ESPAD 03 – HUNGARY

Country Report II.

by

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Section I: Methodological results

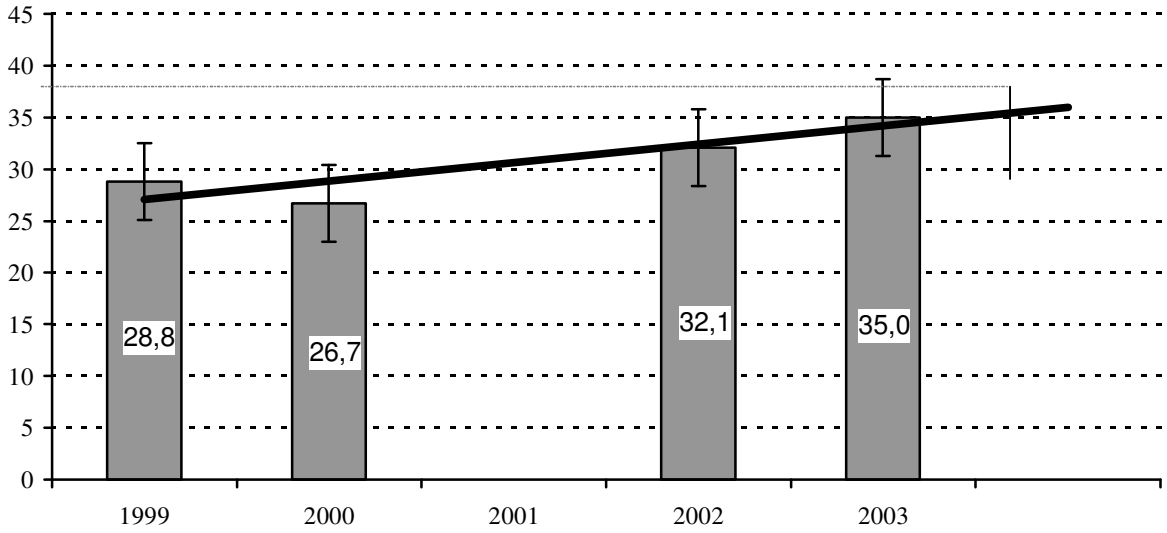
A. Evidence of reliability

A1. Test-retest results (for example comparisons with other studies the same year)

In 2003 there were no other surveys conducted in Hungary that could be compared with ESPAD research.

Between the two ESPAD surveys, however, data was collected in Budapest both in 2000 and 2002 on samples and with methods comparable with ESPAD. The tendencies shown by the prevalence estimates made each year indicate that the ESPAD surveys are reliable. Between the two ESPAD surveys, the line of trend set upon the total prevalence value measured in the 1999 and 2003 ESPAD surveys is within the error margins of the values measured in each of these years. (In Budapest, the total lifetime prevalence value of illicit drugs and inhalants among 10th-grade high school students has risen by nearly 20% over the course of four years compared to the value measured in 1999, and considering this as 100%. The yearly surveys reveal that this increase took place relatively gradually, as the consumption rate grew by a yearly average of 1.575 percentage points.)

The total prevalence value of illicit drugs and inhalants in Budapest between 1999 and 2003, with the margins of error and linear trends indicated (among 10th-grade high school students)



Previous data from: Elekes, Paksi, 2000b; Paksi 2002.

A2. Reliability within a single administration (table 2)

The reliability rate measured by the simple consistency rate between the answers given to questions about lifetime prevalence and first consumption (consumed or did not consume according the both questions) was between 94.9% and 99.7% for the surveyed drugs.

For the questions about smoking, 96.1% of the informants gave reliable (consistent "consumed/did not consume") answers. This rate is practically identical to that given by the 1999 ESPAD survey, and it is much more favourable to that of the 1995 survey.

The rate of inconsistency measured for intoxication in the case of alcohol consumption is 3.8%, so 96.2% of the answers can be considered reliable. Compared to previous survey, this indicators does not show an improving or worsening trend. (The level of inconsistency measured in 1995 is worse by 0.2% than the current one, while the one measured in 1999 was better by 0.4%.)

For other drugs, when all answers were considered, the highest rate of contradicting answers was observed for tranquillisers/sedatives and cannabis products (5.1% and 4.1%, respectively). The rate of inconsistent answers is relatively high (around 2%) for the combinations of alcohol and medical drugs, for inhalants and amphetamines. The rate of inconsistency measured in comparison with all answers is 1% or lower for the other drugs.

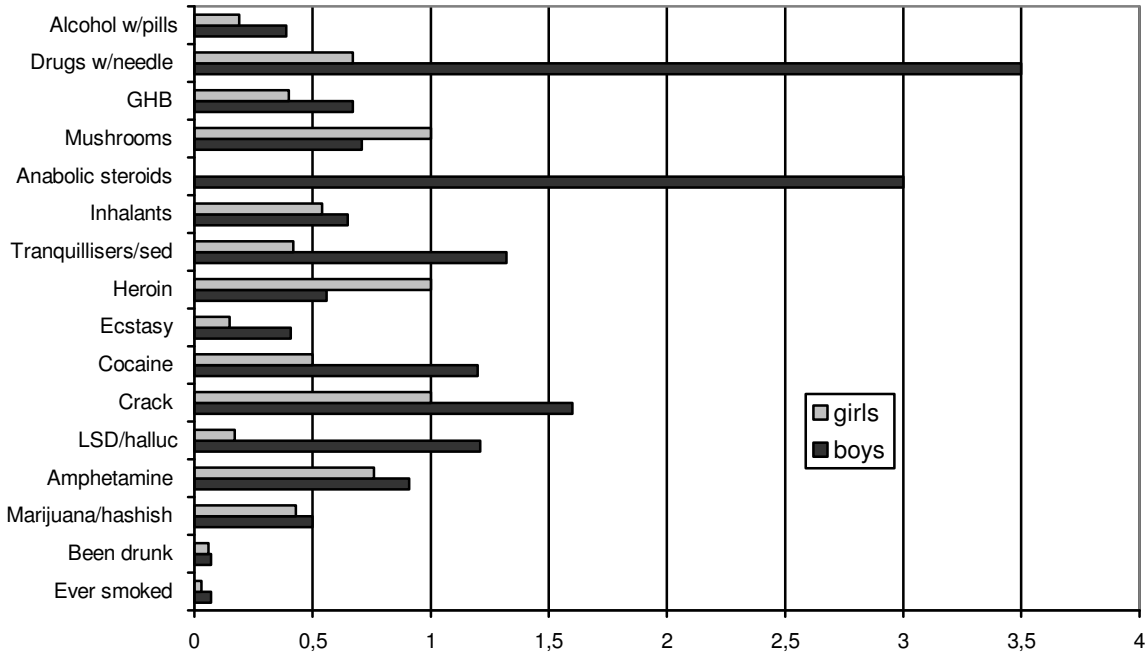
If we do not compare the rate of inconsistent answers to the total number of informants but rather to the consistent consumers (in spite of the fictitious data), the rates vary around 0.5. In spite of the popularity of their consumption, the rate of inconsistency is markedly low for intoxication and smoking, and it is also lower than average for ecstasy and the combinations of alcohol and medical drugs. We can observe relatively high inconsistencies that exceed the rate of consistent users only in the case of a few behaviours that have an extremely low lifetime prevalence, that is, steroids, crack, and intravenous drugs.

The simple inconsistency indicator compared to consistent admissions of consumption

	All students			c/b
	a	b	c	
Ever smoked	26.4	70.0	3.9	0.06
Been drunk	38.5	57.6	3.8	0.07
Marijuana/hashish	84.0	10.9	5.1	0.47
Amphetamine	96.1	2.1	1.8	0.86
LSD/halluc.	97.4	1.6	1.0	0.63
Crack	99.2	0.3	0.5	1.67
Cocaine	99.1	0.5	0.4	0.80
Ecstasy	96.2	3.0	0.8	0.27
Heroin	99.0	0.6	0.4	0.67
Tranquillisers/sed.	89.6	6.3	4.1	0.65
Inhalants	94.7	3.3	2.0	0.61
Anabolic steroids	98.9	0.2	0.9	4.50
Mushrooms	99.2	0.5	0.3	0.60
GHB	99.1	0.6	0.3	0.50
Drugs w/needle	99.3	0.3	0.4	1.33
Alcohol w/pills	87.4	10.0	2.7	0.27

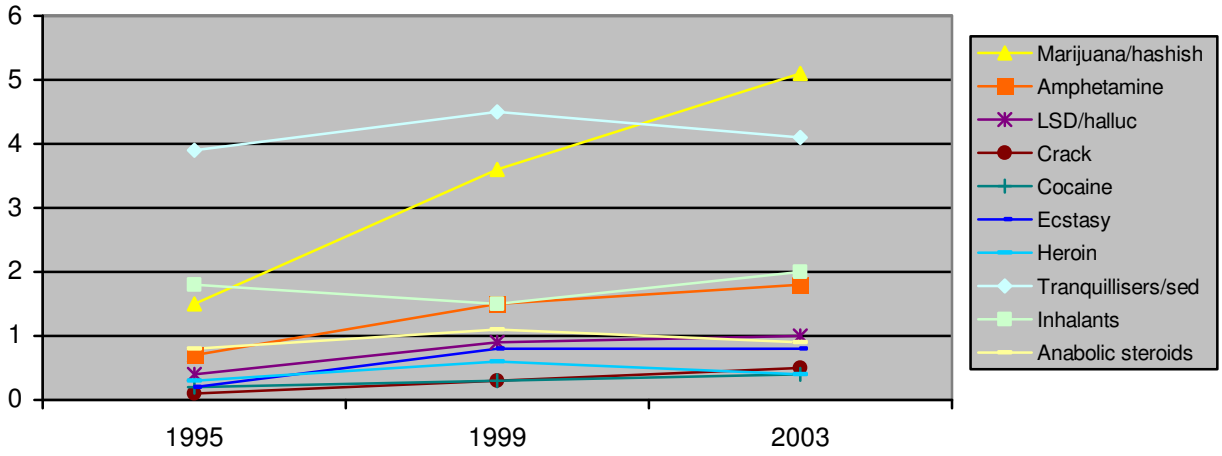
Except for cocaine, GHB and amphetamine, the reliability of answers on lifetime prevalence showed significant differences by gender (for smoking, intoxication, tranquillisers/sedatives, alcohol+medical drug, crack, THC, LSD, steroids $p<0.05$), or tendency-like (for inhalants, heroin, magic mushrooms, XTC, intravenous use $p>0.05$ and $p<0.1$). In general, the rate of both consistent consumers and inconsistent informants is higher among boys, except in the case of tranquillisers/sedatives and the combinations of alcohol and medical drugs. However, the level of inconsistency is high even when compared with consumers among boys.

The simple inconsistency indicator shown in the percentage of consistent consumers by gender



When compared to previous ESPAD surveys we found the most significant change in the case of cannabis as the rate of inconsistent answers within the totality of informants has more than tripled in the years after 1995. Similarly, although to a much smaller extent, the reliability of answers considering amphetamine consumption has also decreased.

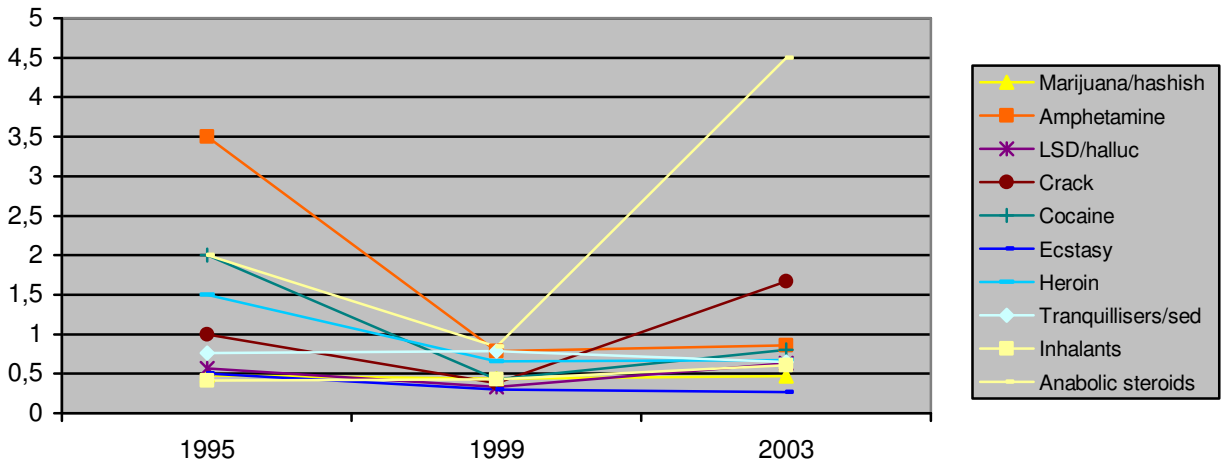
The trends of simple inconsistency in ESPAD surveys between 1995 and 2003 in the percentage of informants



Due to the increase of the lifetime prevalence values, the inconsistency content of the prevalence values of these most popular illicit drugs has not increased. The level of inconsistency compared to consumers remained practically unchanged for THC, and it

definitely improved in the case of amphetamine. Following the 1999 ESPAD survey, the reliability rate compared to consumers decreased significantly only for two low-prevalence drugs, namely, anabolic steroids and, to a smaller degree, crack.

The trends of simple inconsistency in ESPAD surveys between 1995 and 2003 in percentage of consistent consumers



A3. Other comments about the reliability (e.g. if the reliability may differ between subgroups, different kinds of schools, geographically or otherwise)

Besides the above, we also examined the reliability of the data according to the representational criteria like grade, school type, and region.

The reliability of lifetime prevalence, as shown by the simple reliability indicator, significantly differs by school type in all of the examined behaviours of the consumers.

The inconsistency rates of smoking and alcohol consumption are many times higher among primary school students than the average of the population. The high rate of inconsistency measured among informants in this school type is coupled by relatively low consumption frequencies, which, when compared to other school types, results in an especially high level of inconsistency concerning the admission of lifetime prevalence in primary schools. The inconsistency rate of answers given by training-school students is also above the average, but the high inconsistency values come with high consumption rates here.

For other drugs we usually have to eliminate training-school informants again, whose answers about lifetime prevalence are most often contradictory. As previous ESPAD surveys also show, in schools that give a secondary diploma we routinely find more consistent answers on drug consumption.

The rate of inconsistent answers in various school types (in percentage of informants)

	ELEMENTARY SCHOOL	TRAINING SCHOOL	GRAMMAR SCHOOL	SPECIALISED SECONDARY SCHOOL	p
Ever smoked	6.7	5.3	3.0	3.4	<0.0001
Been drunk	9.6	4.8	2.4	3.9	<0.0001
Marijuana/hashish	5.0	8.4	4.1	4.2	<0.0001
Amphetamine	2.9	3.6	1	1.4	<0.0001
LSD/halluc.	0.7	2	0.8	0.8	0.001
Crack	0.7	1.4	0.1	0.3	0.002
Cocaine	0.7	1.1	0.2	0.3	0.024
Ecstasy	0.7	2.1	0.3	0.6	<0.0001
Heroin	1.4	0.7	0.2	0.3	0.015
Tranquillisers/sed.	6.4	5.0	3.9	3.5	0.009
Inhalants	0.7	2.3	1.4	2.4	0.008
Anabolic steroids	0.7	2.7	0.1	0.6	<0.0001
Mushrooms	0.7	1.1	0.1	0.2	0.004
GHB	0	1.2	0	0.2	<0.0001
Drugs w/needle	0.7	1.1	0.2	0.3	0.142
Alcohol w/pills	2.2	4.5	1.8	2.5	0.004

For the majority of the drugs, as previous ESPAD surveys also showed, there were no significant regional differences in the simple reliability rate when considering the totality of informants. For a few drugs, however, like marijuana/hashish, LSD, amphetamine, ecstasy, tranquillisers/sedatives (due to the higher percentage of consistent consumers in the capital and in spite of the identical indicators calculated for the informants) the inconsistency rate compared to the consumers is more favourable.

Usually there were no significant differences in the simple reliability rate by grade either. A few drugs like GHB, marijuana/hashish, heroin, alcohol produced differences, but no clear trends are evident.

In sum, we can establish in connection with the reliability of lifetime prevalence data that they reveal significant patterns according to gender and school type. At the same time, we did not observe either significant, or tendency-like differences when considering other characteristics of the informants, like region or grade. We can also conclude that the reliability of the admissions of consumption of a drug type is relatively stable, especially if we take the changes in the prevalence values into consideration, so the changes in the reliability of data do not render the diachronic comparison of data impossible.

B. Evidence of validity

B1 Missing data rates on drugs and other questions (table 3)

For relatively neutral background variables like parents' level of schooling, family composition, or grade average no answers were given by 1.3-3.7% of all informants, or they gave invalid answers.

The rate of missing answers to drug-related questions cannot be considered high even when compared with questions that were not related to drugs. It especially holds true for lifetime prevalence questions in general. For lifetime prevalence values the compound percentage of missing or invalid answers is usually around 1%, with the only exception of questions about alcohol consumption where the value is nearly three times higher. The rate of missing answers is usually higher for questions about yearly and monthly prevalence, while in general these still do not stand out among the values received for questions not related to drugs.

Girls in general gave answers in higher numbers to both drug-related and social-demographic background questions.

Although no significant changes could be observed from previous ESPAD surveys in the rates of missing answers, it is still positive that there was some improvement for the most prevalent drug, marijuana/hashish (the rate of unanswered questions decreased from 0.7% to 0.3% in the last four years).

B2 Average number of unanswered questions (table 4)

Out of the 237 questions in the questionnaire, the informants left, on the average, 1.7%, or 4 (4.06) questions unanswered, or gave invalid answers to them. This number is shared between the “core” and “module” questions in a way that on the average 3.2 “core”, and 0.86 “module” questions were left unanswered. The rate of the unanswered questions within the core questions is still less than half (1.5%) of the rate observed for module questions (3.3%), which is most likely connected to the position of core and module questions within the questionnaire, and the fact that module questions are found at the end of the questionnaire. The rate of unanswered questions is significantly lower for girls ($p<0.0001$).

When compared to the 1999 ESPAD survey, we can see an increase in the rate of answered questions both for core, and module questions. This is probably due to the fact that the length of the questionnaire was reduced because of the inclusion of Grade 8 in the survey, and this,

as described above, resulted in the low percentage of unfinished questionnaires in this survey for the totality of the informants.

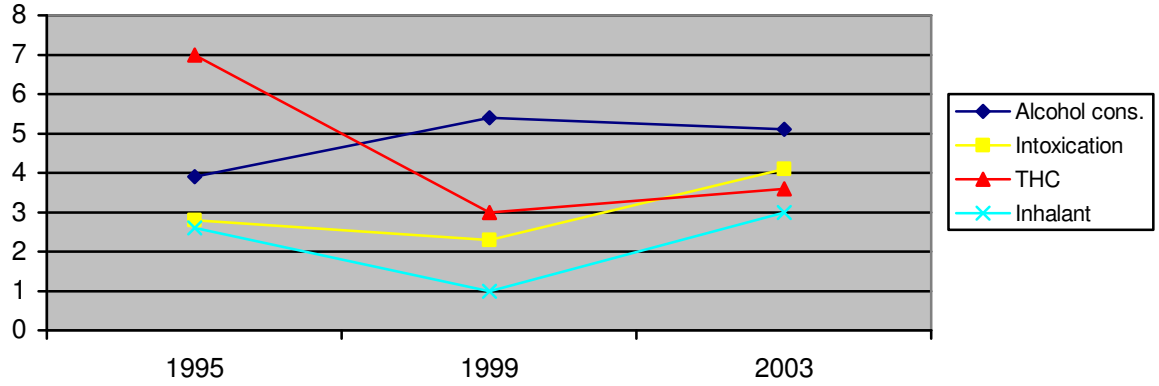
B3 Inconsistency rates (table 5)

For questions about the prevalence values of alcohol consumption at various times 4.4% of the informants gave inconsistent answers, while the inconsistency calculated for consumers was 5.1%. None of these cases reveal a significant gender-related pattern. In the prevalence values related to intoxication, the inconsistency is markedly lower, for the totality of informants it is 2.4%, while for consumers it is 4.1%. In this case, the answers given by boys are significantly more contradictory than those given by girls (p=0.01 and 0.024 respectively).

The inconsistency rates for other drugs (marijuana/hashish and inhalants) are a mere fraction of the values obtained for alcohol consumption in the totality of informants. This is, however, primarily due to the much lower prevalence values. Values calculated for consumers are much higher. For marijuana, 0.6% of all informants, while for inhalants 0.1% gave inconsistent answers. Within the group of consumers the values are 3.6% for marijuana, and 3% for inhalants. The answers to questions about marijuana consumption are significantly more consistent when given by boys, whereas to questions about the use of inhalants girls gave significantly more consistent answers.

When making a comparison with previous surveys, we could not find any obvious time-related tendencies. The inconsistency rates of admission of a given behaviour are currently similar to the values measured in the mid-90s, with the exception of marijuana/hashish, where, not regarding the last 4 years, there were very significant and lasting improvements.

Inconsistency in answers given to questions about prevalence at various times in the percentage of consumers



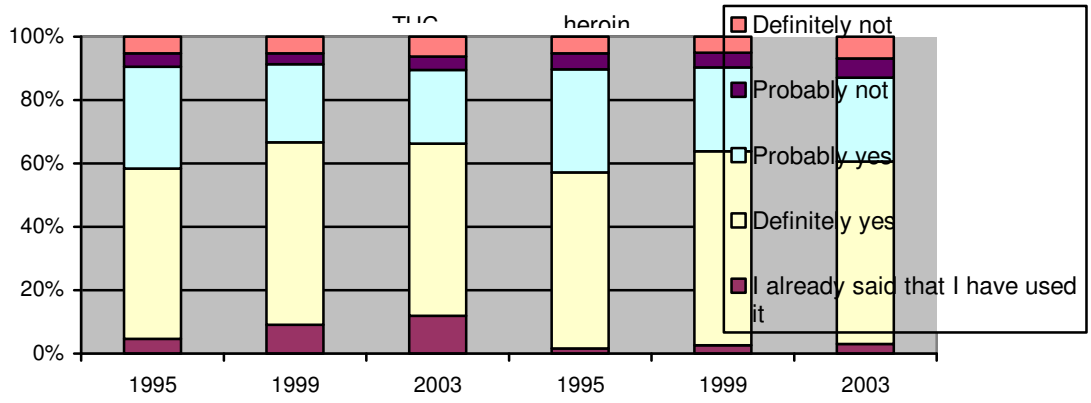
B4 Willingness to admit using drugs (table 6)

The distribution for answers received for direct questions about the willingness to admit the usage of two drugs (marijuana and heroin) was satisfactory as for both drugs the overwhelming majority of informants was positive about answering the questions, and they believe that had they consume these drugs, they would be likely to admit use. The percentage of negative answers ("probably not" and "definitely not") was 10.5% for products, and 13% heroin.

Significant differences by gender were found in the answers ($p<0.0001$ in both cases). The percentage of refusing, not honest answers was higher for both questions among boys.

In spite of the frequent modifications of drug-related legislation in Hungary, and contrary to the expected effects of this, the willingness in young people to admit the consumption of the two surveyed drugs did not change too much. The percentage of answers indicating a willingness to admit use was repeatedly around 60% in the last 8 years.

Willingness to admit the consumption of THC and heroin in 1995, 1999, and 2003



B5 Proportion reporting lifetime use of Relevin (a dummy drug) (tables 7, 9, 11)

For the non-existent, dummy drug in the questionnaire 0.3% of the informants (8 persons) indicated some degree of consumption. This value was 0.1 among girls, and 0.5% among boys (the difference is not significant). Based on the consumption data of the dummy drug, we can consider 99.7% of the answers about drug consumption as valid.

As compared to previous data, between 1995 and 1999 the rate of admission of the use of the dummy drug has slightly increased, but there were no changes in the last four years.

B6 Data collection leaders judgement about the validity (See Classroom reports) (tables C - G in Report I)

Interviewers did not observe any disruptions in nearly 75% of the classes, and in another 20% only a few children made difficulties. Disruption caused by more than half of the student was observed only in one classroom in about 50. There was not one class where the majority of the students engaged in some activity to disrupt data collection. The incidences were mainly giggling and laughing (73.1%), occasionally whispering (19.2%).

In 96.6% of the classes students were interested in completing the questionnaires, and in 98% students took their task seriously. Interviewers indicated problems with understanding the questions only in 6 classes (1.4%).

The time needed for the completion of the questionnaire varied between 30 and 105 minutes, on the average it was 47.55 minutes. In 63% of the participating classes data collection was successfully performed within the duration of a lesson (45 minutes). All in all, 99.8% of the informants managed to answer at least 3/4 of the questions when filling in the questionnaires.

B7 Construct validity, i.e. possible comparisons between criterion groups (i.e. comparison of drug use rates between schools predicted in advance to have higher or lower drug use)

According to the 1999 ESPAD survey, and other research (HBSC 2002), there were significant differences in the total rate of drug consumption in schools in the countryside as opposed to those in the capital, among different types of school and grades. Thus, in this survey, we also expected a lower penetration level of drugs in schools in the countryside, schools that give a secondary diploma (grammar school and specialised secondary school), and in lower grades, as opposed to schools in the capital, training schools, and higher grades. As expected, all three dimensions showed significant differences in the total lifetime prevalence value of illicit drugs.

TYPE OF SECONDARY SCHOOL($p<0.0001$)		
Training school	Grammar school	Spec. sec. school
23.1	14.1	15.2
LOCATION OF SCHOOL ($p<0.0001$)		
Budapest	countryside	
22.4	14.9	

GRADE (p=0.002)		
8. grade	9. grade	10. grade
11.9	15.2	19.4

B8.-B9 Other comments (e.g. if the validity may differ between subgroups, different kinds of schools, geographically or otherwise)

Examining the various indicators of validity according to location or school type, the following can be found:

- The rates of missing answers are not significantly different in the various school types for most of the drug-related questions and examined social-demographic variables. Significant ($p<0.05$) differences were found only in questions related to grade average, the mother's highest level of schooling, smoking and alcohol consumption, and the use of marijuana/hashish. A few other questions revealed tendency-like ($p<0.1$ and $p>0.5$) differences (LSD, GHB, steroids, magic mushroom, alcohol with pills). At these questions higher-than-average rates of missing answers were observed among primary-school students, and, to a smaller degree, among training-school students, which hints at the lack of comprehension and time as the most probable reason for the missing answers. Although significant differences in the rates of missing answers are less characteristic by grade, differences that occur in an occasional question also corroborate the above. In questions related to the short-time prevalence of alcohol consumption, smoking, and marijuana/hashish use, the rate of missing answers was significantly higher in Grade 8.

We could not find any significant, or tendency-like difference in the rate of missing answers when comparing the countryside with Budapest.

- In line with the above, there were significant differences in the rate of unanswered questions and unfinished questionnaires between school types and grades. In higher grades, and in school types that give a secondary diploma, the rate of unanswered (or incomprehensibly answered) questions is significantly lower, similarly to the rate of unfinished questionnaires, which is possibly due to a better understanding of the questionnaire.
- The inconsistency indicators calculated from the answers given to questions about prevalence at various times also significantly differ by school type ($p<0.05$ in all cases).

Among training-school students, and, to a smaller degree, among primary-school students this indicator is high above the average.

Similarly to the simple reliability indicator, the rate of inconsistency between the prevalence values of various periods does not reveal significant differences either, neither regionally, nor by grade.

- The school-type distribution of answers given to direct questions related to the validity of consumption data, similarly to other indicators, also shows significant ($p<0.0001$) differences. The percentage of negative answers ("definitely not" + "probably not") is 1.5-2 times higher in primary schools and training schools than in school types that give a secondary diploma.

  Significant differences were only observed by region for marijuana/hashish, while for grade there were significant differences for both. The validity indicators of students in Budapest, and students in higher grades are better.
- The rate of admission of the consumption of the dummy drug does not differ significantly neither by school type, nor by grade, or region.

In sum, we can establish on the basis of the examination of validity indicators by school type, grade, and region that in school types that give a secondary diploma (grammar school and specialised training school), and in higher grades these are better, while there were usually no significant, nor tendency-like differences between the validity of data in Budapest as opposed to data gathered in the countryside.

C. Problems and solutions

C1 Describe specific methodological problems and how they were solved

There were no special methodological problems connected to the usefulness of data.

D. Conclusions (D1-D3)

According to the quantitative analyses made by the ESPAD standards, the methodological parameters of the Hungarian database are as follows:

- The rate of reliability measured by the simple rate of consistency was between 94.9% and 99.7% for the totality of all informants.
- According to the lifetime, yearly, and monthly prevalence values, we received consistent answers from 95.6-99.9% of the informants (94.9-97% of the consumers).
- The total percentage of missing or worthless answers given for the drug-related questions cannot be considered high when compared to the questions not related to drugs. This especially holds true for lifetime prevalence questions in general, where the value is much lower, usually around 1%.
- Of the 237 questions in the questionnaire, the informants left, on the average, 1.7%, that is, 4 questions unanswered, or gave invalid answers to, which means that of the 237 questions, on average, 233 was validly answered.
- Nine informants out of ten believe that they would admit use if they consumed marijuana/hashish or opiates.
- For the so-called dummy drug 0.3% of the informants reported some degree of consumption. Based on the consumption data of the dummy drug, we can consider 99.7% of the answers about drug consumption as valid.
- Interviewers recorded a disruption serious enough to possibly interfere with the validity of the answers only in one class out of 50.
- The length of the questionnaire was matching the capacity of the students quite well, the average time needed for completion was longer than one lesson only by 2.5 minutes, and 99.8% of the students managed to fill in more than three-fourths of the questionnaire.

The above reliability and validity indicators reveal significant differences in certain subgroups. Marked differences were mainly observed between school types and genders, yet we did not find any single group in which the value of the above indicators would have posed problems in further national analyses.

Comparing with the results of previous ESPAD surveys carried out in 1995 and 1999 we can conclude that the methodological parameters of the Hungarian data collection performed according to the ESPAD standards show a relatively big stability, so there are no methodological concerns about making diachronic comparisons.

The survey was performed on a nationally representative sample. When selecting the sample, we used random sampling with stratification according to school type and grade, while regional proportionality was achieved by subsequent weighting of the data.

On the class level, we obtained a 98.1% successful sample realisation by substitutions conforming to the sample criteria. The loss of sample on the individual level was 18.6%, mainly due to sicknesses. During the interviewing process only 2 instances of open refusal occurred, and 99.4% of the returned questionnaires was useful. The loss of groups and individuals was compensated for by subsequent weighting of the data, so the distribution of the sample by the representational criteria is identical to the distribution of the target population, thus the results can be extrapolated for target population.

The whole process of the survey was performed according to ESPAD standards. The methodological characteristics of the sample and the database can be considered adequate both in an international context (by ESPAD 1999), and in the context of previous ESPAD surveys in Hungary. No factor is found that would decrease the reliability of comparative or trend analyses, or could pose a special problem during analysis.

Section II: Substantive results

A. Frequency of self-reported drug use (tables 7 to 14)

Tobacco

In 2003, 71.9% of the interviewed 16-year-olds have smoked at least once in their lives. Although some of the young people only occasionally smoked, nearly one-third of them (31.3%) smoked on 40 or more occasions some time in their lives. The lifetime prevalence value is almost identical for boys and girls. The percentage of those who have ever smoked is somewhat lower, 71.1%, among girls, while among boys it is somewhat higher, 72.7%.

Comparing our data with the results obtained in 1999, the lifetime prevalence value of smoking increased by 0.2% for all informants. The increase was slightly higher for girls than boys. In sum, the lifetime prevalence value of smoking was slightly increasing for both genders during the ESPAD surveys.

Alcohol

92.6% of the interviewed 16-year-olds have drunk alcohol at least once in their lives. Although the lifetime prevalence values are similar for both genders (93% of girls and 92.2% of boys have already drunk alcohol), girls are characterised by less frequent consumption. 46.5% of girls and 13.9% of boys (20.6% of the total sample) had a drink less than 10 times. 26.7% of boys and 13.9% of girls (20.6% of the total sample) had a drink more than 40 times.

60.6% of the interviewed young people were drunk at least once in their lives. Intoxication is more frequent among boys, nearly two-thirds of them (64.4%) were drunk at least once in their lives, but even among girls more than half (56.1%) of those asked have been intoxicated at least one time. Frequent intoxication is more characteristic of boys than girls. 32.5% of boys, while only 16.1% of girls were intoxicated on more than six occasions in their lives (24.6% of the total sample).

In the 1999 ESPAD survey we concluded that the lifetime prevalence of alcohol consumption and intoxication has barely changed since 1995. In 2003 we have found a definite increase for both lifetime prevalence values and both genders.

Major indicators in 1999 and 2003:

	1995	1999	2003
Never had a drink	9.3	9.2	7.4
Had a drink less than 10 times	48.8	48.7	40.7
Had a drink 40 or more times	14.9	13.0	20.6
Has been intoxicated	51.0	51.5	60.6

Other drug use

16.2% of the informants have already tried some kind of illicit drugs, the majority of them 3 to 5 times, but 6.4% of them did it on even more occasions. The lifetime prevalence of illicit drugs is somewhat higher for boys (18.4%), while for girls it is only 13.8%. We can observe similar differences in the case of more frequent consumption as well: 5.2% of girls and 7.4% of boys have taken an illicit drug on 6 or more occasions sometime in their lives.

A much lower prevalence value can be measured for the consumption of illicit drugs other than marijuana. 5.0% of all informants consumed some other illicit drug, this rate is 5.2% for boys, and 4.9% for girls. In the case of illicit drugs other than marijuana consumption on 3 to 5 occasions, trial or occasional use is the most frequent form of consumption.

Conforming to the above, marijuana consumption among 16-year-olds in Hungary is the single most prevalent form of drug use, 15.8% of all informants have tried it at least one time. The lifetime prevalence value is much higher for boys than for girls: 18.1% and 13.2% respectively. Frequency data for both genders indicate, however, that consumption is limited to a few occasions.

The second most prevalent behaviour among 16-year-olds in Hungary is the joint consumption of alcohol and medical drugs: 10.5% of the total sample have tried it sometime in their lives (8.1% of boys and 13.1% of girls). Tranquillisers or sedatives without medical advice were used by 9.8% of the informants. It is worth noting that this is the most prevalent other drug for girls: 13.4% them have tried at least once (6.5% of boys, and 9.8% of the total sample have done so).

The joint consumption of alcohol and marijuana was reported by 7.2% of the informants. This type of consumption is more popular with boys (8.2%), while the value is 6.2% for girls (7.2% of the total sample).

Besides the above, Hungarian youth also like the use of inhalants (5%), ecstasy (3.1%), amphetamines (3.1%) and LSD, or other hallucinogens (2.1%). The consumption of all other drugs has a prevalence value below 1%.

The lifetime prevalence values of other drugs in 1995, 1999, and 2003 among 16-year-old high school students in Hungary:

	1995	**1999**	**2003**
Illicit drug consumption	4.8	12.5	16.2
Illicit drug consumption without marijuana and hashish	1.4	5.5	5.0
Injected drug	0.3	0.7	0.5
Marijuana or hashish	4.5	11.5	15.8
Amphetamine	0.4	2.3	3.1
LSD or other hallucinogen	0.9	3.3	2.1
Crack	0.1	0.8	0.8
Cocaine	0.2	0.8	0.8
Ecstasy	0.4	3.0	3.4
Heroin	0.4	..	0.8
Heroin (inhaled)	..	1.2	
Heroin (other methods)	..	0.8	
Tranquillisers, sedatives	8.3	9.7	9.8
Inhalants	5.8	4.5	5.0
Anabolic steroids	1.1	2.2	0.5
Alcohol with pills	10.0	7.7	10.5
Alcohol and marijuana	..	5.6	7.2
Magic mushroom	..	0.5	0.5
GHB	..	..	0.8

The lifetime prevalence value of the consumption of other drugs was 30% higher in 2003 than in 1999, and 3.4 times higher than in 1995. The pace of growth thus slowed down somewhat in the last four years, but it was still considerable. In 1999 we found that the consumption of almost all other drugs has increased. In 2003 we find that the increase is primarily, or almost solely due to the growth of marijuana consumption. Compared with 1999, there is a slight increase in the consumption of amphetamines, ecstasy, inhalants, and the joint consumption of alcohol and medical drugs. The lifetime prevalence of other drugs has either slightly decreased, or remained unchanged.

We first included 16-year-olds studying in the last grade of primary school in 2003. Because of this we think it is necessary to show the main prevalence values of the already surveyed Grades 9 and 10, and Grade 8 of the primary school separately:

	Grade 8	**Grade 9 and 10**	**Total**
Tobacco			
Cigarettes (ESP06)	69.1	72.1	71.9
Alcohol			
Any alcoholic beverage (ESP08)	84.6	93.1	92.6
Been drunk (ESP19)	50.7	61.2	60.6
Other drug use			
Any illicit drug use	11.9	16.5	16.2
Any illicit drug use other than marijuana or hashish	4.0	5.1	5.0
Any drug by injection (ESP28k)	0.7	0.5	0.5
Marijuana or hashish (ESP24a)	9.9	16.1	15.7
Amphetamines (ESP28b)	2.0	3.0	3.0
LSD or other hallucinogens (ESP28c)	1.3	2.1	2.0
Crack (ESP28d)	0.7	0.8	0.8
Cocaine (ESP28e)	1.3	0.7	0.7
Ecstasy (ESP28h)	1.3	3.6	3.4
Heroin (ESP28g)	2.0	0.7	0.8
Relevin (ESP28f)	0.7	0.2	0.3
Tranquillisers or sedatives (ESP28a)	11.8	9.7	9.8
Magic mushroom (ESP28i)	1.3	0.5	0.5
GHB (ESP 28j)	0.7	0.8	0.8
Inhalants (ESP25a)	5.2	4.9	4.9
Anabolic steroids (ESP28n)	0.7	0.5	0.5
Alcohol together with pills (ESP28l)	6.7	10.7	10.5
Alcohol and marijuana/hashish at the same time (ESP28m)	0.0	7.5	7.1

The data indicate that the prevalence values of the 16-year-olds, who usually attend primary school on Grade 8, are lower for most of the surveyed drugs than the prevalence values of 16-year-olds attending a high school on Grade 9 or 10. At the same time, the small percentage of 8-graders within the sample has only a limited effect on the sample of 16-year-olds as a whole.

In sum, the lifetime experience of other drugs has significantly increased among the Hungarian youth both compared to data from 1995, and also 1999. The increase, however, is

primarily due to the further spread of marijuana consumption after 1999. We find it noteworthy that young people in Hungary still mostly use the "traditional" legal drugs like tranquillisers/sedatives and alcohol with pills beside the use of marijuana.

Medically supervised use

6.6% of the interviewed youth took tranquillisers/sedatives under medical supervision, 4.8% for less than 3 weeks, while 1.8% for longer periods. The consumption of tranquillisers/sedatives is much more widespread among girls (8.4%, while the value is 5% for boys), and the percentage of those who took tranquillisers under medical supervision for more than 3 weeks is twice higher among girls (girls 2.6%, boys 1.1%).

Although the use of tranquillisers/sedatives under medical supervision is still one of the most popular form of consumption in Hungary, there was a definite decrease compared to 1999, when the lifetime prevalence value was 9.4%. The decrease can also be compared to 1995 when the percentage of those who took tranquillisers under medical supervision was 7.6%.

Abstinence

The percentage of those who have never consumed any drug was 5.7% in the whole sample. The abstinence rate without the use of inhalants was identical to this, and the abstinence rate of the use of cigarette, alcohol and illicit drugs, and cigarette and alcohol is higher by a mere 0.1%. This means that all those who try the other drugs come from the cigarette and alcohol consumers. The rate of abstinence is only slightly higher for girls than for boys. The rates of abstinence are quite stable, and do not change significantly compared to either 1995, or 1999.

B. Frequency of self-reported drug use in last 12 months (tables 15 to 18)

Tobacco

There is no question about yearly consumption.

Alcohol

84.1% of the interviewed youth consumed alcohol at least once in the previous 12 months. Consumption figures are similar for boys and girls: 84.2% and 84% respectively. More frequent consumption, on 10 or more occasions, is characteristic of boys: 32.1% of them had drink with this frequency. The corresponding rate for girls is 21.9%, and in the whole sample it is 27.3%.

Nearly half of the informants, 46.5%, was intoxicated at least once in the 12 months before the survey. The difference between boys and girls is significant, 51.1% of boys and 41.5% of girls reported intoxication during the previous year. For girls, intoxication on 1 or 2 occasions is more characteristic, and only 4.7% them reported 6 or more occasions, while 19.6% of boys said that they were intoxicated at least six times during a 12 months' period before the survey (14.6% of the total sample).

Other drug use

11.2% of the informants used marijuana at least once during the previous year, and 2.4% them used inhalants. In the case of marijuana, similarly to the lifetime prevalence value, there is a definite increase from 1999 (in 1999 the last year prevalence was 8.3%), while the last year prevalence of inhalant abuse was similar in 1999 (2.2%). Both drugs are consumed more frequently by boys: the yearly prevalence of marijuana is 13.1%, that of inhalant use is 2.8%. The corresponding rates for girls are 9.1% and 2.0%.

A yearly prevalence value above 1% is observed for alcohol and pills (5.7%), alcohol and marijuana (4.4%), tranquillisers/sedatives (5.3%), ecstasy (2.1%), and LSD and other hallucinogens (1.2%). For all other drugs the yearly prevalence value is 1%, or in the majority of cases under it is 0.5%.

Abstinence

15.7% of the informants did not consume alcohol, marijuana/hashish, or inhalants in the last year. This means that total abstinence is significantly behind the figures in 1999 for both genders, but especially for boys. The percentage of boys who did not consume alcohol, marijuana/hashish, or inhalants was 20.2% in 1999, while in 2003 it was 15.6%. The corresponding rate for girls is 18.7% in 1999, while in 2003 it is 15.9%. The lowering abstinence rate is caused by the increasing consumption of alcohol and marijuana.

C. Frequency of self-reported drug use in last 30 days (tables 19 to 22)

Tobacco

39.2% of the interviewed youth smoked in the month before the survey. The percentage of those who smoke daily is 28.8%. The percentage of those who smoked in the previous month is similar for girls and boys. While the percentage of those girls who smoked in the previous

month is somewhat higher than that of boys, the percentage of daily smokers is higher among boys (29.6% of boys, while 27.8% of girls smoke daily).

Alcohol

More than half of the informants, 56.2%, had an alcoholic drink during the month before the survey. 43.7% of the informants had a drink maximum five times, while 5.5% of them drank on 10 or more occasions. The prevalence values for the previous month are quite similar for both genders (boys 56.7%, girls 55.6%), higher consumption (10 or more times) occurs among boys twice as frequently as among girls (boys 7.6%, girls 3.3%). At the same time it is worth mentioning that the prevalence of alcohol consumption in the previous month has increased for both genders when compared to 1999, and this increase was much sharper for girl: the percentage of those who consumed alcohol grew by 5.6% among boys, and 14.6% among girls.

In chime with our earlier surveys, the monthly prevalence of spirits consumption is high both among boys and girls (boys 48.3%, girls 49.6%). The second most popular drink with both genders is wine (girls 46.4%, boys 47.7%). Beer has the lowest monthly prevalence, although the prevalence of beer consumption does not lag that much behind other drinks among boys, as it does among girls (44.7% of boys and 24.5% of girls drank beer in the previous month). When the data of frequent (10 or more occasions) consumption is considered, the order of drink types does not differ from the order seen in monthly consumption. Among boys, however, those who frequently consume alcohol prefer beer.

One-fourth of the interviewed youth were intoxicated at least one time in the month before the survey. The differences between genders are significant for this indicator: the previous month's intoxication rate is 29.9% for boys, while it is only 19.6% for girls. Intoxication is greatly surpassed for both genders by the monthly prevalence of bingeing. 37.1% of boy and 23% of girls reported bingeing in the previous month.

Bingeing and intoxication in the previous month in 1995, 1999, and 2003

	1995	1999	2003
Intoxication in the previous month	20.5	21.2	25.0
Bingeing in the previous month	23.1	23.2	30.4

The monthly prevalence value of intoxication and bingeing also shows a definite increase between 2003 and 1999.

Other drug use

Compared to 1999, the monthly prevalence value of marijuana consumption has risen by 50%. The growth was more significant among girls, as the percentage of those who consumed marijuana in the last month has nearly doubled: it has increased from 2.4% to 4.7%. The increase was only 29% for boys, the monthly prevalence value rose from 5.1% to 6.6%. (In the total sample it is 3.8% in 1999, and 5.7% in 2003).

The monthly prevalence of inhalant use is practically unchanged: 1.2% in 1999, and 1.1% in 2003. This stability characteristic of the whole sample hides the fact that the monthly prevalence of inhalant abuse has somewhat decreased among boys, while it has risen among girls.

D. Age at first use (tables 23 to 24)

Cigarettes

The majority of the interviewed youth has smoked their first cigarette by the age of 14. 8.3% of boys and 10.3% of girls has smoked their first cigarette between 15 and 16. The percentage of those who have smoked their first cigarette at 12 or earlier is somewhat higher for boys: it is 31.7%, while for girls it is 25%.

Daily smoking still starts most likely around 14-15 for both genders.

Alcohol

Young people start with drinking beer. More than one-third (37%) have consumed their first glass of beer by the age of 12, another nearly third (30.8%) by the age of 13-14. 7.1% of the informants started drinking beer later. Wine is most often (36.8%) tried at the age of 13-14. The rate of those who drink wine earlier is also around one-third (32.6%), 8.5% drink wine for the first time at the age of 15 or later, that is, they start to drink beer later in somewhat greater percentages than wine.

The time of the first consumption of spirit is around the age of 13-15. Only 14.3% try spirit before the age of 12. The percentage of those who drink spirit for the first time around the age of 13-15 is 54.2%, out of which 15.8% consume for the first time at the age of 15.

Both boys and girls try spirit last. The time of the first beer and wine consumption is about the same, while girls definitely start with beer earlier, and with wine later.
The time of the first intoxication is about the age of 14-15 (girls 43.7%, boys 42.4%, total sample 43.0%). 13.1% of the informants were intoxicated before the age of 14, out of which 4.9% became intoxicated before the age of 12. The early age of first intoxication is more characteristic of boys than girls (17.1% of boys have been intoxicated by the age of 14, as opposed to 8.9% for girls).

Other drugs

The most frequent age of the first use of other drugs is 14 or 15 both for boys and girls. Earlier age is rare even for drugs with higher lifetime prevalence values. Thus for marijuana the percentage of first-time users under 14 is 1.8%, for alcohol with pills it is 2.0%, and for tranquillisers it is 1.7%.

In sum, the earliest drugs tried by youth are beer and cigarette, while boys try wine more or less simultaneously. Girls start with wine somewhat later, and both boys and girls try spirit much later. About the time they try spirit, they also try their first other drug. The order of the first use of various drugs is similar to that indicated by previous ESPAD surveys.

E. Alcohol consumption (tables 25 to 33)

Quantities

Data concerning last consumption clearly show the popularity of spirit consumption with young people. Nearly half (48.8%) of the informants consumed spirit on the last occasion. This rate is higher for girls (51.5%) and lower for boys (47%). The data on the totality of informants show that wine consumption is the second most popular. 48.3% of boys and 43.1% of girls had wine on the last occasion (whole sample 45.9%). Thus the data on last consumption show that among boys the consumption of wine is more frequent than the consumption of spirit. The data on last consumption indicate that beer consumption is the least widespread. 45.2% of boys and only 20.1% of girls had beer on the last occasion of alcohol consumption.
We asked about the consumption of alcopop in 2003 for the first time. Of those asked about their last occasion of alcohol consumption 31% had alcopop. A bigger percentage of girls (32.8%) had them than boys (29.3%). This means that the consumption of alcopops is clearly

present in the drinking habits of young people in Hungary, they are, however, still less popular than other drink types.

Quantitative data indicate that young people consume spirits in the greatest quantity, but the quantity of wine is only slightly lower. On the last occasion 15.1% of all informants had more than 11 cl of spirit, and 14.5% had more than 37 cl of wine. The high-quantity consumption of beer is clearly rare among girls, and it is less frequent among boys as well than the high-quantity consumption of other drink types. The consumption of alcopop clearly occurs in small quantities.

Drinking places

The most frequent places of the last alcohol consumption, in nearly equal distribution, the home, a bar or pub, and the disco. One-fourth of the informants report these places in each case. Often alcohol is consumed at someone else home (20.3%). Only a few people drink alcohol in public areas (streets and parks), and restaurants. Girls drink more often at home and in the disco, while boys drink most often in a bar or pub.

Drunkenness

On a 10-point scale of the degree of intoxication boys evaluated their drunkenness on the average 5.5, while girls gave 4.6. One-third of boys (33.2%), and only one-fifth of girls (20.8%) gave a value of six or higher. 10.1% of boys and 6.0% of girls evaluated their last incident of intoxication as worth 9 or 10.

Most boys (20.6%) stated that 5 or 6 drinks are needed for them to get intoxicated. The percentage of those boys who indicated 7 or 8 drinks is high (14.7%). 1 to 4 drinks are enough for 18.2% of all interviewed boys to get intoxicated. The quantities most often reported by girls are 3 or 4 drinks (19.0%), and 5 or 6 drinks (18.2%). In general, girls believe that 1.4 drink less is needed for them to get drunk than it is needed for boys (5.0 drinks for girls, 6.4 drinks for boys).

Possible personal effects

Similarly to previous ESPAD surveys, data from 2003 also show that young people believe in the possible positive outcome of alcohol consumption more than in a negative one. Both boys and girls opted for the positive outcomes in twice higher numbers than those choosing negative ones. The most frequent positive outcome indicated by both boys and girls was “I would have a lot of fun” (60.8% of boys, 60.3% of girls). A comparably high number from

both genders chose “I would feel relaxed” (55.0% of boys, 60.5% of girls). As for the possible negative outcomes, both boys and girls indicated “harm my health” and hangover.

Experienced problems

The majority of the interviewed young people report some kind of problem, only one-fifth (21.4%) of which can be connected to alcohol consumption, and 4.2% to the consumption of other drugs. A somewhat greater number of boys experience no problems at all (7.3%), but there are more among them who reported some alcohol-related problems (24.9%).

Young people most often list relationship problems, mainly “quarrel or argument”. This is one of the problems that are the most often connected with alcohol consumption (by 9.4% of boys, and 6.8% of girls). The other problem most often connected with alcohol consumption by both boys and girls is “damage to objects or clothing” (boys 10%, girls 5.0%). Another problem often connected with alcohol by boys is “ scuffle or fight” (5.3%), and the “loss of money or other valuables” mentioned by girls (4.2%).

Purchases of alcohol

30% of the 16-year-old informants purchased an alcoholic beverage for themselves at least once in the last 30 days. A somewhat smaller percentage of girls (24.2%), and more than one-third (35.4%) of boys made such purchases. The types of drink bought reflects the consumption habits of young people, so girls most often bought spirit, and most rarely beer, while boys most often bought wine, and most rarely also beer.

Although the legal drinking age in Hungary is 18 years, the data indicate that 16-year-olds have no problem buying alcoholic beverages.

F. Influences of heavy drinking (tables 34 to 35)

Reasons for not drinking

The effect of heavy drinking on traffic accidents is the most obvious thing that comes to young people's minds. 77.4% of the informants believed that heavy drinking has “quite a lot”, or “considerable” effect on traffic accidents. Fewer people consider family problems as serious (68.2%). For financial problems 66.4%, and for violent crimes 65.4% believed that heavy drinking can affect these. Much fewer people, but still more than half of the informants, thought that drinking has a considerable or serious effect on relationship problems (55.5%), accidents (55.6%), or health problems (58.4%).

A bigger percentage of girls consider the effects of alcohol consumption in all areas as serious, one major difference between boys and girls is the judgement of violent crimes, where much more girls believe that the effects of alcohol consumption are serious or considerable.

G. Knowledge of drugs (table 36)

Heard of different drugs

The majority of Hungarian 16-year-olds have know marijuana/hashish (95.6%), heroin (94.6%), cocaine (93.9%), and tranquillisers (92.4%). Less well-known, but still familiar to the majority are drugs like ecstasy (85.6%), amphetamines (85.6%), and LSD (84.1%). Less than half of the interviewed youth have heard about crack, and particularly few of them know about methadone (26.1%), GHB (21.8%), and magic mushrooms (18.4%). In familiarity with the various drugs there are no significant differences between boys and girls. In opposition with previous ESPAD surveys, our data on familiarity show less clear tendencies. The familiarity of young people with some drugs has increased since 1999 (e.g., tranquillisers, amphetamines, crack, magic mushrooms). The familiarity of other drugs has decreased (such as LSD, heroin, ecstasy, methadone). We consider it likely that the decreasing familiarity is due to the inclusion of primary-school students in data collection in 2003.

In total, 18.6% of young people wanted to try some of the drugs listed. This rate is slightly higher for girls (20.2%), and lower for boys (17.2%). Comparing it with 1999, we can see a definite increase in the willingness to try especially among girls: then only 13.4% of girls wanted to try any of the drugs. The increase is less marked for boys: 16.4% of the boys would have tried some of the drugs in 1999.

H. Perceived availability of drugs (table 37)

Nine out of ten informants believe that it is easy or very easy for them obtain various types of alcohol, and tobacco products. High school students consider spirits more difficult to obtain, this rate is about 10% lower. The percentage of those who think that it is rather difficult, or difficult to obtain these substances is usually 3% (7% for spirits).

The availability of other drugs is considered by students to be much worse than that of cigarettes, or any type of alcohol. Of these substances, inhalants and tranquillisers/sedatives are considered as the most easily obtainable, 36-37% of the informants consider it rather easy,

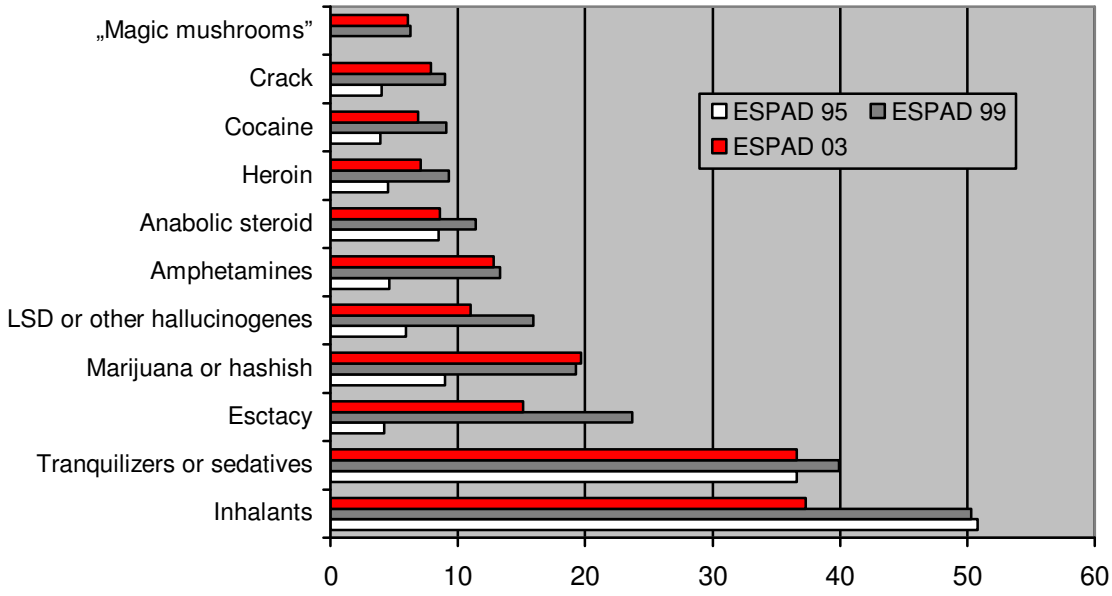
or easy. A similar group thinks negatively about availability, and nearly 15-20% consider it impossible.

For other drugs, the majority believe that it is difficult, or impossible to obtain them. The availability of ecstasy and marijuana is considered “rather easy” by 15-20% of the informants, and another 11-12% consider LSD and amphetamines readily available, but these values are under 10% for the other illicit drugs. 25-28% of the informants, and in the case of marijuana/hashish 20% believe that the illegal drugs are absolutely impossible to obtain.

The answers given by boys and girls on the availability of various substances, with the exception of spirits and marijuana, usually show significant differences. Boys tend to have more extreme ideas about the availability of the majority of drugs, more of them think that it is impossible, as well as that it is very easy.

Comparing with the result of previous ESPAD surveys, in the last 4 years no changes were observed in judgement about the availability of the various types of alcohol, tranquillisers/sedatives and inhalants. The percentage of those who consider other drugs to be “easily”, or “very easily” obtained has not changed for most of the drugs, or decreases only within the margin of error. A decrease greater than the margin of error was observed for LSD, ecstasy, and inhalants. The direction of changes observed in the last 4 years for most of the illicit drugs is contrary to the changes that occurred in the late 90s.

The percentage of those who consider other drugs easy, or very easy to obtain in 1995, 1999, and 2003



I. Perceived risk of drug use (Table 38)

Occasional smoking is considered not risky, or somewhat risky by three-fifths of informants, and very risky by 12% of them. Regular smoking (1 packet, or more cigarettes per day) is considered very risky by the majority (nearly three-fourths), and mildly risky by 20%. Occasional smoking is judged more strictly by boys, while regular smoking is judged significantly more strictly by girls.

The majority considers all types of alcohol consumption risky. 70% of the informants consider the almost daily consumption of 1 or 2 drinks moderately, or very risky, but more people have the moderate opinion. Much more than this, four-fifths of the informants consider the occasional (on weekends) consumption of large quantities of alcohol (5 or more drinks). Within this group, 48% labelled it very risky. Of all surveyed types of alcohol consumption, daily and relatively large-quantity (4 or 5 drinks) is considered by most (90%) risky, or very risky (the answers "very risky" make up 70% alone). The distribution of answers is significantly different by gender. Girls consider all kinds of alcohol consumption significantly more risky.

Making comparisons with previous survey results, we can establish that in the last 4 years smoking has become considered more risky, while opinions concerning the various types of alcohol consumption have not changed.

The percentage of informants who consider the use of other drugs moderately, or very risky is between 56.8% and 67.9%. The order in this respect looks like the following: cocaine is leading, followed by, in tie, LSD, amphetamine, crack, ecstasy, then with somewhat lower values marijuana, GHB, and inhalants. Regular consumption is considered more risky for any of the drugs. The total percentage of the answers "moderately risky" and "very risky" is between 70.3 and 82.6%. So informants differentiate between the risks of regular, occasional, and one-time consumption, and the differentiation between drugs has also become more sophisticated.

Again, there were significant differences by gender, as boys consider the surveyed drugs less risky.

When comparing previous survey results we can establish that, besides the slight increase in the level of differentiation, there has also been a decrease in the percentage of those who consider trying, or regularly using other drugs risky.

The percentage of those consider trying, or regularly using other drugs moderately, or very risky (%)

	First use			Regular consumption		
	ESPAD 95	ESPAD 99	ESPAD 03	ESPAD 95	ESPAD 99	ESPAD 03
Marijuana	79.1	76.7	59.5	92.3	93.2	82.6
LSD	79.2	77.1	61.1	92.0	92.5	79.3
Amphetamine	79.0	74.1	61.1	89.8	91.3	76.5
Cocaine	82.7	84.0	67.9	91.6	92.9	80.5
Ecstasy	78.5	75.1	61.1	88.8	92.7	80.7
Inhalants	78.3	74.4	58.0	92.1	93.1	81.8
Interval	4.4	9.9	9.9	3.5	1.9	6.1

J. Estimated drug use among friends and siblings (tables 39 to 40)

Cigarettes

Comparing with the lifetime, yearly and monthly prevalence values characteristic of the age group, we can establish that informants rather underestimate the prevalence of smoking among their friends. 29.1% of boys and 34.5% of girls believe that most or all of their friends smoke (31.7% total sample). According to data on the whole age group, this rate is close to the figure for regular daily smokers.

There are more of those (half of the informants, or 50.4%), who have a smoking elder sibling (girls 54.4%, boys 46.4%).

Alcohol

Even when compared to smoking, very few think that most of their friends drink alcoholic beverages. In total, one-fourth (25.7%) of the informants believe that most or all of their friends consume alcohol. There are more of those (47% of all informants) who believe that their elder sibling consumes alcohol. In the question of intoxication, we can again see that only a very small percentage of informants believe that their friends get drunk regularly (7.7% of all informants). Nearly twice that many think that their elder sibling gets drunk occasionally.

Similarly to previous ESPAD results we still find that while the majority of 16-year-olds smoke and consume alcohol with some regularity, only very few of them think the same of their friends. We assume, and other research in Hungary corroborate this, that the consumption of some alcohol and smoking is widespread and accepted in the Hungarian culture to such a degree, that the expressions “drink”, or “smokes” always refer to excessive consumption. It might explain that young people, not thinking that their friend drink or smoke excessively, only rarely gave positive answers concerning their friends' consumption.

Other drugs

In accordance with its prevalence value, most informants presume that their friends consume marijuana or hashish. 6.6% of girls and 5.8% of boys believe that some of their friends consume marijuana or hashish. Fewer presume that their elder siblings consume marijuana or hashish (4.6% of boys, 4.3% of girls, 4.4% of the total sample).

Also conforming to the prevalence values, the next drug most of the informants presume that their friends consume is alcohol with pills. 3.4% of boys and 5.1% of girls believe that some of their friends consume alcohol with pills (4.2% of the total sample).

Supposed ecstasy consumption by friends is indicated by more girls (3.8%) than boys (2.9%), which is similar to lifetime prevalence values. Fewer (2.6%) presume that their siblings consume ecstasy, and, contrary to their opinion about friends, fewer girls presume consumption than boys (2.3% of girls, and 2.9% of boys). Informants presume the consumption of tranquillisers/sedatives by both friends and siblings in percentages that are far below the prevalence values of these drugs.

K. First drug use occasion (tables 41 to 43)

First drug used

In 2003 the first drug used by both boys and girls was clearly marijuana. 13.8% of boys and 9.5% of girls used this on their first occasion (11.7% of the total sample). Tranquillisers were the second on the list of first drugs used by girls in 1999, while, however, in 1999 tranquillisers were reported almost as frequently as marijuana, in 2003 more than twice as many girls name marijuana as their first drug than those that name tranquillisers.

How the substance was obtained

As in previous years, the most common way of getting the first drug was, for boys and girls alike, sharing it in a group (7.1% of boys, 5.6% of girls). The second most commonly mentioned way of obtaining was that it was “given by an older friend” (4.6% of boys, 4.2% of girls). In the case of girls, similarly to previous years, common sources include “home” (2.4%), and for boys, a friend of the same age (2.8%).

Reasons

The most common reason to try the first drug, similarly to previous years, was “curiosity”. 15.1% of boys and 10.2% of girls picked this reason (12.7% of the total sample). The second most common reason given by boys was that they “wanted to feel high” (6.5%). Girls gave the answers “wanted to feel high” and “wanted to forget problems” in equal percentages (4.8% and 4.9%).

L. Places to buy cannabis (table 44)

As in 1999, nearly half (44.3%) of the young people know of a place to buy marijuana or hashish. This rate is somewhat bigger for girls (48.8%), and smaller for boys (40.2%). Both boys and girls mention the discotheque and the bar as places where marijuana and hashish are easily obtained (boys 25.3%, girls 33%). The second most common place is the dealer's home (15.7%), and for boys “streets, parks” (14.2%). In comparison with 1999, we find the difference that while the school and public areas were rarely mentioned by young people as places to obtain drugs, in 2003 all these places have values above 10%.

M. Background variables (tables 45 to 52)

Leisure time activities

Sports and computer games are reported by young people to be the most popular free-time activities that they engage in at least once a month. Computer games are, even if only slightly, more favoured by boys than sports. More than three-quarters of the boys surf the Internet at least once a month. At the same time, the percentage of those who read for fun at least monthly is below 50%. Only one-third of boys ride the motorbike, and 12% play slot machines. Girls engage in most of the free-time activities in great percentages. They rarely ride the motorbike (8.1%), and rarely play slot machines (3.3%). Reading is more popular with girls than boys (61.2%), but it is still among the less popular free-time activities.

Missed schooldays

As previously noted, at the time of the data collection there was a flu epidemic that was affecting young people especially. This is shown in the high numbers of absences due to illness. 57.2% of boys and 62.4% of girls were absent during the previous 30 days due to an illness. The majority of them stayed home for more than 3 days.

Much fewer student skipped classes, 15.9% of boys and 16.3% of girls missed on the average 1 or 2 schooldays because of "skipping".

For other reasons, 29.1% of boys and 31.9% of girls missed usually 1 or 2 days.

Average grades

In Hungarian schools students are graded from 1 to 5, where 5 is the best grade, and 1 is the worst. According to grade average, we classified the students. Averages between 1 and 3.1 were considered low, between 3.2 and 3.9 medium, and between 4.0 and 5.0 high. Data indicate that there are more poor, and less good students among boys, than among girls.

Parents' level of schooling

5.1% of young people do not know what their fathers', and 2.5% their mothers' highest qualification is. Both boys and girls rarely have fathers with the lowest level of schooling (7.1% and 7.3%). The percentage of mothers with the lowest level of schooling is somewhat higher, especially for girls (boys 9.7%, girls 13.8%). the most common level of schooling is “some secondary school” for fathers, which is due to the big percentage of training school qualifications. The most common level of schooling of mothers is “completed secondary school”. The father of 20.3%, and the mother of 26% of the informants had graduate degrees.

Household composition

The majority of the informants (94.2%) live together with their mothers, and 76.1% together with their fathers. 79.3% of the young people live together with their siblings, and 13.7% with their grandparents. 9.3% live with foster fathers, and 1.7% with foster mothers. 0.5% live completely on their own.

Family situation

On the basis of a subjective opinion about the family's financial situation we find that, as in 1999, only very few young people believe that their families are in worse-than-average financial situation. In total, 5.9% of the informants (4.8% of boys and 7.2% of girls) consider their situation under the average. 44.5% of boys and 48.3% of girls consider their situation to be on the average (46.3% of the total sample), while 50.7% of boys and 44.5% of girls consider it to be above the average.

Satisfaction with relations

Similarly to 1999, we find in 2003 that informants are the most satisfied with their friendships. Clearly the biggest number of girls are satisfied, or very satisfied with their friendships (83.4%). Much fewer are satisfied, or very satisfied with their relationships with their mothers (74.5%). The smallest percentage of girls are satisfied with their relationships with their fathers (61.9% are satisfied, or very satisfied).

Boys are the most satisfied with their relationships with their mothers (85.7% are satisfied, or very satisfied). Only slightly fewer of them are satisfied, or very satisfied with their friendships (84.4%). Again, the smallest percentage of boys are satisfied with their relationships with their fathers (76.9%).

Parents' knowledge about Saturday evenings

According to two-thirds of boys (66.8%) and three-fourths of girls (74.3%), they parents always know where they spend Saturday nights. A smaller percentage of girls (6.0%), while a somewhat bigger percentage of boys (7.2%) said that their parents only rarely, or never know about their Saturday nights.

Summary

According to the results of the 2003 ESPAD survey in Hungary, the consumption of most surveyed drugs increased among 16-year-olds. While between 1999 and 1995 the indicators

of alcohol consumption and smoking hardly changed, most of the prevalence values of alcohol consumption shows significant increase by 2003. The lifetime, yearly, and monthly prevalence values have all increased, and there are more instances of bingeing and intoxication. While the lifetime prevalence value of smoking, as in 1999, shows only a slight increase, it is even stable, the monthly prevalence value, and the percentage of daily smokers have definitely risen since 1999.

The total consumption of other drugs has increased significantly, but the rate of growth is smaller than what we saw between 1995 and 1999. At the same time, this increase was primarily due to the spread of marijuana consumption. The yearly and monthly prevalence values of marijuana also indicate that marijuana consumption is becoming ever more popular among Hungarian youth. As in 1999, the proliferation of marijuana will not overtake the traditionally common consumption of tranquillisers/sedatives without medical supervision, or the concurrent use of alcohol and pills. Thus, besides of marijuana, these are still the most common other drugs that young people in Hungary consume.