants makes the total abstainers fewer.

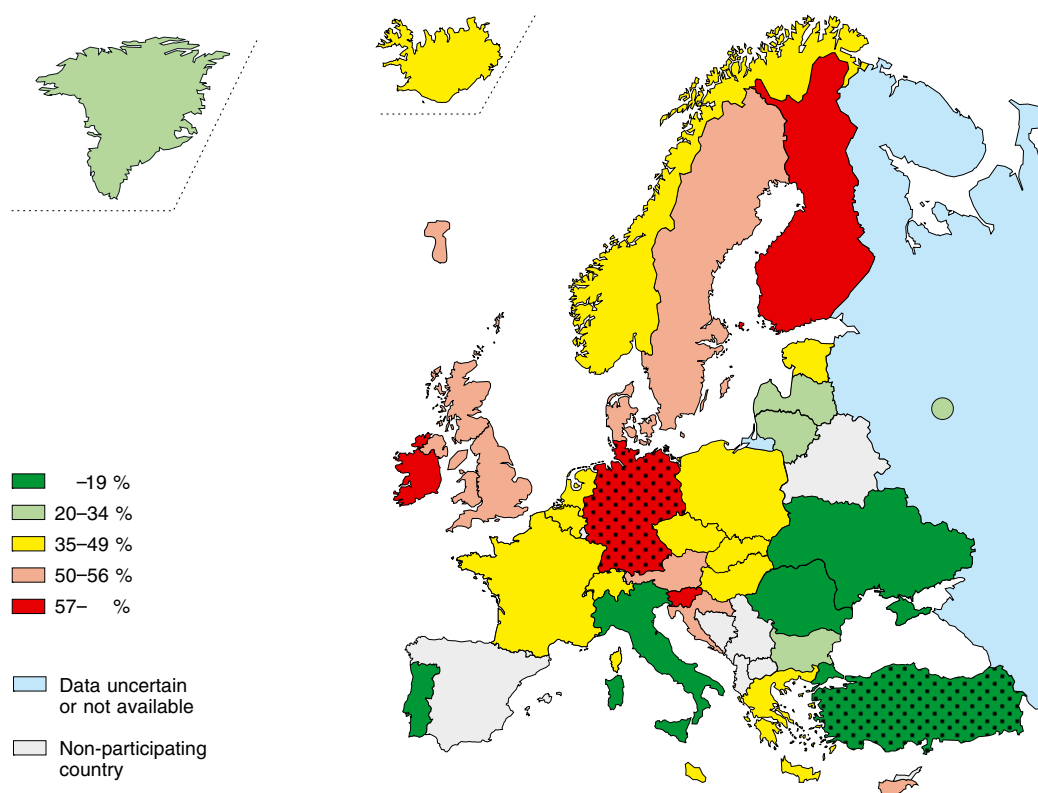
The gender pattern is of course the opposite of the gender pattern of the prevalence figures for these drugs. The average number of abstainers from cigarettes or alcohol seems to be very similar between boys and girls. However, there are lesser abstainers from illicit drugs among boys (75% on average) than among girls (81%). For tranquillisers/sedatives and inhalants the gender differences are on average very small.

Changes in relation to the combinations are somewhat different between boys and girls. Among boys the changes occurred between a) and b) in Romania, between b) and c) in Italy and Malta and between c) and d) in Turkey.

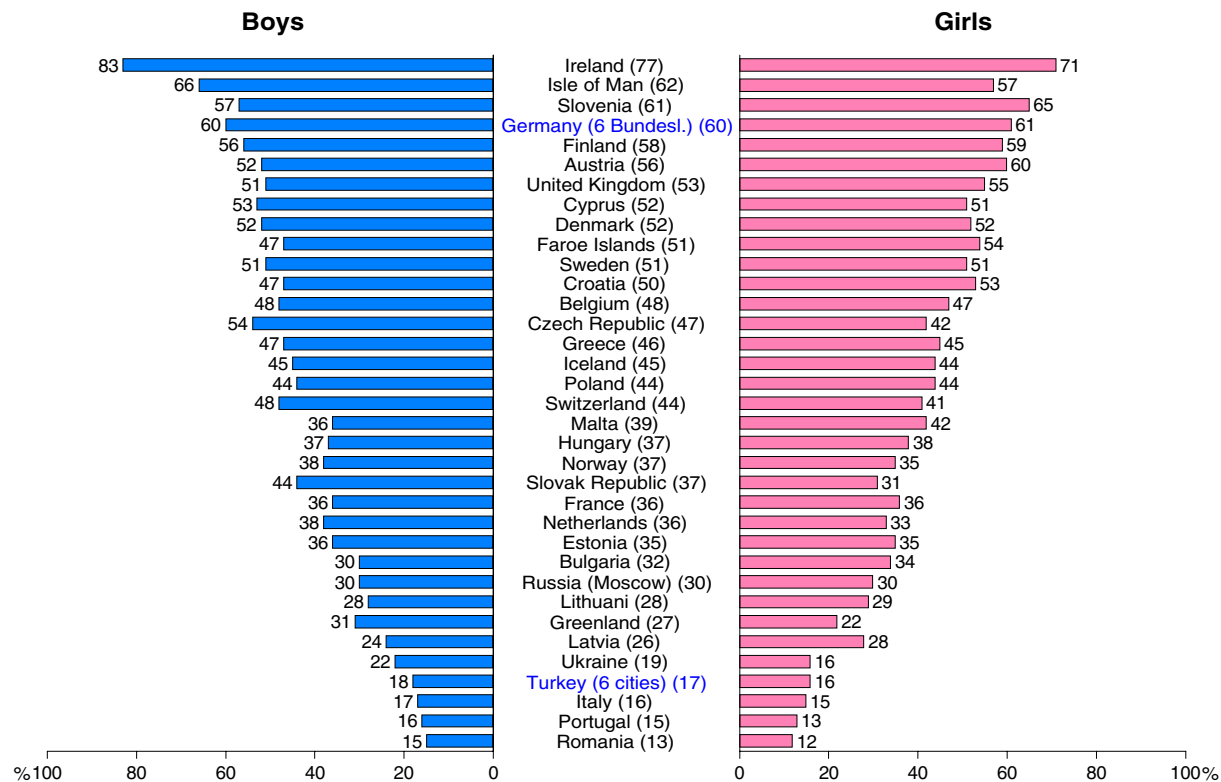
Among girls there was a larger variation than among boys as to the extent the students had used a drug without first “starting” with alcohol or cigarettes. Thus, in Croatia, Cyprus and Slovenia the changes were observed between c) and d), in Greenland between both a) and b) and c). In four countries, Norway, Portugal, Russia and Switzerland the change occurred between b) and c) and in Poland, Romania and Slovenia it happened between c) and d).

These results indicate that in most ESPAD countries those who are abstainers from cigarettes and alcohol most probably also are abstainers from illicit drugs, tranquillisers/sedatives and inhalants.

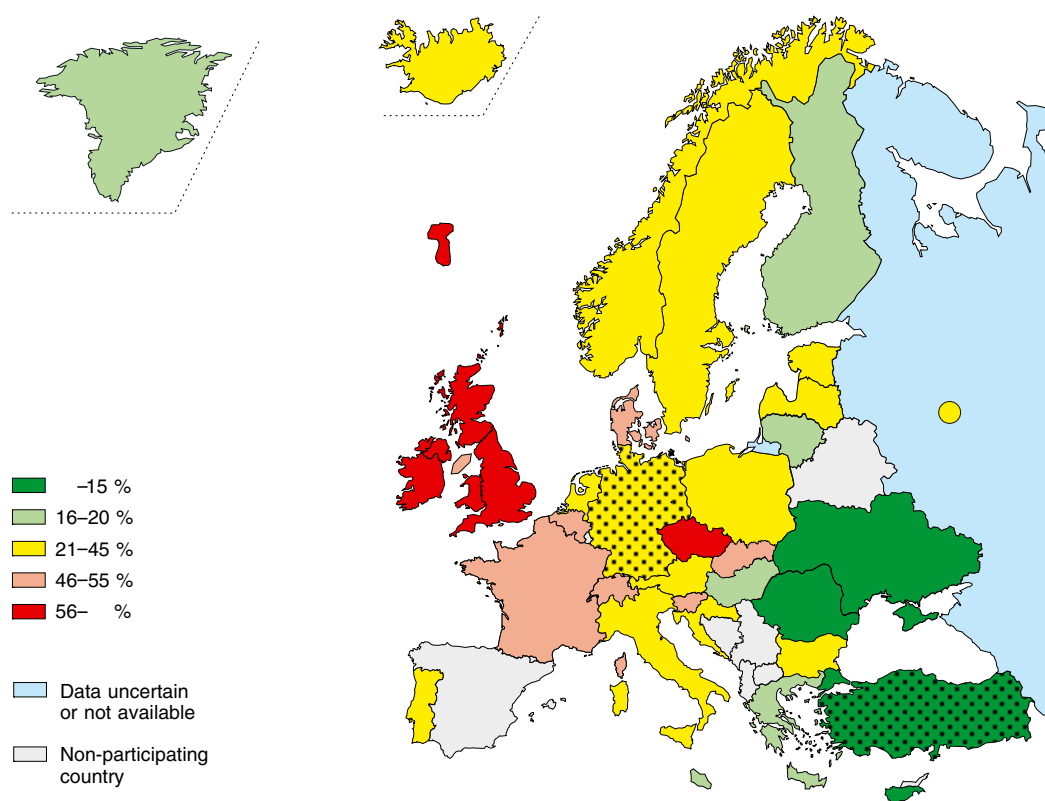




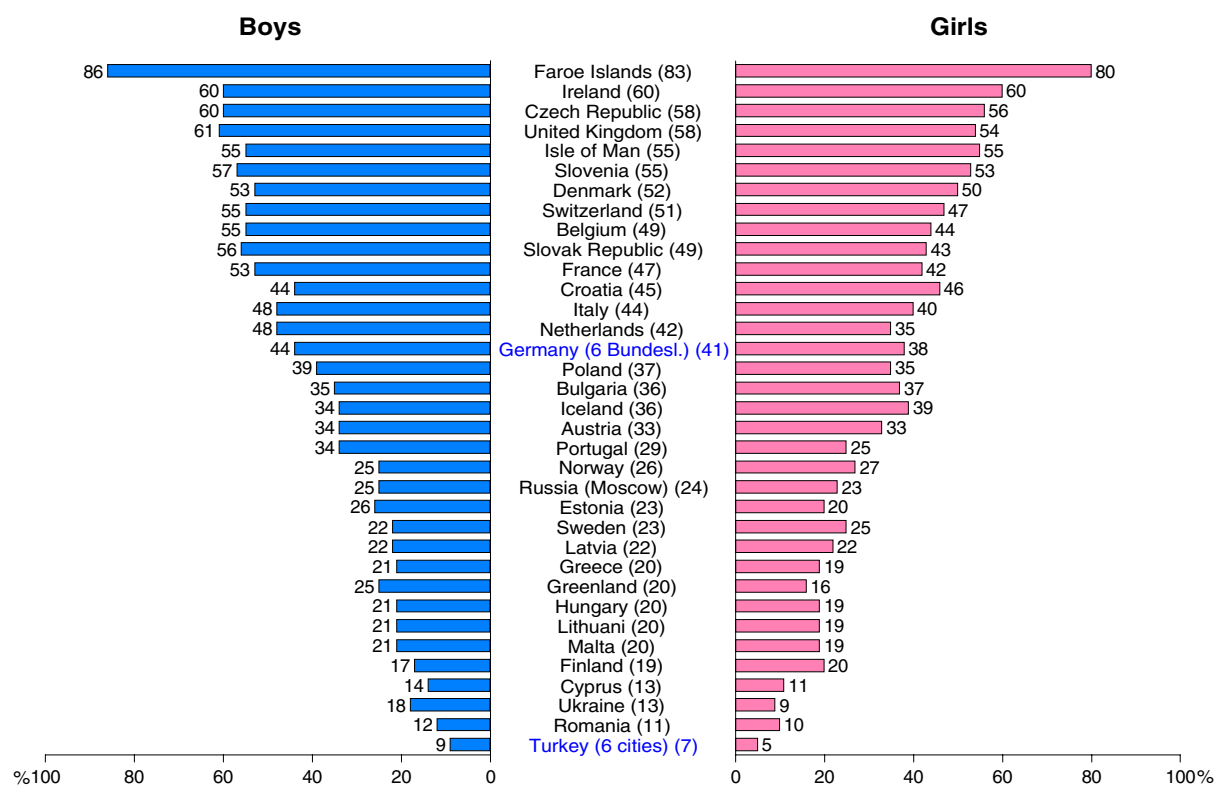
**Figure 58a.** Proportion of all students who perceive inhalants “very easy” or “fairly easy” to obtain. 2003. Germany and Turkey: Limited geographical coverage.



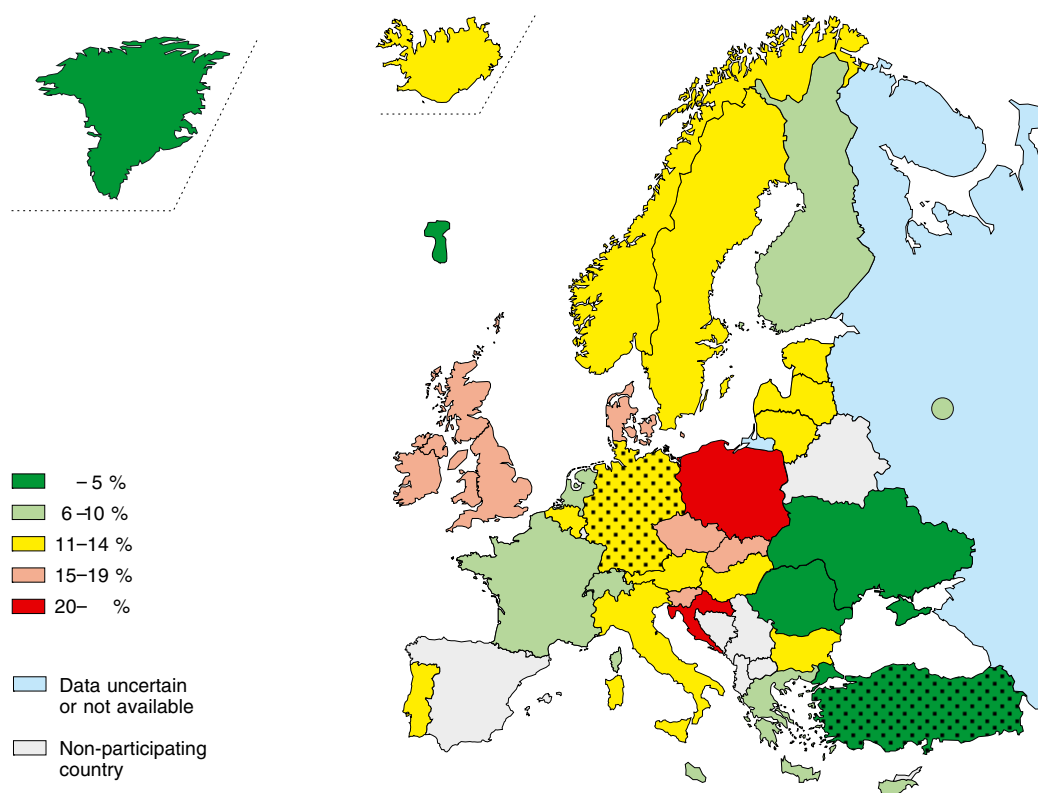
**Figure 58b.** Proportion of boys and girls who perceive inhalants “very easy” or “fairly easy” to obtain. 2003. Values within brackets refer to all students. Data sorted by all students. Germany and Turkey: Limited geographical coverage.



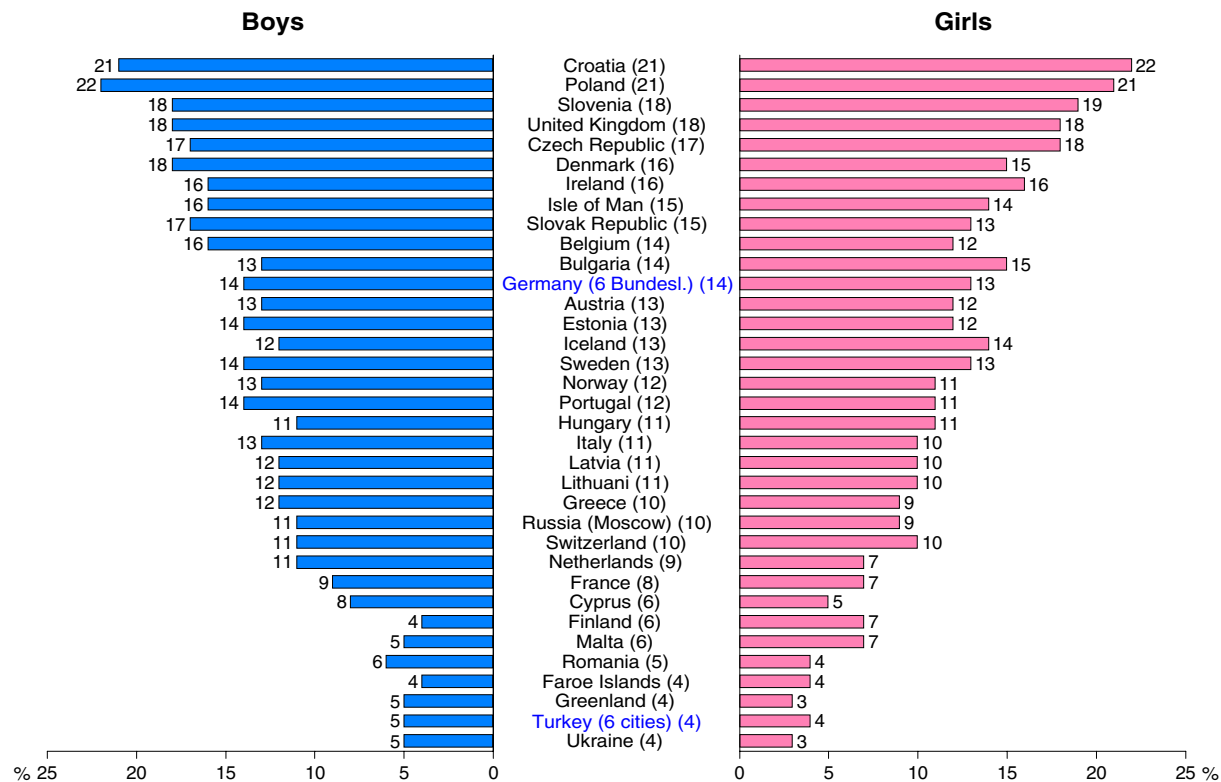
**Figure 59a.** Proportion of all students who perceive marijuana or hashish “very easy” or “fairly easy” to obtain. 2003. Germany and Turkey: Limited geographical coverage.



**Figure 59b.** Proportion of all students who perceive marijuana or hashish “very easy” or “fairly easy” to obtain. 2003. Values within brackets refer to all students. Data sorted by all students. Germany and Turkey: Limited geographical coverage.



**Figure 60a.** Proportion of all students who perceive LSD or other hallucinogen “very easy” or “fairly easy” to obtain. 2003. Germany and Turkey: Limited geographical coverage.



**Figure 60b.** Proportion of all students who perceive LSD or other hallucinogen “very easy” or “fairly easy” to obtain. 2003. Values within brackets refer to all students. Data sorted by all students. Germany and Turkey: Limited geographical coverage.

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## **Attitudes towards drugs**

### **Perceived availability of substances**

(Tables 42a–c, figures 58a–b, 59a–b, 60a–b)

The students were asked: “How difficult do you think it would be for you to get each of the following?” For each of the listed substances the response categories were: “Impossible”, “Very difficult”, “Fairly difficult”, “Fairly easy”, “Very easy” and “Don’t know”.

The proportions of students who indicated “very easy” or “fairly easy” to this question are discussed in this section. There are considerable differences in the availability of alcohol compared to illegal drugs. However, there are also substantial differences within the group of illegal substances.

Considering the averages, beer is perceived slightly more available than wine (87% and 82% respectively answering “very easy” or “fairly easy”), with spirits a little behind (72%). In all countries except Cyprus, beer is estimated to be the easiest alcoholic beverage to obtain compared to wine and spirits, although the differences are very small in some of the countries. Spirits is, in comparison, estimated to be most difficult (i.e. least easy) to obtain in virtually all countries. However, in some countries there are hardly any differences in the perception of the availability between beer, wine and spirits.

On average, the largest proportions of students who claim that it is “very” or “fairly” easy to get beer, wine and spirits are found in Denmark (96% on average), Greece (93%), the Czech Republic (92%) and the Slovak Republic (91%). These beverages seem to be least easy to obtain in Greenland (30%) and Turkey (46%). The lowest single figures are found for sprits and wine in Greenland (30 and 42% respectively) and for the same beverages in Turkey (34 and 46% respectively).

For other drugs the availability varies considerably across both countries and substances. Looking at the average figures, inhalants and cannabis are the two most mentioned substances (41 and 35% respectively).

Inhalants seem to be easiest to get in Ireland (77%) followed by Slovenia (61%) and Germany (60%). Least easy to find are inhalants in Italy, Portugal, Romania and Turkey in which 13–17% gave this answer.

In most countries anabolic steroids are perceived as less easy to get. The largest proportions answering “very” or “fairly” easy are found in Poland (27%), Bulgaria (24%) and Greece (20%). Smallest proportions were reported from the Faroe Islands (3%) followed by Finland, France, Greenland

and Ukraine (4–5%). The average of the ESPAD countries was 14% and the corresponding figure for USA 30%.

Marijuana or hashish is somewhat easier to get than all other drugs but inhalants. The average percentage of students who reported that cannabis was “very” or “fairly” easy to obtain was 35%. The largest figure was found in the Faroe Islands (83%). Other countries with rather many students giving these answers are the Czech Republic, Ireland and the United Kingdom (58–60%). The smallest proportions were found in Turkey (7%) and Romania (10%). The corresponding figures in Spain and USA were 67 and 74% respectively, i.e. higher than in all but one of the ESPAD countries.

The perceived availability for amphetamines is highest in Poland (27%), followed by Croatia and Denmark (22–23%) and Austria, Germany, Iceland and the United Kingdom (18–19%). The availability is judged to be much lower in some countries, including the Faroe Islands, Greenland, Turkey and Ukraine (4–5%) as well as Cyprus, Finland and Romania with 6–7%. In Spain this was reported by 43% and in USA by 36%, i.e. by more students than in any of the ESPAD countries.

On average, LSD or other hallucinogens are thought to be “very” or “fairly” easy to obtain by 12% of the ESPAD students. These answers were given by 21% in Croatia and Poland. Next comes a group of countries with 17–18%, including the Czech Republic, Slovenia and the United Kingdom. Very few students (4–5%) thought so in the Faroe Islands, Greenland, Romania, Turkey and Ukraine. Again, the figures for Spain (43%) and USA (23%) were higher than in any of the ESPAD countries.

Crack seems to be most available in Denmark, Ireland, Isle of Man, Poland, Slovenia and the United Kingdom in which 16–18% answered that this was “very” or “fairly” easy to obtain. Countries with the lowest figures (2–5%) include Cyprus, Finland, Greenland, Turkey and Ukraine. The corresponding figure in USA is much higher (30%).

The figures about the perceived availability of cocaine are in most countries very similar to those of crack. The highest figures are found in Denmark, Ireland, Poland, Slovenia and the United Kingdom in which 18–22% answered “very” or “fairly” easy. The low prevalence countries include Finland, Greenland, Turkey and Ukraine with 2–5% giving this answer. However, the mean value is 12%,

which means that also for cocaine the corresponding figures are higher in Spain (40%) and USA (30%).

There are big differences between countries in the perceived availability of ecstasy. Countries where the highest number of students answer that ecstasy is “very” or “fairly” easy to obtain include the Czech Republic, Ireland and Slovenia with 32–34%. Much lower figures (3–5%) are found in Greenland, Turkey and Ukraine. The average for all ESPAD countries is 17%, but the corresponding figures are much higher in Spain (48%) and USA (36%).

For heroin the largest percentages of students who think that this substance is easy to find are reported from Poland (20%) together with Croatia, Denmark, Ireland and Slovenia (15–17%). Very few students (2–5%) thought so in Finland, Greenland, Turkey and Ukraine. In Spain 31% gave this answer and in USA 19%.

On average 13% of the ESPAD students answered that magic mushrooms were “very” or “fairly” easy to obtain. It was most easily available in the Czech Republic and Isle of Man (28% each) followed by Ireland, Poland and the United Kingdom (22–24%). Much lower figures (3–4%) were found in Cyprus, Greenland, Turkey and Ukraine.

GHB has the lowest ESPAD average of all drugs (7%). However, there are big variations between countries and the figure was twice this high (14–15%) in Denmark and Poland. The lowest prevalences (2–4%) were reported from the Faroe Islands, Finland, Greenland and Ukraine.

Tranquillisers and sedatives is the “third easiest” drug to obtain with an ESPAD average of 21%. The country with the highest figure is Cyprus (42%) followed by Greece and Poland (39–40%). Only 4% of the students in Ukraine answered that tranquillisers and sedatives were “very” or “fairly” easy to obtain. The figures were also low in Greenland, Russia (Moscow) and Turkey (with 9–10%). The corresponding figure in Spain (66%) is much higher than in any ESPAD country.

To sum up, alcohol is considered to be “very” or “fairly” easy to obtain by a large majority of the students in most countries. Inhalants is the most available substance among other drugs. On average this was mentioned by 41% of the ESPAD students. Marijuana or hashish come next (35%) followed by tranquillisers or sedatives (27%). Among the remaining drugs listed, ecstasy is on average perceived most easy to obtain (17%). For all other drugs the corresponding figures vary between 7 and 13%.

The perceived availability of illegal drugs differs between countries. Among the ESPAD countries it seems to be highest in the Czech Republic, Denmark, Ireland, Poland, Slovenia and the United Kingdom. However, with a few exceptions, all illegal drugs (for which comparable figures are available) the perceived availability is higher in Spain and USA than in any of the ESPAD countries.

Also the lowest perceived availability of illegal drugs is mainly concentrated to a limited number of countries. These include Greenland, Romania and Ukraine.

Looking at the ESPAD average figures there are very few gender differences in the perceived availability of illegal drugs. There are more boys than girls answering that anabolic steroids, cannabis and magic mushrooms are “fairly” or “very” easy to obtain, while the opposite is true for tranquillisers and sedatives.

## Perceived risks of substance use

(Tables 43a–c)

The students were asked: “How much do you think people risk harming themselves (physically or in other ways) if they a) smoke cigarettes occasionally, b) smoke one or more packs of cigarettes per day, etc”. Eighteen items regarding cigarette smoking, alcohol consumption and illicit drug use suggesting different intensity of use were listed. The response categories were “no risk”, “slight risk”, “moderate risk”, “great risk” and “don’t know”. The comments in this section is concentrated to answers indicating “great risk” for each of the items.

Many of the drugs included in the question is not known by students in Greenland, which makes the Greenlandic data less comparable with data from other countries. To stress this Greenland is put below the line in tables 43a–c.

The average values of risk assessment vary substantially between different substances. The highest average value is denoted for regular injections of drugs, which 81% of the ESPAD students would associate with a great risk. A little lesser students thought that regular use of cocaine/crack (76%) or regular use of ecstasy (73%) would put people at risk. The behaviours that rather few students indicate as risky are use of marijuana or hashish once or twice (32%), use of inhalants once or twice (35%) or use of amphetamine or GHB once or twice (37% each).

A majority of the students (69%) think that smoking a pack of cigarettes or more per day would mean



a health risk. The individual countries where the highest percentage of students indicated this include the Faroe Islands (86%), Denmark, Romania (77% each), France, Isle of Man, Switzerland (76% each). Countries where least students considered this as a great risk are Ukraine (47%), Russia (Moscow) (51%), Slovenia (56%), Croatia and Portugal (59% each). In USA 72% thought that smoking one or more packs of cigarettes per day would mean a great risk.

Five or more drinks each weekend is not considered to be a great risk, and on average only 37% thought so. About half of the students in the countries that scored highest had indicated this to be associated with great risk. They include Turkey (52%), France (51%) and Poland (49%). However, in five countries only one fifth of the students or less would consider 5 or more drinks each weekend to be a risky behaviour. These countries are Ireland (15%), the Netherlands, Norway (19% each), the United Kingdom (21%), the Isle of Man (22%) and Belgium (23%). A majority of these countries are among the top countries as regards frequent alcohol use among students. In USA 53% indicated this to be a risky behaviour, thus being on the same level as the European countries scoring high on this variable.

Taking marijuana or hashish once or twice is on average not seen as a very risky behaviour. Only one third of the student think so, which is the lowest rate compared to all other variables included in this question. There are variations, but in only two countries (Lithuania with 58 and Romania with 51%) more than half of the students answered this. Other high prevalence rates are observed in Greece and Poland (48% each). In nine countries 15% or less considered use of cannabis once or twice as a risky behaviour. The lowest figure is found in Isle of Man (11%), followed by the Netherlands (12%), the Czech Republic, Switzerland, the United Kingdom (13% each), Belgium, Germany (14% each), Denmark and Ireland (15% each). The figure for USA (22%) is also rather low.

Regular use of cannabis is viewed upon quite differently compared to use on single occasions. On average 70% of the students thought such use would implicate great risk. In the Faroe Islands and Greece 87% of the students thought this would be risky. Other countries where rather many students thought so include Iceland, Sweden (83% each), Finland, Latvia and Poland (81%). On the other hand, less than half of the students in Isle of Man (44%), the United Kingdom (46%) and the Nether-

lands (47%) gave this answer. It is obviously so, that the students in low prevalence areas like the Nordic countries tend to have a stricter view on this than those in the high prevalence parts of Europe, such as the British Isles. In USA the corresponding figure is 66%.

In somewhat more than one third of the ESPAD countries occasional use, such as once or twice, of LSD was indicated as risky. The highest values are found in Iceland (70%), Lithuania (57%) and Poland (54%). Much less strict attitudes seem to be prevalent in the Netherlands (25%), the Czech Republic (26%), the Slovak Republic (27%) and Denmark (29%). Of the American students 54% thought that using LSD occasionally was associated with great risk.

Regular use of LSD is overall considered as a greater risk than occasional use, but the average is not higher than for regular use of cannabis (69%). The countries where most students thought that regular use of LSD would be risky include Finland, Iceland (86% each), Poland (81%), the Czech Republic and Lithuania (78%). The lowest number of students who agreed with this statement is found in Turkey with 44%. Other countries with somewhat low percentages are the Netherlands (55%) and Romania (58%). The corresponding figure for USA is 83%.

About one third of the ESPAD students thought that using amphetamines once or twice would be risky. In countries with the highest rates giving the answer "great risk" only somewhat more than half of the students thought so. In Iceland 60% gave this answer, in Lithuania 56% and in Poland 55%. About one-fifth in the Slovak Republic (22%) and Switzerland (23%) answered this and about one-fourth in Germany (25%), Austria and the Netherlands (26% each).

In some countries rather many students thought that using amphetamines regularly would mean a great risk. These countries are mainly found in the north or by the Baltic sea and include Finland (87%), the Czech Republic, Poland (85% each), Iceland (84%) and the Faroe Islands (80%). A much lower figures is found in Turkey (45%). Other countries with rather low values all represent more than half of the students, e.g. Greece, the Netherlands, Romania, Switzerland and Ukraine (53–58%).

Many students seem to consider occasional use of cocaine or crack as a minor danger of personal harm. The highest percentages of students who think that using these substances once or twice would mean a great risk are found in Iceland (63%),

Lithuania (60%) and Poland (58%). Other countries where more than half of the students gave this answer include Croatia and Russia (Moscow) (51–54%). In some countries about one third of the students thought that occasional use of cocaine/crack would be risky. They include the Netherlands (30%), Denmark (31%), Norway (34%) and Belgium (35%). In USA this item regarded cocaine powder only, but 55% of the students thought that occasional use would implicate a great risk.

Regular use of cocaine or crack was considered to be a great risk by about 85% in the Czech Republic, the Faroe Islands, Iceland and Poland (85–87%). The smallest figure in this respect was reported from Turkey (52%).

Occasional use (once or twice) of ecstasy was considered as a great risk by 42% on average. The highest numbers of students who indicate this are found in Iceland (68%) and Ireland (63%). In only five other countries more than half of the students answered this. They include the Faroe Islands, Isle of Man, Lithuania, Poland and the United Kingdom (52–54%). The lowest figures are found in the Czech Republic, the Slovak Republic (23% each) and the Netherlands (28%). In comparison, 55% of the American students indicated this.

Regular use of ecstasy is viewed upon in a different way than occasional use. On average 73% of the ESPAD students regard such use as a great risk. The highest numbers indicating this are found in Iceland (86%), the Faroe Islands (85%), Finland, France, Ireland, Malta, Poland (82% each) and Denmark (81%). Rather few students in Turkey (44%) and Ukraine (58%) thought this to be a great risk.

Occasional use of inhalants (once or twice) was on average considered as a great risk factor by 35% of the students. The highest numbers in individual countries were found in Iceland, Lithuania and Poland, where 55% in each country indicated this. In three countries, however, only one fifth of the students gave this answer, including Germany (19%), Austria, the Netherlands (21% each) and the Slovak Republic (23%). The corresponding figure in USA is 50%.

Regular use of inhalants was indicated as a risky behaviour by 68% on average. The highest rates were reported from the Czech Republic (85%), Iceland and Poland (82% each). Countries where only slightly more than half of the students thought that regular use of inhalants would be risky include Turkey (52%) and Malta (55% each). In USA 76% of the students thought that such use would impli-

cate a great risk.

The use of GHB is not spread in all countries and it was therefore not included in all questionnaires. On average the occasional use (once or twice) was considered a great risk by 37% of the students. The highest values are found in Iceland (66%), Lithuania (55%) and Poland (54%). Small percentages are reported from the Slovak Republic (23%), Belgium, the Netherlands (25% each), Germany and Switzerland (26% each).

Regular use of GHB was on average judged as a risky behaviour by 62% of the ESPAD students. The highest figure is found in Iceland with 82%. Around three quarters of the students in Denmark, Lithuania, Poland and Sweden reported this (72–78%). Lower number of students gave this answer in Turkey (43%), Belgium (47%) and Ireland (49%).

Use of drugs by injection is rare in most countries in this age group. Thus, it might be expected that most students would associate such use with great risks. The average percentage of students viewing occasional use as a great risk is 62%. The highest proportion in the individual countries was found in Iceland (80%). Somewhat lower levels were found in Ireland, Lithuania (73% each), France, Poland (72% each) and Latvia (71%). The lowest figures are reported from Turkey (42%), the Netherlands (44%) and Sweden (45%).

Regular injections of drugs are on average thought to be a great risk by 81% of the ESPAD students. The highest values are reported from France (92%), the Czech Republic (91%) and Iceland (90%). A much lower figure is reported from Turkey (51%).

Overall more girls than boys perceive the different behaviours to be associated with great risks. However very small differences can be seen in relation to the occasional (once or twice) use, for all the included substances.

It might also be of interest to notice that the lowest risk perceptions to a large extent are found in a limited number of countries. This is mainly the case in the Netherlands, in which rather few students associated the different behaviours with risks. In other countries, however, it was the other way around. High percentages of students in Iceland and Poland considered the listed behaviours to implicate great health risks.

## **Perceived risks of heavy drinking**

(Tables 44a–c)

The role of alcohol and the way that alcohol consumption is perceived differs between countries. However, all societies are concerned about drunk-



eness and problems that follow out of this. There is also a main general concern about risks related to alcohol consumption and especially problems related to heavy drinking.

The awareness of possible consequences of heavy drinking differ between countries, probably both among adults and young people. To learn more about the perception of heavy drinking among young people in different countries the students were asked the following question: "Do you think that heavy drinking influences the following problems?". The problems listed were "traffic accidents", "other accidents", "violent crime", "family problems", "health problems", "relationship problems" and "financial problems". Tables 44a–c show the percentages that have answered "Yes, considerably" and "Yes, quite a lot".

The problem that most ESPAD students relate to heavy drinking is traffic accidents, which on average was indicated by 85% of the students. Next to that come other accidents and health problems (74% each), closely followed by violent crime (70%). The corresponding figures are a little lower for family problems (69%), financial problems (66%) and relationship problem (63%).

In nearly half of the countries 90% of the students or more have related heavy drinking to traffic accidents. The highest figures are found in a group of countries with 93–96%, including Austria, Croatia, France, Greece, Italy, Poland, Russia (Moscow) and Turkey. Figures below 80% are found in Ukraine (74%), Hungary (77%) and in Norway (79%).

In Italy, Poland and Turkey a majority of the students (84–86%) thought that heavy drinking is related to other accidents. This was also indicated by 81–82% of the students in Austria, Croatia, Romania and Russia (Moscow). Percentages below 65% are found in Belgium, Hungary (56% each), Ukraine (62%) and the Netherlands (64%).

The figures related to heavy drinking are similar to those of other accidents. Six countries report figures above 80% of which the highest are found in Russia (Moscow) and Turkey (87–89%). Other countries with high figures (82–83%) include Croatia, Greece, Italy and Romania. Four countries have reported figures below 65%, including Belgium and Hungary (58–59%) as well as Iceland, the Netherlands and Norway (60–63%).

In Turkey 87% of the students relate heavy drinking to violent crime. Next to that come Croatia and Iceland (82–83%) followed by the Faroe Islands and Poland (80%). Belgium is the country with the lowest figure (47%) followed by Estonia and France (58–

60%). Other countries with low figures (61–62%) include Germany, Italy, Latvia and Ukraine.

The country in which the vast majority of the students relate family problems to heavy drinking is Turkey where 88% gave this answer. In a group of four countries the corresponding figure was 79–81% (Croatia, Poland, Romania and the Slovak Republic). Low figures are mainly reported from the Netherlands (50%) and Belgium (54%) but also from a group of countries including France, Germany, Isle of Man, Norway, Sweden, Ukraine and the United Kingdom, in which 60–62% of the students indicated this.

A supposed influence of heavy drinking on financial problems is mainly reported from Turkey in which 84% of the students answered this. Next come two countries with 79% (the Czech Republic and the Slovak Republic) followed by Austria and Poland with 75–76%. At the other end of the scale is Denmark (41%) and France (44%). A little bit behind follow Belgium with 53% and five countries with 56–59% (Bulgaria, Greece, Italy, the Netherlands and Ukraine).

Relationship problems is the category that the students consider being least related to heavy drinking. The ESPAD average is 63% but, like for all other variables, there is a considerable difference between the countries with the highest and lowest figures (83 and 49% respectively). Turkey is the country with the highest figure (83%). Second to this, but with substantially lower figures, follows a group of countries (Austria, the Czech Republic, Malta, Romania and the Slovak Republic), in which 70–74% had indicated that heavy drinking is related to problems with relations. The lowest figure (49%) is reported from three countries (Belgium, Lithuania and the Netherlands) closely followed by the Faroe Islands, Ukraine (51% each) and Norway (54%).

Some countries are repeatedly appearing in the comments above, either as a country in which many students relate most of the problem categories to heavy drinking, or the other way around, i.e. rather few students agree. Countries in which many students relate heavy drinking to many of the problems mentioned include Croatia, Poland and Turkey. In another group relatively few students relate heavy drinking to the different problems. Examples of countries in this group include Belgium, the Netherlands and Ukraine.

For all categories of problems but family problems, there are more girls than boys who think that they either "considerably" or "quite a lot" are re-

lated to heavy drinking. This is especially true for violent crime, which on average was answered by 73% of the girls and 67% of the boys.

The outcome on this variable show that the students' opinions vary over the countries. It is reason-

able to think that this might reflect more aspects of the drinking cultures than just personal attitudes. Important variables that would need separate analyses are drinking cultures, traffic legislation etc.

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## ***Purchase of alcoholic beverages***

(Tables 45a–c)

The legal drinking age differ between the ESPAD countries. In some countries you need to be 18 years old to drink alcohol in a restaurant or a pub and 20 to buy wine or spirits in a store. In other countries there are lower age limits while some countries do not have restrictions at all. Another difference in the availability of alcoholic beverages is that some countries have state owned monopoly stores or other specific outlets, while beer, wine and spirits in other countries are available in grocery stores as any other provisions. Hence, at least from a legal point of view, alcoholic beverages should be differently available for 16 year old persons in the ESPAD countries.

The students were asked the following question: "Think back over the LAST 30 DAYS. How many times (if any) have you bought beer, wine or spirits in a store (grocery store, liquor store, kiosk or gas station) for your own consumption?".

The answers to such a question mirror two things. One is of course the availability of beer, wine and spirits and the other is how common it is to drink each of the three different beverages. The more common it is to drink a beverage the more common it might be that it is bought in a store.

Beer is the beverage that most students have bought for their own consumption during the last 30 days. On average this was answered by 25% of the ESPAD students. A little less than one fifth said that they had bought spirits (19%) while wine was the beverage less commonly bought for own consumption (11%).

There are large differences in the number of students that during the last 30 days had bought beer for their own consumption in a store. This was answered by slightly more than half of the students in Poland (53%). Next came a group of four countries in which 46–47% of the students gave this answer (Bulgaria, Denmark, Russia (Moscow) and Ukraine). The lowest figure is reported from a group of countries in which 10–12% had done so

(Greenland, Isle of Man, Portugal and Sweden). Other countries with low figures (14–16%) include Hungary, Norway and Turkey.

The ranking of countries appear to be about the same when it comes to a purchase frequency of 3 times or more often. This was most common in Poland and Russia (Moscow) (28% each) followed by Bulgaria and Denmark (23–24%). Three countries report that this was done by only 4% of the students (Hungary, Portugal and Sweden) while another two reported 6% (France and Isle of Man).

The second most popular beverage to buy (and to drink) is spirits. It is first and foremost in Denmark that the students have bought spirits for their own consumption during the last 30 days. This was the case with as much as 45% of the students. Next in prevalence rate come the Faroe Islands and Malta (29–31%) followed by Belgium, Bulgaria and the United Kingdom (25% each). The lowest number of students that have done so are found in Sweden and Turkey (5–6%), followed by Finland (7%), Romania (9%) and Croatia, Iceland and Norway (11–13%).

The high and low prevalence countries are about the same when it comes to the purchase of spirits for own use at least 3 times during the last 30 days. This had been done by 16% of the students in Denmark and Malta and by 12–13% in Estonia, the Faroe Islands and the United Kingdom. This was least common in Finland, Romania, Sweden and Turkey (2% each).

The least commonly bought alcoholic beverage for own consumption is wine and the variations between countries is also smaller (2–26%). It is the Maltese students that have bought wine to the largest extent (26%). Next to them come the students in Russia (Moscow) (21%) followed by five countries in which 18% gave this answer (Austria, Estonia, Hungary, Slovenia and Ukraine). The countries where it is least common to buy wine include France, Sweden (2% each), Iceland, Portugal (3% each), the Faroe Islands, Finland, Greenland, the

Netherlands and Norway (4% each).

It is unusual that students have bought wine in a store more often than twice during the last 30 days. The range goes from 0% in the Faroe Islands and the Netherlands to 10% in Malta.

Overall it is more common among boys than among girls to have bought alcoholic beverages in

a store during the last 30 days. This is true for beer as well as for wine and spirits, even if it is most pronounced in relation to beer. Whenever there is a discrepancy between boys and girls in a single country it usually follows this general trend. However, there are some very few exceptions, mainly for spirits.

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## ***Perceived cigarette, alcohol and drug use among friends***

(Tables 46, 47a–b)

It would be reasonable to think that in countries with high prevalence rates on e.g. smoking, there should also be high percentages reporting that most or all friends are doing the same. The students were asked: “How many of your friends would you estimate smoke cigarettes?” as well as similar questions for alcohol consumption and the use of different illicit substances. The response categories were: “None”, “A few”, “Some”, “Most” and “All”. In the next paragraphs about cigarette smoking and alcohol use, the proportions who answered “most” or “all” friends will be presented.

Looking at the ESPAD averages the most common is that the students have friends that drink alcohol (60%) or are smoking cigarettes (47%). There are much fewer who have friends that get drunk at least once a week (17%).

Countries with high percentages reporting that most or all friends smoke cigarettes include Cyprus and Finland (88–89%) followed by Bulgaria and Russia (Moscow) (67–71%). The lowest figures are found in Iceland (17%) and Sweden (20%) but also in Denmark, Ireland, Norway, Portugal and Turkey with 27–29%.

Overall, there are more girls than boys reporting that their friends smoke. This holds true in more than two thirds of the participating countries.

Although drinking alcoholic beverages is a widespread behaviour in most of the ESPAD countries it is only in a little more than half of the countries that 50% or more report that most or all of their friends drink alcohol. The largest figure is to be found in Denmark where 89% of the students reported this. Next follow Ireland and Isle of Man with 80–81% but also Austria and Germany (75–77%). The distance to Turkey is huge with only 19% in that country giving this answer. Second lowest is Hungary (26%) followed by Portugal (38%).

In a majority of the countries the gender differences in this respect are very small or non-existent. Only in nine countries notably higher proportions of girls than of boys answered that most or all of their friends were drinking alcohol (Bulgaria, Estonia, the Faroe Islands, Finland, Iceland, Ireland, Isle of Man, Latvia and Norway), while the opposite was true in only two (Romania and the Slovak Republic).

Overall, there are rather few students that reported that most or all of their friends get drunk once a week or more often. There are, however, a few countries where one fourth or more of the students reported this. These include Isle of Man (39%), Denmark, Ireland and the United Kingdom (32–36%) as well as Bulgaria, Croatia and Estonia (27% each). This answer has only been given by 5–6% of the students in Cyprus, Greece, Portugal, Turkey and by 8–9% in Hungary, Iceland and Poland.

In a very large majority of the countries there are no substantial differences between the sexes in relation to possible drunkenness among friends.

This section also includes information about how common it is that students think that “some”, “most” or “all” of their friends are using cannabis, LSD or other hallucinogens, amphetamines, tranquillisers or sedatives, cocaine or crack, ecstasy, heroin, inhalants, alcohol together with pills and anabolic steroids.

As expected, the highest proportion giving this answer is found for marijuana or hashish with an ESPAD average of 21%. However, the range is wide and goes from 3 to 46%. The highest figures (44–46%) are found in Isle of Man, Italy and the United Kingdom closely followed by Belgium, the Czech Republic and Switzerland (42–43%). The smallest figure is found in Romania (3%) followed by the Faroe Islands, Greece, Hungary, Malta, Sweden and Turkey (5–6%).

Even though there are huge differences between

countries there are practically no gender differences within countries.

With the exception of cannabis there are few countries in which as many as one tenth of the students report that their friends use any of the suggested drugs. One exception is inhalants for which two countries report rather high figures. One is Cyprus with 15% and the other Greenland with 12%.

In three countries at least 10% of the students report that friends are using alcohol together with pills. In Isle of Man 14% of the students answered that at least some of their friends do this. The second country was the United Kingdom with 12% and the third Croatia with 10%.

When it comes to ecstasy 10% of the students have answered this in Croatia, the Czech Republic and Isle of Man. The same figure is reported from two countries about the use of magic mushrooms. These countries are the Czech Republic and Isle of Man.

For all other drugs the figures are smaller. They range from 1–7% for LSD or other hallucinogens, from 1–8% for amphetamines, from 1–8% for tranquillisers and sedatives without a doctors' prescription, from 1–8% for cocaine or crack, from 1–5% for heroin, from 1–4% for GHB and from 1–6% for anabolic steroids.

If the countries with the highest figures on each drug are counted some kind of a pattern is showing. Three countries belong to the "top countries" on five out of the twelve drugs on the list. They include Croatia, Isle of Man and Italy.

In general, there are hardly any gender differences in the student' perceived drug use among friends. However, in some countries there are more girls than boys estimating that their friends take alcohol together with pills. On the other hand, in some countries there are more boys than girls reporting that they have friends that use anabolic steroids.

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## ***Cigarette, alcohol and drug consumption among elder siblings***

(Tables 48a–c)

Students who have any elder sibling were asked whether the sibling(s) ever smoke cigarettes, drink alcohol, get drunk, smoke marijuana or hashish, take tranquillisers or sedatives or take ecstasy. This information is perhaps most interesting in relation to the students' own behaviour and will be discussed from this perspective in the next chapter. However, it might also be of interest to see the findings as they are, and the number of students who indicated any of the listed behaviours are presented below.

The most common behaviour among the elder siblings is that they drink alcohol. On average this was answered by 62% of the ESPAD students. To have elder siblings who smoke cigarettes and who get drunk was equally common. Both alternatives were answered by 42%. Elder siblings smoking marijuana or hashish was on the average mentioned by 10% of the students while only 3% said that the elder siblings either took ecstasy or tranquillisers or sedatives without a doctors' prescription.

In about one third of the countries 50% or more of the elder siblings smoke cigarettes. This was reported to the highest extent in Greenland (68%) and the Faroe Islands (60%) followed by Austria,

Belgium, the Czech Republic, Germany and Norway (52–53%). The lowest figures (26–28%) are found in Cyprus, Isle of Man, Italy, Malta, Romania and the Slovak Republic.

There are much more students reporting alcohol consumption among elder siblings. The top country is Ireland in which nearly nine out of ten elder siblings drink alcohol (89%). High figures are also reported from Denmark, Iceland and Norway (84–85%) as well as from the Czech Republic, France and the United Kingdom (80–81%). The lowest figures are found in Turkey (18%) and Romania (24%), but to some extent also in Italy (31%), Cyprus (34%) and the Slovak Republic (37%).

It is rather obvious that there are fewer students reporting that elder siblings get drunk than that they drink alcohol. However, high figures are also found for this variable with 76–79% in Denmark, Ireland and Norway and 72–74% in Greenland, Iceland and the United Kingdom. The discrepancy to the countries with the lowest figures is remarkable with 9% in Cyprus and Romania and 12% in Greece and Turkey. Other countries with low figures include Hungary and the Slovak Republic (15% each).

Even if the ESPAD average for elder siblings

who smoke cannabis is 10%, figures that are more than twice as high are found in some countries. Three countries report that this is the case for 24–25% of the students (Belgium, Ireland and the United Kingdom) while the corresponding figure was 22% in the Czech Republic and Switzerland. The lowest number of students that gave this answer (2–3%) are found in Cyprus, Finland, Greece, Lithuania, Romania and Sweden.

As mentioned above, there are much fewer students that have answered that their elder siblings

take ecstasy or that they take tranquillisers and sedatives without a doctors' prescription. For the latter drug the range goes from 1 to 5% and for ecstasy from 1 to 7%.

On average there are more girls than boys who have elder siblings that smoke cigarettes, drink alcohol and get drunk. These kinds of differences in relation to alcohol are found in a majority of countries, in about half of the countries for cigarette smoking and in about one third of the countries for drunkenness.



# Correlates of adolescent substance use

## **Introduction**

The literature on adolescent substance use has identified a wide range of attitudinal, behavioural and structural factors that have a significant correlation with some types of substance use in some countries at some point in time. However, such statistical associations are far from deterministic, and there is hardly any such correlate of adolescent substance use that has not been found to be non-significant in some study. Furthermore, certain factors appear to have a positive association with substance use in some studies, but a negative association with such use in other studies. Given the methodological differences between studies, it is in most cases difficult to determine if such inconsistent patterns in the correlates of substance use reflect substantive or methodological differences.

The ESPAD study provides a unique opportunity to examine the patterns of association between substance use and various other factors. The ESPAD data is collected according to a single research protocol and employs strictly comparable variables for cross-cultural comparisons. As in earlier studies, each country performs the statistical analysis needed for cross-national comparisons and files a standard country report with its results. This procedure limits the scope for this analysis somewhat, but the current comparison of raw correlations nev-

ertheless offers a first glimpse of what could be achieved with a common database in future waves of the ESPAD project.

The following analysis examines the correlation between adolescent use of cigarettes, alcohol and cannabis on one hand, and various background factors on the other. The ESPAD study offers a wide variety of indicators of each type of substance use and patterns of correlation differ somewhat for different indicators. In the interest of simplicity, the correlations reported below are all based on frequency of lifetime use.

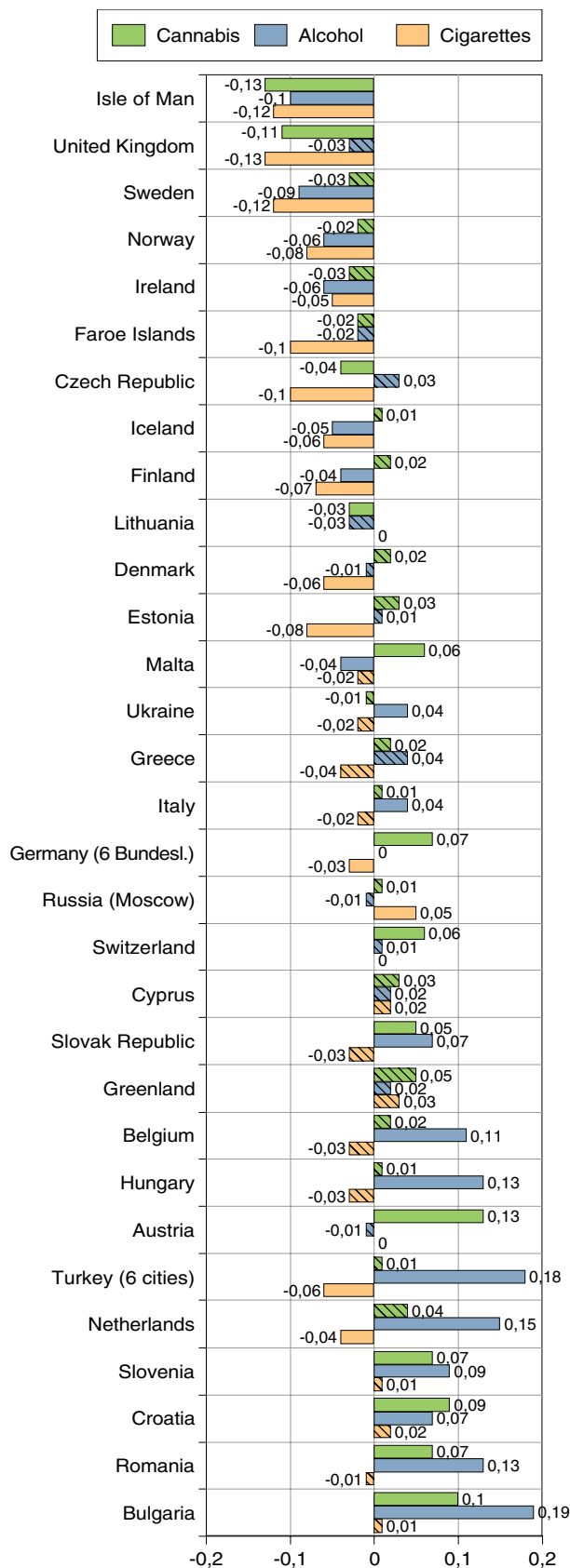
As discussed in the methodological chapter, the confidence intervals of ESPAD data do not take into account the clustered nature of the samples. Tests of statistical significance based on the assumption of simple random sampling will therefore provide a higher level of precision than would be obtained under the assumption of cluster sampling. In other words, associations that are found to be statistically significant with standard t-tests might not be significant if intracluster correlations were taken into account. In this section tests of statistical significance based on the assumption of simple random sampling are provided for general guidance, but they should be interpreted with considerable caution.

## **Parental education**

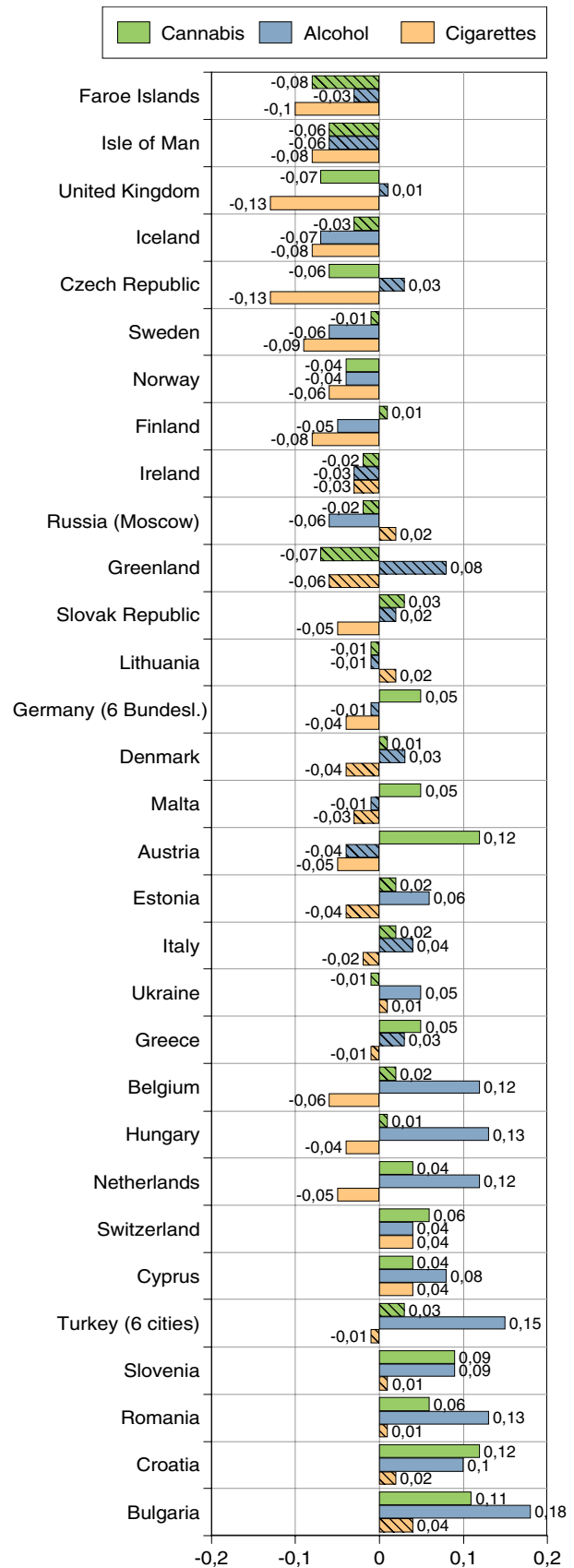
Research has shown that educational attainment is associated with decreased smoking in particular, and somewhat less consistently with decreased alcohol consumption (Bjarnason, 2000). To the extent that educated parents are more knowledgeable about the dangers of adolescent substance use and communicate such information more effectively to their children, the educational attainment of parents should also be associated with less adolescent substance use. Interestingly, however, a number of earlier studies in various European countries (Glend-

inning, Shucksmith and Hendry, 1997; Morgan and Grube, 1989; Parker and Measham, 1994; Pedersen, 1990; Thorlindsson and Vilhjalmsson, 1991; Tuinstra et al., 1998) have failed to find any effects of parental education on adolescent substance use.

Contrary to these findings, the results of the 2003 ESPAD study suggest that there is some association between parental education and adolescent substance use, but this association is far from simple. As figures 61 and 62 show, the correlation between parental education and the use of ciga-



**Figure 61.** Use of cigarettes, alcohol and cannabis by father's education.  
 Filled bars: Significant correlations. Bars marked with lines: Non-significant correlations.



**Figure 62.** Use of cigarettes, alcohol and cannabis by mother's education.  
 Filled bars: Significant correlations. Bars marked with lines: Non-significant correlations.



rettes, alcohol, and cannabis ranges from being significantly negative to being significantly positive across the 31 countries providing data on this association. Furthermore, none of the countries report a significant association between the education of both parents and all three substances. The education of the father is only significantly associated with all three types of substance use in the Isle of Man and the education of the mother only has such an association with all three types of substance use in Cyprus, the Netherlands and Switzerland.

Certain patterns do nevertheless emerge in these graphs. Cigarette use has a statistically significant *negative* correlation with parental education in 19 of the 31 reporting countries. A significant negative association was found with both mother's education and father's education in ten countries. Such a correlation was found with father's education only in five countries and with mother's education only in four countries. In contrast a significant *positive* correlation between cigarette smoking and father's education was only found in one country and between smoking and mother's education in two countries. The preponderance of the evidence thus points to a general, yet far from universal, pattern of parental education being associated with less smoking among European youths.

The evidence regarding parental education and adolescent alcohol use is much less clear. On the one hand, a significant *negative* correlation was found in eight of the 31 countries. In four of these countries the effect was found for both parents, in three for father's education only and in one for mother's education only. On the other hand, alcohol use has a significant *positive* correlation with parental education in 14 countries. This effect was found for both parents in nine countries, for father's education only in two countries and mother's education only in three countries. Six of the eight countries with a significant negative association were located in the northern part of Europe. In contrast seven of the 14 countries where a signifi-

cant positive association was found are located in the eastern part of Europe, and the remaining seven are divided between Mediterranean countries and countries in the western part of Europe. The reason why parental education should operate in different ways in different countries and regions of Europe is unclear and warrants further research.

In the case of cannabis use a negative association with parental education was found in five countries. In two of these countries the negative association was found for the education of both parents, in two countries with father's education only and in one country with mother's education only. In contrast, a positive correlation was found between parental education and cannabis use in 12 countries. This correlation was found for the education of both parents in seven countries, with father's education only in one country and with mother's education only in four countries. No clear geographical patterns emerged in this context. The five countries with negative correlations include three countries in the northern part of Europe and two countries in the eastern part. The 12 countries with positive correlations include three Mediterranean countries, three in the western part of Europe, and five countries in the eastern part. Again, the reason for this inconsistent pattern of correlations between parental education and cannabis use calls for further research.

Overall, parental education has positive or non-significant associations only with different types of substance use in eight countries and negative or non-significant associations only in 10 countries. In 10 countries a mix of positive and negative associations was found, and in three no effects whatsoever were found for parental education. Tobacco use has the most consistent negative association with parental education. In the case of alcohol use and cannabis use there seems to be a certain tendency for negative effects to emerge in countries in the northern part of Europe and positive effects in countries in the eastern part.

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## Family structure

A large body of research in Europe and North-America has found that adolescents who reside with both biological parents are less likely to smoke cigarettes, drink alcohol, or use cannabis (see Bjarnason, 2000). While this research generally finds

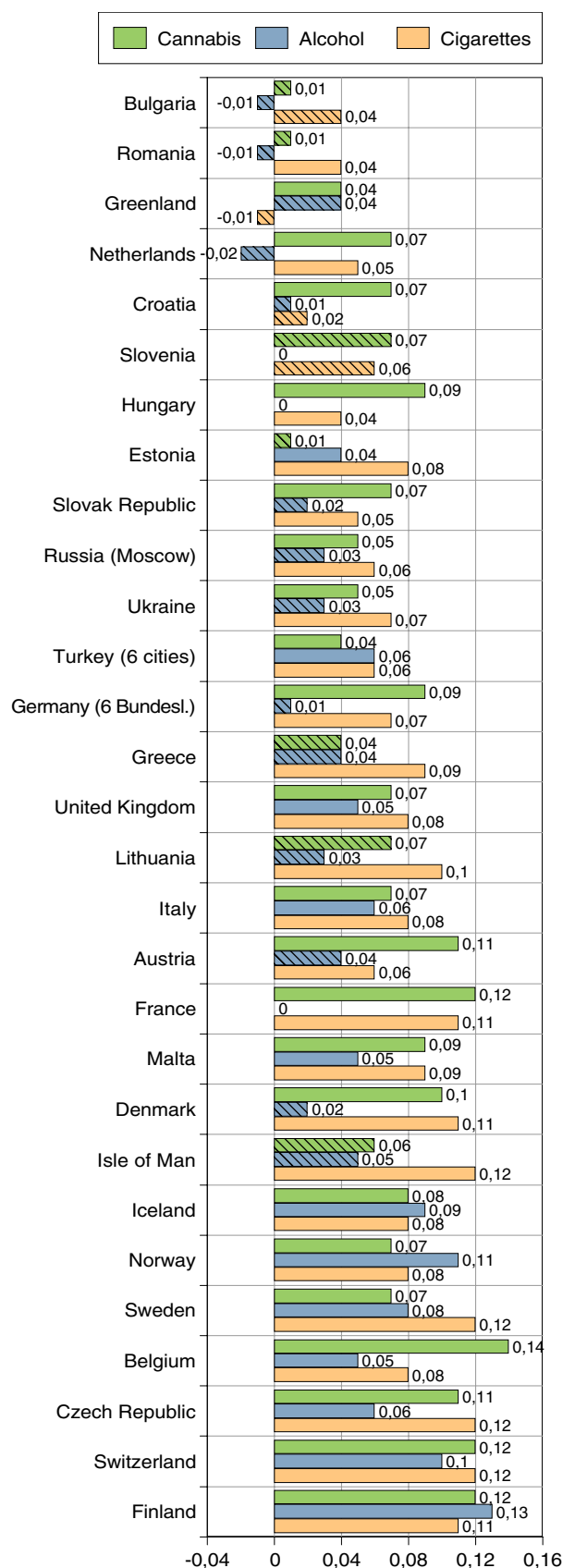
all types of substance use to be more prevalent among adolescents who live with a single parent, the evidence regarding the effect of living with one biological parent and a stepparent is somewhat less conclusive.

Research among adolescents in several European countries has found substance use among adolescents that live with one parent and a stepparent to be similar to such use among adolescents that live with a single parent (Adalbjarnardottir and Blondal, 1996; Bjarnason, Anderson, et al, 2003; Bjarnason, Davidaviciene, et al, 2003; Glendinning, Shucksmith and Hendry, 1997; Irgens-Jensen, 1991). However, some studies in North-America have found that the presence of a stepparent may counteract the effect of not living with both biological parents (Adlaf and Ivis, 1996; Amey and Albrecht, 1998; Thomas, Farrell and Barnes, 1996). It is not clear to what extent these differences in research findings reflect underlying causal or structural differences in the position of single or divorced parents in Europe and North-America.

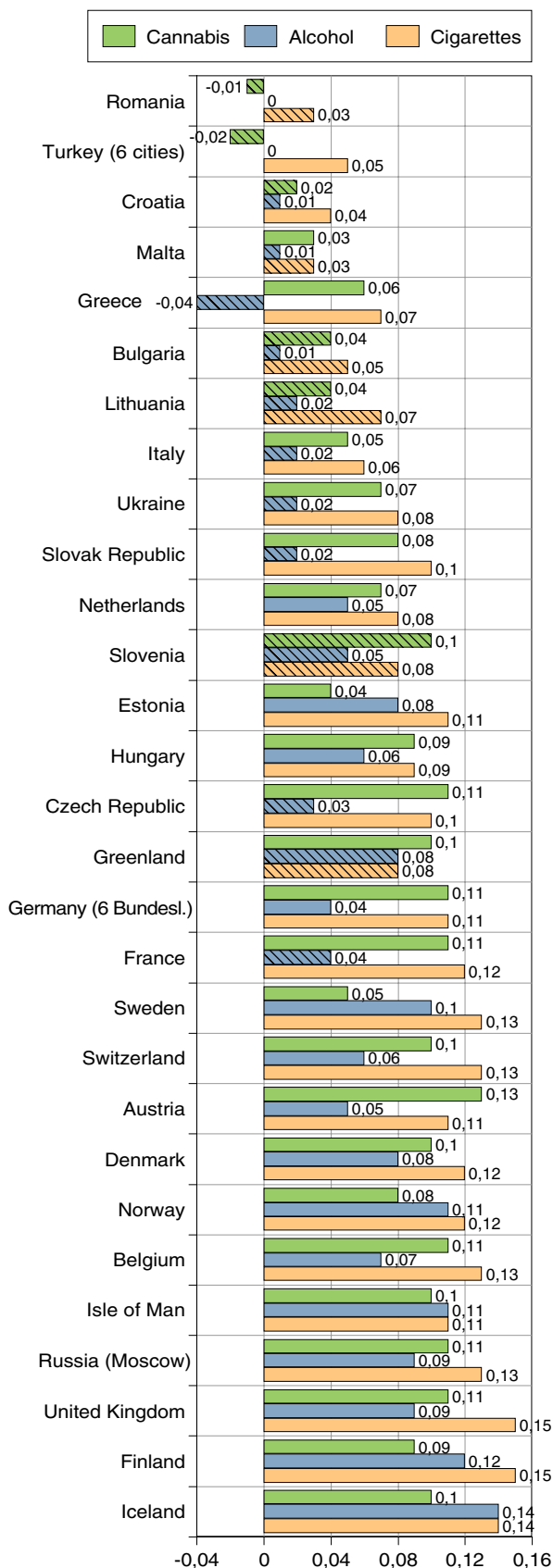
The association between family structure and adolescent substance use in 29 reporting countries is shown in figures 63 and 64. These results shown are standardised regression coefficients where living with both biological parents serves as a reference category. For clarity of presentation the coefficients for living with a single parent and living with a stepparent are shown in separate graphs.

The results illustrate a rather consistent picture of the association between family structure and substance use among European youth. There were no countries where living with a single parent or a stepparent was associated with significantly lower use of tobacco, alcohol or cannabis. Living with a single parent was significantly and positively associated with increased tobacco use in 25 of the 29 reporting countries. Similarly, living with one parent and a stepparent was significantly and positively associated with increased tobacco use in 23 of the 29 reporting countries. There were only three countries where cigarette smoking was neither related to living with a single parent nor living with one parent and a stepparent. These results thus show a clear and consistent pattern of increased smoking among European adolescents that do not live with both biological parents, regardless of the presence of a stepparent.

The association between family structure and adolescent alcohol use was consistent with the association for cigarette smoking, but fewer significant coefficients were observed. Living with a single parent was associated with significantly more alcohol use in 12 of the 29 reporting countries. Living with one parent and a stepparent was associated with significantly more alcohol use in 15 of the 29 countries. Of the 10 countries that report no



**Figure 63.** Use of cigarettes, alcohol and cannabis by living with a single parent. Filled bars: Significant correlations. Bars marked with lines: Non-significant correlations.



**Figure 64.** Use of cigarettes, alcohol and cannabis by living with one parent and a stepparent. Filled bars: Significant correlations. Bars marked with lines: Non-significant correlations.

significant association between family structure and alcohol use, seven countries were in the eastern part of Europe, and one each in the northern, southern and western parts. The association between family structure and alcohol use thus appears to be variable between countries, and less likely to be observed in the eastern part of Europe than in other regions.

Finally, significantly more cannabis use was found among those who live with a single parent in 21 of the 29 countries. Similarly, such use was significantly higher among those who live with one parent and a stepparent in 22 of the 29 countries. There were only four countries where an association between family structure and cannabis use were not observed. These countries are all in the eastern part of Europe. Cannabis use thus appears to be higher among European adolescents that do not live with both biological parents.

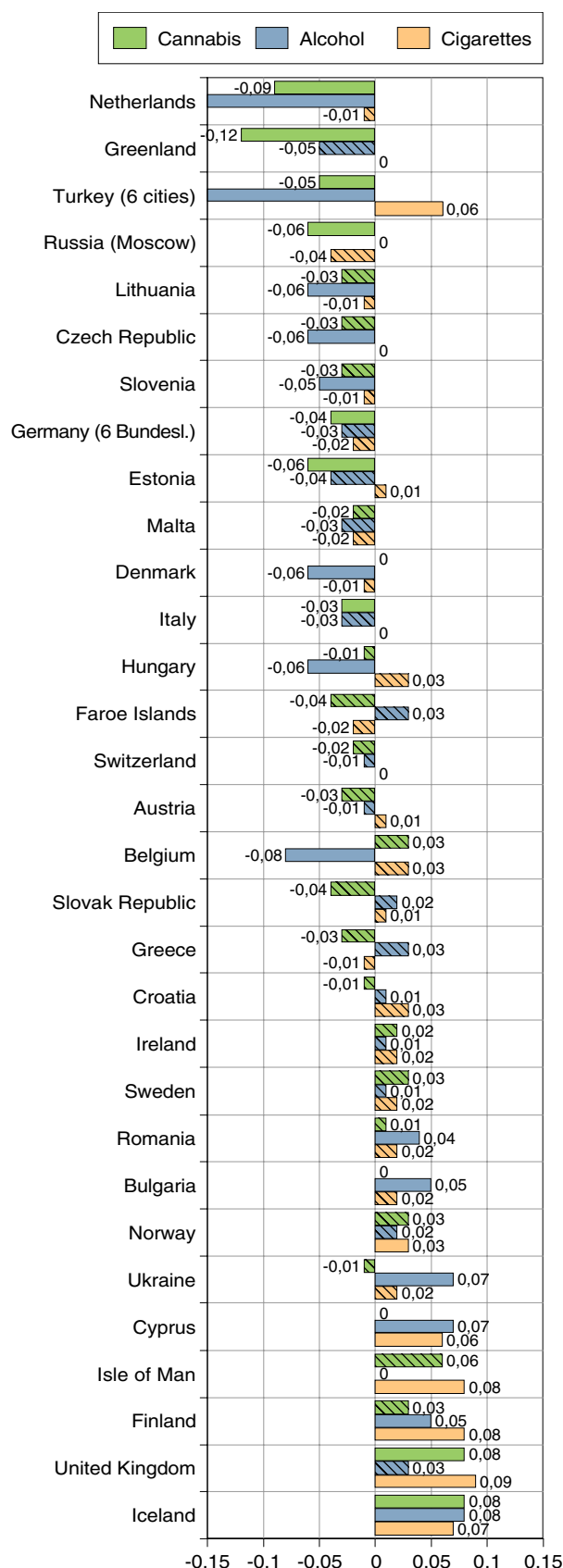
These results seem to suggest that the association between family structure is dependent upon the type of family and type substance in question. Tobacco use was most clearly and consistently associated with living with either a single parent or a parent and a stepparent. Alcohol use was associated with living with a single parent in some countries, and with living with a parent and a stepparent in other countries. It was only associated with both in eight countries, while no association between family structure and alcohol use was found in ten countries, most of the latter hailing from the eastern part of Europe. Cannabis use falls somewhat in between the two previously discussed substances, with about two-thirds of the countries reporting a significant association with each type of family structure other than living with both parents, and all but four reporting an association with at least one type of non-intact family structure.

## Economic situation

In most industrialised countries, lower economic and occupational status is associated with more smoking and alcohol use among adults (see Bjarnason, 2000). However, similar to parental education, the economic status of the family has generally not been found to be associated with adolescent substance use. There is nevertheless somewhat inconsistent evidence relating the socio-economic characteristics of residential neighbourhoods to adolescent substance use. Thus, research in the United States has tended to find substance use to be more prevalent in affluent, predominantly white towns and suburban neighbourhoods (Cronk and Sarvela, 1997; Ennett et al., 1997; Skager and Fisher, 1989), while research in England (Measham, 1996), Scotland (Glendinning, Shucksmith and Hendry, 1997) and Sweden (Hagquist, 1997) has found adolescent substance use to be positively associated with neighbourhood deprivation and proportion of blue-collar workers.

In the ESPAD project the socio-economic background of students was measured by asking how well off they think their families are compared to other families. In 24 of the 31 reporting countries this measure of a poor economic status had no relationship whatsoever with adolescent cigarette use (figure 65). Furthermore, a poor economic situation as suggested by this measure was not significantly related to *less* smoking in any of the 31 reporting countries. However, in the remaining seven countries adolescents who reported that their families were worse off economically compared to other families were also more likely to smoke cigarettes. Five of these countries were in the north of Europe and two were Mediterranean countries.

The findings were more mixed in relation to alcohol use. A poor economic status of the family was associated with significantly *less* drinking in eight of the reporting countries, and with significantly *more* drinking in six countries. In the remaining 17 countries there was no significant relationship between the reported economic status of the family and alcohol use among adolescents. There was no clear geographical pattern to these inconsistent results. Of the eight countries where poor economic status was associated with less drinking, two were located in the western, four in the eastern, one in the southern and one in the northern part of Europe. Of the six countries where the opposite correlation was observed, three were in the eastern part of Europe, one in the southern and two in the northern parts.



**Figure 65.** Use of cigarettes, alcohol and cannabis by poor economic situation of the family. Filled bars: Significant correlations. Bars marked with lines: Non-significant correlations.

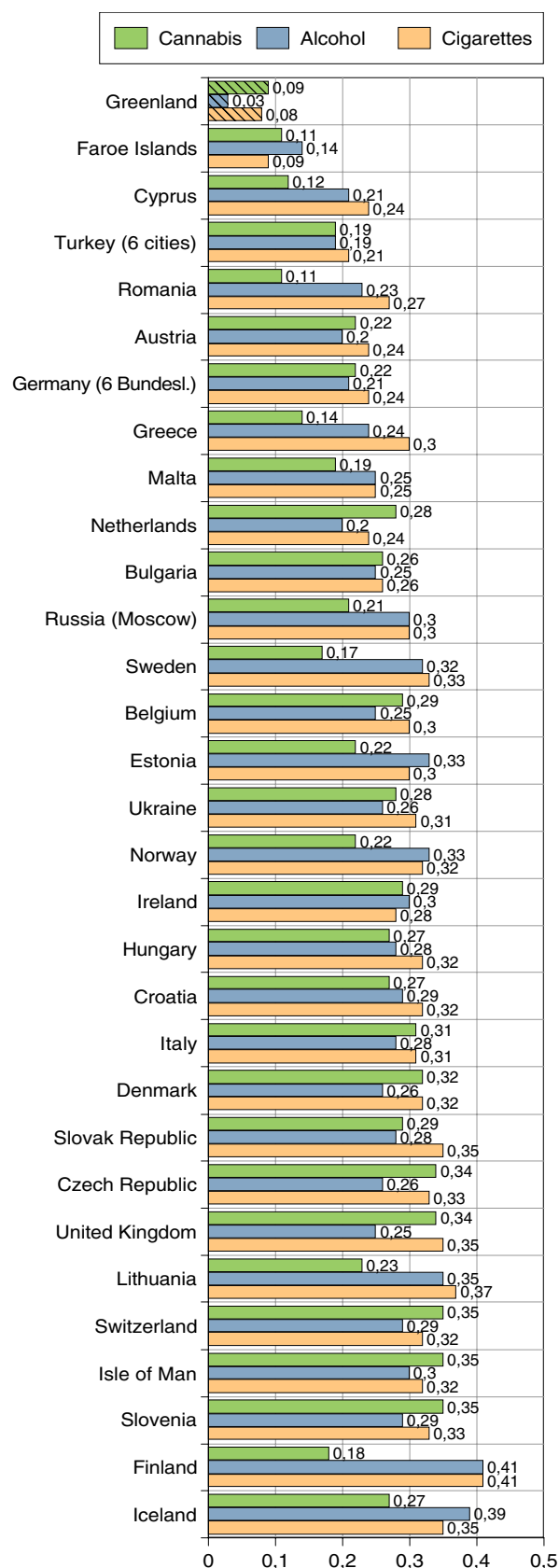
Finally, a poor economic status of the family was associated with less cannabis use in seven countries. Two of these countries were in the western part of Europe, two in the eastern, two in the southern, and one in the northern part of Europe. Poor economic status was associated with more cannabis use in two countries, both of them in the northern part of Europe. In the remaining 22 countries there was no significant association between the economic status of the family and cannabis use. The preponderance of the evidence thus suggests that cannabis use is more prevalent in more affluent families in some European countries, but in the majority of countries there was no such association.

In general these findings suggest that cigarette use is either unrelated to economic status or more common in poorer families, while cannabis use shows the opposite tendency. Alcohol use showed an inconsistent pattern that warrants further investigation.

## Parental control

Research on the effects of parenting styles on adolescent substance use has frequently distinguished between parental support, parental monitoring and parental rule-setting. In general, strong parental support has been found to be associated with less substance use among European youth (Foxcroft and Lowe, 1995; Shucksmith, Glendinning and Hendry, 1997; Thorlindsson and Vilhjalmsson, 1991). Similarly, research has generally found parental monitoring to be associated with less adolescent substance use (Adlaf and Ivis, 1996; Barnes and Farrell, 1992; Beck et al., 1999; Glendinning, Shucksmith and Hendry, 1997; Jackson, Hendriksen and Dickinson, 1999; Krohn et al., 1993; Mulhall, Stone and Stone, 1996; Reifman et al., 1998). In contrast, studies of parental rule-setting have either found no such association, net of other factors (Barnes and Farrell, 1992; Beck et al., 1999; Jackson, Hendriksen and Dickinson, 1999), or a positive association between rule-setting and substance use (Bjarnason, 2000; Hundleby and Mercer, 1987; Reifman et al., 1998).

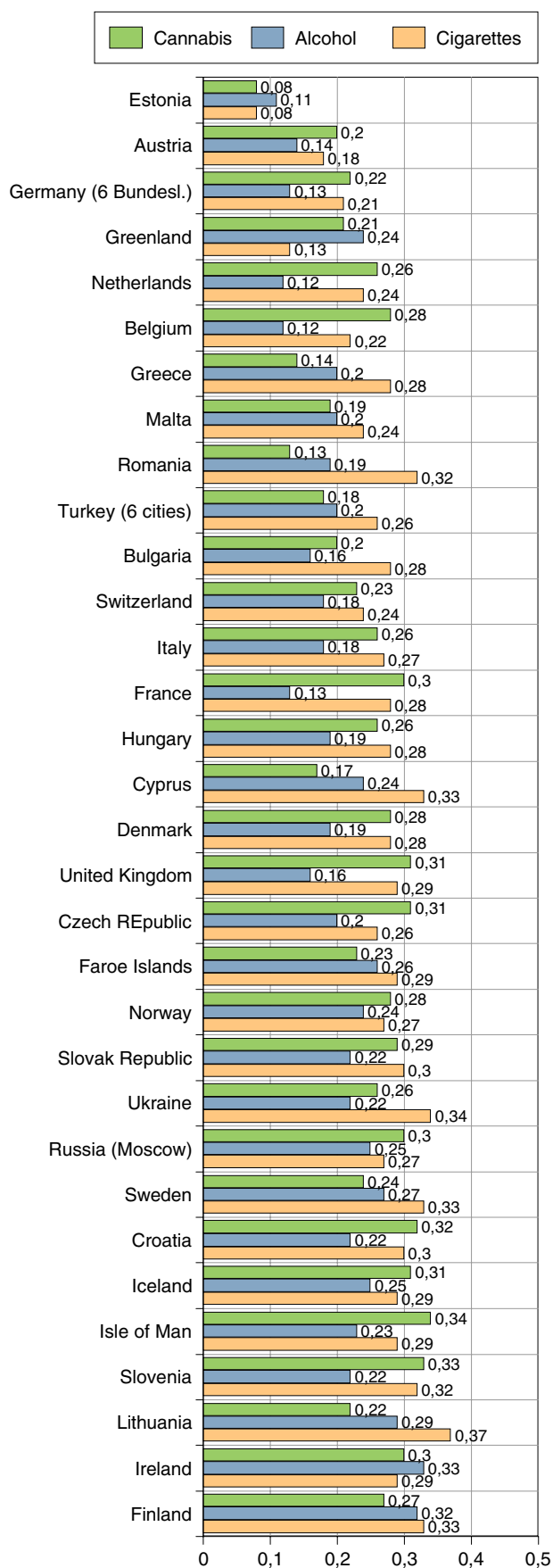
In the ESPAD study, students were asked if their parents know where they spend Saturday nights. The correlation between this single-item proxy measure of parental control and adolescent substance use is shown in figure 66. In 30 of the 31 reporting coun-



**Figure 66.** Use of cigarettes, alcohol and cannabis by parents not knowing where students spend Saturday night.

Filled bars: Significant correlations. Bars marked with lines: Non-significant correlations.





**Figure 67.** Use of cigarettes, alcohol and cannabis by truancy.

tries, adolescents used substantially and significantly more tobacco, alcohol and cannabis when their parents did not know where they spent Saturday nights. The only exception to this pattern was Greenland, where this association was weaker and the population smaller, resulting in non-significant findings. These results overwhelmingly support the conclusion that parental control is strongly associated with all types of substance use among European youth.

## Truancy

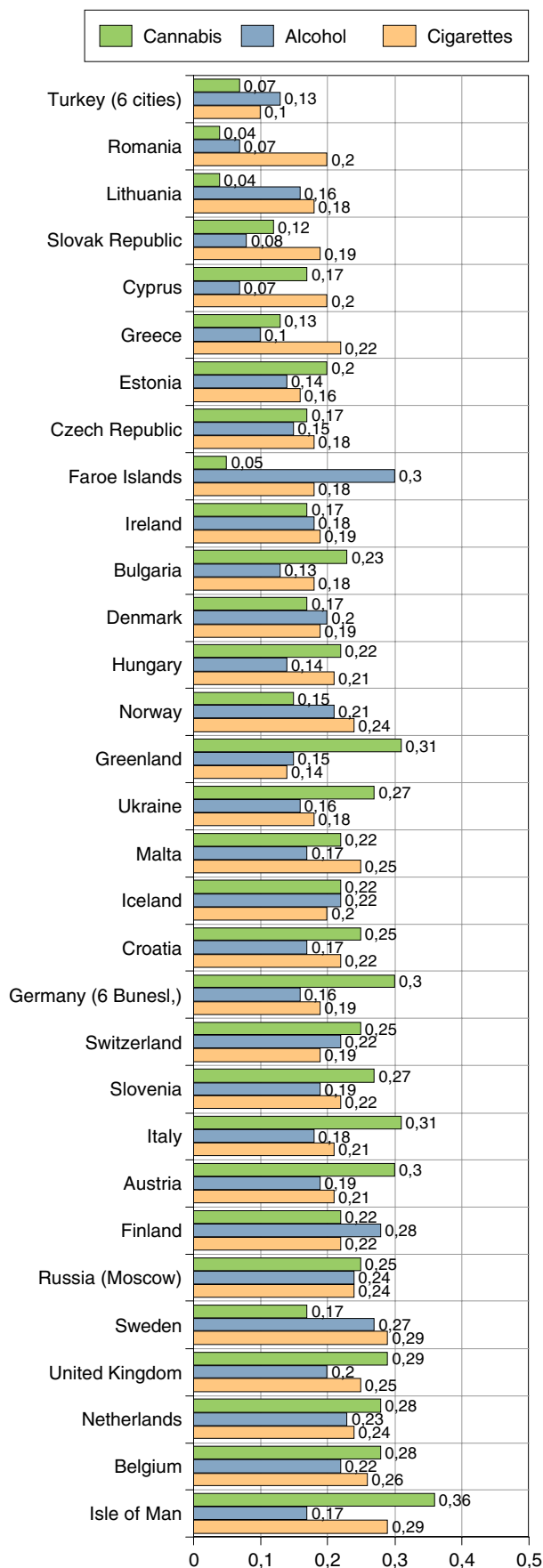
Research in a variety of countries has rather consistently found adolescent substance use to be associated with higher levels of truancy and other measures of poor school performance (e.g. Arellano, Chaves and Deffenbacher, 1998; Costa, Jessor and Turbin, 1999; Ellickson et al., 1998; Thorlindsson et al., 1998). Furthermore, individual students are more likely to initiate substance use in schools where truancy is high and student commitment to school is low (Ennett et al., 1997; Hagquist, 1997).

Figure 67 shows the correlation between the number of days a student has skipped school in the past 30 days and the number of times he or she has used different types of substances. In each and every one of the 32 reporting countries a positive correlation was found between truancy and use of cigarettes, alcohol and cannabis. The strength of this association varies between substances and across countries, but it was statistically significant in all cases. It can therefore be concluded with considerable confidence that truancy is associated with increased use of cigarettes, alcohol and cannabis among European students.

## Sibling substance use

Finally, substance use by siblings has been argued to be among the strongest predictors of adolescent substance use (Stormshak et al., 2004). The ESPAD study provides an opportunity to examine the strength of this predictor across 31 reporting European countries.

In the ESPAD questionnaire, students were asked if their elder siblings use various substances. The response categories were “yes”, “no”, “don’t know” and “don’t have any older siblings”. In the analysis



**Figure 68.** Use of cigarettes, alcohol and cannabis by sibling use.

shown in figure 68, only those students with older siblings were included. Following the argument that only sibling substance use known to the respondent can increase the probability of substance use initiation, this variable was coded 1: “yes”, 2: “no” or “don’t know”. The correlations were calculated as standardised regression coefficients with sibling use of each substance as a binary independent variable, and the respondent’s use as a continuous dependent variable.

The results show that having an elder sibling who uses a particular substance was associated with more use by the younger sibling. This significant positive association was found for cigarettes, alcohol and cannabis in all 31 countries, with the single exception of cannabis use not attaining statistical significance in the Faroe Islands. It can therefore be concluded that having an elder sibling who uses tobacco, alcohol or cannabis is associated with an increased use of those substances among European students.

## Summary

The association between adolescent substance use and family background is complex and dependent upon the type of substance, the element of family background and the country under study. Parental education and the economic status of the family have a positive association with substance use in some countries, but a negative association in other countries. Living with both biological parents is not found to be associated with increased substance use in any country, but the relative impact of living with a single parent or a parent and a stepparent differs between countries. In some countries, there is no significant association between family background and some types of substance use. In contrast, such factors as lack of parental control, skipping school, and having a sibling that uses various substances are almost universally associated with increased use of tobacco, alcohol, and cannabis.





# Key results country by country

In the previous chapter one variable at a time has been presented and the results from all participating countries were compared in tables and figures. It is, however, also of interest to look at the results country by country. In this chapter some of 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 is 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 bev-

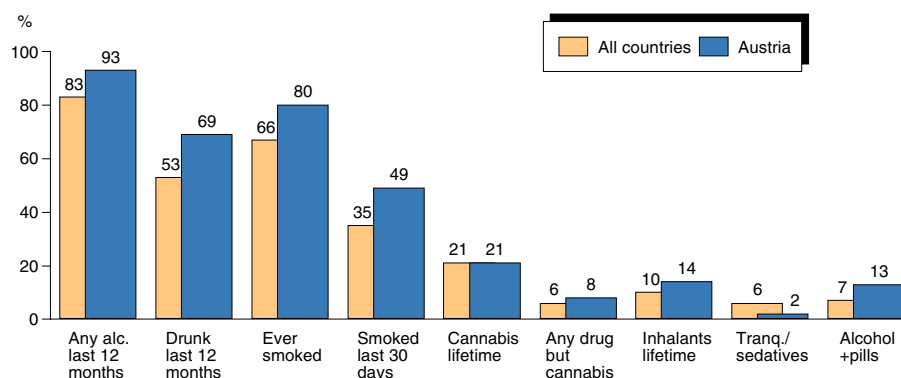
erage during the last 12 months, been drunk during the last 12 months, lifetime use of cigarettes, cigarette smoking during the last 30 days, lifetime use of marijuana or hashish, lifetime use of any illicit drug other than marijuana or hashish, lifetime use of inhalants, lifetime use of tranquillisers or sedatives without a doctor's prescription and lifetime use of alcohol together with pills.

The results of each country are summarized in a graph, together with the unweighted averages 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 the ESPAD countries.

## Austria

The Austrian figures for selected variables are overall higher than the average. The proportion that had been drinking alcohol during last 12 months is higher (93%) than the average (83%). The Austrian students had also been drunk during last 12 months to a higher degree (69%) than the ESPAD average (53%). In Austria 80% of the students had ever smoked which is higher than the ESPAD average (66%). Smoking during the last 30 days was reported by 49%, compared to an average of 35%. Cannabis use was reported by 21%, which is exactly

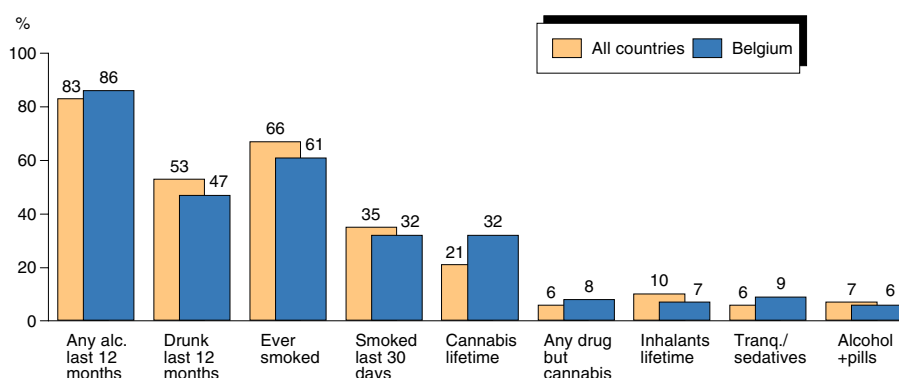
the average for all ESPAD countries. A slightly higher percentage (8%) than the average (6%) had reported use of any other illicit drug than cannabis. Inhalants were used by 14% compared to 10% on average. Very few (2%) Austrian students had used tranquillisers or sedatives without a doctor's prescription (average 6%). Rather many students had used alcohol in combination with pills (13%), which is about double the ESPAD average for this variable (7%).



## Belgium

The Belgian students reported about the same prevalence of alcohol use during the last 12 months (86%) as the average for all ESPAD countries (83%). However, the proportion that had been drunk during the same period was lower (47 compared to 53%). Somewhat less students in Belgium had ever smoked (61%) compared to the average (66%). Also the proportion that had smoked during last 30 days was close to the average (32 and 35% respectively). Lifetime use of cannabis was more frequent

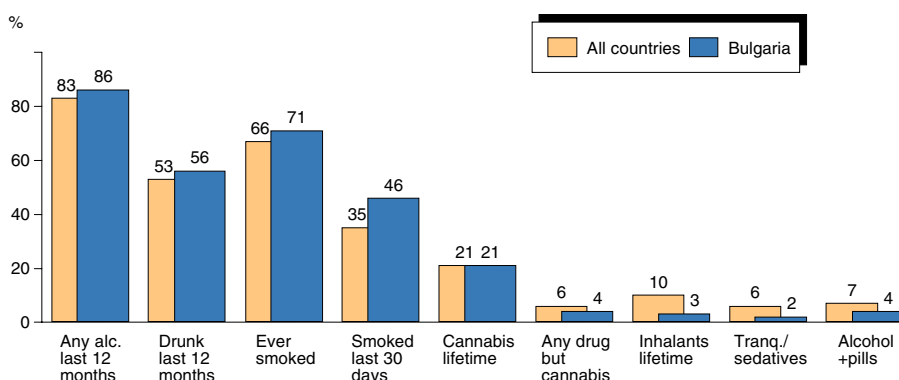
in Belgium than the average for ESPAD countries (32 compared to 21%). On the other hand was use of any other drug than cannabis very similar to that of other ESPAD countries (8 and 6% respectively). Somewhat less students had been using inhalants in Belgium (7%) compared to the average (10%). Use of tranquillisers or sedatives was reported by 9% and use of pills in combination with alcohol by 6%. The average among the ESPAD countries was 6 and 7% respectively.



## Bulgaria

The Bulgarian students drink alcohol to about the same extent as the average in other ESPAD countries (86 and 83% respectively), and the same can be said about the frequency of intoxication during the last 12 months (56 and 53%). Somewhat higher proportions reported to have ever smoked (71%) compared to the average (66%) and the 30-days prevalence was higher (46%) than the average of all ESPAD countries (35%). The Bulgarian students had used cannabis to the same degree as the

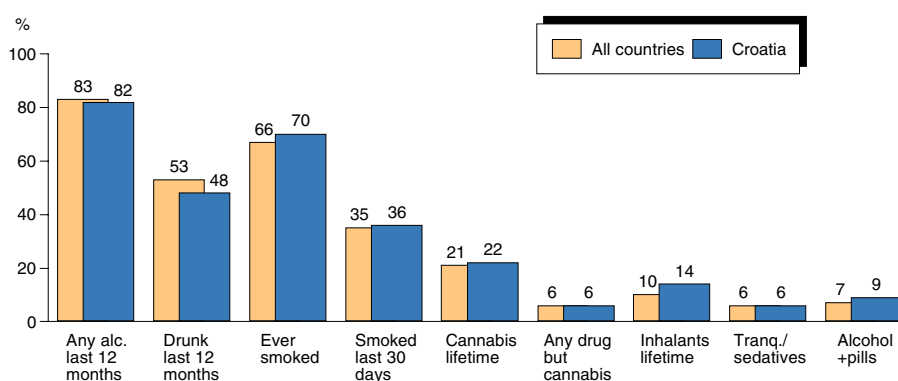
average for all countries (21%), and the proportion that had ever tried any other drug was also close to the average (4 versus 6%). Very few students in Bulgaria had used inhalants (3%), which is much lower than the average (10%), and the same goes with the use of tranquillisers or sedatives (2 compared to 6%). Somewhat lower proportions than the average reported use of alcohol together with pills (4 versus 7%).



## Croatia

The Croatian outcome on selected variables are very close to the average of all ESPAD countries. Thus, the proportion that had been drinking alcohol during the last 12 months was 82% (83% on average) and the proportion who had been drunk during the same period was only slightly lower (48%) than the average (53%). In Croatia 70% reported that they have ever been smoking (average 66%), and the proportion that had been smoking last 30 days

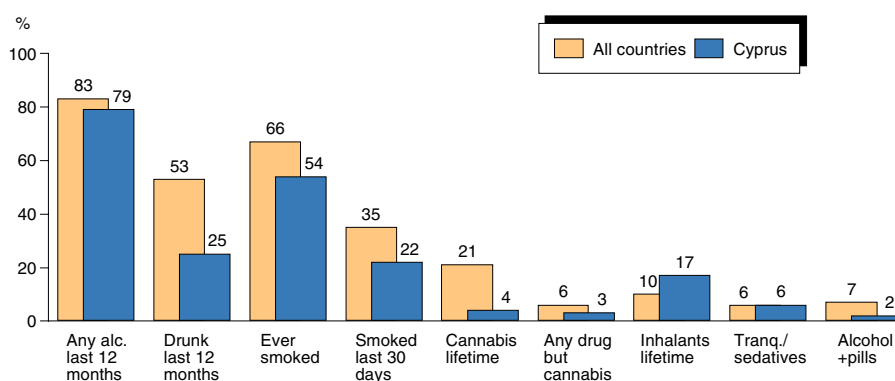
was 36%, with 35% as the average. Cannabis use was reported by 22% and any illicit drug use other than cannabis by 6%, which are the same levels as for all countries. Slightly more students in Croatia had been using inhalants (14 versus 10%), but use of tranquillisers or sedatives without a doctor's prescription was the same as the average (6%). Use of alcohol together with pills was reported by 9% compared to 7% as the average.



## Cyprus

There is a substantial difference between any alcohol consumption during the last 12 months and drunkenness experience during the same period in Cyprus. The former variable was broadly the same as the average (79 versus 83%), while the latter was about half the average (25% compared to 53%). Lifetime smoking was also less reported in Cyprus (54%) than the average (66%), and the difference is even more pronounced in the last 30 days prevalence of smoking (22 compared to 35%). Experience of illicit drugs is very uncommon in Cyprus.

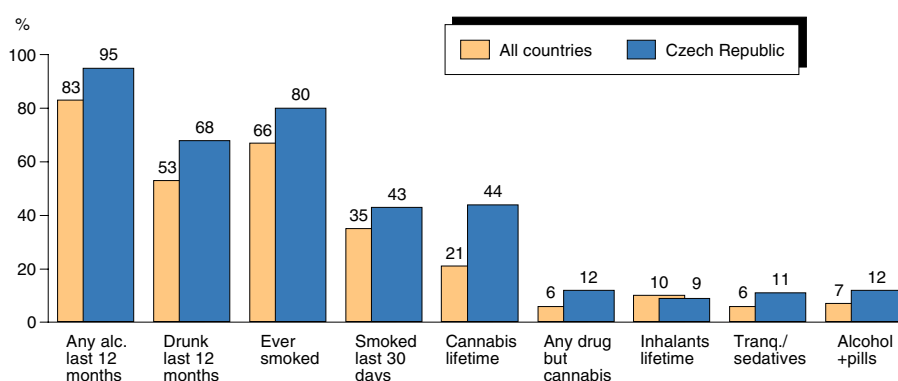
Only 4% reported use of cannabis and 3% experience with other illicit drugs, compared to 21 and 6% respectively for all ESPAD countries. However, experience with inhalants were more common in Cyprus (17%) than in the average of the ESPAD countries (10%). The proportion of students who reported use of tranquillisers or sedatives without a doctor's prescription is the same as the average 6%. Very few students in Cyprus reported use of alcohol together with pills (2%) in comparison to all countries (7%).



## The Czech Republic

Almost all students in the Czech Republic had used alcohol during the last 12 months (95%), which is higher than the average (83%). Also the proportion of students who had been drunk during the last 12 months is higher (68%) than the average (53%). More students than the average had been smoking in lifetime (80 compared to 66%), while the proportion having smoked during the last 30 days (43%) is closer to the proportions in all countries (35%). About twice as many students in the Czech Republic had used marijuana or hashish (44%) as

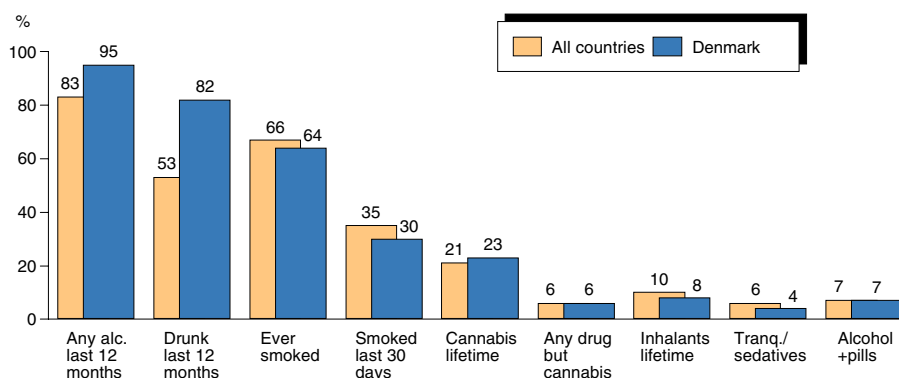
the average for all countries (21%). The use of any other illicit drug than cannabis is also higher than the average (12 compared to 6%). Use of inhalants, however, is about the same in the Czech Republic (9%) as the average (10%). Rather large proportions have used tranquillisers or sedatives without a doctor's prescription (11%) compared to all countries (6%). Also alcohol in combination with pills is more common in the Czech Republic (12%) than the average (7%).



## Denmark

The proportion of students in Denmark who had been drinking alcohol during the last 12 months is higher (95%) than the average (83%). The difference is, however, more pronounced when comparing the proportions of students who had been drunk during the same period (82% compared to 53%). The proportion of students who had ever smoked is about the same (64%) as the average (66%) and the figure of the 30 days prevalence is somewhat lower (30%) than the average (35%). It is slightly more common in Denmark than the average to have used

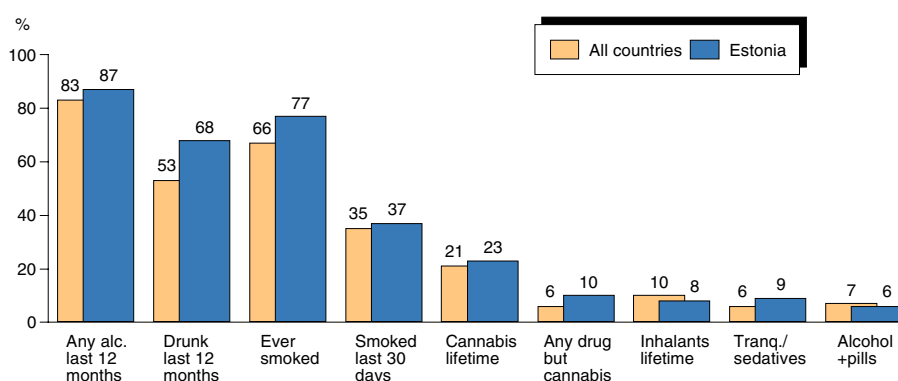
marijuana or hashish in lifetime (23 compared to 21%). However, the experience of any other illicit drug than cannabis is on the same level as the average (6%). The use of inhalants (8 versus 10%) as well as the use of tranquillisers or sedatives without a doctor's prescription (4 versus 6%) are rather close to the mean proportions for all ESPAD countries. The proportions reporting alcohol use in combination with pills is the same as the ESPAD average (7%).



## Estonia

A somewhat higher proportion than the average for all ESPAD countries had been drinking alcohol during the last 12 months in Estonia (87 compared to 83%). The number reporting having been drunk during the same period is, however, higher than the average (68 compared to 53%). The proportion of students who reported to have ever been smoking was also higher than the average for all countries (77 compared to 66%), while the proportion who had been smoking during the last 30 days was about the same as the average (37 and 35% respec-

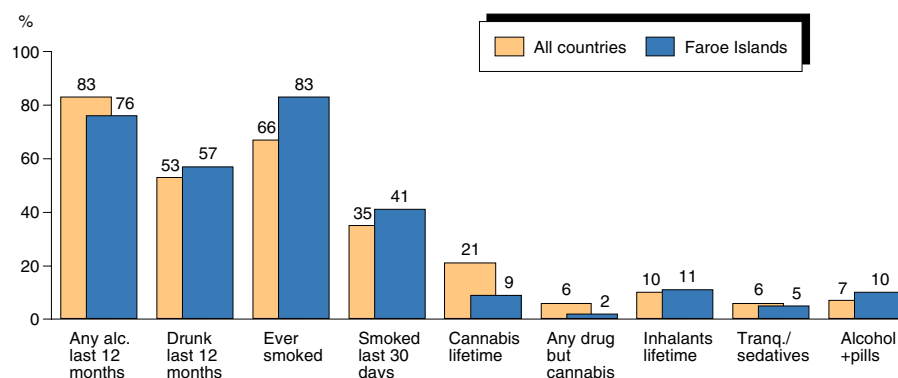
tively). The prevalence rates of cannabis use is slightly higher than the average (23 compared to 21%). There are more Estonian students than the average that have used any illicit drug than cannabis (10 compared to 6%) and the same is true for tranquillisers and sedatives without a doctor's prescription (9 and 6% respectively). Inhalants had been used by 8% in Estonia compared to 10% as the ESPAD average. The corresponding figures for alcohol together with pills are 6 and 7% respectively.



## The Faroe Islands

The proportion of students in the Faroe Islands who had been drinking alcohol during the last 12 months was lower than the average (76 compared to 83%), while the proportion of students who had been drunk during the same period was slightly above average (57 versus 53%). However, the lifetime smoking prevalence is substantially higher in the Faroe Islands (83%) than the average for all ESPAD countries (66%) and the 30 days prevalence of smoking slightly higher (41 compared to 35%). Very few students in the Faroe Islands had

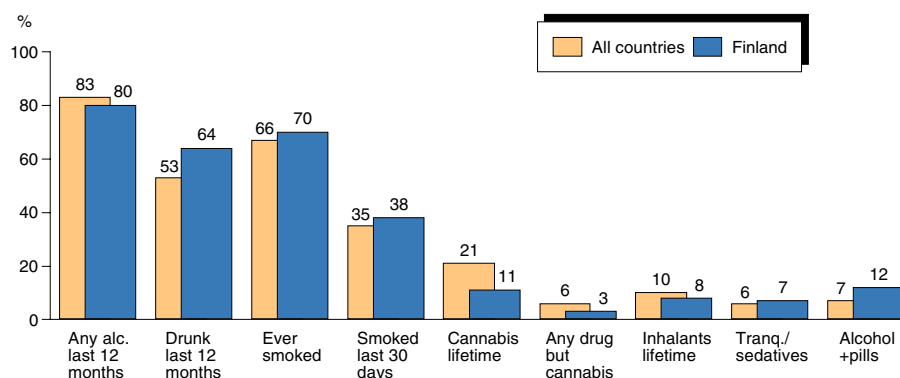
used any illicit drug. The proportion of students who had used marijuana or hashish was less than half the average (9% versus 21%) and the same can be said about any other illicit drug than cannabis (2 compared to 6%). The proportion reporting use of inhalants was about the same as the average (11 and 10% respectively) and this is also true regarding the use of tranquillisers or sedatives without a doctor's prescription (5 versus 6%). The use of alcohol together with pills is slightly higher than the average (10 compared to 7%).



## Finland

In Finland the proportion of students who had been drinking any alcohol during the last 12 months is broadly the same as the average for all countries (80 compared to 83%). The 12 months prevalence of being drunk is, however, substantially higher than average (64 compared to 53%). The proportion of students who had ever smoked cigarettes is somewhat higher in Finland than the average for all ESPAD countries (70 compared to 66%) and the same holds true regarding the 30 days prevalence

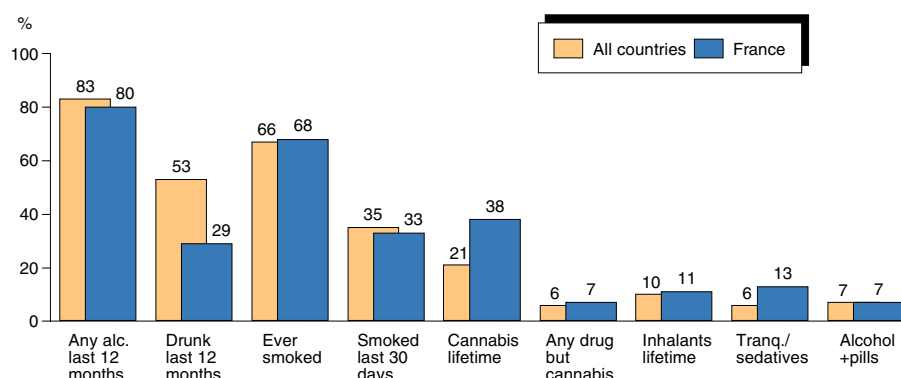
(38 versus 35%). Smaller proportions than average reported use of marijuana or hashish (11 versus 21%) as well as use of illicit drugs other than cannabis (3 versus 6%). The proportions reporting use of inhalants is about the same as the average (8 compared to 10%) and the same is true for tranquilisers and sedatives without a doctor's prescription (7 versus 6%). In Finland it is more common to have used alcohol in combination with pills (12%) than the average for all ESPAD countries (7%).



## France

The proportion of students in France who had consumed any alcohol during the previous 12 months is about the same as the average for all ESPAD countries (80 compared to 83%). Moreover, the proportion reporting having been drunk during the same period is substantially smaller than the average (29 versus 53%). The lifetime prevalence rates of smoking cigarettes is about average (68%) and this is also true for the 30 days prevalence of smoking (33%). The proportion of students in France

who had used marijuana or hashish is about twice the average of all countries (38 versus 21%), but the proportion reporting use of any other illicit drug but cannabis is about the same as the average figure (7 compared to 6%). Use of inhalants is also about the same as the average (11 versus 10%), while the use of tranquilisers or sedatives without a doctor's prescription is above average (13 versus 6%). Use of alcohol together with pills is reported by a proportion equal to the average (7%).

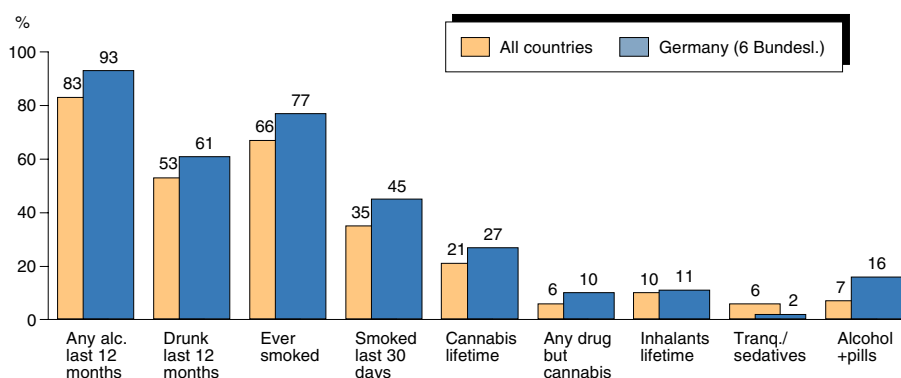




## Germany (six Bundesländer)

Almost all students in Germany had used alcohol during the last 12 months (93%), which is higher than the average (83%). Also the proportion of students who had been drunk during the last 12 months is higher (61%) than the average (53%). More students than the average had been smoking in lifetime (77 compared to 66%) and the tendency is the same about the proportion that have smoked during the last 30 days (45 compared to 35%). More students in Germany had used marijuana or

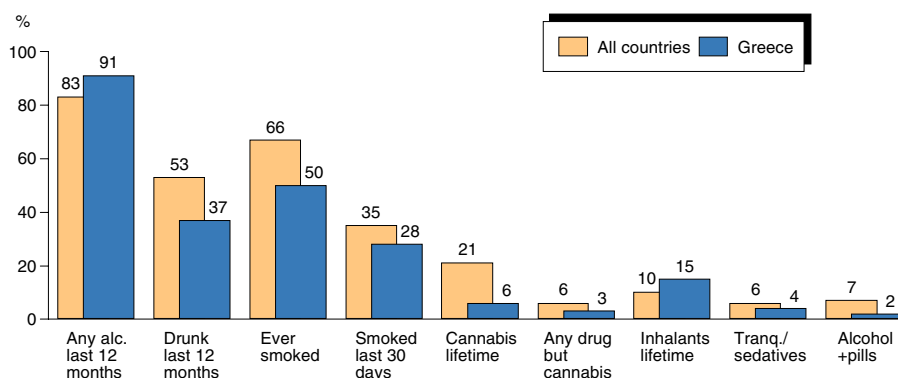
hashish (27%) than the average for all countries (21%). The use of any other illicit drug than cannabis is also higher than the average (10 compared to 6%). Use of inhalants, however, is about the same in Germany (11%) as the average (10%). Rather small proportions have used tranquillisers or sedatives without a doctor's prescription (2%) compared to all countries (6%). On the other hand, alcohol in combination with pills is more common in Germany (16%) than the average (7%).



## Greece

A vast majority of the students in Greece had been drinking an alcoholic beverage during the last 12 months (91%), which is above average (83%). In contrast, less than the average had been drunk during the same period (37% compared to 53%). Lifetime smoking among the Greek students is also below average (50 versus 66%) and the 30 days prevalence of smoking has the same tendency (28 compared to 35%). The use of marijuana or hashish is much lower than average (6 compared to 21%)

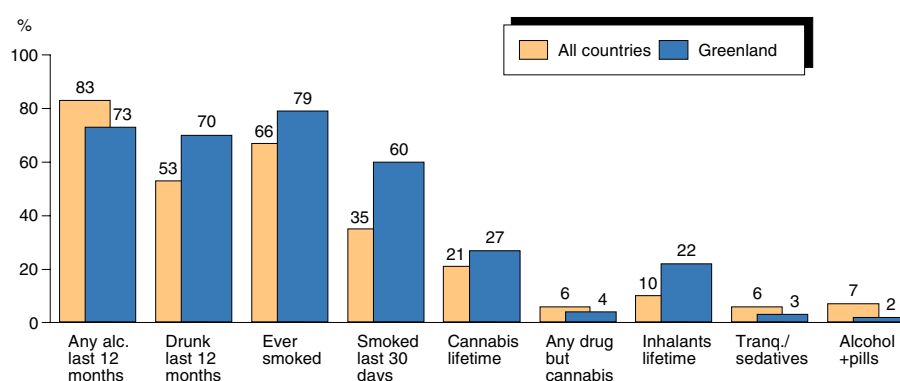
and the use of any illicit drug but cannabis shows a difference in the same direction (3 versus 6%). The proportion of students who had used inhalants is higher in Greece (15%) than the average for all ESPAD countries (10%), while the use of tranquillisers or sedatives without a doctor's prescription is closer to the average (4 versus 6%). The proportion reporting use of alcohol in combination with pills is much smaller than the average for all countries (2 compared to 7%).



## Greenland

The proportion of students in Greenland who had any alcohol consumption during the previous 12 months is lower than the average for all countries (73 versus 83%). In contrast, the proportion reporting having been drunk during the same period is substantially higher (70%) than average (53%). There are also relatively more students in Greenland who had ever been smoking (79%) and who had smoked during the last 30 days (60%) than the averages (66 and 35% respectively). The propor-

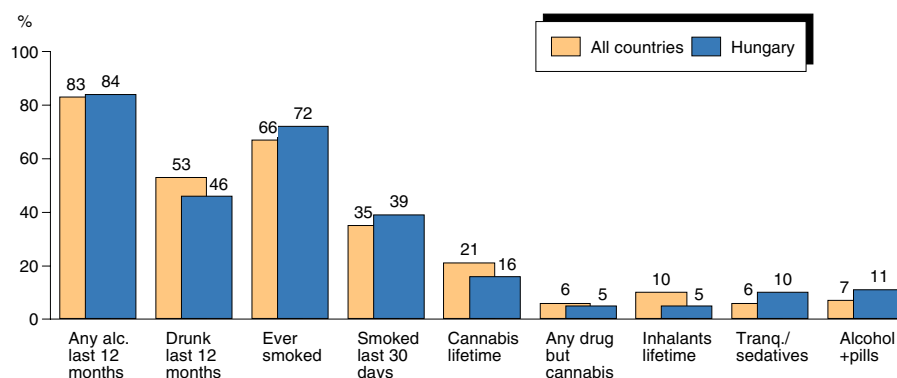
tion of students who report having used marijuana or hashish is also higher than the average (27 versus 21%), while the use of any other illicit drugs is less frequent (4 compared to 6%). The use of inhalants is much more common in Greenland (22%) than the average of the ESPAD students (10%). However, the figures are in the opposite direction for tranquillisers and sedatives without a doctor's prescription (3 versus 6%) as well as for alcohol together with pills (2 compared to 7%).



## Hungary

The proportion of students in Hungary who had consumed alcohol during the last 12 months is about the same as the average for all countries (84 compared to 83%). However, the proportion reporting having been drunk during the last 12 months is lower than the average (46 versus 53%). The proportion of students who had ever smoked is slightly higher than the average for all countries (72 and 66% respectively) and this holds true also regarding the 30 days prevalence (39 versus 35%). The proportion of Hungarian students who have used

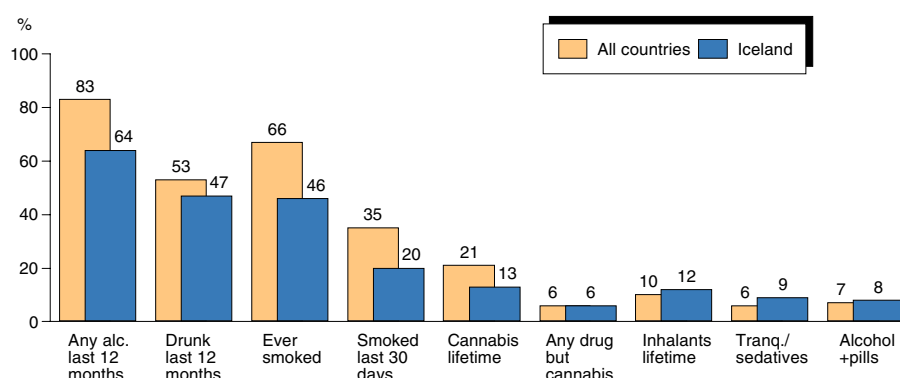
marijuana or hashish is lower than average (16 compared to 21%), while the use of any illicit drug other than cannabis is about average (5%). The use of inhalants is less common in Hungary than the average of all ESPAD countries (5 versus 10%). The proportion of students who ever used tranquillisers or sedatives without a doctor's prescription is above average (10 compared to 6%) and the tendency is the same for alcohol together with pills (11 and 7% respectively).



## Iceland

The proportion of Icelandic students who had consumed any alcohol during the last 12 months is lower than the average for all ESPAD countries (64 compared to 83%), and the same is true for the proportion that reported having been drunk during the same period (47 versus 53%). Smoking is less common in Iceland than in most other countries; the lifetime prevalence is 46% compared to 66% on average, and 30 days prevalence is 20% compared to the average of 35%. The use of marijuana or

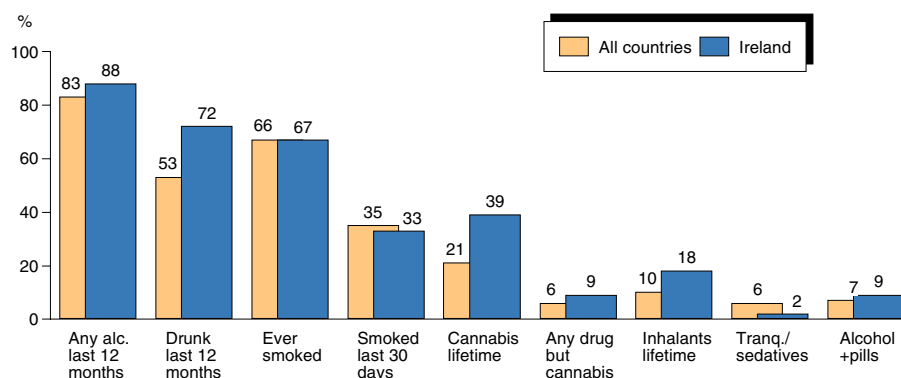
hashish is also less frequent than the average (13 compared to 21%). However, the use of any illicit drug other than cannabis is equal to the ESPAD average (6%). Lifetime use of inhalants is only slightly higher than the average (12 versus 10%). Also the use of tranquillisers or sedatives without a doctor's prescription and alcohol in combination with pills show the same tendency (9 versus 6% and 8 versus 7% respectively).



## Ireland

The proportion of Irish students who had been drinking any alcohol during the last 12 months is a little higher than average (88 compared to 83%). However, the proportion that had been drunk during the same period is substantially higher than the average (72 versus 53%). The lifetime smoking prevalence is about the same as the average (67 compared to 66%) and the same is true for the 30 days prevalence (33 versus 35%). The use of marijuana or hashish is twice as common in Ireland than

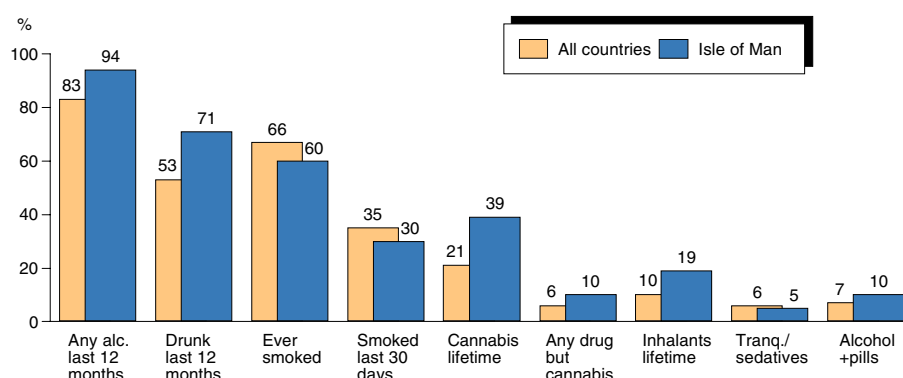
the average for all ESPAD countries (39 versus 21%), while the use of illicit drugs other than cannabis only is slightly above average (9 versus 6%). Use of inhalants, however, is about twice the average (18 compared to 10%). There are fewer Irish students than the ESPAD average that have used tranquillisers or sedatives without a doctor's prescription (2 compared to 6%). A slightly higher proportion than average reported use of alcohol in combination with pills (9 versus 7%).



## Isle of Man

The proportion of students who had been drinking any alcohol during the last 12 months is higher than average (94 compared to 83%) and the proportion that had been drunk during the same period is substantially higher than the average (71 versus 53%). The lifetime smoking prevalence is a little lower than the average (60 compared to 66%) and the same is true for the 30 days prevalence (30 versus 35%). The use of marijuana or hashish is twice as common in Isle of Man than the average

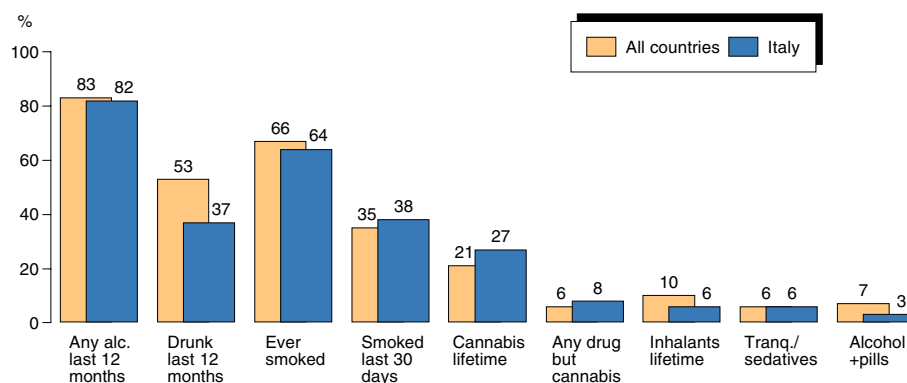
for all ESPAD countries (39 versus 21%). The use of illicit drugs other than cannabis is also above average (10 versus 6%). Use of inhalants is about twice the average (19 compared to 10%). However, the use of tranquillisers or sedatives without a doctor's prescription is about the same as the average (5 and 6% respectively). A higher proportion than average reported use of alcohol in combination with pills (10 versus 7%).



## Italy

Consumption of any alcohol during the last 12 months is as common among Italian students as the average of all ESPAD countries (82 versus 83%). However there are fewer Italian students who had been drunk during the same period (37 versus 53%). Lifetime smoking is as common as the average (64 versus 66%), and the same is true regarding the proportion of students who have been smoking during the last 30 days (38 versus 35%). The proportion of students who have used marijuana or

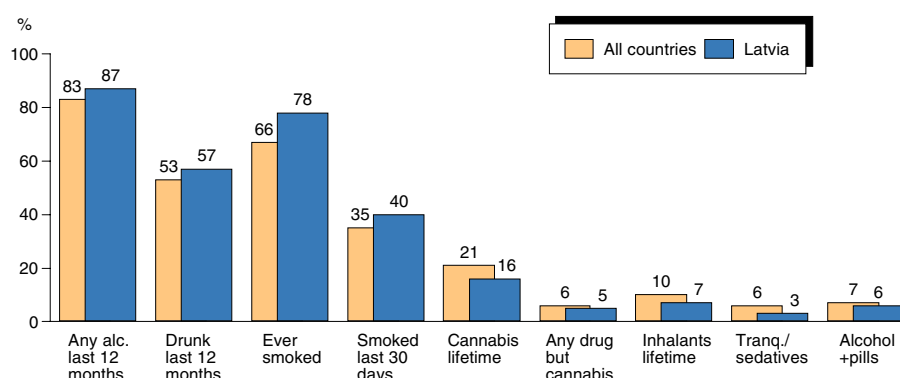
hashish is higher than average (27 versus 21%), while the use of illicit drugs other than cannabis is broadly the same (8 versus 6%). The use of inhalants is lower than average (6 compared to 10%) and the use of tranquillisers or sedatives without a doctor's prescription is the same as average (6%). Use of alcohol in combination with pills is less common in Italy than in many other ESPAD countries (3% in comparison with 7% as the average).



## Latvia

The proportion of Latvian students who had been drinking any alcohol during the last 12 months is somewhat higher than average for all countries (87 versus 83%). The tendency is the same regarding the proportion of students who had been drunk during the same period (57 compared to 53%). The lifetime prevalence of smoking is higher in Latvia than average (78 versus 66%) and so is the 30 days prevalence (40 and 35% respectively). The proportion of students who have used marijuana or hash-

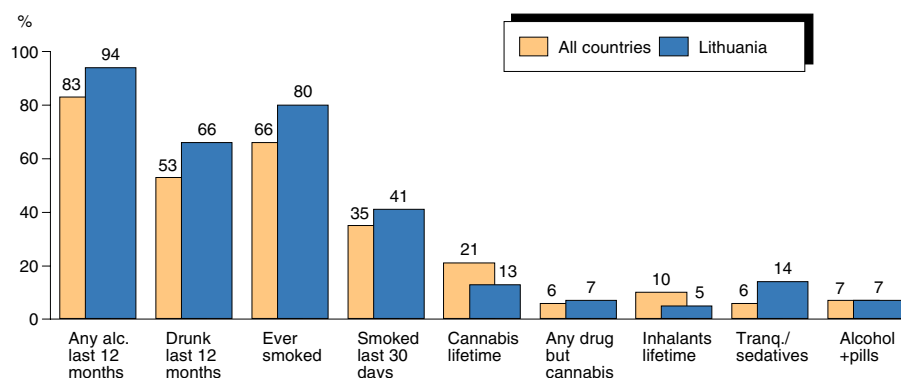
ish is smaller than the ESPAD average (16 compared to 21%) while the lifetime prevalence of any drug but cannabis is about the same (5 versus 6%). Use of inhalants is less common than the average for all countries (7 compared to 10%), and this holds true also for use of tranquillisers or sedatives without a doctor's prescription (3 and 6% respectively). Use of alcohol in combination with pills is about as common in Latvia as the average for all ESPAD countries (6 versus 7%).



## Lithuania

A vast majority of the students in Lithuania had been drinking alcohol during the last 12 months (94 compared to 83% on average). The proportion of students who had been drunk during the same period is also higher than average (66 versus 53%). The lifetime prevalence of smoking is higher than the average for all ESPAD countries (80 compared to 66%) and the same is true for the 30 days prevalence (41 compared to 35%). The proportion of students who have used marijuana or hashish is lower than the average (13 versus 21%), while the

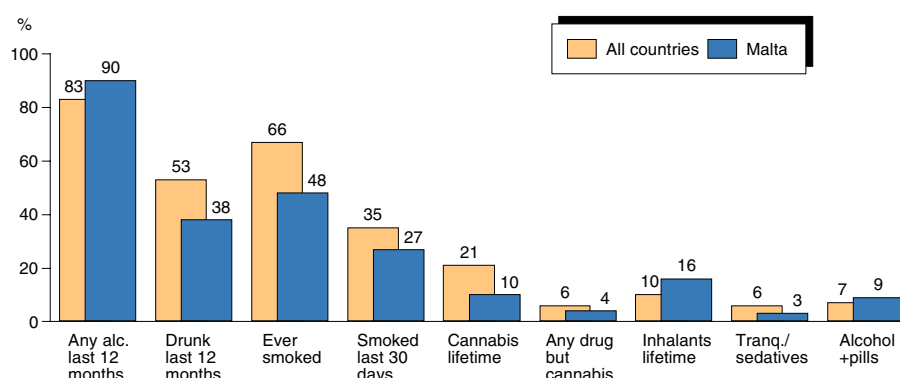
proportion that reported use of any other illicit drug than cannabis is about the same (7 and 6% respectively). The use of inhalants in Lithuania is less common than the average for all countries (5 and 10% respectively). The use of tranquillisers or sedatives without a doctor's prescription is about twice the average (14 versus 6%). However, the proportion of students who have used alcohol together with pills is the same as the average for all countries (7%).



## Malta

A vast majority of the students in Malta had been drinking alcohol during the last 12 months (90 compared to the average of 83%). In contrast, the proportions reporting drunkenness during the same period is less than average (38 versus 53%). This holds true also regarding lifetime and the 30 days prevalence of smoking cigarettes. The lifetime figure is 48% (66% on average) and the 30 days prevalence 27% (35% on average). The proportion of students who have used marijuana or hashish is

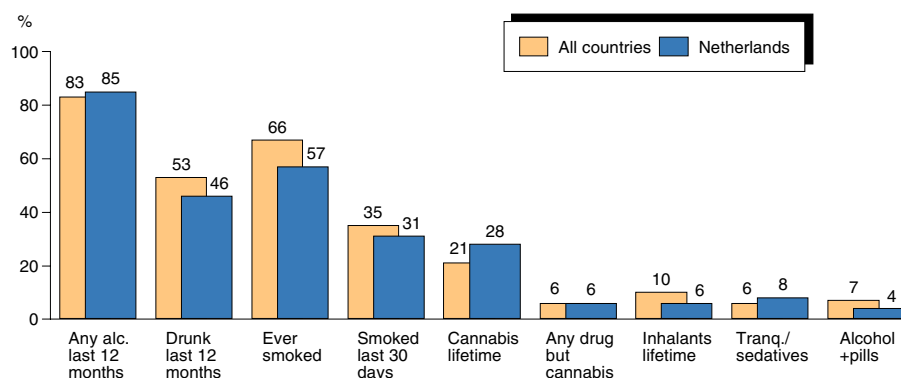
half the average for all countries (10 versus 21%), as is the proportion reporting use of illicit drugs other than cannabis (4 compared to 6%). Use of inhalants, however, is reported by 16% of the students in Malta compared to only 10% as the average. Tranquillisers and sedatives without a doctor's prescription is less common in Malta than the ESPAD average (3 compared to 6%) while the tendency is the opposite for alcohol together with pills (9 and 7% respectively).



## The Netherlands

The Dutch students reported about the same prevalence of alcohol use during the last 12 months (85%) as the average for all ESPAD countries (83%). However, the proportion that had been drunk during the same period was lower (46 compared to 53%). Less students in the Netherlands had ever smoked (57%) compared to the average (66%). Also the proportion that had smoked during the last 30 days was a little lower than the average (31 and 35% respectively). Lifetime use of cannabis was more frequent

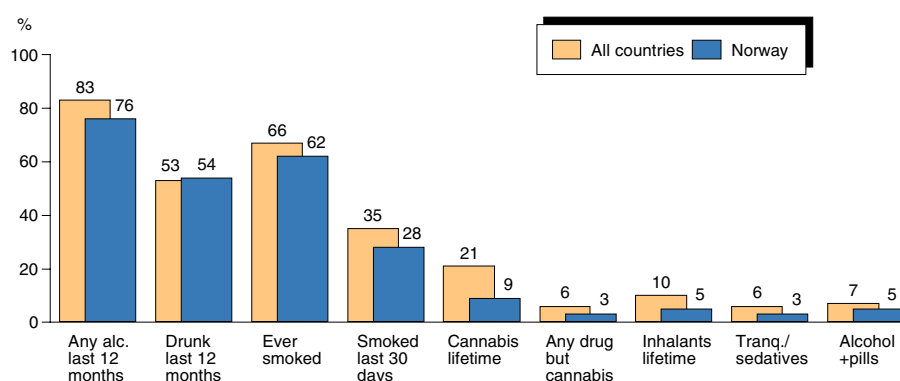
in the Netherlands than the average for other countries (28 compared to 21%). On the other hand was use of any other drug than cannabis similar to that of other ESPAD countries (6%). Less students had been using inhalants in the Netherlands (6%) compared to the average (10%). Use of tranquillisers or sedatives was reported by 8% and use of pills in combination with alcohol by 4%. The average among other ESPAD countries was 6 and 7% respectively.



## Norway

The proportion of students in Norway, who had been drinking any alcohol during the last 12 months, is somewhat lower than the average for all ESPAD countries (76 versus 83%), while the proportion reporting drunkenness experience during the same period is about the same (54 compared to 53%). Smoking among the Norwegian students is a little less common than the average for all countries (62 compared to 66%) and the tendency is the same about smoking during the last 30 days (28 versus 35%). The proportion of students who have used

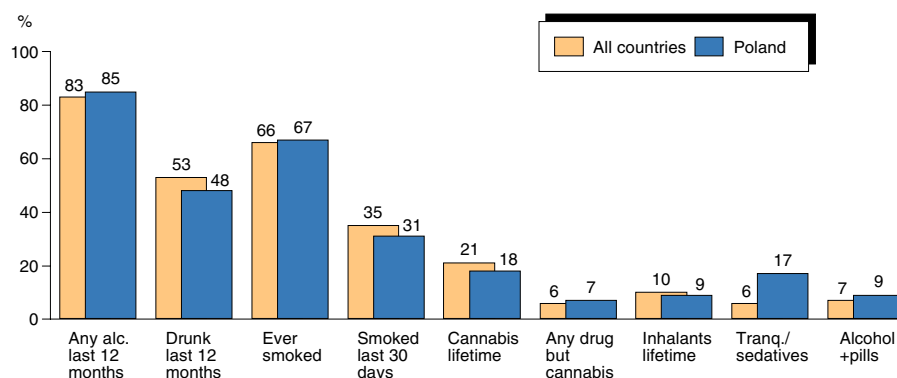
marijuana or hashish is much lower than the average (9 compared to 21%) and the tendency is the same for the use of any illicit drug but cannabis (3 and 6% respectively). Use of inhalants also goes in the same direction (5 versus 10%), as well as the use of tranquillisers or sedatives without a doctor's prescription (3 compared to 6%). The use of alcohol in combination with pills is also less common in Norway (5%) than the average of all ESPAD countries (7%).



## Poland

The consumption of alcohol during the 12 previous months among Polish students is about equal to the average of all ESPAD countries (85 compared to 83%) and the proportion reporting drunkenness during the same period is rather close to average (48 versus 53%). The lifetime smoking figure is about average (67%), while the 30 days prevalence figure is slightly lower (31 compared to 35%). The proportion of students who have ever used marijuana or hashish is close to average (18 compared

to 21%) and the proportion reporting use of illicit drugs other than cannabis is about the same as the average (6 and 7% respectively). Use of inhalants is also as common in Poland as the average of all countries (9 and 10% respectively). The use of tranquillisers or sedatives without a doctor's prescription, however, is substantially higher than in many other countries (17 compared to 6% on average). The use of alcohol together with pills is close to the average for all countries (9 versus 7%).

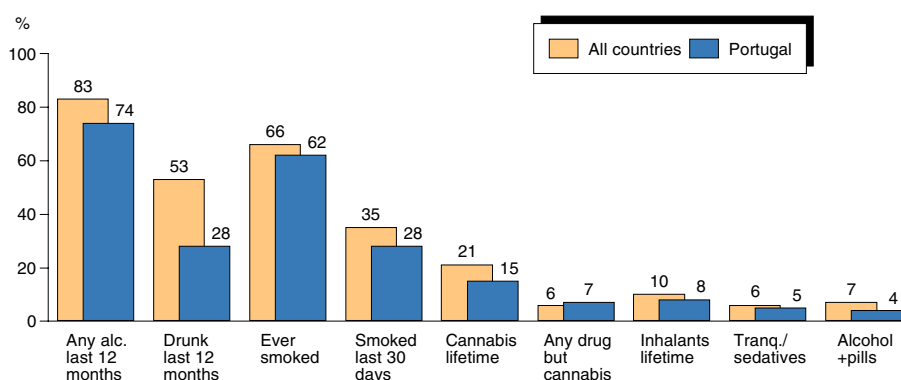




## Portugal

The proportion of Portuguese students who had consumed alcohol during the last 12 months is slightly lower than the average (78 compared to 83%). However, the proportion of students who report having been drunk during the same period is substantially lower than average (32 versus 53%). Also the lifetime and 30 days prevalence of smoking cigarettes are lower than the averages. The lifetime figure is 62% (66% on average) and the 30 days figure 28% (35% on average). The lifetime

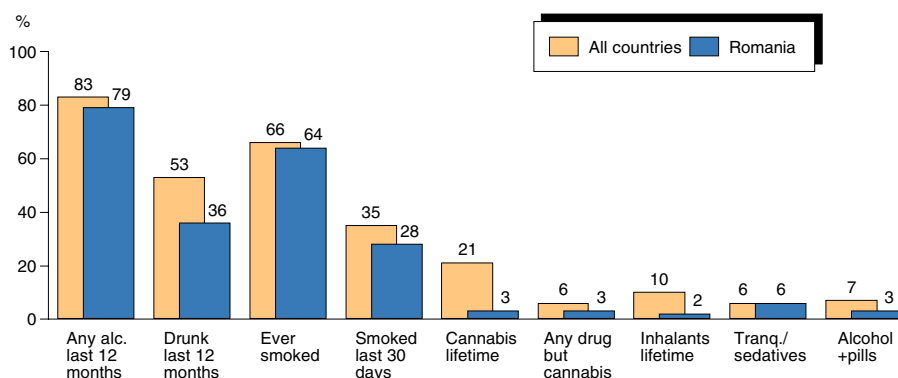
use of marijuana or hashish is smaller than the average for all ESPAD countries (15 compared to 21%), while the use of any other illicit drug than cannabis is about average (7 versus 6%). Use of inhalants is slightly lower than the ESPAD average (8 and 10% respectively) and the same is true for the use of tranquillisers or sedatives without a doctor's prescription (4 versus 6%). Alcohol together with pills is reported by fewer students in Portugal (3%) than the average (7%).



## Romania

The proportion of students in Romania who had consumed any alcohol during the last 12 months is close to the average for all ESPAD countries (80 versus 83%), while the proportion reporting drunkenness during the same period is substantially lower (36 compared to 53%). The lifetime smoking figure (62%) is close to the ESPAD average (66%), while the 30 days prevalence figure (29%) is lower than the average (35%). Very few students (3%) reported use of marijuana or hashish, which is

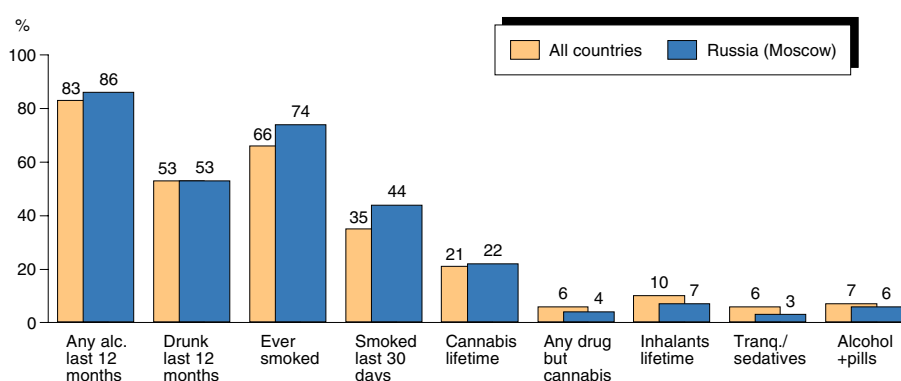
much below the average (21%). The proportion of students who reported use of any illicit drug other than cannabis is also lower than the average (2 compared to 6%). Very few students in Romania had used inhalants (2 compared to 10%), while the use of tranquillisers or sedatives without a doctor's prescription was about the same as the average (5 and 6% respectively). The proportion of students who had used alcohol in combination with pills was 3%, which is half the average (7%).



## Russia (Moscow)

In Russia 86% had been drinking any alcoholic beverage during the last 12 months and 53% had been drunk during the same period, which is very close to and equal to the averages for all ESPAD countries (83 and 53% respectively). The lifetime prevalence of smoking cigarettes is above average (74 versus 66%) and the same is true regarding the 30 days prevalence (44 versus 35%). The proportion of students who had used marijuana or hashish is about the same as the average (22 compared to

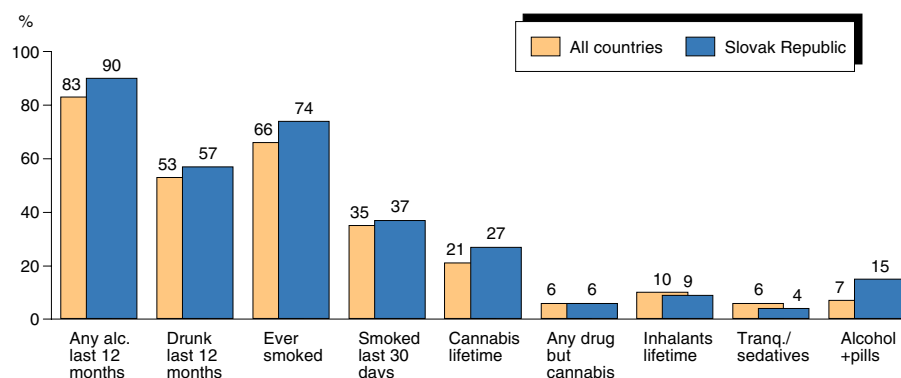
21%), as is the proportion that reported use of any other illicit drug than cannabis (4 versus 6%). Use of inhalants was reported by 7%, which is slightly lower than the average for all countries (10%). The tendency is the same for use of tranquillisers or sedatives without a doctor's prescription (3 compared to 6%), while the use of alcohol together with pills is about the same as the ESPAD average (6 versus 7%).



## The Slovak Republic

A vast majority of the students in the Slovak Republic had been drinking alcohol during the last 12 months (90%), which is higher than the average for all ESPAD countries (83%). The tendency was the same about the proportion reporting drunkenness during the last 30 days (57 compared to 53%). Also the lifetime prevalence of smoking cigarettes was a bit higher among students in the Slovak Republic (74 versus 66%). However, the 30 days prevalence figure was about the same as the ESPAD average (37 and 35% respectively). A higher proportion of

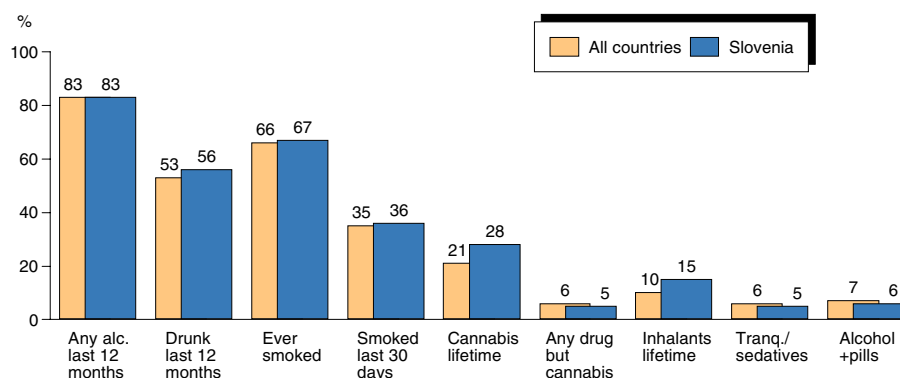
the Slovakian students had used marijuana or hashish (27%) than the average for all countries (21%), while the proportion reporting use of illicit drugs other than cannabis is equal (6%). Inhalants are used in the Slovak Republic to the same extent as the average (9 versus 10%) and about the same is true for tranquillisers and sedatives without a doctor's prescription (4 compared to 6%). However, many more had used alcohol together pills than the ESPAD average (15 and 7% respectively).



## Slovenia

The proportions of Slovenian students who had been drinking any alcohol during the last 12 months is the same as the ESPAD average (83%) and the number that had been drunk during the previous 12 months is very close to the average (56 and 53% respectively). The lifetime prevalence of smoking cigarettes is very equal (67 versus 66%), as is the 30 days prevalence (36 compared to 35%). The proportion of students who have used mari-

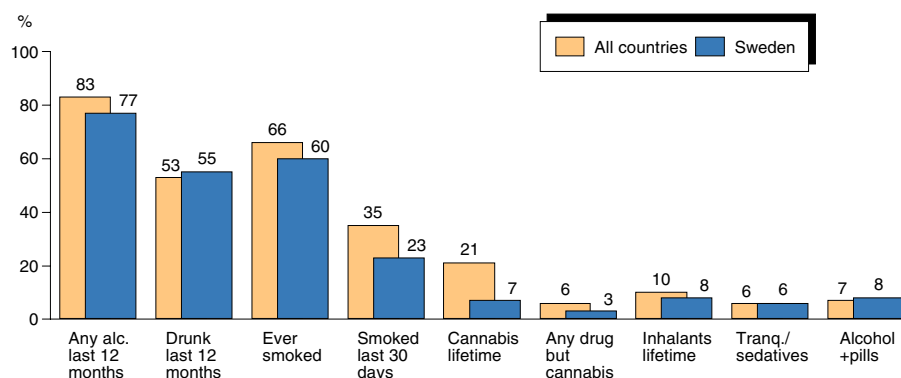
juana or hashish is higher than the average (28 compared to 21%), while the use of other illicit drugs is about equal (5 compared to 6%). The use of inhalants is higher (15%) than average (10%) and the use of tranquillisers or sedatives without a doctor's prescription as well as alcohol in combination with pills are both very close to the averages of all countries (5 and 6% respectively).



## Sweden

The proportion of Swedish students who had been drinking any alcohol during the last 12 months is a little lower than the average of all ESPAD countries (77 versus 83%). However, the proportion reporting drunkenness during the same period is rather equal to the average (55 compared to 53%). The lifetime prevalence of smoking cigarettes is a little lower than average (60 versus 66%), while the difference is more pronounced when it comes to the proportion of students who had smoked during the last 30 days (23 compared to 35%). Use of

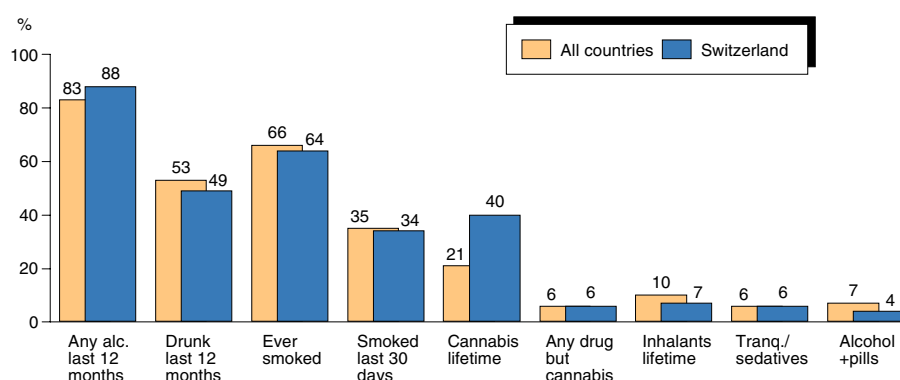
marijuana or hashish is reported by 7%, which is one third of the average of all countries (21%) and the proportion reporting use of illicit drugs other than cannabis is about half (3 versus 6%). The proportion of students who had used inhalants is close to average (8 compared to 10%). The proportion reporting use of tranquillisers or sedatives without a doctor's prescription is equal to the ESPAD average (6%) and the proportion is also about the same for alcohol together with pills (8% in Sweden and 7% as the average).



## Switzerland

The Swiss students reported slightly higher prevalence of alcohol use during the last 12 months (88%) than the average for all ESPAD countries (83%), while the tendency was the opposite when it comes to the proportion that had been drunk during the same period (49 compared to 53%). The proportion of lifetime smokers (64%) was about the same as the average (66%). Also the proportion that had smoked during the last 30 days was very close to the average (34 and 35% respectively). Lifetime use of cannabis was much more frequent

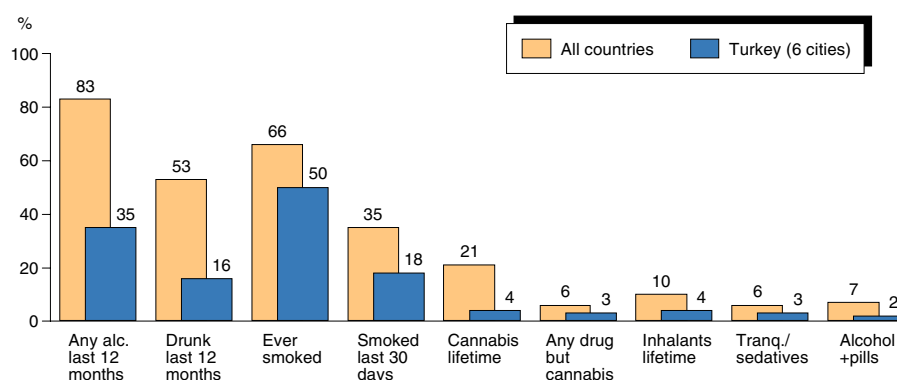
in Switzerland than the average for other countries (40 compared to 21%). On the other hand use of any other illicit drug than cannabis was equal to the average of the ESPAD countries (6%). Somewhat less students had been using inhalants in Switzerland (7%) compared to the average (10%). Use of tranquillisers or sedatives was reported by 6%, which is the same as the average. The use of pills in combination with alcohol was a little less common among Swiss students (4 and 7% respectively).



## Turkey (six cities)

Turkey is the only country in which the students show lower figures than the ESPAD average for all the nine variables summarised in this chapter. Much fewer had been drinking alcohol during the last 12 months (35 and 83% respectively) and the difference is also substantial when it comes to drunkenness during the same period (16 compared to 53%). Lifetime smoking of cigarettes was reported by 50% in Turkey and among 66% in the ESPAD countries. The corresponding figures for

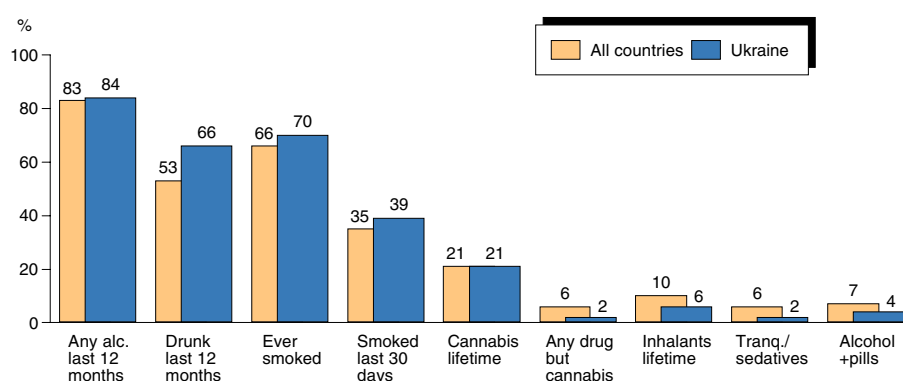
smoking during the last 30 days were 18 and 35% respectively. Very few (4%) had used cannabis, which is much lower than the ESPAD average (21%). Any other illicit drug but cannabis was reported by 3% of the students in Turkey and by 6% as the average. Inhalants had been used by 4 versus 10%, tranquillisers and sedatives without a doctor's prescription by 3 versus 6% and alcohol together with pills by 2 versus 7%.



## Ukraine

The proportion of Ukrainian students who had been drinking any alcohol during the last 12 months is about equal to the average of all ESPAD countries (84 versus 83%), while the proportion reporting drunkenness is above (66 versus 53%). Lifetime and 30 days prevalence of smoking cigarettes are both slightly higher than the average (70 versus 66% for lifetime smoking and 39 versus 35% for the last 30 days prevalence). The proportion of students

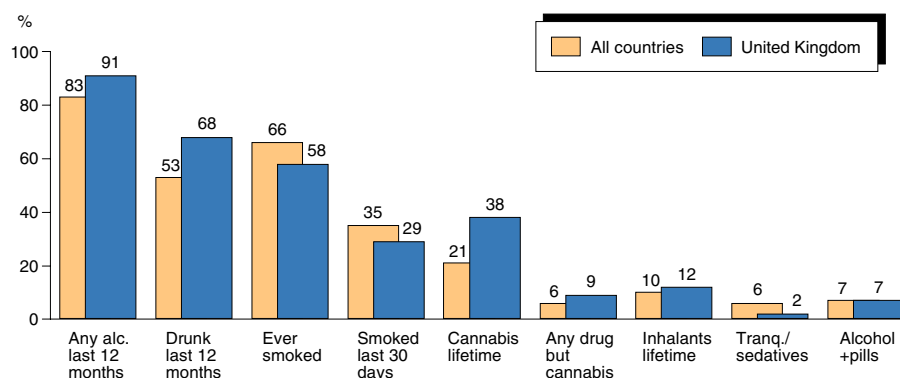
who had used marijuana or hashish is the same as the average (21%), while the proportion reporting use of illicit drugs other than cannabis is lower (2 compared to 6%). The figure for use of inhalants is also lower than the average (6 and 10% respectively), and the same is true for tranquillisers or sedatives without a doctor's prescription (2 versus 6%) and alcohol together with pills (4 compared to 7%).



## The United Kingdom

A vast majority of the students in the United Kingdom had been drinking alcohol during the last 12 months (91%), which is above the average of all ESPAD countries (83%). Also the proportion reporting drunkenness during the same period is higher than the average (68 versus 53%). Lifetime prevalence of smoking cigarettes, however, is lower than average (58 compared to 66%) and this holds true also for the 30 days prevalence (29 versus 35%). Use of marijuana or hashish is reported by substan-

tially larger proportions than the average (38 and 21% respectively), and so is the proportion reporting use of other illicit drugs than cannabis (9 versus 6%). Lifetime use of inhalants is slightly above the average (12 compared to 10%), while the use of tranquillisers or sedatives without a doctor's prescription is less than half the average (2 versus 6%). Using alcohol in combination with pills is as common in the United Kingdom as the average of all countries (7%).



# References

- Adalbjarnardottir S. and Blondal K. (1996). Tobaksreykingar og hassneysla Reykvískra unglunga og vidhorf theirra til slíkrar neyslu. [Tobacco smoking and cannabis consumption among Reykjavik adolescents and their attitudes toward such use]. *Uppeldi og Menntun*, 5, 43–62.
- Adlaf EM and Ivis FJ. (1996). Structure and relations: The influence of familial factors on adolescent substance use and delinquency. *Journal of Child and Adolescent Substance Use*, 5, 1–19.
- Amey CH and Albrecht SL. (1998). Race and ethnic differences in adolescent drug use: The impact of family structure and the quantity and quality of parental interaction. *Journal of Drug Issues*, 28, 283–98.
- Arellano C, Chaves EL and Deffenbacher JL. (1998). Alcohol use and academic status among Mexican-American and White non-Hispanic adolescents. *Adolescence*, 33, 751–60.
- Barnes GM and Farrell MP. (1992). Parental support and control as predictors of adolescent drinking, delinquency and related problem behaviors. *Journal of Marriage and the Family*, 54, 763–76.
- Beck KH, Shattuck T, Haynie D, Crump AD and Simons-Morton B. (1999). Associations between awareness, monitoring, enforcement and adolescent involvement with alcohol. *Health Education Research*, 14, 765–75.
- Bjarnason T. (1995). Administration mode bias in a school survey on alcohol, tobacco and illicit drug use. *Addiction*, 90, 555–559.
- Bjarnason T. (2000). *Adolescent Substance Use: A Study in Durkheimian Sociology*. Doctoral dissertation, University of Notre Dame.
- Bjarnason T. and Adalbjarnardottir S. (2000). Anonymity and confidentiality in school surveys on tobacco, alcohol and cannabis use. *Journal of Drug Issues*, 30, 335–344.
- Bjarnason T, Andersson B, Choquet M, Elekes Z, Morgan M, Rapinett G. (2003). Alcohol Culture, Family Structure and Adolescent Alcohol Use: Multi-Level Modeling of Frequency of Heavy Drinking Among 15–16 Year Old Students in Eleven European Countries. *Journal of Studies on Alcohol*, 64, 200–208.
- Bjarnason T, Davidaviciene AG, Miller P, Nociar A, Pavlakis A, Stergar E. (2003). Family Structure and Adolescent Cigarette Smoking in Eleven European Countries. *Addiction*, 98, 815–824.
- Bjarnason T. and Morgan M. (2002). *Guidelines for Sampling Procedures in School Surveys on Alcohol and Other Drugs* (stencil) The ESPAD project, The Swedish Council for Information on Alcohol and Other Drugs, Stockholm, Sweden.
- Campanelli P, Dielman T and Shope J. (1987). Validity of adolescents' self-reports of alcohol use and misuse using a bogus pipeline procedure. *Adolescence*, 22, 7–22.
- Costa FM, Jessor R and Turbin MS. (1999). Transition into adolescent problem drinking: The role of psychosocial risk and protective factors. *Journal of Studies on Alcohol*, 60, 480–90.
- Cronk CE and Sarvela PD. (1997). Alcohol, tobacco and other drug use among rural/small town and urban youth: A secondary analysis of the Monitoring the Future data set. *American Journal of Public Health*, 87, 760–4.
- Currie C, Hurrelmann K, Settertobulte W, Smith R and Todd J (eds). (2000). *Health and Health Behaviour among Young People*. World Health Organization, Regional Office for Europe, Copenhagen, Denmark.
- Currie C, Roberts C, Morgan A, Smith R, Settertobulte W, Samdal O and Barnekow Rasmussen W. (2004). *Young people's health in context*. World Health Organization, Regional Office for Europe, Copenhagen, Denmark.



- Dorsselaers S. and Monshower K. (2004). Written communication.
- Ellickson P, Bui K, Bell R and McGuigan KA. (1998). Does early drug use increase the risk of dropping out of high school? *Journal of Drug Issues*, 28, 357–80.
- Ennett ST, Flewelling RL, Lindroth RC and Norton EC. (1997). School and neighborhood characteristics associated with school rates of alcohol, cigarette, and marijuana use. *Journal of Health and Social Behavior*, 38, 55–71.
- Foxcroft DR and Lowe G. (1995). Adolescent drinking, smoking, and other substance use involvement: links with perceived family life. *Journal of Adolescence*, 18, 159–77.
- Glendinning A, Shucksmith J and Hendry L. (1997). Family life and smoking in adolescence. *Social Science and Medicine*, 44, 93–101.
- Grube J, Morgan M and Kearney K. (1989). Using self-generated identification codes to match questionnaires in panel studies of adolescent substance use. *Addictive Behaviors*, 14, 159–171.
- Hagquist C. (1997). Variations in adolescents' smoking and alcohol behaviour between Swedish schools: An ecological analysis. *Drugs: Education, Prevention and Policy*, 4, 139–50.
- Hakkarainen P. and Metso L. (2003). Narkotika-missbrukets nya generation. *Nordisk alkohol- och narkotikatidskrift*, 20:333–347.
- Harrison L. (1997). The Validity of Self-Reported Drug Use in Survey Research: An Overview and Critique of Research Methods. In Harrison, L and Hughes, A (eds.): *The Validity of Self-Reported Drug Use: Improving the Accuracy of Survey Estimates*. National Institute of Drug Abuse, NIDA Research Monograph 167, Rockville, USA.
- Hibell B (ed), Adlaf E, Andersson B, Bjarnason T, Delapenha C, Hasbun J, Johnston L and
- Sathianathan R. (2003). *Conducting School Surveys on Drug Abuse*. Toolkit Module 3.
- United Nations Office on Drugs and Crime, Vienna, Austria.
- Hibell B and Andersson B. (2002a). *Project Plan* (stencil). The ESPAD project, The Swedish Council for Information on Alcohol and Other Drugs, Stockholm, Sweden.
- Hibell B and Andersson B. (2002b). *Regional Seminars and National Project Plans* (stencil). The ESPAD project, The Swedish Council for Information on Alcohol and Other Drugs, Stockholm, Sweden.
- Hibell B and Andersson B. (2002c). *Outline for Country Report 1, Data Collection* (stencil). The ESPAD project, The Swedish Council for Information on Alcohol and Other Drugs, Stockholm, Sweden.
- Hibell B and Andersson B. (2002d). *Outline for Country Report 2, Results* (stencil). The ESPAD project, The Swedish Council for Information on Alcohol and Other Drugs, Stockholm, Sweden.
- Hibell B, Anderson B, Ahlström S, Balakieva O, Bjarnason T, Kokkevi A and Morgan M. (2000). *The 1999 ESPAD Report. Alcohol and Other Drug Use Among Students in 30 European Countries*. The Swedish Council for Information on Alcohol and Other Drugs, Stockholm, Sweden.
- Hibell B, Andersson B, Balakieva O, Davidaviciene A, Muscat R, Nociar A, Sabroe S and Veresies K. (2000). *Do they tell the truth? A methodological study in seven countries about the validity in school surveys*. Manuscript.
- Hibell B, Anderson B, Bjarnason T, Kokkevi A, Morgan M and Narusk A. (1997). *The 1995 ESPAD Report. Alcohol and Other Drug Use Among Students in 26 European Countries*. The Swedish Council for Information on Alcohol and Other Drugs, Stockholm, Sweden.
- Hundleby JD and Mercer WG. (1987). Family and friends as social environments and their relationships to young adolescents' use of alcohol, tobacco and marijuana. *Journal of Marriage and the Family*, 49, 151–64.
- Hvitfeldt T, Andersson B and Hibell B. (2004). *Skolelevers drogvanor 2004*. CAN-rapport 77, Centralförbundet för alkohol- och narkotikaupplysning, Stockholm, Sweden.



- Irgens-Jensen O. (1991). Changes in the use of drugs among Norwegian youth year by year from 1968 to 1989. *British Journal of Addiction*, 86, 1449–1458.
- Jackson C, Hendriksen L and Dickinson D. (1999). Alcohol specific socialization, parenting behaviors and alcohol use by children. *Journal of Studies on Alcohol*, 60, 362–7.
- Johnston L and O'Malley P. (1985). Issues of validity and population coverage in student surveys of drug use. In: Rouse, B, Kozel, N and Richards, L, (eds.): *Self-Report Methods of Estimating Drug Use: Meeting Current Challenges to Validity*. National Institute on Drug Abuse Research Monograph 57, Washington, USA.
- Johnston L, Driessen F. and Kokkevi A. (1994). *Surveying Student Drug Misuse: A Six-Country Pilot Study*. Council of Europe, Strasbourg, France.
- Johnston L, O'Malley P, Bachman J and Schalenberg J. (2004). *Monitoring the Future, National Survey Results on Drug Use, 1975–2003*, Volume I: Secondary School Students. National Institute of Health, Bethesda, Maryland, USA.
- Kokkevi A and Stefanis C. (1991). The epidemiology of licit and illicit substance use among high school students in Greece. *American Journal of Public Health*, 81, 48–52.
- Koshkina E and Vyshinsky K. (2004). Written communication.
- Krohn MD, James L, Massey JL, Skinner WF and Lauer RM. (1983). Social bonding theory and adolescent cigarette smoking: A longitudinal analysis. *Journal of Health and Social Behavior*, 24, 337–49.
- Measham F. (1996). The 'big bang' approach to sessional drinking: Changing patterns of alcohol consumption amongst young people in north-west England. *Addiction Research*, 4, 283–99.
- Metso L. (2000). Written communication.
- Morgan M. (1997). *EMCDDA Instrument Bank: Core Scales, Sources and Guidelines*. Available from EMCDDA, Lisbon, Portugal.
- Morgan M and Grube JW. (1989). Adolescent cigarette smoking: A developmental analysis of influences. *British Journal of Developmental Psychology*, 7, 179–89.
- Mulhall PF, Stone D and Stone B. (1996). Home alone: Is it a risk factor for middle school youth and drug use? *Journal of Drug Education*, 26, 39–48.
- O'Malley P, Bachman J and Johnston L. (1983). Reliability and consistency of self-reports of drug use. *International Journal of Addiction*, 18:805–824.
- Parker H and Measham F. (1994). Pick'n mix: Changing patterns of illicit drug use amongst 1990's adolescents. *Drugs: Education, Prevention and Policy*, 1, 5–13.
- Pedersen WP. (1990). Adolescents initiating cannabis use: Cultural opposition or poor mental health? *Journal of Adolescence*, 13, 327–39.
- Reifman A, Barnes GM, Dintchiff BA, Farrell MP and Uhteg L. (1998). Parental and peer influences on the onset of heavier drinking among adolescents. *Journal of Studies on Alcohol*, 59, 311–7.
- Shucksmith J, Glendinning A and Hendry L. (1997). Adolescent drinking behaviour and the role of family life: A Scottish perspective. *Journal of Adolescence*, 20, 85–101.
- Skager R and Fisher DG. (1989). Substance use among high school students in relation to school characteristics. *Addictive Behaviors*, 14, 129–38.
- Skretting A. (2000). *Ungdom og rusmidler*. Rusmiddelsdirektoratet, Oslo, Norway.
- Skretting A. (2004). Written communication.
- Stormshak EA, Comeau CA and Shepard SA. (2004). The relative contribution of sibling deviance and peer deviance in the prediction of substance use across middle childhood. *Journal of Abnormal Child Psychology*, 32, 635–649.

- Thomas G, Farrell MP and Barnes GM. (1996). The effects of single-mother and non-resident fathers on delinquency and substance abuse in black and white adolescents. *Journal of Marriage and the Family*, 58, 884–94.
- Thorlindsson T, Sigfusdottir ID, Bernburg JG and Halldorsson V. (1998). *Vimuefnaneysla Ungs Folks: Umhverfi og Adstaedur* [The Social Context of Drug Use among Icelandic Youth]. Reykjavik: Institute for Educational Research.
- Thorlindsson T and Vilhjalmsen R. (1991). Factors related to cigarette smoking and alcohol use among adolescents. *Adolescence*, 26, 399–418.
- Tuinstra J, Groothoff JW, Vand den Heuvel WJA and Post D. (1998). Socio-economic differences in health risk behavior in adolescence: Do they exist? *Social Science and Medicine*, 47, 67–74.

## Sampling and data collection in participating countries

This section includes an overview of each country's sampling and data collection as well as the results of some measures of validity and reliability. The corresponding figures are to be found in tables A–G in the chapter “Methodological considerations” earlier in this report.

The presentations are based on each country's “Country report”, which included standardised descriptions of how the surveys were performed. However, despite the fixed structure, the reports differ somewhat in the level of details. In some of them, the sampling and data collection procedures are described in detail, while in others a briefer and more summarised information is provided. The reason for this might be that some investigators followed the common methodology and therefore thought that there was little to explain. The general

procedure and methodology are described in detail in the chapter “Study design and procedures” earlier in this report.

Overall, the sampling and data collection followed the guidelines in the ESPAD project plan. The availability of official statistics and their level of detail differ, however, between countries. Another factor, that influences the methodology, is differences in available funds, which put limits to what is possible to achieve.

The reliability and validity are commented in relation to certain measures which also are discussed in the chapter “Methodological considerations”, e.g. inconsistent answering, missing data rates, unwillingness to admit drug use and reported use of the fictitious drug “releevin”.

### Austria

Dr. Karl Bohrn (Institute for Social and Health Psychology, ISG) and Dr. Alfred Uhl (Ludwig-Boltzmann-Institut für Suchtforschung, LBI Sucht) in Vienna were responsible for the Austrian study. Austria took part in the ESPAD project for the first time in 2003.

#### Population

The target population consists of all students in Austrian schools born in 1987. School is compulsory in Austria for 9 school years, thus only around one third (those born between September and December 1987) were obliged to still be in school at the time of the survey. However, a large number of the students continue to secondary education, some of those are enrolled in the “dual system” (school plus vocational training. In vocational schools, students are not enrolled during the whole school year but only blocked for some weeks during the school

year). 5.7% of the 1987 birth-cohort were not in school when the sample was drawn. 7.9% were in the 8<sup>th</sup> grade or less (due to repeating classes), 41.4% in 9<sup>th</sup> grade, 44.8% in 10<sup>th</sup> grade and 0,1% in 11<sup>th</sup> grade (Statistik Austria, 2004). Using a representative sample of 9<sup>th</sup> and 10<sup>th</sup> grade therefore covers 86.2% of the 1987 birth-cohort.

#### Sample and representativeness

The survey population was stratified by grade and school-types into subpopulations. For each stratum a sample had to be drawn independently since the average number of students per class varied greatly between school-types. In order to make weighing obsolete for the analyses, the number of classes per strata was defined in a way to achieve the true population proportions in the sample. A complete list of all classes in 9<sup>th</sup> and 10<sup>th</sup> grade in Austrian schools and the number of students per class – or

even better the students born in 1987 in every class would have been the ideal basis from which to start. Unfortunately such lists were unavailable for the ongoing school year and the tables for the previous school years only provide information on the total student numbers per class but no information on the students belonging to the 1987 birth cohort.

The study aimed at 2,400 students of the 87 birth-cohort and as such one would expect that slightly more than 50% of the students in grade 9 and 10 did not belong to the relevant birth cohort. Considering this the total sample size to aim at was laid down at 5,500 students.

Since the original design of the study had planned for a smaller total sample of 4,000 students, it was necessary to redefine the survey administration procedures to make them more efficient in order to stay within the budget in spite of the larger sample size of 5,500 students. A way to reduce the administrative work was linking the 9<sup>th</sup> and 10<sup>th</sup> grade in school types where both grades were available. In these instances a class from 9<sup>th</sup> grade was randomly selected and in the same school one of the 10<sup>th</sup> grade classes was added through a random selection procedure.

In the course of the study, in a few situations when the average observed sample size fell below the expected average sample size, an extra class of the same grade in the very same school was added immediately to compensate for the reduction without causing relevant additional administration work. In the instances when more than one class was available selection was done using a random procedure. Since falling below the expected average sample size could only happen when extremely small classes had been selected, adding another equivalent class in the same school was justifiable.

To compensate for selected classes that did not participate a second random list of classes per strata was produced. Whenever a class dropped out the next class in the substitution list of the same strata was chosen, to compensate for the loss. 238 classes constituted the initial sample and 93 additional classes were contacted to compensate for failures to include some classes. Of the total sample of classes (original sample plus substitutes) approached (331).

- 252 (76.1%) participated in the study
- 19 (5.7%) were lost for technical reasons (e.g. a wrong school addresses or a class that was not available in the critical phase)
- 42 (12.7%) refused due to understandable time-problems (e.g. a similar survey just before ESPAD

approached them, many exams or excursions in the relevant time period, etc.)

- 8 (2.4%) openly refused (e.g. general objection to school surveys on drugs or to the wording of some items)
  - 10 (3.0%) refused without stating why
- Thus 79 or 24% of the classes were lost.

## Field procedure

In the beginning, the schools with selected classes had been selected were contacted to ask for cooperation. If schools or classes rejected participation other schools or classes were selected and contacted in a consecutive order from the substitution list. After agreement to participate the questionnaires were sent by mail to the sampled schools. In each school a self-assigned teacher organised the survey, collected the questionnaires in a way that guaranteed anonymity to the students and returned them to the study team. The teacher stayed in the classroom while the questionnaires were completed and provided assistance if students did not understand questions if necessary and to prevent disturbances. A letter, which was sent to the schools together with the questionnaires, contained instructions to the students and to the teacher. No individual envelopes were used, but the batch of completed questionnaires was put into a large envelope, sealed in front of the students and sent back to the research institute. Most of the data collection happened in the two first weeks of April, the last questionnaires were returned at the end of May. The average age of the 1987 birth cohort was thus around 15,8 years.

## Questionnaire and data processing

The questionnaire was translated into German in collaboration with the German and the Swiss ESPAD teams. The three German versions in the 3 countries are now almost identical except for some minor country specific adaptations. The Austrian questionnaire was pre-tested with 15 students from different school types and grades. They filled in the questionnaire and were asked to add written comments concerning the wording and comprehensibility of the questions. The only difference between the German and the English version of the questionnaire was one extra question concerning the month of birth, and two additional questions 21 and 22 (21a and 21b). The wording of the questions concerning the alcoholic beverage consumption at the last drinking occasion (10–14) was changed. Since Austrian pupils are not familiar with drink

sizes in centilitres, glass sizes that are common in Austria were introduced to relate to the cultural context. To recalculate the amounts to quantities in the English ESPAD questionnaire the closed questions were changed to an open format.

The data were entered in two steps. After the first 500 questionnaires, the data set was checked for mistakes and immediate feedback was given to the person entering the data. Random control of data entries was also done. Questionnaires with more than 170 missing values or a missing year of birth were discarded. The number of discarded questionnaires was 13 in grade 9 and 38 in grade 10 (about 1%). For each person entering data some randomly chosen data sets were compared systematically to the original questionnaires. The data quality was very high (less than 1%). However, the gender distribution in the data set is uneven, with 56% boys and 44% girls. This was due to an uneven sex distribution in the 10<sup>th</sup> grade, while it was almost perfect in the ninth grade. Due to this discrepancy the data should have been weighted. The average time to fill out the questionnaire was 41 minutes.

### **School and student co-operation**

A majority of the schools and classes were positive towards the study, and the contact could easily be established and maintained. However, as mentioned earlier, 91 classes had to be added due to various reasons. There were almost no total individual refusals to fill in the questionnaire (only 4 students = 0.07%). Out of the 252 classes participating in the survey only 10 reported problems in understanding the questionnaire. These comments mainly referred to certain substances such as tranquillisers, anabolic steroids and alcopops that the students were unfamiliar with.

According to the classroom reports 76% of the classes reported no disturbances. The most common disturbances were loud comments, and in many cases questions related to the survey (see above). If problems were reported, they mostly concerned the fact that the questionnaire seemed a bit too long (with similar questions) for students with low reading skills or there were difficulties in comprehending some questions. These kinds of comments came from a minority (20 classes) and mainly from vocational and polytechnic school classes. In 95% of the classes, the organising teacher reported that a majority of the students were interested in the study, and that almost all of them seemed to work seriously. The response rate was 89%, i.e., the number

of students in the classes that participated was 6,187 and the number of students who were in school on the day that the survey was conducted and completed the questionnaire appropriately was 5,503.

### **Reliability and validity**

The inconsistency rates between equivalent questions in a single administration were rather low. The highest rates of inconsistency were observed for “having been drunk” the use of inhalants (about 5%), the use of amphetamines, the use of alcohol together with prescription drugs (4%), ever smoked (3%) and cannabis use (3%). For all other variables the inconsistency rate were around 1%.

Missing data rates on lifetime questions were overall low; the highest rates were observed for any alcohol (4%) and for “having been drunk” (2%). The latter variable had an increasing proportion of missing data concerning the 12 months window (3%) and the 30 days window (10%). The corresponding rates on “any alcohol use” were 4% and 3% respectively. The rates of inconsistent answering between lifetime, 12 months and 30 days use, were not very high for any of the included variables, 3% in relation to alcohol, 1 % in relation to cannabis and less than 1% in relation to inhalant use.

7% of the students said that they would “definitely not” have admitted the use of cannabis, while the rate concerning heroin was 11%. Markedly more boys than girls claimed to be reluctant to admit such use, for cannabis it was 10% vs. 4%, and for heroin 16% vs. 5%. The proportion answering, “I have already said I have used it” was 20%, which was very close to self-reported lifetime prevalence (21%). Use of the fictitious drug “Relevin” was reported by 1% of the students, while 11% thought that they had heard of it.

### **Methodological considerations**

School in Austria is compulsory for nine school years only, but only a minority (1/3) of those born in 1987 were obliged to be in school since enrolment is related to the time of the year the students were born. However, it was estimated that about 94.3% of the students in this age group were actually enrolled in school. This implies that the Austrian survey is representative for the students born in 1987 still in school.

The random sampling procedure per cohort and a sample-size per cohort representing the estimated proportion of the cohort in the population guarantees that the total sample is close to a representative



sample of all members of the 1987 cohort who are still in school. However, the sample is not perfectly related to class size, although an attempt to correct for the un-proportional distribution of small classes was made by the sampling of one extra class if the sampled class was smaller than average.

In Austria the technique with random replacement of refusing or non-responding schools was adopted to avoid a loss of classes. However, a large number of classes did not participate in the end, which lead to a loss of 24%. The student willingness to cooperate was on the other hand good with only 4 students refusing to participate.

The questionnaire was almost identical with the common ESPAD version, but two own questions were inserted into the main body of it (instead of putting them at the end). In addition the question on the last occasion of alcohol consumption was changed into an open format. It was assumed that it would be too difficult for the students to adapt to

response categories with unfamiliar glass sizes and alcohol content. This deviance in relation to the results of other ESPAD countries makes it necessary to put the Austrian figures for these variables under the bottom line in the tables, since they are not directly comparable with the results from other ESPAD countries.

The methodological measures such as inconsistency rates between two questions in a single administration, missing data rates and inconsistencies between lifetime, 12 months and 30 days prevalence were overall rather low. Other details, such as a loss of classes when data was collected, and an uneven sex distribution that was not weighted for, calls for a certain awareness when analysing the data. However, apart from these facts the data quality of the Austrian survey seems to be satisfactory and the survey has been completed without any major problems.

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## **Belgium**

Belgium has four language areas: The Dutch, French and German speaking areas as well as one bilingual. The latter is the capital city Brussels that includes Dutch and French speaking people. The Belgian ESPAD 03 study included two separate samples and data collections. Professor Caroline Andries and Dr. Patrick Lambrecht at the Department of Developmental and Life Span Psychology at the Vrije Universiteit Brussel were the principal researchers for the Dutch speaking areas whereas in the French speaking part of Belgium Professor Danielle Piette from the School of Public Health at the Université Libre de Bruxelles was the principal researcher.

The Belgian study was co-ordinated by Professor Andries and Dr. Lambrecht. It was the first time that Belgium participated in the ESPAD project.

### **Population**

The population consisted of all students born in 1987 going to regular schools in the Dutch and French speaking areas. Since the German speaking part of Belgium only consists of 0.7% of the population, which accounts for 35 students in a national sample, it was excluded for pragmatic reasons. Of the students born in 1987 56% lived in the Flemish community and 44% in the French speaking community.

Of all young people born in 1987 99% were enrolled in school at the time of the data collection.

### **Sample and representativeness**

Two separate samples were drawn, one in the Flemish, in which grades 9 and 10 participated, and another among French speaking students in which grades 8, 9 and 10 were included. Both samples were stratified two step samples.

Earlier school surveys have demonstrated that approximately one third of sampled schools would be expected to participate, a factor which was taken into consideration when drawing both samples.

The first step in the Flemish (Dutch speaking) sample was a systematic sample of 184 schools (of which four were never asked to participate) in four geographical areas proportional to school size. This was about three times as many schools than was calculated to be necessary to obtain the expected proportion of Flemish students (about 60 schools). Each of the schools that agreed to participate was asked to provide a list of the different programs that the school organised. These lists were used to randomly sample classes (clusters/programmes of 20–30 students). In the 82 schools that agreed to take part in the survey 212 classes (clusters) were sampled.

In the French speaking sample the first step was a random sample of 100 schools stratified by geographical area. Since it was expected that many schools would refuse to participate, two “reserve samples” with another 100 schools each were sampled in the same way. In sampled schools that accepted to participate the headmaster sent a list of all grade 8, 9 and 10 classes. The second step was a random sample of classes from these lists.

The Belgium sample is said to be self-weighted and representative for all 1987 born students in participating grades, which include 95% of all students born in 1987.

### **Field procedure**

Headmasters in sampled schools were contacted and asked to participate in the study. Headmasters that accepted to participate were asked to send a list of all classes in participating grades as well as appointing a “school co-ordinator”.

In the French speaking community the questionnaires as well as all relevant material were sent to the school co-ordinators, who were responsible for giving the relevant material and information to the teacher(s) to enable them to conduct the data collection. Data collection in the Flemish schools was conducted by 15 trained research assistants.

Before data collection, students were informed in line with the ESPAD protocol. The students participated in the survey under the same conditions as a written test. When the questionnaires were completed the French speaking students put their questionnaires in individual envelopes while the research assistants in the Dutch speaking schools collected the questionnaires and put them all in one large class envelope.

The Flemish data were collected between March and May and the Walloon data in April and May, which gave an average age of 15.8 years. The average time to complete the questionnaire was 40 minutes in the Flemish schools and 50 minutes in the French speaking schools.

### **Questionnaire and data processing**

All core questions were included in the Belgian survey. In addition, to this core segment the Dutch questionnaire contained modules A (Integration) and C (Psycho-social measures) as well as three extra questions that amounted to an extra 35 variables. The French version of the questionnaire included module A (Integration) as well as all but one of the questions in module B (Mainstream). It also contained another 23 questions that amounted to 120 variables.

Since Belgium borders the Netherlands the category “coffee shop” was added to the question on where the students think they can buy cannabis (Q33). This is further commented on in the result section of this report.

The Flemish questionnaire was pilot tested on 38 students in four classes. The test resulted in some minor changes in the introduction as well as in the instructions of the questionnaire. The French speaking questionnaire was pilot tested on 32 students in two classes.

The data entry was checked. In the Flemish part this was done by re-entering every 20<sup>th</sup> questionnaire, which showed that less than 0.1% of mistakes were made during the data entry process. In Walloon, the quality check was done by a research assistant that regularly observed the data entry.

Data were not weighted.

### **School and student co-operation**

Prior to any ESPAD data collection it was already apparent that there were complaints from secondary schools in relation to number of requests to participate in such surveys. Hence, the researchers expected a large non-response and to reach the ESPAD goal of at least 2,400 participating students there was “heavy oversampling” of the number of schools.

In the Dutch speaking part 82 out of 180 sampled schools agreed to participate in the survey. In the French speaking part the corresponding number was 59 from a sample of 100 schools (and two “reserve groups” each of which contained 100 schools). Of the 141 schools that agreed to take part in the survey only 131 actually did so.

In these 141 schools a total of 442 classes were supposed to participate. At the end of the field procedure data were available from 390 classes. In addition to this it should be acknowledged that in 7 Dutch and 10 French speaking schools a selected class that did not participate was replaced by another “similar” class.

The major reason why schools did not take part in the study had nothing to do with the fact that it was a survey about alcohol and drugs but rather that Belgian schools are asked to participate in too many surveys and as a result do not accede to all requests.

In the Dutch speaking community all schools were asked to fill in a form that contained information about the number of students in the grades included in the survey. The analysis of these forms



does not indicate any major differences between participating and non-participating schools.

Seven Dutch speaking students refused to participate. (The corresponding figure is not available from the French speaking community.) In the scrutinising process 13 questionnaires (0.5%) were excluded in Flanders (including questionnaires from participating students not born in 1987). In the French speaking area 22 questionnaires from participating students born in 1987 were excluded.

The response rate, measured as the proportion of participating students in participating classes, was 93% in Flanders and 74% in Walloon, which gave a country average of 81%.

All students in sampled classes answered the questionnaire. However, only data from students born in 1987 were included in the ESPAD report.

Information from the data collection leaders was only available from the Flemish area. About four out of 10 (41%) reported that there were no disturbances during completion of the questionnaires while 45% reported that this happened in a few cases by a few students. Of all survey leaders about one out of three (34%) answered “other comments” and 25% reported giggles or eye makings to classmates.

A large majority of the survey leaders (92%) reported that “all”, “nearly all” or “a majority” of the students were interested in the survey (80% answered “all” or “nearly all”). About the same proportion answered that they found that the students worked seriously (93 and 78% respectively).

The over-all assessment of student co-operation was judged to be “rather good” and that student comprehension was satisfactory.

### Reliability and validity

Reliability measured by inconsistency rates between two questions in a single administration was highest for the variables “been drunk” and “cannabis” (6% each). It was lower for cigarettes, inhalants and tranquillisers and sedatives (3–4%) and even lower for other illicit drugs and anabolic steroids (1% each).

Missing data rates were low for different kinds of drugs (1–2%). It was also low for core and module questions (2–3%) but a bit higher for own questions (7%) as they were situated at the end of the questionnaire and some respondents ran out of time. For the questionnaire as a whole 3% of the questions were unanswered.

The inconsistency rates between life time, 12 months and last 30 days prevalence rates were a

little higher for the two alcohol variables (2–4%) than for inhalants and cannabis (0–1%).

For cannabis 5% of the students answered “definitely not” on the question “If you had used marijuana or hashish, do you think that you would have said so in this questionnaire?” The corresponding figure for heroin was a bit higher (8%). On this “willingness question” 22% answered that they had already said that they had used cannabis, which was lower than the prevalence figure (32%).

Eight percent answered that they had heard about the dummy drug NTSC/BKR (which was used instead of relexin). However, only 0.3% said that they had used it.

### Methodological considerations

From earlier experiences it was well known to the Belgian ESPAD researchers that many schools are asked too often to participate in surveys. Hence, it was expected that many schools would refuse to participate in the ESPAD study. To “compensate” for this the sample in the Flemish community included as many as 184 schools, while the researchers in the French speaking community choose to have two reserve samples, each of which was as large as the original sample of 100 schools as the solution to this particular problem.

Of the Flemish schools 82 agreed to participate (46%) and among the French speaking 59. Of these 141 schools data were finally collected for 131. In the 141 schools 442 classes were sampled to participate, of which 390 did so in the end. In an ESPAD context the proportion of non-participating schools was high. However, it should be noted that a comparison between participating and non-participating schools in the Dutch speaking area did not indicate any important differences. Unfortunately, this type of information was not available from the French speaking part.

The low number of participating schools is “normal” for the Belgian situation. The major reason has to do with the autonomy of local school heads and with the fact that Belgian schools are overloaded with school surveys. It is not related to the content of the survey.

Analysis from earlier school surveys indicate that it is unlikely that participating and refusing schools differ in a systematic way. In combination with what is mentioned above, this indicates that the large number of non-participating schools should not jeopardise the possibility for comparisons with ESPAD data from other countries. However, some uncertainty still remains.

The proportion of participating students in participating classes was 81% in the country as a whole. The response rate was higher in the Flemish schools (93%) than in the French speaking community (74%). This relatively low figure is among the lowest in the whole ESPAD study.

Few students refused to participate and relatively few questionnaires were rejected. On the other hand, there were relatively more survey leaders in the Flemish schools that reported some kind of disturbances during the completion of the questionnaire than among survey leaders in other countries. A plausible explanation for this from the Flemish ESPAD researcher is that data in the Flemish areas were collected by research assistants. In the training they received, they were informed that they should note all disturbances, which made them very observant. It was also commented that research assistants, compared with teachers that are used to have “normal disturbances” in the classrooms, have a lower “tolerance level”. Hence it seems reasonable to assume that the disturbances during the data collection were not more serious in Flanders than

in most other parts of Europe. Such a conclusion is supported by the fact that a very large majority of the survey leaders reported that the students were interested and worked seriously.

No information from the classroom reports is available from the French speaking schools. Even though there are sufficient reasons to believe that the situation is similar in this community as in the Dutch speaking areas, this cannot be taken for granted.

The reliability and validity measures do not indicate any major problems.

In summary, a large proportion of schools and classes refused to participate and that some information was not available from the French speaking schools, would suggest that the uncertainty might be higher in Belgium than in most other ESPAD countries. However, it seems reasonable to assume that the methodological complications are not sufficient to cause major problems with comparisons with other ESPAD countries. On the other hand, some caution is recommended.

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## **Bulgaria**

Anina Chileva, psychologist at the National Centre of Public Health in Sofia co-ordinated the Bulgarian ESPAD survey. Bulgaria also participated in the 1999 ESPAD survey.

### **Population**

In Bulgaria children start going to school at 6 or 7, depending on the parents' decision. Thus, students born in 1987 are to be found in 9<sup>th</sup> or 10<sup>th</sup> grade as well as in 1<sup>st</sup> and 2<sup>nd</sup> grade in secondary technical and vocational schools. There was no information available with respect to the proportion of students born in 1987 found in different grades. School attendance is compulsory in Bulgaria until grade 8 of secondary education. It was estimated that approximately 72% of the 1987 birth cohort were in school in Bulgaria in May 2003.

### **Sample and representativeness**

Data from the Ministry of Education and The National Institute of Education revealed that students born in 1987 were taught in 1041 schools, of which 17 were high schools (gymnasiums), 94 specialised language high schools (specialised gymnasiums),

463 were secondary general education schools, 334 secondary technical schools, 118 secondary vocational schools, and 16 secondary sport schools.

Reliable information on class size or lists was not available. Thus, a two stage random sample of schools and classes was drawn. The sample of schools was drawn with a probability related to size, but classes were drawn with equal probability using the SPSS random number generator.

To generate a sufficient sample with students born in 1987 a total number of 278 classes including 6,547 students was drawn. The net sample consisted of 2,739 students born in 1987.

### **Field procedure**

A recommendation letter from the Ministry of Education served both as permission for the conduct of the survey in school and also ensured the support of the school administration.

It was decided that people not affiliated to the school, in order to better guard students' anonymity and thus facilitate the collection of quality data, should conduct the survey.

One of the best-operating networks in the coun-

try is the Bulgarian Public Opinion Centre, with specially trained supervisors in all 28 regional centres of Bulgaria. Each has a local network of research assistants with a vast experience. The supervisors were provided with all necessary information and material. In addition they were supported via telephone link throughout the data collection period. The supervisors organised a half-day training workshop for the research assistants to acquaint them with the instructions, and to provide them with support letters, questionnaires and envelopes.

A school staff member who also assisted in the completion of the classroom report following which he/she left the classroom introduced the research assistants to the class. The class answered the questionnaire under the same conditions as required for a written test. The study was conducted during the period May 15–26, which gave an average age of 15.9 years.

### **Questionnaire and data processing**

All core questions (except cider/alcopops and GHB) and the modules A–D were included in the Bulgarian version of the questionnaire. The questions that were omitted involved those that were based on substances not available in Bulgaria. No country specific question was added.

The new parts of the ESPAD questionnaire were translated into Bulgarian by two independent translators and both versions were used for the Bulgarian edition. Later on, another specialist did back translation into English, the two English versions were compared and the final version was printed. There was no time for pre-testing of the questionnaire, but in the main it was the same as that used in the 1999 study.

Data verification was augmented by direct comparison with source documents and by logical cross-checking. The SPSS DE was used for data input and SPSS v. 11.5 for analysis.

### **School and student co-operation**

Co-operation with school staff as well as with the students was very good. Only one school director from a private school refused to participate. This school was not replaced. No class refused to participate. 11 students from 5 classes refused to participate at the beginning of the survey and left their questionnaires blank. 22 questionnaires were excluded due to inconsistent answering.

The data collection leaders reported disturbances during completion of the survey from about half of the students in 1.8% of the classes, and from more

than half of the students in 1.1% of them. Most common disturbances were “giggles or eye makings to the classmates” (30%). Loud comments were observed in 14% and other comments in 9% of the classes. Loud comments were mostly connected with unknown illicit drugs and with some jokes about alcohol and drug use. Other comments reported were connected with the meaning of different questions, and with some questions on the process of filling in the questionnaire. However, in 56% of the cases there were no disturbances during completion.

Moreover, the data collection leaders reported that all of the students were interested in the survey in 59% of the classes and that the students worked seriously in 66% of them.

As in the 1999 study, two common problems were reported. The first related to the fact that some of the students had difficulties in understanding some of the questions. These difficulties appeared in classes with students with lower ability, and in classes with students from minority groups who had some language problems. The second problem reported in a few cases was that the questionnaire was too long and thus some students lost interest by the end of the session.

Despite these problems the main impression was that student comprehension was good. In most cases students were interested to know of the outcome at the end of the research process.

The response rate was 85% and the average time to complete the questionnaire was 51 minutes.

### **Reliability and validity**

The inconsistency rate between two questions in a single administration was highest in relation to drunkenness (12%), but also somewhat high for smoking cigarettes (8%) and cannabis use (7%). For inhalants use it was lower (3%) and for all other illegal substances or behaviours it was 2% or less. Inconsistency rates were generally somewhat higher amongst the boys than amongst the girls.

The missing data rates were overall rather low. The highest rates were observed in relation to alcohol. However, the percentage for lifetime use of alcohol was somewhat higher (6%) than for 12 months and 30 days use (5% both). For the variable “been drunk” the reverse pattern was observed – the missing data rates for lifetime were 4%, while for 12 months and 30 days it was 5 and 6% respectively. For smoking cigarettes it was 2% for lifetime and 1% for 30 days use. For both cannabis and inhalants the missing data rates were lowest in

relation to lifetime use (1% both), than for 12 months or 30 days prevalence rates (4% for each). For all other variables the missing data rates were 2% or less.

The average number of unanswered core questions was 18 (6%) but lower for module questions (3%). The total figure was 5%. No gender differences were observed.

The inconsistency rates between lifetime, 12 months and 30 days prevalence were highest for alcohol (10%) and for drunkenness (9%) for all respondents. The rates for cannabis use were less than 1.5% and for the use of inhalants less than 1%. The gender pattern shows that the girls gave somewhat more inconsistent answers to questions regarding drunkenness and cannabis use than the boys.

About 8% of the students answered that they would definitely not admit use of cannabis and a more or less same percentage (9%) claimed that they would not admit heroin use. There was a clear gender difference both in relation to cannabis (10 vs 5%) and heroin (13 vs 5%). The proportion of respondents who answered that they already said that they had used cannabis was only slightly higher than the lifetime prevalence figure (23 vs 21%).

The proportion reporting use of the dummy drug *relevin* was very low (1%). However, 10% of the students claimed that they had heard of such a drug.

### **Methodological considerations**

The survey in Bulgaria seems to have functioned very well without any major difficulties. The sample was carefully drawn from all types of schools where students born in 1987 were taught. However, the sample only included students still enrolled in some form of schooling (72%), which implies that the results cannot be generalised to the

whole birth cohort. The sampling of schools was done randomly with a probability proportional to school size while the selection of classes was simply random, i.e. each class had the same probability of being selected regardless of size. It should be noted that the sample resulted in a better representation of the age cohort in question than in 1999, as the sample this time covered all grades (4) where students born in 1987 were taught. The cooperation with the schools was good with then result that only one school refused to participate but no class did so.

Students' cooperation was also good and the majority of the students expressed a positive attitude. Only a small number of questionnaires were excluded as a consequence of invalid data.

The reliability and validity measures are indicative of a rather good quality data set. The inconsistency rate between two questions in a single administration was, however a bit high for questions on drunkenness (12%). A suggested explanation that emerged in the country report from Bulgaria was that there is a difference in the Bulgarian language between "being drunk" and "getting drunk". The former refers to a more unconscious state than the latter, and this in part may provide a reason for the high rate.

Other methodological measures suggest a relatively good quality data set. The missing data rate was rather low. It is difficult to explain, however, why the rate of missing data was higher for the lifetime use of alcohol, than on the 12 months and 30 days prevalence on the same variable. Usually it is the opposite, which was the case for the other variables analysed. A relatively high (5%) number of unanswered questions should be noted. The overall impression, however, still remains; the Bulgarian study was well designed and that data provided most probably are both reliable and valid.

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## **Croatia**

Dr. Marina Kuzman, Social Medicine Department at the National Institute of Public Health, Zagreb was responsible for the Croatian survey. Croatia also participated in the 1995 and 1999 ESPAD studies.

### **Population**

The population consists of all students born in 1987 and enrolled in the first and second grades of sec-

ondary education in Croatia. According to the Ministry of Education approximately 95% of the age cohort born in 1987 were in school in March 2003. The population was split between two grades, with approximately division of 70% in the first and 30% in the second grade. Croatia is divided in 21 counties. In each there are schools of every type, except for the absence of secondary schools on small islands and in sparsely populated areas.



## Sample and representativeness

The survey was conducted in the whole country. There are three types of secondary education in Croatia: Gymnasiums, Vocational 4-year and Industrial/Craft 3-year. Both grades (1 and 2) in each type of education were included in the sampling frame. The administrative division of geographical areas was disregarded in relation to sampling. For both grades three lists of classes were made and according to the average number of students in each class, using a random sampling method, the number of classes (238) sufficient to cover up to approximately 3,200 students was selected. The sample was a simple random sample of classes where each class had the same probability to be chosen. According to the number of responding students born in 1987, it was assumed that 97% of the cohort was covered. The male/female ratio was the same as the gender ratio of the whole generation.

## Field procedure

After that the sample was drawn all schools were contacted by telephone to inform about the survey and to ask them to participate. All of them agreed. The questionnaires were packed in paper boxes together with a letter of approval from the Ministry of Education and other informational material and were sent to the schools. The boxes were pre-coded as well as classroom reports, but not the questionnaires. School counsellors or class-masters collected the data. After filling-in the questionnaires, students were instructed to put them into envelopes and to seal them and hand them to the school counsellor. He/she completed the classroom report and put everything together in the same paper-box and returned it to the research institute. Data was collected in the period 1–15 April 2003, which gives an average age of 15.8 years. The response rate was 90%.

## Questionnaire and data processing

The previous ESPAD questionnaire was used as a base; a professional interpreter translated only changes or amendments. A person at the research institute did back-translation. Cider was excluded as it was considered inappropriate for the Croatian students. As in earlier studies, questions were added on parental behaviour regarding smoking, drinking etc. The questionnaire was not pre-tested. However, the questions on alcohol consumption on last drinking occasion caused difficulties among the students. It seemed to provoke over-estimation

even among students who otherwise take the study seriously.

The packages from two classes in one school arrived very late and as it was uncertain if they had collected the data during the recommended period they were excluded from the data set. During the coding process year of birth and gender were checked. At this stage two to three questionnaires from each class were randomly selected and checked whether they were properly filled in. During data processing 16 questionnaires were excluded, as they were almost empty or obviously poorly filled. Data was not weighted. The Access software was used for data entry.

## School and student co-operation

All schools and classes expressed willingness to participate in the study. None of the students refused to participate. According to the classroom reports the student co-operation was very good. Only 5% of the classes reported any disturbances. In cases of disturbance all kinds were reported such as loud comments, giggles or eye makings or other kind of comments. Half of the survey leaders reported that all students were interested and worked seriously and another half reported that nearly all did so. The average time to complete the survey was 45 minutes.

## Reliability and validity

The inconsistency rate between two questions in a single administration was highest for “been drunk” (7%), use of inhalants (4%), cigarette smoking, use of cannabis, tranquillisers or alcohol together with pills (2% each). For other substances the corresponding figures were around 1% or less. The proportion of unanswered questions was generally very low, 1% or less, but the missing data rates increase in relation to prevalence period, i.e. the 30 days prevalence questions have a slightly higher rate of missing data than the lifetime prevalence. The average number of unanswered questions was 1% for core questions, but somewhat higher for module questions (2%) and own questions (4%). The mean value for all questions was 1%.

The rates of inconsistency between answers to lifetime, 12 months and 30 days prevalence questions were generally low on any of the variables concerned. The highest value was observed in relation to alcohol (about 3%), but for cannabis use it was 1% and for use of inhalants less than 0.5%.

The proportion that answered that they would not admit cannabis use was 12%. The proportion

among boys was significantly higher (19%) than among girls (6%). The same is true in relation to heroin (15%), where the proportion among boys was 24% and among girls 7%. The proportion that answered on this question that they already said they had used cannabis was only somewhat lower (19%) than the actual prevalence figure (22%).

### **Methodological considerations**

The sample for the Croatian study was well designed and included both grade 1 and 2 in all three types of secondary education. This was an important improvement compared to the earlier studies, which were restricted to only one grade. The two grades were estimated to cover 97% of the age cohort. Since it was only possible to draw the classes as a simple random sample where each class has the same probability to be drawn, small classes might be over-represented in the sample.

The co-operation with the schools was very good. The two (out of 238) non-participating classes were

those, which were sent to the research institute very late in the process and therefore excluded from the analysis. The proportion of unanswered questions was low. No present student refused to participate and the number of out-sorted questionnaires because of bad data was low. Overall, as the classroom reports indicate, the study seems to have functioned very well in Croatia.

As for the methodological measures such as inconsistency rates and unanswered questions the quality of the study should be considered very good. A somewhat high percentage of students not willing to admit cannabis or heroin use is more obvious among boys than among girls. However, the proportion that on this “honesty” question answered that they already had said so in the questionnaire was not too different from the proportion that reported use in other parts of the questionnaire.

Generally, the survey seems to have functioned well and can be assumed providing reliable and valid data.

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## **Cyprus**

Dr Kyriacos Veresies at the organisation KENTHEA and Dr Andreas Pavlakis at the Ministry of Education, Cyprus were responsible for the Cyprian study. Cyprus also participated in the 1995 and the 1999 studies.

### **Population**

The target population consists of all students who turned 16 in the calendar year of 2003 and who were registered in public schools (lyceums, vocational schools, hotel schools), at the time when the survey was conducted. The students born in 1987 were to be found in two grades 1<sup>st</sup> and 2<sup>nd</sup> in lyceum since they enter the school system in relation to the month of birth. In grade 1 about 90% was born in 1987 and in grade 2 about 67%, some of which were in the lower grade were repeaters. Of the total birth cohort 74% were to be found in secondary in public schools. Of the students in those two grades 81% were born in 1987.

### **Sample and representativeness**

The sample of classes was drawn from grades 1–2 in secondary public schools. The sample was planned to include 108 classes from lyceum, 24 from technical schools and 3 from hotel schools. However, due to

a smaller class size than average in technical schools, these were over-sampled (34 in total) to compensate for this. Generally, the average class size is 25 students. However, the class size in hotel schools is smaller (16).

The sample was drawn as a simple random sample regardless of class size. As the average class size in lyceum is even and the technical schools were over sampled the sample is representative for these grades. However, the hotel schools are under-represented in number of students.

### **Field procedure**

In the autumn 2002 an official letter was sent to the Ministry of Education asking for permission for the administration of the questionnaires in schools. The Ministry subsequently communicated the approval of the study implementation to school directors regarding the study and their expected role in it. Research assistants contacted the school directors by telephone prior to their visit to the schools in order to arrange appointments for the administration of the questionnaires. During the administration period, and mainly the first two weeks, several regular meetings were held involving research assistants and the core research team to

discuss issues related to the implementation of the study. The survey was scheduled for two lecture periods, i.e. 90 minutes. A research assistant supervised the data collection. No teacher was present in the classroom during administration. The filled-in questionnaires were placed in special folders in a way that safeguarded the anonymity of the respondents. The data collection took place during March–April 2003, which gives an average age of 15,8 years.

### **Questionnaire and data processing**

The questionnaire contained almost all ESPAD questions, except the question on cider and the question on 12 month and 30 days prevalence of illicit drug use. In addition the module C, (psycho-social) was included. All questionnaires were checked prior to data entry. All invalid questionnaires were discarded based on a number of criteria such as: no date of birth specified, too many inconsistencies, strong indications of open or covered refusals in disclosing personal information (e.g. too many unanswered questions. Exaggerated replies, systematic selection of specific replies, written comments on the questionnaire, etc.), other reasons (e.g. students failure to understand large sections of the questionnaire, incomplete questionnaires, etc.)

### **School and student co-operation**

The cooperation with the schools was very good. No major disturbances were reported and the students seemed interested and co-operative. Based on the classroom reports 92% of the classes reported no disturbances. In classes where disturbances were reported those were equally divided in giggles and comments or other kind of comments. An absolute majority of the students were reported to be interested and working seriously. The average time to complete the survey was 57 minutes.

### **Reliability and validity**

The inconsistency rates between two questions in a single administration were overall rather low. The highest was observed in relation to “been drunk”

(5%) and smoking (4%). For cannabis it was 2%, inhalants 7% and tranquillisers or sedatives 4%. Other drugs around 1%. The rates of inconsistent answering were somewhat high for any alcohol (10%) but lower for been drunk (4%). For inhalants it was 2% and for cannabis 1%.

The missing data rates were overall low. For lifetime use of alcohol it was 2%, for 12 months it was unchanged and for 30 days prevalence only slightly higher (3%). For smoking it was 0.1%, for lifetime prevalence of being drunk 1% and for 30 days prevalence only somewhat higher (2%). For other illicit drugs it was overall very low (0.2%). The average number of unanswered questions was not calculated. The willingness to admit drug use was relatively good. About 6% would definitely not admit neither cannabis nor heroin use. The number of students that answered that they already had said they used cannabis was only slightly higher (6%) than the proportion, which in the question reported such use (4%). Only 0.3% reported use of the fictitious drug “relewin”, while 10% thought that they had heard of it.

### **Methodological considerations**

Overall the Cyprian survey seems to have been well functioning. No problems were reported and the results on the methodological measures do not flag for any important reliability problem. It has, however, been very difficult to establish the representativity of the sample. Since the average class size of the main part of the sample (lyceums) is very even and the technical schools were over-sampled to correct for smaller class size the main part of the sample seems to be satisfactory representative. The hotel schools, however, are under represented and would have needed to be weighted. In relation to the total sample they would however still have limited influence on the results. Other methodological measures such as inconsistency rates and missing data rates point at a quite good data quality. There are no reasons not to consider the Cyprian study valid and reliable.



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## ***The Czech Republic***

Dr. Ladislav Csémy at the Prague Psychiatric Centre was responsible for the survey in the Czech Republic. The Czech Republic also participated in the 1995 and 1999 ESPAD surveys.

### **Population**

The target population consists of students in the level of secondary education born in 1987. Approximately 95% of the pupils in elementary education continue to studies in secondary education. However, elementary education in the Czech Republic starts with those who achieved the age of six before the 1<sup>st</sup> of September each year. This means that of the 1987 born cohort, only 65–70% have entered secondary school. As a complementary study within the project pupils born in 1985 were also surveyed.

Most of the students born in 1987 were to be found in gymnasium – grammar schools (students who are expected to continue their studies at university), secondary with leaving exams (students are prepared for employment, but may also enter at university), and vocational schools (qualified skilled workers). Available information related to the school year 2001/2002 gave the number of 346 gymnasia, 813 secondary schools with leaving exams and 570 vocational schools. The total numbers of students were 21,415.

### **Sample and representativeness**

The sample is a multistage random stratified sample, including selection of schools by region (14 regions) and school type (3 types). The required number of classes from respective type of school in a given region was set up according to information about the distribution of students born in 1987 in the regions and the proportion of students in the three types of education in each region. The schools were chosen randomly from the list by using the SPSS program for random selection of cases. To enhance the probability for larger schools to be drawn, each school with 3 or more classes was represented twice in the list (the majority of secondary schools have 2–4 classes in each grade). A total number of schools (and classes) in the sample was 180, resulting 5 048 students.

### **Field procedure**

As in previous ESPAD surveys in the Czech Republic, a professional company specialised in survey research for the health care sector (INRES-

SONES) undertook the data collection. The headmaster in each school received two informational letters asking them for co-operation, one of which was signed by the director of the National Drug Commission, and the second was a supporting letter from the Ministry of Education.

Of the existing network of interviewers at the data collection company 104 persons participated in the data collection. The teachers were allowed to be present, but the data collection procedure was fully in the hands of the research assistants. Data was collected during April 3 through 16 except in 2 schools, which were allowed to do their data collection in May/June. If those classes are disregarded the mean age of the Czech participants was 15.7 years.

### **Questionnaire and data processing**

The questionnaire consisted of all ESPAD core questions and the larger part of the psychosocial module (25 variables) as well as own questions (36 variables). The questionnaire was not piloted, mainly due to limited time and economical resources. However, only a minor part of the questionnaire was new compared to the 1999 survey, and these parts were translated under supervision of a professional interpreter.

Of the total number of 3,195 questionnaires answered by students in the target age group 23 were discarded because of apparently invalid data or because of a large number of missing values. A validation of the data input by double-checking 303 questionnaires revealed a very small error frequency (0.15%).

### **School and student co-operation**

The data collection was carefully prepared and was functioning without any problem. None of the selected schools refused to co-operate, to a large extent probably because of personal interventions and phone calls. No present student refused to participate.

In two thirds of the classrooms no disturbance was reported and in another third only few students were reported to have disturbed the data collection in class. Moreover, according to the data collection leaders a vast majority of schools participated in the study with interest and 92% of the classroom reports indicated that “all” or “nearly all” students were interested in the survey. In the classes where disturbances were noted it was mainly a matter of

giggles or eye makings to the classmates. It was stated that the majority (88%) also worked seriously with the survey. However, many students thought the questionnaire was too long. The average time to complete the questionnaire was 47 minutes.

### **Reliability and validity**

The inconsistency rate between two questions in a single administration is highest for non-prescribed tranquillisers or sedatives (5%) and the use of inhalants, cannabis or “been drunk” (3%). For smoking, or the use of LSD and alcohol together with pills the inconsistency rate was 2%. The corresponding values for other drug use was lower (less than 1%).

Missing data rates on drug related questions were low, the highest were found in relation to any alcohol use and “been drunk” (2%). The average number of unanswered questions was 2% (core questions 1%, module and own questions 4%).

The rate of inconsistent answering on lifetime, 12 months and 30 days questions respectively was low both for alcohol (any alcohol 2%, been drunk 1%) and other drug use (cannabis and inhalants less than 1%). The proportion that answered to the “honesty question” that they “definitely not” should have admitted cannabis use was rather low (3%), but higher for boys (5%) than for girls (2%). The corresponding value for heroin use was higher (7%) but with the same gender difference (10 vs. 4%). The proportion that on this question answered, “I already have said I have used it” was 37% for cannabis and 5% for heroin. These numbers can be compared with the lifetime prevalence for these drugs, which was 44% and 1% respectively. A very small percent of the students reported use of the dummy drug “relewin” (0.2%), while 9% claimed that they had heard of it.

### **Methodological considerations**

Compared to the two previous data collections in 1995 and 1999 the geographical coverage of the sample was improved in this survey, since all regions were represented in the sampling frame. The drawing of the sample could, however, have been better related to the total number of classes. As it was, those schools with a number of classes greater than 2 were represented twice in the drawing list (most schools had 2–4 classes in the actual grade). This means that all classes didn’t have the same chance to be chosen, but the probability is not directly related neither to school nor class size. If a distinction between schools with different number of classes should be made, it would have been preferable to list all classes in the sampling frame and to let the random technique work fully. The fact that class sizes were not known means that each class had the same weight regardless of size and small classes are over-represented in the sample. Another fact, that makes the Czech sample somewhat less representative is that only 65–70% of the actual age cohort have entered secondary school.

Despite these problems the Czech sample probably reflect approximately the student cohort under study. Apart from this, the data collection seems to have been successful and no class or individual student refused to participate.

The reliability and validity measures did not indicate any problems; all these values were generally low. The deviant outcome when comparing lifetime prevalence of cannabis and heroin, with the honesty question is difficult to interpret. A possible explanation could be that some students misinterpreted the honesty question. The overall impression is, however, that the survey resulted in reliable and valid data.

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## **Denmark**

In Denmark, Dr Svend Sabroe, Department of Epidemiology and Social Medicine, Aarhus University and Dr Kirsten Fonager, Department of Social Medicine, Aalborg Hospital were responsible for the ESPAD study. Denmark also participated in the 1995 and 1999 ESPAD studies.

### **Population**

The target population consists of all students in Denmark born in 1987. More than 98% of all chil-

dren born in 1987 were still in school at the time of the data collection.

### **Sample and representativeness**

Of all students born in 1987 about 85% were found in grade 9, about 10% in grade 8 and the last 5% in grade 10. Like in the 1995 and 1999 surveys data collection was limited to students in grade 9. They were found in public schools as well as private and boarding schools.

The sampling frame consisted of six strata. Four of them were public schools where the stratification variables were size of the municipality and school size. The fifth stratum was private schools while boarding schools was the sixth. In the four strata of public schools, classes were sampled in proportion to the number of classes. In the last two strata sampling was made at school level since these schools are often not organised into classes. In these schools as well all grade 9 students were sampled. In the first four strata 10% of the classes were included in the sample, all together 214 classes. Stratum 5 contained 41 schools and stratum 6 33 schools.

Within each stratum each class (strata 1-4) and school (strata 5-6) had the same sample probability. In practice this meant that students in small classes and schools were over-represented in the samples. It is stated in the country report that there are usually no large differences in the sizes of the classes in Denmark. It is also worthy of note that the ESPAD 99 study did not indicate any important differences in alcohol and drug habits between students in small or large schools in the two samples.

The sample was done in the same way as in 1995 and 1999 and is considered representative for all grade 9 Danish students born in 1987.

### **Field procedure**

The selected schools were contacted in January 2003 by a letter to the principal. It contained an inquiry form as to whether the school wanted to participate or not. It also contained a request for information on the name of the class teacher in the sampled classes. Two weeks before the data collection all relevant material was sent to the teacher.

The students answered the questionnaire under the same conditions as a written test. The average time used was 37 minutes. After completion, the questionnaires were put in individual envelopes. Data were collected under the supervision of the class teacher and was performed between March 6 and May 2, 2003, which gives an average age of 15.8 years.

All students in grade 9 participated. However, the ESPAD report only includes data from students born in 1987.

### **Questionnaire and data processing**

All core questions were asked except two (play on slotmachines and the consumption of cider). The questionnaire also contained the Integration module and two questions from the Mainstream module

as well as 8 new questions. The new questions were translated and back translated. No pre-test was done.

Questionnaires with many strange comments or extremely many outliers were flagged and checked manually by the research team. In the national report it is evident that students in private schools were underrepresented. However, national data were not weighted.

### **School and student co-operation**

Of the 74 sampled private and boarding schools 39 participated in the study. In the sample of 214 classes in public schools 140 took part in the survey. Non-participating schools or classes were not replaced.

The research team made a phone call to all schools that did not return the letter, which resulted in another 18 schools accepting the invitation to participate. The most common explanations for non-participation were that the schools did not have the time and that they had received many inquiries to participate in lifestyle surveys.

In the national report it is stated that there are “no indications that non-participating schools should be associated with a different level of alcohol consumption or drug use...”. The assumption is mainly based on the information in the paragraph above and on the fact that no school mentioned alcohol or drug consumption as a reason to refuse. One other aspect mentioned is that the schools had not seen the questionnaire in advance so they did not know that all the detail of the content on alcohol and other drugs.

No present student refused to participate. The response rate was 90%. Very few questionnaires (0.3%) were eliminated during the scrutinising process.

Most teachers (84%) did not notice any disturbances during the data collection while 13% reported that this happened only among a few students. The most common reported disturbance was “other kinds of comments” (9% of all classes) followed by loud comments (8%) and giggles or eye makings (7%).

In nearly all participating classes (99%) the survey leaders reported that “all”, “nearly all” or “a majority” of the students were interested in the study (95% answered “all” or “nearly all”). The corresponding figures on the question whether the students worked seriously were 100 and 99% respectively.

## Reliability and validity

The inconsistency rate between two questions in a single administration was highest for cigarettes and inhalants (3%) and lowest for all other substances (0–2%).

Missing data rates on some drug related questions was highest for the variables been drunk and alcohol consumption (3%) and 0–2% for other drugs. Looking at the questionnaires as a whole, 1% of the questions were left unanswered.

The rates of inconsistent answers to questions about use in lifetime, last 12 months and last 30 days were low (0–1%) for all 4 drug related variables.

For cannabis 3% of the students answered “definitely not” on the question “If you had used marijuana or hashish, do you think you would have said so in the questionnaire?”. The corresponding figure for heroin was about the same (5%). On the “willingness question” 20% answered that they had already said that they had used cannabis, which is close to the reported proportion (23%).

Six per cent answered that they had heard about the dummy drug relevin. However, only 0.1% said that they had used it.

## Methodological considerations

No student refused to participate, the number of eliminated questionnaires was very low, nearly all survey leaders answered that the students were interested in the study and worked seriously. Nearly all comments from the teachers were positive. Hence, available information indicates that student co-operation was good.

None of the reliability and validity measures indicate any major problems in the Danish ESPAD study.

The sample probably included an overrepresentation of students from small classes (strata 1–4) and schools (strata 5–6). However, this does not appear to be a major problem since there are no big

differences in size between small and large classes and since the 1999 Danish ESPAD survey did not report any significant differences in alcohol and drug habits between students in small and large schools in the two samples. Hence, the sampling of classes in public schools and of schools in the two strata of private and boarding schools seems to have functioned without any problems of note.

The high non-response rate is a concern. 74 out of 214 classes in public schools (35%), 21 out of 41 private schools and 14 of the 33 boarding schools did not participate in the data collection exercise. Taken together this implies that 38% of the sampled units refused to take part in the study. Even if these figures are high it should be appreciated however that they are lower than those reported in the 1999 Danish ESPAD study.

Schools that did not respond to the first contact were contacted by telephone. The main reason for them not to participate was that they did not have the time and that they had taken part in many other surveys. A comparison between participating and non-participating schools did not indicate any systematic differences. Once again, taken together this indicates that the relatively large number of non-participating schools and classes probably did not cause any major problems as far as representativeness is concerned. However, some uncertainty still remains.

Of all 1987 born students about 85% were to be found in grade 9, while the others were mainly in grade 8 (about 10%). Hence, the sample is representative only for 1987 born students in grade 9 (with some uncertainty related to the relatively large number of schools and classes that did not participate).

It seems reasonable to assume that the Danish data are comparable with the results from other countries. However, the relatively large number of classes and schools that refused to participate must be borne in mind.

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## Estonia

Airi-Alina Allaste, from the Institute of International Studies, Tallinn Pedagogical Institute was responsible for the conduct of the Estonian study. Estonia also participated in the ESPAD studies in 1995 and 1999.

## Population

The population consisted of all students born in 1987 in grades 8, 9 and 10 in basic and secondary

schools. Since there were rather few students in evening and vocational schools they were excluded from the survey. Compared to the sample in the 1999 ESPAD study, grade 8 was added to the target population in 2003.

It has been calculated that approximately 80% of all those born in 1987 were at school at the time of the data collection.



## Sample and representativeness

A list containing the number of students in each Estonian school and class was made available. In the first step a systematic sample was done to identify 100 schools. Since this did not provide enough 1987 born students in the final sample another 20 schools were sampled. One of them was already sampled which resulted in a total of 119 schools.

In all schools a random sample of one grade 8 class, one grade 9 class and one grade 10 class was drawn. All schools did not have classes in all grades and thus the final number of sampled classes was 324.

It has been calculated that about 80% of all students born in 1987 were to be found in the three participating grades (8–10). The sample is self-weighted and the results are judged to be representative for 1987 born students in Estonia.

## Field procedure

The heads of the sampled schools got a letter, which explained the study. The letter was accompanied by supportive letters from the Ministry of Social Affairs as well as from the Ministry of Education. The material was brought to the schools by research assistants, which was not the case in 1995 and 1999 when it was sent by mail. The reason for this change was that there had been a number of “unprofessional surveys” sent to Estonian schools over the last couple of years and it was judged necessary to deliver by hand in order to negate the possibility of any mishaps.

Data were collected by research assistants. However, in most cases a teacher was also present and he/she was responsible for answering part of the classroom report, that dealt with the number of present and absent students. After the instructions were given, the questionnaires were answered under the same condition as a written test. When they were finished the students put their questionnaires in individual envelopes.

In a majority of the schools students born in 1987 in selected classes were asked to go to a special room to answer the questionnaire. In some schools data were collected in the classrooms, after students not born in 1987 were asked to leave the room. The study was conducted in March, which gave an average age of 15.7 years. The average time to answer the questionnaire was 35 minutes.

## Questionnaire and data processing

All core questions were asked together with four out of six questions in the Integration module and

all questions contained in the module referred to as Psycho-social measures. The questionnaire also included the same country specific questions as in 1999 as well as a new question about involvement in subcultures.

Since Estonia also participated in earlier ESPAD data collections the core questions had already been translated for the previous studies. The Estonian as well as the Russian version of the questionnaire were tested, after which some minor changes were made in both versions.

For some reason 20 students not born in 1987 answered the questionnaire. These questionnaires were excluded together with 2 others (0.1%) that did not satisfy the inclusion criteria.

Data were not weighted.

## School and student co-operation

Ten schools refused to participate or were impossible to contact. Data were also missing from 66 classes. Some of the schools that did not participate were small schools with only a few students born in 1987. This was also the case with many of the classes that were reported as missing. In some of them there were no students born in 1987. In most others only very few students of the target population were to be found.

Of the 2,863 1987 born students that were calculated to be found in the sampled schools and classes 2,463 were found in participating schools and classes. This would appear to confirm that most of the non-participating schools and classes included no or only a few students born in 1987.

No present student refused to participate. The response rate was 86% which was a bit lower than 1999. The main reason put forward to account for this was that the data collection in ESPAD 03 was done during a flu-period.

About half of the survey leaders (51%) did not notice any disturbances during the data collection, while 39% reported that this happened with a few students. The most common reported disturbance was giggles or eye makings, which was answered by 41% of the research assistants.

In a large majority of the classes (89%) the data collection leaders reported that “all”, “nearly all” or “a majority” of the students were interested in the study (72% answered “all” or “nearly all”). The proportions answering that the students worked seriously were even higher (96% and 83% respectively).

It is stressed in the Estonian report that the data collection went well without any important disturbances.

## Reliability and validity

Reliability measured by inconsistency rates between two questions in a single administration was highest for cigarettes, “been drunk” and cannabis (4–5%). For other substances the corresponding figures were 1–3%.

The proportion of unanswered drug questions was highest for the variables alcohol consumption and been drunk (3% each). For other substances it varied between 1 and 2%. The number of unanswered core questions is high (25%), which also gave rise to a high figure for the questionnaire as a whole (21%). The reason for such is attributable to mistakes in the lay out and coding of Q37 and some other multiple questions.

For cannabis 8% of the students answered “definitely not” on the question “If you had used marijuana or hashish, do you think that you would have said so in this questionnaire?”. The corresponding figure for heroin was 9%. On this “willingness question” 18% answered that they had already answered that they had used cannabis, which is a slightly lower than the lifetime prevalence figure (23%).

Nine per cent answered that they had heard of the dummy drug *releevin*. However, only 0.2% said that they had used it.

## Methodological considerations

The stratified sample seems to have functioned without any problems, which is indicative of the fact that the sample was representative for Estonian students born in 1987.

Contrary to the 1999 survey, students in grade 8 participated in the 2003 data collection. However, this factor per se has had a minor influence on the results and thus the possibilities to compare the two surveys has not been compromised.

The number of schools that did not participate was rather low (10), while the number of classes that did not take part in the study was higher (66). However, in most of these missing schools and classes no or only a few of the 1987 born students were to be found. Hence, the number of students from the target population that were missing due to non-participation of schools and classes was rather low.

Data were collected by research assistants which is a change compared to the 1999 survey when teachers were responsible for the data collection. The reason for this change was to counter the possibility of teacher withdrawal as they might

have already participated in other school surveys (some of them of a rather low quality). The use of research assistants was judged to increase the number of participating classes. This possible change in the teachers willingness to work as survey leaders occurred following the 1999 survey and the Estonian ESPAD researcher however has assumed that the quality of the data collection in 2003 is more or less on par as that in 1999.

Rather many survey leaders reported some kind of disturbances during the data collection. However, since they were research assistants, and not teachers that are used to a “normal level of disturbances” in a classroom, they were probably more observant or more sensitive to specific type of disturbances than teachers. Hence, it seems reasonable to assume that the disturbances during the data collection in Estonia were not more serious than those found in most other ESPAD countries. Such a conclusion is supported by the fact that a large majority of the survey leaders reported that the students were interested and worked seriously.

In most schools students born in 1987 in sampled classes were asked to go to the same room to participate in the study. In some other schools the data collection took place in the classrooms of the sampled classes, but only with the participation of those born in 1987. This is not in line with the ESPAD guide lines, but it would appear from both the classroom reports and validity checks that this factor has not influenced the outcome to any significant degree.

Very few students refused to answer questions about their alcohol and drug habits. On the other hand, the proportion of unanswered questions in the questionnaire as a whole is high due to a technical mistake with some of the questions with multiple answering categories. This problem was limited to these multiple questions and did not influence the quality of the answers to the questions about alcohol and drug use.

No present student refused to participate, the response rate was relatively high and the number of eliminated questionnaires was low. All of this is indicative that student co-operation was satisfactory.

None of the reliability and validity measures suggest any major problems in the Estonian study. As a whole, data seem to be representative and comparable with the results from other ESPAD countries.

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## **The Faroe Islands**

Dr Pál Weihe, Department of Occupational and Public Health, Faroe Hospital System, was responsible for the study in Faroe Islands. The country also participated in the 1995 and 1999 ESPAD studies.

### **Population**

The target population consisted of all students in the Faroe Islands born in 1987. The total number of students was 743, which is 95% of all persons born in the country in 1987.

### **Sample and representativeness**

No sample was drawn since the total target population was so small. Students born in 1987 were in the main found in grade 9 (92%). All together there were 39 grade 9 classes in 19 schools.

The study is representative for all students in the Faroe Islands born in 1987.

### **Field procedure**

Staff members from the research institute made an appointment with the principal of every single school about the day and the time of data collection. In accordance with the routines of earlier studies the material was distributed to each school. Staff from the Department of Occupational and Public Health were responsible for the data collection and the students filled out the questionnaires under the same conditions as a written test. After completion each student put his/her questionnaire in a sealed box.

Data collection took place on March 10–21, 2003, which gave an average age of 15.7 years. The average time to complete the questionnaire was 55 minutes.

### **Questionnaire and data processing**

Skilled staff from the department translated and back-translated the questionnaire. All core questions were included in the Faroese version of the questionnaire. It also contained the questions on all 4 ESPAD modules as well as the optional questions, all together 94 variables. In addition 11 questions were asked about national identity and 7 about leisure time activities. Most questions had been used in earlier studies, and as such the pre-test was limited to 2 15 years old volunteers.

A scanner was used to enter the data into the computer with appropriate software that signalled any errors. Data were not weighted.

### **School and student co-operation**

One small school with 2 students did not participate for technical reasons. No present student refused to answer the questionnaire.

The response rate was 86%. No questionnaire was excluded.

In rather few classes (19%) some kind of disturbance was noted during the data collection. However, in nearly all cases this was only reported for a few students.

In the national report it is stated that the overall assessment of the student co-operation was judged to be excellent. All schools reported that “all” or “nearly all” students were interested in the study and the figures were more or less the same on the question whether the students worked seriously.

### **Reliability and validity**

The inconsistency rates between two questions in a single administration, which is used as a measure of reliability, was a little higher for cigarettes (7%) compared to other substances (0–3%).

The proportion of unanswered questions on different substances varies between 1 and 5%. Looking at the questionnaire as a whole 5% of the questions were not answered.

The rates of inconsistent answers to questions of use in lifetime, last 12 months and last 30 days were low (0–2%) for the four variables alcohol consumption, been drunk, cannabis and inhalants.

For both cannabis and heroin about 3% of the students answered that they would not have admitted use of these drugs. On the same question, 11% of the students answered that they have already said they have used cannabis, which is a little higher than the reported value (9%). Of all students, 5% reported that they had heard about the dummy drug *relewin*. However, only 0.3% answered that they had used it.

### **Methodological considerations**

Since the country is so small all students were included in the study. Only one school with 2 students did not participate for technical reasons. The response rate is acceptable and no important disturbances were reported from the data collection. No student refused to participate, no questionnaire was eliminated and the proportion of schools with reported disturbances was not high. All these indicators suggest that the school and student co-operation was good.



In the 1999 ESPAD study the non-response rate was 22% compared to 14 in 2003. The proportion of unanswered questions was very high in 1999 (27%) and is now down to 5%. Hence, the quality of the data collection has improved since last time.

None of the reliability and validity measures indicate any methodological problems in the Faroe study. As a whole, data seem to be representative for students born in 1987 and comparable with other ESPAD data.

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## **Finland**

Professor Salme Ahlström and Leena Metso at the National Research and Development Centre for Welfare and Health (STAKES) were the principal co-ordinators for the ESPAD study in Finland. Finland also participated in the ESPAD studies in 1995 and 1999.

### **Population**

The target population was all students in Finland born in 1987. Of all the persons born in this year nearly 100% were at school at the time of the data collection.

### **Sample and representativeness**

The study was conducted with students in grade 9. In this grade, approximately 95% of all students born in 1987 were to be found.

Finland was divided into five regions according to EU area-divisions. These five regions were further divided into urban and rural areas. Besides these 10 strata, the Helsinki metropolitan area was assigned a stratum to itself. A systematic random sample was drawn and in each stratum the probability of a school to be sampled was proportionate to the size of the school. All together 200 schools were included in the sample. Each school was also assigned a substitute school, which was the next school in the file. In each of these schools one class was randomly chosen.

The sample was selfweighted and representative for Finnish students born in 1987.

### **Field procedure**

All principals in selected schools received a letter with information on the objectives of the study. They were asked to name the teacher from the sampled class. In the middle of March material was sent to the contact teachers. Since some principals did not answer before a set deadline material was also sent to 16 schools from the extra sample (to replace possible non-participating schools). (Data from only seven of these schools were included in

the final data set.)

After an introduction the students answered the questionnaires under the same conditions as a written test. Every student put his/her questionnaire in an individual envelope. Together with the classroom report the teachers returned the envelopes to the research institute.

In a large majority of the schools data collection occurred during the last week of March. A small number of schools collected data during the following weeks. Based on a calculation of the large majority that conducted the survey in late March the average age was 15.7 years. The average time to complete the questionnaire was 31 minutes.

All students in sampled classes took part in the study. However, the questionnaires from the few who were not born in 1987 were excluded afterwards.

### **Questionnaire and data processing**

Nearly all ESPAD core questions were included. Since alcopops is not well known in Finland it was replaced by “long drinks”, which are quite popular. The questionnaire also included questions from the Integration module as well as three own questions.

The new questions, i.e. the ones not used in earlier ESPAD studies, were translated by the research team. No pilot study was conducted to test the limited new questions.

In the scrutinising process data from 23 students (0.6%) were excluded due to unreliable and inconsistent answers.

Data were not weighted.

### **School and student co-operation**

Of the 200 sampled schools and classes seven did not participate. They were replaced by substitute schools/classes.

No present student refused to participate in the study. The response rate was 92%. According to the Finnish country report student co-operation was very good.

Most teachers (76%) did not notice any disturbances during the data collection. When this occurred it almost always included a few students (reported from 22% of the classes). The most commonly reported disturbances were “loud comments” and “other comments”, each of which was reported by 13% of the survey leaders.

In nearly all participating classes (96%) the survey leader reported that “all”, “nearly all” or “a majority” of the students were interested in the study (84% answered “all” or “nearly all”). The corresponding figures on the question whether the students worked seriously were 99 and 94% respectively.

### **Reliability and validity**

Inconsistency rates between two questions in a single administration, which are used as measures of reliability, were highest for cigarettes and inhalants (3–4%). The figures for all other substances varied between 0–2%.

The proportion of unanswered questions about different drugs varied between 0 and 2%. Looking at the questionnaire as a whole, 1% of the questions were not answered. The inconsistency rates between lifetime, last 12 months and last 30 days were low (0–1%) for all four variables (alcohol consumption, been drunk, cannabis and inhalants).

For cannabis 2% of the students answered “definitely not” on the question “If you had used mari-

huana or hashish, do you think you would have said so in the questionnaire?”. The corresponding figure for heroin was 4%. On this “willingness question” 10% answered that they had already said that they had used cannabis, which is about the same as the reported prevalence figure (11%).

Eight per cent answered that they had heard about the dummy drug relevin. However, only 0.4% said that they had used it.

### **Methodological considerations**

The stratified sample was configured without any difficulties and is representative for all students born in 1987.

Only seven schools/classes refused to participate. Since no important problems were reported in the contacts with the schools, school co-operation seemed to have functioned well.

No student refused to participate, the number of eliminated questionnaires was low, the proportion of survey leaders that reported disturbances was not high and nearly all survey leaders reported that the students were interested in the study and worked seriously. All of this is indicative of the fact that student co-operation was satisfactory.

None of the reliability and validity measures suggest any methodological problems in the Finnish study. As a whole, data would appear to be representative and comparable with other ESPAD data.

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## **France**

The French study was coordinated by Dr. Marie Choquet at Institut National de la Santé et de la Recherche Médicale (INSERM) and François Beck at Observatoire Français des Drogues et des Toxicomanies (OFDT).

### **Population**

The target population consisted of students born in 1987 in all types of education including private establishments and schools with adapted teaching (EREA). Moreover, students in DOM TOM and overseas territories: West Indies, Guyana, and Bourbon Island were not included in the sampling frame.

### **Sample and representativeness**

The French study covered all grades from 6 to 12. The Ministry of Education conducts a population

census of the population of pupils each year in September. It was estimated that the large majority of the students born in 1987 were distributed in grades 9 and 10. The French schools are classified according to “zone d’éducation prioritaire, ZEP” i.e. schools with need for reinforced educational action.

The sample of 450 schools was drawn from the computerised list of schools, which was updated at the end of November 2002, as a stratified random sample of schools proportionate to school size. The strata represented type of school, type of area (urban/rural) and educational characteristics (priority zone or not). From each selected school two grades were selected by simple random sampling, where the head master identified two classes with a teacher’s name closest to L in the alphabet, resulting in a

sample of 900 classes. The gender distribution in the different types of schools was 50% girls in public and 48% in private junior high schools, and 55% in both types of senior high schools. The sample, which covers *all* age groups from 11 to 19, was considered to be self-weighted.

### Field procedure

The headmasters were contacted and informed that the schools had been drawn for the ESPAD 03 survey. They were asked to appoint a person to supervise the data collection (school doctor or nurse). A serious complication that arose during the data collection period was that a strike came into force for school doctors and school nurses in France. However, the research team Inserm U472 was well known among school doctors and nurses, and most of them (400/450) accepted to perform the data collection for the ESPAD study. They received a phone call with the relevant information about the survey. The students were invited to participate in the survey and to complete the questionnaire during a lesson. The supervisor of the data collection informed the students in a standardised way, reading from a paper and he/she also read the text on the front page of the questionnaire. After completion the students were asked to seal the questionnaire with two stickers and to put it in a box. Neither teachers nor headmasters were present in the classroom during completion of the questionnaire. Data was collected between March 17 and May 18, which gave an average age of 15.8 years.

### Questionnaire and data processing

Two versions of the questionnaire were used in the French study, of which the short version was used in grade 6 and 7 and in classes labelled as SEGPA (General education and professional adapted sections). One specific detail regarding differences in the questionnaire was that the French version did not include “or some other hallucinogens” to the specific question on LSD. It was considered to overlap with the specific question on “magic mushrooms”. Other changes were made, i.e. the question on drinking beer at last drinking occasion, where the indicated volumes were changed to better relate to the usual drink size in France. However, the version used for the 1987 birth cohort included only 56% of the ESPAD core questions. Moreover, some module and own questions were inserted in the core section of the questionnaire. In total, the questionnaire included 52% ESPAD core, 5% ESPAD module and 43% own questions. The module

questions used was a selection from the ESPAD modules A–D. Some important methodology questions, such as the ESPAD honesty questions were omitted. A translation and back-translation of the questionnaire was done and resulted in some adjustments in relation to the French context. The questionnaire was pre-tested in two schools, with 115 participating students from different grades. As a result the questionnaire was modified into a final version with a better presentation of the questions and in some cases simpler wording.

Before data processing 205 (1.2%) of the questionnaires were excluded because they were obviously not seriously answered. SAS statistical package was used and programmed according to the suggested SPSS syntax.

### School and student co-operation

In France passive parental consent is required for students below the age of 18. A non-response was considered as a passive consent. Overall, very few parents prevented their child from participation (1.2%)

Unfortunately, the implementation of the survey in France was affected by some serious problems. The main problem was the strike that caused a loss of 50 schools (27 in which the headmaster refused to do the survey, 18 because of boycott, 5 because health staff were on strike, in total 100 classes, or 11%). However, differences between participating and non-participating schools were examined and no significant differences were found in relation to geographical or school characteristics.

From the classroom reports it was apparent that no disturbances occurred in 62% of the classrooms. The disturbances noted were giggles or eye makings, which accounted for over half of them. The data collection leaders estimated that in 96% of the classes a majority of the students were interested in the survey and worked seriously. The response rate was 91% and the average time to complete the questionnaires was 45 minutes.

### Reliability and validity

Reliability measured by inconsistency rates between two questions in a single administration was not possible to do because of a change of format in one of the questions. The French students were asked to write the age at which they first tried a drug – not tick an alternative as in the ESPAD questionnaire. If they were not concerned, did not remember or did not want to answer they wrote nothing (there was no modality “never”).

The proportion of unanswered questions was low in general. For alcohol it increased somewhat from lifetime (3%) to 12 months or 30 days (5% for both). The same pattern was found in relation to the variables “been drunk” with 2% for lifetime prevalence to 7% for 12 months or 30 days, and cannabis use (1 to 4%). The average on lifetime use of other drugs including cannabis was 2%. The average number of unanswered core and module questions was 3%. The same measure for “own questions” was not possible to calculate since a skip sequence was introduced later on in the questionnaire.

The inconsistency rate between lifetime, 12 months and 30 days prevalence rates was highest for alcohol use (5%) and “been drunk” (2%) followed by cannabis use (2%) and use of inhalants (0.3%).

The two questions on the possible unwillingness or not to admit cannabis and heroin use were not asked. 7% of the students reported that they had heard about the dummy drug, in France called “mop” instead of “relewin”. However, less than 1 percent reported use of this fictitious drug.

### **Methodological considerations**

The French study is based on a good representative sample covering all grades in which students born

in 1987 can be found. The study encountered serious difficulties in the form of a strike among health staff, some of which were due to supervise data collection. Combined with other types of refusals the loss of classes in the sample was 14%.

The French questionnaire was to a large extent modified and it deviates from the common ESPAD version. In total, the questionnaire included 52% core ESPAD, 5% module ESPAD and 43% own questions.

The reliability and validity measures are incomplete, since the inconsistency check between two questions in a single administration is impossible to effect due to a change in the format in one of them, and the “honesty” questions about cannabis and heroin were excluded from the questionnaire.

It is unfortunate that the study encountered difficulties and that it deviates in some respects from the common ESPAD methodology. The French team has, however, tried to analyse the loss of classes in the sample and found no significant difference between them on geographical and school characteristics. The fact that the proportions of unanswered questions are low in general and that other measures of validity and reliability show very low values suggests a good data quality despite the problems.

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## **Germany**

Dr. Ludwig Kraus at the Institute for Therapy Research (IFT) in Munich was responsible for the German ESPAD study. This was the first time that Germany participated in the ESPAD project. The study was done in 6 out of 16 federal states (Bundesländer). They were Bavaria, Brandenburg, Berlin, Hesse, Mecklenburg-Western Pomerania and Thuringia.

### **Population**

The target population consists of all students in the 6 Bundesländer born in 1987. The study was limited to students in grades 9 and 10. School is compulsory up to the age of 18. It has been calculated that 92% of all youngsters born in 1987 were enrolled in school at the time of the data collection.

### **Sample and representativeness**

The school system differs between Bundesländer. However, all grade 9 and 10 classes in regular types

of schools were included in the sampling frame. Non-regular schools such as special schools for retarded students or vocational schools were excluded from the study. These schools are calculated to include about 8% of all students. Of all students born in 1987 about 84% were to be found in the grades of the sampling frame.

The sample is representative for students born in 1987 in grades 9 and 10 in the six participating Bundesländer.

Data were weighted for grade and class type. Moreover, since the Bundesländer vary in size, data representing the six Bundesländer together were also weighted.

### **Field procedure**

In each Bundesland a person working at the Ministry of Education was responsible for co-ordination and data collection. School principals in selected schools were informed by the co-ordinators, who



also were responsible for distributing the material to the schools.

Data were collected in the classrooms by teachers who were not in charge of the selected class. After completing the questions the students put his/her form in a large class envelope. The envelope, which also contained the classroom report, was sealed by the teacher in front of the class before it was sent to the field institute for data entry.

The average time to complete the questionnaire was 40 minutes. Data were collected in March and April, which gives an average age of 15.7 years.

### **Questionnaire and data processing**

All core questions were asked except the question about the consumption of cider (Q11) (since it is almost not prevalent in Germany). For the questions about the consumption on the last drinking occasion (Q10 and Q12–Q14) response categories were changed to numerical responses of standardised measures. Similar changes to numerical responses were also made for the binge drinking question (Q17) as well as for the question about drunkenness frequency during the last 30 days (Q19c).

The questionnaire included the Deviance module as well as the first question of the Mainstream module. In addition to this two own questions were added about alcohol consumption.

The translation of the questionnaire was done in close collaboration with the Swiss and Austrian principal investigators. No pre-testing was carried out. Data entry was double checked.

### **School and student co-operation**

Out of the 557 classes that were selected, questionnaires from 34 were not returned. The reason for this is not known. Another 15 classes refused to participate, of which 8 were selected for another study. These 15 classes were replaced.

Overall 440 (4%) students had not received parental permission or refused to participate.

Of the total number of relevant questionnaires (11,122) only 79 (0.7%) were excluded. 5,110 of the remaining 11,043 students were born in 1987. The response rate was 89%. In the German country report it is stated that the “students’ co-operation may be considered as good”.

Information from the classroom reports show that no disturbances were reported from 82% of the classes and in most of the others (15%) this only happened from a few students. Talking between neighbouring student (a free text answer in the German questionnaire) was the most common dis-

turbance, which was reported from 8% of the participating classes.

In nearly all participating classes (96%) it was reported that “all”, “nearly all” or “a majority” of the students were interested in the survey. Nearly all survey leaders (99%) answered that they thought that “all”, “nearly all” or “a majority” of the students worked seriously.

### **Reliability and validity**

The inconsistency rate between two questions in the questionnaire was highest for the variable “been drunk” (6%) followed by inhalants (3%). It was lower for cigarettes (2%) as well as for different illicit drugs (0–2%).

Missing data rates were low for all kinds of questions. It was 2% for alcohol consumption and own questions and lower for all other categories of questions. For the questionnaire as a whole 1% of the questions were unanswered. The rates of inconsistent answers to the questions about use in lifetime, last 12 months and last 30 days was highest for alcohol consumption (3%) and “been drunk” (2%) and even lower for inhalants and cannabis (0–1%).

Of all students 4% reported that they “definitely not” would have admitted possible use of cannabis. The corresponding figure for heroin was 9%. On the same question 24% answered that they had already said that they had used cannabis, which is close to the lifetime frequency figure (27%).

About one out of 10 students (11%) gave the answer that they had heard about the dummy drug *relewin*. However, only 0.4% said they had used it.

It is commented in the German country reports that there is no indication that the reliability or validity may differ between subgroups, different kind of schools, geographically or otherwise.

### **Methodological considerations**

The sampling procedure seems to have functioned well. There were only rather few sampled classes (6%) that did not participate in the survey. The results seem to be representative for students born in 1987 in grades 9 and 10 in regular schools in the six participating Bundesländer.

The student co-operation was good even though 4% of the students did not receive parental permission or refused to participate. Only few questionnaires were excluded. The classroom reports indicate a high interest from the students.

None of the reliability or validity measures indicate any major problems.

The only aspect that is judged to influence the possibilities to compare the German results with data from other ESPAD countries is the fact that open-ended categories with numerical responses were used instead of fixed answering categories on the question about alcohol consumption at the last drinking occasion (Q10 and Q12–14), the binge drinking question (Q17) and the question about the frequency of drunkenness during the last 30 days. To stress that this difference in the wording of the

answering categories might influence the possibility to compare with other ESPAD data, results from these questions are put below a line at the bottom part of the result tables.

The overall impression is that the German study is well done. However, because of the use of numerical responses instead of fixed answering categories on six questions, the results on these six questions are judged not to be fully comparable with data from other ESPAD countries.

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## Greece

The Greek study was conducted under the auspices of the University Mental Health Research Institute (UMHRI) and was co-ordinated by Anna Kokkevi Ph.D., Assoc. Professor at the Athens University Medical School, in collaboration with Manina Terzidou M.Phil., Head of the Greek National Focal Point (REITOX Network – EMCDDA). UMHRI also conducted the 1999 ESPAD study in Greece. Some data from a 1993 national study were included in the 1995 ESPAD report.

### Population

The target population consisted of all school students who's 16<sup>th</sup> birthday occurred in the calendar year 2003 and were registered in secondary education, i.e. junior and senior high schools, situated on the mainland of Greece and on the islands of Crete and Evia. It is common practice in Greek surveys to exclude the smaller insular areas from the sampling frame, due to the logistical problems arising from the large geographical dispersion of the Greek islands and to limited financial resources. A rough estimate of the percent of children born in 1987 still in school was made by comparing the number of births that year with the number of students enrolled in all grades of all secondary schools in the school year 2001–2002. This suggests that, theoretically, all children of the actual age cohort were in school. The proportion of this age cohort included in the sampling frame (that is, excluding the smaller islands) was estimated to be 93%.

### Sample and representativeness

The sampling methodology was identical to that employed in the 1999 ESPAD study. Thus the sample was a nationally representative stratified clustered probability sample where the sampling

units were schools. The geographical strata were 1) Athens, 2) Thessaloniki, 3) other urban areas (municipalities of 10,000 registered inhabitants or more) and 4) semi-urban and rural areas (municipalities and communities of less than 10,000 registered inhabitants).

In all strata the schools were randomly selected with probability proportional to their size, and classes were randomly selected within each school. The average class size in the sample was 23.4 students, which was very close to the national average.

The sample consisted of 221 schools and 427 classes from junior and senior secondary education. In the former category, students born in 1987 were found in 78 schools and classes and in the latter in 104 schools and 204 classes.

The sampled student population was considered representative for the age cohort under study and to be self-weighted.

### Field procedure

In autumn 2002, UMHRI addressed an official letter to the Ministry of Education requesting permission to conduct the study. The Ministry subsequently communicated its approval to the Regional Offices of Secondary Education (responsible for the schools drawn in the sample), and the latter in turn informed the school directors regarding the study and their expected role in the survey.

A month prior to the field work, UMHRI sent an official letter to the school directors informing them of the study and the time-frame within which it would be carried out. The co-ordinators of the research assistants contacted the schools to make appointments for the implementation of the study.

The administration of questionnaires took place in the classrooms and was supervised by a research



assistant. No teacher was allowed to stay in the classroom except in a few cases (1%), when the teacher insisted on doing so.

The study was introduced to the students as one that was being conducted internationally that aimed to identify their health-related needs as a group. It was emphasised that the University of Athens was conducting the research and that the school staff had no connection with it or its results. Instructions regarding the completion of the questionnaire were given to the students, for example, to read carefully the introduction and to refrain from asking questions regarding the content of the questionnaire items.

When the students had completed the questionnaires they were put into a special folder that safeguarded the anonymity of the respondents. Data were collected in March–April 2003, which gives an average age of 15.8 years.

### **Questionnaire and data processing**

All but one of the ESPAD core items (Q11 on cider) were included in the Greek questionnaire. Minor modifications (e.g. month of birth) were made and the module C (Psychosocial) was included. In addition some national questions were placed at the end of the questionnaire. The 1999 Greek questionnaire was carefully checked for discrepancies or up-dates against the 2003 English ESPAD version. The translation and re-translation was only done this time for parts of the questionnaire. Re-translation was carried out by an in-house social scientist that was not working on the ESPAD study.

A computer check to detect possible coding or scanning errors was conducted. The checking process included cases of 1) unanswered items, 2) extreme values, 3) missing values and 4) errors in questionnaire code numbers. SPSS version 11 for Windows XP was used for data processing.

### **School and student co-operation**

The majority of the schools were willing to participate in the study. Only 5 schools refused to participate. The next school in the sampling frame of schools replaced these. Following these replacements, the ultimate response rate for schools reached 100%. However, 13 classes (2.9%) did not participate in the survey for various reasons, mainly because of other interfering activities. 12 students openly refused to participate in the study on the day of the administration.

Overall, the students were extremely co-operative and interested in participating in the survey.

Based on the classroom reports from the collaborators, in the majority of classes (55%) there were no disturbances. In most of the cases where there were disturbances, only a few students caused them. The most common type of disturbances was loud comments, sometimes stemming from the content of the questionnaire. The questionnaire items that caused most queries from the students were Q3 (activities), Q4 (absence), Q6 (ever smoked), Q20 (drunkenness scale) and Q22 (ever heard of). The level of student comprehension was overall very good; only a few cases of students of non-Greek origin requested clarification. The average time taken to complete the questionnaire was 52 minutes. The response rate was 88%.

### **Reliability and validity**

The consistency between two related questions in a single administration indicated quite high reliability, one question being the self-reported lifetime prevalence for the drug and the second question the age at first use of the drug. The highest inconsistency was observed in relation to questions on use of inhalants (6%), while the corresponding value for alcohol use was 5% and for cigarette smoking (3%). The figure for other variables was 1% or lower.

The proportion of unanswered questions about various drugs was low overall (1%). For lifetime questions the highest proportion was observed in relation to alcohol (2%), while all other values were lower. A small increasing tendency for questions on 12 months or 30 days use was reported for “been drunk” (from 1 to 2%) or cannabis and inhalants use (from 0 to 1–2%). The inconsistency rate between lifetime, 12 months and 30 days use of any alcohol was 7%, while for “been drunk” it was 3% and for marijuana or inhalants use it was 1%.

The two questions about possible reluctance to admit cannabis and heroin use, respectively, reveal that 7% answered that they had already said so in the questionnaire that they had used cannabis, compared to the actual prevalence rate of 6%. The proportion that answered that they would “definitely not” admit cannabis use was 4% and the same for heroin.

Only 3 students (0.2%) reported use of the dummy drug “relewin”, while 9% reported that they had heard about this “drug”.

### **Methodological considerations**

The Greek study was based on a similar methodology to that employed in 1999. It was estimated that

93% of the target age group would be included in the sampling frame. This figure is based on the calculation of the population size in the insular areas (except Crete and Evia), which, as in the earlier studies, were excluded from the sampling frame. There is no information available about the impact of this exclusion on the results of the study, but it can be expected to be rather small. The only other possible failure to sample students from the target age group is in the case of those who were below the third grade of junior high school. The number of such cases is unknown, but was assumed to be minimal as this implies that students must have twice repeated a grade.

As recommended by the research protocol, data collection for the 2003 study was conducted in the spring term (March–April) of the 2002/2003 school year. However, for the previous survey in 1999, due to repeated student walkouts during the spring term of 1998/1999, data collection was carried out in the autumn term of the following school year (1999/2000) (note: the 1983-born students were

consequently found in their next grade). This variation between the two data collection periods means that the 1999 ESPAD population consisted of students who were about 7 months older than their counterparts in 2003 (mean age 16.3 years in 1999 compared to 15.7 in 2003). The age variation between the samples of the two surveys should be taken into account when trend analyses are carried out involving the Greek data.

The implementation of the survey in schools seems to have functioned well, and the students were overall extremely cooperative and interested, except in a very few cases of students who refused to participate.

Low values on most of the methodological measures indicate a good quality of data. Very few students (4%) answered on the “honesty” question that they would not admit using cannabis or heroin had they done so. In all the Greek study seems to have functioned in accordance with expectation and seems to have provided reliable and valid data.

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## **Greenland**

Paarisa (Ministry of Health) and Charlotte Lycke (Statistics Greenland) were responsible for the ESPAD data collection in Greenland. Thomas Andersen (Statistics Greenland) carried out the analyses and reporting. Greenland also participated in the ESPAD study in 1999.

### **Population**

The target population consists of all students in Greenland born in 1987. Of all 923 Greenlanders born in 1987 812 were estimated to be at school during the spring of 2003, i.e. 88%.

### **Sample and representativeness**

No sample was drawn since the total target population was so small. Students born in 1987 could be found in grades 9–11 in 73 of the 86 secondary schools and one special school (students from the special school were excluded from the survey). Consequently all these three grades were included in the data collection. It is estimated that nearly 100% of all students born in 1987 were to be found in the three participating grades.

Since no sample was done the sampling procedure does not call for any weighting procedure.

Data are considered to be representative for Greenlandic students born in 1987.

### **Field procedure**

After an introduction that participation was voluntary and that full anonymity was guaranteed the students answered the questionnaire under the same conditions as a written test. When the students had finished the questionnaires they put them in individual envelopes, which were sent to Statistics Greenland together with the classroom reports.

All students in grades 9–11 were asked to answer the questionnaire. However, the results in the ESPAD report only include data from those born in 1987.

Teachers were survey leaders. The average time to complete the questionnaire was 69 minutes. Data were collected in March, which gives an average age of 15.7 years.

### **Questionnaire and data processing**

The questionnaire was translated from Danish to Greenlandic by a professional interpreter. The questionnaire was not pilot tested.

All ESPAD core questions were asked except two. In Q11 cider was removed since cider is not sold in

Greenland. In Q3a “motorcycle” was changed to “snow mobile”. The Greenlandic questionnaire also included the Integration and Mainstream (3 questions) modules as well as 8 own questions.

It is stressed in the Greenlandic country report that the answers of the Greenlandic students to some questions are not comparable with the answers of the students in other countries. One example is Q34, which is about perceived risk of different substances. Many Greenlandic students are unfamiliar with some of the drugs, which is indicated by a large number of students answering “do not know”, which heavily “has influenced” the proportion that have answered “great risk”. Another example is Q38 about the influence of heavy drinking. This “comparability problem” was “caused” by different methodological factors, including the fact that the concept “heavy drinking” was translated with “drinking alcohol”.

The fact that the results of these questions are not comparable with data from other countries will be commented in the result chapter.

### **School and student co-operation**

It has been calculated that 68% of all students born in 1987 in Greenland answered the questionnaire. However, it is not known whether any of the 73 schools refused to participate or whether a full class did not participate for some reason.

About two thirds (68%) of the survey leaders did not notice any disturbances during the data collection, while 30% reported that this happened only among a few students. The most commonly reported disturbance was loud comments (42% of all classes) followed by “other kinds of comments (37%).

All survey leaders (100%) reported that “all”, “nearly all” or “a majority” of the students were interested in the study (93% answered “all” and “nearly all”). The corresponding figures on the question whether the students worked seriously were equally high (97 and 93% respectively).

It is not known how many questionnaires that were excluded in the scrutinising process.

### **Reliability and validity**

The inconsistency rate between two questions in a single administration was highest for the variable been drunk (16%) followed by inhalants (11%). It was lower for cigarettes and cannabis (6–7%) and even lower for other illicit drugs, anabolic steroids and tranquillisers and sedatives (0–1%). In the Greenlandic Country report it was stated that only

eight students were inconsistent on the drunkenness as well as the inhalant questions.

Missing data rates were rather high for all drug related questions; 12–13% for cannabis, inhalants, been drunk and alcohol consumption, 8% for tranquillisers and sedatives, anabolic steroids and other illegal drugs and 5% for cigarettes. Looking at the questionnaire as a whole 10% of the questions were left unanswered.

The rates of inconsistent answers to questions of use in lifetime, last 12 months and last 30 days were high for the variables alcohol consumption and been drunk (10–12%) but lower for cannabis and inhalants (2–3%). A high proportion (30%) answered that they definitely not would have admitted possible cannabis use. The corresponding figure for heroin was 46%.

On this “willingness question” 25% of the students answered that they had already said that they had used cannabis, which is close to the frequency figure (28%). Rather few students (5%) answered that they had heard about the dummy drug relevin and only 0.2% said that they had used it.

### **Methodological considerations**

No sampling was done and all students in grades 9–11 in all 73 Greenlandic schools were supposed to answer the ESPAD questionnaire. Unfortunately no information is available about the number of schools or classes that refused to participate.

Based on the assumption that 88% of the 1987 birth cohort were at school it was estimated that 68% of all students born in 1987 answered a questionnaire, which indicate that some schools or classes did not take part in the survey.

The reliability inconsistency measures of reported lifetime use of different substances on two different questions, show rather high figures (compared with other countries) for four variables (been drunk, inhalants, cigarettes and cannabis use). The inconsistency figures are also high for some of the validity measures of inconsistency between lifetime, last 12 months and last 30 days prevalence figures. Compared to other ESPAD countries these figures are high for two out of four variables (been drunk and alcohol consumption). It should be noticed though that even in the worst case 84% of all students were consistent on these variables.

The proportion of unanswered questions in the questionnaire as a whole is 10%, which is among the highest among all ESPAD countries. In addition to this it should be noticed that the proportion of students that definitely not would admit possible

cannabis (and heroin) use is extremely high in Greenland.

Nearly all survey leaders answered that the students were interested in the survey and that they worked seriously, which indicate that the data collection ran smoothly.

Different available reliability and validity measures indicate some concern about the Greenlandic data. Even though the data collection procedure did

not contribute to these concerns, they are there anyhow. Some measures indicate that the reliability and validity probably are a little lower in Greenland than in most other countries, which is of importance to keep in mind when comparing the Greenlandic results with data from other countries. Hence, some caution is recommended when the answers from the Greenlandic students are compared with data from other ESPAD countries.

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## **Hungary**

Professor Zsuzsanna Elekes and Dr. Borbala Paksi at the Behaviour Research Institute, at the Budapest University of Economics and Public Administration, were responsible for the Hungarian study. Hungary participated both in the 1995 and the 1999 ESPAD surveys.

### **Population**

The population consisted of students born in 1987, who in 2003 were taught in elementary or secondary education. As in earlier studies, the population estimates were to be based on the previous year's statistics, since no later data were available. However, according to these data it was estimated that 91% of the target population were taught in grades 8 to 10.

### **Sample and representativeness**

In Hungary education at grade 8 level is given through two types of schools. The majority of students attend classes at an elementary school, a smaller number are in secondary education. At grade 9 and 10 levels, there are three types of schools: grammar, training and specialised secondary schools. According to educational statistics from previous year, the percentage of 16 year-old-students in the sampling frame of grades 8, 9 and 10 was expected to be 8, 48 and 40% respectively (32.6% as an average). In Hungary 91% of the 1987 birth cohort was expected to be found in any of these grades.

Taking into consideration the expected percentage of 16-year-old students in the multitude frame, the net sample size corresponding to the ESPAD requirements was  $2800/0,326=8,589$  students. The expected rate of sample loss was added to the estimate (based on earlier studies 3.5% for schools and 10.2% for students). The sample of 386 classes

was drawn as a stratified random cluster sample. To be able to analyse data from Budapest schools separately, these schools were over-represented by 100% (46 classes). Each class had the same probability to be drawn, independent of school size. However, mean class size in the study population was 25.7, while the corresponding value in the sample was 26.4.

### **Field procedure**

The schools included in the sample were contacted in February to inform the director and to ask for permission to perform the survey. Qualified interviewers and university students from the departments of sociology and social policy collected data, 80 in total. The teacher was asked to leave while the students filled out the questionnaire. They had got detailed instructions as how to answer questions from the students etc. Each student put his/her own questionnaire in an envelope placed at the front desk, which was sealed in front of the students. Only research assistants were present in class while the students answered the questionnaire. Data was collected between March 5 and 20, 2003, which gives an average age of 15,7 years.

### **Questionnaire and data processing**

All ESPAD core questions, except one for cider, were included in the questionnaire. Parts of the modules B and C were added. It was decided that the few questions from module B (B2 and B3) thematically belonged to the first section of the questionnaire and they were introduced there. An independent translator back-translated the questionnaire into English. It was piloted among approximately 100 students from all relevant types of education. Special attention was paid to the students in grade 8, which were included in the sample



for the first time. As a result all extra (own) questions were omitted to reach a format suitable for the students. In order to compensate for the over-representation of grades 9 and 10 in Budapest, and the loss of sample due to flu epidemics, the database was weighted in relation to school type and grade.

Data was logically controlled and errors were corrected after check-up with the questionnaires. The number of invalidated questionnaires for students born in 1987 was 50 (1.6%). The SPSS programme version 11 was used for data processing.

### **School and student co-operation**

21 of the selected classes refused to co-operate. The willingness to participate was higher in the countryside than in Budapest. In addition, there were 3 classes in which it was not possible to collect data (contact failure, school didn't exist etc.). Of the 21 classes 16 were replaced, with others from a supplementary sample, but 8 classes were lost.

In the classrooms two incidents of a student's refusal was reported. However, in nearly 75% of the classes the survey leaders did not observe any disruptions and in another 20% only a few students made difficulties. In the majority of classes the students were interested in the survey and 90% of the survey leaders believed that the students took their task seriously. Moreover, in the majority of the classes the students found the questionnaire interesting. Only in a few classes (1.4%) they criticised or had problems in understanding the questionnaire. Average time to fill out the questionnaire was 48 minutes.

### **Reliability and validity**

Reliability measured by the consistency between two questions in a single administration was overall low. The highest was found in relation to ques-

tions on cannabis use (5%), while for smoking cigarettes, "been drunk" and use of tranquillisers or sedatives it was 4% on each. For other variables it was lower (2% or less).

The inconsistency rate between lifetime, 12 months and 30 days use was highest for any alcohol use (4%) and "been drunk" (2%). For other variables (cannabis and inhalants respectively) it was 1%.

The Hungarian researchers point to the fact that compared to previous ESPAD surveys, they found the most significant change in the case of cannabis as the rate of inconsistent answer among all informants has more than tripled in the years after 1995. However, at the same time the prevalence rates have increased too.

When asked about their willingness to admit cannabis use 12% claimed that they already had answered that in the questionnaire, which is somewhat lower than the prevalence figure (16%). However, 6% answered that they would definitely not admit any such use. On a similar question about heroin use 7% gave this answer. The use of the fictitious drug "relewin" was reported by less than 0.5%, while 7% thought that they had heard about it.

### **Methodological considerations**

The Hungarian study covered this time the grades 8 to 10, which was an improvement from earlier studies focused on grades 9–10 only. Based on the experiences of quite many national studies it was carried out with meticulous methodology and the outcome was reported in detail. Also the reliability and validity measures point at a good quality of data. On the honesty questions, however, the percentage claiming that they already had declared the use of cannabis was somewhat lower than the actual proportion that did so (12 vs. 16%). On the other hand rather low proportions answered that they definitely would not admit any such use (6%).

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## **Iceland**

Dr. Thoroddur Bjarnason, University of Akureyri was the principal investigator for the Icelandic ESPAD study. The data collection was conducted in collaboration with co-investigator Stefan Hrafn Jonsson and other researchers at the Icelandic Centre for Social Research and Analysis. Iceland also participated in the two ESPAD studies in 1995 and 1999.

### **Population**

In Iceland adolescents born in 1987 were found in 10<sup>th</sup> grade of compulsory school. The very small proportion of 1987 born students that were found in grade 9 (18 students) are not included in the target population. At the time of the data collection about 99% of the 1987 birth cohort was enrolled in school.

## Sample and representativeness

In the whole country, a total of 4,121 students were registered in 10<sup>th</sup> grade in 132 schools at the time of the survey. Instead of drawing a sample, all students attending 10<sup>th</sup> grade were targeted for participation in the 2003 ESPAD survey.

Of all 1987 born students 99.5% were to be found in grade 10. The survey represents the population of grade 10 students born in 1987.

## Field procedure

Prior to the survey, a letter was sent to all 132 schools that included grade 10. The principals were asked to appoint a teacher as a contact person for the ESPAD survey. The contact teachers were asked to send a list of all classes in the school to the research team. Using these class lists, the research team prepared a survey package for each 10<sup>th</sup> grade class in the country. The packages contained the appropriate number of questionnaires and confidentiality envelopes, a letter to the teachers and a classroom report. For each school, all classroom packages were placed in a box, along with a letter to the contact person.

In the capital area, these boxes were transported by research assistants, who in some cases also administered the questionnaires. Elsewhere the boxes were sent by certified mail and the survey was administered by school authorities. Data were collected March 8–28 under the same conditions as a written test. The average age of the students was 15.7 years and the average time to answer the questionnaire was 55 minutes.

A total of 61 questionnaires filled out by 10<sup>th</sup> grade students who were not born in 1987 were omitted from further analysis.

## Questionnaire and data processing

Two versions of the ESPAD questionnaire were used. Form A closely followed the ESPAD standard questionnaire and included almost all core items. The major exception was that Q27a–n was only included in form B. Form B deviated somewhat from the ESPAD standard questionnaire and only included some of the core items. The latter form was used for some methodological purposes and for substantive research questions independent of the ESPAD survey.

The questionnaires included the Deviance modules as well as a majority of the questions in modules A (Integration) and C (Psycho-social measures). With few exceptions the order of these questions followed the ESPAD core and module ques-

tions. Form A also included 27 country-specific questions and form B 43.

The new ESPAD items were translated into Icelandic by the research team, read externally for linguistic accuracy and then translated back into English.

The questionnaire was pre-tested in one grade 9 class and in a school programme for adolescents with substance use problems. The test resulted in some minor changes in wording and street names.

The questionnaires were scanned. The optical data processing system was programmed to prompt for unusual entry when more than one mark was found for a question allowing only one answer. Random checks were conducted throughout the scanning process to assume consistent quality.

Questionnaires were flagged if they met some specific criteria. All flagged questionnaires were collected and examined in one session by the research team.

Data were not weighted.

## School and student co-operation

No schools or classes refused to co-operate, but 3 small schools with a total of 42 students in 10<sup>th</sup> grade did not return the questionnaires.

No student who was present refused to answer the questionnaire. The response rate was 81%, which is the lowest response rate obtained in the Icelandic annual school surveys since 1992. The flu season may have played a major role. According to the classroom reports 12% of the students were sick on the day of survey administration. In the scrutinising process 26 out of 3,348 (0.8%) questionnaires were rejected.

According to the data collection leaders, no disturbances were reported in 72% of the classes. Another 23% said that there were some disturbances among a few students. The most commonly reported disturbance was giggles or eye makings (16%).

In nearly all participating classes (96%) the data collection leaders reported that “all”, “nearly all” or “a majority” of the students were interested in the survey (88% answered “all” or “nearly all”). The corresponding figures were even higher on the question whether the students worked seriously (100 and 96% respectively).

## Reliability and validity

Reliability as measured by the inconsistency rate between two questions in a single administration was not extremely high for any variable. The high-



est was found for inhalants (7%), while the figures were lower for other substances (0–3%).

The inconsistency rate for use of alcohol, been drunk, cannabis and inhalants was about 1%. Five per cent of all students indicated that they would definitely not have admitted using cannabis and 8% said that they would definitely not have admitted using heroin. On the question about the willingness to admit drug use 15% answered that they had already said that they had used cannabis, which is more or less equivalent to the prevalence figure (13%). Of all students 11% answered that they had heard of the dummy drug relevin. However, only 0.3% said that they had used it.

### **Methodological considerations**

Since no sampling was done there are no sampling problems. Data were collected by research assis-

tants in some schools in the capital area and by teachers in the rest of the country. In practice the use of different kinds of data collection leaders in different parts of the country would not appear to influence the outcome as a methodological study has demonstrated that these two modes of administration do not produce different results in Iceland (Bjarnason, 1995).

Student co-operation as well as school co-operation was satisfactory. The reliability and validity measures do not indicate any major methodological problems.

The Icelandic ESPAD study seems to have been conducted without any important concerns. As a whole data seem to be representative for students born in 1987 and comparable with other ESPAD data.

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## **Ireland**

Dr. Mark Morgan, St. Patrick's College, Dublin was responsible for the Irish ESPAD study. Ireland also participated in the ESPAD data collection in 1995 and 1999.

### **Population**

The population consisted of students born in 1987 in all fifth grade classes in postprimary school. It is estimated that 93% of children born in 1987 were at school at the time of the data collection.

### **Sample and representativeness**

There are three types of schools: Single-sex secondary, mixed secondary and vocational and community schools. The schools were divided into these three strata. In the first sampling step schools were selected within these strata proportionate to the number of schools in the sampling frame. 120 schools were sampled. In the second sample step two classes were randomly sampled from each of the schools.

It is estimated that about 67% of all 1987 born students were to be found in grade 5. The sample is representative of students in grade 5 born in 1987.

Data are not weighted.

### **Field procedure**

The selected schools were contacted and, after having agreed to participate, the headmaster was asked to identify a liaison teacher to take responsibility

for the performance of the survey in the school. The questionnaires were mailed to the liaison teachers. Included with the questionnaire were guidelines for the administration of the survey. Only students who were born in 1987 were asked to go to the room in which the study was conducted. This is reported to have worked well.

After instructions were given the questionnaires were answered under the same conditions as a written test. The students put their forms in individual envelopes. The average time to answer the questionnaire was 37 minutes. The data collection was done in April, which gave an average age of 15.8 years.

### **Questionnaire and data processing**

All ESPAD core questions were asked. The questionnaire also contained the Deviance module but no optional or own questions.

No pre-testing was deemed necessary due to the previous experience with the ESPAD survey in 1995 and 1999, which proved to be satisfactory. The first 10% of the questionnaires were entered twice. Since this showed a 99% consistency, single data entry was used for the rest of the data.

### **School and student co-operation**

Out of 120 sampled schools 12 did not participate. They were not replaced by mutual schools. The

major reason for not participating was that many schools already had participated in other school surveys. In the remaining schools 196 out of 216 classes participated. The reasons for not participating varied but they were in general based on other activities that would have made the study difficult to complete in time.

All present students answered the questionnaire, i.e. no one refused to participate. The response rate was 96%. Seventeen questionnaires (0.7%) were omitted following the scrutinising process.

No major problems were reported by the survey leaders. A very large majority of them (97%) reported that they did not notice any disturbances during the data collection. All of them (i.e. 100%) answered that “all” or “nearly all” students were interested in the study. Also on the question whether or not the students worked seriously 100% reported that “all” or “nearly all” did so.

### **Reliability and validity**

The inconsistency rate between two questions in the questionnaire was low for all substances (1%).

Missing data rates were highest for the variables alcohol consumption and been drunk (4–5%), while the proportions for other substances were lower (0–3%). For the questionnaire as a whole 2% of all questions were left out. The rates of inconsistent answers to the questions about use in lifetime, last 12 months and last 30 days were low for all drugs measured (1%).

Of all students, 5% reported that they would “definitely not” admit possible use of cannabis. The corresponding figure for heroin was 10%. On the question about “the willingness to admit cannabis use” 36% answered that they had already said that they have used cannabis. The lifetime preva-

lence figure was very similar (39%).

About one of 7 students (14%) gave the answer that they had heard about the dummy drug relevin. However, only 0.4% said that they had used it.

### **Methodological considerations**

In both sampling steps (first of schools and then of classes) each school/class had the same probability to be sampled, which, in principle, could result in an oversampling of students from small schools and classes. However, since there is not a huge variation in the size of Irish schools and since classes within a school usually are of the same size, there is reason to assume that the sample is adequate and representative for students born in 1987, who attended the 5<sup>th</sup> grade. However, it should be noted that grade 5 only accommodates about 67% of all students born in 1987. Consequently, the answers cannot be generalised to 1987 born students in other grades.

The number of schools and classes that did not participate are not large and reasons given for non-participation do not indicate any important bias of the results. No student refused to participate, only a few (17) questionnaires were omitted and nearly all survey leaders reported a data collection without any disturbances with students that were interested and worked seriously. Hence, the student co-operation seems to have been good.

No reliability and validity measures indicate any important methodological problems.

As a whole, the Irish study seems to have functioned very well without any major problems. However, it must be kept in mind that data are only representative for 67% of the 1987 born students that attended grade 5.

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## ***Isle of Man***

Isle of Man is an internally self-governing dependent territory of the British Crown. It is not part of the United Kingdom, but is a member of the British Commonwealth.

Dr Andreea Steriu, from the DHSS – Directorate of Public Health, Isle of Man, and Dr Jane Powell, Dr Patrick Miller and Professor Martin Plant, all from the University of the West of England, Bristol were responsible for the survey. Isle of Man did not participate in the earlier ESPAD studies.

Ethical approval was given to the study on condition that individual schools were not identified from the data and mentioned in the report.

### **Population**

The population consists of all students living in the Isle of Man who were born in 1987. Of all the young people born in this particular year a minimum of 80% are estimated to have been in school at the time of the data collection.

## Sample and representativeness

The Island's Chief Registrar's Report on births, marriages and deaths for 1987 shows that 729 students were born in the Island in 1987. To these, the 2001 Census identified a further 177 students born in 1987 that migrated to the Island after 1987 to give a total of 906.

Students born in 1987 were to be found in grades 10 and 11 in a total of seven schools. No sampling was done. 1,974 questionnaires were distributed and 1,672 were returned. A total of 748 were identified as born in 1987. A further 27 were discarded and 721 were entered for data analysis.

Data were entered for 721 students from a cohort of 906 young people that were born in 1987. This would suggest that ESPAD 03 was representative for all 1987 born students in the country, with participation of 80% of all persons born in 1987 and who lived in the Island in 2003. It has been estimated that about 95% of all 1987 born students in the Isle of Man were to be found in the two participating grades.

## Field procedure

Each school was contacted through the Head Teachers who in turn had delegated liaison officers. The questionnaires were distributed to all schools by local project managers from DHSS – the Directorate of Public Health. The data collection was conducted during tutorials or health education classes under examination conditions. Each student was provided with an individual envelope to place the completed questionnaire.

Data were collected in the class rooms under the supervision of a teacher. All students in participating classes answered the questionnaire, i.e. also students not born in 1987 (all in all 1,672 students). However, the results in this report were limited to 721 students born in 1987. The envelopes were returned to the co-ordinating agency, DHSS.

The survey was administrated during a period of five weeks (March 31 – May 3, exclusive of Easter break), which gave an average age of 15.8 years. The average time to complete the questionnaire was 60 minutes.

## Questionnaire and data processing

Isle of Man used the same questionnaire that was used in the UK study. It included all core questions as well as the three modules of Integration, Mainstream and Psycho-social measures. In addition to this, one question was added about alcohol and seven others that were related to changes in the

legal classification of cannabis. Since the UK questionnaire was used no translation or field testing was done.

All data of Isle of Man were checked alongside the UK data for accuracy and implausibility. Data were self-weighted.

## School and student co-operation

All seven schools with grade 10 and 11 students participated. Eleven students, of the 1683 present in participating classes at the day of the data collection, refused to participate.

The overall response rate was 85% when considering participation of all grade 10 and 11 students. About two thirds of the students who were not at school, were absent due to illness. If one also include others that had "acceptable reasons" this figure rises to about 96%, which implies that 4% were absent due to truancy. Of the 748 questionnaires that were answered by 1987 born students 27 (3.6%) were excluded.

The classroom report was not used. However, very few disturbances were reported by the survey leaders. When this happened it was nearly always giggles or eye makings to the class mates. Only one student was reported to have made loud comments. All students but one were judged to have been interested in the survey and worked seriously.

No comments of specific problems were reported. The overall assessment of student comprehension was judged to be "good".

## Reliability and validity

Inconsistency rates between two questions in a single administration, which is used as a reliability measure, was low for all substances (0–1%) with the exception of inhalants (7%).

The proportion of unanswered questions about different drugs varies between 0 and 3%. No figures are available for core, module and own questions but looking at the questionnaire as a whole, 2% of the questions were not answered.

No student reported inconsistent answers to the questions of use in lifetime, last 12 months and last 30 days for alcohol consumption, being drunk, cannabis and inhalants.

Seven percent answered that they would definitely not have admitted using cannabis and 12% gave the same answer for heroin. On the same question 37% answered that they had already said that they had used cannabis, which is marginally lower than the prevalence figure (39%). Of all students 16% answered that they had heard of the

dummy drug Relevin. However, only 0.6% said that they had used it.

### **Methodological considerations**

Since no sampling was done there are no sampling problems.

The proportion of eliminated questionnaires was 3.6%. Even though this is not a relatively high figure as such, it is worth observing that it is one of the highest of all ESPAD countries. Eleven students (0.7%) refused to participate, which is a low figure as such, but is still rather high compared to other countries. The ESPAD classroom reports were not used. However, nearly no survey leaders reported any important disturbances during the data collection. As a whole, student as well as school co-operation seem to have been satisfactory.

A rather significant number of students provided inconsistent answers for inhalants (7%) but not for other substances (0–1%). No inconsistencies were reported for lifetime, last 12 months and last 30 days prevalence on questions about alcohol consumption, being drunk, cannabis and inhalants.

The fact that no student showed any inconsistency on all four variables must be seen as rather extreme. The data processing was done by the UK ESPAD team under the same conditions as for the UK data. Hence, there is no reason to believe that there were any “technical problems” related to the formulation of these figures.

No reliability or validity measures raise any important question marks, which indicate that the Isle of Man study has been done without any major methodological problems.

No separate figures on the number of unanswered questions are available for the categories core, module and own questions. However, since only 2% of all questions were unanswered there is reason to believe that the figures would be any different for these “sub groups”.

The Isle of Man ESPAD study seems to have been conducted without any important concerns. Reported data seem to be representative for all students born in 1987 and comparable with other ESPAD data.

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## **Italy**

Dr. Fabio Mariani at the Institute of Clinical Physiology, Italian Research Council, Pisa was the principal co-ordinator for the Italian survey. Italy also participated in the 1995 and the 1999 ESPAD studies.

### **Population**

In Italy the ESPAD survey was conducted in the whole country: North, Centre, South and Islands. It covered all grades of high school from 1 to 5 (students aged 14 to 19). Only students attending the second grade were included in the analyses for the ESPAD project.

### **Sample and representativeness**

As in previous surveys, the Italian sample was drawn as a multistage stratified random sample. The stratification of the 103 Italian provinces was based on 3 variables: geographical area (north, centre, south and islands), population density and SMAD index, which is a drug abuse monitoring system that classifies the Italian provinces in relation to high, medium and low levels of drug use prevalence. The next stratum was created in relation to schools within each province type: Lyceums

(classic, scientific, linguistic, pedagogic), artistic institute and vocational institute (technical and professional). Finally, 1% of the classes in each school stratum were randomly (simple random) drawn. The artistic schools were oversampled (7%) in response to national interest. However, out of the number of schools initially drawn, 12 refused to participate and were replaced by randomly drawn schools.

The size of schools was not considered for stratification as the Italian school system guarantees a rather homogeneous number of students per school and per class (average number of students per school is 500, and per class 25).

In Italy, 93% of the 1987 birth cohort was present in high schools. In addition, analysis of distribution by geographical area by school and by sex did not show any anomalies in the selection factors; hence the sample was considered representative of the whole birth cohort.

### **Field procedure**

Contact was established via telephone with the health teacher or CIC staff (Consulting and Infor-



mation Centre for juvenile distress). If none of these were found, the school headmaster was contacted. Materials for the survey were mailed to the contact person in each school. Data was collected in the classroom in the presence of a teacher. Printed information for the survey leader (teacher) was provided, and he/she was advised to read aloud the instructions (same as on front page of the questionnaire) to the class. When the questionnaires were completed, each student put their questionnaire in a separate envelope and sealed it. The data collection leader sent the class envelope including the classroom report to the National Research Council. Data collection period was from the end of March until end of April 2003.

### **Questionnaire and data processing**

Almost all ESPAD questions, but no extra country specific questions were included in the Italian questionnaire. The questions 11 and 12 were excluded since cider or alcopops are not available in Italy. Question number 5 (average grade last term) was modified to better fit the Italian grading system. In addition, the drug Ketamin was added to the list of drugs, since its use has been recorded among Italian adolescents. No module questions were added to the Italian version of the questionnaire.

The parcels with completed questionnaires were opened at the National Research Council. The questionnaires were scrutinised following a checklist for exclusion. As a result, 83 questionnaires were excluded from the analyses. Finally the data was entered into the computer, using the programme File-maker 5.5. For the analyses SPSS 11.0 was used. The sample was considered to be self-weighted, except for the overrepresentation of artistic schools for which a weight was inserted into the data file.

### **School and student co-operation**

Of the 336 schools (and classes), which accepted to participate in the survey 324 sent back the questionnaires to the research institute. This implies a loss of 3.5% of the sample. Of the non-participating schools 5 did not do so because the assigned teacher failed to fulfil his/her task, 5 schools had technical problems within the schools and two because of loss of questionnaire within the postal services. No student refused to participate in the study. The teachers' comments revealed that cooperation was excellent for the majority of the students.

According to the classroom reports more than half of the teachers (56%) reported no disturbances

at all during completion of the questionnaire. Of those where some disturbances occurred the majority concerned giggles or eye makings to the classmates. A large majority of the survey leaders (94%) found that a majority of the students were interested in the survey and that they worked seriously (98%).

The average time to complete the questionnaire was 40 minutes. The response rate was 98%.

### **Reliability and validity**

The inconsistency rate between two questions in a single administration was generally low and the highest was found in relation to the questions on drunkenness (6%), smoking use of cannabis and use of inhalants (5% each). Other variables with inconsistent answering pattern were use of tranquillisers or sedatives (4%), use of heroin (3%) and amphetamine or LSD use (2%). The differences for other variables were lower, around 1%.

The missing data rate was also overall low, especially in relation to lifetime prevalence. For any alcohol and having been drunk it was 1% and for smoking cigarettes it was even lower (0%). However, for other variables related to illicit drug use it was somewhat higher (2% on average). As can be expected, the 12 months and 30 days prevalence of drinking alcohol or having been drunk showed an increasing rate of missing data, but still relatively low (3% on both variables for alcohol and 2% for been drunk). For use of cannabis or inhalants the missing data rose from 2 to 3% on both.

The rates of inconsistent answering in relation to lifetime, last 12 months and 30 days prevalence was 5% for any alcohol and 3% for having been drunk, 1% for cannabis use and 0% for use of inhalants.

The questions related to students' willingness to admit drug use reveal that 21% answered that "I already said I that have used it", compared to the prevalence rate of 27% for cannabis users. The proportion who answered that they would "definitely not" admit such use was not very high; 4%. The corresponding figure for heroin use was somewhat higher, 7%.

Use of the dummy drug "relevis" was reported by 1%, while 11% thought that they had heard of it.

### **Methodological considerations**

The Italian sample was drawn in the same way as in earlier ESPAD surveys in Italy, which would appear to provide a representative sample of all types of high schools, in which the absolute major-

ity of the students born in 1987 are taught. According to the classroom reports the survey seems to have functioned very well in the Italian schools. The response rate seems to be unusually high, but an inquiry among the responsible Italian researchers confirm that this is often the situation in Italian schools at this time of the school year.

The methodological measures such as inconsistency rates and missing data rates indicate no important problems. Not all cannabis users indicated

on the honesty question that they had used it, but on the other hand this is something that also has been observed in many other ESPAD surveys. However, very few answered that they definitely would not admit any such use (4%). The same figure related to heroin was only somewhat higher (7%), which is indicative of good quality data. Thus, the Italian survey seems to provide reliable and valid data.

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## **Latvia**

Mrs. Ilze Koroleva, Institute of Philosophy and Sociology, University of Latvia was the principal co-ordinator for the Latvian ESPAD study. Latvia collected data also in the 1995 and 1999 ESPAD studies.

### **Population**

The target population consisted of all students born in 1987 in Latvian schools, including Russian-speaking students. In 2003 87% of young people born in 1987 were at school.

### **Sample and representativeness**

Two types of schools were represented in the study; one was comprehensive and the other vocational schools, all together 1,148 schools. Participating grades were 8–10 in comprehensive schools and grade 1 in vocational schools. Student attending evening sessions at comprehensive schools (0.6% of the birth cohort) and schools for students with serious disabilities (5%) were excluded from the sampling frame.

A proportional stratified cluster sample was used. For each of the 4 participating grades the schools were stratified by five levels of urbanisation. For grades 8–10 in compulsory schools there was also a division in Latvian and non-Latvian speaking schools. Taken together this resulted in 33 strata. Sampling units were classes and in each stratum classes were drawn via a simple random sample proportionate to the size of each stratum. All together 436 classes in 351 schools were included in the sample.

Data were weighted. The sample was judged to be representative for all students born in 1987.

### **Field procedure**

Principals in the sampled schools were contacted by telephone. They were informed on the objectives of the survey and asked to nominate a contact teacher. When more than one class was sampled in a school the contact teachers were asked to arrange the data collection on the same day in all classes.

Research assistants administrated the data collection. One reason for such was that “students tend not to trust teachers on such sensitive issues”. The teacher who should have taught the class at the time of the data collection was present, but not active, in the classroom. This helped to avoid disturbances and made it easier to obtain consent from the schools.

The questionnaires were answered in the classrooms under the same conditions as a written test. The students put their questionnaires in individual envelopes, which they sealed and were collected by the research assistants. The questionnaires and classroom reports were returned to the research institute where they were checked.

Russian speaking students answered a questionnaire in Russian. All students in participating classes took part in the data collection. However, the analysis only includes students born in 1987. The average time to answer the questionnaire was 49 minutes. Data were collected in March, April and early May, which gave an average age of 15.8 years.

### **Questionnaire and data processing**

All ESPAD core questions were included as well as the modules of Integration and Psycho-social measures. Three own socio-demographic questions were added together with 12 drug related questions.

Question 23 was incorrectly formulated and was excluded from the analysis. Some of the few added drug related answering categories will be com-



mented in asterisks of a few tables.

A professional interpreter translated the new questions from English to Latvian and Russian. Since most questions had already been used in 1999, no translation – back-translation process was deemed to be necessary for the few new questions. No pre-test was done.

No double entering of data was carried out. However, logical consistency checks were run and checked by going back to the original questionnaires.

### **School and student co-operation**

Of the 436 sampled classes 14 refused to participate.

Information related to the student co-operation was based on the data from all 7,533 participating students, i.e. also those 4,697 students that were not born in 1987. In the participating classes 16% of the students were absent. No present student refused to participate in the study. The scrutinising process resulted in the exclusion of 88 (1.2%) questionnaires.

Of the survey leaders, 67% did not report any disturbances and 27% that disturbances were found only among a few students. The most important disturbance was giggles or eye makings, which were reported by about one fifth (22%) of the data collection leaders and loud comments by 14%.

Some survey leaders reported that the questionnaire was too repetitive.

A large majority of the survey leaders (94%) reported that “all”, “nearly all” or “a majority” of the students were interested in the study (79% answered “all” or “nearly all” students). The corresponding figures were similar on the question whether the students worked seriously (95 and 79% respectively).

### **Reliability and validity**

The inconsistency rates between two questions in a single administration were highest for the variable been drunk (13%). It was lower for cannabis, inhalants and cigarettes (5–7%) as well as for tranquilisers and even lower for other illicit drugs and anabolic steroids (1–3%).

Missing data rates were low or very low for drug related questions (varying between 0 and 3%). In the questionnaire as a whole, the proportion of unanswered questions was low (2%). The rates of inconsistent answers to questions of use in lifetime, last 12 months and last 30 days were quite low; 2% on alcohol questions and 0–1% on the questions about cannabis and inhalants.

For cannabis as well as heroin about 12% of the

students answered “definitely not” on the question “If you had used marijuana or hashish, do you think you would have said so in this questionnaire” (and the corresponding question about heroin). On the same question 16% answered that they had already said that they had used cannabis, which is the same figure as the lifetime frequency figure.

Rather few (6%) reported that they had heard about the dummy drug relevin and only 0.1% answered that they had used it.

### **Methodological considerations**

The sample was drawn as a proportional stratified simple random sample of classes and thus the risk for oversampling of small classes was inherent in the procedure. However, since separate samples were drawn in a large number of strata (33) and the sizes of the classes vary little within the strata, there is reason to believe that this issue did not cause any major sampling problems. As a whole the sampling procedure seems to have functioned well and the results are considered representative for Latvian students born in 1987.

Data were collected by research assistants and not teachers unlike the exercise conducted in 1999. However, even though this is seen as an improvement, the effects of such are deemed not to be of sufficient magnitude to distort comparability between data from the 1999 and 2003 surveys.

Only a few sampled classes (3%) did not take part in the survey, which is indicative of good school co-operation.

No student refused to participate and the proportion of excluded questionnaires was acceptable (1.2%). Disturbances were reported from one third of the classes. Of all survey leaders 79% reported that “all” or “nearly all” students were interested in the survey and the proportion was the same on the question of whether or not the students worked seriously. Even though these figures are rather high they are a little lower than in most other countries. However, as a whole student co-operation seems to have been satisfactory.

Rather many students (13%) however gave inconsistent answers to two questions in relation to drunkenness and for many variables the figures are slightly higher than in 1999. However, looking at all reliability and validity measures the survey seems to have been conducted without any major methodological problems.

The overall impression is that the Latvian study has functioned pretty well and that data are comparable with data from other ESPAD countries.

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## **Lithuania**

Dr. Aleksandra G Davidaviciene at the Education Development Centre, Ministry of Education and Science was responsible for the Lithuanian ESPAD 2003 study. Lithuania also participated in the 1995 and 1999 ESPAD studies.

### **Population**

The target population consisted of all students in Lithuania born in 1987. In the Spring of 2003 approximately 96% of the 1987 birth cohort was at school.

### **Sample and representativeness**

Students born in 1987 were found in grades 8–10 (or grades 1 and 2 in gymnasiums) of academic schools. The population of 1987 born students in grade 1 of vocational schools was so small (3%) that this school type was excluded from the sample. All schools in the country were stratified according to type of academic school (basic, secondary or gymnasium), teaching language (Lithuanian, Russian or Polish) and geographic location (urban or rural).

The sample was a proportional stratified cluster sample. In each strata a systematic sample of classes was done. In the first step schools were selected and in the second one class per school was sampled. The only exception was five large schools from which two grade 9 classes were sampled.

The sample was selfweighted. It was representative for all Lithuanian students born in 1987 (with the exception of the small proportion attending vocational schools).

### **Field procedure**

The headmaster of chosen schools were informed of the study. Data were collected by teachers under the same conditions as a written test. The students were informed according to the standard ESPAD instructions. Following completion students put their questionnaires in individual envelopes, which were returned to the research institute together with the classroom reports.

In sampled classes in which more than half of the students were born in 1987 all students in the class answered a questionnaire. When less than half was born in 1987 (which usually was the case in grades 8 and 10) only students born in this year were asked to participate in the study. The average time to answer the questionnaire was 44 minutes. Data were collected in March and April, which

gave an estimated average age of 15.7 years.

### **Questionnaire and data processing**

All ESPAD questions were asked together with the Integration and Deviance modules. The questionnaire also contained one question from the module Psycho-social measures. No other questions were included.

The questions that were new in 2003 were translated from English to Lithuanian and then back translated. Even though some schools teach in Russian or Polish all students answered a Lithuanian questionnaire (simply because this was preferred by the students). The questionnaire was not pre-tested. However, pretesting was conducted prior to the 1995 and 1999 surveys without any indication of any inherent problems.

Data were not weighted.

### **School and student co-operation**

The school co-operation was very good. No schools or classes refused to participate. However, the questionnaires for one class were lost during transportation.

No present student refused to answer the questionnaire. The response rate was 87%. Of the absent students about 70% were home because of illness. All together, 91% of the absent students were not at school because of sickness, authorised leave and other “acceptable reasons”.

In the scrutinising process 451 questionnaires were rejected because the respondents were not born in 1987. Five questionnaires were eliminated for students belonging to the target group.

A large majority of the data collection leaders (72%) did not report any disturbances during the data collection and another 24% answered that they only noticed disturbances from a few students. The most important disturbance was giggles or eye makings, which were reported from 17% of all classes.

In nearly all participating classes (97%) the survey leaders reported that “all”, “nearly all” or “a majority” of the students were interested in the survey (87% answered “all” or “nearly all”). The figures were of the same magnitude on the similar question whether the students worked seriously (99 and 88% respectively).

### **Reliability and validity**

The inconsistency rate for two questions in a single administration was highest for the variables been

drunk (6%) and cigarettes (3%) while it was 0–2% for other drug variables.

Missing data rates on some drug related questions were very low (0%) and the figure was the same for the questionnaire as a whole. The rate of inconsistent answers to questions about lifetime, last 12 months and last 30 days was low for all four variables (0–1%).

For both cannabis and heroin 10% of the students answered that they would definitely not have admitted possible use. On the same question 11% of the students answered that they already had said that they had used cannabis. This figure is a bit lower than the answer to the lifetime prevalence question (14%). Only a few students (0.2%) reported that they had heard about the dummy drug relevin and nearly no one answered that they had used it.

## Methodological considerations

The sampling procedure functioned well. No schools, classes or students refused to participate. No major problems were reported in the data collection and the same may be said about the reliability and validity measures. The only measure for which a figure was a little high was about the unwillingness to admit cannabis use. The figure (10%) is higher than in many other countries but not extremely high. It is also worth noting that the corresponding figure was even higher in ESPAD 95 and 99.

The Lithuanian study seems to have been conducted without any significant methodological problems. Data seem to be representative for Lithuanian students born in 1987 and comparable with the results from other ESPAD countries.

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## Malta

Sedqa – agency against alcohol and drug abuse – Malta, in collaboration with the Guidance and Counselling Services, Department of Education Malta were responsible for the Maltese study. Malta also participated in the 1995 and the 1999 ESPAD surveys.

### Population

The total population of the 1987 born students participated in the survey. They attended one of the three types of schools: General Secondary Schools, Junior Lyceum and General Schools. There were 65 such schools comprising of 49 General Secondary, 11 Junior Lyceums and 5 General schools.

### Sample and representativeness

A class list was collected from all three different types of schools that cater for students born in 1987. As the total number of students born in 1987 was approximately 5,600 and most of them were in the fifth grade (or equivalent) half of them were needed for the ESPAD project sample. However, given that the total number of students was below 10,000 it has been suggested that in such cases a total population survey would be advisable since complexities involved with sampling would far outweigh those related to logistics. Therefore, total population sampling was adopted for the 2003 ES-

PAD survey, as has also been the case in 1995 and 1999 surveys.

### Field procedure

First contact with every school was made via a formal letter from the Guidance and Counselling Services of the Department of Education. Following a briefing meeting with guidance teachers and counsellors, a final meeting was held prior to the actual survey between the school co-ordinators and teachers who supervised the participating students in their respective classes.

Since school for fifth formers normally finishes earlier to allow ample time for students to study and prepare themselves before sitting for their MATSEC examinations (equivalent to Ordinary Level Examinations), the Maltese survey was conducted earlier than in other countries. The main reason was the positive results achieved in the response rate of the 1999 study when compared to the 1995 survey, which was conducted on the same day as in other participating countries.

The questionnaires were sealed in packs and numbered appropriately. They were distributed to all co-ordinators of each school one-day prior to the survey. The time allotted for the completion of the questionnaire was mid-morning in order to include any latecomers. Teachers compiled the class report

data. When the students had completed the questionnaire, each student placed the questionnaire on a table at the far end of the room face down. A students' representative placed the questionnaires in an envelope provided and sealed it together with the class report and thereafter deposited the sealed pack at the office of the head of the school, for transportation to the team of researchers. The survey was conducted during one day in all schools: January 22. This means that the average age of the Maltese students was 15.6 years.

### **Questionnaire and data processing**

All core segments of the questionnaire were included in the Maltese version except for questions on magic mushrooms and cider that were omitted. As regards the optional segments, 2 of the 5 questions of the Psychosocial module and all questions related to the Deviance module were included. The questionnaire was translated into Maltese and then translated back to English by another researcher from the collaborating consortium. The two English versions were subsequently compared and a final Maltese questionnaire (and an English one for non-Maltese speaking) was concluded. Before processing the data, all questionnaires were scrutinised and 15 were removed due to what seemed to be invalid data.

### **School and student co-operation**

All schools and classes participated with the exception of one school with three classes. The refusal was due to a significant number of students with learning difficulties (illiteracy) and thus the time allotted for the questionnaire was deemed too short.

In 83% of the classes no disturbances were observed and where any disturbance was reported it regarded solely giggles and eye contacts. The majority of the students showed interest in the study. A very small number of classes reported lack of interest, mainly due to the length of the questionnaire and some problems with technical words that were not understood by the students. Almost all classes reported that the vast majority worked seriously. In a suggestion that was forwarded by a teacher, the use of pictures to indicate alcohol measurement was recommended so that students would clearly understand the quantities of alcohol in question. The response rate was 81%.

### **Reliability and validity**

The reliability as measured by the inconsistency rate between two questions in a single administration was rather good, highest for inhalants (10%) and "been drunk" (7%), while it was lower for cigarettes (3%), cannabis (2%), tranquillisers (2%) and anabolic steroids (1%).

The missing data rate on drug questions was low. For the lifetime variables it was highest for alcohol (3%), while for all other variables it was 1% or less. However, for alcohol consumption and "been drunk" it was higher for 12 months and 30 days prevalence (about 4%).

The rate of inconsistent answers between lifetime, 12 months and 30 days prevalence questions was rather low; 5% for any alcohol, 3% for "been drunk" and 1% for cannabis and inhalants use. As for the "honesty questions" regarding admitting the use of cannabis or heroin, 13% of the students answered that they would definitely not admit if they had used cannabis and a few more (15%) wouldn't admit heroin use. On the other hand the lifetime prevalence figures for cannabis and heroin use denotes the same proportions indicated in the question where students answered "I already said that I have used it" (10% and 2% respectively).

### **Methodological considerations**

The Maltese study was done in the same way as earlier studies within the ESPAD project. Since the island is rather small, as already indicated earlier a total survey was considered the best option. The implementation of the survey seems to have been successful and very few disturbances were reported from the classrooms. The methodological measures such as inconsistencies between two questions in a single administration and inconsistencies between lifetime, 12 months and 30 days prevalence show very low figures.

However, on the honesty questions a number of students indicated that they were reluctant to reveal the use both of cannabis and heroin (13 and 15% respectively), which might suggest the possibility for underreporting. However, this is contradicted by the very fact that exactly the same proportions that had said earlier in the questionnaire that they had used cannabis and heroin answered "I already said that I have used it".

The overall assessment of the Maltese study is that it provides reliable and valid data.



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## **The Netherlands**

The Dutch ESPAD study was conducted by Karin Monshouwer and Saskia van Dorsselaer for the Trimbos Institute. The Netherlands also participated in the 1999 ESPAD data collection exercise. However, for methodological reasons the 1999 data from the Netherlands were not considered to be directly comparable with those from other ESPAD countries. Hence, data from the Netherlands were presented separately in the result tables of the 1999 ESPAD report.

### **Population**

The population consists of all students in grades 3 and 4 of regular secondary education born between August 1, 1987 and July 31, 1998. The reason for this particular choice of the target population, which differs from the one used in other ESPAD countries, is that the data collection in the Netherlands was done in October–November, i.e. about 6–7 months later than in most other countries. The redefinition of the target population results in an average age of the Dutch ESPAD students (15.7 years) which however is similar to the average age in a large majority of the ESPAD countries.

It has been calculated that about 92% of persons born between August 1, 1987 – July 31, 1988 attended a Dutch school at the time of the data collection.

### **Sample and representativeness**

Schools were stratified in four strata according to the level of urbanisation. In proportion to the size of each stratum, schools were sampled randomly via a systematic sample from a list of all schools in each strata. Every fourth school was assigned as a school where a third grade class should be sampled. In all remaining schools a fourth grade class should be sampled. Of all students in the target population 92% were estimated to be found in these two grades.

Schools that agreed to participate in the study sent lists of all grade 3 or 4 classes. These lists were used to draw a sample of one class per school.

The sample is judged to be nationally representative for all secondary school students born between August 1, 1987 and July 31, 1988.

Data were weighted on age, gender, grade and school level.

### **Field procedure**

The data collection was lead by staff members from Regional Health Services, research assistants

and researchers from the Trimbos Institute, all together 29 people. All survey leaders received a half day training session prior to the survey.

The material was sent to the Regional Health Services and research assistants. For each class there was an envelope with questionnaires, a written instruction for the data collection leader and a classroom report.

The teachers were asked to leave the room or to take a place in the back of the room during the data collection. After completion, the questionnaires of all students were put in a large class envelope together with the classroom report. The envelopes were sent to the data-entry service.

Data were collected in October and November, which gave an average age of 15.8 years. The average time to complete the questionnaire was 31 minutes.

### **Questionnaire and data processing**

The Dutch questionnaire included all ESPAD core questions with the exception of the consumption of cider (Q11) (since cider is not a popular beverage). In addition to this four new questions were included.

Three questions were culturally adjusted to such a degree that might limit the provision of comparability with data from other ESPAD countries. First: in Q9c in which it was stated that “spirits” did not include pre-mixed drinks. Second: NSTC was used as a dummy drug in Q27 and Q28 (instead of relevin). Third: In Q33 “coffee shop” was added as a possible place to buy cannabis.

The ESPAD questionnaire was translated from English to Dutch and then back translated by another interpreter. The questionnaire was pre-tested in three classes which resulted in some minor adjustments in the wording of some questions.

### **School and student co-operation**

Out of the 268 sampled schools 76 (28%) did not participate. In the remaining schools data were collected from 189 of the 192 sampled classes. Participating and non-participating schools were compared for school size and proportion of immigrant students (students born in a foreign country or who had one or both parents born outside the Netherlands). No significant differences were found.

No present student refused to participate. The response rate for all students in participating classes was 93%. Ten questionnaires (0.5%) were eliminated

following the scrutinising process.

19% of the survey leaders reported some kind of disturbances during completion of the forms. The most common disturbance was “other kinds of comments”, which was reported by 18% of the data collection leaders.

The question about students interest in the survey was not asked. However, in all participating classes it was reported that “all”, “nearly all” or “a majority” of the students worked seriously (96% answered “all” or “nearly all”). At an evaluating meeting with all survey leaders no major difficulties were reported in the data collection procedure.

### **Reliability and validity**

The inconsistency between two questions in a single administration, which is a reliability measure, was not extremely high for any variable. The highest was found for the variables tranquillisers or sedatives, been drunk and inhalants (4–6%), while the figures were lower for other substances (0–3%).

The inconsistency rate for the variables been drunk and alcohol consumption were about 2%, while it was lower for cannabis and inhalants (0%). Six per cent of all students indicated that they would definitely not have admitted cannabis use and about 9% gave the same answer on reporting possible heroin use.

On the question about willingness to admit drug use, 23% answered that they had already reported that they had used cannabis, which is a little lower than the prevalence figure (28%). Of all the students, 13% answered that they had heard of the dummy drug NSTC. However, only 0.9% said that they had used it.

### **Methodological considerations**

For pragmatic and historical reasons the data collection in the Netherlands took place 6–7 months later (October–November) than in other ESPAD countries (in which data were collected during the winter and spring). To “compensate” for this the target population was redefined as students born between August 1, 1987 and July 31, 1988. This results in an average age of 15.7 years, which is the same as that found in most other ESPAD countries.

The situation was similar to that in the 1999 data collection exercise in which it was possible to compare the results from students defined in a similar

way with students defined according to the ESPAD protocol (Hibell et al. 2000). There were only some minor differences between the two groups and they were all in the expected direction. The conclusion drawn was that the definition used in the Dutch study seemed to be the most appropriate for ESPAD comparisons. It seems relevant to make the same assumption with respect to the 2003 survey.

The sample of schools seem to have been done adequately even though it probably gave an overrepresentation of small schools. However, this was compensated for in the weighting process. The sample is judged to be nationally representative for secondary school students born between August 1, 1987 and July 31, 1988.

Of the sampled schools 76 out of 268 (28%) did not want to participate. This is rather high compared to other ESPAD countries. A comparison between participating and non-participating schools did not show any differences for the variables school size and proportion of immigrant students. The Dutch researchers explained that compared to similar school surveys in the Netherlands the response was very good. Also there appear to be sufficient grounds to assume that the relatively high number of non-participating schools did not influence the results to such a degree that the comparability with other ESPAD countries is not warranted.

Three questions in the Dutch questionnaire were culturally adjusted. In the few cases where this might pose difficulties with the ability to make comparisons with other ESPAD countries, this factor is addressed in the result section.

Student co-operation would appear to be good. No student refused to participate and only a few questionnaires were omitted. The data collection seems to have functioned without any major obstacles.

No reliability or validity measures indicate any important methodological problems.

As a whole, data from the Dutch survey seem to be comparable with data from other ESPAD countries. However, it might be worth keeping in mind that the data collection was done at a different time of the year, that the target population is defined differently (even though the mean age is about the same) and that relatively many schools did not want to participate in the survey.



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## Norway

Astrid Skretting at the Norwegian National Institute for Alcohol and Drug Research was the principal investigator for the Norwegian study. Norway also participated in the 1995 and the 1999 ESPAD surveys.

### Population

The target population consisted of all students in grade ten in secondary (compulsory) schools in Norway born in 1987. Nearly 100% of children born in 1987 were enrolled in school in March 2003. Nearly all of them were to be found in grade 10.

### Sample and representativeness

The sampling frame was all 2,525 grade 10 classes in Norway. They were divided into 87 strata according to a combination of county and a form of municipality. In the stratified cluster sample, classes were sampled with a simple random sampling technique within each stratum proportionate to the size of the stratum. The sample consisted of 265 classes.

Since the sample of classes within each stratum was not proportionate to class size, students in small classes in some cases may have been over-represented in the sample. However, it should be borne in mind that class size does not vary to any great extent within each stratum. The sample is estimated to be a representative nation-wide sample of students born in 1987 attending grade 10.

### Field procedure

Via letters taken home by the students, parents were informed in advance on the conduct of the study and thus had the possibility through which to prevent their child from participating in the said survey. However, very few students did not participate as a result of parent refusal.

The questionnaires and instructions were sent to the sampled schools. The data collection was done under the same conditions as a written test and the completed questionnaires were collected in individual envelopes by a teacher, who then sent them back to the institute responsible for the conduct of the study. The questionnaires were scanned into a computer.

The average time to complete the questionnaire was 36 minutes. Data were collected in March–April, which gave an average age of 15.7 years.

The questionnaires of the few grade 10 students that were not born in 1987 were excluded from the survey.

### Questionnaire and data processing

All core questions in the ESPAD questionnaire were asked as well as the questions that formed part of the Integration and Deviance modules. A few own questions about alcopops and spirits were also included in the questionnaire.

The questionnaire was translated by the Norwegian ESPAD researcher. It was not translated back and was not piloted.

Data are weighted for geographical distribution.

### School and student co-operation

Of the 265 sampled classes 60 did not participate in the survey and they were not replaced. The proportion of non-participating classes (23%) was a bit higher than it was in the 1999 data collection (14%). The Norwegian ESPAD researcher expressed the view that the increase was mainly caused by the significant number of requests to schools to participate in school surveys. Hence, it was judged that students in non-participating classes do not differ significantly from participating students in regards to their alcohol and drug habits.

The response rate was 87%. Explicit information on the number of students that refused to participate was not available. However, no data collection leader reported any refusals. Very few questionnaires were excluded following the scrutinising process (0.3%).

Of the 205 survey leaders, 150 returned a classroom report. About four fifths (81%) did not report any disturbances, while 18% answered that this was the case with only a few students. The most common disturbance was giggles or eye makings that was mentioned by 10% of the teachers.

In the vast majority of the classroom reports (96%) it was mentioned that “all”, “nearly all” or “a majority” of the students were interested (89% answered “all” or “nearly all”). The figures were about the same on the similar question whether the students worked seriously (99 and 93% respectively).

### Reliability and validity

Reliability as measured by consistency between two questions within a single administration showed that the rate of inconsistency was highest for cigarette smoking (5%). For questions about alcohol, inhalants and illicit drugs the inconsistency rate were smaller (0–3%).

Missing data rates on drug questions varied be-

tween 4 and 7%, with the exception of cigarettes where the figure was lower (1%). Looking at the questionnaire as a whole, 3% of the questions were not answered.

The rates of inconsistent answers to questions about lifetime, last 12 months and last 30 days were low for all variables (0–1%). The proportion who would definitely not admit cannabis use was 3% and the same was true for heroin. The proportion who answered in the affirmative “I already said that I have used it” (i.e. cannabis) was 9%, which is the same as the prevalence figure.

Eleven per cent of the Norwegian students answered that they had heard of the dummy drug *relewin*. However, only 0.4% said that they had used it.

### **Methodological considerations**

Within each stratum classes were drawn with the same probability, which could have resulted in an overrepresentation of students from small classes. However, since class size within each of the 87 strata did not differ very much this was judged to have negligible impact on the representativeness of the sample. Hence, the sample is considered to be representative of students born in 1987 attending grade 10.

The parents were informed about the study in advance, which may have created the opportunity for discussion prior to data collection either between the students or at home between parents and the students. If such discussions occurred one cannot exclude that they may have negatively influenced the willingness to give true answers. However, since the study was done anonymously and since there was no information available from the

data collection leaders that the validity might have been negatively affected, it seems reasonable to assume that contact with the parents did not have any adverse consequences on the outcome of the study and thus comparisons with other ESPAD countries are acceptable.

Compared to other ESPAD countries a significant number of the sampled classes (23%) did not participate in the data collection. They are spread all over the country and there are no indications that students in non-participating classes can be expected to have significantly different alcohol and drug habits. However, it must be noted that this conclusion is not based on any systematic follow up.

The response rate was acceptable (87%), the proportion of unanswered questions low (0.3%) and the classroom reports did not indicate any important disturbances during the data collection. Hence, student co-operation seems to be satisfactory.

The proportion of unanswered questions in relation to illegal substances (4–7%) is higher than in most other ESPAD countries, which could be seen as an indicator of underreporting. However, the proportion that definitely not would have answered honestly about possible cannabis use is among the lowest (3%), so there are no clear foundations for such a conclusion. Moreover, the Norwegian figures for the reliability and validity measures do not infer any major methodological problems.

As a whole the results seem to be representative and comparable with other ESPAD data. However, the rather high proportion of non-participating classes is an uncertainty that should not be dismissed.

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## **Poland**

Janusz Sieroslawski, Institute of Psychiatry and Neurology, Warsaw was responsible for the Polish study. Poland also participated in the 1995 and 1999 ESPAD studies.

### **Population**

The population consists of students born in 1987 attending third grade of the gymnasium. It was assumed that 95% of this age cohort were enrolled in school in March/April 2003.

### **Sample and representativeness**

List of schools were obtained from the Ministry of Education. They contained information about the number of classes in each school.

The sampling unit was class. The sampling frame constituted of lists where the name of the schools appeared as many times as the number of classes within each school. The sample was drawn as a systematic random sample with a probability proportionate to school size. In addition, extra classes were drawn from two cities (Warsaw and Pozan)

and three regions (Mazowieckie, Lodzkie and Zachodniopomorskie) that wanted to have data for their own cities and regions. For this reason data were weighted.

390 classes were sampled, with one each in 390 schools. Of all students born in 1987 92% were estimated to attend grade 3 in the gymnasium. The sample is judged to be representative for all Polish students born in 1987.

### **Field procedure**

For the administration of the data collection Poland was divided into six areas. Administration and data collection were performed by all together 124 research assistants, who were specially trained for this task.

The assistants were told to collect data under conditions similar to a written test. Instructions to the students were read aloud in each class and each student could also read it before answering the questionnaire. After completion each student put his or her questionnaire in an individual envelope. No teacher was allowed to stay in the classroom while the survey was done. All material was taken to the research institute by the research assistants.

The average time to answer the questionnaire was 37 minutes. Data were collected in May–June, which gives an average age of 15.9 years.

### **Questionnaire and data processing**

The questions that were new in 2003 were translated to Polish and then back-translated to English, which did not result in any important changes.

The questionnaire contained all ESPAD core questions as well as questions of the Integration module. The same own questions were asked as in the 1995 and 1999 surveys. The questionnaire also included one new question.

The questionnaire was tested via interviews with six students, which did not indicate any problems in understanding the questions

Data were weighted to correct for the oversampling of some cities and regions.

### **School and student co-operation**

Only six out of 390 schools did not participate. The major reason was that it was not possible to collect data during the time of the data collection. The six schools that did not collect data were not replaced. It is stressed in the national report that there were no problems with the willingness of the schools and classes to conduct the survey.

The response rate was 85%. Only five present

students (0.1%) refused to answer the questionnaire. The number of eliminated questionnaires was 52 (0.9%).

No serious problems or disturbances were reported from the data collection. Of all survey leaders 54% did not report any disturbances at all, while 36% answered that this happened with a few students only. The most important disturbance was loud comments, which was reported from nearly half of the survey leaders (49%).

In a large majority of the classes (90%) the data collection leaders reported that “all”, “nearly all” or “a majority” of the students were interested in the study (81% answered “all” or “nearly all”). The proportions that answered that the students worked seriously were 92 and 74% respectively.

### **Reliability and validity**

The inconsistency rate between two questions in a single administration was highest for the variables been drunk, tranquillisers, cigarettes and inhalants (6–8%) followed by cannabis (4%). The corresponding figure was lower for anabolic steroids and other illicit drugs (1%).

Missing data rates were rather low (1–2%) for all categories of substance use variables. No information is available about the proportions of unanswered questions in the questionnaire as a whole.

The rate of inconsistent answers to questions about use in lifetime, last 12 months and last 30 days were 5–6% for all four drug related variables. For cannabis 8% answered “definitely not” on the question “If you had used marijuana and hashish, do you think that you would have said so in the questionnaire?” The corresponding figure for heroin was about the same (10%). On the “honesty question” 28% answered that they had already said that they had used cannabis, which is higher than the reported proportion (18%).

Twelve percent answered that they had heard about the dummy drug relevin, while 1.0% said that they had used it.

### **Methodological considerations**

The sample seems to have been done without any problems.

There are rather many survey leaders that reported some kind of disturbance during the data collection. A plausible explanation to this from the Polish ESPAD researcher is that the research assistants were trained to note all disturbances, which made them very observant. It was also commented that the survey leaders were trained to handle situ-

ations with loud comments from the students. Hence, there is reason to assume that the disturbances during the data collection were not more serious in Poland than in other ESPAD countries.

Very few students refused to participate, the proportion of skipped questionnaires was not high and the response rate acceptable. The reports of the survey leaders don't indicate any serious problems during the data collection. Hence, the student co-operation seems to have been satisfying.

The number of refusing schools and classes was low and there are no problems reported in the co-operation with the schools. Thus, there is reason to assume that the school co-operation was good.

The inconsistency rates are a little higher in Poland than in most other ESPAD countries, especially for the variable tranquillisers and sedatives without a doctor's prescription, which call for some uncertainty. However, other reliability or validity measures are not extremely high.

The only circumstance that create some concern is the fact that 28% answered that they already had

said that they had used cannabis on the "honesty question", while the proportion answering this in the questionnaire was 18%. The Polish ESPAD researcher has commented that the "honesty question" was at the end of the questionnaire when some students may have started to get tired. It is also mentioned that the translation of the "honesty question" may not have been optimal. Hence, the conclusion of the ESPAD researcher, which seems plausible, is that the figure of reported cannabis use probably is rather realistic, but that there are some concerns about the answers to the "honesty question".

Information is missing about the number of unanswered questions in the questionnaire as a whole. However, since the proportions of unanswered questions about different substances are low, there is reason to assume that this also is the case in the questionnaire as a whole.

Data seem to be representative for students born in 1987 in Poland and comparable with results from other ESPAD countries.

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## **Portugal**

Fernanda Feijão, Social Psychologist at the former Instituto Portugues da Droga e da Toxicodependencia, IPDT – nowadays Instituto da Droga e da Toxicodependencia, IDT was responsible for the Portuguese study. The Portuguese study was also supported by the Portuguese Ministry of Education. Portugal participated both in the 1995 and the 1999 ESPAD surveys.

### **Population**

The survey was carried out in Portugal mainland. The regions of Azores and Madeira Islands were not included. In Portugal, students born in 1987 could be attending 3<sup>rd</sup> level of Basic School or Secondary School in grades 7 to 11. It was assumed that about 99% of the students born in 1987 were to be found in grades 7 to 10.

### **Sample and representativeness**

In Portugal students born in 1987 could be attending public or private schools in one of the different types: only for 3<sup>rd</sup> levels of Basic School (grades 5–9) only for High/Secondary School (grades 10–12), for 2<sup>nd</sup> and 3<sup>rd</sup> levels of Basic School (grades 5–9) or for 3<sup>rd</sup> level of Basic School and Secondary

School (grades 7–12). It was estimated that 81% of the 1987 birth cohort were still in school, either in public or private schools. It is rather complicated to get access to private schools for a survey, and it was decided that the study should be restricted to the public school population. Moreover, in 2003 only 9% of all students attending grades 7 to 10 were in private schools. In addition, a new category of education (professional schools) had recently been implemented in Portugal. They were not included in the sampling frame since they were still rather small and in 2003 only 5,000 students in the entire country were attending them. Thus, the sample covered 85% of the age cohort in school.

The sample units were classes, which were randomly drawn from a comprehensive list of classes in all schools in the sampling frame. Thus, the total number of schools included in the ESPAD sample was 554 and the total number of classes selected was 658.

### **Field procedure**

Due to political and organisational constraints it was not possible to implement the survey until the end of May. The first step in the data collection



phase was to send to the Head Quarters of the Ministry of Education, and to their Regional Authorities, a list of all schools with classes in the sample. They were asked to send a letter, fax or e-mail to the headmasters of those schools to inform them that some classes of the school were included in the sample and that soon they would be receiving mail from IDT, with specific guidelines to all the procedures related to the implementation of the study. They were also informed about the exact date when the survey was supposed to be performed.

In the next step each school headmaster received a letter from IDT, explaining all the details about the survey stressing its importance in order to guarantee the quality of the study. Meanwhile, all material was packed in envelopes marked with a numeric code to identify the class: number of the class in the sample, number of the class in the school, grade level, school number, and geographical codes (at national, regional, district, and local levels). Also, and in an explicit way, the grade level and the number of the class in the school were written onto the envelope, in order to be easily identified either by the schoolmaster or by the teacher in charge of the collection of data. All the envelopes were marked “confidential” and sent to the schools using an agency specialised in delivering packs to schools all over the country. Data collectors were class teachers. After completion the questionnaires were mailed back to the national coordinator.

Data were collected on May 28 in almost all schools. Only very few schools were 3–4 days delayed. The mean age of the Portuguese sample was 15.9 years.

### **Questionnaire and data processing**

The Portuguese questionnaire contained 294 core questions and 117 own questions. The ESPAD questions on cider, debut drug, alcohol consumption’s impact on different problems and the use of alcohol or drugs among siblings were excluded. Some questions from ESPAD modules were included. Three of the own questions were inserted among the ESPAD core questions, other own questions (10) were added at the end of the questionnaire. Since the questionnaire was similar to the version used in 1999 it was translated and back-translated by the national coordinator and two other experts. The questionnaire was pre-tested among 50 students representing the target age groups.

When the questionnaires returned to the research

unit they were checked according to the ESPAD guidelines. In this process 300 (2.3%) were excluded from the dataset. The data was assumed to be self weighted. The questionnaires were optically read using the program Teleform.

### **School and student co-operation**

Of the original sample of 660 classes 642 participated. If a class for some important reason was unable to participate the class of the same grade next in the list was picked to replace the class, but 28 classes were lost. Due to the late data collection (explained above) the situation in the schools was not ideal. Many schools already were in the final period of tests and evaluations. For these reasons some schools decided not to participate since it was considered to disturb the school work too much. However, a high percentage of the students (96%) were present at the time of data collection.

Despite these initial problems and according to the classroom reports the study seems to have functioned very well. A majority of the students (69%) completed the questionnaire without any disturbances at all. The main cause of disturbance was defined as giggles or making eyes at classmates. A large majority (about 87%) of the students worked seriously and seemed interested in the survey. The average time to complete the Portuguese survey was 50 minutes. The response rate was 94%.

### **Reliability and validity**

Reliability as measured by inconsistency rates between equivalent questions in a single administration was highest for “been drunk” (10%), inhalants (5%), cannabis use (4%) and smoking (3%). Most other variables ranged between 1 to 2%. Missing data rates on lifetime questions were highest for any alcohol (7%) and “been drunk” (3%). The latter variable had an increased proportion of missing data concerning the 30 days prevalence (8%), but not on the 12 months variable. The rates of inconsistent answering between lifetime, 12 months and 30 days use was also somewhat high for questions on alcohol (10%) and “been drunk” (7%), but it was lower for cannabis (2%) and inhalants (1%). The inconsistency rate was higher among boys than among girls.

About 5% of the Portuguese students said that they would not admit cannabis or heroin use. Nine percent thought that they had heard of the dummy drug relevin but less than 1% reported use of it.

## Methodological considerations

The Portuguese study met with some important difficulties, since big institutional changes took place both within the responsible institute and at the Ministry of Education. These circumstances were the reasons for the late data collection, which in turn caused some problem in schools busy with examinations etc. However, despite these problems the data collection was successful and the data are representative for this age cohort in public schools in the grades 7–10.

The method of making up lists with all relevant

classes in the sampling frame to draw the sample from was new compared to earlier studies and it made the sampling truly random. The response rate was high. A somewhat high proportion of inconsistencies on alcohol variables draw the attention to the data quality, but on the other hand it was low for other illicit drugs. Very few students were reluctant to admit cannabis or heroin use and very few claimed use of the dummy drug *releevin*. The overall impression is that the Portuguese data are valid and reliable.

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## Romania

Silvia Florescu at the National Institute for Research and Development in Health was responsible for the Romanian ESPAD study. Romania also participated in the 1999 ESPAD study.

### Population

The target population consists of all students in Romania born in 1987. The proportion of all children born this year enrolled in school was 93%.

### Sample and representativeness

Grades 9 and 10 in nearly all kinds of schools were included in the study. The study only included full day time students in these grades, which means that part time and evening students were excluded. 54 schools, including schools for students with non-Romanian teaching languages and schools for handicapped students, were excluded. This was also the case with 78 schools with “theological profile”. Another category that was excluded was military high schools.

The sample was a two stage stratified cluster sample with 72 strata. In the first step schools within each stratum were sampled proportionate to the size of the stratum. Each school within a stratum had the same probability to be sampled via a simple random sample. The second step was a simple random sample of one grade 9 class and one grade 10 class per school that was done by using class lists provided by sampled schools. All together 208 schools were sampled, which would give 416 classes.

The sample is representative for Romanian students born in 1987 and enrolled in grades 9 and 10 in regular high schools. The proportion of all stu-

dents born in 1987 that were to be found in the two participating grades is 79%.

The sample is not self-weighted. Data were weighted on school size (by using information from participating schools).

Of all students born in 1987 that answered the questionnaire 42% were boys. The corresponding figure in the sampling frame is not easily identified.

### Field procedure

After an introduction in front of the class data were collected by research assistants. Teachers were not allowed to stay in the classroom. Data were gathered under the same conditions as in written tests in the sampled grade 9 classroom of each school. The few students born in 1987 that were found in the sampled grade 10 class were asked to go to the grade 9 class at the time of the data collection. All present students in grade 9 classes participated in the data collection. Questionnaires from students not born in 1987 were excluded from the analysis.

The questionnaires were gathered in individual envelopes. The research assistants returned the questionnaires to the research institute by regular mail.

The average time to complete the questionnaire was 60 minutes. Data were collected in June, which gives an average age of 15.9 years.

### Questionnaire and data processing

All ESPAD core questions were asked. The questionnaire also contained the questions of the Integration, Psychosocial and Deviance modules. Two own questions were added.

The translation was made by a team of professional translators and students and included a back



translation to English. The questionnaire was pre-tested in four schools in Bucharest and did not result in any changes.

### **School and student co-operation**

One school could not be reached but all the others participated. No sampled class refused.

The response rate was 84%. No present student refused to participate. The proportion of questionnaires excluded in the scrutinising process was 20 (0.5%).

According to the data collection leaders, no disturbances were reported in 90% of the classes. Disturbances (mainly giggles or eye makings) were reported by “a few students” in 8% of the classes.

In nearly all participating classes (98%) the data collection leaders reported that “all”, “nearly all” or “a majority” of the students were interested in the study (92% answered “all” or “nearly all”). The corresponding figures were the same on the similar question whether the students worked seriously.

### **Reliability and validity**

The inconsistency rate between two questions in a single administration was highest for the variables been drunk and cigarette smoking (6–7%). The corresponding figure was much lower for all other drug related variables (0–2%).

Missing data rates on some drug related questions were rather low (1–4%). This was also the case with the questionnaire as a whole (2%).

The rates of inconsistent answers to questions about use in lifetime, last 12 months and last 30 days were highest for the variables alcohol consumption and been drunk (4–5%). The corresponding figure for cannabis and inhalants was 0%.

About 8% of the students answered that they would not have admitted use of cannabis or heroin. On the same question 5% said they had already answered that they had used cannabis while the reported figure was a bit lower (3%), which gives a quotient of 1.7. Eleven percent answered that they had heard of the dummy drug relevin. However, only 0.1% said that they had used it.

### **Methodological considerations**

In the first sampling step, schools were randomly sampled within each strata with the same probability, which usually gives an overrepresentation of small schools. However, since this was done separately for a large number of strata (72) there is reason to believe that the sizes of the schools within each stratum are rather similar, which would “balance” the risk of

oversampling small schools. In addition to this it should be stressed that data were weighted on school size. In the second sampling step classes were sampled via a simple random sample.

78 schools (about 5% of all schools) with “theological profile” were excluded from the sampling frame with the motivation that use of different substances are not accepted by the orthodox church, which would have made it very difficult for these students to admit possible substance use. Another category of schools that was not included in the sampling frame was military high schools. The main reason was that it would not have been possible to get these schools to co-operate. Considering these comments from the ESPAD researcher it seemed reasonable to exclude these two categories. They were excluded also in 1999, which means that the comparability with the previous ESPAD study is not affected.

Of all students that answered the questionnaire 42% were boys. This is most probably too a low figure compared to the proportion of boys in the target population. However, that figure is not easily identified, which means that a preferred weighting of the data for all students are not possible to do. Hence, when there are large discrepancies between the proportion of boys and girls that have given a specific answer the figure for all students should probably be closer to the corresponding figure for boys than is actually the case.

All sampled schools but one participated and no class refused to take part in the data collection. All participating students answered the questionnaire and there were only few questionnaires (0.5%) that were skipped in the scrutinising process. No major problems are reported from the data collection procedure. As a whole, school and student co-operation seem to have been good.

On a question about possible willingness to report cannabis use 5% said that they had already answered that they had used it. However, only 3% gave this answer on the lifetime prevalence question. This gives a quotient of 1.7, which is high compared to other ESPAD countries. One “explanation” to this is that it was difficult to translate the “willingness question” in such a way that all possible misunderstandings could be avoided. In addition to this it should be remembered that both figures are low, which make them sensitive to answers from a few students only.

No measure of reliability and validity suggest any important methodological problems. As a whole, there don't seem to be any major problems related to

the Romanian data collection in 2003. Hence data seem to be representative for students born in 1987 enrolled in regular high school education and comparable with the results from other ESPAD countries. However, the fact that boys probably are somewhat underrepresented infer that figures for all students are not always exactly correct when there are large discrepancies between boys and girls.

In the international 1999 ESPAD report data from Romania were presented without excluding students that did not belong to the target population of students born in 1983. Data from 1999 in the present report are recalculated for students born in 1983, which means that some Romanian 1999 figures in this report are not the same as in the previous international ESPAD report.

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## ***Russia (Moscow)***

Eugenia Koshkina at the Research Centre on Addictions, Russian Federation Ministry of Health was responsible for the Russian ESPAD study. Moscow also participated in the 1999 ESPAD project. As a part of the first ESPAD study in 1995 data were collected in the European part of Russia by another researcher. However, data from that study were never published.

### **Population**

Like in 1999 the Russian study was limited to Moscow. One reason to do so is that Russia is so huge that it is difficult to do a nation-wide study. The target population consists of students born in 1987 in Moscow.

These students were found in grades 9 and 10 in general schools, gymnasiums and lyceums, first year of primary technical education schools, first year of secondary professional education schools and first year of schools for nurses. Schools with mentally handicapped children were excluded from the survey. The same was also true for students in private schools (with about 0.5% of all students born in 1987). Of all persons born in 1987 it was estimated that about 95% were enrolled in school at the time of the data collection.

### **Sample and representativeness**

Available lists were used to draw a systematic sample of 85 grade 9 classes in general schools. They were sampled proportionate to class size. Another 85 grade 10 classes were sampled in a similar way. Two schools in the two class samples were the same which altogether resulted in a sample of 170 classes in 168 schools.

In addition another 40 schools were randomly sampled from technical and professional schools as well as from schools for nurses. The 40 schools

were sampled proportionate to the approximate number of students born in 1987. In each of the sampled schools one class was randomly sampled by using lists of classes provided by the sampled schools.

It has been calculated that 98–99% of all Moscow students born in 1987 were to be found in the grades that were included in the sample. Thus, it is representative for all students in the city of Moscow born in 1987.

The sample is selfweighted.

### **Field procedure**

Moscow is divided into 10 districts and each district had its own co-ordinator from the research institute. They delivered a letter from the Moscow Government Education Department to the District Education Committees and were in contact with the directors of the sampled schools. Data were collected by the co-ordinators and research assistants, who got a two day training course.

The survey leaders brought the questionnaires and the individual envelopes to the schools. They informed the students about the study, which was done under the same conditions as a written test. After the data collection the research assistants completed the classroom report with the assistance of the teacher. In most of the cases the teacher remained in the classroom during the data collection. However, he or she did not take any active part in the data collection.

After the data collection the district co-ordinators brought the material to the research institute. Data were collected in April and May, which gives an average age of 15.8 years.

**Table O.** Drunkenness measured with a new “softer” and an old translation in a split-half test in Moscow schools in 2003.

	Boys		Girls		All students	
	Old	New	Old	New	Old	New
Lifetime, 20+ times	18	31	13	19	15	24
Last 12 months, 10+ times	14	24	9	16	12	20
Last 30 days, 3+ times	12	22	9	13	10	17
Drunk at 13 or younger	22	40	19	34	21	37

Source: Koshkina and Vyshinsky (2004).

## Questionnaire and data processing

The Russian questionnaire consisted of all ESPAD core questions. The Deviance module was asked as well as some questions from the Integration and Mainstream modules. No country specific questions were included. Since cider hardly exists in Russia, the questionnaire contained a question about champagne (sparkling wine) instead of cider. Champagne is a beverage traditionally served in Russia for celebration and is often the first alcoholic beverage a young person is allowed to drink by his or her parents.

Since the concept *alcopops* is hardly known in Russia the question about the consumption was formulated a little differently: “... alcoholic beverages with gas (like gin-tonic, rum-cola, etc.)”.

The concept drunkenness is difficult to translate into Russian. Hence, two versions of the questionnaire were used. Questionnaire A contained the same translation as in 1999 while questionnaire B included a “softer” translation. Within each class every second student got questionnaire A and every second version B.

The outcome of the test is presented in table O, which clearly shows that the new translation resulted in more students that reported drunkenness and more that admitted that they had been drunk at the age of 13.

The questionnaire was translated to Russian by researchers at the institute responsible for the study. It was checked but not back translated. The questionnaire was “pre-tested” during the training of the research assistants.

In 1999 the data entry was checked and showed 0.01% errors. Since this figure was so low and since the same data entry process was used as in 1999, no quality check was used this time.

All students in participating classes answered the questionnaire. However, only data from those born in 1987 are included in “ESPAD presentations”.

The sample was selfweighted, which means that no weighting of the results was necessary.

## School and student co-operation

Altogether 16 schools (and classes) did not take part in the survey. However, once a permission was given by a school, none of the sampled classes refused to participate.

Of all students in selected classes only one refused to answer the questionnaire. The response rate was 80%. The questionnaires of nine students (0.5%) were excluded during the scrutinising process. The average time to complete the questionnaire was 33 minutes.

About one fourth of the survey leaders (24%) did not notice any disturbances while 60% said that this happened from a few students.

In nearly all these classes (53% of all classes) giggles or eye makings were reported. Loud comments were observed in 7% of all classes. When some kind of disturbance was reported this usually happened only among a few students.

A very large majority of the data collection leaders (93%) reported that “all”, “nearly all” or a “majority” of the students were interested in the study (72% answered “all” or “nearly all”). The figures were rather equal on the question whether the students worked seriously; 92% answered “all”, “nearly all” or a “majority” and 69% “all” or “nearly all”. No serious problems are mentioned in the classroom reports.

In the country report it was summarised that the student comprehension was good.

## Reliability and validity

The inconsistency rate within a single administration, which is used as a reliability measure, was highest for cigarettes, been drunk and inhalants (5–7%). For all other substances it was substan-

tially lower (1–3%).

Validity measured as missing data rates is a bit higher for alcohol related variables (3–4%) compared with all other drugs (1–2%). For the questionnaire as a whole, 2% of the questions were not answered.

The inconsistency rates between lifetime, last 12 months and last 30 days prevalence was a little higher for the two alcohol validity variables (6–7%) compared to cannabis and inhalants (2–4%). Five percent of the students answered on “the willingness questions” that they would not have admitted use of cannabis, while the corresponding figure for heroin was 8%. Eighteen percent of the students answered on the same question that they had already said they had used cannabis, which is slightly lower than the reported value (22%). Ten percent of the students reported that they had heard about the dummy drug relevin. However, only 0.1% answered that they had used it.

### **Methodological considerations**

The sampling procedure seems to be adequately performed, which means that the sample is representative for all students in Moscow born in 1987.

A new translation of the concept “drunkenness” was tested in every second questionnaire, while the old translation was used in the remaining questionnaires. The new version is “softer” and has, thus, created a larger proportion of students that have reported drunkenness. The Russian ESPAD researchers find the new translation to be the most appropriate and it is planned to be used in the future. Consequently, it will be used in the chapter in this report that describes the alcohol and drug situation in 2003. However, the figures from the old translation will be used in the chapter about changes between 1995 and 2003.

No major problems are reported from the data collection. Sixteen schools (out of 208) refused to participate, which must be seen as an “acceptable” outcome. Only one student refused to take part in the study and very few questionnaires were excluded.

Some kind of disturbances, mainly giggles or eye-makings, was reported from a little more than half of the survey leaders. Compared to other ESPAD countries this is a high figure even though most of the reported disturbances relates to a few students only. The Russian ESPAD researchers have commented that “giggles” in the classroom report has been translated as “whispering to each other” and that it has been rather common that students at the beginning of the data collection whispered questions about the questionnaire to a classmate. When this happened the survey leader asked the students to ask him instead and after that the disturbances usually disappeared. The Russian ESPAD researchers feel certain that there has not been any notable changes since the 1999 data collection in the students’ attitudes and interest in participating in the ESPAD data collection. Such a conclusion is supported by the fact that the classroom reports don’t include comments about any serious problems during the data collection. Hence, it seems reasonable to assume that the school and student co-operation was of “acceptable” quality.

The response rate (80%) is slightly lower than in most other countries. However, according to the Russian ESPAD researchers this is a “normal” proportion of absent students. The inconsistency rates for questions about use in lifetime, last twelve months and last 30 days are a little higher in Russia (Moscow) than in most other data collections for the variables been drunk (6%) and cannabis use (4%). However, this is not a part of a general pattern of low reliability or validity. Hence, as a whole the reliability and validity measures do not indicate any important methodological difficulties.

The overall impression is that the Russian study seems to have been accomplished without any major problems. Data are judged to be representative for students born in 1987 in the city of Moscow and comparable with data from the countries that participated in the 2003 ESPAD data collection.

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## ***The Slovak Republic***

Dr. Alojz Nociar, National Monitoring Centre for Drugs was responsible for the Slovakian ESPAD study. Earlier ESPAD surveys in the Slovak Republic were performed in 1995 and 1999.

### **Population**

The target population for the 2003 study was secondary school students in grades 1 to 4, born in 1987. In 2003 it was estimated that 98% of the 1987 age cohort was at school.



## Sample and representativeness

As in the Slovak Republic school attendance is compulsory until grade 2, almost all (98%) of the students born in 1987 were still attending some type of primary (ninth grade) or secondary education (1–2 grades). During the time period since the first ESPAD survey in 1995 the age distribution over grades has shifted gradually. In 1995 the proportion of the target age group in grade 1 was 33.5% and in grade 2 it was 65.0%. In 2003, however, 63.5% of the target age group was found in grade 1 and only 6.1% in grade two. About one third of this age group was still in grade nine of primary education.

It was decided to limit the 2003 survey to students in secondary education and not mix two types of education, but to cover all four grades (aged 15–19) in secondary school. This resulted in a total study population of 11,287 students, of which 2,276 were born in 1987. It means, however, that one third of the target age cohort was left outside the sampling frame.

The sample was a stratified random sample of schools, drawn from comprehensive lists including information about schools, classes, number of students. There are four types of secondary schools in Slovakia, secondary grammar schools, technical colleges, vocational schools, and composite secondary schools. The latter is a new category in Slovakia, emerging from former vocational schools with and without maturity exams. These schools were integrated into the vocational school group.

The sampling followed the same procedure as in earlier ESPAD studies. First eight regions were defined, four types of schools and three types of educational language: Slovak, Hungarian, and other. Finally 46 strata were defined, and a stratified random selection of schools was carried out proportionate to the number of students, followed by a random selection of four classes within each school (one in each grade). Thus, the sample used for the ESPAD report is representative of secondary school students born in 1987. The sample is self-weighted for age and gender.

## Field procedure

After negotiation with the Ministry of Education permission to conduct the survey and a letter of recommendation to the directors of chosen schools was obtained. All material including instructions, questionnaires and classroom reports were prepared for the people collecting the data. These people were employees at the Departments for children and

adolescents and Departments for health protection from the network of 38 regional State Health Institutes. Teachers were not involved and were not present during data collection. No school or class refused to participate in the survey. When the students had filled out the questionnaire they put it in a separate envelope, which was collected and sent to the research institute together with the classroom report.

Data was collected from March 24 to 28, 2003, which gives a mean age 15,7 years.

## Questionnaire and data processing

All ESPAD core questions were included in the questionnaire, except two about alcopops. It also included two full additional modules (A and C) and country specific questions about smoking and drinking habits as well as passive smoking (including parts of Fagerström scale, Alcohol Dependence Scale and Female Alcoholism Questionnaire). The country specific questions were put at the end of the questionnaire.

The main part of the questionnaire was identical with the version used in 1999. However, new questions were translated and back translated by a professional agency, while the old version was checked and updated. Since the sampling procedure also included language as one of the criteria, the Hungarian ESPAD questionnaire was used for Hungarian speaking students. The country specific questions were translated from Slovak into Hungarian by a native Hungarian and checked for correctness.

Every questionnaire was checked for completeness and if age or gender was missing it was compared with the information from the classroom reports. If the missing information was impossible to re-establish the questionnaire was excluded. Research assistants entering data were carefully instructed on criteria for excluding incomplete or clearly not seriously answered questionnaires. Each person entering data were carefully instructed about how to check individual questionnaires for completeness and validity. After this the data file was checked for data quality and mistakes were corrected, mainly regarding gender and year of birth. Finally, about 1% of the questionnaires were excluded.

## School and student co-operation

All schools and students were willing to participate in the study. However, as one of the selected schools suffered from an influenza epidemic, this school (four classes) was excluded and replaced with the

same type of school within the same region.

Of the present students only one refused to participate in the survey. In a majority of the classrooms (68%) the students were interested and worked seriously while filling out the questionnaire and in almost all classes (97%) the reports indicate that a majority worked seriously. However, from the classroom reports it can be seen that in about two thirds of the classrooms some disturbances have occurred, mainly from a few students. The majority of the disturbances included giggles or eye-makings.

The response rate was 87%. The average time to fill out the questionnaire was 47 minutes.

### **Reliability and validity**

Reliability measured by inconsistency rates between two questions in a single administration was generally low. The highest was found in relation to alcohol use (3%), while for “been drunk”, and cannabis use it was 2% and for inhalants 1%.

The proportion of unanswered questions is highest for any alcohol use (lifetime 2%, 12 months 3% and 30 days 2%). Also for “been drunk” these proportions are rising somewhat from the lifetime question (1%) to the one regarding 30 days prevalence (2%). For all other variables the value was 1% or less. The average proportion of unanswered questions was 2%.

The inconsistency rate between lifetime, last 12 months and last 30 days was highest for cigarettes (6%) and been drunk (5%), while for inhalants and cannabis use it was 3%.

The two questions about possible unwillingness to admit cannabis use revealed that 6% said that they would definitely not do so. For heroin use it was somewhat higher, 11%. The proportion that on this question indicated, “I have already said I have used it” was 22% for cannabis, while the lifetime prevalence figure was 27%. This phenomenon that

the lifetime prevalence is higher than the proportion on this question has been observed in other country reports. It is difficult to know why this is so, but the difference is not very big.

On the question related to the students acquaintance with various drugs 8% claimed that they had heard about relevin. However, only 1% reported that they had used it.

### **Methodological considerations**

The earlier Slovakian studies covered better the study age group than the 2003 survey. The fact that the distribution over grades in the Slovakian educational system has changed has caused much trouble. The Slovakian researchers decided to continue to sample students from secondary education and not to mix with primary school. This is a weak point in the data, not only because the target age group (born in 1987) is insufficiently covered, but results comparisons with earlier studies is insecure. On the other hand, sampling from all grades in secondary school means that all students in the target age group were reached independently of grade.

Apart from these drawbacks, the survey seems to have worked very well and the participating students were apparently interested in it. The school that was replaced in the sample was so because of a sever loss of students who suffered from an influenza epidemic.

The methodological measures indicate a good data quality. Neither inconsistency rates between two questions in a single administration, proportion of unanswered questions nor inconsistencies between lifetime, 12 months and 30 days prevalence were high.

The data quality is thus satisfying, but the limited comparability with earlier studies and with other countries results must be kept in mind when analysing data.

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## **Slovenia**

Eva Stergar, who was at the time of the survey head of the Health Promotion Centre at the Institute of Public Health of the Republic of Slovenia, was responsible for the 2003 ESPAD survey in Slovenia. Slovenia also participated in the 1995 and 1999 ESPAD surveys.

### **Population**

The target population consisted of all 1<sup>st</sup> grade secondary school students in Slovenia. According to statistics of school enrolment for the 1987 birth cohort at the beginning of scholastic year 2002/2003 97% attended some elementary or secondary school. The majority (85%) attended 1<sup>st</sup> year of



secondary school. Traditionally, secondary education in Slovenia is offered in four types of programmes: Grammar schools, 4-year technical education, 3-year vocational education and 2.5-year vocational education. According to available information there were 138 secondary schools in Slovenia at the beginning of scholastic year 2002/03. One of them had no students enrolled in the first year.

### **Sample and representativeness**

Since there were no class registers that were available for use as a basis for the sampling procedure, classes had to be identified through personal contacts with school staff by mail. Letters, presenting the ESPAD project and the purpose of data collection were sent to all secondary school. Data including number of classes, number of students (by sex) was collected and provided the basis for 4 lists of 1<sup>st</sup> year classes, by type of education, from which the sample was drawn. It was decided to draw 150 classes from 116 schools as a stratified systematic random sample. The probability for each class to be drawn was proportionate to class size. The sample was considered to be nationally representative for grade 1 students born in 1983.

### **Field procedure**

In all Slovenian schools, a special team consisting of a psychologist, education specialist and/or social worker provides counselling services and thus they were invited to participate as data collectors. At the beginning of March they were briefed about the details of data collection procedure. For each class a box with questionnaires, envelopes and classroom reports etc. was mailed to the school counsellor. Data was collected between the 7–18<sup>th</sup> April, which gives an average age of 15.8 years. The completed questionnaires were mailed to the Institute of Public Health, or in some cases, brought there by school counsellors personally.

### **Questionnaire and data processing**

All core questions were included except Q11 (cider), which was not considered relevant since the only available cider has a very low alcohol content. Questions from two modules, Integration (A) and Psychosocial (B) were included. One question from the Pacardo project was added, including 14 variables, resulting in a total of 379 variables. The questionnaire was translated by the Slovenian coordinator and back translated by an independent translator. The questionnaire was piloted in two classes of lower vocational education.

During the data input process the project leader randomly selected every 20<sup>th</sup> questionnaire in order to assess the quality of the procedure. Data was not weighted.

### **School and student co-operation**

All the selected schools were willing to participate in the project. Another international project “World Smoking Survey” unfortunately coincided with the ESPAD project, which caused some frustration in two schools, but the problem was solved and they decided to co-operate. Four students (0.1%) refused to participate. In one case parents did not permit the pupil to answer the questionnaire. In the scrutinising phase 43 questionnaires were excluded because of invalid data.

The response rate ranged from 85% (middle vocational education) to 90% (grammar schools). Approximately 10% failed to attend, mainly because of illness. The average time to complete the questionnaire varied with the type of education from 36 minutes in grammar schools to 48 minutes in lower vocational education (mean value was 40 minutes).

### **Reliability and validity**

Reliability as measured by inconsistency rates between two questions in a single administration was highest for the variables “been drunk” (8%), “inhalants use” (6%) and “ever smoked” (5%). For cannabis or other illicit drug use it was low (3% or less).

The proportion of unanswered questions was overall very low, especially on lifetime prevalence questions (1% or less). As can be expected the rates for 12 months and 30 days prevalence are somewhat higher. The rate of inconsistent answering on lifetime, 12 months and 30 days questions was highest for alcohol (5%) and “been drunk” (3%).

The proportions that said that they would “definitely not” or “probably not” admit use of cannabis were quite low (6%), while the same figure for heroin use was somewhat higher (11%). The proportion that answered that they already had reported cannabis use was close to the lifetime prevalence rates (26 vs. 28%). Almost no student (0.01%) reported use of the dummy drug “relewin”.

### **Methodological considerations**

The sampling procedure was very well done as the basis for the stratified, systematic random sample was obtained by contacting each school in order to establish the sampling frame, which otherwise was

not available. This made it possible sample classes randomly from the total frame of classes. A majority of the target age group (85%) is found in the surveyed grade. However, this means that although the results probably give a correct picture of the alcohol and drug habits in this school population, there is still some uncertainty about the remaining

part of this age group.

All reliability and validity measures that are available point at a good quality of data. Few students indicated that they were reluctant to admit drug use and the outcome on this question was confirmed by the prevalence rates documented elsewhere in the report.

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## **Sweden**

Barbro Andersson and Björn Hibell, at the Swedish Council for Information on Alcohol and Other Drugs, CAN, Stockholm were responsible for the 2003 ESPAD survey in Sweden. Sweden also participated in the 1995 and 1999 surveys.

### **Population**

The target population consists of all grade nine students born in 1987 in compulsory schools in Sweden. It was estimated that about 95% of all persons born in 1987 were enrolled in school and of all students born in 1987 95% were to be found in grade 9.

### **Sample and representativeness**

A sample comprising 200 classes was drawn from national lists of ninth grade education. Only one class from each school was chosen. The sample was drawn as a two-step stratified systematic cluster sample of schools and classes with a probability proportionate to school and class size. Since information originally was available about the number of classes and students in each school, but not the distribution of students within the classes, it was necessary to draw a systematic random number of schools in the first step. This step was performed by Statistics Sweden.

Each selected school was contacted and information about the exact number of classes and students in each class was collected. One class in each school was drawn randomly with a probability proportionate to class size, i.e. a random number ( $n$ ) within the range of the total number of students in each school was generated and the class with the  $n$ :th student was selected.

The sample was self-weighted and considered to be nationally representative of grade nine students born in 1987.

### **Field procedure**

Statistics Sweden provided the lists of schools including addresses, phone and fax numbers. An introductory letter was sent to all head masters, presenting the study. The head master was asked not to inform the students about the survey in advance, to avoid discussions that could lead to biased data. He/she was also asked to schedule the data collection for one class period, following the same conditions as for a written test. One teacher in each school was appointed as data collection leader.

A separate sheet of paper with a dummy table was provided, into which the head master was asked to fill out class identifications and the total number of boys and girls in each class, and thereafter fax the paper to CAN. This documentation was the basis for the random selection of the participating class in each school as described above.

All material for the survey was mailed to the selected schools. It included questionnaires, individual envelopes for each student's questionnaire as well as a written instruction to the teacher responsible for the data collection. After completion the questionnaires were packed in a large prepaid envelope and mailed back to the researchers.

If the questionnaires did not arrive to the research institute within the expected time limit, the school was called by phone and asked to complete the survey. In some cases the questionnaires were already mailed back, but in others the survey had been forgotten. A new agreement was made to accomplish the data collection. The survey was conducted during the period March 17–28, which gives a mean age of 15,7 years.

### **Questionnaire and data processing**

The questionnaire included all core questions. In addition the questions of two modules were in-

cluded, Integration and Deviance. In addition to this the questionnaire contained optional as well as four own questions. The 1999 questionnaire was used as a base and the Swedish ESPAD researchers translated the new questions. It was piloted in 5 classes and proved to be well functioning, even though some students thought that some questions were too similar and repetitive. This was also mentioned in some of the classroom reports.

When the questionnaires returned to the research centre by mail they were counted and the number of boys and girls were compared with the information on the classroom reports. At the same time they were checked to see if they seemed to be seriously answered. By this procedure 30 unserious questionnaires were discovered and out-sorted and at the computerised control of exaggerated response pattern 17 more questionnaires were deleted, 47 (1.4%) in total.

The questionnaires had been consecutively numbered while printed, and each class' actual number series had been recorded when the questionnaires were packed and sent to the schools. In this way each class could be identified and given an individual number in the data set. The statistical software SPSS version 11 was used for the analyses. Data was not weighted.

### **School and student co-operation**

Most schools were willing to participate in the survey. However, 27 classes (out of 200) did not participate despite the fact that a majority promised to do so when contacted by phone. A few of them, however, refused openly to participate referring to an overload of surveys in school. It is a fact that Swedish schools are widely used for surveys of different kinds. On the classroom reports many teachers reported that the students were tired of surveys – at least three of them reported that they had had 2–3 questionnaires during the very same week. The loss of classes was not concentrated to any particular part of Sweden though.

Despite these facts, the students participated with seriousness according to the teachers. In about 60% of the classes no disturbances were noted and in a majority of the others only a few students made noise, mainly giggles and whispers. No present student refused to participate.

### **Reliability and validity**

Reliability as measured by inconsistency rates between two questions in a single administration was highest for the variables “been drunk”, “inhalants use” and “ever smoked” (3%). For cannabis or other illicit drug use it was low (1% or less).

The proportion of unanswered questions was overall low. It was 2–3% for all substances and in the whole questionnaire 2% of the questions were left unanswered.

The rate of inconsistent answers between lifetime, 12 months and 30 days prevalence questions very was low, 1% for “any alcohol” and “been drunk” and around 0 for cannabis and inhalants. Regarding the possibility to admit drug use 7% of the students indicated that they “definitely not” would admit neither cannabis use nor heroin use. Nine percent of the students indicated that “I already said that I have used it” on this honesty question, which was about the same proportion that in the questionnaire had indicated that they had used cannabis (8%). Only 0.2% had indicated use of the fictitious drug relevin, while 12% thought that they had heard of it.

### **Methodological considerations**

Compared to earlier school surveys in Sweden the drop out rate of schools was somewhat high. The main reason for this was that different kinds of surveys were too frequently disturbing the work in school. However, most probably the loss did not affect the representativeness of the survey in any other way than giving somewhat less students to base the calculations on.

Once a school decided to participate the school cooperation was good. No student refused to participate and the classroom reports do not indicate any major problem during the data collection. However, student as well as school cooperation seems to have been good.

None of the reliability or validity measures indicate any methodological problems, which points at a good data quality. The survey is judged to be representative for students in grade 9 born in 1987 and the results comparable with data from other ESPAD countries.

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## Switzerland

Dr. Gerhard Gmel, Swiss Institute for the Prevention of Alcohol and Drug use (SIPA), Lausanne and Dr. Jürgen Rehm, Addiction Research Institute (ARI), Zurich were responsible for the Swiss study.

### Population

The aim was to conduct the survey in all cantons (26) of Switzerland. The 8<sup>th</sup> and 9<sup>th</sup> grades of compulsory schools and the first grade of high schools (Maturitätsschulen, 10<sup>th</sup> grade) made up the study population. According to data of the Swiss Federal Statistical Office, 97.5% of all students born in 1985 was still in school in the school year 2000/2001. No newer statistics were available, but it was estimated that this proportion would be valid also for the school year 2002/2003.

### Sample and representativeness

Switzerland has a federal government system in which the educational departments of each of the 26 cantons are responsible for granting permission to conduct school surveys. The educational departments of the two cantons Basle-Country and Neuchâtel denied permission for all classes. Classes needed for the refusing cantons were replaced by classes in communities of participating cantons close to the border of these cantons by respecting the linguistic region. In the canton Geneva, permission was not given to the 9<sup>th</sup> graders because of their potential participation in the PISA study, and the 8<sup>th</sup> graders had to be specifically asked for voluntary participation. In the case of canton Fribourg, the questions were considered as being too sensitive for 8<sup>th</sup> graders and consequently permission was denied for this sub-population. In the canton Ticino, permission could be obtained without restriction for 8<sup>th</sup> and 10<sup>th</sup> graders. The 9<sup>th</sup> graders in this canton could only be interviewed if the sampled class was neither participating in the PISA study nor the EVAMAR study (Evaluation of the High School Reform in Switzerland). Generally, however, the three main linguistic regions (French-, Italian-, German-speaking) are represented. Students of the fourth official language, Romanche, were interviewed in the predominating language of their respective region, i.e. Italian or Swiss German.

The sample is a two stage stratified cluster sample (cluster = class). Strata: cantons and grades for obligatory schools; linguistic regions for high schools. First step: community, second step: classes

and corresponding schools.

Though lists of classes at the community level are available from the Swiss Federal Statistical Office, data security rules of this office do not permit the delivery of school addresses and the respective number of classes per school. By pooling lists across communities, an enumerated list of numbers of classes was created separately for each canton and grade, respecting the number of classes per community, thus proportionate to size of communities. From these lists, classes were randomly selected, resulting in e.g. the 117<sup>th</sup> class of the canton Vaud, which corresponded to the 15<sup>th</sup> class in a certain community. The fundamental problem of sampling was to locate the chosen classes in the corresponding communities, e.g. alphabetically by school names, names of school principals or district numbering. The school with the e.g. 15<sup>th</sup> class of the community, corresponding e.g. to the 4<sup>th</sup> class of the 3<sup>rd</sup> school, was selected and contacted. The sampling of the corresponding class within a school then used that school's ordering of grades (e.g. 9a–9e), resulting in this example in class 9d.

Thus, the sample was a stratified cluster sampling, where classes were the clusters. The stratification variables were cantons and grades (grades 8 and 9 of compulsory schools and grade 1 of high schools). All classes within each stratum had the same probability to be drawn. The average class size within each canton was, however, about the same, which should result in a self-weighting sample within cantons.

The sampled grades represent more than 80% of students of that age, i.e. not all potential school types with students of this age (e.g. exclusion of vocational schools) were sampled, because of limited financial resources. However, despite the problems with non-participating cantons and parts of cantons, the sample is considered to be representative for Switzerland as a whole, as regards students born 1987 and being in public compulsory school in grades 8 and 9, and high schools in grade 1.

### Field procedure

As a primary condition to run the data collection, permission for the study was requested from each of the 26 Swiss cantons. As soon as these permissions were given, each sampled school was contacted for getting all information needed, i.e. address, directors name, teachers name, class/es chosen, number of students, etc.



Written information about the ESPAD project was sent out to the selected schools approximately two weeks before data collection. All documents needed were sent to the teachers of selected classes. Data collection was organised by the respective class teachers during one lesson. In case of questions or uncertainties, research collaborators at ARI or SIPA could be contacted by phone or e-mail.

Data were collected between end of April and end of June 2003, which gives an average age of 15.9 years. All Swiss schools had Easter holidays, mostly at the end of April. Parcels were sent in order to arrive at the classes some days after holidays and they had to be returned in the following 2–3 weeks, at the latest at the end of June. All class teachers and their classes received a card about 4–5 weeks after the parcels were dispatched to thank those already conducting the survey and to remember those who had not yet filled in the questionnaire to do so as soon as possible.

### **Questionnaire and data processing**

The questionnaire consisted of all ESPAD core questions and the deviance module. In addition two sets of questions regarding drinking motives and alcohol expectancy, as well as three questions about the financial situation of adolescents were added.

The questionnaire was translated to the three main languages in Switzerland: French, German and Italian. However, due to financial constraints the version used in the ESPAD surveys in France, Germany and Italy were used instead of translating from English – they were only adapted to Swiss particularities of these languages. No back-translation was made, as this was done in France, Germany and Italy, but a multi-linguistic research team checked the questionnaire.

A first version of the Swiss ESPAD questionnaire was pre-tested in February 2003 in 8 classes, four of them in Zurich (German language) and four in Montreux-Clarens (French language). The pre-test covered two versions of the questionnaire in each language, principally aimed at testing whether additional modules did not extend answering of the questionnaire to more than one lesson, but also to test what effect additional questions would have if they were inserted among ESPAD core questions or put at the end of the questionnaire. The results showed that a majority of the students (95%) finished the questionnaire within a lesson of 45 minutes, and that there was no reason against putting the additional questions in the middle of the ques-

tionnaire where they belonged thematically. The pre-tests further indicated some unclear wording of questions, which were consequently adapted in the final version of the questionnaire.

Several checks were made to control data quality, including: programming of automatic data entry using TELE-form, verification of automatic data entry by manual data entry of 40 randomly selected questionnaires, checks of inconsistency, range and response pattern using the statistical software SPSS. As a result 15 questionnaires were excluded. Data was not weighted.

### **School and student co-operation**

The schools and classes chosen were in general very willing to participate. Schools/classes, that refused participation (in total 11 classes) while contacting the schools after sample was drawn, were replaced. Refusals of single classes during the fieldwork were not replaced and were considered as non-respondents. A total number of 65 out of 473 classes refused to participate in the survey. The response rate in participating classes was on the other hand high, i.e. 96%.

According to classroom reports, only a few students from the participating classes refused to participate. Overall, student co-operation and comprehension was good. A majority of the students were interested in the survey (94%) and worked seriously (100%). If disturbances were mentioned (in about one fourth of the classes), they concerned, with a few exceptions, only a few students and consisted mostly of giggles or eye makings to the classmates. The average time to complete the questionnaire was 42 minutes.

### **Reliability and validity**

The inconsistency rate between two questions in a single administration was generally low. It was highest for smoking cigarettes (7%), alcohol (4%), inhalants (3%) and amphetamine use (2%). For all other variables it was below 0.5. The missing data rate was also very low. For smoking cigarettes and any use of alcohol it was below 0.5%, while for consumption of beer, wine and spirits last 30 days as well as having been drunk it was 1%.

Average number of unanswered core questions was 6 (2%) and of unanswered module questions less than one (2%), while the average number for unanswered own questions was 4 (8%). Total proportion of unanswered questions was 3%. The rates of inconsistent answering between lifetime, 12 months and 30 days prevalence was generally low,

i.e. 3% for any alcohol use, 1% for cannabis use and even less for use of inhalants. These inconsistencies, however, have been cleaned in the final dataset, also in relation to missing data. There was a tendency for some pupils if they denied e.g. cannabis use on the prevalence question to not further answer any question related to cannabis use. For such clear cases all other questions were set to non-user values. For users even more than 2 questions must have been valid for data imputing, i.e. if an individual had affirmed cannabis use in the preceding 30 days and in lifetime, but had a missing value on past year's use, the latter was imputed, assigning the frequency of 30 days or the mid-category between 30 days and lifetime use.

Unwillingness to admit cannabis use was four times higher among boys than among girls (8 versus 2% answered that they definitely would not admit using it). The proportion that answered, "I already said I have used it" was 31 compared to the cannabis prevalence figure 40%. For heroin 9% answered that they definitely wouldn't admit use. Also for this variable there was a clearly marked difference between the sexes, 13% of the boys and 4% of the girls gave this answer. However, 5% claimed that they already had said so in the questionnaire, while only 0.3% actually did. The number of students who claimed that they had used the dummy drug (relewin) was very low (0.4%).

### **Methodological considerations**

The Swiss study had some problems at start, since not all cantons were willing to participate and there were also certain grades in some cantons that were denied by school authorities to participate for different reasons. In addition, some school types (e.g. vocational schools) were not included in the sample

for economical reasons. These facts should be kept in mind when Swiss data are discussed. However, despite these drawbacks, the Swiss study is considered to be fairly representative for Switzerland as a whole as regards students born in 1987 and being in grades 8 and 9 in compulsory school and in grade 1 in high school. Another issue to draw the reader's attention to is the fact that the sample was a (stratified by cantons and grades) random sample of classes, which means that each class had the same probability to be drawn. It was explained, however, that within each canton the class sizes were quite homogeneous, which would make the sample self-weighting as regards students.

The questionnaire deviated from the ESPAD original by the inclusion of an extra variable among the core questions. That was, however, controlled for by testing two versions of the questionnaire in a pilot study, which indicated no important effect.

Both validity and reliability appear to be very good with rather low inconsistency rates and missing data rates. There was, however, a clearly higher tendency for boys to indicate that they would not have admitted use of cannabis or heroin if they had done so. Among girls the proportion that said so was quite low. In addition, on this question fewer students answered that they already had said in the questionnaire that they had used cannabis than the actual prevalence rate indicated (31 vs. 40%), while for heroin the opposite was true (5 vs. 0.3%). It is difficult to know what this means. It might be that the question wasn't fully understood by the students, since the result deviates in relation to the two drugs.

The overall impression is that the Swiss study gives relevant and valid data and that the survey has functioned quite well.

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## **Turkey**

The Turkish Ministry of Health with the support of Ministry of National Education was responsible for the co-ordination of the six city data collections in Turkey, while Kamran Niaz at the UNODCs office in Ankara provided the technical and methodological support in all stages of the study. Kamran Niaz is also the responsible researcher and contact person within the ESPAD group. In 1995 an ESPAD study was performed in Istanbul. For a number of reasons, however, that study is not comparable with the 2003 study.

### **Population**

The population surveyed consisted of grades 9–10 in secondary schools, which was estimated to cover more than 90% of the students born in 1987. Other grades where these students might have been found were preparatory classes (<3%) and in grade 11 (<3%). Since this is the first study of this kind and coverage in the country and because of limited resources available to put together research teams to geographically cover and represent the entire country, it was decided to focus on six cities repre-



senting one major city in each of the different regions in the country.

Although there were no statistics available in Turkey on the total number of children born in 1987, the gross secondary education enrolment ratio in 2001 was 60%, with the male/female ratio of 58/42. The students were divided in Public, Private and Vocational schools. The regions included in the survey were: Adana, Ankara, Diyarbakir, Istanbul, Izmir and Samsun.

### **Sample and representativeness**

In Turkey, the secondary education system includes all general, vocational and technical education institutions, which provide education and training of children, aged 15–17 for a period of at least three years following primary school.

After selection of six cities, the sampling was done in three steps. In each city the schools were stratified by type of school, i.e. Public, Private and Vocational secondary schools. In the next step, proportionate to the number within each type, the schools (88) were randomly selected from the list and from within each school classes as a unit were randomly selected, resulting in a sample of 6149 students in 167 classes. Out of these 4182 of the students (ca 75%) were born in 1987. The classes are rather big especially in the Public Secondary schools in Turkey (37 students as an average) and may vary somewhat over the total sample, but they are rather homogeneous within each sample stratum. The age distribution in the sample was 55% boys and 45% girls, while the distribution in the secondary school population in the whole country was estimated to 59/41. There are a known higher proportion of girls in secondary education in the cities than in the countryside. The sample was considered to be self-weighted.

### **Field procedure**

Including the six survey co-ordinators in the cities, 90 people were involved in the administration of the questionnaires. These research assistants were trained staff of the (research) institutes participating in the study. As all the major school and university examinations in the country are done on optic read answer sheets, it was decided that the survey would conform to the same standards of examination and therefore the final questionnaire and optic read answer sheets were printed in such a manner that the questions and response categories for each question type would correspond. Each questionnaire and the answering sheet were serialized and coded.

The questionnaires were sent to each city where they were administered to the students in each class. The researcher in each classroom read out the statement printed on the first page of the questionnaire, emphasising the anonymity and confidentiality of the responses given by each student. Teachers were not allowed to be present in the classroom during data collection.

After completing the questionnaires each student put the questionnaire and the answer sheet in the unmarked envelope provided for each student. The students sealed the envelope and put it in a box placed in front of the class. The boxes from each class and school were collected and packed with indication of class and school number, and were sent to Ankara for optic reading.

### **Questionnaire and data processing**

All core questions and the questions in module C were included in the Turkish questionnaire. The questionnaire was pre-tested among 37 students in Istanbul. As a result some examples to explain the names of drugs e.g. GHB, LSD and magic mushrooms, were added in appropriate places in the questionnaire. To the list of possible educations achieved by parents (Q40–41) “literate” was added to fit students whose parents might not have any formal schooling, but were self-taught. The question about alcopops (ESP12) was omitted, since this kind of beverage is not available in Turkey. The format of the questionnaire in Turkey was adapted to a format, which is familiar for the Turkish students. This means that the students read the questionnaire in one booklet and ticked the appropriate answer in another. The latter was sent to optical reading.

As all students were familiar with the process of filling in optic read answer sheets, there were no incomplete or partially filled answer sheets. All answer sheets were sent to the “Optic Reading” company who had printed the questionnaire and who is the main company in the country responsible for national examinations. The responsible ESPAD researcher also checked and verified the filled answer sheets and the data reading. The initial data sets for each city were prepared in Excel and later collated in SPSS for analysis.

### **School and student co-operation**

All selected schools and classes in the six cities participated in the study. The response rate was 91% among both boys and girls. The survey leaders reported that overall in more than half of the classes

there were no disturbances noted. However, many students had never used alcohol and had difficulties in responding to the question on the likelihood that anything would happen if they drank. This caused a lot of questioning and discussion. About one quarter of the classes experienced disturbances from a few students while only 16 classrooms were reported with disturbances from half or more of the students. Most of the disturbances reported were giggles or eye makings to their classmates. In some classes there were loud comments about the questions in the questionnaire. However, a majority of the students seemed interested in the study and co-operated well. The average time to complete the questionnaire was 60 minutes. Data was collected in May, which gives an average age of 15.8 years.

### **Reliability and validity**

Reliability as measured by consistency rates between two questions in a single administration was lowest for smoking cigarettes (15% inconsistent), while it was higher for “been drunk” (8%), use of anabolic steroids (4%), inhalants (3%), cannabis and tranquillisers or sedatives (2%). The inconsistency rate was overall higher among the boys particularly for the variables “ever smoked”, “been drunk” or “ever used cannabis”. The proportion of inconsistent answering between lifetime, 12 months and 30 days prevalence measures was generally low. The highest rate was observed for alcohol use and “been drunk” (3–4%), while for cannabis or inhalants use it was 1%. The proportion who said that they would “definitely not” admit cannabis or heroin use was not high – 3% for both. The

average number of unanswered questions was for different reasons not possible to determine as each answer sheet was optic read and missing and unanswered questions were coded as 09. The proportion of unanswered questions was highest for anabolic steroids (5%) and “been drunk” (4%), while for other variables it was 2% or less. Use of the dummy drug “Relevin” was reported by 1%, while 9% thought that they have heard about it.

### **Methodological considerations**

The coverage of the target age cohort is rather limited in the Turkish sample (approx. 60%), which reflects the schooling system and country culture. The geographical coverage is limited to six major cities representing six regions. These facts put a certain limit to the comparability with other ESPAD countries. However, it is a well-designed survey, which is representative for the secondary school students, within the geographical frames given.

The survey seems to have functioned well and the response rate was high. The Turkish student were however unfamiliar with some drugs in the questionnaire and a specific question that caused much annoyance was the one asking about the likelihood of anything happening if they drank alcohol, since rather few Turkish students drink alcohol at all. The inconsistency rate was somewhat high on cigarette smoking and questions about being drunk. Very few students were reluctant, however, to admit use of cannabis or heroin, and the overall impression is that the Turkish study provided valid and reliable data.

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## **Ukraine**

Dr. Olga Balakireva at the Ukrainian Institute of Social Research in Kiev was responsible for the study in Ukraine was. Ukraine also participated in the 1995 and 1999 ESPAD studies.

### **Population**

The target population consists of all students in Ukraine born in 1987. Of all persons born this year 90% are estimated to have been enrolled in school at the time of the data collection.

### **Sample and representativeness**

All kinds of schools were included in the sample. Students born in 1987 were found in seven categories of schools. All 26 regional areas (“oblasts”) were

included. The sample was a two step stratified cluster sample. In the first step schools were randomly chosen and in the second one class per school.

The Ukrainian survey included students born in 1985–1989. The total sample included 539 schools/classes, of which students born in 1987 were to be found in 243.

Of all students in the target population 97% were estimated to have been included in the sampling frame. The sample is representative for all Ukrainian students born in 1987.

Data were weighted for gender.

## Field procedure

The Institute of Social Research has access to a regional network of research groups, which were responsible for the data collection. The regional organisers contacted the principals of the selected schools as well as the teachers of the selected classes.

Data were collected in the classrooms by altogether 68 research assistants. The questionnaires were answered under the same condition as a written test. After competition the students put their questionnaires in individual envelopes, which were gathered in a common “class envelope”. They were distributed to the regional organiser who sent them to the research institute, where the envelopes were opened.

All students in selected classes answered the questionnaires. Data in the ESPAD report are limited to the students born in 1987.

Data were collected in May, which gives an estimated average age of 15.9 years.

## Questionnaire and data processing

All core questions were asked as well as the questions of three of the modules (Integration, Mainstream and Psycho-social measures). The questionnaire also included the three optional questions. However, no own questions were added.

Since cider is not available in Ukraine Q11 asked about the consumption of champagne instead of cider, which obviously makes it impossible to compare with other ESPAD data. The Russian as well as the English versions of the questionnaire were translated to Ukrainian and compared. The questionnaire was piloted on 40 students in different geographical areas, which resulted in some minor changes.

Five questionnaires (0.1%) were eliminated in the scrutinising process.

## School and student co-operation

Out of 243 selected schools and classes six did not participate. Neither of these classes was replaced.

The response rate in participating classes was 83%. Only one present student is reported to have refused to answer the questionnaire. The average time to complete the questionnaire was 60 minutes.

Of all data collection leaders nearly half (48%) reported that they did not notice any disturbances during the data collection, while 41% answered that this happened among a few students. The most common disturbance was giggles or eye makings, which was reported from 40% of all participating classes.

Nearly all survey leaders (99%) reported that “all”, “nearly all” or “a majority” of the students were interested in the study (88% answered “all” or

“nearly all”). The corresponding figures on the question whether the students worked seriously were 100 and 86% respectively.

It is mentioned in the Ukrainian country report that some students did not know some words and concepts. However, these kinds of questions were asked by less than 1% of the students.

## Reliability and validity

Reliability measured by inconsistency rates between two questions in a single administration was highest for the variable been drunk (14%) followed by cannabis (11%). It was lower for cigarettes (6%) and inhalants (4%) and even lower for anabolic steroids, other illicit drugs and tranquillisers and sedatives (1% each).

The proportion of unanswered questions about different drugs vary between 1 and 5%. The highest are reported for the variables alcohol consumption (5%) and been drunk (4%). Of all questions asked 2% were left unanswered. The inconsistency rate between lifetime, last 12 months and last 30 days was rather high for the variables alcohol consumption and been drunk (8–10%) but lower for inhalants and cannabis (0–1%).

For cannabis as well as heroin about 9% of the students answered “definitely not” on the question “If you had used marihuana or hashish, do you think you would have said so in the questionnaire” (and the corresponding question about heroin). On this “honesty question” 9% answered that they had already said that they had used cannabis, which is less than the reported lifetime prevalence (21%).

Six per cent answered that they had heard about the dummy drug relevin. However, only 0.4% said that they had used it.

## Methodological considerations

The sample seems to have been adequately done, which means that it is representative for Ukrainian students born in 1987.

The number of non-participating schools and classes was low and the school co-operation seems to have been good.

Only one present student refused to answer the questionnaire and the number of eliminated questionnaires is low. A rather high proportion of the data collection leaders (52%) reported some kind of disturbances during the data collection, which is high compared to most other countries. However, it should be kept in mind that data were collected by research assistants, which are less used than teachers to “normal disturbances” in a classroom.

Hence, there is reason to assume that the student co-operation was not at a lower level than in other ESPAD countries. Such a conclusion is supported by the fact that a very large majority of the survey leaders reported that the students were interested and worked seriously.

Compared to other countries some reliability measures indicate rather high inconsistency rates for some drug related variables (been drunk and cannabis use). It is also worth notifying that the consistency was rather low when comparing the proportion of students reporting drug use on the “honesty question” (9%) compared to the prevalence question (21%).

The Ukrainian ESPAD researcher has reported that amongst those who reported lifetime cannabis use 7.3% answered “definitely yes” on the “honesty question”, which in some way also is a correct

answer. If these answers are added to the 8.7% that answered “I have already said I have used it” the figure is 16.0%, which is rather close to the lifetime prevalence figure of 21%. This seems like a plausible explanation. However, if so, why does this mainly occur in Ukraine?

The figures are high for some of the validity measures of inconsistency between lifetime, last 12 months and last 30 days prevalence figures. Compared to other ESPAD countries these figures are high for two of the four variables (been drunk and alcohol consumption).

The overall impression is that the Ukrainian data collection seems to have been accomplished without any major problems. Data are judged to be comparable with data from other ESPAD countries. However, some caution is recommended when interpreting figures about drunkenness and cannabis use.

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## **United Kingdom**

Dr. Patrick Miller and Professor Martin Plant, Alcohol & Health Research Trust, University of the West of England, Bristol were responsible for the ESPAD study in United Kingdom. The UK also participated in the 1995 and 1999 ESPAD studies.

### **Population**

The population consists of all students born in 1987 throughout the UK. These students were to be found in grades 4–6. Funding was at a lower level in 2003 than in 1995 and 1999, which made it impossible this time, as in the two previous surveys, to derive separate samples for England, Scotland, Wales and Northern Ireland.

Of all persons born in 1987 >90% were in school at the time of the data collection.

### **Sample and representativeness**

It was intended to survey 90 schools covering 2 classes from each school. To obtain this it was felt necessary to approach 141 schools. This number of schools was sampled by using lists that contained information about the number of students in each school. The schools were sampled with a probability proportional to school size.

In a second step two classes per school were randomly sampled by the research team, using lists of classes within sampled schools containing students born in 1987.

Since only 77 schools agreed to participate 24 extra classes were sampled in 10 of these schools.

Nearly all students born in 1987 (100%) were to be found in the three participating grades. The sample is self-weighted and the results are representative for students born in 1987 in the UK.

### **Field procedure**

A local organiser was appointed by the head teacher in each school to take responsibility for the data collection within that school. The local organiser also distributed information to the parents including a request for permission for their child to participate.

Data were collected between March and May 2003, which results in an average age of 15.8 years for the student cohort. The questions were answered under examination conditions under the supervision of the local organiser. Each student also received an individual envelope to deposit the questionnaire once complete. An oversight resulted in the omission of the classroom report and thus this was not used, which makes it impossible to calculate the average time to complete the questionnaire.

All students in the sampled classes answered the questionnaire. However, only those born in 1987 were included in the analysis, which results in 2,068 of 4,517 students sampled.



## Questionnaire and data processing

The questionnaire used contained the core section common to all the ESPAD countries, the three optional modules “Integration”, “Mainstream” and “Psycho-social measures” and also some additional questions, including questions concerning the possible change in the legal status of cannabis. The questionnaire was successfully tested on a small sample of children.

The scrutinising process was done in two steps. First a computer programme detected questionnaires in which there seemed to be dubious answers. Each one detected was then scrutinised by hand.

## School and student co-operation

Out of 141 sampled schools 64 (45%) did not participate. The most common reason given for school refusals was that the school had taken part in other research projects. There were no discernible differences in the types of schools co-operating and not co-operating.

As mentioned above, 24 extra classes were sampled to compensate for the relatively low number of participating schools. A statistical test showed that it “seems likely that the extra classes supplied by some schools have not biased the sample”.

The ESPAD classroom report was not used. However, there were no reports what so ever by the local organisers of trouble during data collection or of students not taking the survey seriously. Hence, it is judged that the student co-operation was good.

The response rate was 84%. Fifteen percent of the students were absent because of illness or other “legitimate” reasons. One percent were absent without explanation and 1% refused to take part. It is estimated that about 1% of the students did not get permission to participate from their parents.

Altogether 36 questionnaires (0.8%) were rejected in the scrutinising process.

## Reliability and validity

The inconsistency rate between two questions in a single administration was highest for inhalants (5%) followed by the variables been drunk and cigarettes (3–4%). It was even lower for other substances (0–2%).

Missing data rates on some drug related questions were highest for the variables alcohol consumed and been drunk (2–3%) and 0–1% for other drugs. Taking the questionnaire as a whole, 1% of the questions were not answered.

The rates of inconsistent answers to questions about use in lifetime, last 12 months and last 30 days were low (0–2%) for all four drug related variables.

For cannabis 7% of the students answered “definitely not” on the question “If you had used marijuana or hashish, do you think you would have said so in the questionnaire?”. The corresponding figure for heroin was 14%. On this “willingness question” 36% answered that they had already answered that they had used cannabis, which is slightly less than the reported proportion (38%).

Sixteen per cent answered that they had heard about the dummy drug relevin. However, only 0.1% said that they had used it.

## Methodological considerations

The sample seems to have functioned without any problems. However, 45% of the schools refused to participate, which is a high figure. Non-participating schools were compared with participating schools and no important differences were found. The extra sample of 24 classes in 10 participating schools was judged not to have biased the sample. Together with the fact that the main reason for schools to refuse was that they took part in other research projects there is reason to believe that the sample is representative for the UK 1987 student cohort.

Few students who were present refused to participate and the number of eliminated questionnaires was low. Even though the ESPAD survey leader protocol was not used there are indications that student co-operation was good.

None of the reliability and validity measures indicated any major methodological problems in the UK data collection.

As a whole data seem to be representative and comparable with other ESPAD data. However, it might be worth keeping in mind that relatively many schools did not want to participate in the survey.

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## ***Spain (Not an ESPAD country)***

(This summary is written by Gregorio Barrio)

The Spanish survey was co-ordinated by Cristina Infante and Gregorio Barrio at the Government Delegation for the National Plan on Drugs. Data were collected by IPD, S.A. and Luis Royuela conducted the data analysis.

### **Population**

The target population for the Spanish school survey consisted of all students aged between 14–18 years old attending public and private schools of secondary, high school and vocational education. Schools that cater for students with “special needs” were excluded. It was estimated that at least 75% of all young people aged 14–18 years old were enrolled in school at the time of the survey (November–December 2002). These enrolment lists were used for the sampling procedure. School is compulsory in Spain until the age of 16 years.

### **Sample and representativeness**

A random sample of 26,576 students aged 14–18 years old was drawn that constitute a total of 1,251 classrooms in 591 schools. For comparisons with the ESPAD study data are only reported for the 13,714 students that were aged 15–16 years old.

All Autonomous Communities (19 regions) in Spain were included in the study however, the smallest communities were oversampled. Moreover, some communities financed an increased sample size in their own community.

Within each Autonomous Community a two stage cluster sampling design was used. In the first stage, schools were randomly selected after stratifying for type of school (public/private). All schools with students in the target population had the same probability for selection, irrespective of the size of the school.

In each sampled school two classrooms (three in some schools) were sampled in a second step using list of classrooms with students aged 14–18 years old. All students from the selected classrooms were included in the sample. The average number of students per classroom was 22.0.

Data were weighted by Autonomous community, type of school (public/private) and type of studies (secondary, high school and vocational education).

### **Field procedure**

All students in the sampled classrooms completed the questionnaire during a regular class (45–60

minutes). Teachers introduced the survey leaders and they were asked to remain in the room to ensure an orderly atmosphere. However, in the majority of cases they left the classroom after some time (15 minutes) and no problems of order were observed. If the teacher remained in the classroom he/she was asked not to walk around the room.

The anonymous character of the study was stressed by the survey leader prior to asking the students to complete the questionnaire. Data were collected in November and December 2002, except in the Basque Country where the fieldwork was conducted in the Autumn of 2003.

### **Questionnaire and data processing**

The questionnaire contained “core” questions on prevalence of use and age at first use of drugs, which may be considered comparable to the questions used in the ESPAD questionnaire. The Spanish questionnaire has hardly changed since the first survey was conducted in 1994. The questionnaire is available in five Spanish languages (Castilian or Spanish, Basque, Galician, Catalan and Valencian).

Data entry and the first checks for consistency were done by IPD, S.A. Later on, a more detailed data check and analysis (selection of cases, re-coding of variables, assignment of missing data codes and data weighting) was done by the Government Delegation for the National Plan on Drugs.

### **School and student co-operation**

The information in this section refer to the whole sample (14–18 year old students). The co-operation of the schools was excellent. Less than 5% of the schools were replaced because of problems related to the participation in the survey. Generally, more information was requested by private than public schools before they agreed to participate.

The proportion of students that missed school on the day assigned to data collection was 14% (14% among boys and 13% among girls).

The student co-operation was very good. The number of students who explicitly refused to answer the questionnaire was very small (0.1%).

### **Reliability and validity**

The rates of missing data on lifetime drug use questions, for students 15–16 years old, were less than 1% for all questions, except for amphetamine use (1.0%).

However, the missing data rates were higher for



age of first use of cannabis, amphetamines, alcohol and hallucinogens(1–2%), between 2% and 5% for the same question in relation to cocaine, tobacco, ecstasy and heroin, and between 5% and 10% for inhalants and tranquillisers or sedatives.

### **Methodological considerations**

Spanish school surveys on drug use seem to have functioned well since their initiation in 1994. There are clearly increasing trends in the prevalence rates for most drugs, risk perception and perceived availability. These trends are consistent with those borne out by household surveys and indicators of problem drug use.

The sample is representative for the whole country and the number of students is “large enough” in

relation to the 15–16 year-old cohort, which is the ESPAD target group. The co-operation shown by schools and students was very good. However, there are some methodological uncertainties with respect to sampling and field procedures that have been affected by a private company, which accorded limited control to the Government Delegation for the National Plan on Drugs on the entire procedure.

Another aspect of uncertainty is that the data base with the Classroom reports was not available. This makes it rather difficult to have access to information in respect to the number of absent students and the reasons why they did not participate in the data collection.

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## ***USA (Not an ESPAD country)***

(This summary is written by Professor Lloyd Johnston)

The data presented here for the United States come from a long-term series of annual national surveys that are part of the “Monitoring the Future” project (Lloyd D. Johnston, Principal Investigator; Jerald G. Bachman, Patrick O’Malley, and John E. Schulenberg, co-principal investigators). This investigator-initiated research series is funded under a series of competing research grants from the U.S. National Institute on Drug Abuse and conducted at the Institute for Social Research of the University of Michigan.

Surveys on nationally representative samples of twelfth graders have been conducted each year since 1975. Beginning in 1991, surveys on nationally representative samples of eighth- and tenth-grade students have also been conducted annually. In all, nearly one million students have been surveyed over the life of the study. Follow-up surveys of each twelfth grade class have been conducted since 1977, yielding annual national samples of college students and adults through age 45 who are secondary school graduates, who comprise about 85% of each graduating birth cohort.

### **Population**

For this report, only the data for students who were in tenth grade in the spring of 2003 are presented. Nearly all of the students in this grade are 15 or 16 years of age.

### **Sample and representativeness**

In 2003, the tenth graders included in the study comprised 16,244 students in 129 schools nationwide (109 public and 20 private schools), selected to provide an accurate representative cross-section of all tenth-grade students in the coterminous 48 states of the United States.

A multi-stage random sampling procedure was used for securing the nationwide sample of the tenth-grade students each year. Stage 1 involved the selection of particular geographic areas, stage 2 the selection (with probability proportionate to size) of one or more schools in each area containing a tenth grade, and stage 3 selection of students within each school. Within each school, up to 350 tenth graders may be included. In schools with a small number of tenth graders, the usual procedure was to include all of them in the data collection. In larger schools, a subset of tenth graders was selected either by randomly sampling entire classrooms or by some other random method that is judged to be unbiased.

### **Field procedures**

Prior to the administration of the survey, either parental notification with the opportunity for them to decline is required or (in some cases) active written parental consent, depending on individual school requirements. Approximately two weeks before the administration, letters and brochures were sent to the student’s parents to inform them of the study and a

request for permission for their child to participate.

About ten days before the administration, the students were given flyers explaining the study, telling them their participation is voluntary, and that the project has a special government grant of confidentiality that allows the investigators to protect all information gathered in the study. The actual questionnaire administration was conducted by the local Institute for Social Research representatives and their assistants, following standardised procedures detailed in a project instruction manual. The questionnaires were administered in classrooms during a normal class period whenever possible; however, circumstances in some schools required the use of larger group administrations. Teachers introduced the interviewer and remained in the room to ensure an orderly atmosphere. They were asked not to walk around the room. Most respondents finished within a normal 45-minute class period; for those who did not, an effort was made to provide a few minutes of additional time. The data collection period was February 15–May 30, 2003.

### **Questionnaire and data processing**

A great many of the questions in the Monitoring the Future questionnaires are equivalent to questions in the “core segment” of the ESPAD survey, but a number of the ESPAD questions are also not included in Monitoring the Future.

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 four different questionnaire forms that are distributed to participants in an ordered sequence that ensures four virtually identical random subsamples. About one-third of each questionnaire form consists of key variables that are common to all forms. All demographic variables, and nearly all of the drug use variables included in this report, are contained in this common set of measures. Questions on other topics tend to be contained in two forms only, and are thus usually based on one-half as many cases (approximately 6,900).

After the administration of the surveys in the classrooms, the interviewers forwarded the completed questionnaires to a contractor, where they were optically scanned. The data were then checked for accuracy, processed and cleaned using SAS statistical and data management software. Processing and cleaning steps included: consistency and wild-code checking, assignment of missing data codes, addition of weight and school information, creation

of permanent recoded variables, and creation of a clean data disc for analysis.

Weights were added to the data to improve the accuracy of estimates by correction for unequal probabilities of selection that arose 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. In 2003, 53% of the schools initially invited to participate agreed to do so; for each school refusal, a similar school (in terms of size, geographic area, urbanicity, etc.) was recruited as a replacement. Some 98% of the sampling “slots” were filled, including the replacement schools.

In 2003, completed questionnaires were obtained from 88% of all sampled students in tenth grade. The single most important reason that students were 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 was 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  $\pm 3.0\%$ , depending on the drug. Confidence intervals for past twelve months, past 30 days, and daily use were smaller. This means that, had it been possible to invite all schools and all tenth-grade students in the 48 conterminous 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 behaviours, there is no direct, totally objective validation of the present measures; however, the considerable amount of inferential evidence that exists from the study of twelfth graders strongly suggests that the

self-report questions produce largely valid data (O'Malley, Bachman and Johnston, 1983; Johnston and O'Malley, 1985; Johnston, O'Malley, Bachman, & Schulenberg, 2004).

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 of validity. In essence, this implies that respondents were highly consistent in their self-reported behaviours 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 twelfth-grade respondents in peak years and as high as 80% in some follow-up years, which constitutes *prima facie* evidence that the extent of underreporting 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, behaviours, 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 were 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. They also tried to present a convincing case as to why such research is needed. The evidence suggests that a high level of validity has been obtained. Nevertheless, insofar as there exists any remaining reporting bias, the estimates are be-

lieved 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 to believe that the sample is biased. However, it should be noted that the population consists of all students in grade 10. Most of them are 15–16 years old, which means that a large majority were born in 1987, but not all of them, which yields some very modest degree of non-comparability with the regular ESPAD countries.

Another difference, compared with most but not all other countries, was that the students in the USA knew about the study in advance. Since the reliability and validity are rather high, and students in the USA are rather accustomed to participating in different kinds of studies, and the data were collected anonymously, it seems reasonable to think that this factor 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 the 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 is reason to believe that the results from the USA are rather comparable to data from the regular ESPAD countries.

### **Further Information**

More detailed finding may be found in Johnston, L.D., O'Malley, P.M., Bachman, J.G., and Schulenberg, J.E. (2004) *Monitoring the Future national survey results on drug use, 1975–2003, Volume I: Secondary school students and Volume II: College students and young adults*. (NIH Publication Numbers 04-5507 and 04-5508, respectively), Bethesda, MD: National Institute on Drug Abuse. The study's Web site address is <http://www.MonitoringTheFuture.org>. Many of the study's publications and annual press releases are available on the Web site.

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18c.	Lifetime frequency of being drunk. All students.	348	25b:1.	Experienced problems caused by own alcohol use. Girls (continues..)	367
19a.	Frequency of being drunk last 12 months. Boys.	349	25b:2.	Experienced problems caused by own alcohol use. Girls (continued).	368
			25c:1.	Experienced problems caused by own alcohol use. All students (continues..)	369
			25c:2.	Experienced problems caused by own alcohol use. All students (continued).	370
			26a.	Students who have heard of different drugs. Percentages among boys.	371



26b.	Students who have heard of different drugs. Percentages among girls.	372	33b.	12 months prevalence of different illicit drug use. Percentages among girls.	391
26c.	Students who have heard of different drugs. Percentages among all students.	373	33c.	12 months prevalence of different illicit drug use. Percentages among all students.	392
27a.	Frequency of lifetime use of any illicit drug. Percentages among boys.	374	34a.	30 days prevalence of different illicit drug use. Percentages among boys.	393
27b.	Frequency of lifetime use of any illicit drug. Percentages among girls.	375	34b.	30 days prevalence of different illicit drug use. Percentages among girls.	394
27c.	Frequency of lifetime use of any illicit drug. Percentages among all students.	376	34c.	30 days prevalence of different illicit drug use. Percentages among all students.	395
28a.	Frequency of lifetime use of marijuana or hashish. Percentages among boys.	377	35a.	Lifetime use of tranquillisers or sedatives; anabolic steroids; alcohol together with pills; alcohol together with cannabis. Percentages among boys.	396
28b.	Frequency of lifetime use of marijuana or hashish. Percentages among girls.	378	35b.	Lifetime use of tranquillisers or sedatives; anabolic steroids; alcohol together with pills; alcohol together with cannabis. Percentages among girls.	397
28c.	Frequency of lifetime use of marijuana or hashish. Percentages among all students.	379	35c.	Lifetime use of tranquillisers or sedatives; anabolic steroids; alcohol together with pills; alcohol together with cannabis. Percentages among all students.	398
29a.	Frequency of use of marijuana or hashish during the last 12 months and the last 30 days. Percentages among boys.	380	36a.	Frequency of use of inhalants during the lifetime, the last 12 months and the last 30 days. Percentages among boys.	399
29b.	Frequency of use of marijuana or hashish during the last 12 months and the last 30 days. Percentages among girls.	381	36b.	Frequency of use of inhalants during the lifetime, the last 12 months and the last 30 days. Percentages among girls.	400
29c.	Frequency of use of marijuana or hashish during the last 12 months and the last 30 days. Percentages among all students.	382	36c.	Frequency of use of inhalants during the lifetime, the last 12 months and the last 30 days. Percentages among all students.	401
30a.	Frequency of lifetime use of any illicit drug other than marijuana or hashish. Percentages among boys.	383	37a.	First drug used. Percentages among boys.	402
30b.	Frequency of lifetime use of any illicit drug other than marijuana or hashish. Percentages among girls.	384	37b.	First drug used. Percentages among girls.	403
30c.	Frequency of lifetime use of any illicit drug other than marijuana or hashish. Percentages among all students.	385	37c.	First drug used. Percentages among all students.	404
31.	Frequency of use of any illicit drug other than marijuana or hashish during the last 12 months and last 30 days.	386	38a.	How the first used drug was obtained. Percentages among boys.	405
32a.	Lifetime experience of different illicit drugs. Percentages among boys.	387	38b.	How the first used drug was obtained. Percentages among girls.	406
32b.	Lifetime experience of different illicit drugs. Percentages among girls.	388	38c.	How the first used drug was obtained. Percentages among all students.	407
32c.	Lifetime experience of different illicit drugs. Percentages among all students	389	39.	Age at time of first use of different substances (marijuana or hashish, LSD, ecstasy, tranquillisers or sedatives, inhalants). Percentages answering 13 years or younger.	408
33a.	12 months prevalence of different illicit drug use. Percentages among boys.	390			



40a.	Places where marijuana or hashish easily can be bought. Percentages among boys.	409	45a.	Purchase of alcoholic beverages in a store for own consumption during the last 30 days. Percentages among boys.	424
40b.	Places where marijuana or hashish easily can be bought. Percentages among girls.	410	45b.	Purchase of alcoholic beverages in a store for own consumption during the last 30 days. Percentages among girls.	425
40c.	Places where marijuana or hashish easily can be bought. Percentages among all students.	411	45c.	Purchase of alcoholic beverages in a store for own consumption during the last 30 days. Percentages among all students.	426
41a.	Lifetime abstinence from various substances. Boys.	412	46.	Perceived cigarettes and alcohol use among friends. Percentages among boys, girls and all students.	427
41b.	Lifetime abstinence from various substances. Girls.	413	47a.	Perceived drug use among friends. Percentages among boys.	428
41c.	Lifetime abstinence from various substances. All students.	414	47b.	Perceived drug use among friends. Percentages among girls.	429
42a.	Perceived availability of substances. Percentages among boys answering "Very easy" or "Fairly easy".	415	47c.	Perceived drug use among friends. Percentages among all students.	430
42b.	Perceived availability of substances. Percentages among girls answering "Very easy" or "Fairly easy".	416	48a.	Cigarette, alcohol and drug consumption among elder siblings. Percentages among boys.	431
42c.	Perceived availability of substances. Percentages among all students answering "Very easy" or "Fairly easy".	417	48b.	Cigarette, alcohol and drug consumption among elder siblings. Percentages among girls.	432
43a.	Perceived risk of substance use. Percentages among boys answering "Great risk".	418	48c.	Cigarette, alcohol and drug consumption among elder siblings. Percentages among all students.	433
43b.	Perceived risk of substance use. Percentages among girls answering "Great risk".	419	49a.	Estimated average consumption of beer, wine and spirits, in cl 100% alcohol, on the last drinking occasion. Corrected 1999 data. Boys.	434
43c.	Perceived risk of substance use. Percentages among all students answering "Great risk".	420	49b.	Estimated average consumption of beer, wine and spirits, in cl 100% alcohol, on the last drinking occasion. Corrected 1999 data. Girls.	435
44a.	"Do you think that heavy drinking influences the following problems?" Proportions among boys answering "Yes, considerably" and "Yes, quite a lot".	421	49c.	Estimated average consumption of beer, wine and spirits, in cl 100% alcohol, on the last drinking occasion. Corrected 1999 data. All students.	436
44b.	"Do you think that heavy drinking influences the following problems?" Proportions among girls answering "Yes, considerably" and "Yes, quite a lot".	422			
44c.	"Do you think that heavy drinking influences the following problems?" Proportions among all students answering "Yes, considerably" and "Yes, quite a lot".	423			

**Table 1a. 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+	
Austria	22	14	7	4	7	5	41	1
Belgium	40	13	7	5	4	3	28	0
Bulgaria	31	16	7	5	6	4	32	1
Croatia	31	14	8	5	5	5	32	0
Cyprus	36	18	6	4	4	5	27	0
Czech Rep.	20	15	10	5	6	5	39	1
Denmark	37	15	8	5	6	4	26	0
Estonia	18	15	9	5	7	5	41	1
Faroe Isl.	18	16	12	5	7	3	39	..
Finland	30	14	6	5	6	6	32	1
France	34	66						..
Germany	24	13	7	4	7	5	40	1
Greece	51	13	5	3	6	4	19	1
Greenland	26	9	10	7	8	6	34	5
Hungary	27	20	5	5	6	4	33	1
Iceland	53	13	6	3	4	3	19	0
Ireland	38	15	6	5	6	5	25	0
Isle of Man	49	15	7	4	7	3	15	1
Italy	39	14	7	6	5	5	25	1
Latvia	17	17	10	5	7	5	39	1
Lithuania	13	11	7	5	7	7	49	0
Malta	51	12	6	5	5	4	17	1
Netherlands	43	11	6	4	3	4	28	0
Norway	40	16	8	5	5	4	23	1
Poland	29	19	8	5	6	5	32	1
Portugal	38	18	8	5	9	4	19	..
Romania	30	19	9	6	6	4	26	1
Russia	24	14	5	5	6	4	42	1
Slovak Rep.	23	15	10	6	6	5	35	1
Slovenia	33	18	8	4	5	5	26	0
Sweden	40	15	9	5	6	5	20	1
Switzerland	36	17	8	5	6	5	24	0
Turkey	44	18	8	5	5	4	17	0
Ukraine	19	15	9	6	6	7	38	0
United Kingdom	47	15	7	5	5	3	19	1
Spain	46	54 <sup>a)</sup>						..

a) Sometimes.

**Table 1b. 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+	
Austria	18	12	8	5	7	6	44	1
Belgium	38	13	8	5	5	5	26	1
Bulgaria	28	14	8	5	6	3	37	2
Croatia	30	17	9	5	6	5	29	0
Cyprus	57	14	8	4	4	3	11	0
Czech Rep.	21	18	8	6	5	5	38	1
Denmark	36	12	8	6	5	6	28	0
Estonia	29	14	9	6	7	6	29	1
Faroe Isl.	16	13	8	9	7	6	42	..
Finland	30	10	7	5	7	9	32	0
France	29	71						..
Germany	22	13	6	5	7	7	39	0
Greece	48	13	6	5	4	4	21	0
Greenland	15	9	7	6	8	7	49	7
Hungary	29	16	7	6	7	6	30	1
Iceland	55	10	6	4	4	4	17	0
Ireland	29	15	9	7	6	6	29	0
Isle of Man	32	13	12	6	5	5	28	0
Italy	33	13	9	7	7	6	25	0
Latvia	26	20	10	5	8	5	25	0
Lithuania	27	16	8	6	7	8	28	0
Malta	52	11	6	5	5	5	16	0
Netherlands	42	12	7	5	5	4	26	1
Norway	36	14	7	5	6	5	29	1
Poland	38	17	9	6	6	5	21	0
Portugal	37	19	9	5	8	5	17	..
Romania	41	21	8	6	5	4	15	1
Russia	28	11	8	4	5	6	38	2
Slovak Rep.	29	16	9	6	7	4	30	1
Slovenia	34	15	8	5	6	5	28	0
Sweden	40	11	7	5	6	6	24	1
Switzerland	36	15	8	6	7	5	24	0
Turkey	57	20	6	5	4	2	7	0
Ukraine	40	17	8	6	6	5	19	0
United Kingdom	36	15	7	6	6	5	24	0
Spain	36	64 <sup>a)</sup>						..

a) Sometimes.

**Table 1c. 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+	
Austria	20	13	8	5	7	6	42	1
Belgium	39	13	8	5	5	4	27	1
Bulgaria	29	15	7	5	6	3	35	2
Croatia	30	15	8	5	6	5	30	0
Cyprus	48	16	7	4	4	4	18	0
Czech Rep.	20	16	9	6	5	5	39	1
Denmark	36	13	8	6	6	5	27	0
Estonia	23	14	9	6	7	6	35	1
Faroe Isl.	17	15	10	7	7	4	41	..
Finland	30	12	7	5	7	8	32	1
France	32	68						..
Germany	23	13	7	5	7	6	40	1
Greece	50	13	5	4	5	4	20	0
Greenland	21	9	9	6	8	6	42	6
Hungary	28	18	6	5	6	5	31	1
Iceland	54	12	6	4	4	3	18	0
Ireland	33	15	8	6	6	6	27	0
Isle of Man	40	14	10	5	6	4	22	1
Italy	36	14	8	6	6	5	25	0
Latvia	22	19	10	5	8	5	32	0
Lithuania	20	13	8	6	7	8	39	0
Malta	52	11	6	5	5	5	16	1
Netherlands	43	11	7	5	4	4	27	1
Norway	38	15	7	5	5	4	26	1
Poland	33	16	8	6	6	5	26	1
Portugal	38	18	8	5	8	5	18	..
Romania	36	20	9	6	6	4	20	1
Russia	26	13	7	4	5	5	40	1
Slovak Rep.	26	15	10	6	7	5	32	1
Slovenia	33	17	8	5	6	5	27	0
Sweden	40	13	8	5	6	5	22	1
Switzerland	36	16	8	6	7	5	24	0
Turkey	50	19	7	5	4	3	13	0
Ukraine	30	16	8	6	6	6	28	0
United Kingdom	42	15	7	5	6	4	22	0
Spain	41	59 <sup>a)</sup>						..

a) Sometimes.

**Table 2a. 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+	
Austria	52	11	10	13	11	3	1
Belgium	68	9	8	7	5	3	0
Bulgaria	58	9	11	13	7	3	1
Croatia	64	7	9	8	8	5	0
Cyprus	67	10	7	6	6	6	0
Czech Rep.	57	14	11	9	6	3	1
Denmark	73	9	5	6	6	1	0
Estonia	60	9	12	9	6	5	0
Faroe Isl.	58	5	7	15	13	3	..
Finland	65	12	7	9	5	2	0
France	69	10	10	6	3	2	0
Germany	57	11	11	11	6	3	0
Greece	73	8	4	3	6	5	1
Greenland	44	15	16	17	6	2	4
Hungary	61	9	13	9	5	2	0
Iceland	80	6	4	3	6	2	0
Ireland	72	7	4	5	6	6	0
Isle of Man	77	9	6	6	2	0	1
Italy	65	13	9	7	5	2	1
Latvia	54	12	14	11	5	5	0
Lithuania	51	12	16	11	4	5	0
Malta	72	15	6	3	2	1	1
Netherlands	68	8	8	8	6	3	2
Norway	76	9	6	5	4	1	1
Poland	65	7	11	8	4	2	1
Portugal	72	9	4	7	5	4	1
Romania	68	10	8	7	4	4	1
Russia	56	7	12	12	9	4	0
Slovak Rep.	61	12	13	8	5	2	0
Slovenia	65	13	8	8	5	2	0
Sweden	80	13	3	2	2	1	0
Switzerland	67	11	9	6	5	2	0
Turkey	78	8	6	4	2	2	1
Ukraine	51	13	16	11	5	4	0
United Kingdom	75	10	7	6	3	1	0
Spain	78	0	11	7	4	0	..

**Table 2b. 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+	
Austria	44	15	12	12	9	8	1
Belgium	67	11	10	6	4	3	1
Bulgaria	50	11	12	15	8	4	0
Croatia	63	10	11	7	4	5	0
Cyprus	82	10	4	2	2	1	0
Czech Rep.	57	18	10	9	4	2	0
Denmark	68	12	6	8	5	1	0
Estonia	67	10	14	5	2	2	1
Faroe Isl.	59	4	7	15	13	2	..
Finland	59	15	11	9	5	1	0
France	64	12	11	8	3	3	0
Germany	54	12	13	11	7	3	0
Greece	70	10	6	6	5	3	1
Greenland	35	15	32	11	5	3	4
Hungary	60	12	15	8	4	1	1
Iceland	80	8	4	5	3	1	0
Ireland	63	9	5	9	9	6	0
Isle of Man	64	13	11	8	3	1	0
Italy	60	17	11	7	3	1	1
Latvia	64	14	12	5	3	2	0
Lithuania	67	15	11	5	1	1	0
Malta	74	15	6	2	2	1	0
Netherlands	69	10	8	6	5	2	2
Norway	68	11	10	7	3	0	1
Poland	73	7	9	4	1	1	2
Portugal	73	7	3	9	5	4	0
Romania	74	11	7	5	2	1	1
Russia	56	13	15	11	5	1	1
Slovak Rep.	64	14	14	5	3	1	0
Slovenia	62	12	12	7	5	2	0
Sweden	74	13	7	4	3	0	1
Switzerland	66	13	9	6	5	2	0
Turkey	88	7	3	1	1	1	1
Ukraine	72	12	10	4	1	1	0
United Kingdom	66	11	9	9	4	1	0
Spain	69	0	16	11	4	0	..



**Table 2c. 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+	
Austria	51	13	12	11	10	3	1
Belgium	68	10	9	6	4	3	0
Bulgaria	54	10	11	14	8	3	1
Croatia	64	9	10	8	6	5	0
Cyprus	75	10	6	4	4	3	0
Czech Rep.	57	16	11	9	5	3	0
Denmark	70	10	5	7	6	1	0
Estonia	63	10	13	7	4	4	0
Faroe Isl.	59	4	7	15	13	2	1
Finland	62	14	9	9	5	2	0
France	67	11	10	7	3	3	0
Germany	55	12	12	11	7	3	0
Greece	72	9	5	4	6	4	1
Greenland	40	15	24	14	6	2	4
Hungary	61	11	14	9	5	2	0
Iceland	80	7	4	4	4	1	0
Ireland	67	8	4	7	8	6	0
Isle of Man	70	11	9	7	3	0	0
Italy	62	15	10	7	4	1	1
Latvia	60	13	13	8	4	3	0
Lithuania	59	14	13	8	3	3	0
Malta	73	15	6	3	2	1	1
Netherlands	69	9	8	7	5	2	2
Norway	72	10	8	6	4	1	1
Poland	69	7	10	6	3	2	2
Portugal	72	8	4	8	5	4	1
Romania	71	10	7	6	3	3	1
Russia	56	10	14	11	7	3	0
Slovak Rep.	63	13	13	7	4	1	0
Slovenia	64	13	10	7	5	2	0
Sweden	77	13	5	3	2	1	0
Switzerland	66	13	9	6	5	2	0
Turkey	82	8	5	3	2	1	1
Ukraine	61	13	13	7	3	3	0
United Kingdom	71	10	8	7	3	1	0
Spain	73	0	13	9	4	0	..

**Table 3. Age at first use of cigarettes. Percentages answering 13 years or younger.**

	Boys		Girls		All students	
	First cigarette	Daily smoking	First cigarette	Daily smoking	First cigarette	Daily smoking
Austria	55	13	59	14	56	13
Belgium	38	10	37	11	37	10
Bulgaria	40	10	38	11	39	10
Croatia	44	13	39	9	41	11
Cyprus	35	10	18	4	26	6
Czech Rep.	56	14	52	11	54	13
Denmark	38	11	36	13	37	12
Estonia	64	21	48	13	56	17
Faroe Isl.	59	21	59	20	59	20
Finland	54	15	49	15	51	15
France	..	..	..	..	..	..
Germany	59	18	58	19	59	18
Greece	22	4	17	4	20	4
Greenland	50	9	63	21	56	15
Hungary	45	7	43	5	44	6
Iceland	28	9	24	8	26	8
Ireland	41	12	49	16	45	14
Isle of Man	35	7	47	18	42	13
Italy	33	6	33	6	33	6
Latvia	65	19	50	10	57	14
Lithuania	66	19	44	7	55	13
Malta	27	5	30	8	29	7
Netherlands	37	10	39	14	38	12
Norway	41	10	45	12	43	11
Poland	49	13	31	5	40	9
Portugal	40	8	40	10	40	9
Romania	43	9	26	3	33	6
Russia	54	18	49	13	51	15
Slovak Rep.	57	15	46	11	51	13
Slovenia	49	7	43	7	46	7
Sweden	43	8	40	11	41	9
Switzerland	47	9	39	9	43	9
Turkey	26	5	19	2	23	3
Ukraine	57	16	31	5	44	11
United Kingdom	37	9	45	18	41	13
USA	..	..	..	..	25	4

**Table 4a. 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+	
Austria	5	4	5	6	13	14	53	4
Belgium	7	6	6	6	14	15	46	2
Bulgaria	12	9	11	10	14	12	33	6
Croatia	9	9	10	9	14	12	38	1
Cyprus	9	10	10	9	14	15	34	0
Czech Rep.	2	5	6	8	13	12	54	2
Denmark	2	3	5	6	12	15	57	3
Estonia	4	8	11	10	15	15	38	3
Faroe Isl.	11	14	9	10	9	14	34	
Finland	12	11	14	12	17	14	20	0
France	13	8	8	11	16	15	30	3
Germany	4	5	8	9	16	16	43	2
Greece	3	7	9	8	15	17	43	2
Greenland	19	13	16	14	14	8	17	11
Hungary	8	14	10	12	17	13	27	2
Iceland	24	18	14	10	10	8	16	1
Ireland	8	9	9	8	11	14	42	4
Isle of Man	5	5	8	7	15	17	45	2
Italy	8	10	10	10	15	14	33	1
Latvia	4	12	14	13	14	14	30	2
Lithuania	2	4	9	9	15	15	45	0
Malta	6	7	8	8	12	18	41	3
Netherlands	12	4	5	4	9	11	55	5
Norway	18	15	14	12	16	10	17	3
Poland	6	9	10	9	15	15	36	1
Portugal	19	13	11	12	14	12	20	..
Romania	7	15	13	12	14	13	26	2
Russia	9	8	10	8	11	10	44	3
Slovak Rep.	4	7	8	10	16	14	42	2
Slovenia	7	13	11	10	13	13	32	1
Sweden	11	13	14	11	17	13	21	1
Switzerland	6	9	10	11	16	15	33	4
Turkey	50	15	8	6	6	5	10	1
Ukraine	12	11	12	12	16	13	24	4
United Kingdom	7	4	6	7	14	15	47	3
Spain	25	75 <sup>a)</sup>						..
USA	36	10	12	9	11	8	15	..

a) Sometimes.

**Table 4b. 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+	
Austria	3	5	7	9	14	21	41	4
Belgium	10	9	9	11	17	18	27	2
Bulgaria	12	12	14	14	17	11	21	6
Croatia	11	14	18	13	15	13	16	1
Cyprus	18	16	14	15	15	11	12	0
Czech Rep.	2	4	9	11	18	18	40	2
Denmark	5	4	4	6	17	22	42	2
Estonia	4	9	12	13	19	17	26	4
Faroe Isl.	14	14	10	9	13	11	30	
Finland	12	10	13	12	15	18	20	0
France	13	12	13	16	17	14	15	3
Germany	4	5	8	11	19	23	31	3
Greece	5	10	12	10	18	18	28	1
Greenland	20	10	15	14	19	12	9	10
Hungary	7	15	15	17	21	12	14	3
Iceland	25	18	13	10	12	11	12	0
Ireland	7	7	9	9	14	19	36	4
Isle of Man	3	4	7	7	16	20	44	3
Italy	12	17	15	13	17	11	16	1
Latvia	4	10	14	14	19	16	23	2
Lithuania	2	5	12	12	18	20	31	0
Malta	7	10	11	12	16	18	27	3
Netherlands	10	5	8	9	15	18	35	2
Norway	15	12	15	14	18	13	14	3
Poland	8	13	15	14	18	13	18	2
Portugal	24	18	14	12	14	9	8	..
Romania	15	22	14	14	14	10	12	3
Russia	5	7	8	10	17	19	34	3
Slovak Rep.	3	7	13	15	20	15	28	3
Slovenia	9	15	15	13	17	13	18	2
Sweden	15	11	17	14	15	14	14	2
Switzerland	8	11	12	14	18	17	20	2
Turkey	61	16	7	4	5	3	4	1
Ukraine	11	12	13	14	18	13	19	4
United Kingdom	5	5	6	9	16	20	39	3
Spain	23	77 <sup>a)</sup>						..
USA	33	11	14	12	13	8	10	..

a) Sometimes.

**Table 4c. 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+	
Austria	4	4	6	7	13	17	48	4
Belgium	9	7	8	9	16	17	36	2
Bulgaria	12	10	13	12	15	12	27	6
Croatia	10	11	14	11	15	12	27	1
Cyprus	14	13	12	12	14	13	21	1
Czech Rep.	2	4	8	9	16	15	46	2
Denmark	4	3	5	6	15	18	50	3
Estonia	4	8	11	11	17	16	32	3
Faroe Isl.	13	14	9	10	11	12	32	
Finland	12	11	14	12	16	16	20	0
France	13	10	11	13	17	14	22	3
Germany	4	5	8	10	17	20	37	2
Greece	4	9	10	9	16	18	35	2
Greenland	20	12	15	14	16	10	13	11
Hungary	7	14	12	14	19	12	21	3
Iceland	25	18	13	10	11	9	14	1
Ireland	8	8	9	9	13	17	39	4
Isle of Man	4	4	7	7	15	18	45	3
Italy	10	14	13	12	16	12	24	1
Latvia	4	11	14	14	17	15	26	2
Lithuania	2	5	11	11	16	18	38	0
Malta	6	9	10	10	14	18	33	3
Netherlands	11	5	6	7	12	14	45	3
Norway	16	13	15	13	17	11	15	3
Poland	7	12	13	12	16	14	27	2
Portugal	22	15	13	12	14	10	14	..
Romania	12	19	13	13	14	11	18	3
Russia	7	7	9	9	14	15	39	3
Slovak Rep.	3	7	11	12	18	15	34	2
Slovenia	8	14	13	12	15	13	25	1
Sweden	13	12	16	13	16	13	17	1
Switzerland	7	10	11	12	17	16	27	6
Turkey	55	16	8	5	6	4	7	1
Ukraine	12	11	13	13	17	13	22	4
United Kingdom	6	5	6	8	15	17	43	3
Spain	24	76 <sup>a)</sup>						..
USA	34	11	13	11	12	8	12	..

a) Sometimes.

**Table 5a. Frequency of use of any alcoholic beverage during the 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+	
Austria	8	9	10	12	15	14	32	4
Belgium	13	10	11	12	16	13	25	3
Bulgaria	13	18	15	13	15	10	16	5
Croatia	15	15	15	12	15	12	16	1
Cyprus	16	17	13	12	18	13	13	0
Czech Rep.	5	13	13	12	16	14	28	2
Denmark	4	7	9	11	21	19	29	3
Estonia	14	18	16	12	16	11	13	4
Faroe Isl.	24	10	10	10	18	15	11	..
Finland	22	21	16	15	14	7	6	2
France	18	16	17	17	15	9	8	5
Germany	7	12	14	14	17	16	19	2
Greece	7	14	14	14	20	14	19	1
Greenland	32	17	17	11	15	6	4	11
Hungary	16	23	16	13	12	10	10	6
Iceland	38	22	12	9	9	5	5	3
Ireland	14	12	13	12	17	14	17	5
Isle of Man	8	12	14	13	22	13	19	5
Italy	15	15	15	14	16	12	15	3
Latvia	14	22	19	14	13	9	10	4
Lithuania	6	14	18	15	19	15	14	0
Malta	9	12	12	12	16	16	23	4
Netherlands	14	8	8	10	15	13	34	7
Norway	26	21	16	12	13	6	7	9
Poland	12	18	14	15	17	10	14	3
Portugal	24	21	15	12	12	7	9	..
Romania	16	22	17	15	13	9	9	5
Russia	18	14	11	12	14	11	20	5
Slovak Rep.	10	17	11	15	20	10	17	3
Slovenia	15	20	14	12	16	10	13	5
Sweden	23	21	18	14	14	6	5	3
Switzerland	12	15	15	14	15	13	16	5
Turkey	60	15	8	5	5	3	5	8
Ukraine	17	23	15	15	15	8	8	5
United Kingdom	10	9	12	14	17	15	23	4
Spain	26	75 <sup>a)</sup>						..
USA	43	17	12	9	9	5	6	..

a) Sometimes.



**Table 5b. Frequency of use of any alcoholic beverage during the 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+	
Austria	6	10	14	14	21	19	17	4
Belgium	15	15	15	14	19	12	10	2
Bulgaria	14	26	19	14	13	7	7	5
Croatia	21	25	16	12	13	7	6	1
Cyprus	26	23	17	13	11	6	3	2
Czech Rep.	5	13	17	16	20	14	14	2
Denmark	5	7	11	17	23	19	17	4
Estonia	11	19	19	16	16	10	9	4
Faroe Isl.	24	11	12	11	16	16	10	..
Finland	19	19	16	15	18	8	5	2
France	22	23	20	14	13	5	3	5
Germany	7	13	16	19	22	13	10	3
Greece	10	19	16	15	17	16	7	2
Greenland	23	20	24	11	12	5	6	12
Hungary	16	26	21	15	12	6	4	5
Iceland	35	21	13	10	12	5	3	3
Ireland	10	10	11	12	18	16	23	6
Isle of Man	4	10	12	20	24	16	14	3
Italy	20	23	17	15	12	7	5	3
Latvia	12	23	21	15	15	10	5	3
Lithuania	6	15	22	20	20	11	6	0
Malta	11	17	16	13	18	13	13	4
Netherlands	15	11	13	13	20	16	12	4
Norway	21	19	17	17	14	8	4	9
Poland	17	24	17	16	13	7	6	3
Portugal	28	30	16	11	9	4	2	..
Romania	23	31	17	12	10	4	3	5
Russia	11	16	17	16	16	12	11	3
Slovak Rep.	9	25	19	15	16	9	7	2
Slovenia	19	24	17	14	14	7	5	4
Sweden	23	22	18	15	13	5	4	4
Switzerland	13	19	20	16	17	10	6	2
Turkey	72	13	6	3	3	2	1	6
Ukraine	15	24	21	15	14	6	5	5
United Kingdom	8	12	15	15	19	16	15	2
Spain	24	76 <sup>a)</sup>						..
USA	39	21	15	10	8	4	3	..

a) Sometimes.

**Table 5c. Frequency of use of any alcoholic beverage during the 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+	
Austria	7	10	11	13	18	16	25	4
Belgium	14	13	13	13	18	13	17	3
Bulgaria	14	22	17	13	14	8	11	5
Croatia	18	20	15	12	14	10	11	1
Cyprus	21	20	15	13	14	9	8	2
Czech Rep.	5	13	15	14	18	14	20	2
Denmark	5	7	10	14	22	19	23	4
Estonia	13	19	17	14	16	10	11	4
Faroe Isl.	24	11	11	11	17	16	11	..
Finland	20	20	16	15	16	8	5	2
France	20	20	19	16	14	7	5	5
Germany	7	13	15	17	20	14	15	2
Greece	9	16	15	14	19	15	12	2
Greenland	27	18	20	11	13	6	5	12
Hungary	16	25	18	14	12	8	7	5
Iceland	36	22	13	10	11	5	4	3
Ireland	12	11	12	12	18	15	20	5
Isle of Man	6	11	13	17	23	15	16	4
Italy	18	19	16	14	14	9	10	3
Latvia	13	22	20	15	14	9	8	3
Lithuania	6	14	20	17	19	13	10	0
Malta	10	15	14	12	17	14	18	4
Netherlands	15	9	10	11	18	14	23	5
Norway	24	20	16	15	13	7	5	9
Poland	15	21	16	15	15	8	10	3
Portugal	26	26	16	12	11	5	5	..
Romania	20	27	17	13	11	6	5	5
Russia	14	15	15	14	15	11	15	4
Slovak Rep.	10	21	15	15	18	10	12	3
Slovenia	17	22	16	13	15	9	9	4
Sweden	23	21	18	14	14	6	5	4
Switzerland	12	17	17	15	16	12	11	7
Turkey	65	14	7	4	4	2	3	7
Ukraine	16	23	18	15	14	7	7	5
United Kingdom	9	10	14	15	18	15	19	3
Spain	25	75 <sup>a)</sup>						..
USA	41	19	14	10	9	4	4	..

a) Sometimes.

**Table 6a. Frequency of use of any alcoholic beverage during the last 30 days. Boys.**

	Number of occasions in last 30 days							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Austria	18	21	21	15	15	7	5	3
Belgium	23	19	17	13	15	7	6	2
Bulgaria	31	27	18	11	8	3	2	5
Croatia	30	22	17	10	8	3	4	1
Cyprus	28	24	19	14	10	3	3	0
Czech Rep.	24	25	20	14	11	4	2	2
Denmark	17	24	27	15	10	5	3	4
Estonia	39	30	15	8	5	2	1	3
Faroe Isl.	36	25	25	8	2	2	2	..
Finland	48	31	14	5	2	1	0	2
France	39	26	15	11	7	2	1	4
Germany	22	26	23	14	10	3	2	2
Greece	22	27	20	14	10	4	3	2
Greenland	50	29	11	5	2	2	1	11
Hungary	43	27	15	8	5	2	1	5
Iceland	66	22	9	2	1	0	1	4
Ireland	29	22	20	13	9	4	4	4
Isle of Man	25	25	17	15	13	3	3	4
Italy	30	22	20	12	9	4	4	3
Latvia	39	32	16	7	4	2	1	4
Lithuania	22	33	19	13	7	6	0	0
Malta	21	19	19	15	14	6	5	5
Netherlands	25	13	14	14	18	9	7	4
Norway	51	27	13	5	2	0	1	10
Poland	29	28	20	11	8	2	3	3
Portugal	45	21	14	9	7	2	2	..
Romania	36	31	15	9	6	2	1	4
Russia	39	19	16	10	9	3	4	5
Slovak Rep.	34	28	18	9	7	3	2	2
Slovenia	37	28	16	9	6	2	2	5
Sweden	48	32	13	5	1	0	1	4
Switzerland	23	30	17	13	11	4	3	5
Turkey	76	11	6	4	2	1	1	8
Ukraine	41	28	16	8	3	1	2	6
United Kingdom	27	22	18	14	13	3	2	4
Spain	46	54 <sup>a)</sup>						..
USA	65	17	9	4	3	1	1	..

a) Sometimes.

**Table 6b. Frequency of use of any alcoholic beverage during the last 30 days. Girls.**

	Number of occasions in last 30 days							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Austria	18	26	26	15	11	3	1	3
Belgium	31	24	19	13	9	3	1	2
Bulgaria	38	32	15	9	5	1	1	4
Croatia	44	27	14	8	8	2	1	1
Cyprus	47	29	12	7	4	1	1	0
Czech Rep.	23	35	22	11	7	2	1	1
Denmark	20	30	28	13	7	2	1	4
Estonia	39	33	16	8	3	1	1	3
Faroe Isl.	40	29	22	6	2	1	1	..
Finland	44	33	17	5	2	0	0	2
France	46	29	14	7	3	1	1	5
Germany	22	34	22	14	7	1	1	2
Greece	28	31	21	11	6	2	1	3
Greenland	48	32	11	5	1	1	2	13
Hungary	44	35	12	6	2	1	1	5
Iceland	61	26	9	3	1	0	0	3
Ireland	26	23	24	12	10	3	1	4
Isle of Man	18	30	29	12	9	3	1	2
Italy	42	28	16	9	4	1	1	4
Latvia	38	35	18	5	3	1	0	3
Lithuania	24	40	21	10	4	1	0	0
Malta	27	25	19	13	10	4	2	3
Netherlands	30	21	21	12	12	4	1	3
Norway	46	32	15	5	2	0	0	9
Poland	40	31	17	7	4	1	1	3
Portugal	58	23	11	5	3	1	0	..
Romania	52	30	11	5	2	1	0	4
Russia	36	30	15	10	7	2	1	3
Slovak Rep.	41	28	17	8	5	1	0	2
Slovenia	43	33	15	6	2	1	1	4
Sweden	51	33	12	3	1	0	0	5
Switzerland	26	37	20	9	5	2	0	2
Turkey	86	8	3	2	1	0	0	6
Ukraine	42	34	14	6	3	1	0	4
United Kingdom	25	26	19	15	11	3	1	3
Spain	45	55 <sup>a)</sup>						..
USA	65	20	9	4	2	1	0	..

a) Sometimes.

**Table 6c. Frequency of use of any alcoholic beverage 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	20–39	40+	
Austria	18	23	23	15	13	5	3	3
Belgium	27	22	18	13	12	5	3	2
Bulgaria	35	30	17	10	6	2	1	5
Croatia	37	25	16	9	7	3	3	1
Cyprus	38	27	15	10	7	2	2	0
Czech Rep.	23	30	21	13	9	3	1	1
Denmark	19	27	27	14	8	3	2	4
Estonia	39	32	16	8	4	1	1	3
Faroe Isl.	38	27	24	7	2	1	1	..
Finland	46	32	15	5	2	0	0	2
France	42	27	14	9	5	1	1	5
Germany	22	30	23	14	8	2	1	2
Greece	25	29	20	12	8	3	2	2
Greenland	49	31	11	5	1	1	1	12
Hungary	44	31	13	7	4	1	1	5
Iceland	63	24	9	3	1	0	0	3
Ireland	27	23	22	13	10	3	3	4
Isle of Man	21	28	23	13	11	3	1	3
Italy	36	25	18	10	7	3	2	3
Latvia	39	34	17	6	4	1	1	4
Lithuania	23	37	20	12	5	3	0	0
Malta	25	22	19	14	12	5	3	4
Netherlands	27	17	17	13	15	6	4	4
Norway	49	30	14	5	2	0	1	10
Poland	35	30	18	9	6	2	2	3
Portugal	52	23	12	7	5	1	1	..
Romania	45	31	13	7	3	1	1	4
Russia	38	25	15	10	8	2	2	4
Slovak Rep.	37	28	17	8	6	2	1	2
Slovenia	40	30	16	8	4	2	1	4
Sweden	49	33	12	4	1	0	0	4
Switzerland	25	34	18	11	8	3	2	7
Turkey	80	10	5	3	2	1	1	7
Ukraine	42	31	15	7	3	1	1	5
United Kingdom	26	24	18	14	12	3	2	3
Spain	45	55 <sup>a)</sup>						..
USA	65	19	9	4	2	1	1	..

a) Sometimes.

**Table 7a. 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	20–39	40+	
Austria	30	21	17	12	11	5	5	1
Belgium	36	15	15	12	10	6	6	2
Bulgaria	22	24	18	12	12	8	5	2
Croatia	38	20	17	10	8	3	4	0
Cyprus	33	28	16	11	6	3	4	0
Czech Rep.	27	22	18	12	12	6	4	1
Denmark	26	22	22	13	10	6	3	2
Estonia	38	27	13	9	6	3	4	2
Faroe Isl.	41	20	15	8	6	3	6	..
Finland	50	28	12	5	3	1	1	1
France	52	21	12	6	5	1	2	2
Germany	33	22	17	12	9	4	3	1
Greece	37	25	18	8	7	3	3	2
Greenland	48	20	7	10	9	4	3	8
Hungary	55	20	10	4	5	2	2	3
Iceland	58	22	9	4	3	1	2	1
Ireland	32	21	20	11	9	3	4	3
Isle of Man	37	22	22	7	7	3	2	2
Italy	36	21	16	11	9	4	5	2
Latvia	32	26	17	11	7	3	4	2
Lithuania	30	32	18	10	5	5	0	0
Malta	34	21	15	11	9	6	4	2
Netherlands	34	11	12	12	13	9	9	1
Norway	64	21	9	3	2	1	1	5
Poland	24	26	20	12	8	5	5	1
Portugal	55	18	10	6	5	3	3	..
Romania	22	32	20	12	9	3	3	1
Russia	37	17	14	11	9	5	8	1
Slovak Rep.	44	24	13	6	8	3	2	1
Slovenia	43	26	14	7	5	3	2	1
Sweden	48	25	13	6	3	2	2	1
Switzerland	39	21	14	10	8	4	3	1
Turkey	74	12	5	4	2	1	2	2
Ukraine	28	26	17	12	7	4	5	1
United Kingdom	35	23	18	11	9	2	2	1
Spain	77	23 <sup>a)</sup>						..
USA	72	13	6	4	2	1	2	..

a) Sometimes.



**Table 7b. 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	20–39	40+	
Austria	60	22	10	5	2	1	0	1
Belgium	54	23	11	6	4	2	1	1
Bulgaria	37	30	15	9	5	2	2	2
Croatia	66	20	7	3	2	1	1	0
Cyprus	61	24	8	3	3	1	1	1
Czech Rep.	46	26	14	8	4	1	1	1
Denmark	36	30	19	9	4	2	1	2
Estonia	65	19	7	5	2	1	1	2
Faroe Isl.	53	25	11	5	2	2	1	..
Finland	62	25	9	3	1	0	0	1
France	67	19	8	4	2	1	1	3
Germany	58	24	10	5	2	1	0	2
Greece	59	23	10	3	3	1	1	2
Greenland	49	19	12	11	6	2	1	7
Hungary	75	17	5	2	1	1	0	2
Iceland	58	25	9	4	2	1	1	1
Ireland	52	25	12	7	3	2	1	2
Isle of Man	68	20	6	4	2	0	1	3
Italy	53	25	12	5	3	1	1	2
Latvia	50	27	13	5	3	1	0	1
Lithuania	50	32	12	5	2	1	0	0
Malta	65	20	9	4	2	0	1	2
Netherlands	58	19	10	6	4	2	1	1
Norway	64	25	8	2	1	0	0	7
Poland	38	30	18	8	4	1	1	1
Portugal	73	17	6	2	2	0	0	..
Romania	37	41	13	5	2	2	0	1
Russia	50	20	11	8	6	3	2	2
Slovak Rep.	65	21	7	4	2	1	0	2
Slovenia	66	23	6	3	1	1	1	2
Sweden	64	23	9	2	1	1	1	3
Switzerland	64	18	9	5	3	1	0	0
Turkey	86	10	3	1	1	0	0	1
Ukraine	50	29	10	6	3	1	1	3
United Kingdom	61	22	9	4	2	2	0	2
Spain	89	12 <sup>a)</sup>						..
USA	81	10	4	2	1	1	1	..

a) Sometimes.

**Table 7c. 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	20–39	40+	
Austria	43	22	14	9	7	3	3	1
Belgium	45	19	13	9	7	4	3	2
Bulgaria	30	27	17	10	8	5	3	2
Croatia	52	20	12	7	5	2	2	0
Cyprus	48	26	12	7	4	2	2	0
Czech Rep.	37	24	16	10	8	3	2	1
Denmark	31	26	20	11	7	4	2	2
Estonia	51	23	10	7	4	2	2	2
Faroe Isl.	47	22	13	7	4	3	4	..
Finland	56	26	10	4	2	1	1	1
France	60	20	10	5	3	1	1	2
Germany	46	23	13	8	6	2	1	1
Greece	49	24	14	5	5	2	2	2
Greenland	48	19	9	11	7	3	2	8
Hungary	65	19	8	3	3	2	1	2
Iceland	58	24	9	4	3	1	2	1
Ireland	41	23	16	9	6	2	3	3
Isle of Man	53	21	13	6	4	1	1	2
Italy	45	23	14	8	6	3	3	2
Latvia	41	27	15	8	5	2	2	1
Lithuania	40	32	15	7	3	3	0	0
Malta	51	20	12	7	5	3	2	2
Netherlands	46	15	11	9	9	6	5	1
Norway	64	23	8	3	2	0	1	6
Poland	32	28	19	10	6	3	3	1
Portugal	65	18	8	4	3	2	1	..
Romania	31	37	16	8	5	2	2	1
Russia	44	18	13	9	7	4	5	2
Slovak Rep.	55	23	10	5	5	12	1	2
Slovenia	54	25	10	5	3	2	1	1
Sweden	56	24	11	4	2	1	2	2
Switzerland	52	20	11	7	5	3	2	1
Turkey	79	11	4	3	1	1	1	1
Ukraine	39	28	14	9	5	3	3	2
United Kingdom	48	22	14	8	6	2	1	2
Spain	83	17 <sup>a)</sup>						..
USA	77	11	5	3	2	1	1	..

a) Sometimes.

**Table 8a. 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	20–39	40+	
Austria	51	29	11	4	3	1	1	4
Belgium	56	24	11	4	4	1	1	2
Bulgaria	62	23	8	4	2	1	1	4
Croatia	55	21	10	6	5	1	1	1
Cyprus	61	25	7	3	2	1	1	0
Czech Rep.	55	29	9	4	3	1	1	4
Denmark	71	23	5	1	0	0	0	9
Estonia	63	25	6	2	2	1	1	3
Faroe Isl.	79	14	4	1	1	0	1	..
Finland	76	20	3	1	0	0	0	3
France	69	20	7	2	1	0	1	5
Germany	62	26	7	3	2	0	0	3
Greece	44	29	14	6	4	2	1	3
Greenland	82	13	3	0	1	0	1	13
Hungary	52	28	10	5	3	1	1	3
Iceland	81	12	3	1	1	0	0	3
Ireland	76	18	3	1	1	0	1	9
Isle of Man	64	22	9	3	2	1	0	4
Italy	45	25	12	6	6	3	2	4
Latvia	64	25	6	3	1	1	1	3
Lithuania	56	32	7	3	1	1	0	0
Malta	28	31	20	10	7	3	2	2
Netherlands	82	11	3	1	2	0	1	5
Norway	84	12	2	1	1	0	1	11
Poland	74	17	5	2	1	0	1	3
Portugal	80	12	4	2	1	0	1	..
Romania	50	30	11	4	2	1	2	3
Russia	61	23	9	3	2	1	1	4
Slovak Rep.	52	28	10	6	3	1	1	2
Slovenia	46	27	13	6	5	2	2	2
Sweden	72	19	4	3	1	1	0	4
Switzerland	68	19	6	3	2	0	1	0
Turkey	89	7	2	1	0	0	1	7
Ukraine	57	27	9	3	3	1	1	3
United Kingdom	65	21	9	3	1	1	1	3
Spain	87	13 <sup>a)</sup>						..

a) Sometimes.

**Table 8b. 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	20–39	40+	
Austria	42	36	14	6	2	1	0	3
Belgium	60	25	8	4	2	1	0	1
Bulgaria	68	22	6	2	1	0	0	2
Croatia	67	18	8	4	2	0	1	0
Cyprus	68	24	5	1	1	0	0	1
Czech Rep.	41	36	14	6	2	1	1	3
Denmark	67	24	7	2	1	0	0	5
Estonia	51	34	9	4	1	1	0	1
Faroe Isl.	82	14	3	1	0	0	0	..
Finland	73	22	5	1	0	0	0	2
France	82	13	2	1	1	0	0	5
Germany	40	40	14	4	2	1	0	3
Greece	54	32	9	4	1	0	1	2
Greenland	78	16	4	1	0	1	0	11
Hungary	54	31	10	4	1	1	0	2
Iceland	82	14	3	1	1	0	0	2
Ireland	63	24	8	3	1	1	0	8
Isle of Man	42	38	11	5	2	1	1	4
Italy	63	21	9	3	2	1	1	4
Latvia	51	36	10	3	1	0	0	2
Lithuania	40	45	11	4	1	0	0	0
Malta	36	33	17	8	4	2	1	1
Netherlands	73	16	7	2	1	1	1	4
Norway	80	16	3	1	0	0	0	11
Poland	78	16	4	2	1	0	0	3
Portugal	90	8	2	1	0	0	0	..
Romania	62	30	6	1	1	1	0	3
Russia	46	35	11	4	2	1	1	2
Slovak Rep.	51	32	10	4	2	1	0	2
Slovenia	55	29	9	4	2	1	1	2
Sweden	68	23	6	1	1	0	0	4
Switzerland	74	17	6	1	1	0	0	1
Turkey	91	6	2	1	0	0	0	5
Ukraine	47	36	12	3	2	1	0	3
United Kingdom	49	29	12	5	3	1	1	3
Spain	89	11 <sup>a)</sup>						..

a) Sometimes.

**Table 8c. 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	20–39	40+	
Austria	47	32	13	5	2	1	1	4
Belgium	58	24	9	4	3	1	1	2
Bulgaria	65	23	7	3	2	1	1	3
Croatia	61	20	9	5	3	1	1	1
Cyprus	65	25	6	2	1	1	1	0
Czech Rep.	47	33	11	5	3	1	1	3
Denmark	69	23	6	2	1	0	0	7
Estonia	57	30	8	3	2	1	1	2
Faroe Isl.	80	14	4	1	1	0	1	..
Finland	74	21	4	1	0	0	0	2
France	76	16	4	2	1	0	1	5
Germany	51	33	10	4	2	1	0	3
Greece	50	31	11	5	3	1	1	2
Greenland	80	15	4	1	1	0	0	12
Hungary	53	29	10	5	2	1	1	3
Iceland	82	13	3	1	1	0	0	2
Ireland	70	21	6	2	1	0	1	9
Isle of Man	52	31	10	4	2	1	1	4
Italy	55	23	11	5	4	2	1	4
Latvia	57	30	8	3	1	0	0	2
Lithuania	48	39	9	3	1	0	0	0
Malta	32	32	18	9	5	2	1	2
Netherlands	77	14	5	2	2	1	1	4
Norway	82	14	2	1	0	0	0	11
Poland	76	17	4	2	1	0	1	3
Portugal	85	10	3	1	1	0	1	..
Romania	57	30	8	2	1	1	1	3
Russia	53	29	10	3	2	1	1	3
Slovak Rep.	52	30	10	5	3	1	0	2
Slovenia	50	28	11	5	3	1	1	2
Sweden	71	21	5	2	1	0	0	4
Switzerland	71	18	6	2	1	0	1	1
Turkey	90	7	2	1	0	0	1	6
Ukraine	52	31	10	3	2	1	1	3
United Kingdom	57	25	10	4	2	1	1	3
Spain	88	12 <sup>a)</sup>						..

a) Sometimes.

**Table 9a. 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	20–39	40+	
Austria	43	23	15	8	6	4	3	2
Belgium	44	23	13	8	7	3	2	1
Bulgaria	54	20	11	6	5	2	3	4
Croatia	64	17	9	4	3	2	2	1
Cyprus	36	26	14	12	7	2	4	0
Czech Rep.	44	26	16	7	5	1	1	2
Denmark	35	32	19	9	4	1	1	5
Estonia	50	23	12	7	4	2	2	1
Faroe Isl.	39	19	23	6	4	3	6	..
Finland	63	27	7	2	1	0	0	3
France	57	22	9	6	3	1	2	4
Germany	48	25	13	7	5	2	1	2
Greece	36	23	15	12	8	3	3	2
Greenland	41	27	15	9	5	2	2	7
Hungary	52	25	9	7	4	1	2	3
Iceland	69	17	7	3	2	1	2	1
Ireland	48	23	15	6	5	1	2	4
Isle of Man	46	22	13	10	6	2	1	3
Italy	48	23	11	8	5	3	3	3
Latvia	67	21	7	3	1	1	1	3
Lithuania	54	30	8	3	3	1	0	0
Malta	34	22	15	10	8	6	5	2
Netherlands <sup>a)</sup>	44	20	14	10	7	3	2	2
Norway	62	21	7	5	2	1	2	6
Poland	56	26	9	4	3	1	1	3
Portugal	47	24	13	6	5	2	3	..
Romania	71	19	5	2	1	1	1	3
Russia	64	19	7	3	3	1	3	3
Slovak Rep.	51	21	11	7	4	3	2	2
Slovenia	56	24	9	5	3	1	1	1
Sweden	55	26	9	5	2	1	2	3
Switzerland	38	25	15	11	7	2	2	1
Turkey	85	8	3	1	1	1	1	7
Ukraine	62	19	9	4	2	1	2	3
United Kingdom	46	22	15	8	6	2	2	2

a) Does not include pre-mixed drinks.



**Table 9b. 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	20–39	40+	
Austria	53	23	14	6	2	1	0	2
Belgium	47	27	12	7	5	2	0	1
Bulgaria	51	25	12	5	4	2	2	2
Croatia	62	21	8	5	3	1	1	0
Cyprus	52	27	11	6	2	1	1	0
Czech Rep.	43	31	15	8	2	1	1	2
Denmark	34	34	18	8	3	2	0	3
Estonia	55	25	11	6	2	1	1	2
Faroe Isl.	42	25	19	8	3	2	2	..
Finland	61	29	7	2	1	0	0	2
France	64	20	9	4	2	1	0	3
Germany	52	26	11	7	3	1	1	2
Greece	37	30	16	8	4	3	1	1
Greenland	47	34	10	5	4	1	0	5
Hungary	50	30	11	5	3	1	1	2
Iceland	69	19	6	3	2	1	1	1
Ireland	31	23	21	11	9	3	2	3
Isle of Man	24	30	25	11	6	3	1	1
Italy	55	24	11	6	2	1	1	3
Latvia	66	23	7	2	1	0	0	3
Lithuania	62	27	8	3	1	0	0	0
Malta	35	24	17	11	8	4	2	1
Netherlands <sup>a)</sup>	49	21	14	8	5	2	1	2
Norway	57	26	10	4	2	0	0	6
Poland	72	19	6	2	2	0	1	2
Portugal	50	27	14	5	3	1	1	..
Romania	79	16	3	1	1	0	0	2
Russia	66	21	6	4	3	1	0	3
Slovak Rep.	55	23	11	6	3	1	1	1
Slovenia	52	28	11	5	3	1	1	1
Sweden	58	26	10	3	2	1	1	3
Switzerland	36	31	16	9	6	1	1	1
Turkey	93	4	1	0	0	0	0	5
Ukraine	67	21	6	3	2	1	0	3
United Kingdom	31	25	17	12	10	3	1	1

a) Does not include pre-mixed drinks.

**Table 9c. 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	20–39	40+	
Austria	47	23	15	7	4	2	2	2
Belgium	46	25	12	8	6	2	1	1
Bulgaria	53	22	11	6	4	2	2	3
Croatia	63	19	8	4	3	1	1	1
Cyprus	44	26	13	9	4	1	2	1
Czech Rep.	44	28	16	7	3	1	1	2
Denmark	35	33	18	8	4	1	0	4
Estonia	52	24	12	6	3	1	2	2
Faroe Isl.	41	22	21	7	3	2	4	..
Finland	62	28	7	2	1	0	0	2
France	61	21	9	5	3	1	1	4
Germany	50	26	12	7	3	1	1	2
Greece	37	27	16	10	6	3	2	1
Greenland	44	30	13	7	4	1	1	6
Hungary	51	27	10	6	4	1	1	2
Iceland	69	18	6	3	2	1	1	1
Ireland	40	23	18	9	7	2	2	4
Isle of Man	34	27	19	10	6	2	1	2
Italy	52	24	11	7	3	2	2	3
Latvia	66	22	7	3	1	1	0	3
Lithuania	58	28	8	3	2	1	0	0
Malta	35	23	16	11	8	5	3	2
Netherlands <sup>a)</sup>	46	20	14	9	6	3	2	2
Norway	60	24	9	4	2	1	1	6
Poland	64	22	7	3	2	1	1	2
Portugal	49	25	13	5	4	2	2	..
Romania	76	17	4	1	1	0	0	2
Russia	65	20	6	4	3	1	2	3
Slovak Rep.	54	22	11	7	4	2	1	1
Slovenia	54	26	10	5	3	1	1	1
Sweden	57	26	10	4	2	1	1	3
Switzerland*	37	28	16	10	6	2	1	1
Turkey	89	6	2	1	1	0	1	6
Ukraine	65	20	8	4	2	1	1	3
United Kingdom	39	24	16	10	8	3	2	2

a) Does not include pre-mixed drinks.

**Table 10a. Quantities of beer consumed on the last alcohol drinking occasion. Boys.**

	Centilitres of beer					
	Never drink beer	0	< 50	50–100	101–200	201+
Belgium	27	15	7	29	12	11
Bulgaria	46	18	13	13	6	4
Croatia	15	16	24	23	12	11
Cyprus	20	18	25	21	9	6
Czech Rep.	12	11	13	27	22	15
Denmark	17	9	10	14	20	31
Estonia	10	21	20	28	12	10
Faroe Isl.	31	12	13	13	6	25
Finland	27	18	12	8	10	25
France	..	..	..	..	..	..
Greece	20	29	18	23	7	3
Greenland	28	23	15	11	9	14
Hungary	35	20	18	16	7	5
Iceland	34	10	14	14	11	18
Ireland	20	13	7	13	15	32
Isle of Man	19	18	9	23	10	22
Italy	25	13	26	24	6	6
Latvia	17	13	23	28	12	7
Lithuania	11	14	20	32	13	10
Malta	25	17	11	24	12	11
Netherlands	29	8	3	16	14	30
Norway	28	28	12	9	7	17
Poland	13	10	20	31	16	11
Portugal	42	14	18	17	5	6
Romania	12	9	36	33	7	4
Russia	29	11	15	27	11	7
Slovak Rep.	28	16	23	21	8	5
Slovenia	25	19	22	21	8	6
Sweden	31	18	12	12	11	17
Switzerland	22	21	16	20	12	10
Turkey	56	5	17	14	5	4
Ukraine	18	25	30	21	4	2
United Kingdom	23	12	9	22	13	21
Austria	22	19	0	28	15	16
Germany	19	22	1	27	14	18

**Table 10b. Quantities of beer consumed on the last alcohol drinking occasion. Girls.**

	Centilitres of beer					
	Never drink beer	0	< 50	50–100	101–200	201+
Belgium	41	23	10	17	5	3
Bulgaria	38	23	16	17	5	2
Croatia	30	33	22	10	3	2
Cyprus	43	22	26	8	1	0
Czech Rep.	28	26	19	17	8	2
Denmark	23	21	17	17	15	7
Estonia	21	44	19	13	2	1
Faroe Isl.	42	16	19	11	7	5
Finland	46	23	10	7	7	8
France	..	..	..	..	..	..
Greece	34	36	17	10	3	1
Greenland	21	29	12	13	15	10
Hungary	56	24	14	4	1	0
Iceland	35	12	17	16	12	8
Ireland	41	24	7	11	8	9
Isle of Man	51	27	8	7	3	5
Italy	40	18	27	11	3	1
Latvia	32	28	22	13	4	2
Lithuania	27	25	26	17	3	1
Malta	48	25	12	10	3	1
Netherlands	49	17	7	13	8	6
Norway	29	38	9	10	6	9
Poland	22	15	35	22	5	1
Portugal	60	18	14	6	2	1
Romania	23	12	56	8	1	0
Russia	38	22	18	16	4	1
Slovak Rep.	44	25	22	8	1	0
Slovenia	43	27	18	8	3	1
Sweden	44	24	14	10	6	3
Switzerland	39	32	13	11	4	2
Turkey	69	5	17	7	2	1
Ukraine	33	37	23	5	1	0
United Kingdom	50	21	7	12	6	5
Austria	45	35	0	15	4	2
Germany	35	39	1	17	6	3

**Table 10c. Quantities of beer consumed on the last alcohol drinking occasion.  
All students.**

	Centilitres of beer					
	Never drink beer	0	< 50	50–100	101–200	201+
Belgium	35	19	9	23	9	7
Bulgaria	42	21	14	15	6	3
Croatia	22	24	23	17	7	7
Cyprus	32	20	26	14	5	3
Czech Rep.	21	19	16	21	14	8
Denmark	20	15	14	15	18	19
Estonia	15	32	19	20	7	6
Faroe Isl.	37	14	16	12	7	15
Finland	37	20	11	8	9	16
France	..	..	..	..	..	..
Greece	27	33	17	16	5	2
Greenland	25	26	14	12	12	12
Hungary	45	22	16	11	4	3
Iceland	34	11	16	15	11	13
Ireland	31	18	7	12	12	21
Isle of Man	36	22	8	15	6	13
Italy	33	15	27	17	4	3
Latvia	25	21	22	20	8	4
Lithuania	19	20	23	25	8	5
Malta	38	22	12	16	7	6
Netherlands	39	13	5	15	11	18
Norway	29	33	11	9	6	13
Poland	18	13	28	26	10	6
Portugal	52	16	16	11	3	3
Romania	18	11	47	18	4	2
Russia	34	17	17	21	7	4
Slovak Rep.	36	21	22	14	4	3
Slovenia	34	23	20	14	6	4
Sweden	37	21	13	11	8	10
Switzerland	30	27	14	15	8	6
Turkey	62	5	17	11	3	2
Ukraine	26	31	27	13	3	1
United Kingdom	36	16	8	17	10	13
Austria	32	26	0	22	10	10
Germany	27	31	1	21	10	10

**Table 11a. Quantities of cider consumed on the last alcohol drinking occasion. Boys.**

	Centilitres of cider					
	Never drink cider	0	50	50–100	101–200	201+
Belgium	55	27	8	6	2	2
Bulgaria	..	..	..	..	..	..
Croatia	..	..	..	..	..	..
Cyprus	76	12	6	4	2	1
Czech Rep.	..	..	..	..	..	..
Denmark	..	..	..	..	..	..
Estonia	30	42	11	11	3	2
Faroe Isl.	59	27	9	3	1	1
Finland	44	30	15	7	3	2
France	..	..	..	..	..	..
Greece	..	..	..	..	..	..
Greenland	..	..	..	..	..	..
Hungary	..	..	..	..	..	..
Iceland	71	19	6	3	0	1
Ireland	47	20	5	11	7	11
Isle of Man	54	28	4	8	2	4
Italy	..	..	..	..	..	..
Latvia	46	34	12	6	1	1
Lithuania	48	30	10	8	2	2
Malta	..	..	..	..	..	..
Netherlands	..	..	..	..	..	..
Norway	32	36	13	11	3	4
Poland	88	6	3	2	1	1
Portugal	..	..	..	..	..	..
Romania	26	31	23	15	4	1
Russia	..	..	..	..	..	..
Slovak Rep.	..	..	..	..	..	..
Slovenia	..	..	..	..	..	..
Sweden	36	33	13	11	5	3
Turkey	84	8	4	2	0	1
Ukraine	33	45	14	6	2	1
United Kingdom	53	25	6	9	3	3
Austria	49	40	4	5	1	1
Germany	..	..	..	..	..	..
Switzerland	58	27	5	5	2	3



**Table 11b. Quantities of cider consumed on the last alcohol drinking occasion. Girls.**

	Centilitres of cider					
	Never drink cider	0	< 50	50–100	101–200	201+
Belgium	53	29	12	5	1	1
Bulgaria	..	..	..	..	..	..
Croatia	..	..	..	..	..	..
Cyprus	87	9	3	1	0	0
Czech Rep.	..	..	..	..	..	..
Denmark	..	..	..	..	..	..
Estonia	22	38	19	17	3	1
Faroe Isl.	56	33	8	2	0	1
Finland	21	29	22	19	8	2
France	..	..	..	..	..	..
Greece	..	..	..	..	..	..
Greenland	..	..	..	..	..	..
Hungary	..	..	..	..	..	..
Iceland	63	26	6	3	1	1
Ireland	51	28	6	6	6	4
Isle of Man	60	30	4	4	1	1
Italy	..	..	..	..	..	..
Latvia	28	42	18	10	1	0
Lithuania	31	39	18	11	1	1
Malta	..	..	..	..	..	..
Netherlands	..	..	..	..	..	..
Norway	26	42	14	12	4	2
Poland	91	5	3	1	0	0
Portugal	..	..	..	..	..	..
Romania	26	31	34	8	1	0
Russia	..	..	..	..	..	..
Slovak Rep.	..	..	..	..	..	..
Slovenia	..	..	..	..	..	..
Sweden	30	32	15	14	7	3
Turkey	88	7	4	1	0	0
Ukraine	18	53	20	7	1	1
United Kingdom	55	26	6	8	2	3
Austria	54	43	2	1	0	0
Germany	..	..	..	..	..	..
Switzerland	64	28	4	3	1	1

**Table 11c. Quantities of cider consumed on the last alcohol drinking occasion. All students.**

	Centilitres of cider					
	Never drink cider	0	< 50	50–100	101–200	201+
Belgium	54	28	10	5	1	1
Bulgaria	..	..	..	..	..	..
Croatia	..	..	..	..	..	..
Cyprus	82	10	4	3	1	1
Czech Rep.	..	..	..	..	..	..
Denmark	..	..	..	..	..	..
Estonia	26	40	15	14	3	2
Faroe Isl.	58	30	9	3	0	1
Finland	32	30	19	13	6	2
France	..	..	..	..	..	..
Greece	..	..	..	..	..	..
Greenland	..	..	..	..	..	..
Hungary	..	..	..	..	..	..
Iceland	67	22	6	3	1	1
Ireland	49	24	5	8	7	7
Isle of Man	57	30	4	6	2	2
Italy	..	..	..	..	..	..
Latvia	36	39	15	8	1	0
Lithuania	39	34	14	9	2	1
Malta	..	..	..	..	..	..
Netherlands	..	..	..	..	..	..
Norway	29	39	13	12	4	3
Poland	89	6	3	2	1	1
Portugal	..	..	..	..	..	..
Romania	26	32	29	101	2	1
Russia	..	..	..	..	..	..
Slovak Rep.	..	..	..	..	..	..
Slovenia	..	..	..	..	..	..
Sweden	33	32	14	13	6	3
Turkey	86	8	4	2	0	0
Ukraine	26	49	17	6	1	1
United Kingdom	54	26	6	9	3	3
Austria	51	41	3	4	1	0
Germany	..	..	..	..	..	..
Switzerland	61	27	5	4	1	2

**Table 12a. Quantities of alcopops consumed on the last alcohol drinking occasion. Boys.**

	Centilitres of alcopop					
	Never drink alcopops	0	< 50	50–100	101–200	201+
Belgium	32	24	8	26	6	4
Bulgaria	..	..	..	..	..	..
Croatia	53	20	16	7	3	2
Cyprus	20	13	20	31	9	7
Czech Rep.	..	..	..	..	..	..
Denmark	24	19	18	23	12	4
Estonia	25	46	13	11	4	2
Faroe Isl.	41	25	15	13	4	2
Finland	..	..	..	..	..	..
France	..	..	..	..	..	..
Greece	22	27	18	26	5	2
Greenland	30	16	21	17	10	7
Hungary	43	28	22	4	1	1
Iceland	59	21	8	7	3	2
Ireland	58	20	4	9	4	6
Isle of Man	29	18	6	18	12	16
Italy	..	..	..	..	..	..
Latvia	55	32	9	4	1	0
Lithuania	42	32	14	8	2	2
Malta	65	15	8	7	4	2
Netherlands <sup>a)</sup>	30	23	4	24	12	7
Norway	41	19	12	13	7	7
Poland	86	6	3	2	2	1
Portugal	65	15	11	7	2	1
Romania	38	25	22	12	2	1
Russia <sup>b)</sup>	53	24	11	9	1	2
Slovak Rep.	..	..	..	..	..	..
Slovenia	54	23	14	6	1	2
Sweden	56	32	6	4	1	1
Turkey	..	..	..	..	..	..
Ukraine <sup>b)</sup>	51	33	10	4	1	1
United Kingdom	37	24	6	17	10	7
Austria	24	30	9	19	10	8
Germany	21	31	12	20	11	6
Switzerland	20	25	27	19	6	4

a) Mixed drinks.

b) In Russia and Ukraine: "Alcoholic beverages with gas like gin-tonic, rum-cola etc.".

**Table 12b. Quantities of alcopops consumed on the last alcohol drinking occasion. Girls.**

	Centilitres of alcopop					
	Never drink alcopops	0	< 50	50–100	101–200	201+
Belgium	25	23	14	32	4	2
Bulgaria	..	..	..	..	..	..
Croatia	39	22	28	9	2	1
Cyprus	30	14	26	25	5	1
Czech Rep.	..	..	..	..	..	..
Denmark	15	19	25	27	12	2
Estonia	23	44	19	11	2	1
Faroe Isl.	35	24	22	14	2	4
Finland	..	..	..	..	..	..
France	..	..	..	..	..	..
Greece	18	34	24	20	3	1
Greenland	39	22	16	10	9	3
Hungary	35	32	30	2	1	0
Iceland	39	24	14	11	8	4
Ireland	27	21	6	16	14	17
Isle of Man	12	18	7	24	19	22
Italy	..	..	..	..	..	..
Latvia	36	43	16	4	0	0
Lithuania	24	39	22	12	2	1
Malta	66	16	9	6	2	1
Netherlands <sup>a)</sup>	24	18	8	29	13	9
Norway	35	18	13	16	11	8
Poland	90	5	4	1	0	0
Portugal	72	14	9	5	1	0
Romania	50	27	20	2	0	0
Russia <sup>b)</sup>	36	35	17	11	2	0
Slovak Rep.	..	..	..	..	..	..
Slovenia	47	30	18	4	1	0
Sweden	48	37	9	5	1	1
Turkey	..	..	..	..	..	..
Ukraine <sup>b)</sup>	33	41	19	7	0	0
United Kingdom	20	19	7	24	15	16
Austria	15	26	16	29	12	3
Germany	17	30	16	24	9	3
Switzerland	18	20	40	17	4	1

a) Mixed drinks.

b) In Russia and Ukraine: "Alcoholic beverages with gas like gin-tonic, rum-cola etc.".

**Table 12c. Quantities of alcopops consumed on the last alcohol drinking occasion.  
All students.**

	Centilitres of alcopop					
	Never drink alcopops	0	< 50	50–100	101–200	201+
Belgium	28	24	11	29	5	3
Bulgaria	..	..	..	..	..	..
Croatia	46	21	22	8	2	2
Cyprus	25	13	23	28	7	4
Czech Rep.	..	..	..	..	..	..
Denmark	20	19	21	25	12	3
Estonia	24	45	16	11	3	1
Faroe Isl.	38	25	18	14	3	3
Finland	..	..	..	..	..	..
France	..	..	..	..	..	..
Greece	20	31	21	23	4	1
Greenland	35	19	19	14	10	5
Hungary	39	30	26	3	1	1
Iceland	50	22	11	9	5	3
Ireland	42	20	5	12	9	11
Isle of Man	20	18	6	21	16	19
Italy	..	..	..	..	..	..
Latvia	45	38	13	4	1	0
Lithuania	33	35	18	10	2	1
Malta	66	16	9	7	2	1
Netherlands <sup>1)</sup>	27	21	6	27	12	8
Norway	38	19	12	15	9	8
Poland	88	5	3	1	1	1
Portugal	68	14	10	6	1	1
Romania	44	27	21	7	1	1
Russia <sup>b)</sup>	44	30	14	10	2	1
Slovak Rep.	..	..	..	..	..	..
Slovenia	51	27	16	5	1	1
Sweden	52	34	7	4	1	1
Turkey	..	..	..	..	..	..
Ukraine <sup>b)</sup>	42	37	14	6	1	0
United Kingdom	29	21	6	20	12	12
Austria	20	28	12	24	11	6
Germany	19	31	14	22	10	5
Switzerland	19	22	34	18	5	2

a) Mixed drinks.

b) In Russia and Ukraine: "Alcoholic beverages with gas like gin-tonic, rum-cola etc.".

**Table 13a. Quantities of wine consumed on the last alcohol drinking occasion. Boys.**

	Centilitres of wine					
	Never drink wine	0	< 15	15–30	37	75+
Belgium	43	27	9	16	4	2
Bulgaria	42	30	11	11	4	3
Croatia	24	24	15	18	9	11
Cyprus	43	23	19	12	2	2
Czech Rep.	29	28	12	18	7	7
Denmark	56	20	7	12	4	2
Estonia	14	41	19	16	7	4
Faroe Isl.	68	20	8	3	1	1
Finland	47	34	11	3	2	4
France	57	16	15	9	2	1
Greece	28	26	18	20	7	2
Greenland	65	20	6	4	3	2
Hungary	33	18	20	14	8	7
Iceland	64	22	9	4	2	0
Ireland	63	20	8	5	2	2
Isle of Man	49	23	12	11	2	3
Italy	37	17	20	15	6	5
Latvia	36	37	15	8	3	1
Lithuania	21	35	21	16	5	3
Malta	17	19	23	23	8	10
Netherlands	74	12	3	7	2	2
Norway	40	41	9	6	2	3
Poland	50	21	6	9	8	7
Portugal	71	12	9	5	2	2
Romania	24	32	21	16	5	3
Russia	36	40	11	9	3	2
Slovak Rep.	28	23	17	17	8	7
Slovenia	28	13	16	20	12	11
Sweden	55	28	10	4	2	1
Switzerland	45	28	13	9	2	2
Turkey	75	11	5	5	2	2
Ukraine	25	42	18	10	3	2
United Kingdom	50	26	7	12	3	2
Austria	30	40	2	10	8	11
Germany	29	45	0	11	11	4



**Table 13b. Quantities of wine consumed on the last alcohol drinking occasion. Girls.**

	Centilitres of wine					
	Never drink wine	0	< 15	15–30	37	75+
Belgium	36	28	14	18	3	1
Bulgaria	37	36	16	8	3	1
Croatia	29	26	20	15	7	4
Cyprus	50	19	22	8	1	0
Czech Rep.	15	31	17	26	8	4
Denmark	46	27	9	11	5	3
Estonia	11	30	24	26	8	2
Faroe Isl.	70	17	11	2	0	0
Finland	41	38	10	4	3	5
France	70	14	11	4	1	0
Greece	31	33	20	12	4	1
Greenland	57	28	9	5	1	0
Hungary	34	23	25	11	5	3
Iceland	61	25	9	4	1	0
Ireland	47	28	9	10	4	3
Isle of Man	24	32	15	21	6	4
Italy	53	16	18	10	3	1
Latvia	21	37	23	17	2	1
Lithuania	8	27	30	27	6	2
Malta	23	18	28	22	5	3
Netherlands	61	17	8	10	2	1
Norway	33	47	11	6	2	2
Poland	48	24	12	10	5	1
Portugal	81	10	6	2	1	0
Romania	34	29	28	8	1	0
Russia	16	41	20	19	3	1
Slovak Rep.	21	22	29	21	5	1
Slovenia	29	16	21	21	10	4
Sweden	44	31	13	7	3	2
Switzerland	53	26	13	6	1	1
Turkey	78	9	8	4	1	0
Ukraine	18	38	28	13	2	1
United Kingdom	31	27	12	17	6	7
Austria	18	41	2	17	12	10
Germany	13	41	0	19	20	7

**Table 13c. Quantities of wine consumed on the last alcohol drinking occasion.  
All students.**

	Centilitres of wine					
	Never drink wine	0	< 15	15–30	37	75+
Belgium	40	27	12	17	3	1
Bulgaria	39	33	13	9	3	2
Croatia	27	25	17	16	8	7
Cyprus	47	21	21	10	1	1
Czech Rep.	21	29	15	22	8	5
Denmark	51	24	8	12	4	2
Estonia	12	35	21	21	7	3
Faroe Isl.	69	18	9	3	0	1
Finland	44	36	10	4	2	5
France	64	15	13	6	1	1
Greece	29	29	19	16	5	2
Greenland	61	24	7	5	2	1
Hungary	34	20	22	13	6	5
Iceland	62	23	9	4	1	0
Ireland	55	24	8	7	3	3
Isle of Man	36	28	13	16	4	4
Italy	45	16	19	12	4	3
Latvia	28	37	19	13	3	1
Lithuania	15	31	25	22	5	2
Malta	21	18	26	23	7	6
Netherlands	67	15	6	9	2	2
Norway	37	44	10	6	2	2
Poland	49	22	9	10	6	4
Portugal	77	11	7	3	1	1
Romania	30	30	25	11	3	1
Russia	25	40	16	14	3	2
Slovak Rep.	24	23	24	19	6	4
Slovenia	28	15	19	20	11	8
Sweden	49	29	12	6	3	2
Switzerland	49	27	13	7	2	2
Turkey	76	10	7	5	1	1
Ukraine	22	40	23	12	2	1
United Kingdom	41	26	10	15	5	4
Austria	25	40	2	13	10	10
Germany	20	43	0	15	16	6

**Table 14a. Quantities of spirits consumed on the last alcohol drinking occasion. Boys.**

	Centilitres of spirits					
	Never drink spirits	0	< 5	5–10	11–25	30+
Belgium	38	28	7	16	7	4
Bulgaria	46	18	13	13	6	4
Croatia	32	29	18	11	7	5
Cyprus	41	15	16	18	6	4
Czech Rep.	22	21	11	20	16	10
Denmark	17	23	17	22	12	9
Estonia	19	24	12	16	15	14
Faroe Isl.	27	8	10	13	18	24
Finland	36	31	12	8	7	7
France	43	14	13	16	9	6
Greece	23	16	15	30	11	5
Greenland	27	10	17	17	15	14
Hungary	34	19	15	17	9	6
Iceland	48	13	11	12	9	7
Ireland	34	24	10	16	8	8
Isle of Man	32	27	12	16	9	5
Italy	37	14	18	18	8	6
Latvia	43	27	9	10	7	5
Lithuania	29	25	10	13	11	11
Malta	24	11	12	22	17	14
Netherlands	41	23	11	16	7	4
Norway	42	21	7	10	10	10
Poland	33	19	7	11	14	16
Portugal	44	19	14	14	6	3
Romania	58	23	11	5	2	1
Russia	47	26	6	7	6	7
Slovak Rep.	30	20	12	16	12	10
Slovenia	40	20	15	14	7	5
Sweden	38	23	10	12	9	8
Switzerland	34	28	14	13	6	4
Turkey	71	11	8	6	3	2
Ukraine	34	24	12	15	11	5
United Kingdom	34	25	9	19	9	5
Austria	28	32	8	9	14	9
Germany	28	37	8	9	13	4

**Table 14b. Quantities of spirits consumed on the last alcohol drinking occasion. Girls.**

	Centilitres of spirits					
	Never drink spirits	0	< 5	5–10	11–25	30+
Belgium	46	25	11	12	4	1
Bulgaria	38	23	16	17	5	2
Croatia	29	25	23	13	7	3
Cyprus	62	11	14	10	3	0
Czech Rep.	20	25	17	20	13	5
Denmark	18	22	21	21	14	5
Estonia	20	30	16	17	11	6
Faroe Isl.	30	10	9	16	16	20
Finland	38	30	12	9	8	4
France	48	14	12	17	7	2
Greece	25	19	20	27	7	3
Greenland	28	14	21	22	11	4
Hungary	33	17	24	17	7	2
Iceland	47	16	11	13	9	4
Ireland	22	20	11	18	19	11
Isle of Man	17	30	9	18	15	11
Italy	41	14	20	17	5	2
Latvia	43	29	12	10	5	2
Lithuania	40	29	10	10	8	4
Malta	21	9	16	30	17	8
Netherlands	47	25	9	13	4	2
Norway	40	23	8	11	12	7
Poland	53	18	7	9	7	6
Portugal	44	17	18	15	5	1
Romania	70	17	10	3	1	0
Russia	50	28	7	8	5	3
Slovak Rep.	35	18	17	16	11	3
Slovenia	31	18	22	18	8	4
Sweden	40	21	13	13	9	4
Switzerland	45	27	13	10	3	2
Turkey	84	8	5	2	1	0
Ukraine	43	28	14	9	4	2
United Kingdom	24	23	11	22	12	8
Austria	31	36	10	10	11	3
Germany	29	42	8	9	9	2

**Table 14c. Quantities of spirits consumed on the last alcohol drinking occasion.  
All students.**

	Centilitres of spirits					
	Never drink spirits	0	< 5	5–10	11–25	30+
Belgium	42	27	9	14	5	3
Bulgaria	42	21	15	15	6	3
Croatia	30	27	21	12	7	4
Cyprus	52	13	15	14	4	2
Czech Rep.	21	24	14	20	15	8
Denmark	17	22	19	21	13	7
Estonia	19	27	14	17	13	10
Faroe Isl.	29	9	9	15	17	22
Finland	37	30	12	9	8	6
France	46	14	12	17	8	4
Greece	24	18	18	28	9	4
Greenland	27	12	19	19	13	9
Hungary	33	18	20	17	8	4
Iceland	48	15	11	12	9	6
Ireland	28	22	11	17	14	9
Isle of Man	24	28	10	17	12	8
Italy	39	14	19	18	7	4
Latvia	43	28	11	10	6	3
Lithuania	35	27	10	11	9	8
Malta	23	10	14	26	17	10
Netherlands	44	24	10	14	6	3
Norway	41	22	7	11	11	8
Poland	44	19	7	10	10	11
Portugal	44	18	16	14	6	2
Romania	65	19	10	4	1	1
Russia	49	27	7	8	5	5
Slovak Rep.	33	19	14	16	12	6
Slovenia	36	19	18	16	7	4
Sweden	39	22	12	12	9	6
Switzerland	40	28	14	11	5	3
Turkey	77	10	6	4	2	1
Ukraine	38	26	13	12	8	3
United Kingdom	29	24	10	20	11	7
Austria	29	34	9	10	13	7
Germany	29	40	8	9	11	3

**Table 15a. Alcohol consumption on the last drinking occasion. Boys.**

	Proportion of students who had beer, wine or spirits to drink on the last drinking occasion			Proportion of students who consumed certain quantities of beer, wine or spirits on the last drinking occasion		
	Beer	Wine	Spirits	Beer, 101 cl or more	Wine, 37 cl or more	Spirits, 11 cl or more
Belgium	58	31	34	23	6	11
Bulgaria	71	28	36	17	6	11
Croatia	69	52	40	23	20	12
Cyprus	62	34	44	21	12	18
Czech Rep.	77	44	57	37	14	26
Denmark	74	24	60	51	5	21
Estonia	69	46	57	22	11	29
Faroe Isl.	57	13	65	32	2	42
Finland	55	19	34	35	6	15
Greece	52	47	61	10	9	15
Greenland	48	15	63	23	5	29
Hungary	45	48	47	11	15	15
Iceland	57	15	38	28	2	16
Ireland	67	16	42	47	4	16
Isle of Man	64	28	42	32	5	14
Italy	63	47	49	13	11	13
Latvia	70	27	30	19	4	11
Lithuania	75	45	45	23	8	22
Malta	58	64	64	23	18	31
Netherlands	63	14	37	43	3	10
Norway	44	19	37	23	5	20
Poland	77	30	48	26	15	30
Portugal	45	17	38	10	4	9
Romania	79	44	19	11	8	3
Russia	60	25	27	18	5	13
Slovak Rep.	57	49	50	13	15	22
Slovenia	57	59	40	15	23	12
Sweden	51	17	39	27	3	17
Switzerland	58	27	38	21	4	11
Turkey	39	14	18	8	4	5
Ukraine	57	33	42	6	5	15
United Kingdom	65	25	41	34	5	14
Austria	59	30	41	31	19	24
France	..	27	43	..	3	15
Germany	59	26	35	32	15	17



**Table 15b. Alcohol consumption on the last drinking occasion. Girls.**

	Proportion of students who had beer, wine or spirits to drink on the last drinking occasion			Proportion of students who consumed certain quantities of beer, wine or spirits on the last drinking occasion		
	Beer	Wine	Spirits	Beer, 101 cl or more	Wine, 37 cl or more	Spirits, 11 cl or more
Belgium	35	36	28	8	4	5
Bulgaria	46	28	40	4	4	7
Croatia	37	45	47	6	11	10
Cyprus	35	31	26	8	8	10
Czech Rep.	46	55	55	10	12	19
Denmark	56	27	61	22	7	19
Estonia	35	60	50	4	10	17
Faroe Isl.	42	13	60	12	0	36
Finland	32	22	32	15	8	12
Greece	31	37	56	4	5	9
Greenland	50	15	58	25	1	15
Hungary	20	43	51	1	8	9
Iceland	53	14	37	20	1	13
Ireland	35	26	59	17	7	30
Isle of Man	23	45	53	8	10	16
Italy	42	31	45	4	4	8
Latvia	40	42	28	5	3	7
Lithuania	48	65	31	5	8	12
Malta	27	59	70	4	8	24
Netherlands	34	22	28	13	4	6
Norway	34	20	38	15	4	19
Poland	64	28	29	6	6	13
Portugal	22	8	27	2	1	6
Romania	65	37	13	1	1	1
Russia	40	43	22	5	4	7
Slovak Rep.	31	57	46	1	7	14
Slovenia	30	56	51	3	14	11
Sweden	32	26	39	9	5	13
Switzerland	29	21	27	5	2	5
Turkey	26	14	8	2	1	1
Ukraine	30	44	29	1	3	6
United Kingdom	30	42	53	11	13	21
Austria	21	50	33	6	22	14
France	..	16	38	..	1	9
Germany	27	46	29	8	27	11

**Table 15c. Alcohol consumption on the last drinking occasion. All students.**

	Proportion of students who had beer, wine or spirits to drink on the last drinking occasion			Proportion of students who consumed certain quantities of beer, wine or spirits on the last drinking occasion		
	Beer	Wine	Spirits	Beer, 101 cl or more	Wine, 37 cl or more	Spirits, 11 cl or more
Belgium	46	33	31	15	5	8
Bulgaria	58	28	38	10	5	8
Croatia	53	49	43	14	16	11
Cyprus	47	33	35	14	10	14
Czech Rep.	60	50	56	23	13	22
Denmark	65	26	61	37	6	20
Estonia	52	53	54	13	10	23
Faroe Isl.	50	13	63	22	1	39
Finland	43	21	33	25	7	13
Greece	40	41	58	7	7	12
Greenland	49	15	61	24	3	22
Hungary	33	46	49	7	11	12
Iceland	55	14	38	24	2	15
Ireland	51	21	50	32	6	23
Isle of Man	42	37	48	19	8	20
Italy	52	38	47	8	7	10
Latvia	54	35	29	11	4	9
Lithuania	62	55	38	14	8	17
Malta	41	61	68	13	13	27
Netherlands	48	18	33	28	4	8
Norway	39	20	37	19	4	19
Poland	70	29	38	16	10	21
Portugal	33	12	38	6	2	7
Romania	71	40	16	6	4	2
Russia	49	35	24	11	5	10
Slovak Rep.	43	54	48	7	11	18
Slovenia	43	57	46	9	19	12
Sweden	43	22	39	18	4	15
Switzerland	43	24	32	13	3	8
Turkey	33	14	13	5	3	3
Ukraine	44	38	36	4	4	11
United Kingdom	48	33	47	23	9	17
Austria	42	35	38	19	20	19
France	..	21	40	..	2	12
Germany	42	37	32	19	21	14

**Table 16a. Estimated average consumption of beer, wine and spirits, in cl 100% alcohol, on the last drinking occasion. Boys.**

	Beer	Wine	Spirits	Total	% beer	% wine	% spirits
Belgium	3.4	0.9	1.6	5.9	58	15	27
Bulgaria	3.3	0.9	1.6	5.8	57	16	28
Croatia	3.5	2.0	1.7	7.2	49	28	24
Cyprus	2.7	0.6	1.8	5.1	53	12	35
Czech Rep.	4.4	1.4	3.0	8.8	50	16	34
Denmark	5.3	0.7	2.7	8.7	61	8	31
Estonia	3.4	1.2	3.4	8.0	43	15	43
Faroe Isl.	4.0	0.3	5.1	9.4	43	3	54
Finland	4.2	0.7	1.9	6.8	62	10	28
France	..	..	..	..	..	..	..
Greece	2.0	1.3	2.4	5.7	35	23	42
Greenland	3.3	0.5	4.1	7.9	42	6	52
Hungary	2.0	1.5	2.1	5.6	36	27	38
Iceland	4.4	0.3	2.5	7.2	61	4	35
Ireland	5.3	0.5	2.2	8.0	66	6	28
Isle of Man	4.1	0.7	1.9	6.7	61	10	28
Italy	2.5	1.3	2.1	5.9	42	22	36
Latvia	3.1	0.5	1.5	5.1	61	10	29
Lithuania	3.5	1.0	2.6	7.1	49	14	37
Malta	3.2	2.0	3.8	9.0	36	22	42
Netherlands	5.3	0.5	1.7	7.5	71	7	23
Norway	3.3	0.7	2.7	6.7	49	10	40
Poland	3.9	1.2	3.4	8.5	46	14	40
Portugal	2.2	0.5	1.6	4.3	51	12	37
Romania	2.8	1.0	0.6	4.4	64	23	14
Russia	3.0	0.7	1.6	5.3	57	13	30
Slovak Rep.	2.2	1.5	2.7	6.4	34	23	42
Slovenia	2.3	2.2	1.7	6.2	37	35	27
Sweden	3.5	0.4	2.2	6.1	57	7	36
Switzerland	3.0	0.6	1.5	5.1	59	12	29
Turkey	3.0	0.8	1.4	5.2	58	15	27
Ukraine	1.9	0.8	2.1	4.8	40	17	44
United Kingdom	4.3	0.7	3.3	8.3	52	8	40
<i>Average</i>	<b>3.4</b>	<b>0.9</b>	<b>2.3</b>	<b>6.7</b>	<b>51</b>	<b>14</b>	<b>34</b>
Austria	4.0	1.6	2.4	8.0	50	20	30
Germany	5.1	1.1	1.7	7.9	65	14	22

**Table 16b. Estimated average consumption of beer, wine and spirits, in cl 100% alcohol, on the last drinking occasion. Girls.**

	Beer	Wine	Spirits	Total	% beer	% wine	% spirits
Belgium	1,5	0,8	0,9	3,2	47	25	28
Bulgaria	1,4	0,6	1,4	3,4	41	18	41
Croatia	1,2	1,3	1,6	4,1	29	32	39
Cyprus	0,9	0,6	0,9	2,4	38	25	38
Czech Rep.	1,7	1,5	2,2	5,4	31	28	41
Denmark	2,8	0,8	2,5	6,1	46	13	41
Estonia	1,0	1,4	1,8	4,2	24	33	43
Faroe Isl.	1,9	0,2	4,6	6,7	28	3	69
Finland	1,9	0,8	1,6	4,3	44	19	37
France	..	..	..	..	..	..	..
Greece	1,0	0,7	1,9	3,6	28	19	53
Greenland	3,5	0,3	2,6	6,4	55	5	41
Hungary	0,4	1,0	1,6	3,0	13	33	53
Iceland	3,4	0,3	2,1	5,8	59	5	36
Ireland	2,2	0,8	3,4	6,4	34	13	53
Isle of Man	1,1	1,3	3,0	5,4	20	24	56
Italy	1,2	0,7	1,4	3,3	36	21	42
Latvia	1,3	0,8	1,0	3,1	42	26	32
Lithuania	1,3	0,8	1,4	3,5	37	23	40
Malta	0,9	1,3	3,3	5,5	16	24	60
Netherlands	2,0	0,5	1,1	3,6	56	14	31
Norway	2,2	0,6	2,4	5,2	42	12	46
Poland	1,9	0,7	1,6	4,2	45	17	38
Portugal	0,8	0,2	1,4	2,4	33	8	58
Romania	1,3	0,5	0,3	2,1	62	24	14
Russia	1,3	0,9	1,0	3,2	41	28	31
Slovak Rep.	0,7	1,1	1,8	3,6	19	31	50
Slovenia	0,9	1,6	1,9	4,4	20	36	43
Sweden	1,5	0,7	1,9	4,1	37	17	46
Switzerland	1,2	0,4	0,9	2,5	48	16	36
Turkey	1,9	0,5	0,4	2,8	68	18	14
Ukraine	0,6	0,8	1,0	2,4	25	33	42
United Kingdom	1,6	1,4	2,6	5,6	29	25	46
<i>Average</i>	1,5	0,8	1,8	4,1	37	21	42
Austria	1,1	1,8	1,5	4,4	25	41	34
Germany	1,5	1,9	1,2	4,6	33	41	26

**Table 16c. Estimated average consumption of beer, wine and spirits, in cl 100% alcohol, on the last drinking occasion. All students.**

	Beer	Wine	Spirits	Total	% beer	% wine	% spirits
Belgium	2.6	0.8	1.3	4.7	55	17	28
Bulgaria	2.3	0.7	1.5	4.5	51	16	33
Croatia	2.4	1.6	1.7	5.7	42	28	30
Cyprus	1.9	0.7	1.3	3.9	49	18	33
Czech Rep.	2.9	1.4	2.7	7.0	41	20	39
Denmark	4.2	0.7	2.6	7.5	56	9	35
Estonia	2.2	1.5	2.8	6.5	34	23	43
Faroe Isl.	3.1	0.3	4.9	8.3	37	4	59
Finland	3.1	0.8	1.8	5.7	54	14	32
France	..	..	..	..	..	..	..
Greece	1.4	1.0	3.8	6.2	23	16	61
Greenland	3.4	0.4	3.3	7.1	48	6	46
Hungary	1.3	1.2	1.8	4.3	30	28	42
Iceland	3.9	0.3	2.4	6.6	59	5	36
Ireland	3.8	0.7	2.8	7.3	52	10	38
Isle of Man	2.5	1.0	2.4	5.9	42	17	41
Italy	1.8	1.0	1.8	4.6	39	22	39
Latvia	2.1	0.7	1.2	4.0	53	18	30
Lithuania	2.4	1.1	2.0	5.5	44	20	36
Malta	2	1.7	3.4	7.1	28	24	48
Netherlands	3.7	0.6	1.4	5.7	65	11	25
Norway	2.6	0.6	2.5	5.7	46	11	44
Poland	2.9	1.0	2.5	6.4	45	16	39
Portugal	1.5	0.3	1.5	3.3	45	9	45
Romania	2.0	0.8	0.5	3.3	61	24	15
Russia	2.1	0.8	1.4	4.3	49	19	33
Slovak Rep	1.4	1.3	2.2	4.9	29	27	45
Slovenia	1.8	1.9	1.7	5.4	33	35	31
Sweden	2.5	0.6	2.0	5.1	49	12	39
Switzerland	2.1	0.6	1.2	3.9	54	15	31
Turkey	2.3	0.7	1.0	4.0	58	18	25
Ukraine	1.3	0.7	1.5	3.5	37	20	43
United Kingdom	3.0	1.0	2.4	6.4	47	16	38
<i>Average</i>	2.5	0.9	2.1	5.4	45	17	37
Austria	2.7	1.6	2.1	6.4	42	25	33
Germany	2.7	1.6	1.5	5.8	47	28	26

**Table 17a. Estimated average consumption of beer, wine, spirits, alcopops and cider in cl 100% alcohol, on the last drinking occasion. Boys.**

	Beer	Wine	Spirits	Alco- pops	Cider	Total	% beer	% wine	% spirits	% alco- pops	% cider
Belgium	3.4	0.9	1.6	1.9	0.7	8.5	40	11	19	22	8
Bulgaria	3.3	0.9	1.6	..	..	5.8	57	16	28	..	..
Croatia	3.5	2.0	1.7	0.9	..	8.1	43	25	21	11	..
Cyprus	2.7	0.6	1.8	2.7	0.5	8.3	33	7	22	33	6
Czech Rep.	4.4	1.4	3.0	..	..	8.8	50	16	34	..	..
Denmark	5.3	0.7	2.7	2.2	..	10.9	49	6	25	20	..
Estonia	3.4	1.2	3.4	1.0	1.0	10.0	34	12	34	10	10
Faroe Isl.	4.0	0.3	5.1	1.2	0.4	11.0	36	3	46	11	4
Finland	4.2	0.7	1.9	..	1.0	7.8	54	9	24	..	13
Greece	2.0	1.3	2.4	1.6	..	7.3	27	18	33	22	..
Greenland	3.3	0.5	4.1	2.6	..	10.5	31	5	39	25	..
Hungary	2.0	1.5	2.1	0.6	..	6.2	32	24	34	10	..
Iceland	4.4	0.3	2.5	0.9	0.4	8.5	52	4	29	11	5
Ireland	5.3	0.5	2.2	1.3	2.3	11.6	46	4	19	11	20
Isle of Man	4.1	0.7	1.9	3.1	0.9	10.7	38	7	18	29	8
Italy	2.5	1.3	2.1	..	..	5.9	42	22	36	..	..
Latvia	3.1	0.5	1.5	0.3	0.6	6.0	52	8	25	5	10
Lithuania	3.5	1.0	2.6	0.8	0.8	8.7	40	11	30	9	9
Malta	3.2	2.0	3.8	0.8	..	9.8	33	20	39	8	..
Netherlands	5.3	0.5	1.7	2.6	..	10.1	52	5	17	26	..
Norway	3.3	0.7	2.7	2.0	1.5	10.2	32	7	26	20	15
Poland	3.9	1.2	3.4	0.3	0.3	9.1	43	13	37	3	3
Portugal	2.2	0.5	1.6	0.7	..	5.0	44	10	32	14	..
Romania	2.8	1.0	0.6	1.0	1.3	6.7	42	15	9	15	19
Russia	3.0	0.7	1.6	0.7	..	6.0	50	12	27	12	..
Slovak Rep.	2.2	1.5	2.7	..	..	6.4	34	23	42	..	..
Slovenia	2.3	2.2	1.7	0.7	..	6.9	33	32	25	10	..
Sweden	3.5	0.4	2.2	0.4	1.4	7.9	44	5	28	5	18
Turkey	3.0	0.8	1.4	..	0.5	5.7	53	14	25	..	9
Ukraine	1.9	0.8	2.1	0.5	0.7	6.0	32	13	35	8	12
United Kingdom	4.3	0.7	3.3	2.1	1.0	11.4	38	6	29	18	9
<i>Average</i>	<b>3.4</b>	<b>0.9</b>	<b>2.3</b>	<b>1.3</b>	<b>0.9</b>	<b>8.3</b>	<b>41</b>	<b>12</b>	<b>28</b>	<b>12</b>	<b>6</b>
Austria	4.0	1.6	2.4	2.3	0.4	10.7	37	15	22	21	4
France	..	0.6	2.2	..	..	2.8	..	21	79	..	..
Germany	5.1	1.1	1.7	..	..	7.9	65	14	22	..	..
Switzerland	3.0	0.6	1.5	1.8	0.7	7.6	39	8	20	24	9



**Table 17b. Estimated average consumption of beer, wine, spirits, alcopops and cider in cl 100% alcohol, on the last drinking occasion. Girls.**

	Beer	Wine	Spirits	Alco- pops	Cider	Total	% beer	% wine	% spirits	% alco- pops	% cider
Belgium	1.5	0.8	0.9	1.9	0.6	5.7	26	14	16	33	11
Bulgaria	1.4	0.6	1.4	..	..	3.4	41	18	41	..	..
Croatia	1.2	1.3	1.6	1.0	..	5.1	24	25	31	20	..
Cyprus	0.9	0.6	0.9	1.9	0.1	4.4	20	14	20	43	2
Czech Rep.	1.7	1.5	2.2	..	..	5.4	31	28	41	..	..
Denmark	2.8	0.8	2.5	2.3	..	8.4	33	10	30	27	..
Estonia	1.0	1.4	1.8	0.8	1.3	6.3	16	22	29	13	21
Faroe Isl.	1.9	0.2	4.6	1.4	0.3	8.4	23	2	55	17	4
Finland	1.9	0.8	1.6	..	2.0	6.3	30	13	25	..	32
Greece	1.0	0.7	1.9	1.3	..	4.9	20	14	39	27	..
Greenland	3.5	0.3	2.6	1.7	..	8.1	43	4	32	21	..
Hungary	0.4	1.0	1.6	0.5	..	3.5	11	29	46	14	..
Iceland	3.4	0.3	2.1	1.9	0.8	8.5	40	4	25	22	9
Ireland	2.2	0.8	3.4	3.3	1.2	10.9	20	7	31	30	11
Isle of Man	1.1	1.3	3.0	4.3	0.4	10.1	11	13	30	43	4
Italy	1.2	0.7	1.4	..	..	3.3	36	21	42	..	..
Latvia	1.3	0.8	1.0	0.3	0.7	4.1	32	20	24	7	17
Lithuania	1.3	0.8	1.4	0.9	0.8	5.2	25	15	27	17	15
Malta	0.9	1.3	3.3	0.6	..	6.1	15	21	54	10	..
Netherlands	2.0	0.5	1.1	3.1	..	6.7	30	7	16	46	..
Norway	2.2	0.6	2.4	2.5	0.8	8.5	26	7	28	29	9
Poland	1.9	0.7	1.6	0.1	0.1	4.4	43	16	36	2	2
Portugal	0.8	0.2	1.4	0.4	..	2.8	29	7	50	14	..
Romania	1.3	0.5	0.3	0.3	0.9	3.3	40	15	9	9	27
Russia	1.3	0.9	1.0	0.7	..	3.9	33	23	25	18	..
Slovak Rep.	0.7	1.1	1.8	..	..	3.6	19	31	50	..	..
Slovenia	0.9	1.6	1.9	0.4	..	4.8	19	33	40	8	..
Sweden	1.5	0.7	1.9	0.5	1.8	6.4	23	11	30	8	28
Turkey	1.9	0.5	0.4	..	0.2	3.0	63	17	13	..	7
Ukraine	0.6	0.8	1.0	0.5	0.8	3.7	16	22	27	14	22
United Kingdom	1.6	1.4	2.6	3.5	0.9	10.0	16	14	26	35	9
<i>Average</i>	1.5	0.8	1.8	1.4	0.8	5.8	27	16	31	18	8
Austria	1.1	1.8	1.5	2.3	0.1	6.8	16	26	22	34	..
France	..	0.3	1.5	..	..	1.8	..	17	83	..	..
Germany	1.5	1.9	1.2	1.9	..	6.5	23	29	18	29	..
Switzerland	1.2	0.4	0.9	1.5	0.4	4.4	27	9	20	34	9

**Table 17c. Estimated average consumption of beer, wine, spirits, alcopops and cider in cl 100% alcohol, on the last drinking occasion. All students.**

	Beer	Wine	Spirits	Alco- pops	Cider	Total	% beer	% wine	% spirits	% alco- pops	% cider
Belgium	2.6	0.8	1.3	1.9	0.5	7.1	37	11	18	27	7
Bulgaria	2.3	0.7	1.5	..	..	4.5	51	16	33	..	..
Croatia	2.4	1.6	1.7	0.9	..	6.6	36	24	26	14	..
Cyprus	1.9	0.7	1.3	2.3	0.4	6.6	29	11	20	35	6
Czech Rep.	2.9	1.4	2.7	..	..	7.0	41	20	39	..	..
Denmark	4.2	0.7	2.6	2.3	..	9.8	43	7	27	23	..
Estonia	2.2	1.5	2.8	0.9	1.2	8.6	26	17	33	10	14
Faroe Isl.	3.1	0.3	4.9	1.3	0.4	10.0	31	3	49	13	4
Finland	3.1	0.8	1.8	..	1.6	7.1	44	11	25	..	23
Greece	1.4	1.0	3.8	1.4	..	7.6	18	13	50	18	..
Greenland	3.4	0.4	3.3	2.3	..	9.4	36	4	35	24	..
Hungary	1.3	1.2	1.8	0.6	..	4.9	27	24	37	12	..
Iceland	3.9	0.3	2.4	1.4	0.5	8.5	46	4	28	16	6
Ireland	3.8	0.7	2.8	2.2	1.7	11.2	34	6	25	20	15
Isle of Man	2.5	1.0	2.4	3.7	0.7	10.3	24	10	23	36	7
Italy	1.8	1.0	1.8	..	..	4.6	39	22	39	..	..
Latvia	2.1	0.7	1.2	0.4	0.6	5.0	42	14	24	8	12
Lithuania	2.4	1.1	2.0	0.7	0.8	7.0	34	16	29	10	11
Malta	2.0	1.7	3.4	0.6	..	7.7	26	22	44	8	..
Netherlands	3.7	0.6	1.4	2.8	..	8.5	44	7	16	33	..
Norway	2.6	0.6	2.5	2.4	1.4	9.5	27	6	26	25	15
Poland	2.9	1.0	2.5	0.2	0.3	6.9	42	14	36	3	4
Portugal	1.5	0.3	1.5	0.6	..	3.9	38	8	38	15	..
Romania	2.0	0.8	0.5	0.7	1.2	5.2	38	15	10	13	23
Russia	2.1	0.8	1.4	0.8	..	5.1	41	16	27	16	..
Slovak Rep.	1.4	1.3	2.2	..	..	4.9	29	27	45	..	..
Slovenia	1.8	1.9	1.7	0.6	..	6.0	30	32	28	10	..
Sweden	2.5	0.6	2.0	0.7	1.6	7.4	34	8	27	9	22
Turkey	2.3	0.7	1.0	..	0.3	4.3	53	16	23	..	7
Ukraine	1.3	0.7	1.5	0.5	0.7	4.7	28	15	32	11	15
United Kingdom	3.0	1.0	2.4	2.8	1.0	10.2	29	10	24	27	10
<i>Average</i>	<b>2.5</b>	<b>0.9</b>	<b>2.1</b>	<b>1.4</b>	<b>0.8</b>	<b>7.1</b>	<b>35</b>	<b>14</b>	<b>30</b>	<b>15</b>	<b>7</b>
Austria	2.7	1.6	2.1	2.3	0.3	9.0	30	18	23	26	..
France	..	0.4	1.9	..	..	2.3	..	17	83	..	..
Germany	..	1.6	1.5	2.1	..	5.2	..	31	29	40	..
Switzerland	2.1	0.6	1.2	1.6	0.5	6.0	35	10	20	27	8

**Table 18a. 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+	
Austria	21	13	14	11	14	12	15	2
Belgium	36	24	13	9	8	4	7	2
Bulgaria	32	21	15	9	8	6	9	5
Croatia	29	24	16	9	9	5	9	0
Cyprus	54	27	10	5	2	1	1	0
Czech Rep.	18	19	17	10	12	9	16	1
Denmark	13	12	10	9	15	15	26	2
Estonia	17	17	13	9	12	12	21	2
Faroe Isl.	38	8	10	11	7	9	17	..
Finland	32	12	11	9	12	10	15	0
France	55	22	10	5	4	2	2	1
Germany	25	21	16	11	11	8	8	1
Greece	46	30	11	6	4	2	2	1
Greenland	30	14	12	9	11	8	16	13
Hungary	35	20	12	9	8	7	9	1
Iceland	47	14	9	7	7	5	11	1
Ireland	26	16	10	8	10	10	22	3
Isle of Man	25	17	12	9	10	10	18	2
Italy	47	21	11	7	6	3	5	1
Latvia	23	23	15	10	9	7	12	1
Lithuania	14	18	14	13	13	10	19	0
Malta	48	23	11	7	4	3	4	1
Netherlands	40	18	12	10	11	4	5	1
Norway	45	13	10	8	10	6	8	3
Poland	33	20	14	9	10	6	9	1
Portugal	64	15	7	5	5	2	3	..
Romania	33	30	16	8	7	3	4	1
Russia	31	20	13	11	8	7	11	1
Slovak Rep.	25	20	14	10	11	8	12	1
Slovenia	26	22	14	9	11	7	13	1
Sweden	38	15	11	9	9	7	11	1
Switzerland	36	19	12	10	9	6	8	1
Turkey	75	14	5	2	2	1	2	4
Ukraine	20	22	13	9	12	10	14	4
United Kingdom	27	12	12	9	13	9	18	1
Spain	57	43 <sup>a)</sup>						..
USA	58	14	8	5	6	4	6	..

a) Sometimes.

**Table 18b. 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+	
Austria	27	21	15	11	13	8	5	1
Belgium	45	27	12	7	5	2	1	2
Bulgaria	41	25	13	9	6	3	4	4
Croatia	46	26	13	6	4	2	3	0
Cyprus	68	25	5	1	1	0	0	0
Czech Rep.	25	26	16	12	10	6	7	1
Denmark	16	10	11	15	16	16	15	2
Estonia	24	21	14	11	11	8	11	1
Faroe Isl.	40	9	11	7	11	9	14	..
Finland	30	11	11	10	11	14	14	0
France	59	24	10	3	2	1	1	2
Germany	30	25	17	11	9	5	3	0
Greece	51	29	10	5	3	2	1	1
Greenland	26	14	12	14	16	10	8	15
Hungary	44	27	13	6	6	2	3	2
Iceland	45	14	9	8	8	7	8	1
Ireland	22	14	13	9	13	12	17	3
Isle of Man	18	14	14	9	16	10	19	3
Italy	51	26	10	5	4	2	1	1
Latvia	30	27	17	10	7	5	5	1
Lithuania	24	27	18	11	8	6	6	0
Malta	56	22	11	4	4	2	1	1
Netherlands	50	23	11	7	6	2	2	1
Norway	38	15	13	10	12	7	6	2
Poland	49	23	12	7	4	3	2	1
Portugal	71	16	5	4	2	1	1	..
Romania	58	28	9	2	2	1	1	1
Russia	34	21	17	8	7	4	9	2
Slovak Rep.	33	26	13	11	9	5	5	1
Slovenia	35	23	15	9	8	5	5	0
Sweden	38	16	11	10	11	7	8	1
Switzerland	47	21	12	8	5	4	2	0
Turkey	85	10	3	1	1	0	0	5
Ukraine	25	28	16	11	9	5	6	3
United Kingdom	23	13	13	9	14	11	16	2
Spain	55	45 <sup>a)</sup>						..
USA	57	17	9	6	5	3	3	..

a) Sometimes.

**Table 18c. 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+	
Austria	24	17	15	11	13	10	11	2
Belgium	41	25	13	8	6	3	4	2
Bulgaria	37	23	14	9	7	4	6	4
Croatia	38	25	14	8	6	3	6	0
Cyprus	62	26	7	3	1	1	1	1
Czech Rep.	22	23	16	11	11	7	11	1
Denmark	15	11	11	12	16	15	21	2
Estonia	20	19	14	10	11	10	16	2
Faroe Isl.	39	9	10	9	9	9	15	..
Finland	31	11	11	9	12	12	14	0
France	57	23	10	4	3	2	1	2
Germany	28	23	17	11	10	6	6	1
Greece	49	29	11	5	3	2	1	1
Greenland	28	14	12	12	13	9	12	14
Hungary	39	23	13	7	7	5	6	2
Iceland	46	14	9	7	8	6	10	1
Ireland	24	15	11	8	11	11	19	3
Isle of Man	21	15	13	9	13	10	19	2
Italy	49	24	11	6	5	2	3	1
Latvia	27	25	16	10	8	6	8	1
Lithuania	19	23	16	12	11	8	13	0
Malta	53	23	11	6	4	2	2	1
Netherlands	45	20	12	9	8	3	3	1
Norway	41	14	11	9	11	7	7	3
Poland	41	22	13	8	7	4	6	1
Portugal	68	15	6	4	4	1	2	..
Romania	47	29	12	5	4	1	2	1
Russia	33	21	15	9	7	5	10	2
Slovak Rep.	29	23	14	10	10	6	8	1
Slovenia	31	22	14	9	9	6	9	1
Sweden	38	15	11	9	10	7	10	1
Switzerland	42	20	12	9	7	5	5	1
Turkey	79	12	4	2	1	0	1	4
Ukraine	22	25	15	10	10	8	10	3
United Kingdom	25	13	12	9	13	10	17	1
Spain	56	44 <sup>a)</sup>						..
USA	58	16	8	6	5	3	4	..

a) Sometimes.

**Table 19a. 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+	
Austria	27	21	15	11	13	6	7	3
Belgium	49	24	11	6	5	3	2	3
Bulgaria	39	29	12	6	8	4	3	7
Croatia	44	28	10	7	5	4	3	2
Cyprus	70	22	4	2	1	1	0	0
Czech Rep.	28	27	15	10	9	6	6	2
Denmark	17	17	13	14	18	12	10	3
Estonia	30	21	13	10	12	7	7	4
Faroe Isl.	43	10	12	12	10	8	5	..
Finland	38	17	13	11	11	7	3	4
France	69	18	7	4	2	1	1	7
Germany	36	27	13	9	8	4	3	2
Greece	63	24	7	3	1	1	1	1
Greenland	31	20	15	15	11	6	2	11
Hungary	49	21	11	8	6	4	2	4
Iceland	55	15	9	7	6	4	4	3
Ireland	30	19	12	10	12	8	10	6
Isle of Man	34	21	14	13	8	4	7	4
Italy	59	21	8	5	3	2	2	2
Latvia	41	25	14	9	6	3	3	4
Lithuania	27	24	17	12	10	5	5	0
Malta	58	23	9	4	3	2	1	3
Netherlands	49	22	12	10	5	2	1	4
Norway	51	16	11	9	7	4	3	9
Poland	43	25	13	8	5	4	3	2
Portugal	68	17	7	4	1	1	2	..
Romania	51	27	11	6	2	1	1	3
Russia	47	24	10	5	7	3	4	5
Slovak Rep.	38	23	13	11	7	4	5	3
Slovenia	38	25	13	8	7	4	4	4
Sweden	45	19	12	8	8	4	3	4
Switzerland	43	25	12	8	6	3	3	1
Turkey	81	12	3	2	1	0	1	10
Ukraine	29	26	14	13	8	5	4	5
United Kingdom	34	19	13	11	10	7	7	3
USA	66	14	7	5	4	2	2	..



**Table 19b. 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+	
Austria	37	24	16	10	8	4	1	4
Belgium	57	25	10	4	4	0	0	2
Bulgaria	48	28	12	6	4	1	1	4
Croatia	60	23	10	3	3	1	1	1
Cyprus	81	17	2	0	0	0	0	0
Czech Rep.	36	28	15	10	7	3	2	2
Denmark	19	17	17	18	16	9	4	3
Estonia	34	25	13	11	9	5	3	2
Faroe Isl.	44	13	11	12	9	9	4	..
Finland	35	15	13	12	15	7	3	3
France	73	20	5	2	1	0	0	6
Germany	42	30	14	7	5	2	1	2
Greece	64	26	6	2	2	0	0	2
Greenland	29	21	21	11	13	4	2	13
Hungary	59	24	8	5	2	2	1	2
Iceland	50	16	10	9	8	5	2	2
Ireland	26	19	14	13	13	9	6	5
Isle of Man	25	22	15	13	12	8	5	4
Italy	66	22	7	3	1	1	0	2
Latvia	46	27	13	7	4	2	1	3
Lithuania	40	31	13	7	5	3	1	0
Malta	65	22	6	4	2	1	1	3
Netherlands	58	25	9	4	2	1	1	3
Norway	42	19	15	11	8	4	2	7
Poland	61	23	8	5	3	1	0	2
Portugal	74	17	6	2	1	0	0	..
Romania	73	19	4	2	1	0	0	4
Russia	48	26	11	5	5	2	2	4
Slovak Rep.	47	26	13	7	4	2	1	2
Slovenia	49	23	11	8	6	3	1	3
Sweden	44	19	14	9	8	3	2	4
Switzerland	58	23	10	5	3	2	1	1
Turkey	88	8	2	1	0	0	0	9
Ukraine	39	30	14	9	5	3	1	4
United Kingdom	30	21	13	12	11	8	6	2
USA	65	17	8	5	3	2	1	..

**Table 19c. 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+	
Austria	31	22	15	11	11	5	4	3
Belgium	53	25	10	5	4	2	1	3
Bulgaria	44	28	12	6	6	2	2	5
Croatia	52	25	10	5	4	2	2	1
Cyprus	75	19	3	1	1	0	0	1
Czech Rep.	32	28	15	10	8	4	4	2
Denmark	18	17	15	16	17	10	7	3
Estonia	32	23	13	11	10	6	5	3
Faroe Isl.	43	11	11	12	10	8	4	..
Finland	36	16	13	12	13	7	3	3
France	71	19	6	3	1	1	0	7
Germany	39	29	13	8	6	3	2	2
Greece	63	25	6	3	1	1	0	2
Greenland	30	21	18	13	12	5	2	12
Hungary	54	23	9	6	4	3	2	3
Iceland	53	16	10	8	7	4	3	3
Ireland	28	19	13	12	12	9	8	6
Isle of Man	29	21	15	13	10	6	6	4
Italy	63	22	7	4	2	1	1	2
Latvia	43	26	13	8	5	3	2	4
Lithuania	34	28	15	9	8	4	3	0
Malta	62	23	7	4	2	1	1	3
Netherlands	54	23	11	7	4	1	1	3
Norway	46	17	13	10	8	4	2	8
Poland	52	24	10	6	4	2	2	2
Portugal	72	17	6	3	1	0	1	..
Romania	64	22	7	3	2	1	1	4
Russia	47	25	10	5	6	3	3	5
Slovak Rep.	43	25	13	9	5	3	3	2
Slovenia	44	24	12	8	7	3	3	3
Sweden	45	19	13	9	8	4	3	4
Switzerland	51	24	11	6	4	3	2	1
Turkey	84	10	3	1	1	0	1	9
Ukraine	34	28	14	11	7	4	2	5
United Kingdom	32	20	13	11	11	7	6	2
USA	65	16	8	5	3	2	2	..

**Table 20a. 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+	
Belgium	69	20	7	3	1	0	1	3
Bulgaria	62	23	8	5	2	1	1	7
Croatia	70	18	7	3	1	0	1	2
Cyprus	87	10	1	0	1	1	1	0
Czech Rep.	56	26	12	4	1	0	0	2
Denmark	35	34	21	7	2	0	0	4
Estonia	56	22	13	6	2	1	1	4
Faroe Isl.	55	25	15	3	2	0	0	..
Finland	60	25	10	4	1	0	0	4
France	83	12	3	1	1	0	0	7
Greece	85	12	2	1	0	0	0	3
Greenland	51	30	11	4	4	1	0	12
Hungary	70	18	7	2	1	1	0	4
Iceland	74	17	6	2	1	0	0	4
Ireland	48	25	14	8	4	0	1	6
Isle of Man	57	23	11	5	3	1	0	4
Italy	77	14	5	2	1	0	1	3
Latvia	67	21	7	3	2	0	0	4
Lithuania	56	28	10	4	3	0	0	0
Malta	77	16	4	2	1	0	0	4
Netherlands	67	24	7	2	0	0	1	4
Norway	67	21	8	2	1	0	1	8
Poland	63	23	8	2	2	0	1	3
Portugal	82	12	3	1	1	0	1	..
Romania	76	18	4	1	1	0	0	3
Russia	72	16	4	5	2	1	1	6
Slovak Rep.	64	22	8	3	2	1	0	3
Slovenia	63	21	10	4	1	1	0	4
Sweden	66	22	8	3	1	0	0	4
Switzerland	65	22	7	3	1	1	0	1
Turkey	90	6	2	1	0	0	1	10
Ukraine	56	25	9	6	2	0	1	6
United Kingdom	56	22	11	6	3	1	1	3
Austria	46	31	15	3	3		1	11
Germany	62	27	8	2	1		0	3
Spain	76	24 <sup>a)</sup>						..
USA	81	11	5	2	1	0	0	..

a) Sometimes.

**Table 20b. 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+	
Belgium	77	18	3	1	0	0	0	2
Bulgaria	71	20	5	2	1	0	0	5
Croatia	81	14	3	1	1	0	0	1
Cyprus	94	6	0	0	0	0	0	0
Czech Rep.	64	26	7	3	0	0	0	2
Denmark	42	36	16	4	1	0	0	4
Estonia	62	24	8	4	1	0	0	2
Faroe Isl.	58	25	13	3	0	0	0	..
Finland	56	27	13	3	1	0	0	3
France	88	10	1	1	0	0	0	6
Greece	83	14	2	1	0	0	0	2
Greenland	52	31	14	3	0	1	1	13
Hungary	80	14	3	1	1	0	0	2
Iceland	70	21	7	2	0	0	0	2
Ireland	45	29	15	6	3	0	1	5
Isle of Man	46	29	18	4	2	1	0	4
Italy	84	12	2	1	0	0	0	2
Latvia	73	20	4	2	1	0	0	3
Lithuania	70	22	5	2	1	0	0	0
Malta	83	14	3	1	0	0	0	3
Netherlands	80	16	3	1	0	0	0	3
Norway	63	26	8	2	0	0	0	7
Poland	80	15	3	1	1	0	0	3
Portugal	88	9	1	1	0	0	0	..
Romania	90	7	1	1	0	0	0	4
Russia	74	17	4	3	2	0	0	4
Slovak Rep.	73	18	6	1	1	0	0	2
Slovenia	70	21	6	2	0	0	0	3
Sweden	66	25	7	2	0	0	0	5
Switzerland	79	15	4	1	1	0	0	1
Turkey	95	4	1	0	0	0	0	9
Ukraine	67	22	6	3	1	0	0	4
United Kingdom	51	24	13	7	4	1	0	3
Austria	58	31	8	2	1	0	0	9
Germany	67	25	6	1	1	0	0	4
Spain	78	22 <sup>a)</sup>						..
USA	82	12	4	1	1	0	0	..

a) Sometimes.

**Table 20c. 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+	
Belgium	73	19	5	2	1	0	0	3
Bulgaria	67	22	6	3	1	0	0	6
Croatia	76	16	5	2	1	0	0	1
Cyprus	90	8	1	0	0	0	0	1
Czech Rep.	61	26	9	3	1	0	0	2
Denmark	39	35	19	5	2	0	0	4
Estonia	59	23	10	5	1	1	0	3
Faroe Isl.	57	25	14	3	1	0	0	..
Finland	58	26	12	3	1	0	0	4
France	85	11	2	1	0	0	0	7
Greece	84	13	2	1	0	0	0	2
Greenland	51	30	12	3	2	1	1	13
Hungary	75	16	5	2	1	1	0	3
Iceland	72	19	7	2	1	0	0	3
Ireland	47	27	15	7	3	0	1	6
Isle of Man	51	27	15	4	3	1	0	4
Italy	81	13	4	1	1	0	1	2
Latvia	70	21	5	2	1	0	0	4
Lithuania	63	25	7	3	2	0	0	0
Malta	80	15	3	1	1	0	0	3
Netherlands	73	20	5	2	0	0	0	3
Norway	65	24	8	2	1	0	1	8
Poland	72	19	6	2	1	0	1	3
Portugal	86	11	2	1	0	0	0	..
Romania	84	12	2	1	0	0	0	4
Russia	73	17	4	4	2	1	0	5
Slovak Rep.	69	20	7	2	2	0	0	2
Slovenia	67	21	8	3	1	0	0	3
Sweden	66	24	7	2	0	0	0	5
Switzerland	72	18	6	2	1	0	0	1
Turkey	92	5	1	0	0	0	0	9
Ukraine	62	24	8	5	2	0	1	5
United Kingdom	54	23	12	6	3	1	1	3
Austria	52	32	12	3	2	0	0	10
Germany	65	26	7	2	1	0	0	3
Spain	77	23 <sup>a)</sup>						..
USA	82	11	4	2	1	0	0	..

a) Sometimes.

**Table 21a. 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+
Belgium	43	30	14	6	8
Bulgaria	53	16	12	11	3
Croatia	58	23	10	5	4
Cyprus	56	28	8	4	3
Czech Rep.	46	31	15	6	3
Denmark	33	37	20	6	5
Estonia	47	27	13	7	6
Faroe Isl.	50	29	11	2	8
Finland	58	23	11	4	3
France	66	21	8	3	2
Greece	55	31	8	4	2
Greenland	52	26	9	6	8
Hungary	63	25	8	2	2
Iceland	69	19	7	3	3
Ireland	43	26	16	9	6
Isle of Man	45	30	15	5	6
Italy	57	24	10	5	4
Latvia	51	21	10	10	4
Lithuania	55	27	12	4	3
Malta	42	27	17	7	8
Netherlands	34	30	19	9	9
Norway	56	20	12	6	7
Poland	65	17	9	5	3
Portugal	67	13	8	7	5
Romania	65	16	11	5	3
Russia	56	22	12	4	6
Slovak Rep.	51	29	12	5	3
Slovenia	52	22	11	9	3
Sweden	61	12	10	9	8
Switzerland	51	30	13	4	4
Turkey	81	12	5	2	2
Ukraine	54	19	11	10	7
United Kingdom	48	27	14	7	5
Austria	..	..	..	..	..
Germany	39	29	17	7	7
USA	77	14	6	2	2



**Table 21b. 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+
Belgium	56	29	9	3	2
Bulgaria	68	14	8	6	2
Croatia	70	19	6	2	2
Cyprus	76	19	4	1	0
Czech Rep.	59	29	9	2	2
Denmark	47	34	13	3	2
Estonia	60	26	10	3	2
Faroe Isl.	60	24	10	3	4
Finland	62	25	10	3	2
France	77	18	4	1	2
Greece	67	26	6	1	1
Greenland	54	30	9	4	3
Hungary	77	18	4	0	1
Iceland	72	19	5	2	2
Ireland	43	24	18	9	6
Isle of Man	41	29	20	5	5
Italy	75	18	5	2	1
Latvia	64	17	9	7	2
Lithuania	67	26	5	1	1
Malta	57	25	11	4	4
Netherlands	50	30	11	6	3
Norway	51	26	13	7	4
Poland	85	10	3	1	1
Portugal	81	9	5	4	1
Romania	84	11	3	1	1
Russia	67	21	7	3	2
Slovak Rep.	66	23	9	2	1
Slovenia	61	21	9	7	2
Sweden	65	13	8	7	7
Switzerland	68	21	7	3	1
Turkey	90	8	1	1	0
Ukraine	69	16	7	6	2
United Kingdom	44	27	17	6	6
Austria	..	..	..	..	..
Germany	46	30	16	4	4
USA	79	14	6	2	2

**Table 21c. 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+
Belgium	50	30	12	5	5
Bulgaria	61	15	10	9	2
Croatia	64	21	8	4	3
Cyprus	67	24	6	2	2
Czech Rep.	53	30	12	4	2
Denmark	40	36	16	5	3
Estonia	54	27	11	5	4
Faroe Isl.	55	26	11	2	6
Finland	60	24	10	3	2
France	72	19	5	2	2
Greece	61	28	7	2	2
Greenland	53	28	9	5	5
Hungary	70	22	6	1	1
Iceland	70	19	6	3	2
Ireland	43	25	17	9	6
Isle of Man	43	30	17	5	5
Italy	66	21	7	3	3
Latvia	58	19	10	9	3
Lithuania	61	26	8	3	2
Malta	50	26	13	6	6
Netherlands	42	30	15	7	6
Norway	53	23	13	6	5
Poland	77	13	6	3	2
Portugal	75	11	7	6	3
Romania	76	13	6	3	2
Russia	62	21	9	4	4
Slovak Rep.	59	26	10	3	2
Slovenia	56	22	10	8	4
Sweden	63	13	9	8	8
Switzerland	59	26	10	3	2
Turkey	85	10	3	1	1
Ukraine	61	18	9	8	5
United Kingdom	46	27	16	6	5
Austria	..	..	..	..	..
Germany	43	29	17	6	5
USA	78	14	6	2	1

**Table 22. Age at first use of alcohol (at least one glass) and first drunkenness. Percentages answering 13 years or younger.**

	Boys				Girls				All students			
	Beer	Wine	Spirits	Been drunk	Beer	Wine	Spirits	Been drunk	Beer	Wine	Spirits	Been drunk
Austria	58	53	35	23	48	53	37	20	53	53	35	22
Belgium	59	60	37	20	45	48	29	11	52	54	33	15
Bulgaria	70	62	35	25	65	60	34	20	67	61	34	22
Croatia	64	57	36	30	44	42	27	15	54	50	32	23
Cyprus	70	55	37	10	49	35	19	5	68	44	27	7
Czech Rep.	65	60	39	21	54	55	29	16	59	57	34	19
Denmark	72	57	51	37	63	50	45	32	67	54	48	34
Estonia	72	65	40	42	57	54	30	27	64	59	35	35
Faroe Isl.	47	31	29	20	35	25	26	18	41	28	28	19
Finland	54	48	30	32	43	42	27	34	48	45	28	33
France	..	..	..	..	..	..	..	..	..	..	..	..
Germany	66	59	35	24	55	57	34	20	60	58	35	22
Greece	65	63	31	14	49	47	19	7	56	54	25	10
Greenland	58	41	..	29	54	39	..	28	56	40	..	29
Hungary	57	56	32	17	45	44	26	9	52	50	29	13
Iceland	38	30	21	18	30	24	16	15	34	27	18	17
Ireland	50	44	31	25	45	47	32	22	47	45	32	24
Isle of Man	67	63	44	36	55	68	50	39	61	66	47	38
Italy	57	56	33	13	47	45	24	8	52	50	28	10
Latvia	74	65	32	27	71	61	20	18	72	63	26	22
Lithuania	74	77	42	30	61	69	27	17	67	73	35	23
Malta	61	66	40	15	50	58	42	12	55	62	41	13
Netherlands	56	28	27	16	42	30	20	12	49	29	23	14
Norway	42	28	17	17	36	25	18	18	39	26	18	17
Poland	65	42	34	20	46	30	17	9	55	35	25	14
Portugal	46	30	24	12	37	24	22	9	41	27	23	10
Romania	68	63	24	22	49	42	11	11	57	52	17	16
Russia	62	56	29	40	62	62	26	34	62	59	28	37
Slovak Rep.	65	67	43	27	55	58	28	17	60	62	35	22
Slovenia	72	68	42	27	65	63	35	19	69	66	38	23
Sweden	54	37	28	25	41	28	21	19	48	33	24	22
Switzerland	52	44	27	13	38	37	19	9	45	41	23	11
Turkey	23	12	9	8	13	8	4	2	19	11	7	5
Ukraine	71	60	31	33	61	52	20	19	66	56	26	26
United Kingdom	67	62	43	36	54	68	45	35	61	65	44	36
USA	..	..	..	..	..	..	..	..	..	..	..	9

**Table 23a. Drinking places on the last drinking day. Percentages among boys.**

	At home	At some- one else's home	Street, park, beach	Bar, pub	Disco	Rest- aurant	Other place(s)	Never been drinking
Austria	18	21	18	37	32	10	15	6
Belgium	24	17	9	24	19	7	16	10
Bulgaria	24	23	8	15	20	7	8	13
Croatia	19	14	14	35	16	4	9	9
Cyprus	..	..	..	..	..	..	..	..
Czech Rep.	24	16	12	39	27	11	11	3
Denmark	22	68	11	4	11	1	11	3
Estonia	23	38	24	9	16	1	13	5
Faroe Isl.	11	24	13	3	24	1	12	12
Finland	28	46	23	3	6	2	10	12
France	27	27	11	7	6	5	8	18
Germany	23	33	23	20	16	8	21	5
Greece	21	12	3	28	29	4	36	6
Greenland	12	63	3	4	12	1	7	20
Hungary	24	20	8	29	23	2	7	10
Iceland	18	34	17	2	7	1	9	26
Ireland	13	21	15	23	9	2	7	9
Isle of Man	38	34	12	9	2	3	6	7
Italy	23	18	11	38	12	11	7	11
Latvia	19	25	36	8	13	1	10	9
Lithuania	20	36	24	12	17	3	14	3
Malta	19	5	7	15	31	8	5	10
Netherlands	26	25	9	12	18	3	12	12
Norway	25	44	16	3	6	2	22	17
Poland	18	26	36	16	17	3	19	9
Portugal	21	13	9	31	15	8	8	16
Romania	33	17	17	16	22	6	2	12
Russia	18	23	40	9	5	2	10	12
Slovak Rep.	19	14	10	32	21	4	17	6
Slovenia	17	14	21	26	14	2	9	10
Sweden	23	41	12	2	3	1	7	18
Switzerland	20	20	20	20	9	6	16	9
Turkey	13	10	17	4	2	2	6	50
Ukraine	16	29	20	23	14	3	3	9
United Kingdom	32	29	17	15	5	3	9	8
<i>Average</i>	22	28	17	18	16	5	13	13

**Table 23b. Drinking places on the last drinking day. Percentages among girls.**

	At home	At some- one else's home	Street, park, beach	Bar, pub	Disco	Rest- aurant	Other place(s)	Never been drinking
Austria	18	22	13	33	36	7	14	4
Belgium	24	19	7	22	21	7	15	12
Bulgaria	27	25	7	13	22	7	6	12
Croatia	19	13	11	33	21	2	7	12
Cyprus	..	..	..	..	..	..	..	..
Czech Rep.	26	19	7	32	33	9	11	2
Denmark	21	65	10	4	14	2	15	4
Estonia	27	45	14	4	17	1	11	6
Faroe Isl.	9	23	12	3	29	1	12	12
Finland	26	41	27	4	10	2	13	12
France	24	26	7	9	8	5	7	20
Germany	21	29	15	19	22	8	22	5
Greece	19	11	2	24	33	6	36	7
Greenland	13	59	5	2	15	1	9	16
Hungary	28	21	5	22	26	5	5	8
Iceland	14	39	12	2	10	1	8	26
Ireland	13	21	12	25	13	4	6	7
Isle of Man	32	39	10	12	3	6	6	3
Italy	21	15	9	34	13	10	5	16
Latvia	28	30	26	11	15	2	8	8
Lithuania	29	45	13	8	14	5	9	4
Malta	22	3	4	13	33	7	5	14
Netherlands	27	22	6	12	22	2	12	12
Norway	19	56	14	3	7	1	22	15
Poland	26	27	25	15	20	2	16	12
Portugal	19	13	6	31	18	6	4	17
Romania	43	16	10	9	12	5	1	19
Russia	11	29	28	7	4	2	8	7
Slovak Rep.	26	16	6	28	25	3	13	6
Slovenia	18	13	18	25	16	2	7	12
Sweden	21	45	8	2	4	1	6	19
Switzerland	18	17	15	24	13	7	15	10
Turkey	16	8	6	3	3	4	3	62
Ukraine	21	36	12	21	13	3	1	9
United Kingdom	27	30	19	18	6	5	8	6
<i>Average</i>	22	28	12	16	17	4	10	12

**Table 23c. Drinking places on the last drinking day. Percentages among all students.**

	At home	At some- one else's home	Street, park, beach	Bar, pub	Disco	Rest- aurant	Other place(s)	Never been drinking
Austria	18	22	16	36	34	9	15	5
Belgium	24	18	8	23	20	7	16	11
Bulgaria	25	24	8	14	21	7	7	13
Croatia	19	14	13	34	19	3	8	10
Cyprus	..	..	..	..	..	..	..	..
Czech Rep.	25	18	9	35	30	10	11	3
Denmark	21	66	11	4	13	2	13	4
Estonia	25	42	19	11	16	1	12	6
Faroe Isl.	10	24	12	3	27	1	12	12
Finland	27	43	25	3	8	2	12	12
France	26	26	9	8	7	5	8	19
Germany	22	31	19	19	19	8	22	5
Greece	20	11	3	26	31	5	36	6
Greenland	12	61	4	3	13	1	8	18
Hungary	26	20	7	26	24	4	6	9
Iceland	16	36	15	2	8	1	9	26
Ireland	13	21	14	24	11	3	6	8
Isle of Man	34	37	11	11	3	4	6	5
Italy	22	16	10	36	13	10	6	14
Latvia	24	28	31	9	14	2	9	9
Lithuania	24	41	19	10	16	4	12	4
Malta	21	4	5	14	32	7	5	12
Netherlands	26	23	7	12	20	2	12	12
Norway	22	50	15	3	7	2	22	16
Poland	22	27	30	16	19	3	17	10
Portugal	20	13	7	31	16	7	6	16
Romania	39	17	13	12	16	6	1	16
Russia	14	26	33	8	4	2	9	10
Slovak Rep.	23	15	8	30	24	4	15	6
Slovenia	17	14	20	26	15	2	8	11
Sweden	22	43	10	2	4	1	7	19
Switzerland	19	18	17	22	11	7	16	9
Turkey	15	9	12	3	2	3	5	56
Ukraine	18	33	16	21	14	3	2	9
United Kingdom	30	29	18	17	5	4	9	7
<i>Average</i>	22	27	14	16	16	4	11	12



**Table 24a. 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 outgoing	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 the police	Average
Austria	55	49	66	81	41	58	8	23	12	40	23	12	20
Belgium	49	36	50	71	33	48	20	27	9	25	23	10	19
Bulgaria	58	58	61	77	54	62	45	54	23	50	49	35	43
Croatia	53	43	63	67	49	55	50	53	20	69	44	54	48
Cyprus	44	42	49	60	43	48	28	48	19	35	34	16	30
Czech Rep.	62	36	65	77	46	57	33	40	7	21	20	10	22
Denmark	62	86	76	92	55	74	14	49	13	18	41	10	24
Estonia	62	44	59	80	51	59	17	37	10	58	26	21	28
Faroe Isl.	52	85	77	82	63	72	40	51	30	58	69	25	46
Finland	66	68	54	68	49	61	19	33	11	27	38	8	23
France	..	..	..	..	..	..	..	..	..	..	..	..	..
Germany	51	51	66	78	42	58	7	21	11	36	25	10	18
Greece	50	54	61	70	39	55	24	50	15	37	34	8	28
Greenland	36	59	44	67	26	46	10	38	14	29	24	7	20
Hungary	55	45	48	61	39	50	14	43	9	45	20	12	24
Iceland	31	55	43	69	47	49	24	45	20	39	45	24	33
Ireland	77	79	80	83	51	74	27	39	13	27	41	19	28
Isle of Man	66	74	69	76	50	67	29	38	16	35	40	25	31
Italy	32	46	44	52	43	43	47	52	18	55	41	22	39
Latvia	63	40	53	75	49	56	40	43	14	64	39	30	38
Lithuania	60	38	52	28	48	45	17	37	9	57	29	36	31
Malta	43	54	58	53	41	50	34	28	19	36	29	14	27
Netherlands	57	47	55	79	33	54	11	24	8	30	17	13	17
Norway	49	68	46	74	45	56	43	47	14	23	42	19	31
Poland	41	45	56	67	49	52	28	50	14	40	30	19	30
Portugal	37	47	52	60	44	48	24	40	18	57	35	17	32
Romania	36	35	37	61	38	41	57	40	18	67	48	39	45
Russia	62	58	59	48	43	54	21	26	7	28	20	13	19
Slovak Rep.	62	38	62	65	51	56	13	46	11	42	32	12	26
Slovenia	52	45	59	63	57	55	44	53	13	66	34	25	39
Sweden	53	69	55	70	45	58	28	42	13	33	34	10	27
Switzerland	55	57	30	74	32	50	12	28	11	54	22	20	25
Turkey	40	30	28	34	35	33	27	21	19	48	32	21	28
Ukraine	58	54	56	76	39	57	21	24	11	41	25	11	22
United Kingdom	70	74	72	78	52	69	26	32	15	28	39	19	26

**Table 24b. 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 outgoing	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 the police	Average
Austria	47	50	65	76	41	56	9	22	8	36	25	4	17
Belgium	46	39	55	71	37	50	27	27	9	27	27	7	21
Bulgaria	58	62	61	77	57	63	54	57	19	51	57	25	44
Croatia	55	39	65	57	38	51	56	58	21	76	47	53	52
Cyprus	43	44	51	61	43	48	43	56	18	35	36	10	33
Czech Rep.	68	40	68	82	45	61	36	37	6	24	28	7	23
Denmark	58	89	81	92	51	74	17	50	12	16	40	3	23
Estonia	63	49	63	87	48	62	19	30	9	63	36	13	28
Faroe Isl.	47	87	82	83	70	74	51	57	35	75	77	24	53
Finland	68	77	61	74	49	66	32	41	13	30	29	6	25
France	..	..	..	..	..	..	..	..	..	..	..	..	..
Germany	48	54	67	78	40	57	7	21	9	31	29	4	17
Greece	47	62	65	74	38	57	31	62	16	42	39	4	32
Greenland	22	52	41	62	20	39	11	46	11	40	19	6	22
Hungary	61	44	50	60	37	50	16	40	6	44	21	6	22
Iceland	27	60	51	71	49	52	28	46	19	38	57	15	34
Ireland	74	86	83	85	53	76	31	41	16	30	45	11	29
Isle of Man	74	82	78	85	52	74	25	32	14	32	39	13	26
Italy	31	50	44	53	48	45	56	62	18	56	45	16	42
Latvia	68	39	54	74	51	57	40	41	12	64	45	21	37
Lithuania	59	32	45	16	43	39	18	37	6	64	32	27	31
Malta	38	52	60	47	40	47	50	34	22	50	37	17	35
Netherlands	49	48	58	76	33	53	16	27	7	24	20	6	17
Norway	44	78	58	80	48	62	42	51	12	20	48	11	31
Poland	51	36	51	59	44	48	40	47	10	50	33	16	33
Portugal	28	48	59	63	43	48	32	51	21	65	47	19	39
Romania	31	33	34	56	41	38	74	52	31	79	65	48	58
Russia	65	63	60	56	40	57	23	39	8	27	26	4	21
Slovak Rep.	59	36	58	65	44	52	14	49	10	43	37	9	27
Slovenia	60	40	58	63	60	56	57	62	12	71	44	18	44
Sweden	52	76	63	75	51	63	39	44	14	40	41	4	30
Switzerland	48	54	25	66	38	46	13	22	7	48	23	12	21
Turkey	35	27	23	32	27	29	37	20	15	52	35	19	30
Ukraine	59	58	54	76	36	57	23	18	8	41	26	3	20
United Kingdom	67	82	79	84	55	73	32	34	16	35	41	14	29

**Table 24c. 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 outgoing	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 the police	Average
Austria	50	49	65	78	41	57	8	22	10	38	24	8	18
Belgium	48	38	53	71	35	49	23	27	9	26	25	9	20
Bulgaria	58	60	61	77	56	62	50	56	21	50	53	29	43
Croatia	54	41	64	62	43	53	53	56	21	72	46	53	50
Cyprus	44	43	50	61	43	48	35	52	18	36	35	12	31
Czech Rep.	66	38	67	80	46	59	35	39	6	23	24	8	23
Denmark	60	88	78	92	53	74	15	49	12	17	41	6	23
Estonia	63	46	61	84	49	61	18	34	10	60	31	17	28
Faroe Isl.	50	86	80	83	67	73	45	54	33	67	73	25	50
Finland	67	73	58	71	49	64	26	37	12	29	34	7	24
France	..	..	..	..	..	..	..	..	..	..	..	..	..
Germany	50	53	66	78	41	58	7	21	10	33	27	7	18
Greece	48	58	63	72	39	56	28	56	15	40	37	6	30
Greenland	29	56	43	65	23	43	10	42	13	35	22	7	22
Hungary	58	45	49	61	38	50	15	42	7	44	21	9	23
Iceland	29	57	47	70	48	50	26	46	19	38	51	19	33
Ireland	75	82	82	84	52	75	29	40	14	29	43	15	28
Isle of Man	70	78	74	81	51	71	27	35	15	33	40	19	28
Italy	32	48	44	52	45	44	52	57	18	55	43	19	41
Latvia	66	39	54	74	50	57	40	42	13	64	42	25	38
Lithuania	59	35	48	22	45	42	17	37	8	60	31	31	31
Malta	40	53	59	50	41	49	43	31	21	43	34	16	31
Netherlands	53	47	56	78	33	53	13	25	7	27	19	9	17
Norway	47	73	52	77	46	59	43	49	13	21	45	15	31
Poland	46	41	53	63	46	50	34	48	12	45	31	17	31
Portugal	32	47	56	61	44	48	28	46	20	61	41	18	36
Romania	33	34	35	58	40	40	67	47	26	74	58	44	53
Russia	64	61	59	52	42	56	22	33	7	27	23	8	20
Slovak Rep.	60	37	60	65	47	54	13	47	10	42	34	10	26
Slovenia	56	43	58	63	58	56	50	57	13	69	39	22	42
Sweden	52	73	59	72	48	61	34	43	13	36	38	7	29
Switzerland	51	56	27	70	35	48	12	25	9	51	23	16	23
Turkey	37	29	26	33	31	31	31	20	17	50	34	20	29
Ukraine	58	56	55	76	37	56	22	21	9	41	25	7	21
United Kingdom	68	78	76	81	53	71	29	33	15	31	40	16	28

**Table 25a:1. Experienced problems caused by own alcohol use. Boys (continues..)**

	Individual problems						Relationship problems				
	Performed poorly at school or work	Damage to objects or clothing	Loss of money or other valuable items	Accident or injury	Hospitalised or admitted to an emergency room	Average	Quarrel or argument	Problems in relationships with friends	Problems in relationships with parents	Problems in relationships with teachers	Average
Austria	4	13	11	7	2	7	13	5	8	1	7
Belgium	1	7	5	3	1	3	6	4	6	1	4
Bulgaria	5	13	10	12	3	9	17	7	9	4	9
Croatia	2	10	5	5	1	5	11	3	7	2	6
Cyprus	1	3	4	4	1	3	5	2	3	1	3
Czech Rep.	5	19	7	8	1	8	13	5	7	1	7
Denmark	6	29	16	8	4	13	24	14	15	2	14
Estonia	5	19	12	9	3	10	15	6	13	5	10
Faroe Isl.	5	13	14	3	2	7	10	6	8	1	6
Finland	3	13	10	7	2	7	15	7	12	1	9
France	1	4	2	2	1	2	6	3	4	2	4
Germany	2	11	7	8	2	6	10	3	6	1	5
Greece	1	3	2	2	1	2	3	1	2	1	2
Greenland	3	6	9	4	3	5	16	6	7	2	8
Hungary	3	10	6	6	1	5	9	4	5	2	5
Iceland	2	5	3	4	2	3	7	4	6	1	5
Ireland	5	22	17	11	3	12	15	9	10	2	9
Isle of Man	3	19	12	11	2	9	13	6	6	2	7
Italy	2	8	4	3	2	4	6	3	3	1	3
Latvia	4	15	9	6	1	7	16	7	13	4	10
Lithuania	12	30	17	18	3	16	34	15	27	10	22
Malta	1	6	5	3	0	3	6	4	4	1	4
Netherlands	2	9	6	5	1	5	6	2	7	1	4
Norway	2	15	10	3	2	6	13	5	8	1	7
Poland	4	11	5	8	2	6	14	8	12	4	10
Portugal	4	7	5	3	1	4	5	3	3	1	3
Romania	4	7	9	7	2	6	13	7	7	3	8
Russia	6	21	12	9	2	10	16	9	16	4	11
Slovak Rep.	6	18	9	8	1	8	19	6	13	3	10
Slovenia	3	16	7	9	1	7	15	4	8	2	7
Sweden	2	16	10	7	3	8	14	3	5	1	6
Switzerland	2	8	6	5	1	4	7	3	6	2	5
Turkey	3	3	3	3	3	3	3	3	3	3	3
Ukraine	5	16	11	7	2	8	18	8	11	4	10
United Kingdom	3	21	16	14	2	11	13	8	6	1	7
<i>Average</i>	3	13	8	7	2	7	12	6	8	2	7

**Table 25a:2. Experienced problems caused by own alcohol use. Boys (continued).**

	Sexual experiences			Delinquency problems			
	Engaged in sex you regretted the next day	Engaged in unprotected sex	Average	Scuffle or fight	Victimized by robbery or theft	Trouble with police	Average
Austria	10	5	8	10	1	5	5
Belgium	4	3	4	5	1	4	3
Bulgaria	8	6	7	14	3	6	8
Croatia	3	3	3	8	1	4	4
Cyprus	2	2	2	4	1	2	2
Czech Rep.	7	4	6	11	2	4	6
Denmark	11	6	9	20	3	9	11
Estonia	7	4	6	11	3	11	8
Faroe Isl.	5	3	4	8	1	4	4
Finland	7	4	6	11	1	6	6
France	3	1	2	3	1	2	2
Germany	5	3	4	6	1	3	3
Greece	3	2	3	2	0	1	1
Greenland	13	17	15	7	1	4	4
Hungary	5	3	4	9	2	3	5
Iceland	5	3	4	5	2	7	5
Ireland	..	..	..	14	2	12	9
Isle of Man	10	8	9	9	2	13	8
Italy	4	3	4	5	1	2	3
Latvia	5	4	5	12	3	6	7
Lithuania	9	7	8	27	5	11	14
Malta	3	2	3	5	1	2	3
Netherlands	3	2	3	5	1	5	4
Norway	5	5	5	8	2	4	5
Poland	3	5	4	11	3	7	7
Portugal	4	2	3	5	2	2	3
Romania	4	5	5	12	2	5	6
Russia	7	5	6	17	3	11	10
Slovak Rep.	3	3	3	11	1	4	5
Slovenia	4	3	4	11	1	5	6
Sweden	6	5	6	12	1	4	6
Switzerland	5	2	4	5	1	4	3
Turkey	3	3	3	3	3	3	3
Ukraine	7	6	7	19	2	6	9
United Kingdom	9	6	8	12	2	9	8
Average	6	4	5	10	2	5	6

**Table 25b:1. Experienced problems caused by own alcohol use. Girls (continues..)**

	Individual problems						Relationship problems				
	Performed poorly at school or work	Damage to objects or clothing	Loss of money or other valuable items	Accident or injury	Hospitalised or admitted to an emergency room	Average	Quarrel or argument	Problems in relationships with friends	Problems in relationships with parents	Problems in relationships with teachers	Average
Austria	2	10	9	6	1	6	8	5	6	1	5
Belgium	1	5	3	2	1	2	4	4	3	0	3
Bulgaria	3	11	7	9	1	6	12	8	10	2	8
Croatia	1	7	3	3	1	3	8	4	5	1	5
Cyprus	0	1	1	1	0	1	3	2	1	0	2
Czech Rep.	4	16	7	6	1	7	9	5	6	1	5
Denmark	6	28	17	6	4	12	26	19	17	1	16
Estonia	3	19	10	7	1	8	13	7	11	2	8
Faroe Isl.	4	19	14	4	2	9	14	9	8	1	8
Finland	4	24	15	11	3	11	20	15	18	1	14
France	1	5	3	3	1	3	6	4	4	1	4
Germany	2	9	7	6	2	5	8	4	6	0	5
Greece	0	2	1	1	1	1	2	2	1	0	1
Greenland	4	5	8	5	2	5	21	14	13	2	13
Hungary	2	5	4	3	1	3	7	3	4	1	4
Iceland	2	8	6	4	2	4	10	4	9	0	6
Ireland	5	27	25	12	3	14	18	11	12	1	11
Isle of Man	5	30	23	21	4	17	20	12	14	2	12
Italy	1	5	2	2	1	3	5	2	3	0	3
Latvia	4	15	9	6	1	7	12	7	11	2	8
Lithuania	8	26	12	10	1	11	23	16	22	3	16
Malta	1	5	4	2	0	2	5	4	3	0	3
Netherlands	1	5	4	2	0	2	2	3	4	0	2
Norway	2	23	11	3	2	8	12	8	16	1	9
Poland	2	4	3	5	1	3	10	6	8	1	6
Portugal	2	4	3	2	1	2	4	3	3	0	3
Romania	1	2	3	3	0	2	5	3	3	1	3
Russia	5	18	10	9	1	9	11	6	11	1	7
Slovak Rep.	5	12	9	6	1	7	11	7	7	1	7
Slovenia	2	13	7	7	1	6	10	5	7	1	6
Sweden	3	19	14	7	2	9	16	6	7	1	8
Switzerland	1	4	4	4	1	3	4	3	4	1	3
Turkey	1	1	1	1	1	1	1	1	1	1	1
Ukraine	3	12	7	5	1	6	12	8	9	2	8
United Kingdom	4	28	22	17	3	15	18	11	10	1	10
Average	3	12	8	6	1	6	11	7	8	1	7

**Table 25b:2. Experienced problems caused by own alcohol use. Girls (continued).**

	Sexual experiences			Delinquency problems			
	Engaged in sex you regretted the next day	Engaged in unprotected sex	Average	Scuffle or fight	Victimized by robbery or theft	Trouble with police	Average
Austria	8	3	6	3	1	2	2
Belgium	3	1	2	1	1	1	1
Bulgaria	4	3	4	6	1	2	3
Croatia	2	1	2	2	1	2	2
Cyprus	0	0	0	1	0	0	0
Czech Rep.	8	4	6	3	1	2	2
Denmark	11	7	9	11	5	3	6
Estonia	5	4	5	3	1	6	3
Faroe Isl.	11	9	10	5	1	2	3
Finland	11	8	10	9	2	8	6
France	3	1	2	2	1	1	1
Germany	6	3	5	2	0	2	1
Greece	1	0	1	1	0	0	0
Greenland	16	21	19	8	4	2	5
Hungary	4	2	3	2	1	1	1
Iceland	9	7	8	4	3	5	4
Ireland	..	..	..	10	3	11	8
Isle of Man	17	14	16	12	3	15	10
Italy	3	1	2	2	0	1	1
Latvia	5	3	4	5	2	3	3
Lithuania	4	3	4	7	2	4	4
Malta	2	2	2	2	1	0	1
Netherlands	4	1	3	1	0	2	1
Norway	9	6	8	5	2	4	4
Poland	2	3	3	5	3	3	4
Portugal	1	1	1	1	1	0	1
Romania	1	1	1	4	1	1	2
Russia	6	4	5	8	1	4	4
Slovak Rep.	4	3	4	4	1	2	2
Slovenia	4	2	3	3	1	2	2
Sweden	9	12	11	7	3	3	4
Switzerland	4	2	3	1	1	2	1
Turkey	1	1	1	1	1	1	1
Ukraine	5	4	5	7	1	2	3
United Kingdom	12	11	11	11	2	11	8
Average	6	4	5	5	1	3	3



**Table 25c:1. Experienced problems caused by own alcohol use. All students (continues..)**

	Individual problems						Relationship problems				
	Performed poorly at school or work	Damage to objects or clothing	Loss of money or other valuable items	Accident or injury	Hospitalised or admitted to an emergency room	Average	Quarrel or argument	Problems in relationships with friends	Problems in relationships with parents	Problems in relationships with teachers	Average
Austria	3	12	10	6	2	7	11	5	7	1	6
Belgium	1	6	4	2	1	3	5	4	5	1	4
Bulgaria	4	12	8	11	2	7	14	7	9	3	8
Croatia	2	8	4	4	1	4	9	3	6	2	5
Cyprus	1	2	2	2	1	2	4	2	2	1	2
Czech Rep.	4	17	7	7	1	7	11	5	6	1	6
Denmark	6	28	16	7	4	12	25	17	16	2	15
Estonia	4	19	11	8	2	9	14	6	12	3	9
Faroe Isl.	5	16	14	4	2	8	12	8	8	1	7
Finland	4	19	12	9	3	9	18	11	16	1	12
France	1	5	2	3	1	2	6	4	4	1	4
Germany	2	10	7	7	2	6	9	4	6	0	5
Greece	1	2	2	2	1	2	3	1	2	0	2
Greenland	4	6	8	5	3	5	18	10	10	2	10
Hungary	3	8	5	5	1	4	8	4	5	2	5
Iceland	2	7	4	4	2	4	8	4	7	1	5
Ireland	5	24	21	12	3	13	16	10	11	1	10
Isle of Man	4	25	18	17	3	13	17	9	11	2	10
Italy	1	7	3	2	1	3	6	3	3	1	3
Latvia	4	15	9	6	1	7	14	7	12	3	9
Lithuania	10	28	14	14	2	14	28	16	25	6	19
Malta	1	6	5	3	0	3	6	4	4	1	4
Netherlands	1	7	5	4	1	4	4	2	5	1	3
Norway	2	19	10	3	2	7	13	6	12	1	8
Poland	3	7	4	7	1	4	12	7	10	3	8
Portugal	3	5	4	3	1	3	4	3	3	1	3
Romania	2	4	6	5	1	4	8	4	4	2	5
Russia	5	19	11	9	2	9	13	8	14	2	9
Slovak Rep.	5	15	9	7	1	7	15	6	9	2	8
Slovenia	3	15	7	8	1	7	13	5	8	2	7
Sweden	3	18	12	7	2	6	15	5	6	1	7
Switzerland	1	6	5	4	1	3	5	3	5	1	4
Turkey	2	2	2	2	2	2	2	2	2	2	2
Ukraine	4	12	9	6	2	7	15	8	10	3	9
United Kingdom	3	24	19	15	3	13	15	10	8	1	9
<i>Average</i>	3	12	8	6	2	6	11	6	8	2	7

**Table 25c:2. Experienced problems caused by own alcohol use. All students (continued).**

	Sexual experiences			Delinquency problems			
	Engaged in sex you regretted the next day	Engaged in unprotected sex	Average	Scuffle or fight	Victimized by robbery or theft	Trouble with police	Average
Austria	9	4	7	7	1	4	4
Belgium	4	2	3	3	1	2	2
Bulgaria	6	5	6	10	2	4	5
Croatia	2	2	2	5	1	3	3
Cyprus	1	1	1	2	1	1	1
Czech Rep.	8	4	6	7	1	3	4
Denmark	11	6	9	15	4	6	8
Estonia	6	4	5	7	2	9	6
Faroe Isl.	8	6	7	6	1	3	3
Finland	9	6	8	10	1	7	6
France	3	1	2	3	1	1	2
Germany	6	3	5	4	1	3	3
Greece	2	1	2	1	0	1	1
Greenland	15	19	17	8	2	3	4
Hungary	4	2	3	5	1	2	3
Iceland	7	5	6	4	2	6	4
Ireland	..	..	..	12	3	12	9
Isle of Man	14	11	13	11	3	14	9
Italy	3	2	3	4	1	1	2
Latvia	5	3	4	9	3	5	6
Lithuania	6	5	6	17	4	8	10
Malta	3	2	3	4	1	1	2
Netherlands	4	2	3	3	1	3	2
Norway	7	5	6	7	2	4	4
Poland	2	4	3	8	3	5	5
Portugal	2	2	2	3	1	1	2
Romania	2	3	3	8	1	3	4
Russia	6	4	5	12	2	7	7
Slovak Rep.	4	3	4	7	1	3	4
Slovenia	4	3	4	7	1	4	4
Sweden	7	6	7	9	2	4	5
Switzerland	4	2	3	3	1	3	2
Turkey	2	2	2	2	2	2	2
Ukraine	6	5	6	13	2	4	6
United Kingdom	11	8	9	11	2	10	8
Average	6	4	5	7	2	4	4

**Table 26a. Students who have heard of different drugs. Percentages among boys.**

	Tranquil- lizers or sedatives	Marijuana or hashish	LSD	Ampheta- mines	Crack	Cocaine	Heroin	Ecstasy	GHB	Metha- done	Magic mush- rooms	Aver- age
Austria	29	85	86	80	84	93	93	89	27	26	51	68
Belgium	76	96	65	83	80	93	89	88	10	60	63	73
Bulgaria	35	90	38	70	30	87	89	81	..	38	16	57
Croatia	63	95	66	69	75	92	93	88	22	41	34	67
Cyprus	61	89	41	18	33	85	88	80	8	19	15	49
Czech Rep.	62	98	87	95	59	95	95	97	10	32	91	75
Denmark	65	91	73	88	77	87	87	88	45	58	54	74
Estonia	48	91	75	84	66	88	89	84	24	23	33	64
Faroe Isl.	63	87	50	73	72	86	85	77	5	20	58	61
Finland	84	87	80	85	75	85	85	84	14	23	46	68
France	59	97	51	75	83	90	90	88	21	21	71	68
Germany	31	91	91	86	92	96	96	92	9	30	54	70
Greece	91	92	55	33	59	92	93	88	13	43	27	62
Greenland	47	79	22	49	36	67	61	47	6	14	22	41
Hungary	89	94	83	84	46	91	92	82	22	26	19	66
Iceland	72	81	73	77	71	77	77	77	54	18	70	68
Ireland	64	91	78	56	90	91	91	89	13	69	87	74
Isle of Man	83	96	86	70	91	91	92	91	24	66	90	80
Italy	75	96	56	80	76	95	95	93	28	46	66	73
Latvia	53	91	55	72	33	89	90	75	12	29	44	58
Lithuania	64	92	64	95	61	88	88	88	13	33	44	66
Malta	80	94	60	51	53	92	92	92	..	38	..	72
Netherlands	62	91	55	33	77	87	90	87	20	43	79	66
Norway	60	92	77	90	84	91	91	91	48	76	31	76
Poland	66	89	54	87	44	87	88	69	13	23	76	63
Portugal	83	92	42	71	52	91	89	85	24	59	40	66
Romania	63	81	23	38	19	86	86	63	9	30	41	49
Russia	51	95	67	42	53	88	89	72	14	26	68	60
Slovak Rep.	59	98	71	79	57	95	95	93	12	25	40	66
Slovenia	35	91	52	29	67	89	89	88	12	49	32	58
Sweden	76	94	78	92	87	93	93	90	47	46	38	76
Switzerland	70	94	65	72	77	91	90	81	12	37	64	69
Turkey	31	65	25	20	10	77	78	38	6	8	12	36
Ukraine	37	82	45	35	31	78	78	40	7	16	35	44
United Kingdom	71	92	85	70	87	88	87	87	25	57	87	76
<i>Average</i>	62	90	62	67	62	88	88	81	19	36	50	66

**Table 26b. Students who have heard of different drugs. Percentages among girls.**

	Tranquil- lizers or sedatives	Marijuana or hashish	LSD	Ampheta- mines	Crack	Cocaine	Heroin	Ecstasy	GHB	Metha- done	Magic mush- rooms	Aver- age
Austria	38	86	89	90	85	97	97	96	31	33	54	72
Belgium	86	97	61	81	74	96	92	90	7	57	52	72
Bulgaria	52	95	35	79	31	95	96	91	..	47	17	64
Croatia	78	99	72	68	78	98	98	93	22	41	39	71
Cyprus	80	95	27	17	25	92	95	81	5	17	11	50
Czech Rep.	80	99	88	98	53	98	99	99	8	35	91	77
Denmark	74	95	77	92	74	92	93	93	43	52	48	76
Estonia	60	94	69	89	48	95	95	91	14	21	32	64
Faroe Isl.	79	92	51	71	76	90	92	90	3	18	60	66
Finland	91	92	83	91	73	90	91	90	11	31	44	72
France	74	98	45	77	83	94	93	90	19	20	61	69
Germany	38	91	91	93	93	98	98	96	6	38	55	72
Greece	97	96	46	33	56	96	96	92	9	39	22	62
Greenland	53	83	12	30	25	72	62	41	7	8	13	37
Hungary	96	98	85	88	40	97	98	90	22	26	18	69
Iceland	80	89	80	87	75	86	86	88	57	14	78	75
Ireland	70	94	72	51	93	94	94	94	15	74	88	76
Isle of Man	75	94	85	72	89	90	90	89	25	58	89	78
Italy	86	98	53	85	70	97	97	96	27	49	65	75
Latvia	56	96	55	69	23	96	96	81	6	28	49	60
Lithuania	76	93	48	81	51	93	92	91	10	25	36	63
Malta	87	97	53	44	43	97	97	97	..	36	..	72
Netherlands	70	95	59	21	69	93	94	92	20	39	76	66
Norway	63	97	72	94	83	95	96	95	48	77	25	77
Poland	74	93	53	93	35	93	93	71	9	19	73	64
Portugal	93	93	36	71	38	95	92	87	20	53	42	65
Romania	75	87	18	32	18	90	91	69	8	21	36	50
Russia	25	96	60	38	37	95	95	75	13	26	68	57
Slovak Rep.	68	98	58	74	45	97	97	93	11	20	35	63
Slovenia	51	96	67	28	71	93	94	93	12	51	35	63
Sweden	85	98	73	95	86	97	97	93	41	51	26	77
Switzerland	82	97	62	76	72	94	95	88	10	42	64	72
Turkey	37	70	22	23	6	84	85	32	3	6	1	37
Ukraine	34	84	36	31	23	88	87	37	5	12	30	42
United Kingdom	76	95	84	68	92	92	92	93	31	68	90	80
<i>Average</i>	70	93	59	67	58	93	93	85	18	36	48	67

**Table 26c. Students who have heard of different drugs. Percentages among all students.**

	Tranquil- lisers or sedatives	Marijuana or hashish	LSD	Ampheta- mines	Crack	Cocaine	Heroin	Ecstasy	GHB	Metha- done	Magic mush- rooms	Aver- age
Austria	33	86	87	84	85	95	95	92	29	29	53	70
Belgium	81	96	63	82	77	94	91	89	8	58	57	72
Bulgaria	44	92	36	74	31	92	93	86	..	43	17	61
Croatia	70	97	69	68	77	95	95	90	22	41	37	69
Cyprus	71	92	34	18	29	89	92	81	7	18	13	49
Czech Rep.	72	99	88	97	56	97	97	98	9	34	91	76
Denmark	70	93	75	90	75	89	90	90	44	55	51	75
Estonia	54	93	72	87	57	91	92	88	19	22	33	64
Faroe Isl.	71	90	50	72	74	88	88	83	4	19	59	63
Finland	87	90	82	88	75	88	88	87	12	27	45	70
France	67	98	48	76	83	92	92	89	20	21	66	68
Germany	35	91	91	89	92	97	97	94	7	34	55	71
Greece	94	94	50	33	57	94	94	90	11	41	24	62
Greenland	50	81	17	40	30	70	62	44	6	11	17	39
Hungary	92	96	84	86	43	94	95	86	22	26	18	67
Iceland	76	85	77	82	73	82	81	82	55	16	74	71
Ireland	67	93	75	53	92	92	93	92	14	72	87	75
Isle of Man	79	94	86	71	90	91	91	90	24	62	90	79
Italy	81	97	54	82	73	96	96	94	27	48	65	74
Latvia	54	93	55	71	28	93	93	78	9	28	47	59
Lithuania	70	93	56	83	56	91	90	90	11	29	40	64
Malta	84	95	56	47	47	95	95	95	..	37	..	72
Netherlands	66	93	57	27	73	90	92	90	20	41	77	66
Norway	61	94	74	92	83	93	93	93	48	77	28	76
Poland	70	91	53	90	39	90	90	70	11	21	74	64
Portugal	89	92	39	71	44	93	91	86	22	56	41	66
Romania	70	84	20	34	19	88	89	67	9	25	38	49
Russia	37	95	63	40	44	92	92	74	14	26	68	59
Slovak Rep.	64	98	64	76	51	96	96	93	11	22	37	64
Slovenia	43	94	60	29	69	91	92	91	12	50	33	60
Sweden	81	96	76	93	86	95	95	91	44	48	32	76
Switzerland	76	95	63	74	74	93	93	84	11	40	64	70
Turkey	34	68	24	22	8	81	81	35	5	7	11	34
Ukraine	36	83	40	33	27	83	82	38	6	14	33	43
United Kingdom	74	93	84	69	90	90	90	89	28	62	88	78
<i>Average</i>	66	92	61	66	60	91	91	83	18	36	49	66

**Table 27a. Frequency of lifetime use of any illicit drug. Percentages among boys.**

	Number of occasions in lifetime						
	0	1–2	3–5	6–9	10–19	20–39	40+
Austria	75	7	5	3	3	2	6
Belgium	63	8	6	4	5	4	11
Bulgaria	76	8	4	3	3	2	5
Croatia	76	9	3	3	3	2	5
Cyprus	92	3	1	1	1	0	2
Czech Rep.	52	14	7	5	6	4	12
Denmark	73	8	5	4	4	3	4
Estonia	72	10	5	3	2	2	5
Faroe Isl.	91	5	1	1	1	0	2
Finland	89	6	2	1	1	1	1
France	57	9	6	4	4	6	14
Germany	67	9	5	5	4	3	7
Greece	92	3	1	2	1	1	1
Greenland	71	9	7	3	4	3	3
Hungary	82	8	3	2	2	1	2
Iceland	85	6	2	2	1	1	4
Ireland	59	13	8	5	6	3	7
Isle of Man	58	7	8	6	5	5	12
Italy	67	8	4	4	4	4	9
Latvia	79	10	5	2	2	1	2
Lithuania	79	7	5	3	2	1	3
Malta	87	6	3	1	1	1	2
Netherlands	68	8	5	3	4	3	9
Norway	91	3	2	1	1	0	3
Poland	75	8	5	3	3	2	4
Portugal	79	5	3	3	3	2	5
Romania	95	3	1	1	0	0	1
Russia	74	11	6	3	3	1	3
Slovak Rep.	68	12	7	3	3	3	6
Slovenia	69	10	5	4	2	3	7
Sweden	90	5	2	1	1	0	1
Switzerland	55	9	6	5	5	5	15
Turkey	93	3	1	1	1	0	2
Ukraine	71	13	6	3	3	2	3
United Kingdom	58	11	5	3	6	4	13
<i>Average</i>	75	8	4	3	3	2	5
Spain	61				40		
USA	58				42		

**Table 27b. Frequency of lifetime use of any illicit drug. Percentages among girls.**

	Number of occasions in lifetime						
	0	1–2	3–5	6–9	10–19	20–39	40+
Austria	79	7	4	3	2	1	3
Belgium	72	9	6	3	3	2	5
Bulgaria	81	8	3	2	2	2	2
Croatia	78	8	4	3	2	2	3
Cyprus	97	2	1	0	0	0	0
Czech Rep.	60	11	7	7	6	3	7
Denmark	81	8	4	2	2	2	2
Estonia	81	8	4	3	2	1	1
Faroe Isl.	90	5	1	2	1	0	1
Finland	88	6	2	2	1	1	0
France	66	10	6	4	5	4	5
Germany	73	9	4	4	4	2	4
Greece	95	3	1	1	0	1	1
Greenland	74	9	7	4	2	2	2
Hungary	86	6	3	1	1	1	2
Iceland	89	4	2	1	1	1	2
Ireland	60	14	6	5	5	3	8
Isle of Man	61	13	6	5	7	4	6
Italy	76	8	4	3	3	2	4
Latvia	87	7	2	1	1	1	1
Lithuania	90	4	3	2	1	0	1
Malta	91	4	1	1	1	1	1
Netherlands	76	8	4	3	3	3	4
Norway	90	5	2	1	1	1	1
Poland	86	5	3	2	2	1	2
Portugal	85	6	3	2	2	1	2
Romania	98	1	0	0	0	0	0
Russia	81	8	5	2	1	1	1
Slovak Rep.	78	9	4	3	2	3	2
Slovenia	73	9	5	2	2	2	6
Sweden	93	4	1	1	1	1	0
Switzerland	63	11	6	4	4	4	8
Turkey	97	1	0	0	0	0	1
Ukraine	88	7	2	1	1	1	1
United Kingdom	65	11	6	5	4	4	6
<i>Average</i>	81	7	3	2	2	2	3
Spain	66				34		
USA	60				40		



**Table 27c. Frequency of lifetime use of any illicit drug. Percentages among all students.**

	Number of occasions in lifetime						
	0	1–2	3–5	6–9	10–19	20–39	40+
Austria	77	7	5	3	3	2	5
Belgium	67	9	6	3	4	3	8
Bulgaria	78	8	4	3	3	2	3
Croatia	77	8	4	3	2	2	4
Cyprus	95	2	1	0	1	0	1
Czech Rep.	56	13	7	6	6	3	10
Denmark	77	8	5	3	3	2	3
Estonia	76	9	4	3	2	2	3
Faroe Isl.	90	5	1	1	1	0	1
Finland	89	6	2	2	1	1	1
France	62	10	6	4	5	5	10
Germany	70	9	5	4	4	3	6
Greece	94	3	1	1	0	1	1
Greenland	73	9	7	4	3	2	3
Hungary	84	7	3	2	2	1	2
Iceland	87	5	2	2	1	1	3
Ireland	60	13	7	5	5	3	7
Isle of Man	60	9	7	5	6	4	9
Italy	72	8	4	3	3	3	7
Latvia	83	8	4	1	2	1	1
Lithuania	84	5	4	3	1	1	2
Malta	89	5	2	1	1	1	1
Netherlands	71	8	5	3	4	3	7
Norway	91	4	2	1	1	1	2
Poland	81	6	4	3	2	2	3
Portugal	82	6	3	2	2	2	4
Romania	97	2	1	0	0	0	0
Russia	78	9	5	3	2	1	2
Slovak Rep.	73	10	5	3	2	2	4
Slovenia	71	10	5	3	2	2	7
Sweden	92	4	2	1	1	0	1
Switzerland	59	10	6	5	4	5	11
Turkey	95	2	1	0	1	0	2
Ukraine	79	10	4	2	2	1	2
United Kingdom	62	11	5	4	5	4	10
<i>Average</i>	78	7	4	3	2	2	4
Spain	64				37		
USA	59				41		

**Table 28a. Frequency of lifetime use of marijuana or hashish. Percentages among boys.**

	Number of occasions used in lifetime							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Austria	77	7	5	2	3	2	4	1
Belgium	63	8	6	4	4	4	11	1
Bulgaria	77	8	4	2	3	1	4	2
Croatia	76	9	4	3	3	2	4	0
Cyprus	93	3	1	0	0	0	1	0
Czech Rep.	52	15	7	5	6	3	12	1
Denmark	73	9	6	4	3	3	3	1
Estonia	72	12	4	3	2	2	5	1
Faroe Isl.	91	5	2	1	1	0	1	..
Finland	89	6	2	1	1	1	1	0
France	58	9	6	3	4	6	14	1
Germany	69	9	5	4	4	3	6	0
Greece	93	3	1	1	0	1	1	0
Greenland	71	9	6	4	4	3	3	12
Hungary	82	9	3	1	2	1	2	0
Iceland	86	6	2	2	1	1	3	1
Ireland	62	12	8	4	5	3	6	0
Isle of Man	59	7	8	5	5	4	12	0
Italy	69	9	4	4	4	4	8	2
Latvia	80	10	5	2	1	1	2	0
Lithuania	82	7	6	2	1	0	2	0
Malta	87	6	2	2	1	1	2	2
Netherlands	68	8	5	4	4	3	9	1
Norway	91	3	2	1	1	0	2	3
Poland	77	9	4	3	2	2	4	1
Portugal	82	6	2	2	2	2	5	..
Romania	96	3	1	0	0	0	0	1
Russia	74	11	6	3	3	1	3	1
Slovak Rep.	68	12	7	3	2	3	5	0
Slovenia	69	10	5	4	2	3	7	0
Sweden	91	5	2	1	1	1	1	1
Switzerland	56	10	6	5	5	5	14	0
Turkey	94	3	1	1	1	0	1	2
Ukraine	71	13	6	3	3	2	3	2
United Kingdom	59	11	5	3	6	4	13	1
<i>Average</i>	76	8	4	3	3	2	5	1
Spain	61	39						..
USA	62	9	5	4	5	4	13	..

**Table 28b. Frequency of lifetime use of marijuana or hashish. Percentages among girls.**

	Number of occasions used in lifetime							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Austria	82	7	4	2	1	2	2	1
Belgium	72	10	6	3	3	2	4	1
Bulgaria	81	8	3	2	2	2	2	1
Croatia	80	8	4	2	2	2	3	0
Cyprus	98	1	0	0	0	0	0	1
Czech Rep.	60	12	8	6	6	3	6	1
Denmark	82	8	4	2	2	1	2	1
Estonia	82	10	4	2	2	1	0	1
Faroe Isl.	90	5	2	1	1	0	1	..
Finland	89	6	2	1	1	0	0	0
France	65	11	6	4	5	4	5	1
Germany	76	9	5	3	3	2	3	0
Greece	95	3	1	1	0	0	1	0
Greenland	74	11	6	3	2	2	2	8
Hungary	87	7	3	1	1	1	1	0
Iceland	89	4	2	1	1	1	2	0
Ireland	61	13	7	5	5	3	7	1
Isle of Man	62	11	6	6	5	4	6	1
Italy	77	9	4	2	3	2	4	2
Latvia	88	7	3	1	1	1	0	1
Lithuania	91	5	3	0	1	0	0	0
Malta	92	3	1	1	1	1	1	1
Netherlands	76	9	4	3	3	3	3	0
Norway	91	5	1	1	1	1	1	3
Poland	87	6	3	1	1	1	1	1
Portugal	88	5	2	1	1	1	2	..
Romania	98	1	0	0	0	0	0	1
Russia	82	9	5	2	2	1	1	1
Slovak Rep.	78	9	4	2	3	2	2	0
Slovenia	74	9	5	3	2	2	5	0
Sweden	94	4	1	0	0	0	0	1
Switzerland	64	11	5	4	3	4	8	0
Turkey	98	1	0	0	0	0	0	2
Ukraine	88	7	2	2	1	1	1	1
United Kingdom	65	10	6	5	4	4	6	1
<i>Average</i>	82	7	3	2	2	2	2	1
Spain	67	33						..
USA	66	10	6	4	4	3	7	..

**Table 28c. Frequency of lifetime use of marijuana or hashish. Percentages among all students.**

	Number of occasions used in lifetime							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Austria	79	7	5	2	2	2	4	1
Belgium	68	9	6	3	3	3	7	1
Bulgaria	79	8	3	2	3	1	3	1
Croatia	78	9	4	2	2	2	4	0
Cyprus	96	2	1	0	0	0	1	0
Czech Rep.	56	13	7	6	6	3	9	1
Denmark	77	8	5	3	3	2	2	1
Estonia	77	11	4	2	2	2	3	1
Faroe Isl.	91	5	2	1	1	0	1	..
Finland	89	6	2	1	1	1	0	0
France	62	10	6	4	4	5	9	1
Germany	73	9	5	4	4	2	5	0
Greece	94	3	1	1	0	0	1	0
Greenland	73	10	6	3	3	2	2	10
Hungary	84	8	3	1	2	1	1	0
Iceland	87	5	2	1	1	1	2	0
Ireland	61	12	7	4	5	3	7	1
Isle of Man	61	10	7	5	5	4	9	0
Italy	73	9	4	3	3	3	6	2
Latvia	84	8	4	1	1	1	1	0
Lithuania	87	6	4	1	1	0	1	0
Malta	90	4	2	1	1	1	1	1
Netherlands	72	9	4	3	4	3	6	0
Norway	91	4	2	1	1	0	1	3
Poland	82	7	4	2	2	2	2	1
Portugal	85	5	2	2	2	1	3	..
Romania	97	2	0	0	0	0	0	1
Russia	78	10	5	2	2	1	2	1
Slovak Rep.	73	10	5	3	2	2	3	0
Slovenia	72	10	5	3	2	2	6	0
Sweden	93	5	1	1	0	0	0	1
Switzerland	60	10	5	5	4	5	11	0
Turkey	96	3	1	0	0	0	1	2
Ukraine	79	10	4	2	2	1	2	1
United Kingdom	62	10	5	4	5	4	10	1
<i>Average</i>	79	8	4	2	2	2	4	1
Spain	64	36						..
USA	64	10	5	4	4	4	10	..

**Table 29a. Frequency of use of marijuana or hashish during the last 12 months and the last 30 days. Percentages among boys.**

	Number of occasions									
	Last 12 months					Last 30 days				
	0	1–2	3–5	6–9	10+	0	1–2	3–5	6+	
Austria	81	7	4	2	6	88	5	3	3	
Belgium	68	10	5	4	13	80	6	4	10	
Bulgaria	82	7	3	2	6	90	4	2	4	
Croatia	83	7	2	3	6	91	4	2	3	
Cyprus	96	2	1	0	2	97	2	1	2	
Czech Rep.	62	13	6	5	14	79	9	4	9	
Denmark	79	10	5	3	4	90	6	2	2	
Estonia	82	7	3	3	3	92	3	2	3	
Faroe Isl.	97	2	0	1	1	98	1	0	1	
Finland	93	4	1	1	1	97	2	0	0	
France	65	10	4	4	17	74	8	5	13	
Germany	76	8	4	4	9	86	6	3	5	
Greece	94	3	0	1	1	98	1	1	1	
Greenland	75	8	6	5	7	88	7	3	3	
Hungary	87	7	2	2	3	93	3	1	2	
Iceland	89	5	2	1	4	96	2	1	2	
Ireland	69	13	5	3	10	84	7	3	6	
Isle of Man	64	10	7	4	16	76	7	5	11	
Italy	74	8	4	4	11	81	7	4	9	
Latvia	88	7	2	1	3	95	3	1	1	
Lithuania	85	7	4	1	2	92	6	1	1	
Malta	90	5	2	1	2	95	3	1	1	
Netherlands	73	10	4	3	11	83	6	2	9	
Norway	94	3	1	0	2	97	1	1	1	
Poland	81	8	3	2	5	90	5	2	4	
Portugal	85	6	3	1	5	89	5	1	4	
Romania	98	2	0	0	0	99	0	0	0	
Russia	82	9	4	1	3	93	5	1	2	
Slovak Rep.	76	11	4	2	7	90	5	2	4	
Slovenia	76	8	5	3	9	86	6	3	6	
Sweden	95	3	1	1	1	98	1	0	0	
Switzerland	65	9	5	5	16	77	8	4	12	
Turkey	95	2	1	1	1	97	1	1	2	
Ukraine	82	9	3	2	4	92	3	1	3	
United Kingdom	66	9	5	4	16	77	8	4	11	
<i>Average</i>	81	7	3	2	6	89	4	2	4	
Spain	65	35				75	25			
USA	70	8	4	4	14	81	6	3	10	

**Table 29b. Frequency of use of marijuana or hashish during the last 12 months and the last 30 days. Percentages among girls.**

	Number of occasions									
	Last 12 months					Last 30 days				
	0	1–2	3–5	6–9	10+	0	1–2	3–5	6+	
Austria	85	7	3	2	4	93	4	2	2	
Belgium	78	9	4	2	6	87	6	3	4	
Bulgaria	85	7	3	2	3	93	4	1	2	
Croatia	85	7	3	3	3	93	3	2	2	
Cyprus	99	1	0	0	0	99	1	0	0	
Czech Rep.	67	13	7	5	9	83	9	4	4	
Denmark	87	7	3	2	2	95	4	1	1	
Estonia	89	7	2	1	2	96	2	1	1	
Faroe Isl.	95	3	1	1	1	99	1	0	0	
Finland	92	5	2	1	1	98	2	1	0	
France	72	10	5	5	8	82	8	4	6	
Germany	81	8	4	3	5	91	5	2	3	
Greece	96	2	1	0	1	98	1	1	1	
Greenland	82	9	5	1	5	89	8	2	1	
Hungary	91	4	2	1	2	95	3	1	1	
Iceland	91	4	2	1	2	96	2	1	1	
Ireland	68	13	6	4	10	83	8	3	6	
Isle of Man	68	12	7	5	9	81	10	5	3	
Italy	81	8	3	2	6	88	5	2	4	
Latvia	93	4	1	1	1	98	2	1	0	
Lithuania	94	4	1	1	1	97	2	1	0	
Malta	93	3	1	1	2	97	2	1	1	
Netherlands	82	8	3	2	6	91	4	2	3	
Norway	94	4	1	0	1	98	2	0	1	
Poland	91	4	2	1	2	95	3	1	1	
Portugal	89	5	2	1	2	95	3	1	2	
Romania	99	1	0	0	0	100	0	0	0	
Russia	86	8	3	1	2	94	5	1	1	
Slovak Rep.	84	7	3	3	4	91	5	3	1	
Slovenia	78	9	4	2	7	86	7	3	4	
Sweden	96	3	1	0	0	99	1	0	0	
Switzerland	72	9	5	4	11	83	6	3	8	
Turkey	99	1	0	0	0	99	0	0	0	
Ukraine	94	4	1	1	1	98	1	0	0	
United Kingdom	72	11	5	4	8	84	7	4	5	
<i>Average</i>	86	6	3	2	4	93	4	2	2	
Spain	71	29				78	22			
USA	74	9	5	3	10	85	6	3	6	

**Table 29c. Frequency of use of marijuana or hashish during the last 12 months and the last 30 days. Percentages among all students.**

	Number of occasions									
	Last 12 months					Last 30 days				
	0	1–2	3–5	6–9	10+	0	1–2	3–5	6+	
Austria	83	7	4	2	5	90	5	2	3	
Belgium	73	10	5	3	10	83	6	3	7	
Bulgaria	84	7	3	2	4	92	4	2	3	
Croatia	84	7	3	3	4	92	3	2	3	
Cyprus	97	1	0	0	0	98	1	0	0	
Czech Rep.	64	13	6	5	12	81	9	4	7	
Denmark	83	8	4	2	3	92	5	1	2	
Estonia	86	7	2	2	4	94	3	1	2	
Faroe Isl.	96	2	1	1	1	99	1	0	1	
Finland	92	5	2	1	1	97	2	0	0	
France	69	10	5	4	13	78	8	5	9	
Germany	79	8	4	3	7	88	6	2	4	
Greece	95	3	1	1	1	98	1	1	1	
Greenland	75	8	6	5	5	89	7	2	2	
Hungary	89	6	2	1	2	94	3	1	2	
Iceland	90	4	2	1	3	96	2	1	1	
Ireland	69	13	5	4	10	83	7	3	6	
Isle of Man	66	11	7	4	12	79	9	5	7	
Italy	78	8	3	3	8	85	6	3	6	
Latvia	91	5	2	1	2	96	2	1	1	
Lithuania	89	6	3	1	1	94	4	1	1	
Malta	91	4	2	1	2	96	2	1	1	
Netherlands	77	9	3	3	8	87	5	2	6	
Norway	94	3	1	0	2	97	1	1	1	
Poland	86	6	3	2	4	92	4	1	2	
Portugal	87	6	3	1	4	92	4	1	3	
Romania	98	1	0	0	0	100	0	0	0	
Russia	84	9	4	1	3	93	5	1	1	
Slovak Rep.	80	9	4	2	5	90	5	2	2	
Slovenia	77	8	5	2	8	86	6	3	5	
Sweden	95	3	1	1	0	99	1	0	0	
Switzerland	69	9	5	4	13	80	7	3	10	
Turkey	97	2	1	0	1	98	1	0	1	
Ukraine	88	6	2	1	3	95	2	1	2	
United Kingdom	69	10	5	4	13	80	7	4	8	
<i>Average</i>	84	7	3	2	5	91	4	2	3	
Spain	68	32				78	23			
USA	72	9	5	3	12	83	6	3	8	



**Table 30a. Frequency of lifetime use of any illicit drug other than marijuana or hashish<sup>a</sup>). Percentages among boys.**

	Number of occasions in lifetime						
	0	1–2	3–5	6–9	10–19	20–39	40+
Austria	92	3	2	1	1	1	2
Belgium	91	3	2	1	1	1	2
Bulgaria	95	1	1	1	1	1	1
Croatia	94	2	1	1	1	0	1
Cyprus	96	1	1	1	1	0	1
Czech Rep.	89	4	3	2	1	1	1
Denmark	93	2	2	1	1	1	1
Estonia	90	3	2	1	1	1	1
Faroe Isl.	99	0	0	0	0	0	0
Finland	98	1	1	0	0	0	0
France	92	3	1	1	1	1	1
Germany	91	3	2	1	1	1	1
Greece	97	1	1	0	1	0	0
Greenland	97	2	1	0	0	0	0
Hungary	95	2	1	1	1	0	1
Iceland	93	2	1	1	0	1	2
Ireland	92	4	1	1	1	1	1
Isle of Man	90	2	1	2	3	2	2
Italy	89	3	2	1	1	1	2
Latvia	95	2	1	1	0	0	1
Lithuania	92	2	2	1	1	1	1
Malta	96	2	1	0	0	0	0
Netherlands	92	2	1	2	1	0	2
Norway	98	0	0	0	0	0	1
Poland	91	3	2	1	1	1	1
Portugal	92	2	2	2	1	1	1
Romania	98	1	0	0	0	0	0
Russia	95	2	1	1	1	0	0
Slovak Rep.	94	2	1	0	1	0	1
Slovenia	96	2	1	0	0	0	1
Sweden	97	1	1	0	0	0	1
Switzerland	94	2	1	1	0	1	1
Turkey	96	1	0	0	0	0	2
Ukraine	97	2	1	0	0	0	1
United Kingdom	91	4	1	1	1	1	0
<i>Average</i>	<b>94</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>
Spain	89	11					

a) Including: Amphetamines, LSD or other hallucinogens, crack, cocaine, heroin and ecstasy.

**Table 30b. Frequency of lifetime use of any illicit drug other than marijuana or hashish<sup>a)</sup>. Percentages among girls.**

	Number of occasions in lifetime						
	0	1–2	3–5	6–9	10–19	20–39	40+
Austria	92	3	1	2	1	1	1
Belgium	93	3	1	1	1	0	1
Bulgaria	96	2	1	0	0	0	1
Croatia	94	2	1	1	0	0	1
Cyprus	99	1	0	0	0	0	0
Czech Rep.	88	4	3	2	1	1	1
Denmark	95	2	0	1	1	0	1
Estonia	89	5	2	1	1	1	1
Faroe Isl.	97	0	1	0	0	0	1
Finland	97	2	1	0	0	0	0
France	93	3	2	1	0	0	0
Germany	90	4	2	2	1	1	1
Greece	98	1	1	0	0	0	0
Greenland	96	2	2	0	0	0	0
Hungary	95	2	1	1	1	0	1
Iceland	95	1	1	1	1	1	1
Ireland	90	4	1	1	3	1	1
Isle of Man	90	4	1	2	1	1	1
Italy	94	3	1	1	1	0	1
Latvia	96	2	1	1	1	0	0
Lithuania	94	2	2	1	1	0	1
Malta	96	2	1	0	0	0	0
Netherlands	95	2	1	1	1	1	1
Norway	97	1	1	1	0	0	0
Poland	94	2	1	1	0	0	1
Portugal	94	2	1	1	1	1	1
Romania	99	1	0	0	0	0	0
Russia	96	2	1	1	1	0	0
Slovak Rep.	95	2	1	1	1	0	0
Slovenia	95	2	1	1	0	1	0
Sweden	98	1	1	1	0	0	0
Switzerland	95	2	1	1	0	0	0
Turkey	98	0	0	0	0	0	1
Ukraine	99	1	0	0	0	0	0
United Kingdom	91	5	1	1	2	1	1
<i>Average</i>	<b>95</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>
Spain	92	8					

a) Including: Amphetamines, LSD or other hallucinogens, crack, cocaine, heroin and ecstasy.

**Table 30c. Frequency of lifetime use of any illicit drug other than marijuana or hashish<sup>a</sup>). Percentages among all students.**

	Number of occasions in lifetime						
	0	1–2	3–5	6–9	10–19	20–39	40+
Austria	92	3	1	1	1	1	2
Belgium	92	3	2	1	1	0	1
Bulgaria	96	2	1	0	1	1	1
Croatia	94	2	1	1	1	0	1
Cyprus	97	1	0	0	0	0	1
Czech Rep.	89	4	3	2	1	1	1
Denmark	94	2	1	1	1	1	1
Estonia	90	4	2	1	1	1	1
Faroe Isl.	98	0	1	0	0	0	1
Finland	97	1	1	0	0	0	0
France	93	3	2	1	1	1	1
Germany	90	4	2	2	1	1	1
Greece	98	1	1	0	0	0	0
Greenland	96	2	1	0	0	0	0
Hungary	95	2	1	1	1	0	1
Iceland	94	2	1	1	0	1	2
Ireland	91	4	1	1	2	1	1
Isle of Man	90	3	1	2	2	1	1
Italy	92	3	2	1	1	1	1
Latvia	95	2	1	1	1	0	0
Lithuania	93	2	2	1	1	1	1
Malta	96	2	1	0	0	0	0
Netherlands	94	2	1	1	1	0	1
Norway	97	1	1	0	0	0	1
Poland	93	2	1	1	1	1	1
Portugal	93	2	2	1	1	1	1
Romania	98	1	0	0	0	0	0
Russia	96	2	1	1	1	0	0
Slovak Rep.	94	2	1	1	1	0	1
Slovenia	95	2	1	0	0	1	1
Sweden	97	1	1	1	0	0	0
Switzerland	94	2	1	1	0	0	1
Turkey	97	1	0	0	0	0	1
Ukraine	98	1	0	0	0	0	1
United Kingdom	91	4	1	1	1	1	1
<i>Average</i>	94	2	1	1	1	0	1
Spain	91	9					

a) Including: Amphetamines, LSD or other hallucinogens, crack, cocaine, heroin and ecstasy.

**Table 31. Frequency of use of any illicit drug other than marijuana or hashish<sup>a)</sup> during the last 12 months and last 30 days.**

	Lifetime			Last 12 months			Last 30 days		
	Boys	Girls	All students	Boys	Girls	All students	Boys	Girls	All students
Austria	8	8	8	6	8	7	4	4	4
Belgium	9	7	8	6	4	5	3	2	3
Bulgaria	5	4	4	3	3	3	2	1	2
Croatia	6	6	6	4	4	4	2	2	2
Cyprus	4	1	3	..	..	..	..	..	..
Czech Rep.	11	12	12	6	7	7	2	3	3
Denmark	7	5	6	6	4	5	3	1	2
Estonia	10	11	10	6	7	6	3	2	2
Faroe Isl.	1	2	2	1	1	1	1	0	0
Finland	2	3	3	1	2	1	1	1	1
France	8	7	7	..	..	..	..	..	..
Germany	9	10	10	7	7	7	4	3	3
Greece	3	2	3	3	2	2	2	1	1
Greenland	3	4	4	2	2	2	1	2	2
Hungary	5	5	5	3	4	3	2	2	2
Iceland	7	5	6	4	5	5	2	2	2
Ireland	8	10	9	5	8	6	3	4	3
Isle of Man	10	10	10	11	9	10	..	..	..
Italy	11	6	8	8	5	6	6	3	..
Latvia	5	4	5	..	..	..	..	..	..
Lithuania	8	6	7	6	4	5	3	1	2
Malta	4	4	4	..	..	..	..	..	..
Netherlands	8	5	6	5	3	4	4	1	3
Norway	2	3	3	2	2	2	1	1	1
Poland	9	6	7	..	..	..	..	..	..
Portugal	8	6	7	5	5	5	2	2	2
Romania	5	3	3	1	1	1	1	0	1
Russia	5	4	4	2	3	2	0	1	1
Slovak Rep.	6	5	6	3	3	3	1	2	1
Slovenia	4	5	5	3	4	3	2	2	2
Sweden	3	2	3	2	2	2	1	1	1
Switzerland	6	5	6	4	3	3	2	2	2
Turkey	4	2	3	1	1	1	1	1	1
Ukraine	3	1	2	2	1	2	1	1	1
United Kingdom	9	9	9	5	5	5	3	4	3
<i>Average</i>	6	5	6	4	4	4	2	2	2
Spain	11	8	9	..	..	..	..	..	..

a) Including: Amphetamines, LSD or other hallucinogens, crack, cocaine, heroin and ecstasy.

**Table 32a. Lifetime experience of different illicit drugs. Percentages among boys.**

	Ampheta- mines	LSD or other hallu- cinogens	Crack	Cocaine	Heroin	Ecstasy	Magic mush- rooms	GHB	Any drug by injection
Austria	4	2	2	2	1	3	4	1	1
Belgium	3	4	3	3	2	5	8	0	1
Bulgaria	2	2	1	2	2	3	1	..	1
Croatia	2	2	1	1	0	5	1	0	0
Cyprus	0	0	1	1	1	1	0	0	1
Czech Rep.	3	6	1	1	1	8	10	0	1
Denmark	5	1	2	2	1	3	2	1	0
Estonia	7	3	2	2	1	5	2	1	2
Faroe Isl.	1	0	1	0	1	0	2	0	1
Finland	1	1	1	0	1	1	0	0	0
France	3	1 <sup>a)</sup>	3	3	2	4	7	1	1
Germany	5	3	3	3	1	3	5	0	1
Greece	0	1	1	1	1	2	1	0	0
Greenland	0	1	1	0	2	2	0	0	0
Hungary	3	2	1	1	1	3	1	1	1
Iceland	5	2	2	3	2	2	5	1	1
Ireland	1	2	2	2	1	4	5	1	1
Isle of Man	4	6	4	5	2	7	7	2	2
Italy	3	4	3	6	5	4	5	2	2
Latvia	3	1	1	1	1	3	1	0	0
Lithuania	6	3	1	2	2	3	1	0	1
Malta	1	1	1	1	1	1	..	..	0
Netherlands	2	3	2	3	2	6	6	1	0
Norway	2	1	1	1	1	2	2	1	1
Poland	6	3	2	2	2	3	5	1	1
Portugal	3	3	2	3	2	5	4	2	1
Romania	1	0	0	1	1	1	0	0	0
Russia	1	2	0	0	0	3	4	0	0
Slovak Rep.	2	2	0	1	1	3	2	0	0
Slovenia	0	1	1	1	1	3	1	0	0
Sweden	1	2	1	1	1	2	1	1	1
Switzerland	3	1	1	1	1	2	3	0	0
Turkey	3	2	2	2	2	3	2	2	2
Ukraine	1	1	1	1	0	2	1	1	1
United Kingdom	2	3	2	4	1	5	6	0	1
<i>Average</i>	<b>3</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>1</b>
Spain	5	4	..	7	1	5	..	..	..
USA	12	4 <sup>a)</sup>	3	5	2	5	..	..	..

a) LSD only.

**Table 32b. Lifetime experience of different illicit drugs. Percentages among girls.**

	Ampheta- mines	LSD or other hallu- cinogens	Crack	Cocaine	Heroin	Ecstasy	Magic mush- rooms	GHB	Any drug by injection
Austria	5	2	1	2	1	3	2	0	1
Belgium	2	1	1	2	1	4	3	0	0
Bulgaria	2	2	0	1	1	2	1	..	0
Croatia	3	1	1	2	1	4	0	0	0
Cyprus	0	0	0	0	0	0	0	0	0
Czech Rep.	5	5	1	1	1	8	6	0	1
Denmark	3	1	1	2	1	2	1	1	0
Estonia	8	2	1	1	1	5	1	1	1
Faroe Isl.	0	2	1	1	1	2	2	0	1
Finland	1	1	0	0	1	2	0	0	1
France	2	1 <sup>a)</sup>	3	3	1	3	3	0	1
Germany	6	4	2	3	1	4	3	0	1
Greece	0	1	0	1	0	1	1	0	0
Greenland	0	0	0	2	0	2	2	1	1
Hungary	3	2	1	1	1	4	0	1	0
Iceland	5	1	1	4	1	3	2	1	1
Ireland	2	2	2	4	1	5	3	1	1
Isle of Man	2	3	1	3	1	6	7	0	1
Italy	2	2	1	2	3	2	2	1	1
Latvia	3	1	0	1	0	3	1	0	0
Lithuania	4	1	1	1	1	1	0	0	0
Malta	1	0	1	1	2	1			0
Netherlands	1	2	2	3	1	3	3	1	1
Norway	2	1	1	1	1	1	1	1	0
Poland	4	1	1	2	1	2	2	0	1
Portugal	3	1	1	2	1	3	2	1	0
Romania	0	0	0	1	0	0	0	0	0
Russia	1	1	0	1	0	2	2	0	0
Slovak Rep.	2	2	1	1	0	3	1	0	0
Slovenia	1	1	1	1	1	4	2	0	0
Sweden	1	1	1	0	0	1	0	1	0
Switzerland	3	1	1	1	0	2	2	0	0
Turkey	1	1	0	1	1	1	1	1	1
Ukraine	1	1	0	0	0	0	0	0	0
United Kingdom	3	1	3	4	1	5	3	0	1
<i>Average</i>	2	1	1	2	1	3	2	0	0
Spain	4	3	..	5	0	5	..	..	..
USA	15	3 <sup>a)</sup>	3	5	2	6	..	..	..

a) LSD only.

**Table 32c. Lifetime experience of different illicit drugs. Percentages among all students**

	Ampheta- mines	LSD or other hallu- cinogens	Crack	Cocaine	Heroin	Ecstasy	Magic mush- rooms	GHB	Any drug by injection
Austria	4	2	2	2	1	3	3	1	1
Belgium	2	3	2	3	1	4	5	0	1
Bulgaria	2	2	1	2	1	3	1	0	1
Croatia	2	1	1	1	1	5	1	0	0
Cyprus	0	0	0	0	0	0	0	0	0
Czech Rep.	4	6	1	1	1	8	8	0	1
Denmark	4	1	2	2	1	2	2	1	0
Estonia	7	2	2	1	1	5	1	1	1
Faroe Isl.	1	1	1	1	1	1	2	0	1
Finland	1	1	1	0	1	1	0	0	0
France	2	1 <sup>a)</sup>	3	3	2	3	5	0	1
Germany	5	3	3	2	1	3	4	0	0
Greece	0	1	1	1	1	2	1	0	0
Greenland	0	0	1	1	1	2	1	1	1
Hungary	3	2	1	1	1	3	1	1	1
Iceland	5	1	2	3	1	3	3	1	1
Ireland	1	2	2	3	1	5	4	1	1
Isle of Man	3	5	2	4	2	7	7	1	1
Italy	3	3	2	4	4	3	3	1	1
Latvia	3	1	0	1	1	3	1	0	0
Lithuania	5	2	1	1	1	2	1	0	1
Malta	1	1	1	1	1	1	..	..	0
Netherlands	1	2	2	3	1	5	5	1	0
Norway	2	1	1	1	1	2	1	1	1
Poland	5	2	1	2	2	3	3	1	1
Portugal	3	2	2	3	2	4	3	1	1
Romania	0	0	0	1	0	1	0	0	0
Russia	1	1	0	1	0	3	3	0	0
Slovak Rep.	2	2	0	1	0	3	2	0	0
Slovenia	1	1	1	1	1	3	2	0	0
Sweden	1	1	1	1	1	2	1	1	1
Switzerland	3	1	1	1	0	2	3	0	0
Turkey	2	2	1	2	2	2	1	1	2
Ukraine	1	1	1	1	0	1	1	0	1
United Kingdom	3	2	2	4	1	5	4	0	1
<i>Average</i>	2	2	1	2	1	3	2	0	1
Spain	4	4	..	6	1	5	..	..	..
USA	13	4 <sup>a)</sup>	3	5	2	6	..	..	..

a) LSD only.



**Table 33a. 12 months prevalence of different illicit drug use. Percentages among boys.**

	Ampheta- mines	LSD or other hallu- cinogens	Crack	Cocaine	Heroin	Ecstasy	Magic mush- rooms	GHB	Any drug by injection
Austria	4	2	1	1	1	2	3	1	1
Belgium	1	2	1	1	1	3	4	0	1
Bulgaria	1	1	1	1	1	2	1	..	1
Croatia	1	1	1	0	0	3	1	0	0
Cyprus	1	0	0	0	0	1	0	0	0
Czech Rep.	2	3	0	0	0	5	5	0	0
Denmark	4	1	1	2	1	3	2	1	0
Estonia	2	1	1	0	0	2	1	0	0
Faroe Isl.	0	0	0	0	0	0	1	0	0
Finland	0	0	0	0	0	0	0	0	0
France	..	..	..	..	..	..	..	..	..
Germany	3	3	2	2	1	2	4	0	1
Greece	1	1	2	1	1	2	1	1	1
Greenland	0	0	1	0	1	1	0	1	1
Hungary	2	1	0	0	0	2	0	1	0
Iceland	3	1	1	3	1	2	2	1	1
Ireland	0	1	1	1	0	2	2	0	0
Isle of Man	2	3	2	2	1	3	3	0	1
Italy	2	3	3	5	4	3	4	2	2
Latvia	2	..	0	1	0	2	0	0	0
Lithuania	4	2	1	1	2	2	1	0	1
Malta	1	0	0	1	0	0	..	..	0
Netherlands	2	1	1	1	1	4	3	1	1
Norway	1	1	1	1	1	1	1	1	1
Poland	4	2	1	2	1	2	3	1	1
Portugal	2	1	1	2	1	3	3	1	0
Romania	0	0	0	0	0	0	0	0	1
Russia	0	1	0	0	0	1	1	0	0
Slovak Rep.	1	1	0	0	0	3	2	0	0
Slovenia	0	0	0	1	0	2	1	0	0
Sweden	1	1	0	0	0	1	0	0	0
Switzerland	2	1	1	0	0	1	1	0	0
Turkey	1	1	1	1	1	1	1	1	1
Ukraine	1	1	1	0	1	1	1	0	0
United Kingdom	2	2	1	3	0	3	3	0	0
<i>Average</i>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>
Spain	4	4	..	6	1	4	..	..	..
USA	8	2 <sup>a)</sup>	2	3	1	3	..	2	..

a) LSD only.

**Table 33b. 12 months prevalence of different illicit drug use. Percentages among girls.**

	Ampheta- mines	LSD or other hallu- cinogens	Crack	Cocaine	Heroin	Ecstasy	Magic mush- rooms	GHB	Any drug by injection
Austria	5	1	1	1	1	2	2	0	1
Belgium	1	1	1	1	1	2	1	0	1
Bulgaria	1	1	0	1	0	2	0	..	0
Croatia	1	0	0	0	0	1	0	0	0
Cyprus	0	0	0	0	0	0	0	0	0
Czech Rep.	2	3	0	0	0	5	3	0	0
Denmark	3	1	1	1	1	2	1	1	0
Estonia	3	3	1	0	0	2	0	0	1
Faroe Isl.	1	0	0	0	0	0	1	0	0
Finland	1	0	0	0	0	1	0	0	0
France	..	..	..	..	..	..	..	..	..
Germany	3	2	2	2	1	2	2	0	0
Greece	0	0	0	1	1	1	1	0	0
Greenland	0	0	0	0	0	0	0	0	0
Hungary	2	1	0	0	0	3	0	0	0
Iceland	3	1	1	1	0	2	2	0	0
Ireland	1	1	0	2	0	1	2	..	0
Isle of Man	1	1	0	1	0	1	2	0	0
Italy	1	1	1	2	2	1	1	1	0
Latvia	2	..	0	0	0	1	0	0	0
Lithuania	2	1	0	1	1	1	0	0	0
Malta	1	0	0	1	0	1	..	..	0
Netherlands	0	1	1	1	0	2	2	0	1
Norway	1	0	1	1	0	1	0	0	0
Poland	3	1	0	1	1	1	1	0	0
Portugal	2	1	1	1	1	2	2	1	0
Romania	0	0	0	0	0	0	0	0	0
Russia	0	1	0	0	0	1	1	0	0
Slovak Rep.	1	1	0	1	0	1	1	0	0
Slovenia	1	0	0	1	1	3	1	0	0
Sweden	0	0	0	0	0	1	0	0	0
Switzerland	2	1	1	0	0	1	2	0	0
Turkey	1	1	1	1	1	1	1	1	1
Ukraine	1	0	0	0	0	0	0	0	0
United Kingdom	2	1	2	3	0	3	2	1	0
<i>Average</i>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>
Spain	3	2	..	4	0	3	..	..	..
USA	10	2 <sup>a)</sup>	2	3	1	3	..	1	..

a) LSD only.

**Table 33c. 12 months prevalence of different illicit drug use. Percentages among all students.**

	Ampheta- mines	LSD or other hallu- cinogens	Crack	Cocaine	Heroin	Ecstasy	Magic mush- rooms	GHB	Any drug by injection
Austria	4	1	1	1	1	2	2	1	1
Belgium	1	2	1	1	1	3	3	0	1
Bulgaria	1	1	1	1	1	2	1	..	0
Croatia	1	1	0	0	0	1	0	0	0
Cyprus	0	0	0	0	0	0	0	0	0
Czech Rep.	2	3	0	0	0	5	4	0	0
Denmark	3	1	1	2	1	2	1	1	0
Estonia	3	1	1	0	0	2	0	0	0
Faroe Isl.	1	0	0	0	0	0	1	0	0
Finland	0	0	0	0	0	1	0	0	0
France	..	..	..	..	..	..	..	..	..
Germany	3	2	2	2	1	2	3	0	1
Greece	0	1	1	1	1	2	1	0	0
Greenland	0	0	0	1	1	1	1	1	0
Hungary	2	1	0	0	0	2	0	1	0
Iceland	3	1	1	2	1	2	2	0	1
Ireland	0	1	1	1	0	2	2	0	0
Isle of Man	1	2	1	1	0	2	2	0	0
Italy	2	2	2	3	3	2	3	1	1
Latvia	2	..	0	1	0	2	0	0	0
Lithuania	3	1	1	1	1	2	0	0	0
Malta	1	0	0	1	0	1	..	..	0
Netherlands	1	1	1	1	1	3	3	1	1
Norway	1	1	1	1	1	1	1	1	1
Poland	3	1	1	1	1	2	2	0	1
Portugal	2	1	1	2	1	2	2	1	0
Romania	0	0	0	0	0	0	0	0	0
Russia	0	1	0	0	0	1	1	0	0
Slovak Rep.	1	1	0	0	0	1	1	0	0
Slovenia	1	0	0	1	1	2	1	0	0
Sweden	1	0	0	0	0	1	0	0	0
Switzerland	2	1	1	0	0	1	1	0	0
Turkey	1	1	1	1	1	1	1	1	1
Ukraine	1	0	0	0	0	1	1	0	0
United Kingdom	2	1	1	3	0	3	2	0	0
<i>Average</i>	1	1	1	1	1	2	1	0	0
Spain	3	3	..	5	0	3	..	..	..
USA	9	2 <sup>a)</sup>	2	3	1	3	..	1	..

a) LSD only.

**Table 34a. 30 days prevalence of different illicit drug use. Percentages among boys.**

	Ampheta- mines	LSD or other hallu- cinogens	Crack	Cocaine	Heroin	Ecstasy	Magic mush- rooms	GHB	Any drug by injection
Austria	2	1	1	1	0	1	1	0	0
Belgium	1	1	1	1	0	2	2	0	0
Bulgaria	1	1	1	1	1	1	1	..	0
Croatia	1	0	0	0	0	3	1	0	0
Cyprus	0	0	1	1	1	1	0	0	0
Czech Rep.	1	1	0	0	0	2	1	0	0
Denmark	2	0	1	0	0	2	0	0	0
Estonia	1	0	1	0	0	1	0	0	0
Faroe Isl.	0	0	0	0	0	0	0	0	0
Finland	0	0	0	0	0	0	0	0	0
France	..	..	..	..	..	..	..	..	..
Germany	1	1	1	1	1	1	1	0	0
Greece	0	1	1	1	1	1	1	0	0
Greenland	0	0	0	0	1	0	0	1	0
Hungary	1	1	0	0	0	1	0	0	0
Iceland	1	1	1	1	0	1	1	0	1
Ireland	0	0	1	1	1	2	1	0	0
Isle of Man	2	1	1	1	1	2	3	1	0
Italy	2	2	2	3	3	2	3	1	1
Latvia	1	0	0	1	0	1	1	0	0
Lithuania	2	0	1	0	0	1	0	0	0
Malta	1	0	0	1	0	1	..	..	0
Netherlands	2	0	0	1	0	3	2	1	1
Norway	1	1	1	1	1	1	1	1	1
Poland	2	1	1	1	1	1	1	0	1
Portugal	1	0	0	1	1	1	1	1	0
Romania	0	0	0	0	0	0	0	0	0
Russia	0	0	0	0	0	0	0	0	0
Slovak Rep.	0	0	0	0	0	0	1	0	0
Slovenia	0	0	0	0	0	1	1	0	0
Sweden	1	0	0	0	0	1	0	0	0
Switzerland	1	0	0	0	0	0	0	0	0
Turkey	1	1	1	1	1	1	1	1	1
Ukraine	1	0	0	0	0	1	0	0	0
United Kingdom	1	1	0	1	0	2	1	0	0
<i>Average</i>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>
Spain	2	2	..	3	0	2	..	..	..
USA	4	1 <sup>a)</sup>	1	1	0	1	..	..	..

a) LSD only.

**Table 34b. 30 days prevalence of different illicit drug use. Percentages among girls.**

	Ampheta- mines	LSD or other hallu- cinogens	Crack	Cocaine	Heroin	Ecstasy	Magic mush- rooms	GHB	Any drug by injection
Austria	3	1	0	1	0	1	1	0	0
Belgium	1	0	1	1	0	1	0	0	1
Bulgaria	0	0	0	0	0	1	0	..	0
Croatia	1	0	0	0	0	3	0	0	0
Cyprus	0	0	0	0	0	0	0	0	0
Czech Rep.	1	1	0	0	0	2	0	0	0
Denmark	0	0	0	0	1	0	0	0	0
Estonia	1	0	0	0	0	1	0	0	0
Faroe Isl.	0	0	0	0	0	0	0	0	0
Finland	0	0	0	0	0	0	0	0	0
France	..	..	..	..	..	..	..	..	..
Germany	1	1	1	1	0	1	1	..	0
Greece	0	0	0	1	0	1	0	0	0
Greenland	0	0	0	1	0	1	1	1	0
Hungary	1	1	0	0	0	1	0	0	0
Iceland	1	0	0	0	0	1	1	0	0
Ireland	0	0	1	2	1	2	1	0	1
Isle of Man	1	1	1	1	0	2	2	0	0
Italy	1	1	1	1	1	1	1	0	0
Latvia	1	0	0	0	0	1	0	0	0
Lithuania	1	0	0	0	0	0	0	0	0
Malta	0	0	0	0	0	1	..	..	0
Netherlands	0	0	0	1	0	1	2	0	0
Norway	0	0	0	0	0	0	0	0	0
Poland	1	0	0	0	0	0	0	0	0
Portugal	1	0	0	1	0	1	1	0	0
Romania	0	0	0	0	0	0	0	0	0
Russia	0	0	0	0	0	1	0	0	0
Slovak Rep.	1	0	0	0	0	1	0	0	0
Slovenia	0	0	0	1	0	1	1	0	0
Sweden	0	0	0	0	0	0	0	0	0
Switzerland	1	0	1	0	0	0	1	0	0
Turkey	1	1	1	1	1	1	1	1	1
Ukraine	0	0	0	0	0	0	0	0	0
United Kingdom	1	0	1	1	0	1	1	0	0
<i>Average</i>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
Spain	1	1	..	2	0	1	..	..	..
USA	5	1 <sup>a)</sup>	1	1	0	1	..	1	..

a) LSD only.

**Table 34c. 30 days prevalence of different illicit drug use. Percentages among all students.**

	Ampheta- mines	LSD or other hallu- cinogens	Crack	Cocaine	Heroin	Ecstasy	Magic mush- rooms	GHB	Any drug by injection
Austria	3	1	0	1	0	1	1	0	0
Belgium	1	1	1	1	0	1	1	0	1
Bulgaria	1	0	0	0	0	1	0	..	0
Croatia	1	0	0	0	0	3	0	0	0
Cyprus	0	0	0	0	1	1	0	0	0
Czech Rep.	1	1	0	0	0	2	1	0	0
Denmark	1	0	0	0	0	1	0	0	0
Estonia	1	0	0	0	0	1	0	0	0
Faroe Isl.	0	0	0	0	0	0	0	0	0
Finland	0	0	0	0	0	0	0	0	0
France	..	..	..	..	..	..	..	..	..
Germany	1	1	1	1	0	1	1	0	0
Greece	0	0	1	1	0	1	1	0	0
Greenland	0	0	0	1	0	1	1	1	0
Hungary	1	1	0	0	0	1	0	0	0
Iceland	1	1	0	1	0	1	1	0	0
Ireland	0	0	1	1	1	2	1	0	1
Isle of Man	1	1	1	1	1	2	2	0	0
Italy	1	1	1	2	2	2	2	1	1
Latvia	1	0	0	0	0	1	0	0	0
Lithuania	1	0	0	0	0	1	0	0	0
Malta	0	0	0	0	0	1	..	..	0
Netherlands	1	0	0	1	0	2	2	0	0
Norway	1	0	0	0	0	1	0	0	0
Poland	1	0	1	1	1	1	1	0	0
Portugal	1	0	0	1	0	1	1	0	0
Romania	0	0	0	0	0	0	0	0	0
Russia	0	0	0	0	0	0	0	0	0
Slovak Rep.	0	0	0	0	0	1	0	0	0
Slovenia	0	0	0	1	0	1	1	0	0
Sweden	0	0	0	0	0	1	0	0	0
Switzerland	1	0	0	0	0	0	0	0	0
Turkey	1	1	1	1	1	1	1	1	1
Ukraine	0	0	0	0	0	0	0	0	0
United Kingdom	1	0	0	1	0	2	1	0	0
<i>Average</i>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>
Spain	2	1	..	3	0	1	..	..	..
USA	4	1 <sup>a)</sup>	1	1	0	1	..	1	..

a) LSD only.

**Table 35a. Lifetime use of tranquillisers or sedatives; anabolic steroids; alcohol together with pills; alcohol together with cannabis. Percentages among boys.**

	Tranquillisers or sedatives by prescription	Tranquillisers or sedatives without prescription	Anabolic steroids	Alcohol together with pills	Alcohol and cannabis at the same time
Austria	3	1	1	8	18
Belgium	13	9	1	6	26
Bulgaria	3	2	4	3	11
Croatia	15	4	3	7	16
Cyprus	1	1	1	1	1
Czech Rep.	20	8	2	7	33
Denmark	5	4	2	6	21
Estonia	10	5	2	4	16
Faroe Isl.	3	5	0	4	6
Finland	5	4	1	5	7
France	15	10	1	5	27
Germany	5	1	1	10	24
Greece	5	3	2	2	4
Greenland	10	3	2	2	17
Hungary	5	7	1	8	8
Iceland	13	8	1	6	10
Ireland	11	2	1	6	28
Isle of Man	6	6	2	9	31
Italy	8	5	3	4	19
Latvia	9	2	1	5	9
Lithuania	9	10	3	6	10
Malta	8	2	2	7	10
Netherlands	10	7	1	5	25
Norway	11	3	2	3	6
Poland	11	12	5	6	15
Portugal	10	4	2	3	11
Romania	10	3	1	2	2
Russia	4	2	2	6	12
Slovak Rep.	12	3	3	11	20
Slovenia	7	3	1	4	21
Sweden	9	5	1	5	6
Switzerland	11	4	1	4	34
Turkey	5	3	5	3	5
Ukraine	7	3	2	4	12
United Kingdom	4	2	1	6	32
<i>Average</i>	8	4	2	5	16
Spain	7	4	..	..	..
USA	..	7 <sup>a)</sup>	4	..	..

a) Tranquillisers only.



**Table 35b. Lifetime use of tranquillisers or sedatives; anabolic steroids; alcohol together with pills; alcohol together with cannabis. Percentages among girls.**

	Tranquillisers or sedatives by prescription	Tranquillisers or sedatives without prescription	Anabolic steroids	Alcohol together with pills	Alcohol and cannabis at the same time
Austria	5	2	1	20	15
Belgium	16	10	0	6	17
Bulgaria	5	2	1	5	9
Croatia	15	9	1	12	12
Cyprus	1	1	0	0	0
Czech Rep.	19	14	1	15	29
Denmark	7	5	1	8	14
Estonia	11	13	1	8	8
Faroe Isl.	4	5	0	16	7
Finland	6	9	0	18	8
France	20	15	0	10	22
Germany	5	2	1	22	18
Greece	4	5	1	3	3
Greenland	5	4	0	2	11
Hungary	8	13	0	13	6
Iceland	11	10	1	11	8
Ireland	8	2	2	13	31
Isle of Man	3	3	2	11	32
Italy	10	7	0	2	14
Latvia	17	4	1	7	5
Lithuania	12	18	0	8	4
Malta	9	3	1	11	6
Netherlands	10	10	1	4	18
Norway	10	3	0	6	7
Poland	15	22	1	11	8
Portugal	18	7	1	4	6
Romania	11	7	0	4	1
Russia	5	3	0	6	9
Slovak Rep.	15	5	0	18	15
Slovenia	7	8	0	9	18
Sweden	8	7	0	12	5
Switzerland	12	7	0	5	28
Turkey	7	3	2	1	1
Ukraine	6	1	0	4	4
United Kingdom	4	1	0	8	28
<i>Average</i>	9	7	1	9	12
Spain	9	8	..	..	..
USA	..	8 <sup>a)</sup>	2	..	..

a) Tranquillisers only.

**Table 35c. Lifetime use of tranquillisers or sedatives; anabolic steroids; alcohol together with pills; alcohol together with cannabis. Percentages among all students.**

	Tranquillisers or sedatives by prescription	Tranquillisers or sedatives without prescription	Anabolic steroids	Alcohol together with pills	Alcohol and cannabis at the same time
Austria	4	2	1	13	16
Belgium	14	9	1	6	21
Bulgaria	4	2	2	4	10
Croatia	15	6	2	9	14
Cyprus	1	1	1	0	1
Czech Rep.	20	11	1	12	31
Denmark	6	4	1	7	18
Estonia	11	9	1	6	12
Faroe Isl.	3	5	0	10	6
Finland	5	7	0	12	8
France	17	13	1	7	24
Germany	5	2	1	16	21
Greece	4	4	1	2	3
Greenland	8	3	1	2	14
Hungary	7	10	1	11	7
Iceland	12	9	1	8	9
Ireland	10	2	2	9	29
Isle of Man	4	5	2	10	31
Italy	9	6	2	3	17
Latvia	13	3	0	6	7
Lithuania	11	14	2	7	7
Malta	8	3	1	9	8
Netherlands	10	8	1	4	22
Norway	10	3	1	5	7
Poland	13	17	3	9	11
Portugal	14	5	1	4	8
Romania	11	5	0	3	1
Russia	5	3	1	6	11
Slovak Rep.	14	4	2	15	17
Slovenia	7	5	1	6	19
Sweden	8	6	1	8	5
Switzerland	11	6	0	4	31
Turkey	6	3	3	2	3
Ukraine	6	2	1	4	8
United Kingdom	4	2	0	7	30
<i>Average</i>	9	6	1	7	14
Spain	8	6	..	..	..
USA	..	8 <sup>a)</sup>	3	..	..

a) Tranquillisers only.

**Table 36a. 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+
Austria	86	9	3	1	2	4	2	2
Belgium	91	5	2	1	2	3	2	3
Bulgaria	96	2	1	0	1	1	1	2
Croatia	86	8	3	1	2	3	3	2
Cyprus	81	9	3	2	5	6	7	7
Czech Rep.	91	6	2	0	1	3	1	1
Denmark	91	5	1	1	2	3	3	2
Estonia	91	6	1	1	1	2	1	1
Faroe Isl.	90	6	3	1	1	4	2	1
Finland	92	4	2	0	2	2	1	1
France	88	7	2	1	2	3	2	2
Germany	88	7	2	1	2	3	2	3
Greece	83	8	4	2	3	4	5	5
Greenland	77	10	3	5	5	11	5	5
Hungary	94	4	1	0	1	2	1	1
Iceland	88	5	2	1	4	3	5	3
Ireland	86	7	3	1	3	4	3	2
Isle of Man	82	8	3	2	5	4	6	6
Italy	92	4	1	1	2	3	3	3
Latvia	92	6	1	0	1	1	1	1
Lithuania	94	4	1	1	1	1	1	1
Malta	84	9	3	1	3	7	5	5
Netherlands	93	4	2	1	1	2	1	2
Norway	94	2	1	1	2	1	2	2
Poland	90	7	1	1	1	2	2	3
Portugal	90	5	2	1	2	4	3	3
Romania	98	1	0	0	0	1	0	0
Russia	93	4	1	0	1	2	1	1
Slovak Rep.	90	7	1	1	2	2	2	2
Slovenia	85	8	3	1	2	3	3	3
Sweden	92	5	1	1	2	2	2	1
Switzerland	91	6	1	1	1	3	2	2
Turkey	95	3	1	1	1	1	2	3
Ukraine	91	6	1	1	2	2	2	2
United Kingdom	88	6	2	1	3	4	3	3
<i>Average</i>	<b>90</b>	<b>6</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>2</b>
Spain	96	4 <sup>a)</sup>				3 <sup>a)</sup>		2 <sup>a)</sup>
USA	87	8	2	1	2	3	2	2

a) Sometimes.

**Table 36b. 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+
Austria	86	9	2	1	2	4	3	3
Belgium	95	3	1	1	1	2	2	1
Bulgaria	97	2	1	0	0	1	1	1
Croatia	86	8	2	1	2	3	3	3
Cyprus	84	8	2	2	4	5	6	6
Czech Rep.	91	6	2	0	1	3	1	2
Denmark	93	4	1	0	2	2	2	1
Estonia	93	6	1	0	1	3	1	1
Faroe Isl.	87	6	2	1	4	4	3	3
Finland	92	6	1	1	1	2	1	1
France	90	6	2	1	1	2	2	2
Germany	89	7	2	1	1	3	2	2
Greece	87	7	3	2	3	4	4	4
Greenland	78	9	4	3	6	10	6	3
Hungary	96	3	1	0	1	1	1	1
Iceland	89	4	2	1	3	3	5	3
Ireland	79	11	4	2	4	7	4	4
Isle of Man	80	11	4	2	3	8	4	3
Italy	95	3	1	0	1	2	1	2
Latvia	93	5	1	1	0	1	1	1
Lithuania	96	3	1	0	0	1	0	1
Malta	85	9	3	1	3	6	4	4
Netherlands	95	3	1	0	1	1	1	1
Norway	96	2	1	0	1	1	1	1
Poland	92	6	2	0	1	3	1	2
Portugal	94	4	1	1	1	3	1	2
Romania	99	1	0	0	0	0	0	0
Russia	94	5	1	0	1	1	1	0
Slovak Rep.	93	5	1	0	1	2	1	1
Slovenia	85	9	3	1	2	4	3	4
Sweden	92	5	1	1	1	2	1	1
Switzerland	94	3	1	1	1	1	1	2
Turkey	97	2	1	0	0	1	1	1
Ukraine	96	3	0	0	0	1	0	0
United Kingdom	87	8	2	1	2	4	2	3
<i>Average</i>	<b>91</b>	<b>5</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>2</b>
Spain	92	8 <sup>a)</sup>				2 <sup>a)</sup>		1 <sup>a)</sup>
USA	87	8	2	1	2	4	2	2

a) Sometimes.

**Table 36c. 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+
Austria	86	9	3	1	2	4	2	3
Belgium	93	4	1	1	2	2	2	2
Bulgaria	97	2	1	0	1	1	1	1
Croatia	86	8	3	1	2	3	3	3
Cyprus	82	8	3	2	5	5	6	6
Czech Rep.	91	6	2	0	1	3	1	1
Denmark	92	4	1	1	2	3	2	2
Estonia	92	6	1	1	1	2	1	1
Faroe Isl.	89	6	2	1	2	4	3	2
Finland	92	5	1	1	1	2	1	1
France	89	7	2	1	2	3	2	2
Germany	89	7	2	1	2	3	2	2
Greece	85	7	3	2	3	4	4	5
Greenland	78	9	4	4	5	10	6	4
Hungary	95	4	1	0	0	2	1	1
Iceland	88	5	2	1	4	3	5	3
Ireland	82	9	4	1	3	6	4	3
Isle of Man	81	10	3	2	4	6	5	4
Italy	94	4	1	1	1	2	2	3
Latvia	93	5	1	0	1	1	1	1
Lithuania	95	3	1	0	1	1	1	1
Malta	84	9	3	1	3	6	4	5
Netherlands	94	4	1	0	1	2	1	1
Norway	95	2	1	1	1	1	1	2
Poland	91	6	1	1	1	2	2	2
Portugal	92	4	1	1	1	3	2	3
Romania	99	1	0	0	0	0	0	0
Russia	93	5	1	0	1	1	1	1
Slovak Rep.	91	6	1	1	1	2	1	1
Slovenia	85	9	3	1	2	4	3	4
Sweden	92	5	1	1	1	2	1	1
Switzerland	93	4	1	1	1	2	2	2
Turkey	96	3	1	0	1	1	1	2
Ukraine	94	4	1	0	1	2	1	1
United Kingdom	88	7	2	1	2	4	3	3
<i>Average</i>	<b>90</b>	<b>6</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>2</b>
Spain	92	8 <sup>a)</sup>				2 <sup>a)</sup>		1 <sup>a)</sup>
USA	87	8	2	1	2	3	2	2

a) Sometimes.

**Table 37a. First drug used. Percentages among boys.**

	Never used any	Tranquil- izers or sedatives	Mariju- ana or hashish	LSD	Amphe- tamines	Crack	Cocaine	Heroin	Ecstasy	Magic mush- rooms	GHB	Don't know
Austria	75	0	21	0	1	0	0	0	1	0	1	1
Belgium	61	2	33	0	0	1	0	2	1	0	..	1
Bulgaria	80	0	17	0	0	0	0	0	1	0	0	0
Croatia	75	1	22	0	0	0	0	0	1	..	..	1
Cyprus	93	2	3	0	0	0	0	0	1	0	0	1
Czech Rep.	52	1	45	0	0	0	0	0	1	0	0	1
Denmark	71	1	26	0	1	0	0	0	0	0	0	0
Estonia	72	2	22	1	1	0	0	0	1	0	0	2
Faroe Isl.	89	0	8	0	0	0	0	0	0	0	0	2
Finland	88	1	10	0	0	0	0	0	0	0	0	0
France	..	..	..	..	..	..	..	..	..	..	..	..
Germany	67	0	29	1	1	0	1	0	0	1	..	2
Greece	91	1	6	0	0	0	0	0	1	0	0	1
Greenland	62	1	32	0	0	0	0	0	0	0	1	4
Hungary	80	1	14	0	1	0	0	0	1	0	0	3
Iceland	82	3	12	0	1	0	0	0	0	1	0	0
Ireland	60	0	39	0	0	0	0	0	0	1	0	0
Isle of Man	59	0	38	1	0	0	0	0	0	0	0	0
Italy	68	1	27	0	0	0	1	1	0	1	0	1
Latvia	79	1	17	0	1	0	0	0	1	0	0	1
Lithuania	74	6	14	0	2	0	0	1	1	0	0	2
Malta	85	1	12	0	1	0	0	0	0	..	..	1
Netherlands	64	2	32	0	0	0	0	1	1	0	0	1
Norway	90	1	7	0	0	0	0	0	0	0	0	1
Poland	72	4	20	0	1	0	0	0	0	0	0	2
Portugal	80	2	15	0	1	0	0	0	1	0	0	0
Romania	93	1	3	0	0	0	0	0	0	0	0	0
Russia	76	0	21	0	0	0	0	0	1	1	0	0
Slovak Rep.	68	1	29	0	0	0	0	0	0	0	0	1
Slovenia	68	1	30	0	0	0	0	0	0	0	0	1
Sweden	89	2	8	0	0	0	0	0	1	0	0	0
Switzerland	55	1	41	0	1	0	0	0	0	0	0	2
Turkey	93	1	3	0	0	0	0	0	1	0	0	1
Ukraine	77	1	19	0	0	0	0	0	0	0	0	2
United Kingdom	58	0	39	0	0	0	0	0	0	1	0	1
<i>Average</i>	<b>75</b>	<b>1</b>	<b>21</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>

**Table 37b. First drug used. Percentages among girls.**

	Never used any	Tranquil- izers or sedatives	Mariju- ana or hashish	LSD	Amphe- tamines	Crack	Cocaine	Heroin	Ecstasy	Magic mush- rooms	GHB	Don't know
Austria	79	1	16	0	2	0	0	0	1	0	0	1
Belgium	69	4	24	..	0	1	0	1	0	0	..	1
Bulgaria	83	1	14	0	0	0	0	0	1	0	..	2
Croatia	77	4	18	0	0	0	0	0	1	..	..	1
Cyprus	97	2	1	0	0	0	0	0	0	0	0	0
Czech Rep.	57	4	36	0	0	0	0	0	1	0	0	1
Denmark	79	2	16	0	1	0	0	0	1	0	0	1
Estonia	76	6	11	0	3	1	0	0	2	0	0	2
Faroe Isl.	88	3	8	0	0	0	0	0	0	0	0	2
Finland	85	5	8	0	0	0	0	0	0	0	0	1
France	..	..	..	..	..	..	..	..	..	..	..	..
Germany	72	1	22	0	1	0	1	0	1	0	..	2
Greece	91	4	4	0	0	0	0	0	0	0	0	0
Greenland	68	1	24	0	0	0	0	0	0	0	0	6
Hungary	82	5	10	0	0	0	0	0	1	0	0	2
Iceland	86	4	9	0	0	0	0	0	0	0	0	1
Ireland	60	0	39	0	0	0	0	0	1	0	0	0
Isle of Man	61	1	37	0	0	0	0	1	0	0	0	0
Italy	77	1	20	0	0	0	0	0	0	0	0	1
Latvia	86	2	9	0	1	0	0	0	1	0	0	1
Lithuania	77	15	5	0	1	0	0	0	1	0	0	1
Malta	90	2	8	0	0	0	0	0	0	..	..	1
Netherlands	72	3	23	0	0	0	0	0	0	0	0	0
Norway	89	1	8	0	0	0	0	0	0	0	0	1
Poland	72	15	9	0	1	0	0	0	0	1	0	1
Portugal	82	5	11	0	1	0	1	0	0	0	0	0
Romania	94	3	1	0	0	0	0	0	0	0	0	0
Russia	82	1	15	0	0	0	0	0	1	0	0	0
Slovak Rep.	76	2	20	0	0	0	0	0	1	0	0	1
Slovenia	71	3	24	0	0	0	0	0	0	0	0	0
Sweden	90	3	5	0	0	0	0	0	1	0	0	0
Switzerland	61	4	33	0	1	0	0	0	0	0	0	1
Turkey	97	1	1	0	0	0	0	0	0	0	0	0
Ukraine	92	1	6	0	0	0	0	0	0	0	0	1
United Kingdom	64	1	33	0	0	0	0	0	1	0	0	1
<i>Average</i>	<b>79</b>	<b>3</b>	<b>16</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>



**Table 37c. First drug used. Percentages among all students.**

	Never used any	Tranquil- izers or sedatives	Mariju- ana or hashish	LSD	Amphe- tamines	Crack	Cocaine	Heroin	Ecstasy	Magic mush- rooms	GHB	Don't know
Austria	76	0	19	0	1	0	0	0	1	0	0	1
Belgium	65	3	29	0	0	1	0	1	0	0	..	1
Bulgaria	82	1	15	0	0	0	0	0	1	0	..	1
Croatia	76	2	20	0	0	0	0	0	1		..	1
Cyprus	95	2	2	0	0	0	0	0	0	0	0	1
Czech Rep.	55	3	40	0	0	0	0	0	1	0	0	1
Denmark	75	2	21	0	1	0	0	0	0	0	0	0
Estonia	74	4	17	0	2	0	0	0	1	0	0	2
Faroe Isl.	88	1	8	0	0	0	0	0	0	0	0	2
Finland	87	3	9	0	0	0	0	0	0	0	0	1
France	..	..	..	..	..	..	..	..	..	..	..	..
Germany	69	1	25	0	1	0	1	0	1	0	..	2
Greece	91	3	5	0	0	0	0	0	0	0	0	0
Greenland	65	1	28	0	0	0	0	0	0	0	0	5
Hungary	81	3	12	0	0	0	0	0	1	0	0	3
Iceland	84	3	11	0	1	0	0	0	0	1	0	1
Ireland	60	0	39	0	0	0	0	0	1	0	0	0
Isle of Man	60	1	38	0	0	0	0	0	0	0	0	1
Italy	73	1	23	0	0	0	1	0	0	1	0	1
Latvia	82	1	13	0	1	0	0	0	1	0	0	1
Lithuania	75	10	9	0	2	0	0	0	1	0	0	2
Malta	87	1	10	0	0	0	0	0	0	..	..	1
Netherlands	68	3	28	0	0	0	0	0	1	0	0	1
Norway	90	1	8	0	0	0	0	0	0	0	0	1
Poland	72	10	14	0	1	0	0	0	0	0	0	1
Portugal	81	3	13	0	1	0	0	0	1	0	0	0
Romania	93	2	2	0	0	0	0	0	0	0	0	0
Russia	79	1	18	0	0	0	0	0	1	1	0	0
Slovak Rep.	72	1	25	0	0	0	0	0	0	0	0	1
Slovenia	70	2	27	0	0	0	0	0	0	0	0	1
Sweden	89	2	7	0	0	0	0	0	1	0	0	0
Switzerland	58	3	37	0	1	0	0	0	0	0	0	1
Turkey	95	2	0	0	0	0	0	0	0	0	0	1
Ukraine	84	1	12	0	0	0	0	0	0	0	0	2
United Kingdom	61	0	36	0	0	0	0	0	0	0	0	1
<i>Average</i>	<b>77</b>	<b>2</b>	<b>18</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>

**Table 38a. 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 some- one else	Shared in a group	Bought from a friend	Bought from some- one else	Other way
Austria	75	1	5	8	1	6	1	1	3
Belgium	60	1	6	11	1	10	4	3	4
Bulgaria	80	0	6	7	1	2	1	1	2
Croatia	75	0	6	5	1	8	2	1	4
Cyprus	92	1	1	1	0	1	0	0	0
Czech Rep.	52	2	12	15	1	14	1	0	3
Denmark	70	1	7	9	1	4	2	3	2
Estonia	73	1	5	4	1	10	2	2	2
Faroe Isl.	89	0	5	3	0	1	1	0	1
Finland	88	0	3	2	1	3	1	0	2
France	..	..	..	..	..	..	..	..	..
Germany	67	1	7	9	1	10	2	1	3
Greece	91	0	2	2	0	2	1	1	2
Greenland	63	0	16	9	2	0	3	4	3
Hungary	81	1	5	3	1	7	1	1	1
Iceland	82	0	4	5	1	2	1	1	3
Ireland	60	1	6	13	1	13	3	2	3
Isle of Man	59	3	6	6	10	1	14	4	3
Italy	68	1	8	7	1	8	3	1	3
Latvia	79	1	4	3	1	7	1	2	3
Lithuania	74	0	5	3	2	5	4	2	5
Malta	86	1	3	3	0	4	1	1	2
Netherlands	64	2	8	12	1	9	2	2	2
Norway	91	1	2	2	1	1	1	0	1
Poland	72	1	5	3	1	9	2	2	5
Portugal	..	..	..	..	..	..	..	..	..
Romania	93	0	1	1	0	2	0	0	1
Russia	74	1	4	2	1	12	2	2	3
Slovak Rep.	68	1	8	9	1	9	2	0	2
Slovenia	68	1	5	8	0	14	2	1	2
Sweden	89	0	3	2	1	2	1	0	2
Switzerland	59	2	7	11	0	13	2	1	5
Turkey	92	0	1	1	1	2	1	0	2
Ukraine	77	1	5	4	1	9	1	1	1
United Kingdom	58	2	8	11	1	14	3	1	3
<i>Average</i>	<b>75</b>	<b>1</b>	<b>6</b>	<b>6</b>	<b>1</b>	<b>6</b>	<b>2</b>	<b>1</b>	<b>3</b>

**Table 38b. 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 some- one else	Shared in a group	Bought from a friend	Bought from some- one else	Other way
Austria	79	1	5	4	1	6	1	1	3
Belgium	69	1	7	6	1	9	1	1	5
Bulgaria	83	0	6	4	0	3	1	0	2
Croatia	77	0	4	5	0	8	1	0	5
Cyprus	97	0	1	0	0	0	0	0	0
Czech Rep.	57	2	10	7	1	17	1	0	6
Denmark	79	1	6	6	1	4	1	1	2
Estonia	78	1	5	3	1	8	1	1	3
Faroe Isl.	87	1	7	2	1	1	0	0	2
Finland	85	0	5	2	1	3	1	0	4
France	..	..	..	..	..	..	..	..	..
Germany	72	1	8	4	0	11	1	1	3
Greece	91	0	3	1	0	1	0	0	3
Greenland	69	3	15	3	3	1	1	1	5
Hungary	83	1	4	1	0	6	1	0	4
Iceland	86	0	3	3	2	2	1	1	3
Ireland	61	2	8	10	1	17	1	1	1
Isle of Man	61	2	6	11	8	1	14	2	2
Italy	77	1	7	5	1	8	1	1	2
Latvia	86	1	4	2	0	6	1	0	1
Lithuania	77	0	3	2	1	4	1	1	11
Malta	90	0	4	1	0	2	0	0	2
Netherlands	73	1	7	5	1	8	1	1	4
Norway	90	0	4	2	1	2	0	0	0
Poland	73	1	4	2	0	6	1	1	13
Portugal	..	..	..	..	..	..	..	..	..
Romania	94	0	1	1	1	0	0	0	2
Russia	82	1	2	3	0	10	0	1	1
Slovak Rep.	76	0	8	3	0	8	1	0	2
Slovenia	72	1	6	3	1	13	1	0	4
Sweden	90	0	3	1	0	1	0	0	3
Switzerland	64	2	6	8	1	13	0	0	5
Turkey	96	0	0	0	0	1	0	0	2
Ukraine	91	0	3	1	0	4	0	0	0
United Kingdom	65	2	10	7	0	13	1	1	1
<i>Average</i>	<b>79</b>	<b>1</b>	<b>5</b>	<b>4</b>	<b>1</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>3</b>

**Table 38c. 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 some- one else	Shared in a group	Bought from a friend	Bought from some- one else	Other way
Austria	77	1	5	6	1	6	1	1	3
Belgium	65	1	6	8	1	10	2	2	5
Bulgaria	82	0	6	5	0	2	1	1	2
Croatia	76	0	5	5	0	8	1	0	4
Cyprus	95	1	1	1	0	1	0	0	0
Czech Rep.	55	2	11	10	1	16	1	0	4
Denmark	75	1	7	7	1	4	2	2	2
Estonia	76	1	5	3	1	9	1	2	3
Faroe Isl.	88	1	6	2	1	1	1	0	1
Finland	87	0	4	2	1	3	1	0	3
France	..	..	..	..	..	..	..	..	..
Germany	70	1	8	6	1	10	2	1	3
Greece	91	0	3	2	0	1	0	0	3
Greenland	66	2	15	6	2	1	2	2	4
Hungary	82	1	4	2	1	6	1	1	3
Iceland	84	0	4	4	1	2	1	1	3
Ireland	60	1	7	11	1	15	2	1	2
Isle of Man	60	2	6	9	9	1	14	3	2
Italy	73	1	7	6	1	8	2	1	3
Latvia	82	1	4	2	0	6	1	1	2
Lithuania	76	0	4	3	1	5	3	1	8
Malta	88	0	4	2	0	3	1	0	2
Netherlands	68	2	7	8	1	8	1	1	3
Norway	91	1	3	2	1	1	1	0	1
Poland	73	1	5	2	1	7	1	1	9
Portugal	..	..	..	..	..	..	..	..	..
Romania	93	0	1	0	0	1	0	0	2
Russia	78	1	3	2	1	11	1	2	2
Slovak Rep.	72	1	8	6	0	8	2	0	2
Slovenia	70	1	6	5	1	13	1	1	3
Sweden	90	0	3	2	1	1	1	0	3
Switzerland	62	2	7	10	1	13	1	1	5
Turkey	94	0	1	1	0	2	0	0	2
Ukraine	84	1	4	3	1	6	1	1	1
United Kingdom	61	2	9	9	0	13	2	1	2
<i>Average</i>	<b>77</b>	<b>1</b>	<b>5</b>	<b>5</b>	<b>1</b>	<b>6</b>	<b>2</b>	<b>1</b>	<b>3</b>

**Table 39. Age at time of first use of different substances (marijuana or hashish, LSD, ecstasy, tranquillisers or sedatives, inhalants). Percentages answering 13 years or younger.**

	Boys					Girls					All students				
	Marijuana or hashish	LSD or other hallucinogens	Ecstasy	Tranquillisers or sedatives <sup>a)</sup>	Inhalants	Marijuana or hashish	LSD or other hallucinogens	Ecstasy	Tranquillisers or sedatives <sup>a)</sup>	Inhalants	Marijuana or hashish	LSD or other hallucinogens	Ecstasy	Tranquillisers or sedatives <sup>a)</sup>	Inhalants
Austria	5	1	0	0	5	5	1	1	1	6	5	1	1	0	6
Belgium	10	1	1	2	4	5	0	0	4	2	7	1	1	3	3
Bulgaria	4	1	1	1	1	2	0	1	1	1	3	1	1	1	1
Croatia	4	0	1	1	6	3	0	0	3	7	4	0	1	2	7
Cyprus	1	1	1	3	11	0	0	0	1	10	1	0	1	2	10
Czech Rep.	6	1	0	2	2	7	0	1	3	2	6	1	1	2	2
Denmark	6	0	0	1	2	5	0	0	3	2	6	0	0	2	2
Estonia	6	1	1	3	4	2	1	1	4	4	4	1	1	3	4
Faroe Isl.	1	0	0	0	3	1	0	0	1	3	1	0	0	1	3
Finland	2	0	0	1	3	2	0	0	2	3	2	0	0	1	3
France	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Germany	9	1	1	0	5	8	1	1	1	5	9	1	1	1	5
Greece	1	0	0	1	7	1	0	0	1	6	1	0	0	1	6
Greenland	7	0	0	4	9	6	0	0	2	5	6	0	0	3	7
Hungary	2	1	1	1	1	2	0	1	2	1	2	1	1	2	1
Iceland	3	1	1	2	4	2	0	1	3	3	3	1	1	2	4
Ireland	8	1	1	1	5	7	1	1	1	6	8	1	1	1	6
Isle of Man	12	2	1	1	6	13	1	1	0	7	12	2	1	1	7
Italy	5	1	1	2	1	3	1	1	2	1	4	1	1	2	1
Latvia	4	0	1	1	1	2	0	0	0	1	3	0	1	1	1
Lithuania	2	1	0	2	4	1	0	0	4	1	1	0	0	3	2
Malta	2	0	0	1	4	2	0	0	1	4	2	0	0	1	4
Netherlands	9	1	1	3	5	7	0	1	3	4	8	0	1	3	4
Norway	3	1	1	1	2	2	0	0	1	2	3	0	1	1	2
Poland	4	1	1	0	2	1	0	0	0	1	1	1	0	4	2
Portugal	5	1	1	1	2	4	0	0	2	1	4	1	1	2	2
Romania	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Russia	5	1	1	1	1	3	0	1	1	1	4	0	1	1	1
Slovak Rep.	6	0	0	1	3	4	0	0	1	2	5	0	0	1	2
Slovenia	8	1	1	1	6	6	1	1	3	6	7	1	1	2	6
Sweden	2	1	1	2	5	1	0	0	2	4	1	0	0	2	4
Switzerland	13	0	0	2	4	9	0	0	3	2	11	0	0	2	3
Turkey	1	1	1	1	2	1	0	1	1	1	1	1	1	1	1
Ukraine	5	1	0	0	1	1	0	0	0	1	3	1	0	0	1
United Kingdom	14	1	1	0	4	12	0	1	0	4	13	0	1	0	4
<i>Average</i>	5	1	1	1	4	4	0	0	2	3	4	1	1	2	3
USA	..	..	..	..	..	..	..	..	..	..	10	1 <sup>a)</sup>	..	1	7

a) Without a doctor's prescription.

b) LSD only.

**Table 40a. Places where marijuana or hashish easily can be bought.  
Percentages among boys.**

	Don't know of any such place	Street, park etc.	School	Disco, bar etc.	House of a dealer	Other places
Austria	39	31	17	39	20	14
Belgium <sup>a)</sup>	28	39	39	39	31	44
Bulgaria	52	26	14	24	11	5
Croatia	40	30	20	29	14	7
Cyprus	..	..	..	..	..	..
Czech Rep.	20	20	42	50	19	20
Denmark	35	25	15	38	36	24
Estonia	53	14	10	16	23	12
Faroe Isl.	51	13	3	19	12	2
Finland	50	27	7	16	20	10
France	33	29	34	20	40	13
Germany	31	32	31	41	31	16
Greece	52	26	9	26	12	4
Greenland	47	17	5	20	27	11
Hungary	60	14	12	25	13	5
Iceland	58	11	7	13	21	13
Ireland	27	34	36	28	25	8
Isle of Man	42	24	25	16	29	10
Italy	26	48	47	37	45	6
Latvia	56	17	6	21	22	7
Lithuania	40	17	8	20	17	10
Malta	51	18	5	31	11	6
Netherlands <sup>a)</sup>	23	22	15	15	18	64
Norway	42	34	12	19	25	42
Poland	48	23	22	27	24	8
Portugal	48	25	16	20	20	5
Romania	71	12	6	16	8	1
Russia	69	12	5	11	6	11
Slovak Rep.	30	27	22	43	19	13
Slovenia	30	39	30	25	20	8
Sweden	67	14	8	7	10	7
Switzerland	38	34	24	24	24	17
Turkey	81	5	3	9	4	3
Ukraine	75	9	4	8	7	4
United Kingdom	33	36	31	20	36	10
<i>Average</i>	45	25	18	24	21	13

a) Belgium and the Netherlands added the extra category "coffee shop". In this table these answers are included in the category "other places".

**Table 40b. Places where marijuana or hashish easily can be bought.  
Percentages among girls.**

	Don't know of any such place	Street, park etc.	School	Disco, bar etc.	House of a dealer	Other places
Austria	34	36	13	47	22	18
Belgium <sup>a)</sup>	32	37	30	47	30	32
Bulgaria	45	28	16	37	16	6
Croatia	36	28	20	39	16	7
Cyprus	..	..	..	..	..	..
Czech Rep.	16	16	32	60	20	23
Denmark	40	23	9	42	35	23
Estonia	53	12	7	20	21	13
Faroe Isl.	34	14	4	25	18	6
Finland	41	36	7	26	29	13
France	33	26	32	30	42	11
Germany	30	30	25	48	30	17
Greece	48	25	12	39	14	4
Greenland	71	9	2	5	16	9
Hungary	51	13	11	33	16	7
Iceland	55	11	5	21	28	13
Ireland	27	38	23	34	30	11
Isle of Man	36	21	27	21	35	11
Italy	29	42	40	34	42	4
Latvia	52	17	6	29	26	6
Lithuania	40	16	6	25	15	7
Malta	45	20	4	37	21	7
Netherlands <sup>a)</sup>	23	21	7	24	22	65
Norway	35	39	12	23	34	54
Poland	45	23	24	37	21	5
Portugal	57	19	12	23	19	3
Romania	75	8	6	19	8	1
Russia	69	5	3	13	7	13
Slovak Rep.	34	25	16	49	22	9
Slovenia	28	39	28	34	17	8
Sweden	64	13	6	9	12	9
Switzerland	37	36	18	29	21	16
Turkey	84	3	3	12	3	1
Ukraine	85	4	1	6	4	4
United Kingdom	31	33	22	26	41	9
<i>Average</i>	45	23	14	30	22	13

a) Belgium and the Netherlands added the extra category "coffee shop". In this table these answers are included in the category "other places".



**Table 40c. Places where marijuana or hashish easily can be bought.**  
**Percentages among all students.**

	Don't know of any such place	Street, park etc.	School	Disco, bar etc.	House of a dealer	Other places
Austria	37	33	15	42	21	16
Belgium <sup>a)</sup>	30	38	34	43	30	8
Bulgaria	48	27	15	31	14	6
Croatia	38	29	20	34	15	7
Cyprus	..	..	..	..	..	..
Czech Rep.	18	18	36	55	20	21
Denmark	38	24	12	40	36	24
Estonia	53	13	9	18	22	13
Faroe Isl.	42	13	3	22	15	4
Finland	45	32	7	21	25	11
France	33	28	33	25	41	12
Germany	31	31	28	44	31	17
Greece	50	26	11	33	13	4
Greenland	59	13	3	13	22	10
Hungary	56	14	11	29	14	6
Iceland	57	11	6	17	24	13
Ireland	27	36	30	31	27	9
Isle of Man	39	22	26	19	32	11
Italy	28	45	43	35	43	5
Latvia	54	17	6	25	24	7
Lithuania	40	16	7	22	16	8
Malta	47	19	5	35	17	7
Netherlands <sup>a)</sup>	23	21	12	19	20	64
Norway	39	37	12	21	29	48
Poland	47	23	23	32	23	6
Portugal	52	22	14	22	20	4
Romania	73	10	6	17	8	1
Russia	69	8	4	12	6	12
Slovak Rep.	32	26	19	46	20	11
Slovenia	29	39	29	30	19	8
Sweden	65	13	7	8	11	8
Switzerland	37	35	21	27	22	17
Turkey	83	4	3	10	4	2
Ukraine	80	6	3	7	5	4
United Kingdom	32	34	27	23	39	10
<i>Average</i>	45	23	16	27	21	13

a) Belgium and the Netherlands added the extra category "coffee shop". In this table these answers are included in the category "other places".

**Table 41a. Lifetime abstinence from various substances. Boys.**

	Cigar- ettes	Alcohol	Illicit drugs*	Tranquil- lisers or sedatives	Inhal- ants	a)	b)	c)	d)
Austria	22	5	75	99	86	4	4	4	4
Belgium	40	7	63	91	91	5	5	5	5
Bulgaria	31	12	76	97	96	6	5	6	5
Croatia	31	9	76	96	86	6	6	6	6
Cyprus	36	9	93	94	84	6	6	6	6
Czech Rep.	20	2	52	92	91	1	1	1	1
Denmark	37	2	73	96	91	2	2	2	2
Estonia	18	4	72	95	91	3	3	3	3
Faroe Isl.	18	11	91	98	90	5	5	5	5
Finland	30	12	89	96	92	9	9	9	8
France	34	13	57	90	88	8	8	8	8
Germany	24	4	67	99	88	3	3	3	3
Greece	51	3	92	97	83	2	2	2	2
Greenland	26	19	71	97	77	11	11	11	11
Hungary	27	8	82	94	94	6	6	6	6
Iceland	53	24	85	92	88	22	22	22	22
Ireland	38	8	59	98	86	7	7	7	7
Isle of Man	49	5	58	94	82	5	5	5	5
Italy	39	8	67	95	92	7	7	6	6
Latvia	17	4	80	98	92	3	3	3	3
Lithuania	13	2	79	91	94	1	1	1	1
Malta	51	6	87	98	84	5	5	4	4
Netherlands	43	12	68	93	93	10	10	10	10
Norway	40	18	91	98	94	14	14	14	14
Poland	29	6	75	88	90	5	5	5	5
Portugal	38	19	79	96	90	12	12	12	12
Romania	29	7	95	97	98	6	5	5	5
Russia	24	9	74	98	93	6	6	6	6
Slovak Rep.	23	4	67	99	90	2	2	2	2
Slovenia	33	7	69	97	85	5	5	5	5
Sweden	40	11	91	91	92	10	10	10	10
Switzerland	36	6	55	96	91	5	5	5	5
Turkey	44	50	92	97	95	26	26	26	25
Ukraine	19	12	71	98	91	6	6	6	6
United Kingdom	47	7	58	98	88	5	5	5	5
<i>Average</i>	<b>33</b>	<b>10</b>	<b>75</b>	<b>96</b>	<b>90</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>
USA	57	36	58	93	87	..	..	..	..

\* Illicit drugs include marijuana or hashish, LSD, amphetamines, crack, cocaine, heroin and ecstasy.

a) Cigarettes and alcohol.

b) Cigarettes and alcohol and illicit drugs.

c) Cigarettes and alcohol and illicit drugs and tranquillisers or sedatives.

d) Cigarettes and alcohol and illicit drugs and tranquillisers or sedatives and inhalants.

**Table 41b. Lifetime abstinence from various substances. Girls.**

	Cigar- ettes	Alcohol	Illicit drugs*	Tranquil- lisers or sedatives	Inhal- ants	a)	b)	c)	d)
Austria	18	3	79	98	86	2	2	2	2
Belgium	38	10	72	90	95	7	7	7	7
Bulgaria	28	12	81	95	97	7	7	7	7
Croatia	30	11	78	91	86	8	8	8	7
Cyprus	57	18	97	95	87	13	13	13	12
Czech Rep.	21	2	60	86	91	1	1	1	1
Denmark	36	5	81	95	93	3	3	3	3
Estonia	29	4	81	88	93	4	4	4	4
Faroe Isl.	16	14	90	96	87	6	6	6	6
Finland	30	12	88	91	92	9	9	9	9
France	29	13	66	85	90	8	8	8	8
Germany	22	4	73	98	89	2	2	2	2
Greece	48	5	95	96	87	4	4	4	4
Greenland	15	20	74	96	78	8	7	6	6
Hungary	29	7	86	87	96	6	6	6	6
Iceland	55	25	89	90	89	23	23	23	23
Ireland	29	7	60	98	79	5	5	5	5
Isle of Man	32	3	61	96	81	2	3	3	3
Italy	33	12	76	93	95	8	8	8	8
Latvia	26	4	87	96	93	4	4	4	4
Lithuania	27	2	90	83	96	2	2	2	2
Malta	52	7	91	97	85	6	6	6	6
Netherlands	42	10	76	90	95	9	9	9	9
Norway	36	15	90	97	96	13	13	12	12
Poland	38	8	86	78	92	7	7	7	6
Portugal	37	24	85	93	94	16	16	15	15
Romania	42	15	98	93	99	10	10	10	9
Russia	28	5	81	97	94	5	5	4	4
Slovak Rep.	29	3	78	97	93	2	2	2	2
Slovenia	34	9	73	92	85	7	7	7	6
Sweden	40	15	93	92	92	13	13	13	13
Switzerland	36	8	63	93	94	6	6	5	5
Turkey	57	61	97	97	97	41	40	40	39
Ukraine	40	11	88	99	96	9	9	9	9
United Kingdom	36	5	65	99	87	4	4	4	4
<i>Average</i>	<b>34</b>	<b>11</b>	<b>81</b>	<b>93</b>	<b>91</b>	<b>11</b>	<b>11</b>	<b>10</b>	<b>10</b>
USA	57	33	60	92	87	..	..	..	..

\* Illicit drugs include marijuana or hashish, LSD, amphetamines, crack, cocaine, heroin and ecstasy.

a) Cigarettes and alcohol.

b) Cigarettes and alcohol and illicit drugs.

c) Cigarettes and alcohol and illicit drugs and tranquillisers or sedatives.

d) Cigarettes and alcohol and illicit drugs and tranquillisers or sedatives and inhalants.

**Table 41c. Lifetime abstinence from various substances. All students.**

	Cigar- ettes	Alcohol	Illicit drugs*	Tranquil- lisers or sedatives	Inhal- ants	a)	b)	c)	d)
Austria	20	4	77	98	86	3	3	3	3
Belgium	39	9	67	91	93	6	6	6	6
Bulgaria	29	12	78	96	97	6	6	6	6
Croatia	30	10	77	94	86	7	7	7	7
Cyprus	47	14	95	95	86	10	10	9	9
Czech Rep.	20	2	56	89	91	1	1	1	1
Denmark	36	4	77	96	92	2	2	2	3
Estonia	23	4	76	92	92	3	3	3	3
Faroe Isl.	17	13	91	97	89	5	6	6	6
Finland	30	12	89	93	92	9	9	9	9
France	32	13	62	88	89	8	8	8	8
Germany	23	4	70	98	89	3	3	3	3
Greece	50	4	93	96	85	3	3	3	3
Greenland	21	20	73	97	78	9	9	8	8
Hungary	28	7	84	90	95	6	6	6	6
Iceland	54	25	87	91	88	23	23	23	23
Ireland	34	8	60	98	82	6	6	6	6
Isle of Man	40	4	60	95	81	3	3	4	4
Italy	36	10	72	94	94	8	7	7	7
Latvia	22	4	84	97	93	3	3	3	3
Lithuania	20	2	84	87	95	2	2	1	1
Malta	52	6	89	97	84	6	5	5	5
Netherlands	43	11	72	92	94	10	9	9	9
Norway	38	16	91	98	95	13	13	13	13
Poland	33	7	81	83	91	6	6	6	6
Portugal	38	22	82	95	92	14	14	14	13
Romania	36	12	97	95	99	8	8	8	8
Russia	26	7	78	97	93	5	5	5	5
Slovak Rep.	26	3	73	98	91	2	2	2	2
Slovenia	33	8	71	95	85	6	6	6	6
Sweden	40	13	92	92	92	11	11	11	11
Switzerland	36	7	59	94	93	5	5	5	5
Turkey	50	55	95	97	96	33	32	32	32
Ukraine	30	12	79	98	94	8	7	7	7
United Kingdom	42	6	62	98	88	5	5	5	5
<i>Average</i>	<b>34</b>	<b>11</b>	<b>78</b>	<b>95</b>	<b>90</b>	<b>7</b>	<b>7</b>	<b>7</b>	<b>7</b>
USA	57	34	59	92	87	..	..	..	..

\* Illicit drugs include marijuana or hashish, LSD, amphetamines, crack, cocaine, heroin and ecstasy.

a) Cigarettes and alcohol.

b) Cigarettes and alcohol and illicit drugs.

c) Cigarettes and alcohol and illicit drugs and tranquillisers or sedatives.

d) Cigarettes and alcohol and illicit drugs and tranquillisers or sedatives and inhalants.

**Table 42a. Perceived availability of substances. Percentages among boys answering “Very easy” or “Fairly easy”.**

	Beer	Wine	Spirits	Inhalants	Anabolic steroids	Marijuana or hashish	Amphetamines	LSD or other hallucinogens	Crack	Cocaine	Ecstasy	Heroin	Magic mushrooms	GHB	Tranquillizers or sedatives
Austria	96	93	80	52	16	34	19	13	13	12	18	10	15	9	11
Belgium	91	89	83	48	10	55	18	16	16	15	23	13	21	8	26
Bulgaria	92	88	78	30	29	35	14	13	10	13	18	13	9	..	12
Croatia	93	91	82	47	17	44	22	21	16	16	24	16	11	12	22
Cyprus	90	87	84	53	21	14	8	8	7	9	12	8	6	8	40
Czech Rep.	96	95	85	54	19	60	13	17	8	7	29	8	31	5	27
Denmark	98	97	96	52	19	53	25	18	17	19	31	17	18	15	25
Estonia	88	82	71	36	14	26	17	14	11	11	18	11	11	10	17
Faroe Isl.	87	70	74	47	4	86	5	4	5	5	5	5	12	4	13
Finland	86	73	61	56	6	17	5	4	5	4	6	3	8	3	14
France	81	77	68	36	6	53	11	9	14	14	16	10	17	5	27
Germany	96	91	75	60	9	44	17	14	14	13	19	11	18	6	11
Greece	95	93	90	47	24	21	9	12	10	13	19	12	9	8	36
Greenland	52	37	26	31	7	25	4	5	6	7	5	5	5	4	12
Hungary	91	90	78	37	10	21	13	11	8	7	15	8	7	6	31
Iceland	88	79	71	45	11	34	16	12	10	13	16	11	22	9	24
Ireland	88	84	79	83	12	60	15	16	15	18	31	14	27	7	12
Isle of Man	85	83	74	66	9	55	16	16	17	16	26	14	31	8	16
Italy	92	90	85	17	12	48	14	13	13	18	21	15	14	9	22
Latvia	84	76	58	24	10	22	15	12	9	9	14	10	8	7	11
Lithuania	91	84	73	28	15	21	14	12	9	9	14	12	9	7	23
Malta	89	87	76	36	13	21	9	5	7	9	13	8	..	..	22
Netherlands	90	79	66	38	7	48	11	11	10	12	19	10	20	9	19
Norway	87	68	61	38	17	25	14	13	13	14	16	13	12	11	17
Poland	91	82	76	44	34	39	27	22	18	20	22	20	25	16	35
Portugal	88	85	76	16	12	34	14	14	13	14	21	14	15	11	19
Romania	83	79	71	15	8	12	8	6	6	8	8	7	6	5	10
Russia	91	85	75	30	11	25	8	11	7	7	11	7	15	6	9
Slovak Rep.	96	95	87	44	22	56	14	17	12	11	25	11	15	8	19
Slovenia	90	90	81	57	17	57	16	18	17	18	31	17	17	12	23
Sweden	89	77	76	51	16	22	14	14	12	12	16	12	10	11	24
Switzerland	92	86	70	48	8	55	14	11	11	11	14	10	18	7	26
Turkey	60	51	36	18	11	9	6	5	4	6	6	6	5	5	9
Ukraine	88	79	67	22	6	18	5	5	3	3	3	3	4	3	5
United Kingdom	85	82	70	51	12	61	19	18	17	20	24	13	27	9	15
<i>Average</i>	<b>88</b>	<b>82</b>	<b>73</b>	<b>42</b>	<b>14</b>	<b>37</b>	<b>13</b>	<b>12</b>	<b>11</b>	<b>12</b>	<b>17</b>	<b>11</b>	<b>15</b>	<b>8</b>	<b>20</b>
Spain	..	..	..	58	..	71	47	47	..	44	52	34	..	..	65
USA	..	..	..	..	30	74	35	23 <sup>a)</sup>	27	28 <sup>b)</sup>	35	18	..	..	25 <sup>c)</sup>

a) LSD only.

b) Cocaine powder.

c) Tranquillizers only.

**Table 42b. Perceived availability of substances. Percentages among girls answering “Very easy” or “Fairly easy”.**

	Beer	Wine	Spirits	Inhalants	Anabolic steroids	Marijuana or hashish	Amphetamines	LSD or other hallucinogens	Crack	Cocaine	Ecstasy	Heroin	Magic mushrooms	GHB	Tranquillizers or sedatives
Austria	96	93	82	60	12	33	20	12	11	12	19	9	13	9	11
Belgium	89	86	78	47	8	44	15	12	12	14	18	11	14	6	26
Bulgaria	94	91	81	34	19	37	18	15	12	15	22	15	10	..	14
Croatia	93	91	83	53	15	46	22	22	15	16	27	14	10	11	26
Cyprus	91	87	81	51	15	10	5	5	5	8	9	8	3	5	44
Czech Rep.	96	95	83	42	12	56	13	18	8	8	34	9	26	5	34
Denmark	98	95	94	52	11	50	21	15	15	17	27	18	13	14	26
Estonia	85	78	60	35	10	20	18	12	11	13	21	13	10	10	21
Faroe Isl.	90	71	74	54	3	80	5	4	6	7	9	8	16	4	23
Finland	86	75	63	59	4	20	8	7	6	7	11	6	5	4	25
France	76	70	57	36	4	42	9	7	11	10	12	8	11	4	32
Germany	95	92	74	61	7	38	18	13	15	16	21	11	16	5	10
Greece	95	94	90	45	16	19	7	9	7	12	16	11	6	5	42
Greenland	31	22	12	22	5	16	3	3	3	4	5	4	4	4	6
Hungary	92	90	78	38	7	19	12	11	8	7	16	7	6	7	43
Iceland	88	81	71	44	11	39	20	14	14	18	19	14	21	11	30
Ireland	85	85	79	71	12	60	19	16	20	26	36	20	23	10	14
Isle of Man	83	83	74	57	10	55	18	14	15	17	26	12	25	9	13
Italy	92	90	84	15	6	40	11	10	9	14	17	11	10	6	25
Latvia	87	77	55	28	6	22	14	10	6	8	13	8	7	5	10
Lithuania	92	85	65	29	8	19	14	10	8	9	12	11	8	7	31
Malta	87	88	79	42	10	19	10	7	8	11	15	10	..	..	25
Netherlands	86	79	59	33	4	35	5	7	6	10	13	7	11	5	24
Norway	90	73	60	35	11	27	14	11	11	12	17	12	10	10	18
Poland	91	78	65	44	21	35	27	21	15	19	20	19	21	13	44
Portugal	87	84	72	13	8	25	11	11	9	12	20	12	11	7	27
Romania	81	78	71	12	4	10	6	4	4	6	7	6	4	4	15
Russia	92	85	72	30	8	23	7	9	6	7	12	7	11	6	10
Slovak Rep.	95	93	80	31	9	43	10	13	9	11	22	12	10	5	18
Slovenia	92	92	84	65	14	53	15	19	16	19	34	17	15	11	35
Sweden	89	79	74	51	11	25	13	13	11	13	18	13	10	12	31
Switzerland	91	85	66	41	4	47	13	10	8	10	14	8	13	5	35
Turkey	53	40	31	16	8	5	4	4	3	4	5	4	3	4	10
Ukraine	85	77	60	16	2	9	3	3	2	2	2	2	3	2	3
United Kingdom	82	81	69	55	12	54	18	18	19	22	27	16	22	10	13
<i>Average</i>	<b>87</b>	<b>81</b>	<b>70</b>	<b>40</b>	<b>9</b>	<b>34</b>	<b>13</b>	<b>11</b>	<b>10</b>	<b>12</b>	<b>18</b>	<b>11</b>	<b>12</b>	<b>7</b>	<b>23</b>
Spain	..	..	..	48	..	63	40	40	..	37	44	28	..	..	68
USA	..	..	..	..	31	74	38	23 <sup>a)</sup>	32	31 <sup>b)</sup>	38	19	..	..	26 <sup>c)</sup>

a) LSD only.

b) Cocaine powder.

c) Tranquillisers only.

**Table 42c. Perceived availability of substances. Percentages among all students answering “Very easy” or “Fairly easy”.**

	Beer	Wine	Spirits	Inhalants	Anabolic steroids	Marijuana or hashish	Amphetamines	LSD or other hallucinogens	Crack	Cocaine	Ecstasy	Heroin	Magic mushrooms	GHB	Tranquillizers or sedatives
Austria	96	93	81	56	14	33	19	13	12	12	19	10	14	9	11
Belgium	90	87	80	48	9	49	16	14	14	15	20	12	17	7	26
Bulgaria	93	90	80	32	24	36	16	14	11	14	20	14	10	..	13
Croatia	93	91	83	50	16	45	22	21	15	16	26	15	10	11	24
Cyprus	85	87	83	52	18	12	6	6	6	3	11	8	4	6	42
Czech Rep.	96	95	84	47	15	58	13	17	8	7	32	8	28	5	31
Denmark	98	96	95	52	15	52	23	16	16	18	29	17	16	14	25
Estonia	86	80	65	35	12	23	17	13	11	12	19	12	11	10	19
Faroe Isl.	89	71	74	51	3	83	5	4	6	6	7	6	14	4	18
Finland	86	74	62	58	5	19	7	6	5	5	8	5	7	3	20
France	79	74	62	36	5	47	10	8	13	12	14	9	14	5	30
Germany	95	92	75	60	8	41	18	14	14	15	20	10	17	5	10
Greece	95	93	90	46	20	20	8	10	9	13	18	11	7	6	39
Greenland	42	30	19	27	6	20	4	4	5	5	5	5	4	4	9
Hungary	91	90	78	37	9	20	13	11	8	7	15	7	6	7	37
Iceland	88	80	71	45	11	36	18	13	12	16	17	12	22	10	27
Ireland	86	84	79	77	12	60	17	16	18	22	34	17	25	8	13
Isle of Man	84	83	74	55	10	55	17	15	16	17	16	13	28	9	14
Italy	92	90	84	16	9	44	13	11	11	16	19	13	12	7	24
Latvia	85	77	56	26	8	22	14	11	7	9	13	9	8	6	11
Lithuania	92	85	69	28	11	20	14	11	9	9	13	12	8	7	27
Malta	88	88	78	39	11	20	9	6	8	10	14	9	..	..	23
Netherlands	88	79	63	36	6	42	8	9	8	11	16	8	16	7	21
Norway	88	70	61	37	14	26	14	12	12	13	17	13	11	10	17
Poland	91	80	70	44	27	37	27	21	17	19	21	20	23	15	40
Portugal	88	85	74	15	10	29	12	12	11	13	21	13	13	9	23
Romania	81	78	70	13	6	10	6	5	5	7	7	6	5	4	12
Russia	92	85	73	30	9	24	8	10	7	7	12	7	13	6	10
Slovak Rep.	95	94	83	37	15	49	12	15	10	11	23	12	12	6	18
Slovenia	91	91	83	61	15	55	16	18	16	19	32	17	16	12	29
Sweden	89	78	75	51	14	23	13	13	12	13	17	13	10	11	28
Switzerland	91	86	68	44	6	51	14	10	9	11	14	9	15	6	31
Turkey	57	46	34	17	10	7	5	4	4	5	5	5	4	4	9
Ukraine	87	78	63	19	4	13	4	4	3	2	3	2	3	2	4
United Kingdom	84	81	70	53	12	58	19	18	18	21	26	15	24	10	14
<i>Average</i>	<b>87</b>	<b>82</b>	<b>72</b>	<b>41</b>	<b>11</b>	<b>35</b>	<b>13</b>	<b>12</b>	<b>10</b>	<b>12</b>	<b>17</b>	<b>11</b>	<b>13</b>	<b>7</b>	<b>21</b>
Spain	..	..	..	66	..	67	43	43	..	40	48	31	..	..	66
USA	..	..	..	..	31	74	36	23 <sup>a)</sup>	30	30 <sup>b)</sup>	36	19	..	..	26 <sup>c)</sup>

a) LSD only.

b) Cocaine powder.

c) Tranquillisers only.



**Table 43a. Perceived risk of substance use. Percentages among boys answering “Great risk”.**

	One or more packs of cigarettes per day	Five+ drinks each week-end	Marijuana or hashish		LSD		Amphetamines		Cocaine or crack		Ecstasy		GHB		Drugs by inject		Inhalants	
			Once or twice	Regularly	Once or twice	Regularly	Once or twice	Regularly	Once or twice	Regularly	Once or twice	Regularly	Once or twice	Regularly	Once or twice	Regularly	Once or twice	Regularly
Austria	62	32	20	53	37	67	28	58	40	69	36	68	35	61	59	74	24	57
Belgium	64	23	14	49	33	60	30	57	37	67	30	64	25	44	51	71	27	55
Bulgaria	64	23	40	69	40	59	35	59	45	69	35	62	..	..	58	74	39	64
Croatia	56	34	33	69	45	65	44	61	54	70	46	65	46	60	62	71	40	61
Cyprus	91	86	81	84	63	63	57	56	73	74	69	74	52	54	75	76	64	69
Czech Rep.	63	23	15	57	31	75	42	82	48	83	28	63	35	62	64	88	43	82
Denmark	75	26	17	70	34	73	32	73	36	76	41	78	41	74	55	82	31	73
Estonia	65	33	38	72	48	72	45	74	52	74	42	69	44	66	70	79	45	69
Faroe Isl.	82	29	46	82	39	70	40	75	44	80	50	80	34	57	63	85	42	80
Finland	58	31	31	76	50	84	47	84	50	84	46	79	..	..	67	85	37	77
France	75	46	21	58	43	67	41	69	..	..	48	80	43	66	71	88	44	73
Germany	67	38	14	54	35	72	27	64	38	76	35	72	27	53	60	82	21	56
Greece	60	43	50	86	47	64	32	54	50	81	39	73	33	54	56	78	36	66
Hungary	69	47	38	71	36	67	37	66	45	72	35	67	36	63	60	74	31	67
Iceland	71	31	35	79	67	83	58	81	61	80	64	81	63	77	77	85	54	77
Ireland	71	14	15	53	42	70	38	61	46	77	58	78	32	46	70	87	36	60
Isle of Man	76	24	12	41	37	65	39	61	44	70	51	74	33	49	63	78	36	60
Italy	69	41	26	66	41	62	37	62	45	71	49	72	45	62	64	74	43	63
Latvia	61	42	42	74	47	67	44	66	58	73	40	63	39	59	66	76	39	61
Lithuania	59	32	57	75	58	74	57	73	61	77	56	73	57	72	71	79	58	74
Malta	12	25	39	76	40	65	32	60	41	74	46	76	..	..	..	..	27	53
Netherlands	72	18	12	43	28	51	27	51	32	63	29	58	28	51	45	71	23	55
Norway	61	19	25	70	37	66	34	69	37	70	41	71	37	62	55	75	31	70
Poland	69	42	48	74	57	77	58	80	62	82	58	77	58	75	71	83	59	78
Portugal	52	41	38	65	38	57	37	58	45	67	38	66	36	54	58	72	39	62
Romania	73	31	50	66	44	55	40	53	47	63	42	58	40	53	56	67	42	58
Russia	48	45	39	71	45	71	43	65	53	75	43	68	43	59	60	78	41	65
Slovak Rep.	62	43	23	65	30	64	25	59	41	69	24	59	26	50	50	73	27	69
Slovenia	51	37	25	58	38	61	35	56	43	71	38	70	33	56	62	78	28	57
Sweden	67	44	29	78	34	73	35	74	37	76	34	74	35	68	44	76	27	66
Switzerland	76	38	14	56	33	59	26	55	41	71	34	65	29	50	59	75	28	57
Turkey	56	47	39	49	35	40	33	40	38	46	35	40	33	38	39	45	37	46
Ukraine	42	41	32	61	37	59	32	53	40	63	30	53	34	50	49	66	32	55
United Kingdom	70	20	12	42	35	68	33	60	41	72	49	74	31	49	64	81	36	62
<i>Average</i>	64	35	31	65	41	66	38	64	46	72	42	69	38	58	60	77	37	65
Greenland	49	29	34	42	22	29	17	30	24	37	21	33	18	27	25	36	27	49
USA <sup>a)</sup>	68	48	21	61	54	79	..	..	57 <sup>b)</sup>	..	52	..	..	..	..	..	53	75

a) The US questionnaire contains the answering category “can’t say, drug unfamiliar”.

Those reporting this category were considered missing data and excluded from the analysis.

b) Cocaine powder only.

**Table 43b. Perceived risk of substance use. Percentages among girls answering “Great risk”.**

	One or more packs of cigarettes per day	Five+ drinks each week-end	Marijuana or hashish		LSD		Amphetamines		Cocaine or crack		Ecstasy		GHB		Drugs by inject		Inhalants	
			Once or twice	Reg-ularly	Once or twice	Reg-ularly	Once or twice	Reg-ularly	Once or twice	Reg-ularly	Once or twice	Reg-ularly	Once or twice	Reg-ularly	Once or twice	Reg-ularly	Once or twice	Reg-ularly
Austria	68	32	20	66	37	82	23	73	36	83	35	83	34	76	65	89	17	65
Belgium	70	24	15	58	32	62	29	61	34	73	35	71	25	50	54	80	27	63
Bulgaria	69	25	38	78	34	64	29	67	41	77	30	72	..	..	63	85	36	73
Croatia	61	40	30	75	43	72	41	69	53	78	45	73	45	67	65	81	35	68
Cyprus	97	91	84	92	57	57	51	54	76	79	69	76	47	50	81	84	74	75
Czech Rep.	70	26	12	65	21	80	33	88	36	89	19	68	24	63	59	95	33	87
Denmark	79	27	14	72	24	74	24	78	25	80	36	84	35	79	48	87	22	76
Estonia	74	37	37	83	35	76	33	77	42	81	32	76	32	71	67	88	32	73
Faroe Isl.	90	32	47	91	42	81	41	84	42	90	55	90	35	67	65	93	39	87
Finland	71	43	32	84	45	88	44	89	..	..	41	86	..	..	69	93	31	81
France	78	55	25	70	38	72	38	75	..	..	42	84	39	71	72	94	38	78
Germany	73	35	14	64	31	80	23	74	34	84	36	84	25	59	65	92	18	64
Greece	68	46	47	88	44	61	29	53	46	83	37	76	28	51	54	83	30	69
Hungary	77	50	39	83	35	77	37	77	48	84	36	79	36	71	68	87	29	74
Iceland	80	33	42	88	73	90	63	88	65	90	71	92	69	87	83	95	55	87
Ireland	76	16	16	56	42	68	42	66	47	80	68	85	35	52	76	90	34	68
Isle of Man	77	19	11	47	33	69	40	71	42	76	53	81	28	50	67	87	35	66
Italy	69	45	25	70	35	64	34	66	43	75	48	78	43	66	65	81	40	66
Latvia	74	50	44	87	43	74	39	76	57	85	38	74	67	68	75	90	37	71
Lithuania	71	35	61	86	55	81	55	82	59	85	53	82	53	78	74	90	53	83
Malta	74	33	37	78	33	69	31	67	36	80	47	86	..	..	..	..	21	57
Netherlands	73	21	12	50	22	59	24	56	28	68	28	67	22	58	42	80	19	62
Norway	67	19	21	80	31	71	30	77	32	79	41	81	32	70	53	85	26	79
Poland	79	54	48	88	52	84	52	89	55	91	51	86	51	81	73	94	50	86
Portugal	66	49	41	75	39	67	38	70	42	76	38	77	35	63	63	86	41	74
Romania	79	42	52	76	42	59	38	59	47	73	43	68	39	60	59	76	45	68
Russia	54	46	42	80	39	75	41	72	49	86	40	76	40	68	66	90	37	74
Slovak Rep.	66	50	29	75	24	65	19	65	34	77	22	67	20	57	46	82	20	78
Slovenia	60	43	24	72	30	74	26	66	32	82	37	81	26	63	64	89	20	61
Sweden	74	48	31	88	34	80	35	84	36	85	36	85	35	76	46	86	24	72
Switzerland	77	38	12	65	27	65	21	62	37	80	35	77	24	54	62	86	26	66
Turkey	67	57	43	61	37	50	36	51	42	58	37	50	35	48	45	59	41	59
Ukraine	52	48	44	75	38	65	36	62	43	75	31	62	36	61	52	78	32	63
United Kingdom	69	21	14	51	36	69	35	64	40	76	57	81	32	53	63	84	34	62
<i>Average</i>	72	39	32	74	38	71	36	71	43	80	42	78	36	64	62	86	34	72
Greenland	59	34	43	52	25	29	23	29	26	38	28	37	21	31	30	40	36	61
USA <sup>a)</sup>	75	57	22	71	54	87	..	..	53 <sup>b)</sup>	..	57	..	..	..	..	..	48	77

a) The US questionnaire contains the answering category “can’t say, drug unfamiliar”.

Those reporting this category were considered missing data and excluded from the analysis.

b) Cocaine powder only.

**Table 43c. Perceived risk of substance use. Percentages among all students answering “Great risk”.**

	One or more packs of cigarettes per day	Five+ drinks each week-end	Marijuana or hashish		LSD		Amphetamines		Cocaine or crack		Ecstasy		GHB		Drugs by inject		Inhalants	
			Once or twice	Regularly	Once or twice	Regularly	Once or twice	Regularly	Once or twice	Regularly	Once or twice	Regularly	Once or twice	Regularly	Once or twice	Regularly	Once or twice	Regularly
Austria	65	32	20	58	37	73	26	64	38	75	36	75	35	68	62	81	21	61
Belgium	67	23	14	54	32	61	29	59	35	70	33	67	25	47	53	76	27	59
Bulgaria	67	24	39	74	37	61	32	63	43	73	33	67	..	..	61	80	37	69
Croatia	59	37	32	72	44	69	42	65	54	74	45	69	45	64	63	76	37	65
Cyprus	94	88	82	88	59	60	54	55	75	76	69	75	50	53	77	80	67	72
Czech Rep.	67	25	13	61	26	78	37	85	41	86	23	66	29	62	61	91	38	85
Denmark	77	26	15	71	29	73	28	75	31	78	38	81	38	77	51	84	26	74
Estonia	69	35	37	77	41	74	39	76	47	77	37	72	38	68	69	83	38	71
Faroe Isl.	86	31	47	87	41	75	40	80	43	85	52	85	35	62	64	89	40	84
Finland	65	37	32	81	47	86	46	87	..	..	43	82	..	..	68	89	34	79
France	76	51	23	64	40	70	40	72	..	..	44	82	41	68	72	92	41	76
Germany	70	36	14	59	33	76	25	69	36	80	35	78	26	56	63	87	19	60
Greece	65	45	48	87	46	62	30	53	48	82	38	75	30	52	55	81	33	68
Hungary	73	48	38	77	36	72	37	71	46	78	36	73	36	67	63	80	30	70
Iceland	75	32	38	83	70	86	60	84	63	85	68	86	66	82	80	90	55	82
Ireland	73	15	15	54	42	69	40	63	46	79	63	82	33	49	73	88	35	64
Isle of Man	76	22	11	44	35	67	39	66	43	73	52	78	31	50	65	83	35	63
Italy	69	43	25	68	38	63	36	64	44	73	48	75	44	65	65	78	41	65
Latvia	68	46	43	81	45	71	42	71	57	79	39	68	38	63	71	83	38	66
Lithuania	65	33	59	80	57	78	56	77	60	81	54	78	55	75	73	84	55	78
Malta	70	29	38	77	36	67	31	64	38	77	47	82	..	..	..	..	24	55
Netherlands	72	19	12	47	25	55	26	53	30	65	28	63	25	54	44	75	21	59
Norway	64	19	23	75	34	69	32	73	34	75	41	76	34	66	54	80	29	74
Poland	74	49	48	81	54	81	55	85	58	86	54	82	54	78	72	89	55	82
Portugal	59	45	39	71	38	62	38	64	43	72	38	72	35	59	61	78	40	68
Romania	76	37	51	72	43	57	38	57	47	69	43	64	39	57	58	72	44	64
Russia	51	46	41	76	42	73	42	69	51	81	41	73	41	64	63	84	39	70
Slovak Rep.	64	47	26	70	27	65	22	62	37	73	23	63	23	54	48	78	23	74
Slovenia	56	40	24	65	34	67	30	61	37	76	38	75	29	59	63	84	24	59
Sweden	71	46	30	83	34	76	35	79	36	81	35	79	35	72	45	81	25	69
Switzerland	76	38	13	61	30	62	23	58	39	75	35	71	26	52	61	80	27	62
Turkey	62	52	41	54	36	44	34	45	40	52	36	44	34	43	42	51	39	52
Ukraine	47	44	38	68	38	62	34	57	41	69	30	58	35	55	50	72	32	59
United Kingdom	69	21	13	46	35	69	34	62	40	74	53	77	31	51	63	82	35	62
<i>Average</i>	69	37	32	70	39	69	37	67	45	76	42	73	37	61	62	81	35	68
Greenland	54	31	39	47	23	29	20	29	25	38	25	35	19	29	27	38	31	55
USA <sup>a)</sup>	72	53	22	66	54	83	..	..	55 <sup>b)</sup>	..	55	..	..	..	..	..	50	76

a) The US questionnaire contains the answering category “can’t say, drug unfamiliar”.

Those reporting this category were considered missing data and excluded from the analysis.

b) Cocaine powder only.

**Table 44a. “Do you think that heavy drinking influences the following problems?” Proportions among boys answering “Yes, considerably” and “Yes, quite a lot”.**

	Traffic accidents	Other accidents	Violent crime	Family problems	Health problems	Relationship problems	Financial problems
Austria	93	82	69	72	77	73	74
Belgium	75	54	41	56	55	50	53
Bulgaria	85	72	64	63	69	57	59
Croatia	90	81	80	77	78	67	67
Cyprus	..	..	..	..	..	..	..
Czech Rep.	91	71	62	76	69	68	75
Estonia	88	77	59	70	68	59	66
Faroe Isl.	83	69	77	69	68	50	67
Finland	85	69	78	76	70	62	66
France	96	76	60	66	78	63	48
Germany	91	77	61	61	73	61	64
Greece	92	77	69	70	78	65	55
Hungary	75	56	58	66	57	53	64
Iceland	83	65	78	69	60	61	68
Ireland	84	72	76	73	72	66	72
Isle of Man	88	77	73	70	79	69	66
Italy	94	85	61	65	79	59	58
Latvia	79	71	59	65	68	58	66
Lithuania	87	77	75	71	69	52	63
Malta	82	75	58	64	71	64	68
Netherlands	81	65	61	51	61	49	57
Norway	78	67	69	63	60	56	66
Poland	91	82	75	78	72	66	76
Portugal	..	..	..	..	..	..	..
Romania	85	78	66	76	75	67	67
Russia	92	81	74	76	85	67	70
Slovak Rep.	88	75	72	80	75	73	77
Slovenia	85	66	63	70	72	58	64
Sweden	81	66	74	63	67	60	65
Switzerland	90	78	61	65	72	64	64
Turkey	94	86	85	86	86	80	83
Ukraine	69	59	56	57	61	46	55
United Kingdom	85	74	70	61	72	62	59
<i>Average</i>	86	73	67	69	71	61	65
Denmark <sup>a)</sup>	51	34	48	33	47	36	44
Greenland <sup>a)</sup>	36	33	41	32	30	31	35

a) Due to how the translation of “heavy drinking” might have been interpreted data from Denmark and Greenland are judged not to be directly comparable.

**Table 44b. “Do you think that heavy drinking influences the following problems?” Proportions among girls answering “Yes, considerably” and “Yes, quite a lot”.**

	Traffic accidents	Other accidents	Violent crime	Family problems	Health problems	Relationship problems	Financial problems
Austria	95	83	77	72	81	71	76
Belgium	84	57	52	53	63	48	53
Bulgaria	87	73	69	68	76	61	58
Croatia	95	83	86	81	88	80	68
Cyprus	..	..	..	..	..	..	..
Czech Rep.	94	72	70	79	79	75	82
Estonia	91	74	57	70	77	62	66
Faroe Isl.	86	72	84	74	73	52	72
Finland	84	68	86	77	72	63	68
France	96	72	60	57	78	58	41
Germany	93	74	62	61	80	61	70
Greece	97	81	80	75	87	70	56
Hungary	80	55	74	71	60	59	69
Iceland	86	70	86	73	66	68	73
Ireland	86	74	79	71	77	69	76
Isle of Man	83	78	75	54	73	62	61
Italy	96	86	64	65	84	63	60
Latvia	89	79	62	70	77	60	66
Lithuania	91	81	79	71	74	45	64
Malta	89	81	66	72	83	74	77
Netherlands	84	63	69	48	62	50	59
Norway	80	69	73	57	60	52	61
Poland	96	86	84	83	79	71	77
Portugal	..	..	..	..	..	..	..
Romania	93	83	70	84	87	77	76
Russia	93	80	74	73	92	67	69
Slovak Rep.	92	74	75	79	76	75	82
Slovenia	91	66	71	74	75	66	64
Sweden	81	67	79	59	70	61	63
Switzerland	94	77	66	65	79	65	68
Turkey	96	87	89	89	88	85	86
Ukraine	78	66	67	65	72	55	60
United Kingdom	86	76	75	59	78	61	61
<i>Average</i>	89	74	73	69	76	64	67
Denmark <sup>a)</sup>	51	33	54	26	48	30	39
Greenland <sup>a)</sup>	29	30	49	42	38	34	45

a) Due to how the translation of “heavy drinking” might have been interpreted data from Denmark and Greenland are judged not to be directly comparable.

**Table 44c. “Do you think that heavy drinking influences the following problems?” Proportions among all students answering “Yes, considerably” and “Yes, quite a lot”.**

	Traffic accidents	Other accidents	Violent crime	Family problems	Health problems	Relationship problems	Financial problems
Austria	94	82	72	72	79	72	75
Belgium	80	56	47	54	59	49	53
Bulgaria	86	73	67	66	73	59	59
Croatia	93	82	83	79	83	68	68
Cyprus	98	98	97	97	97	97	95
Czech Rep.	92	72	66	78	74	71	79
Estonia	90	76	58	70	73	61	66
Faroe Isl.	8	71	80	72	71	51	70
Finland	84	69	82	76	71	62	68
France	96	74	60	62	78	60	44
Germany	92	76	62	61	77	61	67
Greece	95	79	74	73	83	68	56
Hungary	77	56	65	68	58	56	66
Iceland	84	67	82	71	63	64	70
Ireland	85	73	77	72	74	68	74
Isle of Man	85	78	74	62	75	65	63
Italy	95	85	62	65	82	61	59
Latvia	84	75	61	68	73	59	66
Lithuania	89	79	77	71	72	49	64
Malta	86	78	62	69	77	70	73
Netherlands	83	64	65	50	62	49	58
Norway	79	68	71	60	60	54	64
Poland	93	84	80	81	75	69	76
Portugal	..	..	..	..	..	..	..
Romania	90	81	68	80	82	72	72
Russia	93	81	74	74	89	67	69
Slovak Rep.	90	75	73	79	76	74	79
Slovenia	88	66	67	72	72	62	64
Sweden	81	67	77	61	69	61	64
Switzerland	92	78	64	65	75	65	66
Turkey	95	86	87	88	87	83	84
Ukraine	74	62	62	61	67	51	57
United Kingdom	86	75	73	60	75	62	60
<i>Average</i>	85	74	70	69	74	63	66
Denmark <sup>a)</sup>	51	33	51	30	48	33	41
Greenland <sup>a)</sup>	33	32	45	37	34	33	40

a) Due to how the translation of “heavy drinking” might have been interpreted data from Denmark and Greenland are judged not to be directly comparable.

**Table 45a. Purchase of alcoholic beverages in a store for own consumption during the last 30 days. Percentages among boys.**

	Beer				Wine				Spirits			
Times	0	1–2	3–5	6+	0	1–2	3–5	6+	0	1–2	3–5	6+
Austria	58	21	10	11	82	11	4	3	72	16	6	7
Belgium	73	14	6	7	93	5	1	1	73	16	5	7
Bulgaria	41	25	14	20	84	11	3	2	73	13	6	7
Croatia	65	16	9	10	81	11	5	4	85	9	3	3
Cyprus	68	20	6	6	92	5	1	2	68	18	6	7
Czech Rep.	69	14	9	9	84	11	3	2	80	13	4	3
Denmark	43	24	17	17	92	5	1	1	58	27	7	8
Estonia	53	20	11	16	81	11	4	5	69	16	7	9
Faroe Isl.	65	23	6	6	96	3	1	0	70	15	9	7
Finland	78	12	5	4	97	2	1	0	93	5	1	1
France	76	13	7	4	97	2	0	0	84	10	2	3
Germany	57	19	12	12	88	9	2	1	77	15	5	4
Greece	68	18	9	6	86	9	3	2	71	19	5	4
Greenland	84	4	3	10	94	4	1	1	74	15	6	5
Hungary	84	10	3	3	74	14	6	7	76	15	4	5
Iceland	81	10	4	5	98	2	0	1	88	6	3	3
Ireland	64	15	10	12	94	4	1	1	80	11	5	4
Isle of Man	81	8	5	6	97	2	1	1	86	9	4	2
Italy	61	19	9	11	82	10	3	5	76	13	5	6
Latvia	50	23	12	14	84	11	3	2	81	11	4	3
Lithuania	50	26	13	10	85	12	2	2	75	16	5	4
Malta	57	18	11	14	67	19	7	7	65	15	8	12
Netherlands	71	12	7	10	97	2	0	0	82	10	5	2
Norway	83	8	5	5	95	2	1	1	89	6	2	3
Poland	35	25	17	22	84	9	4	3	71	17	6	6
Portugal	82	10	4	5	95	3	1	1	80	12	3	5
Romania	41	36	12	10	82	12	3	3	85	11	2	2
Russia	45	18	13	24	81	12	4	2	77	13	4	6
Slovak Rep.	71	15	6	8	81	13	4	2	79	11	5	5
Slovenia	70	17	7	6	80	11	5	4	84	10	3	2
Sweden	87	7	3	3	97	1	1	1	93	3	1	2
Switzerland	60	20	9	12	91	6	2	1	74	15	6	5
Turkey	78	11	6	5	92	5	1	2	91	5	2	2
Ukraine	38	32	14	16	81	12	4	3	76	14	5	5
United Kingdom	72	13	8	8	93	4	2	1	80	12	5	4
Average	65	17	9	10	88	8	2	2	78	13	5	5



**Table 45b. Purchase of alcoholic beverages in a store for own consumption during the last 30 days. Percentages among girls.**

	Beer				Wine				Spirits				
	Times	0	1–2	3–5	6+	0	1–2	3–5	6+	0	1–2	3–5	6+
Austria		85	12	2	2	81	15	3	1	82	13	4	2
Belgium		90	7	3	1	95	4	1	1	78	16	4	3
Bulgaria		66	20	7	7	89	8	1	2	76	14	4	6
Croatia		86	8	3	2	90	7	2	2	90	7	2	1
Cyprus		91	7	2	1	97	3	0	1	85	11	2	2
Czech Rep.		88	8	3	2	84	12	3	2	87	9	2	1
Denmark		63	22	10	6	91	7	2	1	53	32	10	5
Estonia		81	11	3	5	83	12	3	3	85	7	4	4
Faroe Isl.		79	13	5	4	97	3	0	0	68	22	5	5
Finland		86	9	3	2	95	3	1	0	93	6	2	0
France		85	12	2	1	99	1	1	0	87	9	3	1
Germany		83	12	3	2	78	17	4	1	83	12	3	2
Greece		84	12	2	2	92	6	1	1	84	13	2	2
Greenland		92	3	1	3	98	2	0	0	85	11	3	0
Hungary		88	9	1	1	91	6	2	2	83	12	3	2
Iceland		80	11	4	5	95	3	1	1	86	8	3	3
Ireland		84	9	4	4	91	6	2	1	73	14	8	5
Isle of Man		94	4	1	1	91	7	2	1	82	9	6	4
Italy		78	15	4	3	91	5	2	2	85	10	3	2
Latvia		75	15	6	4	86	11	1	1	88	9	2	1
Lithuania		77	16	4	3	84	14	2	1	90	8	2	0
Malta		85	9	3	3	80	14	4	2	75	13	6	6
Netherlands		91	6	1	1	94	5	1	0	87	8	3	2
Norway		86	7	4	2	97	2	0	1	89	7	2	2
Poland		58	24	11	7	90	7	1	1	88	9	2	2
Portugal		95	4	1	1	99	1	0	0	88	7	3	2
Romania		76	18	4	2	92	6	1	0	95	4	1	1
Russia		63	18	8	11	78	16	4	2	83	10	3	4
Slovak Rep.		89	7	2	1	88	10	1	1	88	9	3	1
Slovenia		88	8	2	2	84	11	3	2	85	12	2	1
Sweden		94	4	1	1	98	1	0	0	96	3	1	1
Switzerland		84	10	3	2	97	3	1	0	83	11	3	3
Turkey		91	6	2	2	98	2	0	1	98	1	0	1
Ukraine		69	20	7	4	82	14	3	1	89	8	2	2
United Kingdom		86	7	4	3	85	8	4	3	75	12	7	6
Average		83	11	4	3	90	7	2	1	84	10	3	2

**Table 45c. Purchase of alcoholic beverages in a store for own consumption during the last 30 days. Percentages among all students.**

	Beer				Wine				Spirits				
	Times	0	1–2	3–5	6+	0	1–2	3–5	6+	0	1–2	3–5	6+
Austria		70	17	6	7	82	13	3	2	76	14	5	5
Belgium		82	10	4	4	94	4	1	1	75	16	5	4
Bulgaria		54	22	10	13	87	10	2	2	75	14	5	6
Croatia		75	12	6	6	85	9	3	3	87	8	3	2
Cyprus		80	13	4	3	94	4	1	1	77	15	4	4
Czech Rep.		79	10	6	5	84	12	3	2	84	11	3	2
Denmark		53	23	13	11	92	6	1	1	55	29	9	7
Estonia		67	16	7	10	82	11	3	3	77	11	6	6
Faroe Isl.		71	18	5	5	96	3	0	0	69	18	7	6
Finland		82	11	4	3	96	3	1	0	93	5	1	1
France		81	13	4	2	98	1	1	0	86	10	2	2
Germany		71	15	8	6	83	13	3	1	80	13	4	3
Greece		77	14	5	4	89	8	2	1	78	16	4	3
Greenland		88	4	2	7	96	3	0	1	80	13	5	3
Hungary		86	10	2	2	82	10	4	4	80	13	3	3
Iceland		80	11	4	5	97	2	1	1	87	7	3	3
Ireland		73	12	7	8	92	5	2	1	76	12	6	5
Isle of Man		88	6	3	3	94	5	1	0	84	9	5	3
Italy		70	17	6	7	87	8	3	3	81	11	4	4
Latvia		63	19	9	9	85	11	2	2	85	10	3	2
Lithuania		64	21	9	6	84	13	2	1	83	12	3	2
Malta		72	13	7	8	74	16	6	4	71	14	7	9
Netherlands		81	9	4	6	96	4	0	0	85	9	4	2
Norway		84	8	4	3	96	2	1	1	89	6	2	3
Poland		47	25	14	14	87	8	2	2	80	13	4	4
Portugal		89	6	2	2	97	2	1	1	84	9	3	3
Romania		61	26	7	6	88	9	2	1	91	7	1	1
Russia		54	18	11	17	79	14	4	2	80	11	3	5
Slovak Rep.		81	11	4	4	85	11	2	2	84	10	4	3
Slovenia		79	13	5	4	82	11	4	3	85	11	3	2
Sweden		90	6	2	2	98	1	1	1	95	3	1	1
Switzerland		72	15	6	7	94	4	1	1	79	13	4	4
Turkey		84	9	4	4	95	3	1	1	94	3	1	1
Ukraine		53	26	10	10	82	13	3	2	82	11	4	3
United Kingdom		79	10	6	5	89	6	3	2	75	12	7	6
Average		74	14	6	6	89	7	2	2	81	11	4	4

**Table 46. 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
Austria	57	77	20	63	78	17	60	77	19
Belgium	46	68	13	52	65	10	49	66	12
Bulgaria	64	70	26	78	77	29	71	74	27
Croatia	60	67	31	65	62	23	62	64	27
Cyprus	90	91	5	86	89	4	88	89	5
Czech Rep.	54	74	20	58	73	18	56	74	19
Denmark	25	89	39	31	90	33	28	89	36
Estonia	57	67	26	61	74	28	59	71	27
Faroe Isl.	44	58	17	49	64	16	46	61	17
Finland	89	53	15	90	60	15	89	57	15
France	..	..	..	..	..	..	..	..	..
Germany	56	75	16	62	75	14	59	75	15
Greece	34	58	5	42	59	5	38	59	5
Greenland	45	43	14	57	46	13	51	44	13
Hungary	29	27	9	35	24	7	32	26	8
Iceland	16	42	9	19	52	8	17	47	9
Ireland	25	77	33	33	84	31	29	80	32
Isle of Man	22	75	35	42	86	43	33	81	39
Italy	57	60	20	71	60	19	64	60	19
Latvia	60	61	19	59	68	18	59	64	18
Lithuania	63	69	22	61	71	18	62	70	20
Malta	44	70	13	48	66	12	46	68	12
Netherlands	34	73	13	39	69	9	36	71	11
Norway	22	53	10	33	64	12	27	59	11
Poland	27	44	9	33	41	8	30	42	8
Portugal	24	38	7	29	37	6	27	38	6
Romania	43	48	11	49	38	10	46	42	10
Russia	65	65	22	68	69	21	67	67	21
Slovak Rep.	40	47	20	39	41	14	39	44	17
Slovenia	45	58	23	52	58	20	48	58	22
Sweden	15	54	15	26	56	14	20	55	14
Switzerland	35	62	11	44	60	9	40	61	10
Turkey	28	20	6	26	17	3	27	19	5
Ukraine	64	60	19	57	64	19	60	62	19
United Kingdom	28	76	30	38	80	41	33	78	35
<i>Average</i>	44	61	18	50	62	17	47	60	17
USA	12	42	20	16	48	22	14	45	21

**Table 47a. Perceived drug use among friends. Percentages among boys.**

	Some, most or all friends											
	Smoke mariju- ana or hashish	Take LSD or other hallucin- ogens	Take am- phetami- nes	Take tran- quillizers or seda- tives <sup>a)</sup>	Take co- caine or crack	Take ecstasy	Take heroin	Take inhal- ants	Take "magic mush- rooms"	Take GHB	Take alcohol together with pills	Take anabolic steroids
Austria	16	2	3	1	2	2	1	4	4	1	4	2
Belgium	47	6	6	7	7	8	4	7	10	3	8	4
Bulgaria	19	4	4	3	4	5	4	3	3	..	4	8
Croatia	28	6	7	5	5	9	5	8	4	3	9	4
Cyprus	12	3	4	9	5	7	5	17	3	3	7	9
Czech Rep.	42	4	3	3	1	8	1	3	10	1	5	3
Denmark	20	1	4	2	2	4	1	6	2	1	6	3
Estonia	21	6	7	4	4	8	3	3	4	4	5	3
Faroe Isl.	5	1	2	1	2	1	2	2	3	1	5	1
Finland	6	1	1	2	1	1	1	2	1	..	4	1
France	..	..	..	..	..	..	..	..	..	..	..	..
Germany	27	2	3	1	3	3	2	5	6	1	4	1
Greece	5	2	1	2	2	3	1	4	2	1	2	3
Greenland	28	3	3	3	6	3	3	11	4	3	5	5
Hungary	6	2	2	2	2	3	2	2	1	2	3	2
Iceland	10	2	3	3	2	2	2	4	3	1	4	1
Ireland	35	3	3	1	4	8	2	6	6	2	7	2
Isle of Man	46	5	5	4	4	8	3	8	10	2	12	3
Italy	42	7	6	6	8	8	6	6	8	5	7	5
Latvia	13	3	4	3	2	3	2	2	2	2	4	2
Lithuania	12	3	4	3	2	3	2	2	2	1	4	4
Malta	6	1	2	1	2	2	1	2	..	..	2	1
Netherlands	37	4	5	3	4	7	3	2	8	2	8	2
Norway	6	2	2	2	2	2	2	3	2	2	3	3
Poland	15	5	5	4	4	4	3	4	4	3	8	7
Portugal	21	5	3	4	4	6	4	4	6	3	5	4
Romania	3	2	1	2	2	2	1	2	1	1	2	2
Russia	19	3	2	2	2	3	2	2	5	2	4	3
Slovak Rep.	23	2	1	2	1	4	1	3	2	1	4	
Slovenia	34	5	4	4	4	8	4	6	4	3	5	3
Sweden	6	3	3	3	2	3	2	4	2	2	5	2
Switzerland	43	3	3	3	3	3	2	5	4	2	4	2
Turkey	8	5	6	6	5	6	5	6	5	5	6	6
Ukraine	18	3	3	3	2	3	2	3	2	2	4	3
United Kingdom	46	4	4	3	6	8	3	6	8	2	9	3
<i>Average</i>	21	3	4	3	3	5	3	5	4	2	5	3
USA	42	..	..	..	4 <sup>b)</sup>	..	2	5	..	..	..	..

a) Without a doctors prescription

b) Crack only

**Table 47b. Perceived drug use among friends. Percentages among girls.**

	Some, most or all friends											
	Smoke mariju- ana or hashish	Take LSD or other hallucin- ogens	Take am- phetami- nes	Take tran- quillizers or seda- tives <sup>a)</sup>	Take co- caine or crack	Take ecstasy	Take heroin	Take inhal- ants	Take "magic mush- rooms"	Take GHB	Take alcohol together with pills	Take anabolic steroids
Austria	18	2	4	1	2	3	2	5	3	1	11	1
Belgium	39	6	5	8	7	8	5	6	7	2	9	2
Bulgaria	21	4	4	3	3	4	3	3	2	..	6	4
Croatia	29	7	8	7	4	11	5	9	3	3	11	3
Cyprus	11	3	2	8	4	5	4	15	2	2	6	6
Czech Rep.	43	6	4	5	2	12	2	4	10	1	11	1
Denmark	23	2	4	1	2	3	2	7	2	2	10	2
Estonia	18	6	8	6	4	11	3	2	2	2	6	1
Faroe Isl.	4	1	2	3	0	1	0	6	3	0	13	0
Finland	8	1	1	4	1	2	1	3	1	..	11	0
France	..	..	..	..	..	..	..	..	..	..	..	..
Germany	24	2	4	1	4	4	2	6	5	1	9	1
Greece	5	1	1	2	2	2	1	4	0	0	2	1
Greenland	19	1	1	1	2	1	2	12	1	1	3	1
Hungary	7	2	2	2	1	4	1	2	1	1	5	1
Iceland	11	2	4	3	3	3	2	3	3	1	7	1
Ireland	34	3	3	2	4	9	2	6	6	1	11	2
Isle of Man	47	9	7	7	7	12	4	9	10	4	16	4
Italy	45	7	6	7	8	7	5	4	6	3	7	3
Latvia	13	2	3	3	1	3	1	2	1	0	5	1
Lithuania	8	2	3	4	1	1	1	1	1	0	3	1
Malta	6	1	1	1	2	3	1	2	..	..	3	1
Netherlands	31	2	3	4	5	5	2	2	5	1	6	1
Norway	8	1	2	2	1	1	1	2	1	1	4	1
Poland	10	2	4	4	2	2	2	3	2	1	6	3
Portugal	18	3	2	4	3	5	2	3	3	2	3	2
Romania	3	1	1	3	1	1	1	1	0	0	2	0
Russia	20	4	3	3	2	3	2	2	3	1	4	2
Slovak Rep.	18	2	2	2	1	4	1	3	2	0	7	1
Slovenia	35	4	5	4	4	8	4	7	4	2	6	2
Sweden	5	1	1	3	1	2	1	3	1	1	6	1
Switzerland	40	2	2	2	2	3	2	4	4	1	4	1
Turkey	5	3	3	4	3	3	3	4	2	3	3	3
Ukraine	9	2	1	1	1	1	1	1	1	1	2	1
United Kingdom	43	4	6	3	6	10	3	6	6	2	14	2
<i>Average</i>	20	3	3	3	3	5	2	4	3	1	7	2
USA	42	..	..	..	6 <sup>b)</sup>	..	3	6	..	..	..	..

a) Without a doctors prescription.

b) Crack only.

**Table 47c. Perceived drug use among friends. Percentages among all students.**

	Some, most or all friends											
	Smoke mariju- ana or hashish	Take LSD or other hallucin- ogens	Take am- phetami- nes	Take tran- quillizers or seda- tives <sup>a)</sup>	Take co- caine or crack	Take ecstasy	Take heroin	Take inhal- ants	Take "magic mush- rooms"	Take GHB	Take alcohol together with pills	Take anabolic steroids
Austria	17	2	3	1	2	3	1	4	4	1	7	2
Belgium	43	6	6	7	7	8	4	6	8	2	8	3
Bulgaria	20	4	4	3	3	5	3	3	3	..	5	6
Croatia	28	7	7	6	4	10	5	9	3	3	10	4
Cyprus	11	3	3	8	5	6	4	15	2	2	6	6
Czech Rep.	43	5	3	4	2	10	1	3	10	1	8	2
Denmark	21	2	4	2	2	4	2	6	2	1	8	2
Estonia	20	6	8	5	4	9	3	3	3	3	6	2
Faroe Isl.	5	1	2	2	1	1	1	4	3	1	9	1
Finland	7	1	1	3	1	1	1	2	1	..	8	1
France	..	..	..	..	..	..	..	..	..	..	..	..
Germany	25	2	3	1	4	4	2	5	6	1	7	1
Greece	5	2	1	2	2	2	1	4	1	1	2	2
Greenland	24	2	2	2	4	2	2	12	3	2	4	3
Hungary	6	2	2	2	1	3	1	2	1	1	4	1
Iceland	11	2	3	3	2	3	2	4	3	1	5	1
Ireland	35	3	3	2	4	8	2	6	6	2	9	2
Isle of Man	46	8	6	5	6	10	4	9	10	3	14	3
Italy	44	7	6	6	8	7	5	5	7	4	7	4
Latvia	13	3	4	3	2	3	2	2	2	1	5	1
Lithuania	10	3	3	3	1	2	2	1	1	1	4	3
Malta	6	1	1	1	2	3	1	2	..	..	3	1
Netherlands	34	3	4	3	4	6	2	2	6	2	7	2
Norway	7	2	2	2	1	2	1	3	1	1	4	2
Poland	13	3	4	4	3	3	3	3	3	2	7	5
Portugal	19	4	3	4	3	5	3	3	4	2	4	3
Romania	3	1	1	2	1	1	1	1	1	1	2	1
Russia	20	4	3	3	2	3	2	2	4	2	4	2
Slovak Rep.	20	2	2	2	1	4	1	3	2	1	6	2
Slovenia	35	4	5	4	4	8	4	6	4	2	6	3
Sweden	5	2	2	3	2	2	1	4	1	1	5	2
Switzerland	42	3	3	3	2	3	2	4	4	2	4	2
Turkey	6	4	4	5	4	5	4	5	4	4	4	5
Ukraine	13	2	2	2	1	2	1	2	1	1	3	2
United Kingdom	44	4	5	3	6	9	3	6	7	2	12	2
<i>Average</i>	21	3	3	3	3	5	2	4	4	2	6	2
USA	42	..	..	..	5 <sup>b)</sup>	..	3	6	..	..	..	..

a) Without a doctors prescription.

b) Crack only.

**Table 48a. Cigarette, alcohol and drug consumption among elder siblings.  
Percentages among boys.**

	Smoke cigarettes	Drink alco- holic bever- ages	Ever get drunk	Smoke marijuana or hashish	Take tran- quillizers or sedatives <sup>a)</sup>	Take ecstasy
Austria	54	78	37	8	2	3
Belgium	50	71	39	25	5	5
Bulgaria	45	54	21	7	3	3
Croatia	39	42	20	9	3	4
Cyprus	26	31	9	3	3	3
Czech Rep.	49	77	57	20	4	5
Denmark	43	80	76	15	3	4
Estonia	35	49	24	6	4	4
Faroe Isl.	53	68	62	4	1	1
Finland	41	74	53	3	2	1
France	..	..	..	..	..	..
Germany	50	78	30	10	1	2
Greece	34	57	11	3	2	2
Greenland	64	67	73	16	2	3
Hungary	46	45	16	5	2	3
Iceland	41	83	71	7	2	2
Ireland	49	87	73	21	3	6
Isle of Man	24	52	44	15	6	4
Italy	25	29	20	8	2	2
Latvia	48	59	59	5	2	3
Lithuania	34	49	26	4	3	3
Malta	23	40	24	4	2	2
Netherlands	35	72	46	12	2	2
Norway	52	83	73	9	4	4
Poland	39	59	51	11	3	3
Portugal	..	..	..	..	..	..
Romania	26	25	9	2	2	2
Russia	42	63	66	7	2	2
Slovak Rep.	25	34	16	10	6	6
Slovenia	44	61	28	7	2	2
Sweden	34	73	54	4	2	2
Switzerland	40	74	34	21	2	2
Turkey	33	19	12	7	6	6
Ukraine	31	37	24	5	2	2
United Kingdom	37	76	69	22	5	6
<i>Average</i>	40	59	40	10	3	3

a) Without a doctor's prescription.



**Table 48b. Cigarette, alcohol and drug consumption among elder siblings.  
Percentages among girls.**

	Smoke cigarettes	Drink alco- holic bever- ages	Ever get drunk	Smoke marijuana or hashish	Take tran- quillizers or sedatives <sup>a)</sup>	Take ecstasy
Austria	53	81	38	11	2	3
Belgium	54	71	37	25	5	4
Bulgaria	50	65	26	8	3	3
Croatia	42	47	21	9	2	3
Cyprus	30	36	9	2	2	2
Czech Rep.	55	84	61	23	4	5
Denmark	51	87	82	17	3	4
Estonia	34	50	24	4	3	3
Faroe Isl.	67	72	63	7	1	1
Finland	50	81	60	4	2	1
France	..	..	..	..	..	..
Germany	56	82	35	13	2	3
Greece	45	64	12	2	1	2
Greenland	72	77	76	22	3	4
Hungary	54	49	15	4	1	2
Iceland	43	87	75	9	3	2
Ireland	51	90	80	27	3	9
Isle of Man	27	57	51	15	3	6
Italy	26	33	22	6	1	1
Latvia	52	72	68	5	1	2
Lithuania	41	63	31	3	3	2
Malta	26	45	28	4	1	2
Netherlands	43	79	46	17	3	3
Norway	54	88	81	8	4	3
Poland	42	62	55	7	4	3
Portugal	..	..	..	..	..	..
Romania	27	23	8	2	2	2
Russia	52	74	71	11	2	3
Slovak Rep.	29	40	15	6	2	3
Slovenia	47	65	31	10	2	3
Sweden	39	80	56	3	2	1
Switzerland	50	80	33	23	3	3
Turkey	34	17	11	5	4	4
Ukraine	34	46	31	4	1	1
United Kingdom	46	84	75	28	6	9
<i>Average</i>	45	65	43	10	3	3

a) Without a doctor's prescription.

**Table 48c. Cigarette, alcohol and drug consumption among elder siblings.  
Percentages among all students.**

	Smoke cigarettes	Drink alco- holic bever- ages	Ever get drunk	Smoke marijuana or hashish	Take tran- quillizers or sedatives <sup>a)</sup>	Take ecstasy
Austria	53	79	38	9	2	3
Belgium	52	71	38	25	5	4
Bulgaria	47	60	24	7	3	3
Croatia	40	44	20	9	3	3
Cyprus	28	34	9	3	3	3
Czech Rep.	52	81	59	22	4	5
Denmark	47	84	79	16	3	4
Estonia	35	49	24	5	3	3
Faroe Isl.	60	70	62	6	1	1
Finland	45	77	56	3	2	1
France	..	..	..	..	..	..
Germany	53	80	32	12	1	2
Greece	40	61	12	2	1	2
Greenland	68	71	74	19	3	3
Hungary	50	47	15	4	2	3
Iceland	42	85	73	8	2	2
Ireland	50	89	76	24	3	7
Isle of Man	26	55	48	15	4	5
Italy	26	31	22	7	2	1
Latvia	50	66	63	5	2	2
Lithuania	38	56	28	3	3	2
Malta	25	43	26	4	1	2
Netherlands	39	76	46	14	2	2
Norway	53	85	77	8	4	3
Poland	41	60	53	9	4	3
Portugal	..	..	..	..	..	..
Romania	27	24	9	2	2	2
Russia	48	69	69	9	2	2
Slovak Rep.	27	37	15	8	4	4
Slovenia	45	63	29	9	2	2
Sweden	36	76	55	3	2	2
Switzerland	45	77	33	22	2	2
Turkey	34	18	12	6	5	5
Ukraine	33	41	27	5	2	2
United Kingdom	41	80	72	25	5	7
<i>Average</i>	42	62	42	10	3	3

a) Without a doctor's prescription.

**Table 49a. Estimated average consumption of beer, wine and spirits, in cl 100% alcohol, on the last drinking occasion. Corrected 1999 data. Boys.**

Beer	Beer	Wine	Spirits	Total	% beer	% wine	% spirits
Bulgaria	2,6	0,8	1,6	5,0	52	16	32
Croatia	2,6	1,3	1,4	5,3	49	25	26
Cyprus	3,0	0,7	2,0	5,7	53	12	35
Czech Rep.	4,7	1,1	2,4	8,2	57	13	29
Denmark	6,0	0,7	3,5	10,2	59	7	34
Estonia	3,2	0,9	2,2	6,3	51	14	35
Faroe Isl.	4,2	0,4	4,3	8,9	47	4	48
Finland	4,0	0,9	2,6	7,5	53	12	35
France	2,8	0,5	2,4	5,7	49	9	42
Greece	2,6	0,8	2,4	5,8	45	14	41
Greenland	5,4	0,6	3,6	9,6	56	6	38
Hungary	1,6	1,3	1,7	4,6	35	28	37
Iceland	4,7	0,3	3,2	8,2	57	4	39
Ireland	5,6	0,4	2,4	8,4	67	5	29
Italy	2,1	1,1	1,5	4,7	45	23	32
Latvia	2,5	0,6	2,0	5,1	49	12	39
Lithuania	2,9	1,4	2,4	6,7	43	21	36
Malta	3,2	1,4	3,4	8,0	40	18	43
Norway	3,6	0,8	3,6	8,0	45	10	45
Poland	4,0	1,2	3,1	8,3	48	14	37
Portugal	2,5	0,5	2,2	5,2	48	10	42
Romania	2,1	1,1	0,7	3,9	54	28	18
Russia	2,7	0,4	2,2	5,3	51	8	42
Slovak Rep.	1,9	1,3	1,8	5,0	38	26	36
Slovenia	2,5	1,6	1,6	5,7	44	28	28
Sweden	4,0	0,5	2,9	7,4	54	7	39
Ukraine	1,2	0,7	2,4	4,3	28	16	56
United Kingdom	5,1	0,7	2,2	8,0	64	9	28
<i>Average</i>	3,4	0,9	2,4	6,7	49	14	37

**Table 49b. Estimated average consumption of beer, wine and spirits, in cl 100% alcohol, on the last drinking occasion. Corrected 1999 data. Girls.**

Beer	Beer	Wine	Spirits	Total	% beer	% wine	% spirits
Bulgaria	0,6	0,5	1,2	2,3	26	22	52
Croatia	1,0	0,8	1,2	3,0	33	27	40
Cyprus	1,3	0,4	1,1	2,8	46	14	39
Czech Rep.	1,5	1,1	1,6	4,2	36	26	38
Denmark	3,3	1,1	3,2	7,6	43	14	42
Estonia	1,1	1,0	1,2	3,3	33	30	36
Faroe Isl.	2,2	0,3	2,8	5,3	42	6	53
Finland	1,6	1,0	1,5	4,1	39	24	37
France	1,4	0,3	1,8	3,5	40	9	51
Greece	1,3	0,5	2,1	3,9	33	13	54
Greenland	5,1	0,3	2,8	8,2	62	4	34
Hungary	0,3	0,6	1,5	2,4	13	25	63
Iceland	3,2	0,3	2,9	6,4	50	5	45
Ireland	3,0	0,6	3,7	7,3	41	8	51
Italy	1,2	0,5	1,0	2,7	44	19	37
Latvia	0,8	0,8	1,0	2,6	31	31	38
Lithuania	1,2	1,2	1,2	3,6	33	33	33
Malta	1,2	1,0	3,3	5,5	22	18	60
Norway	2,6	0,9	3,0	6,5	40	14	46
Poland	2,2	0,7	1,6	4,5	49	16	36
Portugal	1,1	0,3	1,5	2,9	38	10	52
Romania	0,8	0,4	0,2	1,4	57	29	14
Russia	1,4	0,6	1,8	3,8	37	16	47
Slovak Rep.	0,6	1,2	1,2	3,0	20	40	40
Slovenia	0,8	1,5	1,7	4,0	20	38	43
Sweden	1,8	0,7	2,1	4,6	39	15	46
Ukraine	0,6	0,6	1,5	2,7	22	22	56
United Kingdom	2,2	1,2	2,9	6,3	35	19	46
<i>Average</i>	1,7	0,7	1,9	4,3	37	19	44

**Table 49c. Estimated average consumption of beer, wine and spirits, in cl 100% alcohol, on the last drinking occasion. Corrected 1999 data. All students.**

Beer	Beer	Wine	Spirits	Total	% beer	% wine	% spirits
Bulgaria	1,7	0,6	1,5	3,8	45	16	39
Croatia	1,8	1,1	1,3	4,2	43	26	31
Cyprus	2,2	0,5	1,5	4,2	52	12	36
Czech Rep.	3,0	1,1	2,0	6,1	49	18	33
Denmark	4,5	0,9	3,3	8,7	52	10	38
Estonia	2,0	1,0	1,6	4,6	43	22	35
Faroe Isl.	3,3	0,4	3,5	7,2	46	6	49
Finland	2,7	0,9	2,0	5,6	48	16	36
France	2,1	0,5	2,1	4,7	45	11	45
Greece	1,9	0,6	2,2	4,7	40	13	47
Greenland	5,3	0,4	3,3	9,0	59	4	37
Hungary	0,9	0,9	1,7	3,5	26	26	49
Iceland	3,9	0,4	3,2	7,5	52	5	43
Ireland	4,4	0,5	3,1	8,0	55	6	39
Italy	1,8	0,7	1,2	3,7	49	19	32
Latvia	1,7	0,7	1,5	3,9	44	18	38
Lithuania	2,1	1,3	1,9	5,3	40	25	36
Malta	2,1	1,2	3,3	6,6	32	18	50
Norway	3,2	0,8	3,4	7,4	43	11	46
Poland	3,2	0,9	2,4	6,5	49	14	37
Portugal	1,7	0,3	1,9	3,9	44	8	49
Romania	1,4	0,7	0,4	2,5	56	28	16
Russia	2,0	0,5	2,0	4,5	44	11	44
Slovak Rep.	1,2	1,3	1,5	4,0	30	33	38
Slovenia	1,8	1,5	1,7	5,0	36	30	34
Sweden	2,9	0,6	2,5	6,0	48	10	42
Ukraine	0,9	0,6	1,8	3,3	27	18	55
United Kingdom	3,6	0,9	2,6	7,1	51	13	37
<i>Average</i>	2,3	0,8	2,1	5,2	43	17	40



## 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 more than 30 European countries. The Swedish Council for Information on Alcohol and Other Drugs, CAN, SWEDEN initiated the project, and it is supported by the Pompidou Group at the Council of Europe. This is the third study. The first one was done in 1995 and the second in 1999.

In your country the survey is done 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 does not include 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. Your teacher/survey administrator will collect the envelopes 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. If you have a question, please raise your hand and your teacher/survey administrator will assist you.

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 first questions ask for some background information about yourself and the kinds of things you might do.**

**1. What is your sex?**

- 1 ☐ Male  
2 ☐ Female

**2. When were you born?**

Year 19

**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 computer games.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Use the Internet.....	<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 schoolbooks).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Go out 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"/>
h) Play on slot machines (the kind in which you may win money) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

**4. During the LAST 30 DAYS how many whole days of school have you missed?**

Mark one box for each line.

	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

**5. Which of the following best describes your average grade in the end of the last term?**

- 1 ☐ A (93-100)  
2 ☐ A- (90-92)  
3 ☐ B+ (87-89)  
4 ☐ B (83-86)  
5 ☐ B- (80-82)  
6 ☐ C+ (77-79)  
7 ☐ C (73-76)  
8 ☐ C- (70-72)



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.

Your answers will not be made known to anyone, they will never be connected with your name or your class.

The following questions are about CIGARETTE SMOKING.

6. 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

7. 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 spirits.

8. 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

9. 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
a) 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"/>
b) Wine .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Spirits (whisky, cognac, shot drinks etc)							
(also include spirits 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

**10. 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)

**11. The last time you had an alcoholic drink, did you drink any cider? If so, how much? (Do not include low alcohol cider).**

- 1 ☐ I never drink cider
- 2 ☐ I did not drink cider 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)

**12. The last time you had an alcoholic drink, did you drink any alcopop? If so, how much?**

- 1 ☐ I never drink alcopops
- 2 ☐ I did not drink alcopops 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)

**13. 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 (<15 cl)
- 4 ☐ 1-2 glasses (15-30 cl)
- 5 ☐ Half a bottle (37 cl)
- 6 ☐ A bottle or more ( $\geq 75$  cl)

**14. The last time you had an alcoholic drink, did you drink any spirits? If so, how much?**

- 1 ☐ I never drink spirits
- 2 ☐ I did not drink spirits 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 ( $\geq 30$  cl)

**15. Think of the last day on which you drank alcohol. Where were you when you drank?**

Mark all that apply.

- ☐ I never drink alcohol
- ☐ At home
- ☐ At someone else's home
- ☐ Out on the street, in a park, beach or other open area
- ☐ At a bar or a pub
- ☐ In a disco
- ☐ In a restaurant
- ☐ Other places (please describe) .....

**16. Think back over the LAST 30 DAYS. How many times (if any) have you bought beer, wine or spirits in a store (grocery store, liquor store, kiosk or gas station) for your own consumption?**

Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) 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"/>
b) Wine .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Spirits.....	<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

**17. Think back once more 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 (ca 15 cl), a bottle or can of beer (ca 50 cl), a shot glass of spirits (ca 5 cl) or a mixed drink.)**

- ☐ None
- ☐ 1
- ☐ 2
- ☐ 3-5
- ☐ 6-9
- ☐ 10 or more times

**18. 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

**19. 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

**20. Please indicate on this scale from 1 to 10 how drunk you would say you were the last time you were drunk.**

Somewhat merry only										Heavily intoxicated to the point of being unable to stand on my feet
01	02	03	04	05	06	07	08	09	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

11 ☐ I have never been drunk

**21. How many drinks do you usually need to get drunk? (A "drink" is a glass of wine (ca 15 cl), a bottle or can of beer (ca 50 cl), a shot glass of spirits (ca 5 cl) or a mixed drink.)**

01 ☐ I never drink alcohol

02 ☐ I have never been drunk

03 ☐ 1-2 drinks

04 ☐ 3-4 drinks

05 ☐ 5-6 drinks

06 ☐ 7-8 drinks

07 ☐ 9-10 drinks

08 ☐ 11-12 drinks

09 ☐ 13 drinks or more

**The next questions ask about some other drugs.**

**22. Have you ever heard of any of the following drugs?**

Mark one box for each line.

	Yes	No
a) Tranquillisers 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) GHB .....	<input type="checkbox"/>	<input type="checkbox"/>
k) Methadone .....	<input type="checkbox"/>	<input type="checkbox"/>
l) "Magic mushrooms" .....	<input type="checkbox"/>	<input type="checkbox"/>
	1	2

23. Have you ever wanted to try any of the drugs mentioned in question 22?

- 1 ☐ Yes  
2 ☐ No

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 (glue, aerosols 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

**Tranquillisers 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.**

26. Have you ever taken tranquillisers 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

27. Have you ever used any of the following drugs?

Mark one or more boxes for each line.

	No	Yes, during the last 30 days	Yes, during the last 12 months	Yes, during lifetime
a) Tranquillisers or sedatives (without a doctor's prescription).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Amphetamines.....	<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"/>
d) Crack .....	<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"/>
f) Relewin.....	<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"/>
h) Ecstasy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) "Magic mushrooms".....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) GHB .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Drugs by injection with a needle (like heroin, cocaine, amphetamine) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Alcohol together with pills .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Alcohol and marijuana/hashish at the same time.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Anabolic steroids .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	1	1	1

**28. On how many occasions in your lifetime (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) Tranquillisers 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) Amphetamines.....	<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) Relewin.....	<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) "Magic mushrooms".....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) GHB .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Drugs by injection with a needle (like heroin, cocaine, amphetamine) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) 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"/>
m) Alcohol and marijuana/hashish at the same time .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) 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

**29. 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 spirits (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 tranquillisers 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"/>
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 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 heroin .....	<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 "magic mushrooms" .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Try GHB.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Try drugs by injection with a needle (like heroin, cocaine, amphetamine) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) 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"/>
s) Try 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"/>
t) 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).**

**30. What was the FIRST drug (if any) that you have ever tried?**

- 01 ☐ I have never tried any of the substances listed below
- 02 ☐ Tranquillisers or sedatives without a doctor's prescription
- 03 ☐ Marijuana or hashish
- 04 ☐ LSD
- 05 ☐ Amphetamines
- 06 ☐ Crack
- 07 ☐ Cocaine
- 08 ☐ Relewin
- 09 ☐ Heroin
- 10 ☐ Ecstasy
- 11 ☐ "Magic mushrooms"
- 12 ☐ GHB
- 13 ☐ I don't know what it was

**31. How did you get this substance?**

- 01 ☐ I have never used any of the substances listed in question 30
- 02 ☐ Given to me by an older brother or sister
- 03 ☐ Given to me by a friend, a boy or a girl, older than me
- 04 ☐ Given to me by a friend my own age or younger
- 05 ☐ Given to me by someone I have heard about but did not know personally
- 06 ☐ Given to me by a stranger
- 07 ☐ It was shared around 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 to 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).....
- .....

**32. Which was the reason(s) for you to try this drug?**

Mark all that apply.

- 1 ☐ I have never used any of the substances listed in question 30
- 1 ☐ I wanted to feel high
- 1 ☐ I did not want to stand out from the group
- 1 ☐ I had nothing to do
- 1 ☐ I was curious
- 1 ☐ I wanted to forget my problems
- 1 ☐ Other reason(s), please specify.....
- 1 ☐ Don't remember



**33. In which of the following places do you think you could easily buy marijuana or hashish if you wanted to?**

Mark all that apply.

- ☐ I don't know of any such place
- ☐ Street, park etc
- ☐ School
- ☐ Disco, bar etc
- ☐ House of a dealer
- ☐ Other(s), please specify .....

**34. 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) have one or two drinks nearly every day .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) have 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 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) smoke crack once or twice.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) smoke crack regularly .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) try ecstasy once or twice.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) take ecstasy regularly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) try GHB once or twice.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t) take GHB regularly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u) try drugs by injection with a needle once or twice .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) take drugs by injection with a needle regularly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x) try inhalants (glue etc) once or twice.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
y) 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

**35. 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) Cigarettes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Beer .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Wine .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Liquor .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Marijuana or hashish (cannabis, pot, grass) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) LSD or some other hallucinogen .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Amphetamines (uppers, pep pills, bennies, speed) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Tranquillisers or sedatives .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Crack .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Cocaine .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Ecstasy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Heroin (smack, horse) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) "Magic mushrooms" .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) GHB .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Inhalants (glue etc) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Anabolic steroids .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6

**36. 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, spirits) .....	<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 tranquillisers or sedatives (without a doctor's 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"/>
l) take "magic mushrooms" .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) take GHB .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) take alcohol together with pills .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) take anabolic steroids .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

**37. Have you ever had any of the following problems?**

Mark all that apply for each line.

	Never	Yes, because of my alcohol use	Yes, because of my drug use	Yes for reasons other than alcohol or drug use
a) Quarrel or argument.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Scuffle or fight.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Accident or injury.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Loss of money or other valuable items.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Damage to objects or clothing you owned.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Problems in your relationship with your parents .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Problems in your relationship with your friends.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Problems in your relationship with your teachers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Performed poorly at school or work .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Victimized by robbery or theft .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Trouble with police.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Hospitalised or admitted to an emergency room .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Engaged in sexual intercourse you regretted the next day .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Engaged in sexual intercourse without a condom.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	1	1	1

**38. Do you think that heavy drinking influences the following problems?**

Mark one box for each line.

	Yes, con- siderably	Yes, quite a lot	Yes, to some extent	Yes, but only a little	No
a) Traffic accidents .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Other accidents .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Violent crime .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Family problems .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Health problems.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Relationship problems .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Financial problems .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

**39. Does any of your older siblings .....**

Mark one box for each line.

	Yes	No	Don't know	Don't have any older siblings
a) smoke cigarettes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) drink alcoholic beverages (beer, wine, spirits) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) get drunk.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) smoke marijuana or hashish (pot, grass) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) take tranquillisers or sedatives (without a doctor's prescription) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) take ecstasy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

**The next questions ask about your parents. If mostly foster parents raised you, stepparents, 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.**

**40. 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

**41. 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

**42. How well off is your family compared to other families in your country?**

- 1 ☐ Very much better off
- 2 ☐ Much better off
- 3 ☐ Better off
- 4 ☐ About the same
- 5 ☐ Less well off
- 6 ☐ Much less well off
- 7 ☐ Very much less well off

**43. 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)

**44. How satisfied are you usually with.....**

	Very satisfied	Satisfied	Neither satis- fied or not satisfied	Not so satisfied	Not at all satisfied
a) your relationship to your mother? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) your relationship to your father? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) your relationship to your friends? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

**45. Do your parents know where you spend Saturday nights?**

- 1 ☐ Know always  
 2 ☐ Know quite often  
 3 ☐ Know sometimes  
 4 ☐ Usually don't know

**46. If you have 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

**47. If you have 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

**The next section includes questions about your parents' thoughts about alcohol and drug use.**

**A1. If you wanted to smoke (or already do), do you think your father and mother would allow you to do so?**

Mark one box for each line.

	Would allow (allows me) to smoke	Would not (does not) allow smoking at home	Would not (does not) allow smoking at all	Don't know
a) Father .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Mother .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

**A2. What do you think your mother's reaction would be if you do the following things?**

Mark one box for each line.

	She would not allow it	She would dis- courage it	She would not mind	She would approve of it	Don't know
a) Get drunk .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Use marijuana/hashish .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Use ecstasy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

**A3. What do you think your father's reaction would be if you do the following things?**

Mark one box for each line.

	He would not allow it	He would dis- courage it	He would not mind	He would approve of it	Don't know
a) Get drunk .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Use marijuana/hashish .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Use ecstasy .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

**A4. How satisfied are you usually with .....**

Mark one box for each line.

	Very satisfied	Satisfied	Neither satisfied or not satisfied	Not so satisfied	Not at all satisfied
a) the financial situation of your family? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) your health? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) yourself? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

**A5. How often do the following statements apply to you?**

Mark one box for each line.

	Almost always	Often	Some- times	Seldom	Almost never
a) My parents set definite rules about what I can do at home .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) My parents set definite rules about what I can do outside the home .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) My parents know whom I am with in the evenings .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) My parents know where I am in the evenings .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I can easily get warmth and caring from my mother and/or father .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I can easily get emotional support from my mother and/or father .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I can easily borrow money from my mother and/or father .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) I can easily get money as a gift from my mother and/or father .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) I can easily get warmth and caring from my best friend .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) I can easily get emotional support from my best friend .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

**A6/ B1. How much money do you usually spend a week for your personal needs without your parents' control?**

..... National currency

The following questions are about yourself and things you might do.

**B2. What house work do you usually do at home?**

- ☐ I do shopping  
☐ I take care of younger sisters/brothers  
☐ I take care of pets  
☐ I cook  
☐ I clean the house/apartment  
☐ I do laundry  
☐ I wash dishes  
☐ I work on the household plot of land (garden)  
☐ I take care of farm animals  
☐ I care about elder family members  
☐ I take out the trash  
☐ I don't usually do any house work

**B3. 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

**B4. How good do you think you are at schoolwork, 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

**The following section is about what you think of yourself.**

**C1. Below is a list of statements dealing with your general feelings about yourself.**

Mark one box for each line to indicate if you agree or disagree.

	Strongly agree	Agree	Disagree	Strongly disagree
a) On the whole, I am satisfied with myself .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) At times I think I am no good at all .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I feel that I have a number of good qualities .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I am able to do things as well as most other people.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I feel I do not have much to be proud of.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I certainly feel useless at times .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I feel that I'm a person of worth, at least on an equal plane with others .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) I wish I could have more respect for myself.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) All in all, I am inclined to feel that I am a failure.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) I take a positive attitude toward myself .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

**C2. During the LAST 7 DAYS, how often .....**

Mark one box for each line.

	Rarely or never	Some- times	Several times	Most of the times
a) have you lost your appetite, you did not want to eat .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) have you had difficulty in concentrating on what you want to do .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) have you felt depressed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) have you felt that you had to put great effort and pressure to do the things you had to do .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) have you felt sad.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) couldn't you do your work (at home, at work, at school).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4



**C3. How much do you agree or disagree with the following statements?**

Mark one box for each line.

	Totally agree	Rather agree	Don't know	Rather disagree	Totally disagree
a) You can break most rules if they don't seem to apply .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I follow whatever rules I want to follow .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) In fact there are very few rules absolute in life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) It is difficult to trust anything, because everything changes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) In fact nobody knows what is expected of him/her in life .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) You can never be certain of anything in life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

**The following questions concern behaviours, which may be against some social rules or the law. We hope that you will answer all the questions. Nevertheless, if you come across a question, which you cannot answer honestly, we prefer that you leave it unanswered. Remember that your answers are anonymous.**

**C4. During the LAST 12 MONTHS, how often have you .....**

Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) hit one of your teachers .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) gotten mixed into a fight at school or at work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) taken part in a fight where a group of your friends were against another group .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) hurt somebody badly enough to need bandages or a doctor .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) used any kind of weapon to get something from a person .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) taken something not belonging to you, worth over (the equivalent of) \$ 10.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) taken something from a shop without paying for it .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) set fire to somebody else's property on purpose .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) damaged school property on purpose .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) gotten into trouble with the police for something you did.....	<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

**C5. Has any of the following ever happened to you?**

Mark one box for each line.

	Not at all	Once	Twice	3-4 times	5 or more times
a) Run away from home for more than one day .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Thought of harming yourself.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Attempted suicide .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

**The following questions concern behaviours, which may be against some social rules or the law. We hope that you will answer all the questions. Nevertheless, if you come across a question, which you cannot answer honestly, we prefer that you leave it unanswered. Remember that your answers are anonymous.**

**D1. During the LAST 12 MONTHS, how often have you .....**

Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) participated in a group teasing an individual ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) participated in a group bruising an individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) participated in a group starting a fight with another group.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) started a fight with another individual .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) stolen something worth (give a rounded sum approx equivalent to 2-3 movie theatre tickets) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) broken into a place to steal .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) damaged public or private property on purpose .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) sold stolen goods .....	<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

**D2. During the LAST 12 MONTHS, how often have you .....**

Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) been individually teased by a whole group of people .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) been bruised by a whole group of people .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) been in a group that was attacked by another group .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) had someone start a fight with you individually.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) had something worth (give a rounded sum approx equivalent to 2-3 movie theatre tickets) stolen from you .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) had someone break into your home to steal something .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) had someone damage your belongings on purpose .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) bought stolen goods.....	<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 last section of the questionnaire includes some questions about alcohol and moist snuff.**

**O1. Now think back over the LAST 30 DAYS. On how many occasions (if any) have you had any *home made* or *smuggled* 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 spirits .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Smuggled beer .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Smuggled wine .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Smuggled spirits .....	<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

**O2. On how many occasions (if any) have you used moist snuff?**

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

**O3. How much moist snuff have you used during the LAST 30 DAYS?**

- 1 ☐ None at all
- 2 ☐ Less than 1 box per week
- 3 ☐ 1 box per week
- 4 ☐ 2 boxes per week
- 5 ☐ 3 boxes per week
- 6 ☐ 4 or more boxes per week