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E S P A D

The European School Survey Project on Alcohol and Drugs

Country Report of Hungary

by

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Co-ordinating body:

Council of Europe
Pompidou Group

Commissioner:

Ministry of Public Welfare
Drug Inter-departmental
Committee

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Part I., Background and research design

I./A. INTRODUCTION

Earlier National studies and comparability with ESPAD

In Hungary there are information on drug consumers from the end of the sixties, meanwhile we do not have any reliable information about this period of time. There are no or only few statistics and basically they show increasing interest. Although there were some epidemologic researches but these were not representative or they represent only a small segment of the population, and certain drugs. Therefor they give only little information which is hard to interpret, on the extension of the national drug problem.

The first real data on Hungarian drug consumption is from 1974: in two questioned secondary school of the capital 4.8% of the students have already consumed some sort of drug (Kisszékhelyi, 1995). In 1976 on a random sample of 100 convicted showed 43% whole life prevalency of drug consumption (Erdélyi and collegues, 1987). In 1983 according to a survey conducted in one of the capital's districts, the whole life prevalency of sniffing was 4.6% (Zseni, 1983). The 1985 secondary school survey in the capital shows that by that time 6% already tried sniffing and 9.6% already tried some misused medication (Elekes, 1986).

According to a representative sample of 6000 of the adult population in 1986, 6.7% of the questionees took medication without being ill, and the percentage of those taking tranquillisers was 9.2% (Elekes, Liptay, 1987).

A representative survey on the adult population with a sample of 1000 in 1990 showed that 5.5 percent of the questionees have already tried some misusable substances. Among the illicit drugs the whole life prevalency of marijuana and hashish is 1.0%, of morphine, opium is 0.8%, of LSD, cocaine is 0.2% (Elekes, Paksi, 1991).

The direct precedents of the 1995 ESPAD survey and the most comparable researches were conducted in the 1992/93 school-year in Budapest and in Baranya, Tolna, Zala and Szabolcs-Szatmár-Bereg counties. Through these researches we proceeded according to the suggested methodology, worked-out by the Council of Europe,

Pompidou Group, and we used the questionnaire developed by them with small adjustments.

The characteristics of the sample in each survey:

Budapest	representative of third year secondary school students	4518 students	17% of the third year secondary school students
Baranya	representative of all secondary school students	4531 students	33.7% of secondary school students
Zala	representative of all secondary school students	3918 students	54% of secondary school students
Tolna	representative of all secondary school students	3475 students	...% of secondary school students
Szabolcs	representative of town secondary school students	1165 students	...% of secondary school students

The frequency of smoking in each sample:

sample	**never smoked**	**smokes**
Budapest	29%	21%
Baranya	30%	20%
Tolna	...%	...%
Zala	...%	...%
Szabolcs	30%	17%

Data indicate that smoking cigarettes is widely spread among secondary school students, while only a small percentage can be regarded as regular, active smokers.

The main characteristics of alcohol consumption:

Sample	never drunk	had not drunk last year	had not drunk last month
Budapest	7.8%	12.5%	40.6%
Baranya	7.9%	12.2%	42.6%
Tolna	9.4%	15.1%	42.3%
Zala	6.5%	10.8%	41.1%
Szabolcs	15.0%	21.0%	51.0%

The occurrence of alcohol consumption is very high in every sample. A significant part of the questionees are consuming alcohol on weekly regularity, though the occasional, drinking with company is the most characteristic of them. Meanwhile the percentage of those (about one fifth of the students) who more or less regularly, at least once a month consume a rather large amount of alcohol, get drunk cannot be disregarded.

Summarising the data of drug consumption is as follows:

Whole life prevalency of licit substances:

Sample	tranquillisers	sleeping pills	pills containing opiates	total licit substances
Budapest	13.0%	6.4%	4.5%	17.2%
Baranya	9.8%	4.4%	6.5%	15.1%
Zala	10.9%	4.9%	5.9%	15.8%
Tolna	10.4%	4.1%	4.7%	14.4%
Szabolcs	12.0%	4.0%	5.0%	no data

Whole life prevalency of illicit drugs:

sample	opium	cannabis	LSD	cocaine	amph.	inhalants	total
Budapest	3.1%	6.3%	1.5%	0.0%	3.1%	3.4%	11.6%
Zala	3.3%	3.6%	1.0%	1.1%	1.7%	1.4%	7.4%
Tolna	2.6%	2.6%	1.0%	0.5%	1.7%	3.2%	8.2%
Baranya	3.4%	3.5%	0.8%	0.7%	2.3%	3.2%	9.7%
Szabolcs	2.3%	2.2%	0.6%	0.8%	1.4%	1.8%	no data

According to the results of the survey conducted in Budapest and some of the counties in the 1992/93 school-year it can be stated that 7-12% of secondary school students have tried at least once in their life some illicit drugs. Most of them just tried it, or occasionally consumed it, which is indicated by the scale of prevalency in the previous year and previous month. The marijuana appears to be the most frequently tried drug, but the opiates, amphetamine by-products and inhalants are mentioned significantly. 14-17% of secondary school students have already tried some prescription drugs, such as tranquillisers, sleeping pills, pills containing opiates without prescription. Although many of them probably used these pills with simple, autotherapical intentions, it is a fact demanding attention that young people age 14-18 are consuming in such a large percentage these misusable substances.

During the analysis of data we did not find significant differences yet between the family backgrounds of the studied groups, however among those who have never tried drugs there is a slim tendency to live in whole families, with the natural parents. At the same time being completely separated from the family, under state care, living in a dormitory were rare in all of the groups. Among those who tried illicit drugs there are more with parents of higher education, intellectual parents (however it must be taken into consideration that probably the children of these parents are more likely to admit drug consumption than the others). But trying drugs does not show any difference by the different school types.

There are more significant differences to be noted on one hand in smoking and alcohol consuming habits, on the other hand in lifestyle. Those who tried an illicit drug smoke and consume alcohol in higher percentage and larger quantity, but the smoking and alcohol drinking of licit drug consumers is also above average. Those who tried illicit drugs are more likely to miss school, go out more often and they have a slightly different

way of spending their spare time. Those who tried a licit drug are similar in many ways to those who tried illicit drugs but they are not that different from the others.

The answers about the dangers of substances in every sample show that there is a difference in the evaluation of the licit and illicit drugs. The questionees found smoking marijuana, consuming LSD, sniffing and taking opiates regularly dangerous in the largest percentage. At the same time only a few of them found daily, regular alcohol consumption, and tranquilliser consumption dangerous.

All researches show evidently how easy it is for secondary school students to access licit substances. For a vast majority to access sleeping pills and tranquillisers is as easy as to get alcohol, indeed more than half of the questionees found it explicitly easy to obtain both medicines. Though the majority of questionees found it difficult to obtain most of the illicit drugs listed by us, the division of answers given for marijuana and "other drugs" indicate that obtaining illicit drugs does not give trouble to at least one third of secondary school students.

According to the data on the whole life prevalency of the Hungarian researches there is an increase in the consumption of illicit and licit drugs, but the comparability of the studies is open to doubt. The data indicates a definite change in the way of drug consumption. The first researches in the seventies report on sniffing and pill taking young people. The researches from the second half of the eighties are more and more reporting on youngsters consuming opiates, marijuana. The secondary school survey in 1992 yet indicates that besides sniffing and taking prescription drugs, the trying of marijuana, opiates and amphetamines has become common.

Purpose of the research

The epidemologic researches conducted this far in Hungary refer to the fact that drug consumption – even if it means only tying or occasionally consuming – is wide spread in the country. This fact itself makes the permanent study of the extension of drug consumption, the endangered population, and the opinions regarding drugs very important. It has special importance in a country where – as we know from previous researches – the majority of the population is rather acceptive regarding drug consumption, where the "exodus" problem solving has deep roots, and where drug politics and institutions dealing with the problem are just forming, therefor the data and

statistics of institutions are only limitedly capable of measuring the changes of expansion.

The survey, previously conducted with the methods of the Pompidou Group in the capital and in some cities in the country proved that by questioning secondary school students with questionnaires it is possible to gain trustworthy information on the characteristics of the national drug consumption, the drug attitudes, and the endangered groups. And repeating the survey at regular intervals yet makes it possible to measure the changes. And all this means essential information for prevention, and to work out an effective drug politics and test its efficiency.

The participation in this 1995 European survey makes it possible for us on a long term to join in the surveys reiterating in every third year, and enables us to follow the changes in our country, and interpret them in an international comparison. International experiences prove that such epidemologic surveys are indispensable complements of regular statistic, data gathering. Simultaneously the economic effectiveness also demands that currently different methods and different samples in data gathering must be unified in an internationally rateable system.

Institutions and individuals conducting the research

The ESPAD 1995 Hungarian survey was sponsored and ordered by the Ministry of Public Welfare and the Drug Inter-departmental Committee, and conducted by the University of Economic Sciences Budapest, Department of Sociology and Social Policy, Epidemology Group: Zsuzsanna Elekes, Borbála Paksi, József Kó, Judit Oprics, and about 80 questioners.

I/B. POPULATION OF STUDENTS FROM WHICH SAMPLE WAS DRAWN

The survey was conducted on a national representative sample.

The sample included the young people born in 1979, currently studying in some secondary school. Estimates show that about 95% of those born in 1979 go to some sort of secondary educational institution. Most of them (about 2/3) are in the second

grade in the 1994/95 school-year, therefor the sample is of the second grade of the secondary schools.

I/C. SAMPLE

Number and types of schools in the country

In the Hungarian secondary level education there are four types of secondary schools. These are the following: Highschool, Specialised Secondary School, Skilled Worker Training School, Training School.

The highschools and specialised secondary schools usually give a certificate of secondary school final examination after the four years in school. Specialised secondary schools give a qualification in a profession as well. These are the two types of schools in Hungary which give out certificates enabling their students to apply to higher level of educational institutions (universities, colleges)..

The skilled worker training schools have three years of educational programs, and at the end students receive a certificate of skilled training. The training schools have mostly two years of education and they give a lower type of certification. A good example is the qualified nurse certificate. Those other schools, not giving a profession or secondary school final exam certification to young people who just finished the eighth grade of primary school, and last for about two years are in the same category with training schools, some examples are the housewife and housekeeping training, etc.

Sometimes the classification of the secondary schools is not that obvious, as there are highschools and specialised secondary schools or specialised secondary schools and skilled worker training schools under one administration, that means they are in the mixed school type. In these institutions though the different classes are separable. Therefor the typifying of the schools is less clear-cut than the typification of the classes.

school type	national rate	
	number	%
highschool classes	1450	27.30
specialised secondary school classes	1359	25.59
skilled worker training school classes	1933	36.40
training school and other classes	568	10.69
total of secondary school classes	5310	100.00

In Hungary school attendance obligation is 16 years. That means everybody must attend some sort of school till the age of 16. According to national statistics 97.7% of school attendance aged, primary school graduates attend some sort of secondary school.

Number and types of schools and classes chosen

We relied on the Ministry of Culture's records while selecting the sample.
The total number of chosen classes is 700. The division of classes by school types follows the national rates.

type of school	chosen classes		national rates	
	number	%	number	%
highschool classes	191	27.6	1450	27.3
specialised secondary school classes	179	25.6	1359	25.6
skilled worker training school classes	255	36.4	1933	36.4
training school and other classes	75	10.4	568	10.7
total of secondary school classes	700	100.0	5310	100.0

Number of types of students chosen

See table 1.

Method of sampling

When determining the quantity of the sample we considered results of previous school surveys. According to these surveys 10-12% of questionees have already tried some illicit drugs. Therefor we accept this number as the estimated rate of those who have ever tried drugs. Regarding the 10% expected prevalence and with 99% authenticity level and not more than 1% error limit the calculated minimal sample size is 6790.

As we wanted to prove that the result is interpretable both for the counties of Hungary and the capital with similar authenticity and acceptable error limit each, therefor we wanted to ensure a 18840 of mass sample for the 19 counties and Budapest. To minimalise the sample loss, to retrieve the sample fall-out we have chosen a 20% substitute sample. Finally two specialised secondary school, 4 skilled worker training school and three training school classes fell out of the sample, this is 1.3% of the chosen classes. Only individual answers and other individual fall-outs (e.g. absence) meant sample loss in this survey. We tried to cope with these, so we have chosen 21000 students, with the estimated classes of 30. (We had no data confirming the actual number of students per class in each school type. Neither the ministry administrating these schools, nor the local governments running the schools have this sort of data. We knew the total number of students attending each school type and the number of classes on a national rate. These data covered the regional differences so the number of students per class was estimated according to the results of previous similar school surveys. However the real number of students per class was way under those experienced previously. That explains the 8.5% number fall-out.) The real number of students in the sample was unfortunately lower than estimated, in fact the number of students in the chosen classes was a total of 19205. That is theoretically the maximum number. Mostly due to absences (open refusal of answering occurred in omissible number) the number of questionees is 17085.

The method of choosing the sample is as follows:
We utilised a simple layered group sampling method while choosing the sample. We had the information about the schools but due to the different sizes of schools we took the number of classes into consideration as well. We added and grouped the number of classes by regional units and school types.

First we layered the basic mass by the regional dispersion. We defined the ratios of each county and Budapest in light of the number of classes in the schools. Following that we ranged the schools to school types in each region. Then first we randomly chose a 13% sample of the basic mass by the adequate grouping principles (region and school type), then a 2.6% substitute sample (which is 20% compared to the sample) was chosen from the ranged classes.

In light of the Council of Europe's processing aspects and its suggestions of sample size we have chosen a subsample according to their written methods, which included 2579 students.

I/D. FIELD PROCEDURE

Step by step description of data collection procedure from the questionnaires

Preparation of sample selection

At the time of the survey in Hungary the actual yearly, namely the 1994/95 school-year statistics were not available, that is why during the selection of the sample different databases – such as the ministry statistics from the previous year, KSH records, data from the county pedagogic institutions, and according to these, the problematic cases from the schools – were collated and provided the basic mass for the starting point of the sample selection.

Sample selection

The method of selection is detailed in I/C.

For the immediate correction of sample fall-out due to refusal of answering and other reasons was solved by choosing a substitute sample at the same time with the selection of the sample (the details of the substitute sample selection are also in I/C.).

Preparation of the questioning

This phase includes two thing. The first one was to notify the schools selected to the sample, the second was to prepare the questioners for their duty.

To ensure the willingness of participation of the schools the conductors of the survey wrote a letter to each chosen school and asked them to cooperate in the survey. The necessity of the letter was due to the lack of popularisation of the survey culture but on the other hand it was necessary because of the characteristics of the researched phenomena.

The exact text of the letters was the following:

Dear Headmaster,

The Council of Europe is launching a survey of drug and alcohol consumption and the spread of smoking among secondary school students for the first time in the spring of 1995, then repeating it frequently, all over Europe. The survey studies the secondary school students of the age group 16.

The epidemologic surveys conducted this far in Hungary show that drug consumption – even if it is just on the trying and occasional consumption level – is wide spread all over the country. The spreading of immoderate alcohol consumption and smoking is shown in numerous previous studies. These facts should be enough to make the regular survey of the spreading consumption, the endangered population and the opinions about drugs, alcohol and smoking extremely important. Earlier national and international studies proved that authentic information can be gathered by questioning in questionnaires secondary school students about the characteristics and spreading of drug and alcohol consumption and smoking, the attitudes towards these substances, and about the endangered groups. Repeating these surveys with regular intervals makes it possible to measure the changes. And all this yet means essential information for prevention and to work out an effective healthcare politics and test its efficiency.

In Hungary this survey is conducted by the research fellows of the University of Economic Sciences, Sociology Department. Data gathering will take place between 1-31 of March. The questionnaires are anonymous and do not contain any information which allows later identification of the students. The data are processed by computers and will be published only in summarised form, therefor nobody can get information about individuals, classes or schools.

Your school is in the randomly selected sample. So in March our data collecting colleague will visit you.

Please help our colleague in this very important work essential to moderate the drug problem.

We will inform the schools participating in the research about the out-come of the survey.

In the preparation phase we paid a lot of attention to the information of questioners. Partially because the very important duties of sample description and substitute sample description had fallen on them or on the regional representatives instructing them. On the other hand our aim was to maximalize the willingness to participate on the different levels besides the drug attitude conditions in the country.

The detailed instructions for questioners are as follows:

1. Choosing the class to be questioned in each school, each grade:

In the sample the classes of each school are marked alphabetically. If in the school there is a similar method of marking, namely they use the letters of the alphabet to mark classes, then question the class containing the largest number of students born in 1979 (usually this is the second grade) marked with the same letter according to the sample.

If the classes are not marked with the alphabet but are marked differently (e.g. with numbers) then apply the following procedure. List the classes of the grade randomly and give them letters of the alphabet, then choose the right ones.

If the classes have names – for example they are named by professions, then sort the classes in alphabetic order and choose the right ones. This selecting method should be used only for those set of classes of school type (highschool, specialised secondary school, skilled worker training school, training school) indicated in the sample.

If a class or the entire school refuses to answer the questionnaire or there is no grade in the school with students born in 1979 (e.g. if it is a night school for adults) please turn to the instructor of the research.

2. The questioning
/a. During the questioning only the questioner is present
Ask the teacher to leave you alone with the class, as the presence of a person known by the students might alter the fill-in. And our duty is to guarantee the standard circumstances of surveying.

/b. The duty of the questioner in the class

It is to tell them they were participating in a sociology study conducted all over Europe which is set to learn more about the habits of the younger generation. We are questioning 20000 students all over Hungary.

Ask them to help our research.

Underline that the questionnaire is anonymous, there is no identification number, so the students or classes cannot be identified. Nobody from the school can access the questionnaires. Only summarised results will be published at the completion of the survey.

The questionnaire is not a test, there are no right and wrong answer.

If somebody does not or cannot answer a question, the question should be left blank. Filling in the questionnaires is voluntary, but it is important to us that they give answers to as many questions as they can.

Hand out the questionnaires and ask them not to talk to each other while filling in, because we are interested in their own opinion. Let them read the note on the first page.

Tell them:

There might be some words or phrases they don't know. That is why we attached a defining dictionary (on the last page). For those questions explained in the dictionary we cannot give further explanation.

If there are other questions, problems they should put their hand up and we will help them. (Let's not disturb each other with loudly asked questions.)

If they marked the wrong answer ask them to cross it out (hatch it).

3. Collecting the questionnaires

Put an envelop on the front table. When the students are finished they should put the questionnaires into the envelop. When everybody finished staple the envelop in front of them to demonstrate nobody can look into it. Do not read the questionnaires in front of the students.

4. Filling the class report

Fill in the class report with the help of the class teacher, and ask them to sign it. This report must be signed by the questioner as well. Don't show the questionnaires to anyone in the school.

The period of questioning

From 1 March, 1995 to 31 March, 1995. The questioners stayed in touch constantly with their regional instructors, and through the instructors with the conductors of the research. In Budapest the conductors of the research were directly instructing the questioners.

Coding the questionnaire

The next phase was the coding of the questionnaires. We used the following code instructions:

1-10 Identification

1-3 Country code: 036
4-6 School code: a code number from the list of schools. (on a separate list)
888 – invalid answer
999 – lack of answer
7-8 Class code (from class forms)
A – 01
B – 02, etc.
88 – invalid answer
99 – lack of answer
9-10 Student serial number. This number is the numbering of questionnaires given out in each class. The numbering starts with one in each envelop.
11 Type of school (according to class reports)
1 – highschool
2 – specialised secondary school
3 – skilled worker training school
4 – training school
8 – invalid answer
9 – lack of answer
12-13 The last two digits of the questionee's year of birth according to Q2. E.g. 1979 was coded 79
88 – invalid answer
99 – lack of answer
14-15 The questionee's month of birth by Q2. E.g. March was coded 03.
88 – invalid answer
99 – lack of answer
16-17 The questionee's school average according to Q5, coded to the first place of decimal. E.g. 3.7 was coded 37, in those cases when it was 3.65 we also coded 37 according to the general rule of rounding if there more than one places of decimal in the questionnaire. The only exceptions were the values under 2.0, as those who failed were all coded 10.
88 – invalid answer
99 – lack of answer
18-19 The quantity of beer in Q17 converted to pure alcohol (according to a separate list).
888 – invalid answer
999 – lack of answer
21-23 The quantity of wine consumed according to Q17 converted to pure alcohol.
888 – invalid answer
999 – lack of answer

24-26 *The quantity of liquor consumed in Q17 converted to pure alcohol.*
888 – invalid answer
999 – lack of answer

27-28 *The amount of money spent on drugs (OSI5) coded in 100 Forints. If there was no answer we regarded it as lack of answer, if the answer was "nothing" it was coded 00.*
87 – 8700 Forints or more
88 – invalid answer
99 – lack of answer

29-30 *The amount of money spent on alcohol (OSI6) coded in 100 Forints. If there was no answer we regarded it as lack of answer, if the answer was "nothing" it was coded 00.*
87 – 8700 Forints or more
88 – invalid answer
99 – lack of answer

31 *This is the opinion of the coder, how seriously the questions were taken, and how sincere the answers are. Scale numbers are 1 – absolutely-3 – did not take it serious. The bases for evaluating the questionnaire are on a separate page.*

The questionnaires with grade 3 were put in further categories. This work was done by one researcher, as the qualifications are of great value in further data processing. As a result the three grade scale became a five grade scale.
The questionnaires with grade 3 can be used in the data processing. As shortcomings and inconsistencies can be detected with simple reliability tests.
The questionnaires with grade 4 are in the still usable or usable with certain limitations category. The questionnaires with inconsistent answers, questionnaires where certain groups of answers are not usable are in this category, as well as the so called "pattern" answers, answers with tendentious answer structures with low validity.
Questionnaires with grade 5 do not contain usable answers. Using these questionnaires in data processing was out of the question

– In course of coding it is a general rule that the invalid answers in case of one digit are coded 8, in case of two digits 88, the same applies for lack of answer codes, 9 or 99.
– For coding and marking the questionnaire we use red pen (if you made a mistake paint it over with corrector). If there are several answers for one question but it is obvious by the way of filling which one is right, circle the right answer with red. If it is not clear which one is right write 8 besides the question or 88 in case of two digit codes.
– If there is an answer on the dotted line for Q10 write it down.
– If there is an answer for Q18 on the dotted line try to classify it into one of the given categories and mark the adequate answer. So in this case do not encircle the "other" answer but the one you marked and the others marked by the questionee. In case the

other answer does not fit into the categories then write down the text on the dotted line on a separate paper.
– If there is an other" answer for Q29 or Q30 but there is an other answer marked as well then write down the text to a separate paper but do not encircle the code of the "other" answer. If only the "other" answer is marked try to fit the answer into one of the given categories and mark it there. If it is impossible to fit it in then mark the "other" answer and write down the text.
Similarly put the additions to the defining dictionary on a separate paper.

Controlling the coding

During coding the work of coders was continuously controlled by the conductors of the research. Besides controlling the coding we put the coder's identification number on every class report, that enabled us to detect the existence and measure of systematic distortion of the coder by calculating the correlation of each answers and coders.

Number and types of people collecting the data

Data collecting was done by professional questioners and students of deviancy sociology at the University of Economic Sciences Budapest, so by people with no connection at all with the schools. One questioner collected data from an average of 5-10 classes. During questioning according to our instructions only the students (questionees) and the appointed questioner were present in the classroom. The employees of the school were present or helping only during the filling in of the class reports. The details of the given instructions concerning questioning are in the previous clause.

Instructions given to students

The questioners in the classes had to tell students that they were participating in a survey conducted all over Europe which was set to learn about the habits of the younger generation. And they asked the students to help this research. Here we attached great importance to make sure students understood that by filling in the questionnaire they help us. We underlined in the instructions that the survey is anonymous, there is no identification number and noboby can access anybody's answer later on. And also nobody from the school will ever get the filled-in questionnaires, plus the data will be published in a summarised form.

In the instructions the questioners told students that the questionnaire was not a test, there were no right and wrong answers, and we were interested in their opinion. Asked students to answer as many questions and as sincerely as possible. Also it was told the questionnaire was voluntary but it was very important to us to have a lot of answers, a lot of sincere opinion from the students.

The students were asked to remain silent during the answering, not to talk to each other as we are interested in their individual opinion.

In the introduction there were the following additional instructions:
– If there are phrases they do not understand. There is a defining dictionary on the last page of the questionnaire, so they should look it up back there.
– If somebody has other problems with filling in the questionnaire then they should put up their hands and the questioner in the classroom will walk up to them and help.
– If they marked the wrong answer they should correct it (cross it out).
– While filling in the questionnaire they should not disturb each other.
– If somebody is finished with the questionnaire he or she should put the questionnaire into the envelop on the table and this envelop will be sealed in the classroom.

Time period when data were collected

The data collection took place between 1 March, 1995 and 31 March, 1995. The replacement of the fall-out schools was done in this period of time continuously.

Comments from the data collecting staff about the data collection procedure in the classrooms

In the classroom reports the questioners reported rather favourable experiences, like the school management and the teachers were helping the procedure – according to the instructions – of questioning.

If there were problems mentioned the following are the most typical:
– In some cases there problems with the co-operation of the chosen schools, e.g. they could not get into the school building or there were problems with setting the time for their visit.

– The remarks on the lack of discipline of questionees:
  – loud talk while filling the questionnaire
  – discussing the questions
– The low intellectual level, the long questioning time and the unfinished questionnaires were explained as characteristics of the training or other schools.

I/E. DATA COLLECTION INSTRUMENT

Compulsory questions in the questionnaire

The compulsory questions used in the Hungarian questionnaire are as follows in the order of questioning:

Q1, Q2/year, Q38 a-i, Q36, Q37, Q39, Q7, Q8, Q9, Q10, Q11, Q12, Q14, Q15, Q16, Q18, Q19, Q21, Q22, Q24, Q25, Q26a-i, Q27, Q28a-p, Q29, Q30, Q32a-r, Q33a-m, Q34a-k, Q40, Q41.

Suggested questions in the questionnaire

Their order in the questionnaire:

Q2/month, Q3, Q4, Q5, Q6, Q17, Q20, Q23, Q23j-k, Q28q, Q31, Q34l.

Other, own questions in the questionnaire

In order of occurrence:
– Q28 a j. point was added, "living in boarding school".
– OSI1 (other subjects included) "Where do you live?" (in the capital, in a county capital, other town, village, farm).
– OSI2 Is there anybody in your larger or closer family
  a. who drinks a lot of alcohol
  b. who attempted suicide
  c. who committed suicide
  d. who takes tranquillisers
  e. who is or was convicted
  f. who is under psychologic or neurologic treatment

g. who consumes/ed drugs

– OSI3 Have you ever consumed opiates if yes how many times (life, yearly, monthly prevalency)
– Q26 l: sleeping pills without prescription
– Q28 r: I've tried sleeping pills without prescription
– Q28 s: I've tried other opiates
– Q32 s: Trying tranquillisers, sleeping pills once or twice
– Q32 t: Using tranquillisers, sleeping pills regularly
– Q32 u Trying opiates once or twice
– Q32 v: Using opiates regularly
– Q33 n: Tranquillisers
– Q33 o: Sleeping pills
– Q33 p: Other opiates
– OSI4: Have you ever taken sleeping pills on doctor's suggestion?
– OSI5: If you bought any drugs in the last month, how much money did you spend on them altogether?
– OSI6: If you bought any alcohol in the last month, how much money did you spend on them altogether?
– Q34 m: taking sleeping pills
– Q34 n: taking other opiates
– OSI7: Question about childhood socialisation (detailed in the translated questionnaire).
– OSI 8: Questions about questionees' values (details in the translated questionnaire)

I/F. DATA PROCESSING

The characteristics of the mass and the basic mass are similar to each other by the representation criteria, therefor there was no need for weighing while processing the data.

For data processing we used SPSS for Windows release 6.0 program package.

The name of the file containing the whole database:

hdrog95.sav (SPSS for Windows)
hdrog95.sys (SPSS for DOS)

hdrog95.txt (sequential data file)

The file containing the 2579 sample for the Council of Europe:

coehun95.sav (SPSS for Windows)
coehun95.sys (SPSS for DOS)
coehun95.txt (sequential data file)

In the naming of variables we followed the names of the questions, e.g. the answers for Q1 are the Q1 variables. The names of our own questions and their variables are OSI, the numbering is according to the numbers in the questionnaire.

Part II: Methodological results

II/A. SCHOOL CO-OPERATION

Schools' and classes' willingness to participate in the study. Refusals or other reasons for not participating. Proportion of classes not participating

The schools' and classes' willingness to participate showed differences in the different school types. The proportion of schools of each type, falling out due to refusals or other reasons are as follows:

Highschools	6.93%
Specialised Secondary Schools	6.12%
Skilled Worker Training Schools	4.72%
Training Schools and Other School	16.1%

The large fall-out rate of training schools can be explained by the larger average circulation (in this school type there are many schools closing down or new schools forming), therefor the grade in question there was no more or not yet in the dying school. In addition it might be because in this school type the registration of students follow the "principle of leftover", so in these schools the students are often over-aged, hence non of the grades met the sample requirements.

In the other three school types there was no problem meeting the sample requirements. The lowest rate of refusal was in the skilled worker training schools. The explanation for this might be that the schedule of these schools are less tight than those of the other – with higher level – school types (highschools and specialised secondary schools) that is why questioning did not disturb the work of the school, while frequent behaviour problems in these schools made them more open to the importance of the problem in research.

The fall-out of classes in the different school types show similarity but are in larger proportion:

Highschools	10.47%
Specialised Secondary Schools	12.47%
Skilled Worker Training Schools	7.97%
Training Schools and Other School	22.22%

The classes' proportion of fall-out due to refusals show a difference:

Highschools	2.62%
Specialised Secondary Schools	6.21%
Skilled Worker Training Schools	2.39%
Training Schools and Other School	6.94%

The comparison of these two tables shows that the high fall-out rate of training schools is not due negative, refusing attitude, as we already mentioned it. And there is an other important thing to be noticed: the difference in proportion of refusals on the different administrative level of highschools.

The total of the proportions of the whole sample is as follows:

Proportion of school fall-out	7.33%
Proportion of class fall-out	11.29%
(The proportion of classes refusing to participate	3.91%)

These fall-outs however did not cause neither any considerable decrease of the sample nor deformition of the sample along the representation criteria, due to the continuous replacement from the substitute sample. Therefor the data for table 1 does not really bear an interpretation on our data, as due to the replacement of sample fall-out the number of chosen classes and the number of questioned classes is not significantly different neither in total nor by school type. So the above quoted fall-out and refusal rates do not appear in the data, do not show real sample loss, but they show problems occurred during data collecting and the attitude and willingness of participation of chosen schools and classes.

The real sample loss in all four kind of schools totals 1.29%. The sample loss is the largest in training schools and other schools: 4%, while it is 1.6% in skilled worker training schools, 1.1% in specialised secondary schools and there was none in

highschools. There are differences between the capital and the country side too, more 2/3 of the sample loss is from Budapest.

According to the notes of the questioners the management and the employees of the schools participating in the survey were mostly accommodating, they helped the work of our colleague. There were only a few cases of reported co-operation problems e.g. it was difficult to get into the school or there were problems with setting the time for their visit.

The average number of unanswered questions

The number of unanswered questions on average for the compulsory questions is 3.23, for the suggested questions 2.18, for our own questions 1.06. However the number of questions in each group is different in the questionnaire, so these averages do not reflect real validity connections. The proportion of unanswered question is the largest, 3.77% among the suggested questions. The validity of the other two groups of questions is not really different in this matter, the proportion of unanswered questions for our questions is 2.95%, while this proportion is 2.58% for the compulsory questions.

II/B. STUDENT CO-OPERATION

Refusals *(the proportion of student refusals according to class reports)*

we regarded as obvious refusals those cases when the questioner noted the fact of refusal in the class report or we received blank questionnaires. This happened only a few times in the subsample, namely there were two direct refusals total, which is extremely small, 0.08%, therefor was disregardable refusal proportion.

The indirect refusals can be estimated by the number of unfinished questionnaires or by the proportion of missing in each question. The relevant information is in table 3, and in II/C., II/E. clauses.

Unusable data *(proportion identified as obviously bad data, number of questionnaires excluded)*

We identified a questionnaire totally unusable if it was completely blank or the sincerity of the questionnaire received grade 5 (the qualification process and criteria is detailed above at the description of coding).

According to that the proportion of unusable questionnaires is:

We regarded partially usable or usable with reservation the questionnaires with grade 4.

Their proportion is:

Response rates *(table 1)*

The number of students in the classes chosen for the subsample is 2899. The number of those answering the questionnaire, participating in the survey is 2579. Therefor the proportion of responding students compared to the students chosen to the sample is 88.96%.

There is no real gender difference. Out of the 1356 boys and 1543 girls in the subsample, 1199 and 1372 filled in the questionnaire 88.42% boys' and 88.91% girls' response rate. In 7 cases we received no answer for Q1 and in one case the response was invalid.

The proportion of responding students compared to the students in the sample practically shows the absence ratio.

Overall assessment of student co-operation

We received partially or fully filled in questionnaires from 99.92% of the students present at the questioning. According to this the co-operation of students was very positive, namely the direct refusal proportion is rather small (The student co-operation in each question is in clauses II/D and II/E, and tables 3 and 4).

II/C STUDENT COMPREHENSION

The proportion of unfinished questionnaires

We regarded unfinished where the last quarter or more of the questions were unanswered. The number of these – not answered at least from Q26 – is 31 in the subsample, which means 1.16%.

The number of students giving in unfinished questionnaires is diverse in the different school types. Out of the 31, 30 were students of training schools, one was from a skilled worker school, in the highschools and specialised secondary schools everyone finished the questionnaire or at least finished 3/4 of the questions. This shows that the unfinished questionnaires do not hide refusal indicators, but they are related to the comprehension of the students, as in Hungary the training schools (this type includes e.g. housewife training schools) do not require much from their students.

The finishing of the questionnaires shows gender differences as well. While the number of girls not finishing is 30 (2.19%) then there was just one boy (0.08%) who gave in an unfinished questionnaire. This gender difference is probably due to the gender differences of the school types, as 80% of training school students are girls.

Average filling-in time *(according to class reports)*

We tried to complete the questionnaire during a lecture but if it was necessary we continued in the break or even the next lecture.

The average time of completion is 45.65 minutes. The value of the variance is 7.71 minutes. The quickest time of completion is 29 minutes, the longest is 90 minutes. The median value is 44 minutes. The questioning most often – in 41.9% of the classes – happened in 45 minutes.

Notices of special problems *(according to class reports)*

On most of the class reports the questioners did not account any problems during questioning or they wrote about rather favourable experiences.

When they had problems those were the problems with the questionees and these were the most usual:

– Behaviour, discipline or disciplining problems:
  – talking loudly while filling in the questionnaire
  – discussing the questions in class or in certain groups

  These problems occurred in 10-15% of the classes questioned.
– Reasoning the extremely long completion time, the number of unfinished questionnaires by the comprehension of students which was rather a characteristic of training and other schools.
– In some cases the questioners reported special problems in the class reports, e.g. there was a retarded student in the class or there was a blind student in the class.

The general assessment of student comprehension

In most of the questioned classes the comprehension of students did not disturb the course of questioning. In 73.6% of the participating classes the questioning was completed in one lecture time (45 minutes). And just in 4% of the participating classes was the completion time more by 10 minutes (more than a break) than a lecture. 98.845% of the questionees succeeded to complete more than 3/4 of the questions.

The problems with the students' comprehension are well localised to the training school and other school types by both the responding and the completion of questionnaires. That means in Hungary the problems with student comprehension did not disturb the course of the questioning in 3 out of the 4 types of schools, these three are the highschools, specialised secondary schools and the skilled worker training schools.

II/D. RELIABILITY

Pre-test

Before compiling and sending the questionnaire to the printer we conducted a pre-test, where we asked one class in each school type to fill in a questionnaire. This means a total of 110 students questioned. The aim of this pre-test was to check the intelligibility of the questions. To meet this aim there was no need to question the pre-test on a

representative sample nor the data of these questionings to be processed. According to the experiences of this pre-test and the refusal of answering or other remarks we tried to rephrase or clear the intelligibility of the problematic questions.

Follow-up test

There was no follow-up test. As the data collecting was done by questioners, and during the process the conductors of the survey were in constant contact with the questioners and their instructors, so the sample fall-outs were corrected by the substitute sample defined paralelly with the sampling, at the same time with questioning. So the whole database of the survey was recorded in one single time frame.

Single administration *(table 2)*

29.3% of the questionees did not give reliable answer according to Q7 about smoking and Q28e. This proportion, almost 1/3 is rather high. In this regard there is no difference in the responses of boys and girls.

Regarding alcohol consumption (Q21a and Q28i) this value is smaller on the whole sample, just 4%, that means 96% of the answers are reliable. The responses given to the two questions together show significant gender differences. Although the reliability of the girls' answers is less, it seems that the significant difference of responses from boys and girls for these questions about drinking habits is rather due to the gender differences than to the different reliability of genders.

The proportion of inconsistent responses for the questions in general about other drug consumption is rather small compared to the number of questionees, for cannabis 1.5%, for amphetamines 0.7%, for hallucinogens 0.4%, for cocaine ecstasy and relevin 0.2%, for heroin 0.3%, for tranquillisers 3.9%, for inhalants 1.8% and for anabolic steroids 0.8%. Even though the proportion of the consumers of these substances – except for cannabis, tranquillisers and inhalants – is a value under 1%, these inconsistency values cannot be disregarded. A significant difference by genders occurred only regarding the "consumption of tranquillisers" questions as among girls the proportion of consistent "yes" answer and inconsistent answers is equally high.

Other notices on reliability *(e.g. between different subgroups, between different school types, regional or others)*

Reliability rates by school types

Cigarettes (Q7 and Q28e)

	a	**b**	**c**
highschools	28.1%	43.9%	28.0%
specialised secondary schools	16.5%	53.2%	30.3%
skilled worker training schools	15.9%	56.2%	27.9%
training schools and other school	9.7%	53.7%	29.3%
total	19.4%	51.3%	29.3%

As we can see the answers regarding smoking of the training school students are way under the average reliability value but there are no significant differences between the other school types.

Alcohol (Q21 and Q28d)

	a	**b**	**c**
highschools	58.41%	39.1%	2.5%
specialised secondary schools	48.2%	48.1%	3.7%
skilled worker training schools	40.5%	54.4%	5.1%
training schools and other school	39.8%	54.5%	5.7%
total	48.2%	47.9%	4.0%

The reliability of answers given to questions concerning alcohol consumption is less in skilled worker training schools and training schools than in the other two types of schools.

Other drug use ("c" answers by different school types)

	highschool	specialised secondary school	skilled worker training school	training school	total
marijuana	1.4%	1.7%	1.7%	0.9%	1.5%
amphetamine	0.1%	0.6%	1.1%	1.9%	0.7%
LSD	0.3%	0.4%	0.6%	0.5%	0.4%
crack	0.0%	0.0%	0.1%	0.9%	0.1%
cocaine	0.0%	0.4%	0.4%	0.5%	0.2%
ecstasy	0.1%	0.1%	0.1%	0.5%	0.2%
heroin	0.1%	0.3%	0.4%	0.5%	0.3%
relevin	0.0%	0.1%	0.1%	0.9%	0.2%
tranquillisers	2.4%	4.5%	3.8%	7.4%	3.9%
inhalants	0.8%	1.9%	2.9%	1.4%	1.8%
anabolic steroids	0.9%	0.6%	1.1%	0.5%	0.8%

About the reliability of responses for drug related questions by school types there is to be said that the ratio of unreliable answers is the highest in the training schools compared to the others, in general it is over average, while the highest reliability is the characteristic of the answers of the highschools students. The exception are the question about marijuana, where the reliability of the responses of training school students is above average and the question about inhalation of organic solvents, where the responses of skilled worker training school students are less reliable, and the anabolic steroids where the responses of skilled worker training school students are the most reliable while responses of highschool students are the least reliable.

The regional differences of reliability

Cigarettes (Q7 and Q28e)

	a	b	c
Budapest	21.0%	48.7%	30.3
country side	19.0%	52.0%	29.1%
total	19.4%	51.3%	29.3%

Regarding the answers given to the questions about smoking the reliability does not show regional differences between Budapest and the country side.

Alcohol (Q21 and Q28d)

	a	b	c
Budapest	53.8%	42.5%	3.6%
country side	46.8%	47.9%	4.0%
total	48.2%	47.9%	4.0%

Similarly there is no significant difference in reliability of the responses given to the questions about alcohol consumption, however the diversion of the two questions together is different in Budapest and in the country side, but this is due to the differences in drinking habits.

Other drug use ("c" answers in regional breakdown)

	Budapest	country side	total
marijuana	1.0%	1.7%	1.5%
amphetamine	0.8%	0.7%	0.7%
LSD	1.0%	0.3%	0.4%
crack	0.0%	0.1%	0.1%
cocaine	0.2%	0.2%	0.2%
ecstasy	1.2%	0.2%	0.2%
heroin	0.4%	0.3%	0.3%
relevin	0.0%	0.2%	0.2%
tranquillisers	4.8%	3.6%	3.9%
inhalants	1.0%	2.0%	1.8%
anabolic steroids	0.8%	0.6%	0.8%

We could not detect any tendentious difference in the capital-country side dimensions of reliability regarding responses to other drugs. There are differences in certain drug types, like in crack, relevin and inhalant consumption, the Budapest data seems to be more relevant than average while in other cases – LSD, tranquillisers – the data from the capital is less reliable.

II/E. VALIDITY

The proportion of missing in drug related questions *(compared to the other questions) (table3)*

In this part we studied the not valid, namely the invalid (8) and lack of answers' (9) frequency of occurrence for each question.

Invalid answers for the general socio-demographic questions

– For Q1, about the gender of the questionee, we received a total of 8 invalid or lack of responses. That is 0.3% of all questionees.
– To with whom they live in the same household (Q38) in 6 cases which equals 0.3% there was no answer. Here all except for one were girls.
– For the question about their father's level of education (Q36) were more, 59 who did not give an answer or gave invalid answer, that is 2.3% of questionees. In this regard there was no difference between the answers of boys and girls. Among the researched non-drug related questions this was the one with the largest proportion of invalid answers. This might be due to the fact that those growing up without a father did not notice the "Don't know or I don't have a father".
– The question about the mother's level of education (Q37) the proportion of 9 or 8 answers is 1.3% (33 students). And it is twice as characteristic of boys than girls.
– we have similar proportion of invalid or lack of answers for question Q39, subjectively about their school performance. Studying the gender division boys seem to be over represented.

Summarising the non-drug related questions according to the above mentioned representants it is safe to say that the proportion of invalid or lack of answers together is around 1-2%. Tendentious difference in the willingness to answer these neutral questions is not detected between the genders.

Proportion of invalid or lack of answers to drug related questions

The question about the life and whole life prevalency of *smoking*, (Q7 and Q8) have the proportion of invalid or lack of answers on 0.9%, which is not very high even compared

to the reference questions. We did not detect any significant gender difference, though the ratio was higher among boys.

The questions about *alcohol consumption* however had a larger proportion of invalid answers, as it is between the 1.2% and 3.5% values. The different prevalency values of alcohol consumption or getting drunk show the largest of valid answers in the whole life prevalency, and surprisingly mostly for the prevalency value of getting drunk. In case of questions about monthly prevalency different kind of drinks the values are more favourable than the general monthly values, but it is surprising that this index number of validity is much better especially for the liquor consumption data. Except for the data on getting drunk, and life prevalency – in which case there is no real difference – mostly boys gave invalid answers.

In case of *other drug related questions* the proportion of invalid and lack of answers is between 0.3% and 2%. Within this the, in the lower segment with infinitesimal number of invalid answers are the following questions: prevalency of consumption of inhalants and marijuana, cocaine, tranquillises and sedatives (Q25a, Q24a, Q26a, Q26e). it is general of the studied drug related questions that the proportion of invalid or lack of answers is 2-3 times smaller for whole life prevalency than for yearly or monthly prevalency, as those are closer to actual consumption. For these the proportion of invalid answers is in the higher segment of the group of questions. The invalid answers do not show significant, tendentious gender differences. Among girls there is a lower proportion of invalid answers for heroin, cocaine, crack, amphetamine, tranquillisers and marijuana consumption, while boys have lower proportion of invalid answers inhalant related questions.

Comparing the proportion of invalid answers given to drug and non-drug related questions we reached a surprising result. The result is just the opposite of what we expected, as the proportion of invalid or lack of answers for other non-drug related questions and in case of other drugs and smoking we received average or better than average results in their validity for these questions. Of course if we are counting with frequency of occurrence of the questioned phenomena in each question, then the not too many invalid answers given to drug related questions are of greater importance.

The average number of unanswered question *(table 4)*

Proportion of inconsistency *(table 5) (life, yearly, monthly prevalency values)*

Alcohol (questions Q9 and Q21)

According to the life, yearly and monthly prevalency values of alcohol consumption 3.6% of questionees gave inconsistent answers. The gender proportion of inconsistent answers is significantly different in Q9. While 4.7% of the boys have contradicting responses, this value for girls is 2.5%.

The inconsistency values correlating with consumers are somewhat higher for the same question. The value for all consumers is 3.95 of girls and 5.2% of boys.

The prevalency value of getting drunk (Q21) shows a smaller scale occurrence of inconsistency regarding the whole range of questionees. The gender differences are not that significant.

If we regard the responses of those who have never got drunk the proportion of inconsistency doubles between the prevalency values. The proportion of contradicting responses is not gender different in this case.

Regarding the different indicators of the spreading of alcohol consumption it can be proved that the responses of non-consumers are more consistent than the answers of consumers.

Other drugs (according to Q24 and Q25)

There are inconsistent responses in 0.3% of all questionees regarding the monthly, yearly and life prevalency values for marijuana consumption. There is no difference at all between the boys' and the girls' responses in this matter.

The inconsistency proportion for the same question but in the responses of marijuana consumers is the multiple of the others (20 times larger). It is 7.0% of all consumers. There is no real gender difference, however the boys' responses are a bit more inconsistent.

In case of inhalants the different period prevalency values have an inconsistency proportion which is less (0.2%) than the proportion for marijuana consumption. However the girls' responses are twice as consistent as boys' answers but with this small proportion, the difference is not that authentic. The values of consumers are similarly higher, though they are not even near to the proportion of marijuana prevalency values.

The contradiction in the responses given to alcohol and other drug prevalencies in the time frames, are in general higher for consumers than for all questionees. This tendency is to a greater extent in case of other drugs. Partially because the responses to other drugs related to all responses are more consistent, and on the other hand the relation between the consumers is just the opposite, the responses of alcohol consumers are more valid than the responses of drug consumers.

Regarding the alcohol /and other drug related questions, no obvious relation can be drawn between their consistency.

As for all the variables the validity of responses given to other drugs related questions is higher, while the responses of consumers are more consistent for alcohol related questions.

Results of sincerity questions *(Q40, Q41) (table 6)*

The majority of the responses are coming from those students who potentially admit consumption. The percentage of negative answers (probably not or not for sure) is around 10%. (For marijuana it is 9.4%, and it is just slightly higher for heroin: 10.3%) However there is a significant gender difference in the responses. The refusing, not sincere answers are in higher proportion coming from boys for both questions. At the same time the proportion of students admitting to consumption is also higher among boys, especially for marijuana.

Proportion of relevin consumers *(tables 7, 9, 11)*

In the responses for Q26 only three students – one boy and two girls – have given some measure of consumption of the dummy variable. This is 0.1% of all questionees. the students not giving answers or giving invalid answers is 27.

According to the consumption information of the dummy variable the responses to the drug consumption related questions are fair, they are 99.9% valid.

However the validity of data regarding the notoriety by Q23 is accountably worse compared to the validity of consumption data. The division of responses to Q23f indicate it. 7.15 of responses said they had heard of relevin, the dummy variable of the questionnaire. The number of responses indicating uncertainty, namely invalid or lack of answers is rather high, 148, though this value is smaller in many cases than the value of missing of existing substances.

II./F. Conclusion

As the methodological result of the survey it can be stated that both schools and students willingly co-operated with the conductors of the survey. The proportion of refusal to answer is low of schools, classes and students as well. The filling-in time, the proportion of unfinished questionnaires show that except for training schools, understanding the questionnaire was not a problem.

The values of the response reliability and validity seems to be reasonable.

The survey in procedure, and completion followed the ESPAD regulation, therefor there are no factors which would cause problems in the international comparison.

Part III: Substantive results

III/A. FREQUENCY OF SELF-REPORTED LIFETIME DRUG USE

Smoking

31.2% of secondary school students have *never smoked* in their life. This proportion is higher for girls – 33.4% – but the gender difference is not significant. Most of the young people smoked only a few times in their life, but still the number of those who mentioned 20 or more occasions is rather large, 33.2%

Alcohol consumption and getting drunk

9.3% of secondary school students have *never consumed any alcohol* in their life. The difference in gender is not significant, however the proportion of abstinents is *lower* among girls. Frequent – more than 10 times – consumption was accounted by 42% of responses. The frequent consumption is more common among boys– 56.8%, the proportion of girls is 36.1%.

51.5% of the secondary school students have been at least once in their life *drunk*. The proportion of girls is 46.6%, while it is higher for boys: 54%. Getting drunk more than 10 times occurred in 12.6%, and here the difference between girls and boys is significant – 7.3% and 18.9%.

Consumption of other drugs

The life-time prevalency of *illicit drugs* among 16 year old secondary school students is 4.8%. The gender difference is small. If we do not count the marijuana and hashish consumption then the life-time prevalency of illicit drugs is just 1.4%. Most of those who have already tried some kind of drug, consumed it only once or twice, the proportion of those who have consumed drugs three or more times in their life is 1.5%.

Only 8 students – 4 boys and 4 girls – accounted of *drugs by injection*. The frequency was not over 3-5 times in any of the cases.

The whole life prevalency of *marijuana and hashish* consumption is 4.5%, it is a bit higher for boys: 5%, while for girls it is 4%. Similarly to the other illicit drugs the three or more times consumption is rare, it is 1.3% of all responses. The proportion of boys is 1.7%, of girls is 0.9%.

The life-time prevalency of all other illicit drugs is very low, it is under 1% (amphetamines: 0.4%, LSD: 0.9%, crack: 0.1%, cocaine: 0.2%, ecstasy: 0.4%, heroin: 0.4%). Only 0.1% of the answers indicated relevin consumption.

The life-time prevalency of *tranquillisers without prescription* is 8.3% of all the questioned population. Among girls the tranquilliser consumption occurs in 11%, while it is lower for boys: 5.1%. While taking tranquillisers happens only once or twice, 1.7% of girls accounted 6 or more times. This proportion is 0.6% for boys.

The life-time prevalency of *inhalants* is 5.8%. This happens more often with boys, 6.8% of them have already tried inhalants, while this proportion is 5.0% for girls. Similarly to the other drugs trying inhalants happens once or twice, only 1.1% of the questionees used inhalants more than three times in their life.

The *combined alcohol and medication consumption* is significant, 10% of questionees have done it in their life. Similarly to tranquilliser consumption girls tend to do it more frequently, 11.2% of girls accounted of it, while only 6.6% of boys. Compared to the other substances the frequent consumption is more common, 2% of students used it three or more times.

Finally the consumption of *anabolic steroids* is 1.1% among the youngsters, in similar proportion each gender.

Games

Playing with *slot machines* occurs with high frequency among 16 year old secondary school students. 36.7% of responses mentioned playing, but most of them account only a few occasions. Playing slot machines is more characteristic of boys. While about half of the boy questionees (48.9%) have played slot machines in their life, just a bit more than a quarter of girls has done the same.

Medically supervised use

The proportion of those taking tranquillisers or sedatives on prescription is rather high, 7.6%. The occurrence is lower for boys – 5.9%, while it is 9% of life-time prevalency value for girls. for most of them this period of taking the medication was less than three weeks, but 1.4% of girls took tranquillisers on prescription for more than three weeks.

Frequency of abstinence

According to life-time prevalency values most of the 16 year old youngsters have consumed alcohol, the proportion of smoking is high and taking tranquillisers with or without prescription occurs in large proportion. The life-time prevalency values of most illicit drugs are low – marijuana, hashish and inhalant consumption – compared to previous national studies occurs in higher proportion. 5.9% of questionees are *totally abstinent* – have never drunk alcohol, smoked or used licit or illicit drugs. The gender difference is minimal, however the proportion of abstinents – 6.2% – is higher among boys. The abstinence rate does not differ we disregard some of the studied substances. Regarding cigarettes, alcohol, illicit drug and tranquilliser consumption together the abstinence rate is also 5.9%. If we take just the cigarettes and alcohol or cigarettes, alcohol and illicit drugs in both cases the abstinence rate is 6.2%. In both cases the occurrence of abstinence is a bit higher for boys (6.4% and 6.3%)

III/B. FREQUENCY OF SELF-REPORTED DRUG USE IN THE LAST 12 MONTHS

Alcohol

In the last 12 months 80% of the questionees consumed alcohol, the gender proportions are almost similar. 20.6% consumed 10 or more times. This is 28.1% of boys and 15.9% of girls.

40% of responses accounted getting drunk in the last 12 months, and the proportion – 19% – of those who got drunk *several* times is significant.

Other drugs

3.1% of students consumed marijuana or hashish in the last 12 months, in similar gender proportion. Corresponding to the whole life data, the consumption is limited to a few occasions.

The occurrence of inhalants is fewer in the last 12 months. This and the rather high life-time prevalency rate proves those previous study experiences, that inhalant consumption is decreasing in Hungary, and it is connected to a younger age.

III/C. FREQUENCY OF SELF-REPORTED DRUG USE IN LAST 30 DAYS

Alcohol

In the last 30 days 52% of the questionees have not consumed alcohol. The abstinence rate of boys is rather low, 42.5%, while it is 57.5% of girls. Most of them consumed alcohol 1-5 times, but 7.8% of responses report consumption of 6 or more times. The gender difference is significant, 11.8% of boys and just 4.8% of girls consumed alcohol 6 or more times in the 30 days prior to questioning.

Beer was the rarest drink to be consumed in the last 30 days. The rate of beer consumers is 28.6%. Beer drinking is specially rare among girls, only 17.6% accounted beer drinking in the previous month, and mostly once or twice. 41.4% of boys drank beer and almost 10% of those consumed it 6 or more times.

Regarding the whole sample *wine* drinking is more common, 36% drank it in the previous 30 days. The difference between beer and wine drinking is most significant among girls, 30.4% of them drank wine in the last 30 days though the frequency is not more than 1-5 times. For boys the frequency of wine drinking is just a bit over beer drinking, 42.4% drank wine in the previous 30 days. However drinking wine 6 or more times occurs less frequently, in 8.7%.

On the whole sample the *liquor consumption* is the most common, but this is explained by the high prevalency values of girls. In the whole sample the liquor consumption is 38.6% in the last month, the proportion of boys is 38.8%, of girls is 38.5%. That means ,

that comparing the three alcohol types, girls are more likely and boys are less likely to drink liquors. Consuming 6 or more times is rare, 7.6% of boys and 4.2% of girls did so.

20.5% of responses say they *got drunk* in the last 30 days. This proportion is higher, 26.3% among boys, but 15.4% of girls got drunk at least once. Getting drunk three or more times is not rare among boys, 8.6% accounted of it, while only 3.2% of girls accounted of the same.

The proportion of *drinking five or more drinks* at a time is higher than the proportion of getting drunk. The frequency in the whole sample is 23.1%, it is 15.2% of girls and 32.1% of boys. Boys tend to drink five or more drinks at a time at least three or more times rather often, the frequency is 18.3% of boys while 7.1% of girls.

Drinking alcohol occurred in high frequency among secondary school student questionees in the last month. Girls tend to drink liquor more frequently – though it means liquor containing lower level of alcohol – boys though not in significant measure tend to drink beer and wine more frequently. The majority of questionees drank alcohol just a few times in the last month, meanwhile the proportion of those who drink larger quantities and get drunk more often is significant.

Other drug use

1.1% of questionees accounted marijuana or hashish consumption in the previous 30 days, most of them mentioned just 1 or 2 occasions. The gender difference is insignificant (2% of girls and 1% of boys).

0.8% of questionees inhaled in the last month, in similar gender proportion, just once or twice.

Smoking

33.8% of 16 year old secondary school students smoked in the previous 30 days. In smaller proportion the girls, 31.6% and boys in larger proportion, 36.2%. 21.7% of girls and 28.2% of boys smoked at least 1 cigarette a day. 6.5% of boys band 3% of girls smoke more than 10 cigarettes a day.

III/D. AGE AT FIRST USE

Cigarettes

For the majority of the responses the first cigarette was smoked at the age of 14 or under. The first one for boys is rather between age 11 and 14, for girls a little bit later at the age of 13-15. The regular daily smoking for both gender starts at age 14-15.

Alcohol

The first drink is taken most likely at the age of 14 for all three kind of alcohol. Boys often start to drink beer at age 12-13, while liquor drinking starts at the age of 14-15.

The first drunkenness appears to be a bit later than the first consumption, age 15 was marked most frequently, but mostly boys happen to get drunk at age 14. Just 7.6% accounted getting drunk under age 14.

Other drugs

The age of first use of illicit drugs – if it is interpretable due to the low number of cases – is age 15, but younger ages occur for all of the drugs as well. At age 15 the most common is the first use of tranquillisers without prescription, but age 14 is also frequently mentioned.

Differently from the above mentioned the age at first use for inhalants is different, most frequently it happens at age 11 or under, but age 15 is frequent among boys.

The age at first use of cigarettes or alcoholic drinks is 14 or under, of other licit or illicit drugs is around age 15.

III/E. ALCOHOL CONSUMPTION

Quantities

44.8% of boys and 16.8% of girls consumed *beer* the last time they drank alcohol. For girls the amount of beer is under 50 cl, while among boys the most common amount is 50 cl or between 50 and 100 cl, and more than 10% marked more than 100cl.

The larger proportion, 48.6% of questionees drank *wine* the last time they have consumed alcohol. The proportion is 42.6% of girls and 55.3% of boys. 38.4% of girls and 42.7% of boys drank at most 20 cl of wine. 1.2% of girls and 5% of boys drank 75 or more cl of wine.

Similarly to wine – 48.6% – of questionees dank *liquor* the last time of alcohol consumption. The important difference is that girls drank liquor at the last time in higher proportion, in 52.1%, than drank the other two alcohol. This rate of boys is 44.4%. It is however important to note that liquor consumption for girls means lower – 18-22 degree – alcoholic content, sweet liquor. The consumed quantity for the majority is not more than 10 cl, but 8.1% of girls and 11.2% of boys consumed liquor in larger quantity at the last time.

The average per capita alcohol consumption at the last time converted to 100% pure alcohol is 65.4 ml for boys and 32.2 ml for girls. (While calculating the total quantity of consumed alcohol, we included only those answers where there was a valid response for all three alcohol.) Both boys and girls consumed liquor in the largest quantity, it is 24.5 ml for boys and 15.8 ml for girls. (While calculating the average values of each alcohol we included answers where responses were only for the alcohol in question.) In both sexes the quantity of wine consumption was lower, 19.7 ml for boys and 11.0 ml for girls. The per capita beer consumption at the last time of girls is outstandingly low, a total of 2.8 ml, while the average quantity of beer consumed by boys – 20.7 ml – is a little bit over the average of wine consumption.

The *place of the last consumption* is often a disco (29%) or home (24%) and pubs and bars were named (20%) as well. Often (16%) somebody's apartment was marked, which means a party, or an elder relative's home in most of the cases. Girls more often mentioned home and discos, while boys named pubs in large proportion.

The questionees unanimously refused the possibility, *as an effect, consequence of alcohol consumption* that they would not be able to stop drinking. 83% of questionees does not think it is possible, but the proportion of "impossible" responses is 58%. The majority (79%) of questionees refuses the possibility that they would have a problem with the police due to alcohol consumption. In a smaller but still large proportion, more than half of the questionees did not think they would do something they might later regret or get sick because of alcohol drinking. The students find the positive consequences of alcohol most likely or possible, such as "I would be more relaxed and loosened", "I would have fun", "I would feel friendlier and outspoken". The only exception is the "it would be bad for my health" answer, as more than half of the students (55%) thought it possible or most likely.

A very low proportion of secondary school students accounted *problems due to alcohol consumption*. In larger proportion there are problems in the relationships. Quarrels, arguments are mentioned, but only by 20% of questionees. Just 15% mentioned problems with friends, 13% mentioned problems with parents, and just 4% has ever had a problem with a teacher due to alcohol consumption.

Students rarely mention personal problems. Among the most commons are "I wrecked certain things" (11%), and "my performance decreased" (10.5%). Accidents or loosing valuable thing due to alcohol consumption happens rarely according to the responses, 6% and 4% of responses mentioned them.

7% of questionees mention the sexual consequences of alcohol consumption ("made sexual encounter later regretted", and "made sexual contact without prevention") for both option.

Among criminal problems the most frequent is drunk driving, 6% of questionees account of it. 4% mentioned problems with the police, and 0.8% became a victim of robbery or an assault due to alcohol consumption.

The proportion of boys accounting problems due to alcohol consumption – except for problems with friends – is higher than the proportion of girls. But the difference is not that large, just in a few cases – drunk driving, decrease in performance, problem with parents, wrecking things – do boys account problems more often than girls.

III/F. ATTITUDES TOWARDS ALCOHOL CONSUMPTION

Reasons for not drinking

This question was one of the most difficult to understand, it was detected early, at the pre-test, but as it was a compulsory question we had no chance changing it. The phrasing of the question did not make it clear whether it is about general reasons or they want to learn about the reasons the questionee does not drink for. Therefor the responses reflect the agreement or disagreement of each phrased reason, they are sometimes general reasons, and in other cases refer just to the questionee.

93.2% of questionees agree that "drinking is damaging to health" (in 32 cases there were no valid answers). The agreement proportion of girls is higher, 94.4%, while of boys is 91.5%.

78.9% of responses agreed to "drinking costs a lot of money", the proportion of agreement is again higher of girls (80.3% of girls and 77.3% of boys), but the proportion of agreement is not gender significant. In 78 cases there was no answer.

"I don't drink for religious reasons" statement was approved by a mere 18.5% of the students answering the question. The gender difference is not significant (16.8% of boys and 20.0% of girls). For this question a rather large number, 199 students gave no or invalid answer.

76.6% agreed to "those who drink inconveniently loose their self-control". The gender difference in this case is not significant either (78.2% of boys and 74.8% of girls). The number of missing or lack of answers is 95.

60.9% of responses agreed to "it is difficult to stop drinking if you have already started". (The missing is 66 students.) The responses are significantly different by gender. The agreement proportion of girls is 8% higher than of boys (74.7% and 56.6%)

75.6% of responses agreed to "my parents disapprove of drinking and there was no significant gender difference. (Missing is 133 students)

For the statement "drinking makes you fat" the number of lack of answer and invalid answer is rather high, 191 students. The proportion of agreement to the statement is low, just 25.7% and again with a slight girl predominance.

To "drinking ruined one of my good friends" 65.2% of the responses agreed, (missing 165), while 71.1% was the girls' proportion of agreement, this proportion is just 58.9% of boys.

"Alcohol has terrible taste" was approved in a significantly larger proportion of girls, though both sexes tend to disagree (the proportion of disagreement is 69.9% of boys and 58.9% of girls). 174 students gave invalid answers and just a mere 36% agreed to the statement.

To the side effects, e.g. headache, hangover, sickness 80.5% of questionees agreed. (Missing 111)

The relation of drinking and crime was approved by 72.3% of the responses. (missing 92 students)

Drinking contradicts just a bit more than half of the questionees' principles. However there is a gender difference (48.5% of boys and 56.9% of girls). The number of no or invalid answers is high, 214.

A large proportion , 89.6% of responses agreed that "there is a big chance that drinking leads to accidents". Hence this proportion is 91.8% of girls.

The "there is a great chance that drinking will have a damaging effect on my family life" is approved by 82.8%, with a 6% gender difference. (missing:117)

To summarise it seems that reasons against alcohol consumption and reasons for not drinking gained the ears of most of the secondary school students. The only exceptions are the religious reasons, the fattening effects and the reasoning with the terrible taste of alcohol. If there is a difference between the genders , it seems that girls are more likely to agree to the reasons against drinking than boys.

***Anticipated drinking behaviour**)*

There were problems with the understanding of this question as well, as we already mentioned it at the meetings of the questionnaire preparation. We think – and the questionees proved – that the question is under defined, and it is doubtful what it measures.

47.3% are the "don't know" answers, there were 28.3% "yes" and 29% "no" answers. The gender proportions are different, while girls tend to answer "no" or are indecisive, 30.7% of boys answered "yes"

III/G. KNOWLEDGE OF DRUGS

According to the results from the studied substances on the surveyed population cocaine has the largest proportion of notoriety. 94.6% of questionees have heard of it. The proportion of notoriety of this drug is higher among girls, than among boys (27 students din not answer or gave invalid answer for the question).

The next drug on the notoriety scale is the heroin. Its notoriety rate is 94.3% (missing 31). There is no gender difference, though among girls it has a higher notoriety proportion.

92% of students have ever heard of tranquillisers and sedatives (number of missing:38). The notoriety of these substances is significantly different by gender. While 10.2% of boys have never heard the drugs in this category, just 5.2% of girls have never heard of them.

The notoriety rate of marijuana is 91.3%. The gender difference is similar to the previous drug group.

The next on the list are the sleeping pills with a 89.1% notoriety rate (missing 52%). The measure of notoriety of these substances is larger among girls, 92.8%, while it is just 84.9% among boys.

87.1% of students have ever heard of LSD (missing 36). There is no real gender difference.

The drugs next on the rank fall way behind the foregoing. While the notoriety rate the above mentioned substances is rather high and ranges on a small scale – between 94.6% and 87.1% – and the rate of invalid or lack of answers range between 1-2%, the substances next on the list are not known to most of the questionees. The low notoriety rate drugs are as follows: other opiates (35.1% of response heard of it), ecstasy (notoriety rate; 24.4%), crack(notoriety 23.5%), amphetamines (20.7% knows about them), methadone (13.0%), speed (11.0%) and the dummy variable, relevin with the lowest notoriety (7.1% thought they'd heard of it). The number of no or invalid answers for these substances, between 119 and 154, indicate the low notoriety of these drugs in Hungary.

III/H. PERCEIVED AVAILABILITY OF DRUGS

Alcohol

90.2% of questionees thought it easy to access beer if they wanted to, and within this 74.6% thought it very easy. The rate of those who assumed it difficult in some way to access was just 4.2%. There is no significant gender difference in the responses. We received similar responses of wine accessibility. 90.7% thought it rather easy or very easy to access, while just 4.7% tend to think it difficult in some way.

The availability of liquor is a bit different, 12.6% of responses found it difficult to access in some way. And the rate of those who find it easy or very easy to get is more than 10%, less than in case of the other two alcohol.

There were no significant gender differences in the responses, however boys tend to answer "very easy" in larger proportion.

Other drugs

The rank of accessibility of other drugs is as follows according to the easy and very easy answers:

drugs	**proportion of easy and very easy answers in %**
inhalants	40.8
tranquillisers	36.6
marijuana	9.0
anabolic steroids	8.5
LSD	5.9
ecstasy	4.7
amphetamines	4.6
heroin	4.5
crack	4.0
cocaine	3.9

It is clear that according to students the availability of other drugs is way behind the availability of alcohol. In the next availability category are the inhalants, tranquillisers and even their accessibility was rated "easy" or "very easy" only by half of the responses compared to alcohol. The rate of those finding it difficult to access these substances is almost similar, and the proportion of those who find it impossible to access them is 15%.

The availability of the other drugs fall way behind these foregoing. The percentage of those who find it difficult, rather difficult or impossible to access is dominant. The availability of marijuana and LSD is at least is rather easy for 10%, but the substances following them are available only according to about 5%. 25% to 30% of questionees think it is impossible to get illicit drugs.

There is no gender difference, the only exception is the availability of tranquillisers as in the "easy" and "very easy" groups girls are over represented.

III/I. DISAPPROVING OF DRUG USE

Cigarettes

24.9% of responses disapproved of occasional, and 75.4% of regular smoking (10 or more cigarettes a day). Girls are significantly more tolerant of occasional smoking than boys, while regarding regular smoking the gender proportion is just the opposite, but the difference is not significant.

Alcohol

17.7% of responses disapprove of trying drinks of some measure. Responses are gender indifferent. 70.2% of questionees disapprove of drinking a few several times a week, and a little more of them (74.9%) disapproves of getting drunk once a week.. There is no gender difference in the judgement of trying alcohol, however disapproving regular drinking and getting drunk, girls are over represented.

Other drugs

The rank of behaviour towards other drugs, according to disapprove and strongly disapprove answers:

Smoking marijuana regularly	94.8%
trying cocaine	92.2%
trying heroin	92.1%
Smoking marijuana occasionally	92.0%
trying crack	91.2%
trying amphetamine	90.9%
trying LSD	90.2%
trying ecstasy	90.0%
trying inhalants	89.7%
trying tranquillisers	86.0%
trying marijuana	85.9%

The rate of disapproval and strong disapproval of some substances is rather large in the surveyed mass.

The opinion on trying the different substances differentiate on a small scale, the rate of disapproval is between 92.2% and 85.9%. According to the rank formed on the base of this small scale, it is getting closer to reality compared to the results of Hungarian surveys, however the measure of differentiation is small and the legally accessible drugs are still in the mildly disapproved segment. (The later statement is proved when the rank is compiled by the strongly disapproving responses, where occasional marijuana smoking is more disapproved than inhalants and tranquillisers without prescription.) The judgement of different measure of marijuana consumption (and the previously showed alcohol and cigarettes)indicates that responses differentiate between regular, occasional and trying-out consumption, though this differentiation is on a small scale. We cannot talk about the proportion of answers by gender as there is no difference in the answers of boys and girls for any of the substances.

III/J. PERCEIVED RISK OF DRUGS

Cigarettes

76.3% of responses perceives even the occasion smoking hazardous in some measure, the majority finds it moderately dangerous., but 52.6% says it is a little bit dangerous.

Regular smoking is perceived dangerous by 77.4%, and by an other 19% moderately or little bit dangerous. These rates are larger than those disapproving smoking.

In the judgement of the danger of regular smoking the girls' responses are significantly stricter.

Alcohol

Drinking 1-2 drinks almost every day is perceived dangerous on some scale by 87.1%, the majority finds it moderately dangerous. A larger rate, 92.0% of the questionees finds it dangerous to drink large quantities – 5 or more drinks on a weekend. The rate of giving the "very dangerous" answer among them is 54.6%. Among the different types of

alcohol consumption the daily, large quantity (4-5) drinking is perceived mostly (95.4%) very dangerous or dangerous (the proportion of very dangerous answers alone is 68.8%).

The gender proportion of responses is significantly different. Girls perceive all sorts of drinking habits more dangerous than the presented average.

The proportion of perceiving alcohol consumption dangerous is higher than proportion of disapproving consumer habits.

Other drugs

Perceiving other drugs dangerous (a bit, moderately, very much) the proportion of questionees is between 85.2% and 88.7%. This scale proves that in this regard the perception of drugs in this surveyed population differed only a little bit.

The first on the rank are inhalants, then comes LSD, marijuana, cocaine, amphetamine, and ecstasy consumption.

As total there is no real difference in the perception of the dangers and people trying out these substances. In general the proportion of those disapproving the try-out of drugs is very close to the proportion of perceiving drugs dangerous. The differentiation of some drugs is even smaller then the differentiation in approval of habits.

The rate of regarding the regular usage dangerous moves on a scale between 89.6% and 93.1%, so even if just a bit but it is still higher than the danger rates of trying, which proves that responses differentiate between regular, occasional and try-out dangerousness. The rank by danger of regular and occasional consumption – though just slightly alters the picture – is not significantly different from the try-out level, as both of them are led by inhalants marijuana just follows.

III/K. ESTIMATED DRUG USE AMONG FRIENDS

Cigarettes

Just 3.6% of secondary school students, with similar gender proportion, think none of their friends smoked. Most or one of the friends are smoking in 41.3% of the cases.

Alcohol

Similarly to smoking, just 5.5% of questionees think none of their friends drink alcohol. Most or some of the friends drink alcohol of 33.2% of the questionees, and boys in larger proportion, 35.4 think most or some of their friends drink alcohol.

67.1% of questionees have one or more friends who get drunk at least once a week. This proportion is smaller of girls, 63.5% while it is 71.4% of boys. 12.8% of boys and 8% of girls thought that most or some of their friends got drunk at least once a week.

Other drugs

The responses regarding the drug consumption of friends show similar tendencies as the data on questionees. The most common in the largest proportion is the consumption of tranquillisers without prescription among friends – 11.7% knows off friends who take tranquillisers – 10% knows about friends taking marijuana or hashish and 7.1% of friends taking inhalants. The consumption of other drugs among friends is mentioned by a mere 5%.

III/L. FIRST DRUG USE OCCASION

According to responses to *first used drugs* 8.5% of the questionees have ever used any of the substances. The proportion of girlls, 9.1% is somewhat higher than of boys, 7.8%. With small differences there are three frequently mentioned first used drugs: marijuana and hashish (2.5%), tranquillisers without prescription (2.4%) and other substances (2.7%) including inhalants, opiates (poppytea) and sleeping pills without prescription. There's a gender difference in tranquilliser and marijuana consumption: 3.5% of girls mentioned tranquillisers without prescription as first used drugs while for boys it is just

1.2%, but on the other hand just 2% of the girls but 2.9% of the boys mentioned marijuana or hashish as first used drugs.

The first used drugs are mostly received from friends or in a group of friends (sharing with a group of friends: 1.9%, an older friend gave it: 1.6%, a friend of the same age gave it: 1.1%). The other common source is home, which means first of all tranquillisers (took it from home without parents' permission: 1.8%, one of their parents gave it: 0.8%)According to the gender proportion of first used drugs, the drugs given by parents show a gender difference. 1.2% of girls got the first used drugs from parents compared to the 0.3% of boys.

III/N. BACKGROUND VARIABLES

Leisure time activities

The listed leisure time activities are enjoyed by a large proportion of students. Under 70% of occurrence rate are just riding a motorbikes and playing slot machines (40.2% and 36.7%). The leisure activities with at lest monthly regularity are: number one going out with friends (70.1%), then sports (68.9%), and reading a book (66.0%). With at least with monthly regularity 48.7% questionees play with computers, 20,2% rides motorbikes, 10.1% plays slot machines. 58.0% has some other hobby. The girls mention in larger proportion reading and going out with friends and other hobbies as monthly regulars, while boys mention other activities more often.

The vast majority of students – 96.7% – watches TV or video. Generally girls spend less time with watching TV. 29.7% of boys and 24.6% of girls are spending at least 4 hours a day by watching TV or video.

Missed schooldays

In the last 30 days prior to the questioning 38.4% of students missed school due to illness, 12.6% skipped school and 25.8% missed school for other reasons. Mostly the absences due to illness lasted for 3 or more days, while skipping school or missing school for other reasons were just for 1-2days.

Average grades

27.7% are diligent students (with average between 4 and 5, 5 being the best, in Hungary) and 29.9% are bad students (with average between 1 and 3, 1 being the worst). The proportion of good students is higher among girls (33.5%) and their proportion of bad students is lower (22.5%).

Compared to other a lot of the students defined themselves as average students (68.9%) though the real school performance indicates it differently. Just 18% thought their school performance better than average and only 1.7% considered themselves the best. And though the real average grades of boys are not often above average, more of them thought their school performance better than average than girls did. On the other hand boys more often considered their school performance worse than average.

Parents level of scooling

About half of the secondary school students' fathers have primary school and skilled worker training school qualification. 22.6% of fathers are secondary school graduate, and 18.9% of fathers have university or college degree. The proportion of mothers with university or college degree is similar to fathers', 18. 3%. But the proportion of just primary school graduates is higher (15.6%), and the secondary school graduate number (35.7%) as well, while the proportion of primary and skilled worker school graduates is lower (27.7%) than of fathers.

Household composition

The questioned secondary school students characteristically live with their mother (95.9%), father (80.5%) and their sisters and brothers (81.3%). The proportion living with grandparents (14.2%) is low, as the proportion is of those living with stepfather and stepmother (6.2% and 1.4%).

III/O. SCHOOL PERFORMANCE AND DRUG HABITS

The students considering their school performance lower than average in 40% smoked 40 or more times (the average of the whole sample is 27.5%) and compared to the others the proportion of smoking 11 or more cigarettes a day is higher (7.7%).

The alcohol consumption in the last month was higher of those considering their school performance lower than average, namely six or more drinks of wine, beer or liquor and they consume five or more drinks more often, they got drunk more frequently in the last month than the others and at the last time they drank a large amount of alcohol.

There are similar differences regarding the life-time prevalency of other drugs, between the above average, average and below average students. In the below average group almost all drug prevalency values are higher, in the above average group are lower.

The data indicate that the consumption of licit and illicit drugs is more common among students who consider their school performance below average. However we must note that this data is on how questionees evaluated themselves. Therefor data might indicate that drug consumption is higher among "bad" students, or it might be that drug consumers (maybe already evaluated by others because of their drug consumption) tend to evaluate their own school performance worse than average.

DISCUSSION

According to the 1995 ESPAD project mostly the high consumption of licit drugs is common among 16 year-old secondary school students in Hungary. A vast majority of them consumes alcohol in some extent of frequency, and though most of them are occasional or party consumers, there is a large proportion who frequently consumes alcohol in large quantity and gets drunk. Smoking is wide spread, 69% of students have smoked in their life. 8.3% of them took tranquillisers without prescription, but the rate of those taking tranquillisers on prescription is also high, 7.6%. 4% took sleeping pills without prescription and 10% combined medication with alcohol.

The life-time prevalency rates of illicit drugs are lower. Marijuana and hashish seems to be wide spread, their life-time prevalency rate is 4.5%, the opiates (this means mostly

poppy products, and though they were not in the compulsory questions, we included them due to their relative wide spread in Hungary) with a life prevalency value of 1.2%. The occurrence of the other illicit drugs is under 1%. We have to give prominence to inhalants, their life prevalency value is 5.8%, but the other data show that its spread was significant mostly about 1 o2 years ago.

Comparing the results of the 1995 survey to the 1992 survey it is eye catching that the life-time prevalency rates of most drugs are lower in 1995 than they were in 1992. The only exception is the marijuana, hashish consumption, which had a larger value only in the 1992 Budapest sample than the 1995 national sample, and the spread of inhalants was smaller in every sample of 1992 than in 1995. To explain the above mentioned decrease in this phase of the research we can only give hypotheses. The proceedings of the 1992 band 1995 surveys were methodically identical. The questionnaires used in both surveys were very similar and well comparable in drug consumption questions. Though the sampling process was the same, the 1992 survey studied the 17 or 14-18 year-old population, while the present survey studies the 16 year-old population. We are going to check the differences caused by this.

But it is more likely that either the drug consumption really decreased or the measure of admittance decreased. The reason for both might be the change in the perception of drugs. It seems in 1995 licit and illicit drugs are considered less accessible than they were in 1992, and in 1995 the disapproval of single and frequent consumption is of high proportion. We are going to conduct further tests and background studies to explain the decrease in consumption data and the change in opinion.

Literature:

Elekes Zs. (1986): 14-18 éves fiatalok ivási szokásai. Alkohológia 1986/1. 2-13.

Elekes Zs., Liptay G., (1987): Az alkoholfogyasztás és más beilleszkedési zavarok elterjedtsége Magyarországon. TBZ Bulletin IX. Budapest, 1987. 1-152.

Elekes, Paksi (1994): Adalékok a magyarországi drogfogyasztás alakulásához. in: Bevinaciák Magíarországon. Közélet 1994.

Erdélyi I., Magyar M., Pick I., Zeisler J.(1987): Euforizáló szerekkel való visszaélés és a fiatalkori bünözés. Alkohológia 1987.2.

Kisszékelyi Ö.(1975): Drogfogyasztás középiskolások körében. Orvosi Hetilap 1975.15.

Zseni A. (1983): A serdülôkoruak szociálpszichiátriai vizsgálata. Alkohológia 1983.2.