ESPAD

The European School Survey Project on Alcohol and Other Drugs

The 1999 ESPAD Report

Alcohol and Other Drug Use Among Students in 30 European Countries

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To Anu

Preface

In 1995 the first large cross-country school survey on alcohol and other drugs was performed in 26 European countries. It was a collaborative project, in which each country collected data following a strictly standardised methodology to allow cross-national comparisons. The results were published in "The 1995 ESPAD Report" and it encountered a great interest, not only in the participating countries.

The data collection was planned to be repeated regularly, since it was strongly felt that the possibility to monitor trends in alcohol and drug use among young people in Europe was an important task. Hence, one of the issues that have been discussed at the project meetings with the researchers from the participating countries was the optimal time period between the data collections. It was decided to have four year periods, although some participants thought it was a little too long. One of the reasons for this decision was that it is rather difficult for many countries to get funds for the data collection and data computing, and it would be easier to get money every fourth years than every third. However, looking back, four year seems like a very short period if one considers the work involved in such a large study.

As in the first wave, the co-operation in the group of researchers has been very positive also in the 1999 study. New researchers have joined the group, but the familiar and friendly atmosphere remains the same.

In 1999 ESPAD regrettably lost one of its veterans when Anu Narusk deceased. She had been a valuable member of the working group since the start of the project.

The second data collection was performed in 1999 and the number of participating countries had then increased to 30. The results presented in this report show that great changes have occurred in many parts of Europe. The trends in alcohol and drug use among students aged 15–16 is a focus of interest in many countries and to be able to see the European prevalence pattern over time is an important task also in the future. Unfortunately, some important countries are missing in the project. It is hoped, however, that in the 2003 data collection the group of countries and the coverage over Europe will be increased.

We would like to thank all our friends who have been on this journey together with us. It has been a pleasure both professionally and personally.

Stockholm in December 2000

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Director, ESPAD Co-ordinator

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Acknowledgements

As in 1995, when the first ESPAD project was performed, ESPAD 99 was carried out as a collaborative project. The co-operation in the big group has been smooth and all meetings have been carried out in a positive atmosphere. As the project goes on, people involved have got to know each other, not only as researchers, but also as friends.

The co-ordination work of the ESPAD project has been supported by the Swedish Government. This grant has also covered some of the costs for meetings and for the printing of the report. A valuable support to the printing has also been given by the Swedish National Institute of Public Health.

The Pompidou Group at the Council of Europe has supported parts of the project from the first project meeting in 1994. Their support has been related to the participation in project meetings and regional seminars of researchers from eastern and central parts of Europe. Other activities for which support has been given by the Pompidou Group are meetings of the working group. A special thanks to Mr. Christopher Luckett and Mrs. Florence Mabileau-Whomsley for their appreciated assistance and support.

An important basis for the ESPAD project has been that each country had to raise funds nationally, both for the participation of researchers in the project meetings and for the data collection. Without this financial contribution of each country the project would not have been possible to realise. A special grant was made available by the Swedish International Development Co-operation Agency, SIDA for the data collection in some countries around the Baltic Sea. A list of national funding agencies is to be found below.

Together with the co-ordinators, the ESPAD working group has been responsible for the planning of the study, including methodological suggestions and a draft questionnaire to be discussed at the project meetings with all participants. The group, which also has functioned as an editorial group for the international ESPAD report consisted of Olga Balakireva, Ukraine, Thoroddur Bjarnason, Iceland, Anna Kokkevi, Greece, Mark Morgan, Ireland, Anu Narusk, Estonia, Barbro Andersson and Björn Hibell, Sweden. In the summer 1999 the working group as well as the project lost one of its members when Anu Narusk regrettably deceased. For the working group meeting in May 2000 Salme Ahlström, Finland was asked to take her place.

In addition to the results of the ESPAD survey, and like in 1995, this report includes data from the annual school surveys in USA. Data from the Monitoring the Future study has kindly been provided by Dr. Lloyd D. Johnston.

We would also like to direct a special thanks to Dr. Robin Room, University of Stockholm for his highly valued comments and advice.

Each country has been represented in the project by a researcher, who is also contributing author of this report (see title page). There are, however, a number of persons who have done an important work in the 1999 ESPAD study. They are presented below in alphabetical order by country.

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USA: Lloyd D. Johnston

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Bulgaria: National Centre for Public Health, Bulgarian Lions Quest Foundation, Ministry of Education
Croatia: Croatian National Institute of Public Health, the Government of the City of Zagreb, the Governmental Commission for Drug Prevention
Cyprus: Ministry of Education, Statistical Service of the Government of Cyprus
Czech Republic: The Government of the Check Republic
Denmark: University of Aarhus, the National Board of Health
Estonia: The Swedish International Development Cooperation Agency (SIDA)
Faroe Islands: The Board of Alcohol and Narcotics Prevention
Finland: The Social Research Unit for Alcohol Studies of the National Research and Development Centre for Welfare and Health (STAKES)
France: Observatoire Français des Drouges et des Toxicomanies, (OFDT)
FYROM: UNDCP, Skopje
Greece: The University Mental Health Research Institute
Hungary: National Scientific Research Fund, Ministry of Youth and Sport, National Health Service
Iceland: The Alcohol and Drug Abuse Prevention Council, the City of Reykjavik
Italy: Ministry of Health, Ministry of Education, National Public Health Service
Latvia: UNDCP, Latvia,
Lithuania: The Swedish International Development Cooperation Agency (SIDA), the Social Research Unit for Alcohol Studies (STAKES), Finland
Malta: Agency Against Drug and Alcohol Abuse (**sedqa)**, Ministry of Education and Human Resources
Norway: The Norwegian Directorate for the Prevention of Alcohol and Drug Problems
Romania: Institute of Health Services Management, Compartments of Health Education from Public Health Authority from each district of the country, Ministry of Education
Russia: Research Institute on Addiction, Moscow City Mayorate, Moscow Education Committee, the Swedish International Development Cooperation Agency (SIDA)
Slovak Republic: The National Central Node of Drug Information System, Ministry of Health, Ministry of Education
Slovenia: The Institute of Public Health
Sweden: Alcohol Research Fund of the Swedish Alcohol Retailing Monopoly, CAN (Swedish Council for Information on Alcohol and other Drugs), the National Institute of Public Health
Ukraine: The State Committee of Ukraine on Family and Youth, UNICEF House in Ukraine, the Swedish International Development Cooperation Agency (SIDA)
United Kingdom: The Alcohol Education & Research Council (AERC), the Department of Health and Social Services, Belfast, the Health Education Authority, London, Allied Domecq plc, the North British Distillery Company Ltd, the PF Charitable Trust

Introduction

Background

The use of tobacco, alcohol and other drugs among young people is a great concern in most countries and a lot of studies have been done to learn more about consumption patterns. However, in spite of the quite large number of studies conducted in many countries, it is rather difficult to get a comprehensive picture and to compare the levels of alcohol and drug use prevalence in different countries. The main reason for this is that the studies are made on different age groups with different questionnaires and at different times, i.e. too many factors influence the results and makes comparisons difficult. Nevertheless, when needed in the international alcohol and drug policy discussions, data from various surveys are sometimes used to describe the current situation, simply because there are no other sources to rely on.

During the 1980's a subgroup of collaborating investigators was formed within the Pompidou Expert Committee on Drug Epidemiology, Council of Europe, to develop a standardised school survey questionnaire and method. The purpose and rationale for the work was to produce a standard survey instrument, which would allow different countries to compare the alcohol and drug use in student populations in terms of standardised definitions and prevalence intervals. The common questionnaire was used by eight countries in a pilot study. Unfortunately the studies differed in sample size, representativeness and range of ages studied and they were not performed simultaneously. Due to these differences data were not directly comparable. However, the survey instrument proved to be valid and reliable (Johnston et. al. 1994).

Another study, aimed at investigating the health behaviour of children in Europe (aged 11, 13 and 15), was initiated by a small group of researchers in the beginning of the 1980s. The project was adopted by WHO and has got an increasing number of countries involved in it. Surveys have been conducted at five times since 1983/84, the last one in 1997/98. However, the focus in these studies is mainly health issues, although a few questions are asked about smoking and alcohol consumption (Currie et. al. 2000).

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

Purpose of the project

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

The most important goal in the long run is to study trends in alcohol and drug habits among students in Europe and to compare trends between countries. The knowledge thus gained will be important in the future when changes in one part of Europe may serve as a forecast for countries where changes have not yet appeared. Such trends may also function as incitements for prevention initiatives.

It is planned to repeat the surveys every fourth year, thus providing data on where and when changes in the alcohol and drug consumption may appear. European countries which are not yet involved in the ESPAD project are welcome to join the next wave in a couple of years, to make the coverage over Europe as complete as possible.

The use of surveys

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

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

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

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

National project plans and regional seminars

Before the data collection each country has written a national project plan, following a standardised outline, describing the population's distribution over the grades in school and the proportion of students expected to be found in school (Hibell and Andersson 1998b). The planned sampling and field procedures were also described in detail.

The participants of the ESPAD project are somewhat different in epidemiological experience and skill. In an effort to standardise the methodology and make each country's project plan as scientifically accurate as possible, regional seminars have been performed with small groups of investigators. The purpose of the seminars are to maximise the standardisation of the data collection procedure and to discuss how the sampling procedure can be done in different countries with different conditions in terms of available school statistics. In the preparations of the first study four regional seminars were organised. Before the 1999 data collection ESPAD researchers met at five such seminars.

Participating countries

About 30 countries were involved in the planning process of the 1995 ESPAD study. Unfortunately a few of them had to leave the project because they were unable to raise the funding needed for the data collection. The 1995 ESPAD report included information from 26 participating countries (Hibell et al 1997).

One country that participated in the first study did not take part in the 1999 data collection. However, in the meantime new countries have joined and this report includes data from 30 participating countries. They are Bulgaria, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Faroe Islands, Finland, France, FYROM (Former Yugoslav Republic of Macedonia), Greece, Greenland, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Russia (Moscow), Slovak Republic, Slovenia, Sweden, Ukraine and United Kingdom. Eight of them participated in the ESPAD project for the first time in 1999, including Bulgaria, France, FYROM, Greece, Greenland, the Netherlands, Romania and Russia (Moscow). Besides these 30 countries the report also includes data from USA.

Study design and procedures

The population

The target population for the ESPAD project is students that will become 16 years old during the year of the data collection. In the 1995 study it was students born in 1979 and in the second data collection in 1999 they were born in 1983. Thus, the target population for the 1999 ESPAD study was young people born in 1983 still in school. The main idea behind the choice of this agegroup for the study is, that the students should still be available in schools, but not too young to have had any experience of alcohol or drug use.

There are, however, differences between countries in how well the samples represent the agegroup. In some countries schooling is compulsory until the age of 15–16 years, while in others the students begin secondary school at this age. Furthermore, many students do not continue to secondary school, but leave for other training or for work. Table A shows the approximate proportion of the age cohort expected to be found within the school system in different countries.

Available information about the proportion of the actual age cohort still in school shows that there are some differences between countries in this respect. However, with a few exceptions 85 % or more of the 1983 age cohort was to be found at school at the time of the data collection.

The data collection instrument

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

The ESPAD project was launched as a continuation of the preparations made by the Pompidou School Survey Subgroup. Thus, the first ESPAD questionnaire was developed from the battery of questions, but every question was discussed and agreed upon by the large group of collaborating investigators. A very large part of the first questionnaire was kept also in 1999.

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

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

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

Despite all efforts to standardise the data collec-

tion instrument, some discrepancies were inevitable. However, it may not be too optimistic to think that the discrepancies in the questionnaires only have had a very limited negative effect on the comparability of the findings from different countries.

Sampling procedure

The sample size and sampling procedures have been discussed at some ESPAD project meetings. It soon became clear that the ESPAD countries were very different in terms of what kind of school statistics being available. Some countries had detailed information about the number of schools, classes and students, while in others only e.g. the total number of schools, but not the size of them, was known. The sample should consist of randomly selected classes. As mentioned in an earlier part of this report, regional seminars were organised aimed at discussing the project plans in detail, including problems and opportunities for the sampling procedure in each country.

It was recommended that each country, with some minor exceptions, should draw a sample of about 2,800 students as a minimum, regardless of the size of the country (Bjarnason and Morgan, 1998). This was calculated to give about 2400 answered questionnaires, which would allow for breakdowns in the tables by sex, plus another variable.

The target population of students born in 1983 was very differently distributed over schooltypes (academic, vocational etc.) and grades in different countries. At the regional seminars solutions to the sampling problems were discussed and suggested. In some countries the vast majority of the agegroup was found in one grade only. In others there were two or more grades where this agegroup was taught. Whenever possible it was recommended to include all grades with students born in 1983. However, in some countries the grade with the highest proportion of 1983 born students was chosen.

Field procedure

In line with what was decided about the sampling and the data collection instrument, also the field procedures should be standardised as far as possible (Hibell and Andersson, 1998 a). Due to cultural differences there are of course many factors, which make it difficult to follow exactly the same schedule in every country.

The agreed data collection period was March–April 1999. Most countries adhered to these dates, but the length of the period varied quite a lot, from one day only (Malta, January 20) to about 2–3 months in some countries. For practical reasons the time of the data collection was different from the planned period in a few countries, including Malta (January), FYROM (November), Greece (October) and the Netherlands (October–December).

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

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

Data were collected by group-administered questionnaires, under the supervision of a teacher or a research assistant. At some ESPAD project meetings much discussion have been directed towards this issue. It was thought that the teachers would not be trusted by the students in many countries and therefore cause biased data. The solution to this problem was, that in countries where it was possible to use teachers this was done, while in

others research assistants were used. It was considered crucial not whether a teacher or a research assistant was present, but if they were trusted by the students or not. In a methodological study by Bjarnason (1995) no significant difference was found between teachers' or research assistants' modes of questionnaire administration. These findings suggest that at least in some countries the effect of administration mode is negligible.

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

The information to the survey leader included a written instruction, which described how to perform the data collection. The anonymous character of the study was stressed and the survey leader should refrain from walking around in the classroom while the forms were completed. A standardised classroom report was used. The survey leader gave information about the average time needed to complete the questionnaires, the number of absent and present students, the reasons for absence and other important information about the situation in the classroom. The classroom report also contained some information whether the students were interested in the study and worked seriously. In classes including students born in other years than 1983, it was recommended that the survey leader filled out two reports, one for students born in 1983 and one for the others.

Methodological considerations

Introduction

In the first ESPAD survey 1995, several of the participating countries were conducting a school survey of alcohol and drug use for the first time. In this second ESPAD survey, increased experience and longer co-operation has combined to make the overall methodology more standardised and solid. However, there are still certain discrepancies and areas of concern that need to be addressed. Indeed, all surveys encounter methodological problems, which have to be considered when analysing the results. The methodological issues that will be discussed in this chapter are representativeness, reliability and validity. The chapter ends with the most important conclusions.

It is natural that a critical methodological discussion should mainly concentrate on aspects, which could have functioned better and thus might negatively influence the possibilities to compare results between the ESPAD countries. However, looking at the large ESPAD project as a whole, there is reason to stress that in most cases the sampling and data collection have been accomplished without any major problems.

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

The ESPAD project relies on experiences of the Pompidou pilot study and others, like the 30-year series of school surveys in Sweden. Many of the questions in the ESPAD questionnaire origin from the Pompidou pilot study.

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

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

The ESPAD methodology study

One of the main methodological conclusions of the 1995 ESPAD report was that the cultural context in which the questions are answered probably differs between countries and that this may have affected the willingness to give honest answers.

To get a better understanding of the possible importance of the cultural context in different countries and how it might result in differences in the validity, a methodological study was done as one of the preparations of the ESPAD99 data collection (Hibell et al 2000). The methodology study was done in 1998 and included aspects on the reliability as well as the validity.

It was considered important to include countries from different parts of Europe. Two countries came from northern/western Europe (Denmark and Sweden), two were Mediterranean countries (Cyprus and Malta) while three were situated in the central and eastern parts of Europe (Lithuania, the Slovak Republic and Ukraine).

For pragmatic reasons, and for the sake of standardisation, the data collection was mainly concentrated to the capitals. However, in Denmark the study was done in Aarhus (the second largest city) and in Malta, classes from the whole country participated. In each country a sample of classes was randomly selected in the grade where the majority of the students were born in 1982. They were chosen because they were at the same age as the target group of the ESPAD studies.

The study included two consecutive data collec-

tions. At the first one the students answered the core questions of the ESPAD 1995 questionnaire. About 3–5 days later students in the same classes were asked how easy/difficult they thought it was to answer the questions at the first data collection. Other questions included how truthfully they answered the first time and how truthfully they thought their classmates answered. The questionnaire also contained seven questions about alcohol and other drugs use, identical with those in the first data collection. This gave a possibility to get a test-retest reliability measure.

In both data collections the students answered anonymously. There were no names or identification numbers on the questionnaires and all students had an individual envelope, which they sealed themselves.

At the fist data collection the survey leaders got a small questionnaire, which included questions about the number of present and absent students but also questions about possible disturbances during the data collection. They were also asked to estimate whether the students worked seriously and if they thought that they gave valid answers.

The study indicated that both the reliability and validity were high in all seven countries. It could not be excluded, however, that the validity might have been slightly lower in one or two countries. With a few modifications, the survey leader questionnaire of the methodology study was also used in the ESPAD 99 study.

Some statistical remarks

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

An important problem when considering the changes between 1995 and 1999 in the variables under study is to know if the seemingly different outcome is a true difference or not. In other words, could the value vary by chance to such a degree that the difference disappear? To be able to do this, confidence intervals need to be calculated both for the 1995 and the 1999 estimates.

The sampling procedures in the ESPAD study are not simple random sampling of individuals, but cluster samples of school classes. In some countries the samples are stratified, in others not. In some countries the samples are drawn with a probability proportional to size of the schools (or the classes), in others it is drawn with equal probabilities. This puts demands for statistical methods that allow for these kinds of design effects. Examples of programs, which count for cluster effects, are SUDAAN, STATA, PC-Carp and version 8 of the SAS Statistical package.

Leena Metso in Finland has used Finnish ESPAD data and tested whether differences between the 1995 and 1999 results were significant. She has used SUDAAN and SAS version 8 and has come to some general conclusions about the Finnish data (Metso 2000).

One of her findings was in line with the known fact that clustering do not have any important effects on percentages. However, it was of vital importance for the confidence intervals and, consequently, also for measuring significant differences. Her conclusion is that when traditional methods are applied to a cluster sample, the bias is usually in the direction of the traditional tests giving significant differences when there really aren't any.

It is important to observe that a certain difference between 1995 and 1999 that is significant in one country may not be so in another. Differences have to be tested separately on each country's result to make it possible to decide whether a difference is significant or not. However, to be able to do so it is necessary to use a statistical programme that accounts for cluster effects.

Representativeness

The question of representativeness in a multinational project like ESPAD has many aspects. Important is of course how the samples are drawn as well as the size of the samples. Another example is if the populations studied are in accordance with the target population of the project. The representativeness of the results is also affected if the number of schools/classes not participating is large or if a lot of students are absent or refuse to answer the questions.

Nation-wide samples

With one exception the population studied was students born in 1983 in the country as a whole. The only exception was Russia. For pragmatic reasons it was decided to include only Moscow, the capital of the Russian Federation with about 8.5 million inhabitants.

Average age and time of the data collection

With the exception of three countries, data were collected during the first half of 1999, with a large majority in March and April (Table A). The exceptions are FYROM, Greece and the Netherlands. In FYROM the study was completed in November. The main reason for this late data collection was that FYROM joined the ESPAD study so late that it was impossible to do the survey before November.

During the spring there were several strikes in the schools of Greece, which made it necessary to wait until October before it was possible to collect data.

This was the first time that the Netherlands participated in the ESPAD study, but school surveys have been conducted every fourth year since 1984. In earlier studies data have been collected in October‘December and for practical reasons it was decided not to deviate from the time at which the data had been collected in earlier surveys.

Using the time of data collection, an approximate average age of the students has been estimated for each country (Table A). In 26 out of the 30 ESPAD countries the average age varies between 15.2 and 15.4 years. Rather minor exceptions are Malta with 15.0 years and Poland with 15.5 years. Due to a later date of data collection, the average age of respondents in FYROM and Greece is 15.9 and 15.8 years, respectively.

The reason why the Netherlands does not belong to this group, even though the data collection was done during the last part of 1999, is that the target population have been redefined to be students born from July 1983 though June 1984, which gives an average age (15.4) that is within the range of the large majority of ESPAD countries. (A further discussion of this redefinition can be found in the country description in Appendix 1).

To sum up: Students in Poland are slightly older (1–2 months) and those in Malta slightly younger (2–3 months) than students in most ESPAD countries. Students in FYROM and Greece are about 6–7 months older. These differences, and especially those in FYROM and Greece, are important to keep in mind when data from these countries are compared with data from other ESPAD countries.

Representativeness of the samples

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

One fundamental aspect in all sampling, where the goal is that the sample should be representative of the population, is that some kind of random sampling technique is used. If no special comparisons between subgroups were planned in a country, a recommended way of doing the sample was to draw a random sample of classes proportionate to the number of 1983 students in the class. Such a sample would be selfweighted and thus, on the national level, adjust for differences between regions or other kinds of subgroups.

If students born in 1983 were to be found in two or more grades it was recommended to sample classes from all those grades and then screen the target population by using a question about the year of birth. If this was not possible, the grade should be chosen where the majority of the 1983 born students were to be found. In countries where sampling might be complicated it was recommended to co-operate with an experienced sociologist or statistician.

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

Country	Born in 1983 still in school (approx. %)	Sampling unit(s)	Sample type	Grade level(s) included	Approx. mean age [a]	Represent-ativeness [b]
Bulgaria	73	school, class	stratified random	9–10th secondary 1–2nd techn. and vocational	15.4	national (99%)
Croatia	90	class	stratified random	grade 1	15.2	national (70%)
Cyprus	..	class	systematic random	grade 4	15.3	national (..)
Czech Rep.	~ 95	school, class	stratified random	grade 1–3	15.4	national (95%)
Denmark	> 95	school, class	stratified random	grade 9	15.3	national (85%)
Estonia	93	school, class	stratified random	grade 9 and 10 grade 1 vocational	15.3	national (88%)
Faroe Isl.	88	–	total	grade 9	15.4	national (100%)
Finland	100	class	stratified random	grade 9	15.2	national (95%)
France	98	class	stratified random	grade 8–12	15.3	national (100%)
FYROM	83	class	systematic random	grade 2–3	15.9	national (..)
Greece	..	school, class	stratified random	grade B and C	15.8	national (93%)
Greenland	88	–	total	grade 9–11	15.3	national (88%)
Hungary	89	class	stratified random	grade 1 and 2	15.2	national (97%)
Iceland	95	–	total	grade 10	15.2	national (99%)
Ireland	93	school, class	stratified random	grade 5	15.3	national (61%)
Italy	72	class	stratified random	grade 1–5	15.3	national (94%)
Latvia	86	school, class	stratified random	9–10th secondary 1st industrial school	15.3	national (97%)
Lithuania	99	school, class	stratified random	9–10 secondary, 1st vo-cational, 1–2nd gymnasium	15.2	national (100%)
Malta	100	–	total	grade 5	15.0	national (..)
Netherlands	85	region, school, class	quota	grade 3–5	15.4	..
Norway	98	class	stratified random	grade 10	15.2	national (97%)
Poland	95	school, class	stratified random	grade 1	15.5	national
Portugal	97	school, class	stratified random	grade 8–10	15.2	national (83%)
Romania	..	school, class	stratified random	grade 9–10	15.4	national (..)
Russia (Moscow)	94	school, class	systematic random	9–10th secondary 1st techn.profess.	15.3	Moscow (99%)
Slovak Rep.	98	school, class	systematic random	grade 1–2	15.2	national (99%)
Slovenia	~ 93	class	systematic random	grade 1	15.3	national (83%)
Sweden	95	school, class	systematic random	grade 9	15.2	national (95%)
Ukraine	80–85	school, class	stratified random	9–10th secondary, 1st vocational and colleges	15.3	national (97%)
United Kingdom	≥ 90	school, class	systematic random	all grades with 1983 born students	15.3	national (100%)

a) A calculated figure based on the time of data collection.

b) Representativeness in relation to the population studied, i.e. students (and not persons) born in 1983. The figures in bracets show the approximate proportion of 1983 born students attending participating grades.

c) The students put their questionnaires in a locked box.

d) Each students got a sticker to seal the questionnaire before putting it into a closed box.

e) The students put the questionnaire face down in a common envelope.

f) Each student got a sticker to seal the questionnaire.

Table A. Continued.

Country	Data collection leader	Data collection period	Individual envelopes	Pilot study	Number of questions (variables)				Data weighted
					Core	Module	Optional	Own	
Bulgaria	research assistant	May 11–26	yes	yes	261	55	14	–	no
Croatia	teacher, school counsellor	March 15–30	yes	no	263	55	–	2	no
Cyprus	teacher	April	no	no	261	85	16	2	no
Czech Rep.	research assistant	May 17–June 8	yes	no	261	26	–	16	no
Denmark	teacher	March 4–April 19	yes	no	261	26	–	12	no
Estonia	teacher	April–May	yes	no	263	16	–	30	no
Faroe Isl.	school nurse	May 24–26	no[c]	no	261	45	20	135	no
Finland	teacher	March 13–31	yes	no	238	36	10	6	yes
France	school nurse	March–May	no[d]	yes	250	40	–	20	no
FYROM	research assistant	November	yes	no	261	24	–	–	no
Greece	research assistant	October	yes	no	261	24	–	6	no
Greenland	teacher	April–May	yes	no	260	24	–	4	no
Hungary	research assistant	March 1–26	no	yes	261	23	–	9	yes
Iceland	teacher, research assistant	March 15–30	yes	yes	233	52	9	28	no
Ireland	teacher	March 29– April 15	yes	no	263	15	–	–	no
Italy	teacher	April–May	no[e]	no	261	–	–	–	no
Latvia	teacher, research assistant	March–May	yes	no	261	22	6	–	yes
Lithuania	teacher	March	yes	yes	261	44	3	–	no
Malta	teacher	Jan. 20	no[e]	no	261	28	–	–	no
Netherlands	research assistant, school nurse	Oct.–Dec.	no[f]	no	98	–	–	31	no
Norway	teacher	March	yes	no	262	34	–	–	no
Poland	research assistant	May–June	yes	yes	261	–	–	31	yes
Portugal	teacher	March	yes	yes	262	24	–	7	yes
Romania	research assistant	May	yes	yes	260	72	–	–	no
Russia (Moscow)	research assistant	March–April	yes	yes	263	–	–	–	no
Slovak Rep.	research assistant	March 22–26	yes	no	261	42	–	9	no
Slovenia	school counsellor	March 29–April 2	yes	yes	262	56	–	–	no
Sweden	teacher	March 11–15	yes	no	263	40	–	–	no
Ukraine	research assistant	April	yes	no	263	40	–	2	yes
United Kingdom	teacher	March–May	yes	yes	263	68	14	9	yes

a) A calculated figure based on the time of data collection.

b) Representativeness in relation to the population studied, i.e. students (and not persons) born in 1983.
The figures in bracets show the approximate proportion of 1983 born students attending participating grades.

c) The students put their questionnaires in a locked box.

d) Each students got a sticker to seal the questionnaire before putting it into a closed box.

e) The students put the questionnaire face down in a common envelope.

f) Each student got a sticker to seal the questionnaire.

The sampling procedure in each country is described in Appendix 1 and partly summarised in chapter 2. In the countries with the smallest populations, the whole population of students was targeted, rather than attempting to draw a sample that would include the majority of the population. These countries are Faroe Islands, Greenland, Iceland and Malta (Table A).

In all other countries classes were the sampling units. The only exception was Denmark where a small part of the sample was schools (see Appendix 1). In some countries classes were the only sampling units, in others classes were the last units in a multistage stratified sampling process. In these countries schools, and sometimes also some geographical unit, were sampled before the final sampling of classes was done.

With one exception all countries that sampled classes have reported that they used some kind of random sampling technique (Table A). In some few countries the last step in the sampling procedure, i.e. the identification of the class(es) that should participate in a sampled school, was done by the schools. However, in all these cases the schools were instructed how this should be done randomly. According to the researchers in these countries, there are no indications that the schools did not follow the instructions.

There is no reason to believe that the random sample of classes in any country has been done in a way that would jeopardise comparability with data from other ESPAD countries.

For pragmatic reasons it was not possible to do a random sample of classes in the Netherlands. Instead a kind of quota sampling was used. Since it was not possible to draw the Dutch sample according to the ESPAD guidelines, and since it was only possible to ask about half of the ESPAD questions, which probably have influenced the context in which the questions were answered, data from the Netherlands are presented separately in the results tables.

Very few countries have considered what might be called "the problem of small and large classes". In most countries all classes have had the same probability to be sampled, independent of the size of the class. In practice this means that students in small classes are overrepresented. If students in these classes have different drug habits compared to students in large classes, data are not entirely representative of the population. However, the "problem of small and large classes" is probably not a large problem in the context of the whole ESPAD project.

Representativeness of participating grades

The target population of the ESPAD project is students that will become 16 years during the year of the data collection. For the 1999 study this means that they should be born in 1983. If possible, data was to be collected in March or April, which also was the case in a large majority of the countries (Table A).

The target population was students born in 1983, thus excluding individuals in this age group that were no longer in school. However, in about two thirds of the countries with available information a large majority (90% or more) of the birth cohort was still in school (Table A). In some countries the figure is much lower, including Italy (72%) and Bulgaria (73%). Thus, it should be kept in mind that the student populations in these countries are not coextensive with the cohorts. The fact that young people who leave school are more likely to use different substances and at higher rates, indicates that students born in 1983 in countries with rather low proportions at school should not be seen as "representatives" of their birth cohort.

In some countries nearly all students born in 1983 were to be found in only one grade, while they were found in two or more grades in other countries. When this was the case, it was recommended, if necessary resources were available, to include as many grades as possible that contained students born in 1983. If only one of these grades could be included it should of course be the grade with the largest proportion of students born in 1983. In countries where not all grades with 1983 born students were included in the project, the representativeness could be weaker in comparison with countries where all relevant grades participated.

All national samples include the grades where all, or a large majority, of the 1983 born students were to be found. In 15 countries 95% or more of the 1983 born students were in the grades studied (Table A). In addition, the proportion was also rather high (85–90%) in several other countries. However, in some few countries the corresponding figure was considerably lower, including Ireland (61%) and Croatia (70%).

It is of course not possible to know how the results in countries with the smallest proportion of 1983 born students in the sample should have been "affected" if all relevant grades/schooltypes had been included. However, this uncertainty should be kept in mind when reading the results and comparing countries.

In ESPAD countries with 1983 born students in different grades, students born in other years have usually also answered the questionnaire. However, the results in this report only reflect the answers of students born in 1983.

It should be noticed that the results in the USA are based on students in tenth grade, not students born in 1983. However, a large majority of the tenth graders in the USA were born in 1983, which yields some very modest degree of non-comparability with the ESPAD countries.

School co-operation

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

In all ESPAD countries except United Kingdom (79 schools), Denmark (28 schools) and Greenland (21 schools), the number of refusing schools is low or very low. In some countries, including Czech Republic, Finland and Ukraine, non-participating schools were replaced by other randomly selected schools. The same was also done in the USA survey. The researchers in these countries find it reasonable to assume that replaced schools were "equivalent" to those refusing, which is probably the case. It shall not be overlooked, however, that some of the schools might have refused due to supposed "bad drug habits" among the students.

In most countries the number of non-participating classes was low, but in a few it was 10% or above. Five countries (Estonia, Hungary, Latvia, Norway and Sweden) reported that about 10% of the classes did not participate. The proportion was much higher in Denmark where 74 out of 168 classes (44%) did not take part in the study. The same was also true for 28 out of 46 schools (61%) in the Danish sample of schools. The countries with non-participating classes of around 10% do not report any indications that one kind of a class was less likely to participate than another.

In nearly all countries the school co-operation is reported to have been very good. When a school or a class did not participate, different kinds of schoolwork, examinations and other "technical reasons" are usually reported to be the cause. In the countries, where about 10% of the classes did not take part in the study, as well as in those with lower non-participating rates, there are reasons to believe that non-participating classes have not influenced the representativeness to any large extent.

The most common reason given for the 25% school refusals in United Kingdom was that the school had taken part in a great many other research projects. Comparisons between participating and refusing schools did not show any clearly discernible differences on type of school and area in which the school was situated. Thus, there is reason to suppose that the sample is representative of United Kingdom.

In Greenland about one out of four schools refused to participate. In addition to this a small, but unknown number of classes, did not take part in the data collection. One important reason for these refusals was probably due to the ongoing examination period. However, refusing schools and classes together with some other methodological aspects discussed below, indicate the need for some caution when comparing Greenlandic data with the results from other ESPAD countries.

The only country with a really large proportion of refusing schools and classes is Denmark. More than half of the schools in the school sample (61%) and nearly half of the classes in the sample of classes (44%) refused to participate in the study. The large number of classes and schools that refused to participate must be seen as troublesome and one cannot exclude the risk that the study is not fully representative for Danish students born in 1983. Consequently, some caution is recommended when Danish data are compared with the results from other ESPAD countries.

Participating students

In the preparations of the ESPAD project it was discussed that a goal could be to have about 2,400 participating students in each country (Bjarnasson and Morgan 1998). Assuming that 10% of students would be absent and that some selected classes would be unable to participate, a sample size of 2,800 was recommended. However, for countries where the target cohort was less than about 30,000, it could be considered to reduce the sample size by a factor of (1-sf), where the sampling fraction (sf) equals sample size divided by cohort size.

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

Country	Non-participating		Eliminated questionnaires (%)	Average time to complete the questionnaire (minutes)
	Schools	Classes		
Bulgaria	0/275	0/276	0.1	58
Croatia	..	0/206	..	45
Cyprus	0/34	0/106	..	..
Czech Rep.	1/131[b]	3/388[b]	1.4	47
Denmark	28/46[c]	74/168[c]	0.0	38
Estonia	2/238	34/301	0.1	41
Faroe Islands	..	0/33	0.0	75
Finland	1/177[b]	..	0.5	32
France	10/300	16/580	2.0	45
FYROM	..	0/170	1.2	50
Greece	6/107	14/251	2.4	50
Greenland	21/87	[d]	6.4	68
Hungary	..	23/260[e]	2.6	46
Iceland	1/126[f]	..	0.0	38
Ireland	7/98[g]	0/196	–	39
Italy	0/208	0/244	3.5	30
Latvia	1/217	22/216[h]	4.5	41
Lithuania	0/240	0/482	0.0	50
Malta	0/69	0/278	0.1	60
Netherlands	..	..	0.0	35
Norway	..	35/243	0.6	35
Poland	..	..	..	45
Portugal	0/107	2/641	0.2	39
Romania	..	8/140[i]	2.6[k]	105[k]
Russia (Moscow)	3/246	12/243[j]	0.4	39
Slovak Rep.	0/89	0/162	..	51
Slovenia	..	0/128	1.5	43
Sweden	..	23/200	0.4	33
Ukraine	8/295	..	1.0	54
United Kingdom	79/302	0/223	0.6	40

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

b) Replaced by randomly selected schools/classes.

c) Two samples were drawn in Denmark. One sample of 46 private and boarding schools and another of 168 classes in public schools.

d) A small, but unknown number of classes did not participate due to the ongoing examination period.

e) 14 classes were replaced from a random substitute sample.

f) One small country school with 4 students answered the questionnaire, but failed to return them.

g) All 7 schools were replaced by randomly selected schools.

h) In 5 of these classes the students participated but the questionnaires did not reach the research institute.

i) Two of the 8 classes were replaced by randomly selected classes.

j) The 12 classes were excluded by the research institute, since the planned number of participating students was already reached. None of the contacted classes refused to participate.

k) Romanian data also include information from students not born in 1983.

The number of participating students was smallest in Greenland (421) and Faroe Islands (463) (Table C). In other ESPAD countries the figure varies between 1,790 (Denmark) and 6,421 (Hungary). In USA 13,885 students took part in the study. Since all 1983 born students in Faroe Islands and Greenland were supposed to answer the questionnaire, the number of participating students could not be higher (except for non-participating students). The relatively low figure in Denmark can to a large extent be "explained" by the large number of schools and classes that refused to take part in the ESPAD study. As a consequence, the confidence intervals are most probably broader in Denmark than in most other countries.

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

In most countries the distribution by sex was close to even. In six countries the difference between the sexes was more than 10 percentage points (i.e. 45–55%). In all these countries there were more girls than boys answering the questionnaire (57–43% in Cyprus, 56–44% in Estonia, 63–37% in Greece, 59–41% in Italy, 57–43% in Latvia and 60–40% in Romania). Only in Latvia data were weighted to compensate for the lower response rate among boys. However, also in the other countries, and if the gender ratio did not reflect the ratio in the target population, it would have been preferable to weight the results for all students. Since this is not done, a certain caution is necessary when interpreting data for all students for variables on which the results differ between boys and girls.

At a very late stage of the work with this report it was realised that Romanian data by mistake also include information from students not born in 1983. Consequently, the Romanian results are not representative for the target population.

Response rates

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

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

The response rates in participating classes are good or very good in nearly all countries. In 20 out of 27 countries with available information 85% or more of the students in participating classes answered the questionnaire. In only two countries (Faroe Islands and Malta) the response rate was below 80% (77–78%). One explanation to the relatively low figure in these two countries is that the data collection took place very close to the examination period. This causes some uncertainty about the data even if it is judged to be of less importance. It should be observed that two countries, besides Poland, have not reported any response rate. Unfortunately, this information is not available in Cyprus and FYROM. Since information also is missing from the classroom reports in Cyprus about the opinions of the survey leaders concerning the data collection, some uncertainty about the data collection procedure might exist.

In all countries that provided information about the reasons for not participating, the main reason was that students were ill or absent for other "just causes". No country reported any major methodological problems connected with absent students. Included in this is also the fact that in nearly all countries, no one or very few students refused to participate.

The rather high response rates in nearly all countries, and the reports about the reasons for not participating, do not indicate any major methodological problems connected with the response rates. One exception is Cyprus, where data about the response rate and opinions of the survey leaders about the data collection are missing.

Absent students are somewhat more likely to be involved in various substances use than is the case with students who are consistently in school (Grube and Morgan, 1989, Andersson and Hibell, 1995). A follow up study of students in Sweden shows that absent students had more "advanced" drug habits (Andersson and Hibell, ibid.). Because of the relatively small number of absent students, the figures for the population as a whole were unchanged or only changed with one percentage point if absent students were included. In the school survey in USA the corresponding figure has been calculated to be 2% or less. This figure may of course differ between countries. However, in the ESPAD context the problem of more drug involvement among absent students is probably not a major methodological problem when students in different countries are compared.

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

Country	Number of participating students			Response rates (%) [a]		
	Boys	Girls	Total	Boys	Girls	Total
Bulgaria	2,434	2,957	5,391	85	88	87
Croatia	1,961	1,641	3,602	92	92	92
Cyprus	897	1,198	2,095	..	..	..
Czech Rep.	..	..	3,579	82	80	81[b]
Denmark	875	915	1,790	92	92	92
Estonia	1,446	1,808	3,254	96	89	93
Faroe Islands	234	229	463	..	..	78
Finland	1,646	1,640	3,286	90	90	90
France	1,174	1,110	2,284	..	..	89[b]
FYROM	2,586	2,613	5,199	..	..	..
Greece	837	1,422	2,259	..	..	91
Greenland	209	212	421	83	83	83[b]
Hungary	3,305	3,115	6,421	89	91	90
Iceland	1,758	1,766	3,524	89	89	89
Ireland	1,108	1,169	2,277	91	92	92
Italy	1,681	2,425	4,106	90	91	91
Latvia	988	1,296	2,284	..	..	84
Lithuania	2,609	2,430	5,039	91	93	92
Malta	2,121	2,200	4,321	..	..	77
Netherlands	1,256	1,359	2,615	..	..	94[c]
Norway	1,980	1,811	3,918	..	..	90
Poland	..	..	..	..	..	..
Portugal	1,672	1,937	3,609	..	..	95[b]
Romania	960	1,433	2,393	94	91	92
Russia (Moscow)	1,412	1,525	2,937	..	..	84[b]
Slovak Rep.	1,149	1,293	2,442	92	91	91
Slovenia	1,791	1,393	3,184	91	92	91
Sweden	1,715	1,730	3,445	88	85	87
Ukraine	1,427	1,567	2,994	79	83	81
United Kingdom	1,280	1,361	2,641	84	87	86[b]

a) Participating students in participating classes.

b) Calculated on all students in participating classes.

c) Estimated on all participating students aged 12–18.

Summary

To summarise the aspects of representativeness one can conclude that the samples are representative and that the number of participating students are in line with the ESPAD recommendations. However, since it for pragmatic reasons was not possible in the Netherlands to do a sample according to the ESPAD guidelines, and since only about half of the ESPAD questions were asked, Dutch data are reported separately in the results tables.

Different aspects of representativeness make data in some countries partly uncertain when compared with data from other ESPAD countries. A country with some uncertainty is Denmark, which has a large number of not participating schools and classes as well as a relatively low number of participating students. Other countries with some uncertainty include Croatia (30% of the 1983 born students in non-participating grades), Cyprus (the response rate is unknown as well as the proportion of the target population in non-participating grades, a majority of girls), Estonia (a majority of girls), FYROM (the students on average about 6–7 months older than in other countries), Greece (the students about 6 months older than in other countries, a majority of girls), Greenland (25% refusing schools and an unknown, but small, number of refusing classes), Ireland (39% of the target population not in participating grades), Italy (a majority of girls) and Romania (a majority of girls).

Due to a mistake data from Romania also include information from students not born in 1983. Consequently, the Romanian results are not representative for the target population, i.e. students born in 1983.

Reliability

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

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

Reliability in the ESPAD methodology study

In the ESPAD methodology study students in seven countries were twice asked questions about their use of alcohol and drugs (Hibell et al 2000). The time between the data collections was 3–5 days.

Since the studies were completely anonymous it was not possible to do a test-retest study limited only to those students who participated in both data collections. Consequently, data presented in Table D are the reported behaviours of those students who participated in respective data collection.

No significant differences in the consumption patterns are found between the two data collections in any of the countries. This is true for alcohol consumption as well as drug use prevalence, which indicate that the reliability was very high in all seven ESPAD countries.

Similar results with no important significant differences have also been reported from two repeated studies in Iceland and Hungary (Hibell et al 1997).

Inconsistency about lifetime use

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

Table E includes information about the proportion of students reporting drug use on one question and not on the other, i.e. giving inconsistent answers. The lowest inconsistency figures are found for anabolic steroids and other illicit drugs than cannabis (explained in Table E). In nearly all countries it is 0 or 1%, indicating that 99–100% gave consistent answers about the consumption of these drugs. The figures are in many cases low also for cannabis. In a majority of the countries inconsistent answers were given by 3% or less of the students.

Table D. Alcohol consumption and drug use at two data collections. Percentages among all students.

	Cyprys		Denmark		Lithuania		Malta		Slovak Rep.		Sweden		Ukraine	
Data collection	I	II	I	II	I	II	I	II	I	II	I	II	I	II
Any alcohol														
Last 12 months, 10+ times	47	41	60	56	49	45	52	51	32	31	27	24	35	33
Last 30 days, 6+ times	26	20	19	16	51	51	33	31	16	18	10	11	13	15
Binge drinking														
Last 30 days, 3+ times	11	14	30	29	12	10	20	20	9	13	14	14	8	11
Drunkenness														
Last 12 months, 10+ times	1	1	31	29	17	16	2	3	6	8	16	15	10	10
Last 30 days, 3+ times	1	1	26	26	19	16	4	4	9	9	13	14	8	10
Cannabis														
Lifetime	5	6	13	13	20	17	6	7	21	24	10	10	26	23
Last 12 months	4	6	12	11	17	14	5	5	18	19	8	7	17	18
Other drugs, lifetime														
Amphetamines	2	2	2	2	4	3	2	0	1	2	1	1	2	3
Ecstasy	1	2	1	2	8	7	3	4	4	3	1	3	7	7
LSD	2	2	0	1	5	4	0	1	2	2	2	2	4	5

Source: Hibell et. al. (2000).

The highest figure is found in Ukraine (11%) followed by Greenland, Iceland and Russia (6–7%).

The figures are rather similar about the use of inhalants as well as tranquillisers or sedatives without a doctor's prescription. In about 18 countries with available information 3% or less of the students gave inconsistent answers for each of the substances. The highest inconsistency figures for tranquillisers or sedatives are reported from Czech Republic (8%), France, Greenland and Italy (6–7%). For inhalants 12% was the highest figure (Cyprus) followed by 6–8% in Greenland, Ireland and Malta.

For cigarette smoking the proportion of inconsistent answers is usually 4–5%. The highest figures are found in Bulgaria, Croatia, Estonia, Greenland, Romania and Ukraine in which 6–7% of the students gave inconsistent answers about the lifetime prevalence of smoking cigarettes.

Some countries show rather high inconsistency figures for the variable "been drunk". The highest are found in Romania (21%), Greenland, Russia and Ukraine (13–14%) as well as Bulgaria, Latvia and the Netherlands (11–12%). However, rather low figures are found in most countries and in about half of them the inconsistency figure is 5% or less.

In most countries the inconsistency rate is low for all drugs. However, it is often lowest for anabolic steroids and "other illicit drugs" followed by tranquillisers and sedatives without a doctor's prescription, cannabis and inhalants. Somewhat less consistency is reported for the variables cigarettes and been drunk.

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

Another, and probably more important, explanation could be that some students may have been ambivalent when answering the question about the age of the first use of a drug. If a student had only used a drug once or twice and did not "define" him-/herself as a "user", he or she may not have

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

Country	Students reporting lifetime drug use on one question and not on the other (%) [a]							Quotient between two questions [b]
	Cigar-ettes	Been drunk	Inhal-ants	Canna-bis	Other illicit drugs[c]	Tranq. or sedat.[d]	Anabolic steroids	Cannabis
Bulgaria	7	12	2	5	1	2	1	1.6
Croatia	7	10	5	3	1	4	5	0.9
Cyprus	3	7	12	1	1	3	1	1.1
Czech Rep.	4	3	3	4	1	8	1	0.8
Denmark	2	1	3	1	0	2	0	0.9
Estonia	6	4	2	3	1	1	1	1.0
Faroe Islands	5	1	2	1	1	2	0	1.2
Finland	2	1	0	0	0	0	0	1.1
France	3	5	4	3	1	6	1	..
FYROM	..	..	..	..	..	..	..	..
Greece	2	3	3	1	0	1	1	1.0
Greenland	6	13	8	7	1	6	1	..
Hungary	4	3	2	4	1	5	1	0.8
Iceland	2	2	2	6	0[f]	3	0	1.2
Ireland	3	3	6	2	1	3	1	0.9
Italy	3	5	2	5	1	7	1	0.8
Latvia	5	11	3	4	1	2	0	0.9
Lithuania	4	7	1	0	0	1	0	0.8
Malta	..	6	6	2	0	2	1	0.9
Netherlands	4	12	..	4	1[g]	..	..	0.8
Norway	4	3	2	1	1	2	0	1.0
Poland	..	..	..	..	..	..	..	..
Portugal	5	6	3	2	1	5	0	1.1
Romania [h]	6	21	1	1	2[e]	4	0	2.1
Russia (Moscow)	5	13	4	6	1	3	1	0.8
Slovak Rep.	4	5	2	2	1	3	1	0.8
Slovenia	4	9	4	2	1	5	1	0.9
Sweden	3	3	2	1	1	2	0	1.2
Ukraine	7	14	5	11	1	2	1	0.6
United Kingdom	2	3	4	5	1	2	1	0.9

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

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

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

d) Tranqullisers or sedatives without a doctor’s prescription.

e) Only amphetamine.

f) The figure is calculated only on amphetamine, crack, cocaine and ecstasy.

g) Low (0.2–0.6%) for all other illegal drugs except heroin (11%).

h) Romanian data also include information from students not born in 1983.

found it appropriate to give an age when he or she started. That student may have answered "never", since he or she had never started a regular use (but only "tried" it).

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

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

If the inconsistency figures in Table E are compared with the lifetime prevalence figures in the results tables, some comments can be made about the relevance of these methodological aspects. One is that there is no strong relationship between high prevalence figures and high inconsistency figures. For none of the drugs the highest inconsistency figures are found in countries with the highest prevalence rates or the lowest found in countries with the lowest prevalence rates.

The importance of the size of the inconsistency in relation to the prevalence figure can be illustrated by cannabis figures. In a majority of the countries the inconsistency figures are between 0–3%. The Romanian inconsistency figure of 1% might be seen as high considering that only 1% answered that they had used cannabis. Thus for Romania itself the prevalence figure of 1% could be seen as uncertain. However, in the ESPAD context, when data are compared with results from other countries, it is no "vital importance" whether the "true figure" is 0 or 2%, as long as the "true figures" in all other countries are above this level. In the ESPAD context Romania is still a country where very few students have used cannabis.

The cannabis prevalence figure which is most problematic in an "inconsistency perspective" is the one from Ukraine. Of the Ukrainian students 20% admit that they have used cannabis while 11% have given inconsistent answers, which means that "the true prevalence figure" may vary quite a lot.

The highest inconsistency figures are found for the variable been drunk. However, it is important to remember that also the prevalence rates are high and that the "risk" of inconsistency increases with increasing prevalence figures. Thus it is not surprising that most countries with high inconsistency figures usually are countries with large proportions of students that have been drunk. The main exception from this is Romania with a relatively low lifetime prevalence figure and a high inconsistency figure (21%).

It could be summarised that in 18 out of 28 countries with available information consistent answers were provided by 92% or more of the respondents, which must be seen as a satisfactory result. In altogether 10 cases the values are 10% or above, which is some cause for concern. With the exception of inhalants in Cyprus and cannabis in Ukraine, all 10+ figures are found for the variable been drunk. With the exception of Ukraine no country has more than one 10+ figure. If one also includes inconsistency figures that are high in comparison to other figures of the same drug, a few countries with relatively high figures might be mentioned: Cyprus (inhalants), Greenland (been drunk, inhalants, cannabis), Romania (been drunk) and Ukraine (been drunk and cannabis).

An inconsistency quotient

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

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

The quotient is 1.0±0.2 in 23 out of the 26 countries where this was possible to calculate. It was above in Romania (2.1) and Bulgaria (1.6) and below in Ukraine (0.6).

For Romania the high "cannabis quotient measure" is probably "explained" by the low prevalence figure. Only 1.5% reported cannabis use on the prevalence question, which means that only a few individuals can cause the high figure. For Ukraine it is worth noticing that the country also is rather high on the above mentioned inconsistency figure for cannabis, while this is not the case for Bulgaria and Romania.

Summary

The reliability was high in the seven countries in the ESPAD methodology study. The inconsistency rates are rather satisfactory in most countries and for most measured variables. No country scores high on all variables. However, Greenland shows rather high inconsistencies on three out of the seven measures (been drunk, inhalants and cannabis) and Ukraine on two (been drunk and cannabis). Ukraine also reports a low inconsistency quotient for cannabis. Cyprus (inhalants) and Malta (been drunk) have quite a high value on one measure. Altogether the inconsistency measures indicate that the reliability is good in most ESPAD countries. In Ukraine, Greenland, Cyprus and Malta the reliability is probably somewhat lower for one or a few variables.

Validity

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

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

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

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

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

In a review of studies about drug use the conclusions of Morgan (1977) include the following: Firstly, the indications are that self-report methods for substance use are as reliable and valid as most other forms of behaviour. There are inconsistencies in such reports from time to time as in denial that of earlier admitted use in longitudinal studies, but these also occur with other behaviours. Secondly, adding special conditions to enhance validity (like the bogus pipeline) do not add anything to validity over and above anonymity and confidentiality.

A third conclusion of Morgan is that when discrepancies occur between self-reports and other indices (physiological, collateral reports), it cannot be assumed that the self-reports are necessarily the less valid measure. Fourthly, self-reports have the greatest claim to construct validity, that is, the

measures related in predicted ways to other outcomes and to antecedent factors. Roughly 80% of the studies in Morgan's review could claim such measures. However, only about 10% could claim to have a measure of criterion-based validity, that is, they correlated with "objective index" of the relevant behaviour.

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

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

Student co-operation

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

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

In a few countries it was necessary to get parental permission before students were allowed to participate in the project. Countries where parental permission was compulsory include France, Norway and United Kingdom. In France as well as United Kingdom 1% of the parents refused their children to take part in the study. The corresponding figure was also low in Norway. Thus, parents refusing their children to participate in the ESPAD study are therefore only a very limited problem.

A visual inspection of each questionnaire was undertaken before data were entered into the computer. With very few exceptions, a rather limited number of questionnaires were eliminated during the scrutinising process. On average 1.2% of the questionnaires were excluded for that reason (Table B).

However, there are a few countries reporting higher proportions of eliminated questionnaires, including Greenland (6.4%), Latvia (4.5%) and Italy (3.5%). Unfortunately, information is lacking from 4 of the ESPAD countries.

In the 1999 ESPAD study some new questions about student co-operation were added to the form of the data collection leaders. In 16 out of 25 countries with available information 60% of the survey leaders did not report any disturbances during the data collection (Table F). The highest figures were found in Ireland (98%), Romania (92%) and Croatia (91%) and the lowest in Slovak Republic (36%), Ukraine (42%) and Hungary (44%). If one also include those who answered "a few students" and look at the proportion reporting disturbances from more than a few students the highest figures are found in Greenland, Hungary and Russia (17–18%).

A very large majority of the survey leaders (91–100%) reported that "all", "nearly all" or "a majority" of the students were interested in the study. With the exception of two countries the figures were also high in all countries (80–100%) when looking at the alternatives "all" or "nearly all". Smaller proportions are found in Slovenia (64%) and Slovak Republic (45%).

The figures were very similar on the question whether the students worked seriously. Nearly all data collection leaders (95–100%) said that "all", "nearly all" or "a majority" of the students worked seriously with the questionnaire. With the exception of two countries the proportions answering "all" or "nearly all" were 80–100%. Again the exception was Slovenia (77%) and Slovak Republic (61%).

Overall, student co-operation seems to have been very good in nearly all countries. No countries mentioned problems with many students who refused to participate. The proportion of eliminated questionnaires was low in nearly all countries with 6.4% in Greenland as the highest figure. When

Table F. Opinions of the data collection leaders [a]. Percentages.

Country	Disturbances during the completion of the questionnaire			Kind of disturbances [b]			Student co-operation	
	No	A few students	More	Giggles or eye makings	Loud comm-ents	Other comm-ents	Students interested [c]	Students worked seriously [d]
Bulgaria	61	30	8	23	11	13	95(84)	97(92)
Croatia	91	9	–	3	4	1	100(··)	100(··)
Cyprus	··	··	··	··	··	··	··	··
Czech Rep.	54	38	8	30	10	4	98(89)	97(87)
Denmark	78	8	14	7	5	13	100(99)	100(99)
Estonia	62	34	4	··	··	··	95(85)	100(95)
Faroe Isl. [e]	47	41	12	28	11	6	100(100)	100(94)
Finland	74	24	2	11	14	15	98(92)	99(94)
France	67	33		··	··	··	94(80)	
FYROM	73	22	5	24	3	1	98(89)	95(83)
Greece	67	26	7	–	3	–	98(88)	98(88)
Greenland	81	2	17	6	11	20	98(92)	99(96)
Hungary	44	37	18	49	16	4	97(80)	97(82)
Iceland	77	12	10	8	3	12	··	100(87)
Ireland	98	2	–	2	–	–	100(100)	100(100)
Italy	··	··	··	··	··	··	··	··
Latvia	64	31	5	26	7	9	98(90)	98(95)
Lithuania	88	12	0	5	3	4	100(96)	100(98)
Malta	··	··	··	··	··	··	··	··
Netherlands	60	40		··	··	··	97(88)	
Norway	87	11	2	6	5	6	99(96)	100(99)
Poland	··	··	··	··	··		··	··
Portugal	51	40	9	38	20	16	98(89)	98(87)
Romania	92	8	–	7	2	2	98(95)	100(100)
Russia	43	39	17	55	17	6	96(86)	97(87)
Slovak Rep.	36	61	3	13	20	3	94(45)	98(61)
Slovenia	48	–	52	40	12	14	91(64)	96(77)
Sweden	63	30	5	17	16	16	98(92)	98(85)
Ukraine	42	46	12	··	··	··	99(91)	98(88)
U.K.	90	10	–	5	–	5	100(94)	

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

b) Percent of participating classes.

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

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

e) Calculated on the 18 schools in Faroe Islands.

disturbances during the completion of the questions were reported this only seldom included more that a few students. Even if some disturbances were reported in some countries, they seem very seldom to have negatively affected the student co-operation. Most survey leaders reported that the students were interested in the study and worked seriously. However, if one look at the proportion answering "all" or "nearly all" the figures are lower in Slovak Republic and Slovenia compared to other ESPAD countries.

Unfortunately, data from the survey leaders are missing in four countries. However, besides Poland from which no information is available, none of them (Cyprus, Italy and Malta) has reported any important problem about the student co-operation. However, the lack of information from classroom reports causes some uncertainty.

As already mentioned, student co-operation seems to have been very good in nearly all countries with available information. However, the experiences of the survey leaders indicate that it has not been as high in Slovak Republic and Slovenia as in most other countries.

Student comprehension

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

The average time to complete the questionnaire varies between 30 and 50 minutes in most countries (Table B). The highest figure (105 minutes) is reported from Romania. Rather long time was also used in Faroe Islands (75 minutes) and Greenland (68 minutes). No countries reported that the students refused to complete the questionnaire because of its length.

In Greenland a few questions were inexactly translated in the Greenlandic version of the questionnaire, which was used by parts of the students (others answered the Danish version). There was also some diversity between different Greenlandic dialects, which were not considered in the translation process. However, it should be stressed that these problems only exist for some questions for some of the students and should not be seen as a major concern. Besides Greenland no country reported any important problems for the students to understand the questionnaires. Thus, in all countries, with some minor exceptions for some of the Greenlandic students, a high level of comprehension is reported among students surveyed.

Anonymity

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

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

In a methodological study in Iceland, Bjarnasson (1995) found no significant differences between teachers' and researchers' mode of administration. These findings suggest that at least in some countries the effect of administration mode is insignificant. It can thus be inferred that results obtained by teacher administration in these countries are fully comparable with results obtained by researchers in countries where mode of administration may be more sensible.

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

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

Another way of making the students feel that their integrity was safe was a recommendation of having an envelope for each student to seal after having answered the questions. In 22 ESPAD countries individual envelopes were used (Table A). Countries that did not use individual envelopes

used other methods to secure that the students felt that their anonymity was secured. These methods included a closed box, a large envelope for the entire class and stickers to seal the questionnaire.

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

Missing data rates

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

Looking at the questionnaire as a whole the proportion of unanswered questions is low in most countries, with a total average of 3% (Table G). In all countries with available information except three, the proportion of unanswered questions is 4% or less. The three countries with higher figures are Faroe Islands (27%), Italy (12%) and Greenland (10%).

In some few countries the proportion of not answered questions varies a little between core, module and own questions. Most important in the ESPAD context are the core questions and with some minor exceptions they are the same as those for the questionnaire as a whole, i.e. very low in all countries except three.

With very few exceptions the proportions of unanswered questions are low in nearly all countries for cigarettes as well as tranquillisers and sedatives without a doctor's prescription (1% each), "other illegal drugs" and anabolic steroids (2% each), cannabis and inhalants (3% each) and "any alcohol use" and "been drunk" (4% each). When looking at the average for lifetime prevalence the proportions of unanswered questions are lower, with 1% for inhalants and cannabis 2% for "been drunk" and 3% for "any alcohol use". The fact that the rates of missing data for drugs are lower for lifetime prevalence than 12 months and 30 days prevalence questions is probably due to lifetime abstainers assuming that there was no need to answer about intervals given that they had never used the substance in their lifetime (figures within brackets in Table G).

The proportions of unanswered alcohol and drug questions are low for all drugs in most countries. It should be noticed, however, that they are higher in a few countries, including Greenland (high on all questions) and Norway (high on anabolic steroids, tranquillisers and sedatives without a doctor's prescription and "other illegal drugs"). Except the mentioned variables in these two countries, unanswered questions about the consumption of different substances cannot be considered as a methodological problem.

The proportion of unanswered questions in Greenland in the questionnaire as a whole (10%) is about the same as it is for drug related variables. However, the high proportions of unanswered questions in the whole questionnaire in Faroe Islands (27%) and Italy (12%), which are higher than the figures for the drug consumption variables, indicate some uncertainty related to the interpretation of some other questions than those measuring the consumption of different substances.

Logical consistency

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

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

Rather high proportions of inconsistent answers are only found in a few countries and concentrated to the two alcohol related variables. Inconsistent answers on these two questions are mainly reported from Greenland (13–15%), Bulgaria (7–10%) and Ukraine (8%). Rather high figures about alcohol use (8–10%) are also found in Cyprus, Italy and Romania.

Table G. Proportion of unanswered questions. All students.

Country	Cigarettes[a]	Alcohol[b]	Been drunk[b]	Inhalants[b]	Cannabis[b]	Other illegal drugs[c]	Tranq. or sed.[d]	Anabolic steroids[e]	Core questions	Module questions	Own questions	All questions
Bulgaria	1	6(6)	6(4)	3(1)	3(1)	1	1	1	2	8	..	3
Croatia	1	7(4)	5(2)	3(1)	3(1)	2	1	2	2	3	5	3
Cyprus	0	3(2)	4(3)	3(2)	3(1)	1	0	–	2	7	..	3
Czech Rep.	0	2(2)	2(1)	2(0)	2(1)	1	1	1	1	2	2	1
Denmark	1	4(3)	3(2)	2(1)	3(2)	2	2	2	1	1	1	1
Estonia	1	4(3)	4(1)	..(1)	3(1)	1	1	2	..	..	..	..
Faroe Isl.	1	4(3)	7(2)	7(2)	5(1)	1	1	2	29	21	24	27
Finland	0	2(0)	4(0)	3(0)	3(1)	1	1	1	1	1	3	1
France	1	4(3)	4(2)	3(1)	3(1)	1	1	2	2	3	2	2
FYROM	1	4(2)	3(2)	..	..	..	..	..	..	..	..	..
Greece	0	2(2)	1(1)	1(0)	1(0)	0	0	1	1	0	0	0
Greenland	3	13(11)	14(14)	12(9)	11(9)	8	8	8	10	13	2	10
Hungary	1	4(3)	3(1)	2(1)	2(1)	1	1	1	2	4	2	2
Iceland	1	5(2)	3(2)	1(1)	1(1)	2	1	2	1	2	3	2
Ireland	1	3(2)	4(3)	3(2)	2(1)	2	1	2	1	2	..	1
Italy	1	0(0)	0(0)	0(0)	0(0)	0	0	0	12	..	..	12
Latvia	1	4(3)	2(1)	1(1)	1(0)	1	1	2	3	5	..	3
Lithuania	0	0(0)	0(0)	0(0)	0(0)	0	0	0	0	0	..	0
Malta	0	3(3)	2(1)	1(1)	1(1)	1	1	1	1	2	..	1
Netherlands	0	5(3)	4(2)	..	4(1)	1	..	..	..	..	..	..
Norway	1	6(2)	4(3)	5(4)	5(5)	6	7	8	4	2	..	4
Poland	0	2(1)	2(0)	..	..	..	..	..	..	..	..	..
Portugal	1	6(6)	6(3)	5(1)	5(2)	1	1	1	2	2	1	2
Romania [f]	1	3(5)	3(2)	2(2)	2(2)	1	1	1	..	..	..	..
Russia	1	5(3)	4(1)	2(0)	2(0)	1	1	2	1	..	..	1
Slovak Rep.	0	4(3)	2(1)	2(0)	2(1)	1	1	1	2	3	15	3
Slovenia	0	4(2)	4(1)	3(0)	3(0)	1	0	1	1	2	..	1
Sweden	1	5(2)	5(2)	4(1)	3(1)	1	1	2	2	3	..	2
Ukraine	1	5(5)	5(3)	1(1)	1(1)	3	2	4	2	6	4	3
U.K.	0	5(5)	3(2)	1(0)	1(1)	0	0	1	1	4	6	2

a) Average for lifetime and 30 days prevalence.

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

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

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

e) Lifetime prevalence.

f) Romanian data also include information from students not born in 1983.

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

Country	Inconsistent answers [a]				Unwillingness to admit drug use [b]		Dummy drug "relevin"	
	Alcohol [c]	Been drunk	Cannabis	Inhalants	Cannabis	Heroin	Heard of	Reported own use
Bulgaria	10	7	1	1	13	13	6	0.5
Croatia	4	2	0	0	23	25	11	0.5
Cyprus	8	5	0	2	4	4	8	0.6
Czech Rep.	2	1	1	0	3	5	8	0.1
Denmark	1	1	0	0	4	5	5	..
Estonia	3	2	1	2	7	9	6	0.5
Faroe Isl.	2	1	0	0	8	7	5	0.2
Finland	3	1	0	0	2	3	6	0.1
France	6	3	2	0	..	..	8	0.5
FYROM	..	..	..	..	..	..	..	..
Greece	6	2	1	1	2	3	7	0.3
Greenland	13	15	5	2	..	..	2	–
Hungary	5	2	1	0	5	5	6	0.3
Iceland	1	1	1	1	4	6	8	0.1
Ireland	1	1	1	1	4	7	11	0.4
Italy	10	3	1	0	3	6	8	..
Latvia	2	2	1	0	9	10	7	1.4
Lithuania	0	0	0	0	12	12	2	–
Malta	5	3	0	1	15	17	8	0.1
Netherlands	2	2	0	..	4	..	11	..
Norway	0	1	0	0	2	3	9	0.4
Poland	..	..	..	..	..	..	..	..
Portugal	7	4	1	0	4	11	11	0.5
Romania [d]	8	4	0	0	7	9	7	0.6
Russia	3	2	0	0	4	4	8	0.0
Slovak Rep.	4	3	1	0	3	4	6	0.0
Slovenia	5	3	0	1	2	3	6	0.2
Sweden	2	1	0	0	6	7	11	0.4
Ukraine	8	8	2	1	11	10	6	0.3
U.K.	2	2	1	1	4	7	17	0.2

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

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

c) Any alcoholic beverage.

d) Romanian data also include information from students not born in 1983.

Reported honesty

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

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

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

Nearly all students in the seven countries said that they answered honestly to the questions about their alcohol and drug habits. With some few exceptions, 95% or more of the students stated this about both substances (Table I). The figures are somewhat lower in Lithuania and Ukraine regarding the answers to the question about alcohol consumption, but still very high (92%).

Even if a large majority of the students thought that "all" or "most" of their classmates answered honestly about their use of alcohol and drugs, the figures are lower than the corresponding statements about themselves. In most countries, about 85% or more of the students said that all or most of their classmates answered honestly to the questions about the different substances. However, the figures were systematically lower in both Slovak Republic and Ukraine where about 75% of the students "trusted" their classmates.

Reported willingness to answer honestly

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

The proportion of students giving the last mentioned answer is shown in Table H. In 19 out of 26 countries with available information 7% or less answered that they definitely were unwilling to admit cannabis use if they had used it. The highest figures are reported from Croatia (23%), Malta (15%), Bulgaria, Lithuania and Ukraine (11–13%).

In many countries the unwillingness to admit heroin use is slightly higher. Sixteen countries have proportions of 7% or less. The highest figures are found in Croatia (25%), Malta (17%), Bulgaria, Lithuania (12–13%), Latvia, Portugal and Ukraine (10–11%).

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

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

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

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

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

It is important to notice that the figures of unwillingness to admit drug use are rather high in

Table I. Reported own honesty and expected honesty of the classmates concerning a drug study 3–5 days earlier. Percentages among all students.

	Cyprus	Denmark	Lithuania	Malta	Slovak Rep.	Sweden	Ukraine
Own honesty [a]							
Alcohol	95	97	92	97	94	96	92
Drugs	99	99	96	98	98	98	98
Honesty of classmates [b]							
Alcohol	88	89	82	86	78	88	76
Drugs	87	93	86	85	74	92	71

a) Proportion answering "Yes" or "Do not use.., which I also answered" to the question: "Did you answer honestly to the questions about your alcohol habits?" (and a similar question about drugs).

b) Proportions answering "all" or "most" to the question: "Do you think your classmates answered honestly to the questions about their alcohol habits?" (and similar questions about drugs).

Source: Hibell et. al. (2000).

some countries, indicating that a probable underreporting may differ somewhat between countries. Countries with rather high figures (15+%) for both cannabis and heroin include Croatia and Malta.

It can be concluded that the drug use figures probably are underestimates and that underreporting probably differs somewhat between countries. There is, however, no reason to believe that such differences seriously undermine the overall conclusions of the study.

Reported dummy drug use

There is always a risk in surveys that respondents do not answer honestly. It is usually assumed that this might lead to an underreporting. However, one cannot exclude the opposite, i.e. that students report that they have used a drug even if they have not. To test for this, the non-existent dummy drug "relevin" was included among real drugs in the questionnaire. Table H includes the answers on two of these questions. One is about whether or not the students have heard of different drugs and the other a question about lifetime prevalence of different drugs.

Very few students report having used the dummy drug relevin. In all participating countries the figure is 0.6% or less, with an average of 0.3%. However, it is more common for students to report having heard of relevin. The unweighted average is 10%. The highest proportion is found in United Kingdom (17%) and the lowest in Greenland and Lithuania (2%).

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

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

Construct validity

Using existing theories, results from earlier studies and common sense, one can infer how variables should be related to one another (construct valid-

ity). In the Pompidou six-country pilot study construct validity was discussed rather extensively. The conclusion was that "there is considerable evidence of construct validity in the current data sets" (Johnston et al 1994).

It is logical to expect that countries with high proportions of students reporting use of different drugs also should have high proportions reporting drug use among friends. This was tested in the 1995 ESPAD report with the outcome of very strong relationships. With LSD (r= 0.95), cannabis (r = 0.92) and drunkenness (r = 0.87). With these measures on construct validity the results indicate that the validity is high for different kinds of drugs.

The "validity" of the questionnaire

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

However, the wording of the questions is not only a matter of translation, it is also a matter of understanding. When necessary, the questions should be "culturally adjusted" to the situation in a country. Thus, it was more important that the question should be "understood" in the same way in all countries than using a literal translation. For instance should the exemplifying of drugs or nicknames be adjusted to the situation in each single country. If this is not done correctly, it might influence the possibility to make comparisons with other countries.

In a few countries we do not know how the questionnaire was translated and how much it was "culturally adjusted" to fit the situation in the country. However, no country has reported any important problems in the translation of the questionnaire, even though some complications have been mentioned from Greenland. Thus, it seems reasonable to assume that no major mistakes have been done in the translation of the questionnaire that would jeopardise the possibilities to compare results between the ESPAD countries.

Comparisons with other survey data

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

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

Comparable data have been found in Sweden and Norway. Comparisons will also be done with two variables from the WHO study about health behaviour (Currie et al 2000).

Data in the studies that will be used for comparisons are not always collected in the same way, with the same questions and on exactly the same age groups. The most important methodological differences are mentioned in the tables. Again, these differences stress the importance of looking at magnitudes more than exact figures.

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

A minor difference in Norway is that there are slightly more students in the ESPAD study that have answered that they have used cannabis (13% and 9% respectively). However, in an ESPAD context with proportion on lifetime cannabis use varying from 1% to 35%, the small difference in Norway is probably of minor importance. It should also be noticed that the number of youth participating in the Norwegian study was low, which makes data "less certain" from a statistical point of view.

In Sweden slightly more students in the ESPAD study have answered that they have ever been drunk (about 69%) compared with the regular national school survey (59%), while the remaining four variables do not show any important differences (Table J). The two questions measuring life-

Table J. Alcohol and drug use in Norway. Frequency of lifetime and last 12 months use. Data from ESPAD and three national surveys in 1997, 1998 and 1999. Percentages among all respondents [a].

	ESPAD 15–16 years	National surveys [b] 15–16 years
Lifetime		
Any alcohol	85	70 [c]
Intoxicated 40+ times	8	7 (50+ times)
Cannabis	13	9
Inhalants	6	6
Last 12 months		
Intoxicated	58	52 (last 6 months)
Cannabis	9	6 (last 6 months)
Inhalants	3	3 (last 6 months)
Number of respondents	3,918	~ 2,000

a) Percentages are based on respondents answering respective question.

b) Averages of three studies in 1997, 1998 and 1999. Data were collected by mailed surveys with a response rate of about 50%.

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

Source: Skretting (2000).

time prevalence of being drunk were not the same, which always can cause a difference. However, in the total ESPAD context, with figures of lifetime prevalence differing between 24 and 91%, the difference between the two Swedish studies is probably of minor importance.

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

Eighteen ESPAD countries also participated in the 1997/98 WHO health behaviour study (Currie et al 2000). Comparisons will be done for two alcohol related variables. The first is alcohol use, in the ESPAD measured by the proportion of boys and girls who had used alcohol 3 or more times during the last 30 days, while in the WHO study measured by the proportion that drink alcohol at least weekly. The other measure is about drunkenness. The ESPAD study measured "ever been drunk" while the WHO report shows the proportion that has been "drunk" 2 or more times. The relationship is rather high on the alcohol use variable ($r_{xy} = 0.81$ for boys and 0.77 for girls) (Table L). For girls the magnitude is about the same for the drunkenness variable (0.77) while it is lower for boys (0.58) (Table M).

Overall, the comparisons between ESPAD data in Norway and Sweden and results from other surveys in these two countries indicate similar figures. The same conclusions could also be drawn from earlier studies in England, Hungary, Iceland and Scotland. The few differences seem to have very reasonable explanations.

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

It is more difficult to have an opinion about the countries of central and eastern Europe, even if the comparisons between the two 1995 Hungarian studies indicated very similar results and the rank comparisons between the ESPAD and WHO studies included eight countries from these parts of Europe.

The cultural context

To make data from different countries as comparable as possible, one important basis of the ESPAD

Table K. Alcohol and drug use in Sweden. Frequency of lifetime and last 30 days use. Data from ESPAD and the annual survey 1999 in grade 9. Percentages among boys and girls [a)]

	Boys		Girls	
	ESPAD	Annual school survey 1999	ESPAD	Annual school survey 1999
Lifetime				
Been drunk	70	59	68	59
Been drunk at the age of 13 or younger	26	25	22	20
Cannabis use	11	9	6	7
Anabolic steroids	2	1	0	0
Last 30 days				
Cannabis use	3	3	1	2
Number of respondents	1,715	2,683	1,730	2,515

a) Percentages are based on students answering respective question.

Source: Andersson et al (1999).

project has been to standardise the different steps of the data collection procedure as much as possible. This includes the target population, the questionnaire and how data were collected and treated, all of which have been described in earlier sections. However, as already stressed in the introduction of this chapter, it has not been possible to standardise every detail. This holds true also for the cultural contexts in which the students have given their answers.

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

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

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

However, even if no single researcher has noticed any "problems" in his/her own country, i.e. that the questions should not be "technically correct", we cannot be sure that the students in different countries have not understood them differently. Does the word "solvent", even if exemplified, mean the same thing for a student in Ukraine as for a student in Norway or Italy? "Being drunk" may mean different things for students in Iceland, Hungary or Portugal?

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

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

Table L. Alcohol use in the ESPAD and WHO surveys.Students answering 3 times or more often during the last 30 days (ESPAD) or at least weekly (WHO). Percentages among boys and girls [a] ***and*** r_{xy}.

Country	Boys		Girls	
	ESPAD 3+ times last 30 days	WHO 1+ times a week	ESPAD 3+ times last 30 days	WHO 1+ times a week
Denmark	68	46	56	38
England	61	47	52	36
Greece	59	52	44	31
Czech Republic	56	32	41	19
Russia [b]	38	28	30	24
Slovak Republic	35	32	26	16
France [c]	40	31	27	15
Ireland	51	27	53	12
Hungary	25	29	17	11
Latvia	29	28	21	12
Portugal	30	29	19	9
Poland	34	20	25	8
Estonia	31	21	24	10
Norway	22	16	23	12
Sweden	23	17	19	11
Greenland	22	13	25	10
Lithuania	42	16	31	9
Finland	24	11	20	8
	r_{xy}=0.81		r_{xy}=0.77	

a) Percentages are based on students answering respective question.

b) Only regions. In the WHO-study: St Petersburg and district, Krasnodar *kvaj* and Chelyabinsk *oblast*. In the ESPAD study: Moscow.

c) In the WHO study: The regions Nancy-Lorraine and Toulouse-midi-Pyrénées. In the ESPAD study: The hole country.

Source: Currie et al (2000).

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

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

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

Some ESPAD countries have long traditions of doing school surveys while the ESPAD study was the first in others. These different traditions and, consequently, differences in the students experiences of surveys, may have influenced students in less experienced countries to feel uncertain and less comfortable with the situation of answering questions about sensitive behaviours, when compared with students in countries with regular drug use surveys. If this is the case, the willingness to an-

Table M. Drunkenness in the ESPAD and WHO surveys.Students who have ever been drunk (ESPAD) and drunk at least twice (WHO). Percentages among boys and girls [a] ***and*** r_{xy}.

Country	Boys		Girls	
	ESPAD Ever been drunk	WHO Drunk 2+ times	ESPAD Ever been drunk	WHO Drunk 2+ times
Denmark	91	71	88	63
Greenland	73	58	80	59
England	78	51	73	52
Finland	75	52	76	58
Slovak Republic	67	49	59	31
Sweden	70	40	68	40
Norway	61	37	66	41
Ireland	73	42	72	29
Latvia	74	47	66	23
Estonia	75	44	61	23
Hungary	58	43	45	22
Poland	65	39	53	21
Czech Republic	81	36	70	22
Russia [b]	68	32	63	25
Lithuania	81	32	65	20
France [c]	51	29	42	20
Portugal	42	35	32	16
Greece	61	24	56	21
	r_{xy}=0.58		r_{xy}=0.77	

a) Percentages are based on students answering respective question.

b) Only regions. In the WHO-study: St Petersburg and district, Krasnodar *kvaj* and Chelyabinsk *oblast*. In the ESPAD study: Moscow.

c) In the WHO study: The regions Nancy-Lorraine and Toulouse-midi-Pyrénées. In the ESPAD study: The hole country.

Source: Currie et al (2000).

swer honestly may have been influenced differently in different countries.

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

To learn more about the possible influence of the cultural context, the ESPAD methodology project was done in 1998 (Hibell et al 2000). The answer of the students about their own honesty and the expected honesty of their classmates as well as data from the survey leaders clearly indicated a high reliability and validity in the seven participating countries. It could not be excluded, however, that the validity might have been slightly lower in one or two out of the seven participating countries. The country with most indication of this was Ukraine, but to some extent also Slovak Republic. The other countries were Cyprus, Denmark, Lithuania, Malta and Sweden; i.e. countries in different parts of Europe.

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

the data collection.

Even if some uncertainty remains about the importance of the cultural context for the validity, especially on countries that did not participate in the methodology study, it does not seem likely that the "true" answer in a low prevalence country (e.g. 2% admitting cannabis use) should be more than doubled or tripled (i.e. above 4–6%) and that the "true" figure in a high prevalence country (e.g. 30%) should not be somewhere between ±5% (i.e. between 25–35%). Thus, a low prevalence country is most probably also a low prevalence country "in reality" and a high prevalence country "still" a high prevalence country, even if the exact difference between the two countries is uncertain.

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

Summary

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

Other measures, however, indicate some validity problems. These indicators include student cooperation, missing data rates and reported willingness to answer honestly. To a large extent validity problems on one or more of these indicators mainly seem to be found in a limited number of countries, including Croatia, Greenland, Malta, Slovak Republic and Slovenia. However, it should be noticed that none of these countries are indicated on more than one or a few validity measures.

In addition to this it should be mentioned that the cultural context in which the questions are answered might differ between countries and thus differently influence the willingness to give true answers. The importance of the cultural context should not be underestimated, but it seems important to keep in mind that the answers from the students and survey leaders in the ESPAD methodology project indicate that the students usually answered rather honestly to the questions about their use of alcohol and drugs. These conclusions are also supported in the present study in which a very large proportion of the data collection leaders in most countries reported that the students were interested in the study and worked seriously.

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

Conclusions

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

- Considering the fact that the ESPAD project included 30 countries, some of which made a school survey for the first time, the overall impression is that the sampling and data collection in most countries have been accomplished without any major problems. However, in a critical methodological discussion it is natural mainly to concentrate on aspects, which could have functioned better.
- Some countries are commented below. However, it is important to note that a recommended carefulness in the interpretation of some data usually is limited to few variables.
- Since it was not possible to draw the Dutch sample according to the ESPAD guidelines and since it was only possible to ask about half of the ESPAD questions, which probably have influenced the context in which the questions were answered, data from the Netherlands are presented separately in the results tables.
- At a very late stage in the process of writing the report it was realised that the Romanian results

also include information from students not born in 1983. Consequently, data from Romania are not directly comparable with data from other ESPAD countries. The most correct would have been to present the Romanian results separately in the results tables. However, when the Romanian situation was realised it was too late to do any changes in the results tables, since no time was available to do the changes and to recalculate the all averages.

- Poland has sent the results tables but no other information. When the Polish "methodology data" did not come, the correct measure to take would have been to present Polish data separately in the results tables. However, when the absence of required Polish information became a fact it was too late to take this action since Polish data had already been included in calculated averages and it was too late to recalculate and to do all the necessary changes in the report.
- A large number of Danish classes and schools that refused to participate must be seen as troublesome and one cannot exclude the risk that the study is not fully representative for Danish students born in 1983. Consequently, some caution is recommended when Danish data are compared with the results from other ESPAD countries. It could also be noticed that the large proportion of not participating schools and classes made the number of participating students (1790) lower than the recommended level (2.400).
- In Ireland a relatively low proportion of the 1983 born students were to be found in the grade that participated in the ESPAD study (61%). Consequently Irish data are mainly representative for 1983 born students in grade 5.
- The number of refusing schools was rather high, the response rates rather low and the proportion of unanswered questions rather high in Greenland. Some measures indicate that the reliability and validity probably is a little lower in Greenland than in most other countries. Thus, some caution is recommended when Greenlandic data are compared with data from other ESPAD countries.
- Some reliability and validity measures for intoxication and cannabis use call for some caution when interpreting Ukrainian figures of those variables.
- Rather low proportions of the survey leaders in the Slovak Republic and Slovenia reported that "all" or "nearly all" students were interested in the study and worked seriously. However, there are no other indications that the reliability or validity should be lower in these countries than in other ESPAD countries.
- In Croatia the proportion of 1983 born students that were to be found in participating grades was relatively low (70%), which indicates that the results mainly are representative for students in grade 1. It should also be remembered that very large proportions of the students in Croatia indicated that they would not admit possible consumption of cannabis (23%) and heroin (25%). This calls for some carefulness when interpreting Croatian drug prevalence figures.
- Also in Malta relatively large proportion reported that they were unwilling to report possible use of cannabis (15%) and heroin (17%).
- In Cyprus some information is missing about the data collection (the response rate, proportion of 1983 born students in participating grades and information from the classroom reports), which makes it difficult to judge about representativeness and student co-operation. The highest inconsistency rate for inhalants is reported from Cyprus, which indicates some uncertainty about inhalants figures. However, this is even more stressed by the fact that some "technical problems" made it necessary to exclude all Cypriotic data about the consumption of inhalants.
- A large proportion of absent students (22%) and a large proportion of unanswered questions (27%) in the Faroe Islands indicate some uncertainty, mainly for other results than consumption figures.
- Italy has the second largest proportion of unanswered questions (12%). The unexplained difference between this figure and the reported proportion of unanswered drug questions (0%) is confusing and indicates some uncertainty. The proportion of participating boys was 41%. If this does not reflect the proportion among 1983 born students, then data for all students ought to have been weighted.
- The proportion of unanswered questions about illegal substances is higher in Norway (5–8%) than in nearly all other countries, which might indicate an underreporting to a slightly higher degree than in some other ESPAD countries.
- When interpreting the results it is important to remember that the students in Greece and FYROM are about 6–7 months older than most other ESPAD students.
- One conclusion of the questions about the wil-

lingness to report drug use is that drug use figures probably are somewhat underestimated. Another conclusion is that the underreporting probably differ somewhat between countries. However, it seems unlikely that the underreporting differs so much between countries that it would change the main results with clear differences between groups of countries in the use of different drugs.

- The validity is assumed to be high in most ESPAD countries. The cultural context in which the students have answered the questions have most probably differed between countries. However, this does not automatically indicate large differences in the willingness to give honest answers.
- It seems likely to assume that the validity problems mainly are concentrated to a limited number of countries and that differences in the cultural context do not influence the results to such a degree that large differences between countries should not be regarded as valid. However, the magnitude of various kinds of drug use in different ESPAD countries probably reflects country differences pretty well, especially between distinguished groups of countries with different experiences of drug use.
- Small discrepancies between countries should be considered carefully. They may not reflect valid differences.
- It is more important to concentrate on the magnitudes of the estimates than on single figures, both when analysing data in single countries and when interpreting differences between countries.

Changes in the use of alcohol and other drugs 1995–1999

In this chapter changes in selected variables between 1995 and 1999 are shown by the help of diagrams. However, for various reasons no confidence intervals have been calculated (for a discussion, please see the chapter "Methodological considerations"). It is important, however, to bear in mind that cluster effects probably vary quite a lot between countries. Consequently, a difference that is significant in one country may not be so in another. For this reason the comments in this section are focused on obvious changes, while differences of only a few percentage points are disregarded. Moreover, small changes and indifferent values are coloured in yellow in the scatter plot figures as a reminder. This does not indicate, however, that all other changes are statistically significant. Moreover, it might as well be that some of the yellowed values represent significant changes. The thing is, that we don't know without testing the differences.

The variables chosen are those which were represented by maps and bar diagrams in the 1995 ESPAD report. The presentation concerns only countries which participated in both surveys. In addition, some countries are missing for certain variables, because they did not include the underlying question in at least one of the surveys.

Changes in cigarette smoking

Lifetime use of cigarettes 40 times or more

(Figures 1a–b)

Lifetime use of cigarettes 40 times or more has increased in some countries, while it is relatively unchanged in others. No country shows any marked decline on this variable.

Increases are mainly observed in the eastern parts of Europe: In Croatia, Czech Republic, Lithuania, Poland, Slovak Republic and Slovenia, but also in Denmark and Norway.

In most countries where an increase has been observed, it occurs both among boys and girls. However, in the Czech Republic, Norway, Poland and the Slovak Republic it is more pronounced among girls.

The countries with the highest prevalence of lifetime smoking are still the Faroe Islands, Finland and Ireland. However, the Czech Republic and Lithuania have now caught up with these three countries.

Cigarette smoking during the last 30 days

(Figures 2a–b)

The proportion of students who had been smoking during the last 30 days has increased in a way which is similar to lifetime cigarette use 40 times or more. Countries with large increases include the Czech Republic, Denmark, Lithuania, Slovak Republic and Slovenia, but to a lesser extent also Finland and Poland. Smaller changes in the same direction are found in Estonia, Italy, Norway and Portugal. A sharp decrease in the proportion of students who have been smoking during last 30 days was reported in Cyprus and to a lesser extent in Iceland and Ireland.

In 1995 the highest rate of smoking during the last 30 days was in the Faroe Islands. However, the highest rate in 1999 was found in the Czech Republic and Finland.

In most countries the tendencies were similar among boys and girls. However, the increase was bigger among girls than boys in some countries, including the Czech Republic and the Slovak Republic. In Lithuania the increase was somewhat larger among boys.

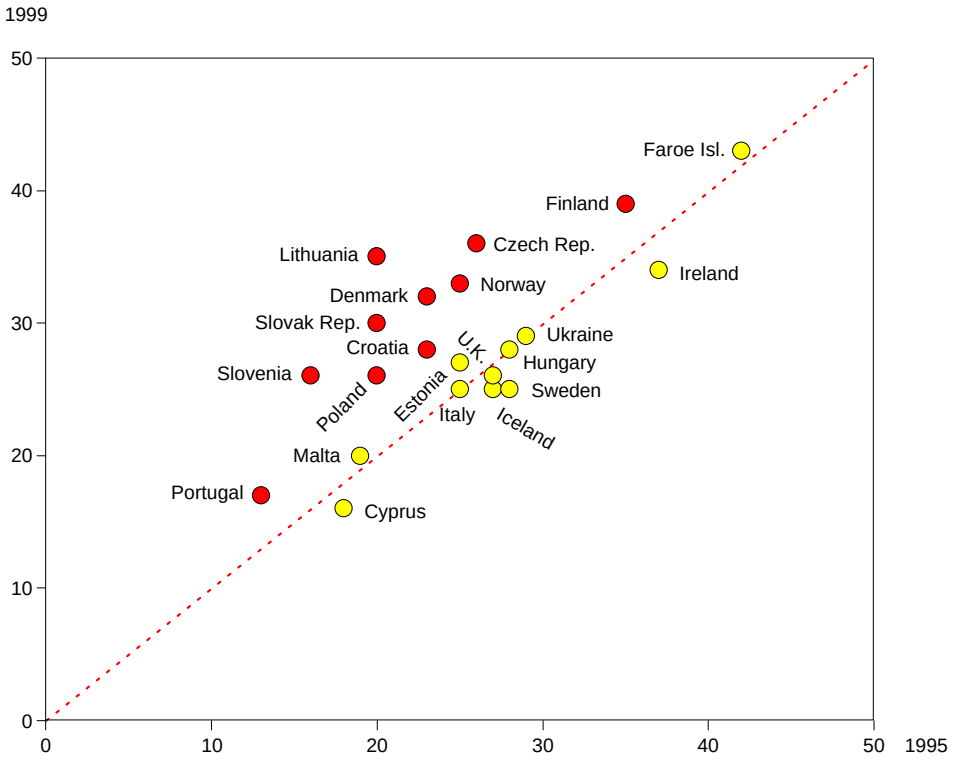


Figure 1a. *Changes between 1995 and 1999 in lifetime use of cigarettes 40 times or more. Countries above the line have increased prevalence rates, and countries below have decreased. All students.*

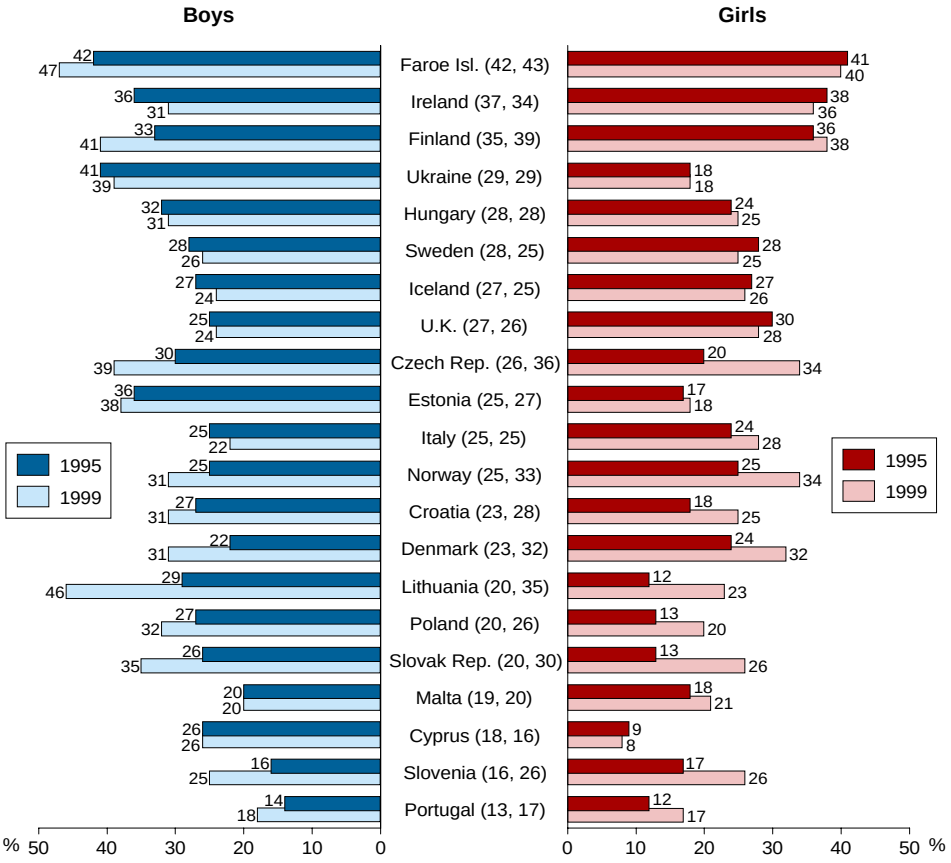


Figure 1b. *Changes between 1995 and 1999 in lifetime use of cigarettes 40 times or more. Percentages among boys and girls (values within brackets refer to all students 1995, 1999). Data sorted by all students 1995.*

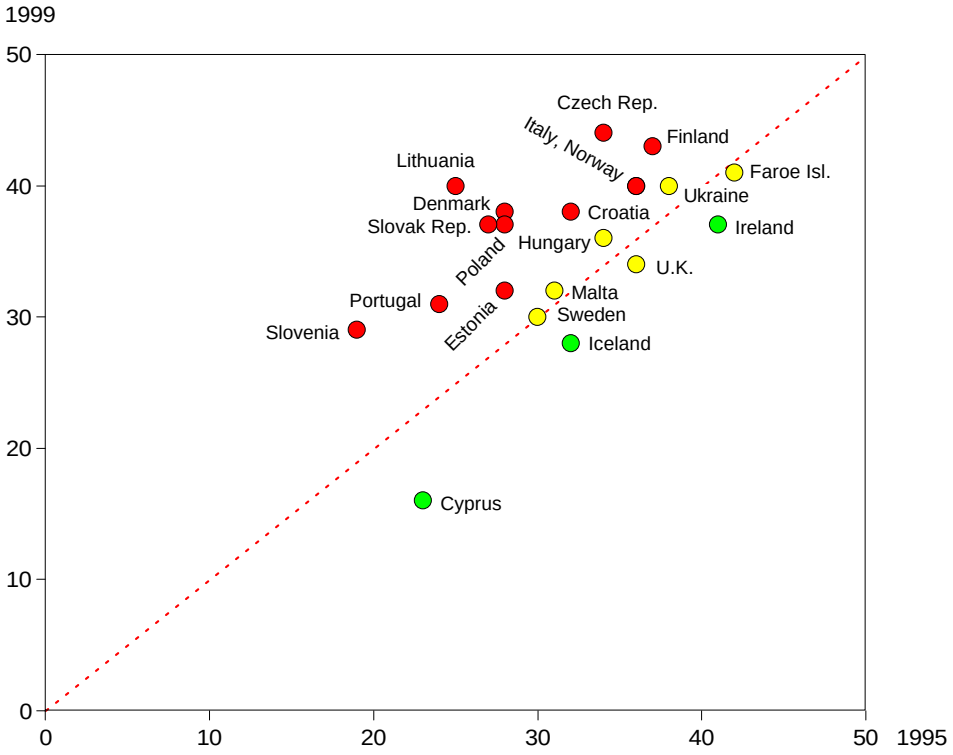


Figure 2a. *Changes between 1995 and 1999 in cigarette smoking during the last 30 days. Countries above the line have increased prevalence rates, and countries below have decreased. All students.*

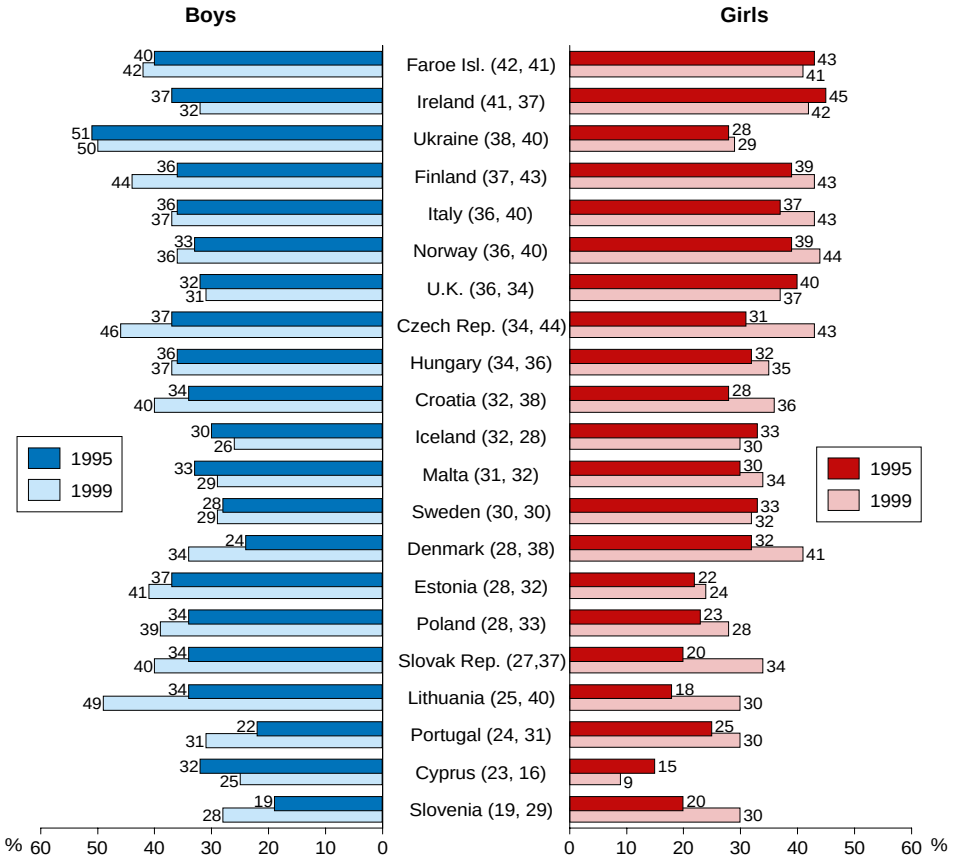


Figure 2b. *Changes between 1995 and 1999 in cigarette smoking during the last 30 days. Percentages among boys and girls (values within brackets refer to all students 1995, 1999). Data sorted by all students 1995.*

Daily smoking at the age of 13 or younger

(Figures 3a–b)

In accordance with the above-presented results, the proportion of students who reported having been daily smokers at the age of 13 or younger has increased somewhat in certain countries and decreased in others. However, these are minor changes and the prevalence rates on this variable remain much the same as in the 1995 ESPAD study.

The most substantial change is reported from the Faroe Islands where a rather big decrease occurred in the proportion of students who had been daily smokers at the age of 13.

The top position in 1995 was shared by the Faroe Islands and the United Kingdom. Next in ranking order came Ireland and Finland. It is mainly the drop in the Faroe Islands' figures that changes the ranking in 1999. At that time Finland, Ireland and the United Kingdom are found in the top group.

In general, the changed proportions are rather similarly distributed among boys and girls. The decreased proportion reported from the Faroe Islands was somewhat more pronounced among girls than boys.

Changes in alcohol consumption

Alcohol use 40 times or more in lifetime

(Figures 4a–b)

An absolute majority of the students in the ESPAD countries have drunk an alcoholic beverage at least once in their lifetime. Those who have had an alcoholic drink 40 times or more in their lifetime have probably established a more or less regular habit of drinking. The proportion of students who reported alcohol consumption with this frequency increased in many countries between 1995 and 1999, but in some the changes are moderate.

Countries where increases are found include the Czech Republic, Denmark, Estonia, Lithuania, Norway, Slovak Republic and Slovenia, but also Croatia, Finland, Ireland, Ukraine and the United Kingdom show somewhat increased figures in 1999.

Decreasing proportions for lifetime alcohol consumption 40 times or more are only found in a few countries, including Cyprus and Italy. The increase on this variable is generally more pronounced among boys, except for example in the Slovak Republic where the increase was more pronounced among girls.

The top countries in 1995 were Denmark, United Kingdom, Malta, Ireland, Czech Republic and Cyprus. In 1999 Denmark and the United Kingdom are still in top position, followed by the Czech Republic, Ireland and Malta, i.e. Cyprus is no longer in the top group.

Alcohol use 20 times or more during the last 12 months

(Figures 5a–b)

Many of the ESPAD countries report similar proportions of students who have been drinking alcohol 20 times or more during the last 12 months. This variable is also very much related to the lifetime variable and the changes are in the same direction.

Very few countries show decreasing figures, although some are largely unchanged. However, in the majority of countries the values have increased. Countries with increasing figures include Denmark, Poland, Lithuania, Czech Republic, Slovenia, Ireland, Estonia, Norway, Slovak Republic, United Kingdom and Malta. Lower figures in 1999 than in 1995 are mainly reported from Cyprus, Italy and Hungary.

In some of the countries with higher figures in 1999, the increase is particularly large among boys, e.g. in the Czech Republic, Denmark, Estonia, Lithuania and Poland, while in others the opposite is true, e.g. in Ireland. In Denmark, however, the increase has occurred only among boys, while at the same time the proportion has decreased among girls. Also in the United Kingdom only the boys' proportion has increased, while there is no change at all among girls.

As in 1995, Denmark, the United Kingdom and Ireland continue to have the highest frequency of 12 months repeated alcohol use. Denmark is still in a top position and has in fact increased even further. The 12 months frequency has increased more in Ireland than in the United Kingdom, putting Ireland in second place after Denmark.

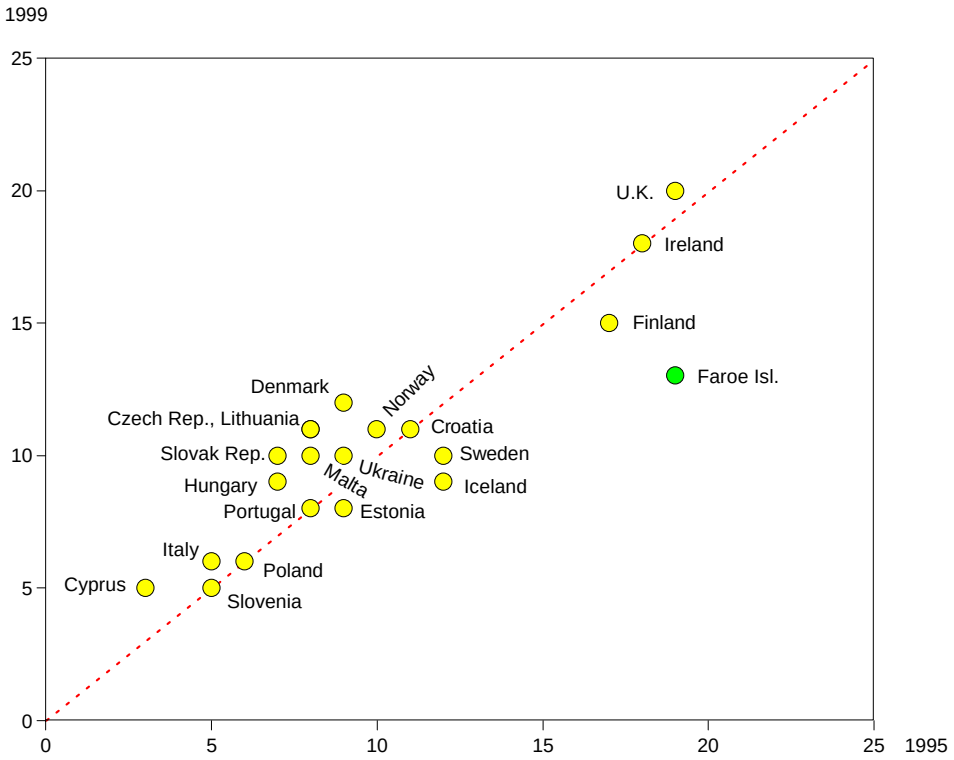


Figure 3a. *Changes between 1995 and 1999 in daily smoking at the age of 13 or younger. Countries above the line have increased prevalence rates, and countries below have decreased. All students.*

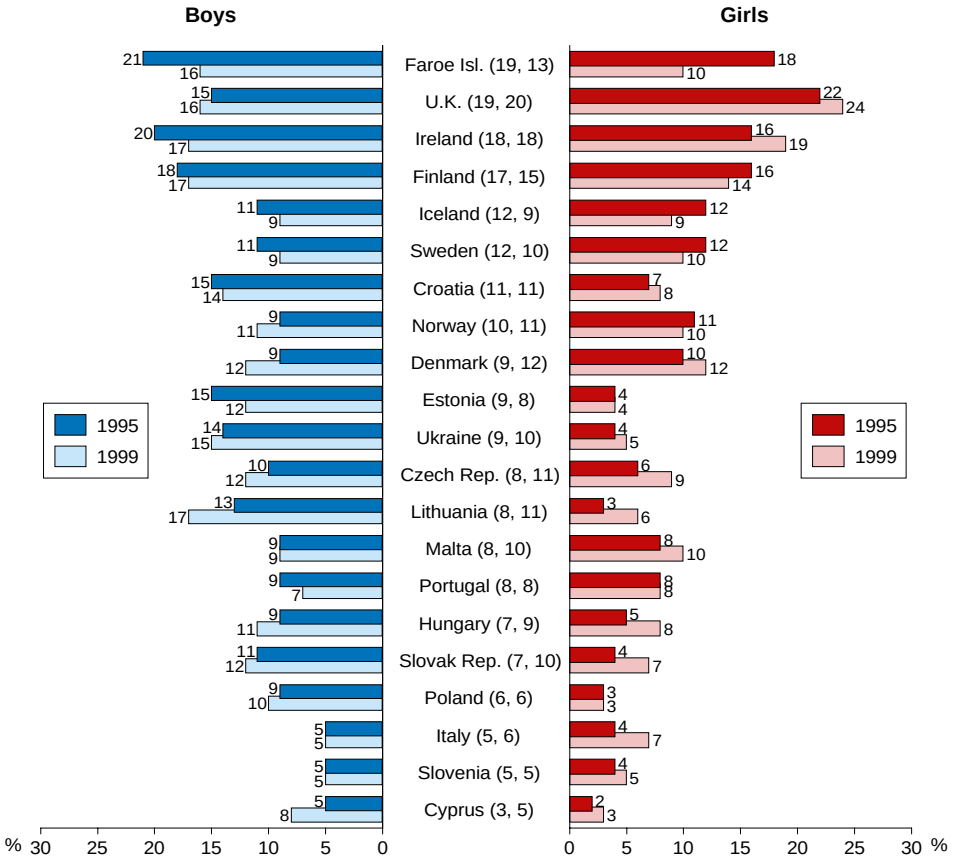


Figure 3b. *Changes between 1995 and 1999 in daily smoking at the age of 13 or younger. Percentages among boys and girls (values within brackets refer to all students 1995, 1999). Data sorted by all students 1995.*

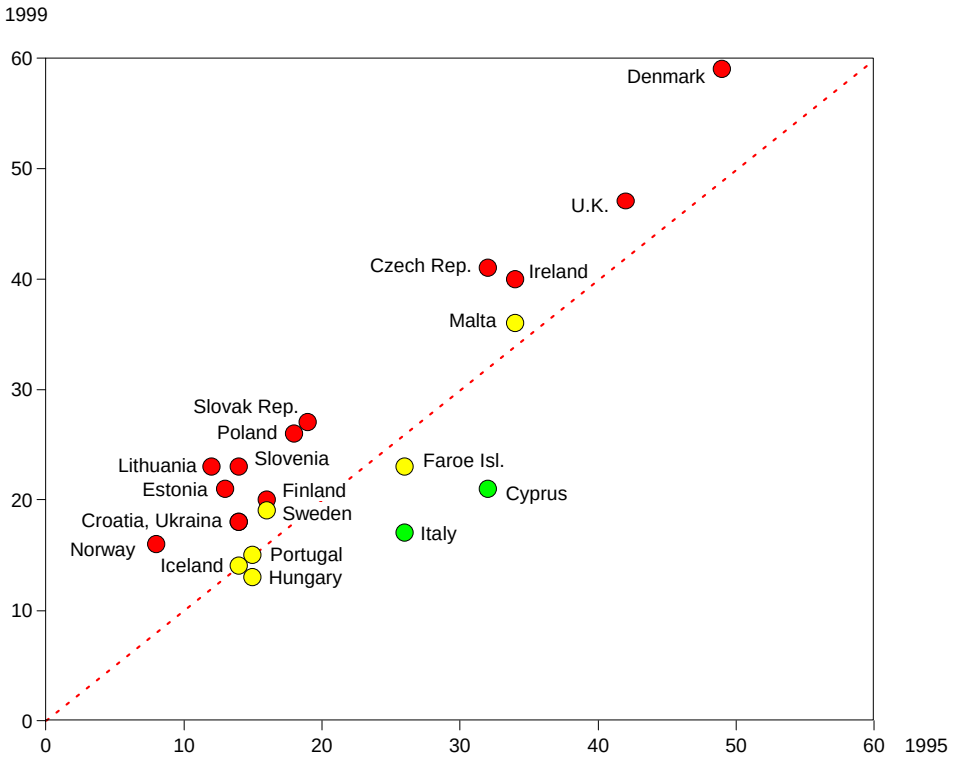


Figure 4a. *Changes between 1995 and 1999 in lifetime use of any alcoholic beverages 40 times or more. Countries above the line have increased prevalence rates, and countries below have decreased. All students.*

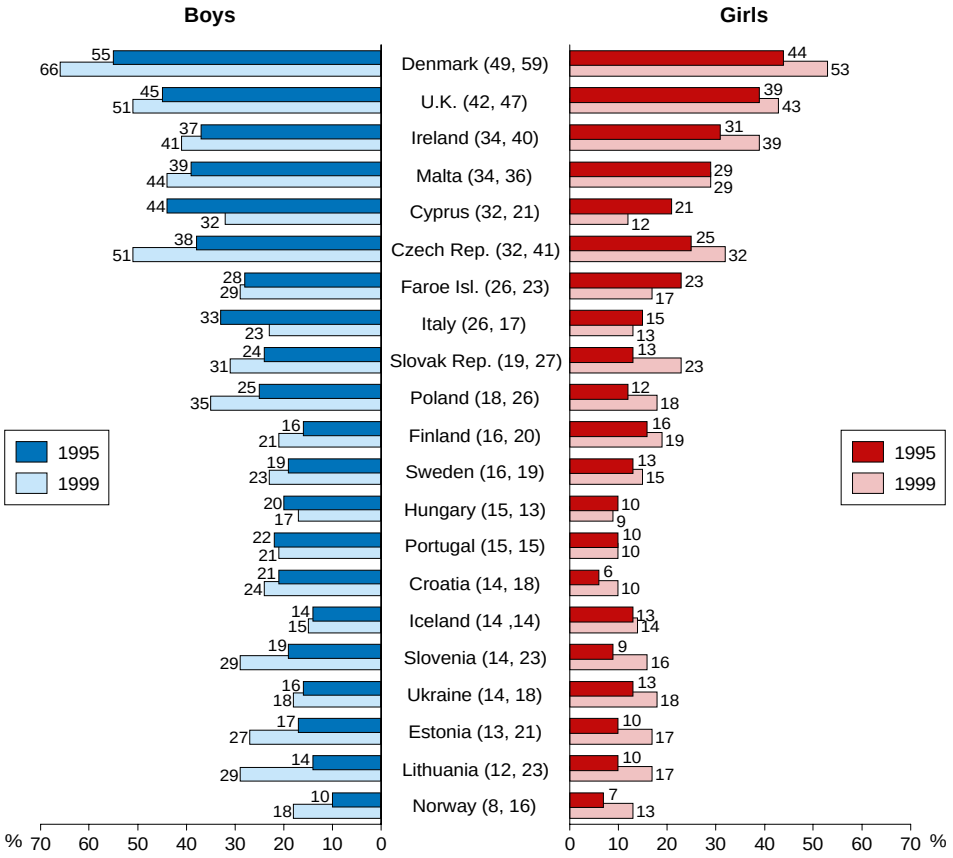


Figure 4b. *Changes between 1995 and 1999 in lifetime use of any alcoholic beverages 40 times or more. Percentages among boys and girls (values within brackets refer to all students 1995, 1999). Data sorted by all students 1995.*

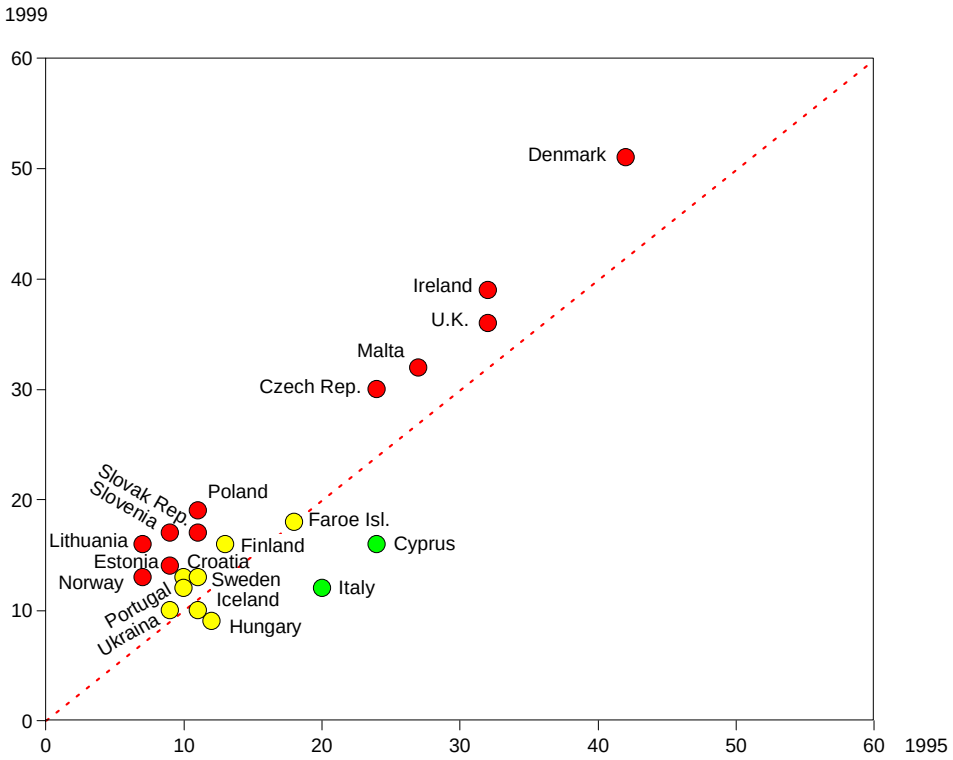


Figure 5a. *Changes between 1995 and 1999 in use of any alcoholic beverages 20 times or more during the last 12 months. Countries above the line have increased prevalence rates, and countries below have decreased. All students.*

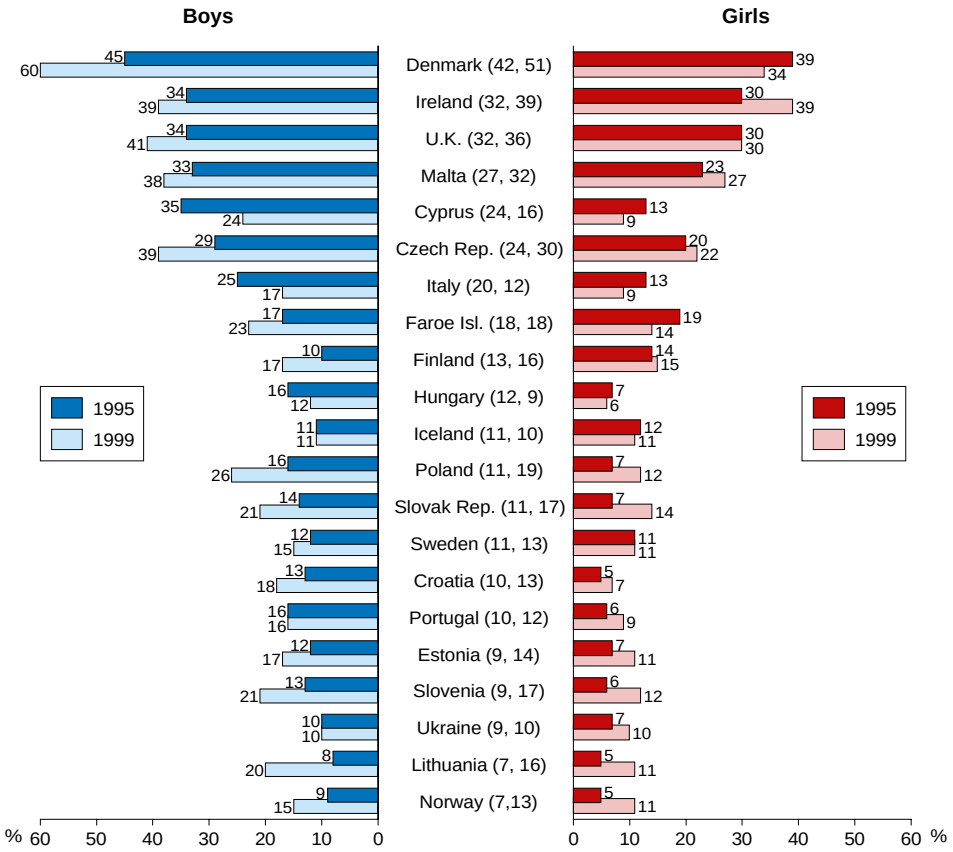


Figure 5b. *Changes between 1995 and 1999 in use of any alcoholic beverages 20 times or more during the last 12 months. Percentages among boys and girls (values within brackets refer to all students 1995, 1999). Data sorted by all students 1995.*

Alcohol use 10 times or more during the last 30 days

(Figures 6a–b)

Alcohol consumption during the last 30 days includes those who drink relatively frequently. The measure of alcohol consumption ten times or more in the last 30 days indicates a high level of regular alcohol use among students.

Increased proportions of students who have been drinking alcohol on ten occasions or more during the previous 30 days are found particularly in Lithuania and Poland, but also in the Czech Republic, Ireland, Malta and the Slovak Republic. At the same time, in many countries there are rather small or no changes. Decreased proportions are only reported from Cyprus and Italy.

In most countries where an increase is observed, the change occurs both among boys and girls. There are countries, however, where the increase is more pronounced among girls, but since the prevalence rates in many of those countries were very small in 1995, the importance of this should not be over-emphasised. In a few countries a higher increase is observed among boys than among girls, e.g. in the Czech Republic and Poland.

Denmark, Ireland, Malta and the United Kingdom continue to be among the countries with the highest 30 days prevalence of alcohol use. Due to substantial changes between 1995 and 1999, the Czech Republic has replaced Cyprus and Italy in this group of high prevalence countries.

Beer consumption 3 times or more during the last 30 days

(Figures 7a–b)

The proportion of students who had been drinking beer 3 or more times during the last 30 days has decreased in only one country, Cyprus. In about half of the countries the proportions have increased. Large changes are observed in Croatia, Czech Republic, Denmark, Estonia, Lithuania, Norway, Ukraine and the United Kingdom.

Overall, more boys than girls report this behaviour. However, in the countries with increased prevalence rates the change is more pronounced among girls, except in Denmark.

The top position in 1999, as in 1995, is held by Denmark. Cyprus and Ireland used to be number two and three, but the top group now include the Czech Republic and the United Kingdom. Cyprus is no longer among the high prevalence countries of beer drinking 3 times or more during the last 30 days.

Wine consumption 3 times or more during the last 30 days

(Figures 8a–b)

Smaller proportions reported frequent wine consumption during the last 30 days in 1999 than in 1995 in only a few countries, including Italy and the Faroe Islands. The figures were rather unchanged in many countries, and increased in less than half of them. Countries with increased figures include Estonia, Lithuania, Malta and Slovenia.

Malta keeps its top position with even higher figures than in 1995. Of the two other countries with high figures in 1995, Italy and the United Kingdom, the latter has dropped and is now replaced by the Slovak Republic and Slovenia.

In Estonia and Lithuania there were no gender differences in 1995 and it has remained like that, despite the clear increase on this variable in both countries. In the Czech Republic, Malta and the Slovak Republic the increase was more pronounced among girls than boys.

Consumption of spirits 3 times or more during the last 30 days

(Figures 9a–b)

The proportions of students who had been drinking spirits 3 times or more during the last 30 days increased in the majority of countries. Decreasing proportions were only reported from a few countries e.g. Iceland and Lithuania. Increases occurred particularly in Cyprus, Denmark, Ireland, Malta, Norway, Slovak Republic, Slovenia and the United Kingdom.

As in 1995, Malta has the highest proportions on this variable, and has increased even further since then. Other top countries in 1999 are the Czech Republic, Denmark, Ireland and the United Kingdom.

Relatively more boys than girls report drinking spirits at least 3 times during the last 30 days. Some of these proportions have increased in the 1999 survey. The increase was larger among boys than girls in some countries, including the Faroe Islands, Malta and Sweden. However, the opposite is true in e.g. Croatia, Ireland and the United Kingdom.

In certain countries girls were in the majority already in 1995 and they still are in the 1999 study. These countries are Ireland and the United Kingdom. In addition, the increase in Ireland was more pronounced among girls compared with boys.

As in 1995, Malta and Denmark shared the largest figures in 1999. However, the Czech Republic has been passed by Ireland which now holds the third position.

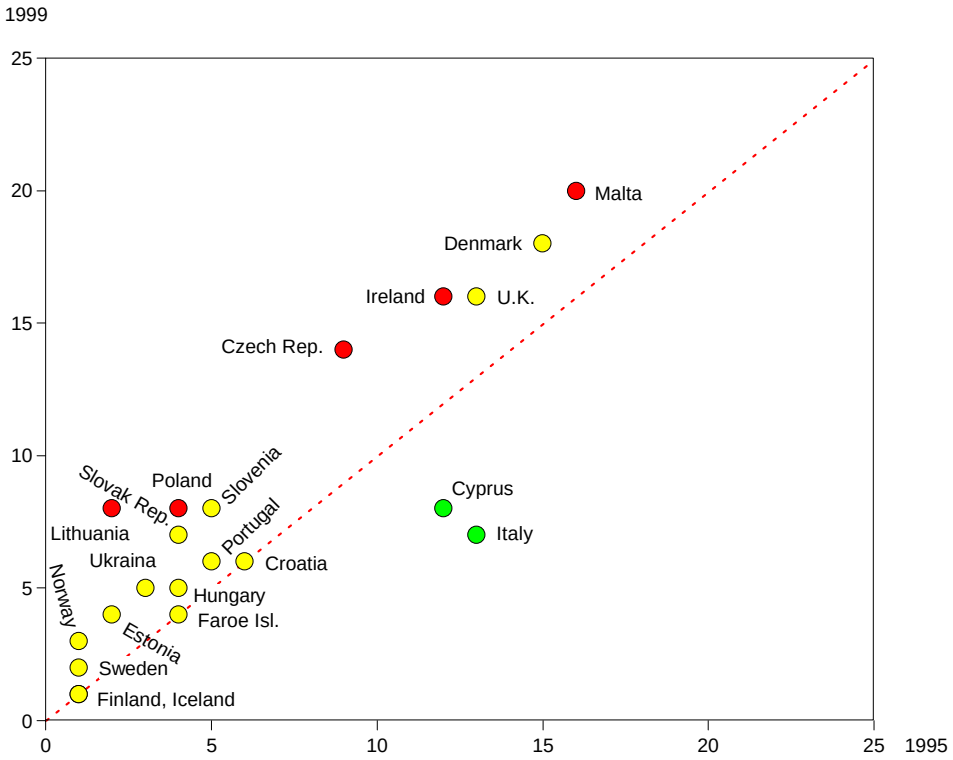


Figure 6a. *Changes between 1995 and 1999 in use of any alcoholic beverages 10 times or more during the last 30 days. Countries above the line have increased prevalence rates, and countries below have decreased. All students.*

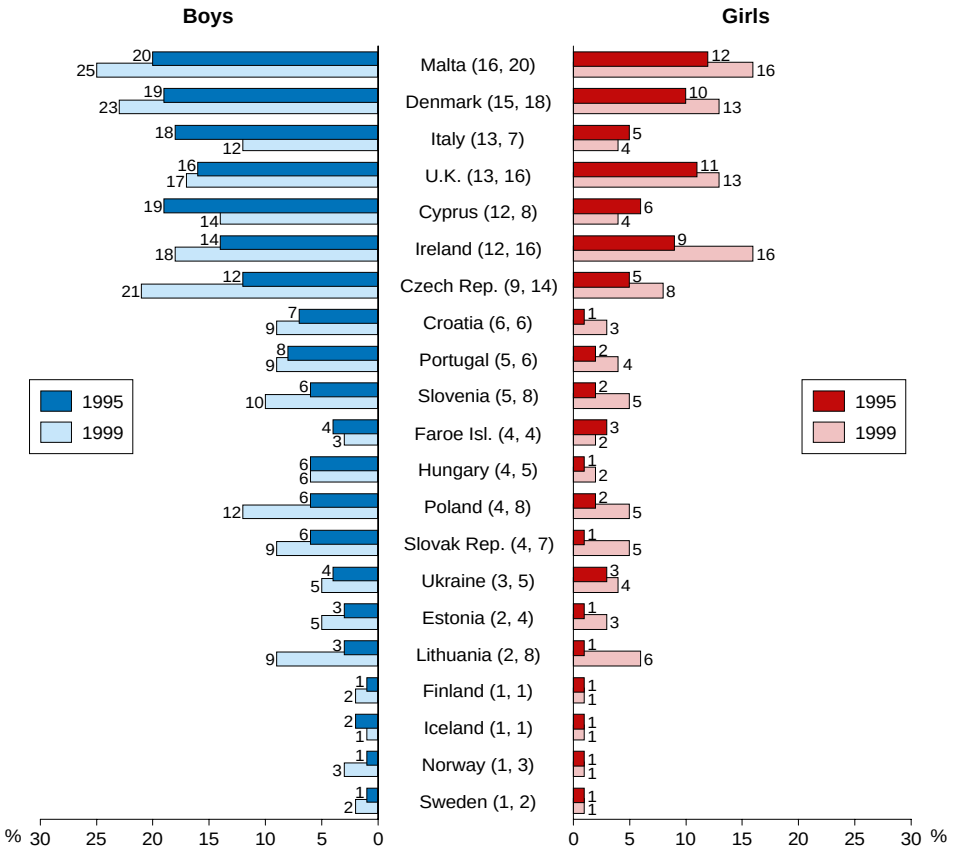


Figure 6b. *Changes between 1995 and 1999 in use of any alcoholic beverages 10 times or more during the last 30 days. Percentages among boys and girls (values within brackets refer to all students 1995, 1999). Data sorted by all students 1995.*

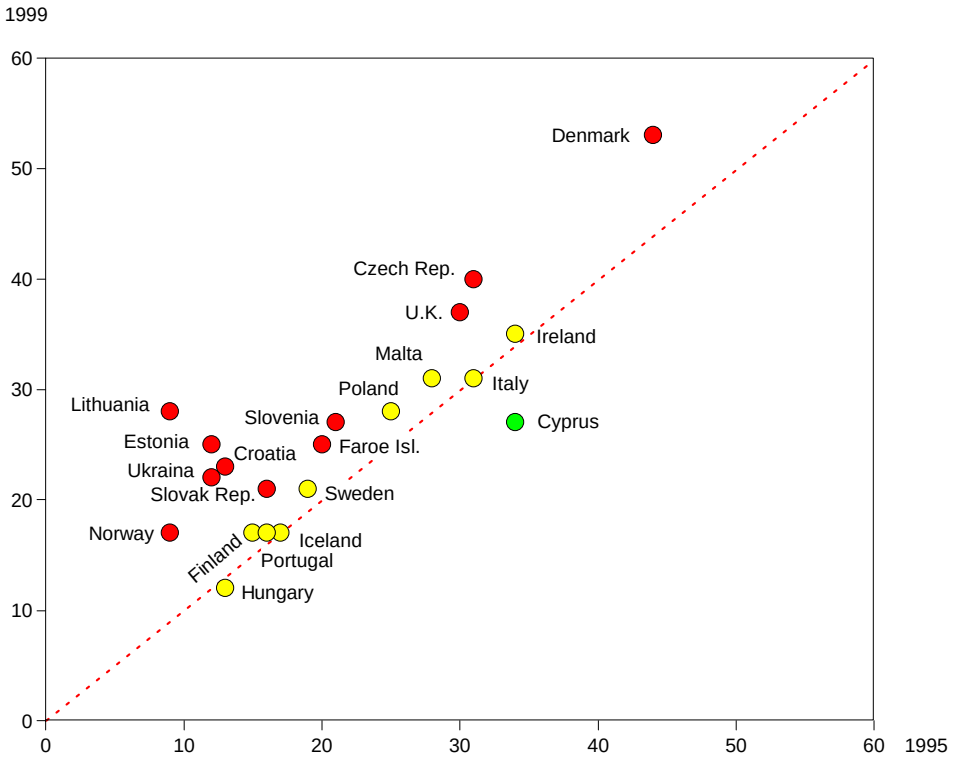


Figure 7a. *Changes between 1995 and 1999 in beer consumption 3 times or more during the last 30 days. Countries above the line have increased prevalence rates, and countries below have decreased. All students.*

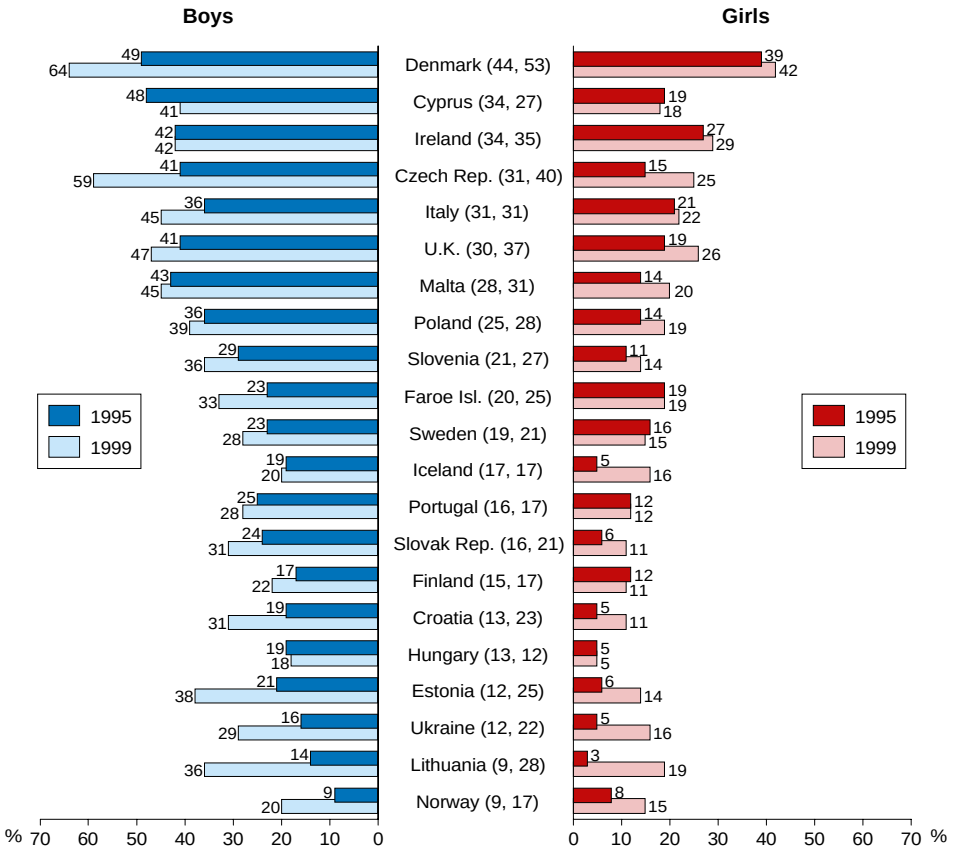


Figure 7b. *Changes between 1995 and 1999 in beer consumption 3 times or more during the last 30 days. Percentages among boys and girls (values within brackets refer to all students 1995, 1999). Data sorted by all students 1995.*

Figure 8a. *Changes between 1995 and 1999 in wine consumption 3 times or more during the last 30 days. Countries above the line have increased prevalence rates, and countries below have decreased. All students.*

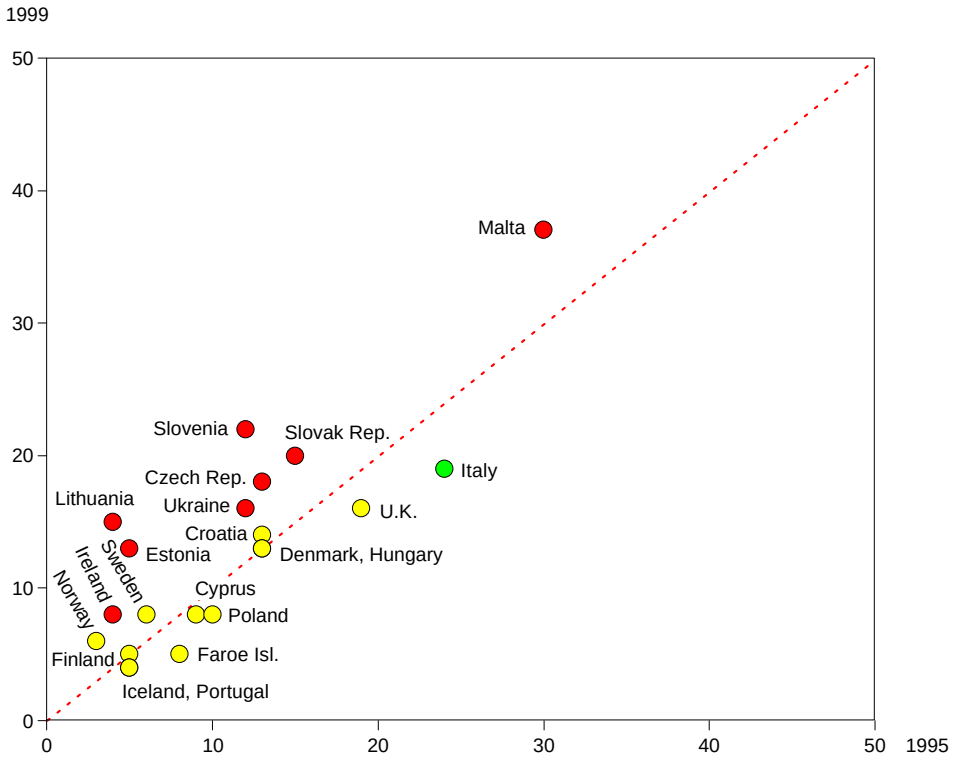
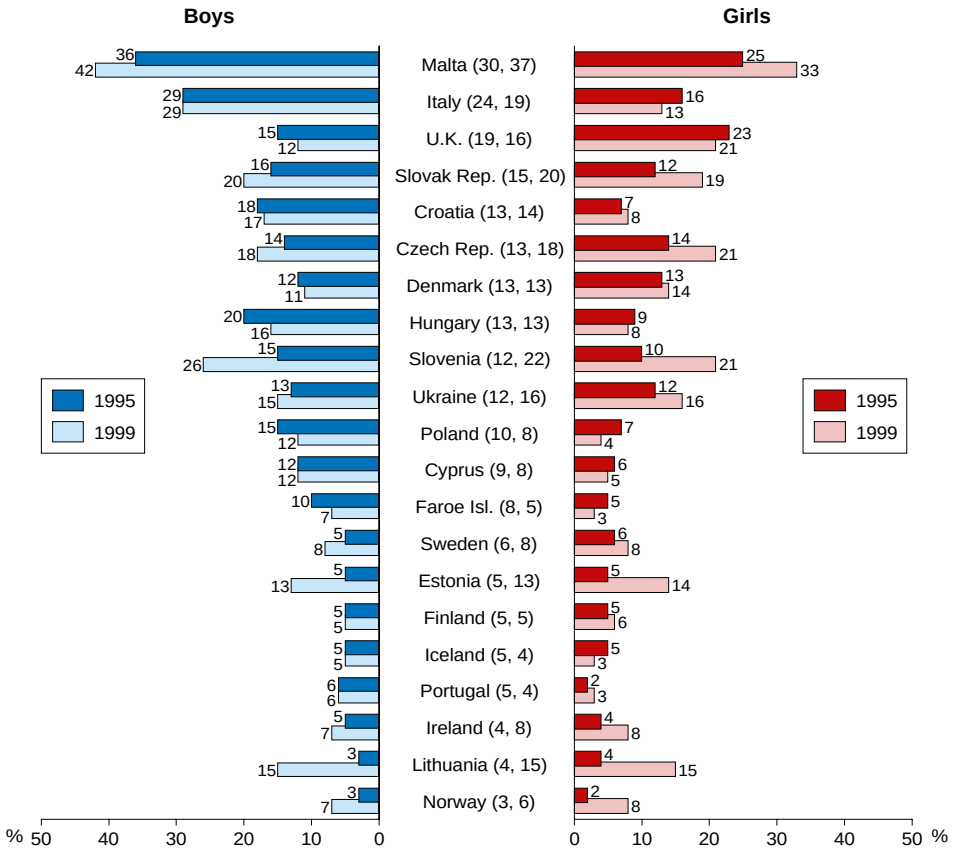


Figure 8b. *Changes between 1995 and 1999 in wine consumption 3 times or more during the last 30 days. Percentages among boys and girls (values within brackets refer to all students 1995, 1999). Data sorted by all students 1995.*



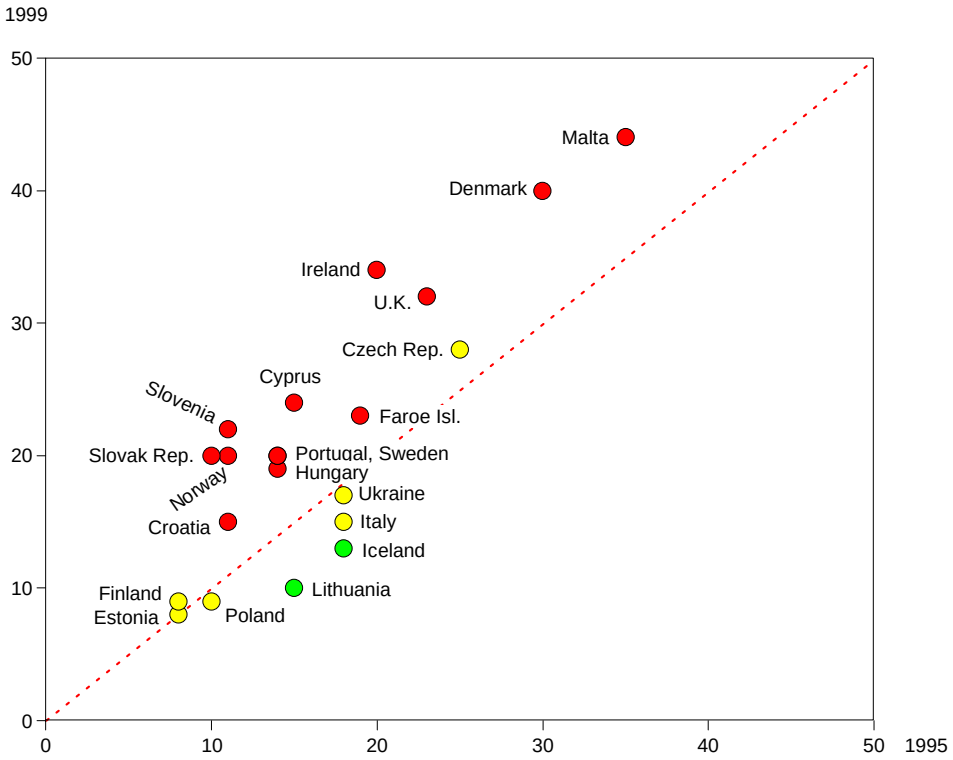


Figure 9a. *Changes between 1995 and 1999 in consumption of spirits 3 times or more during the last 30 days. Countries above the line have increased prevalence rates, and countries below have decreased. All students.*

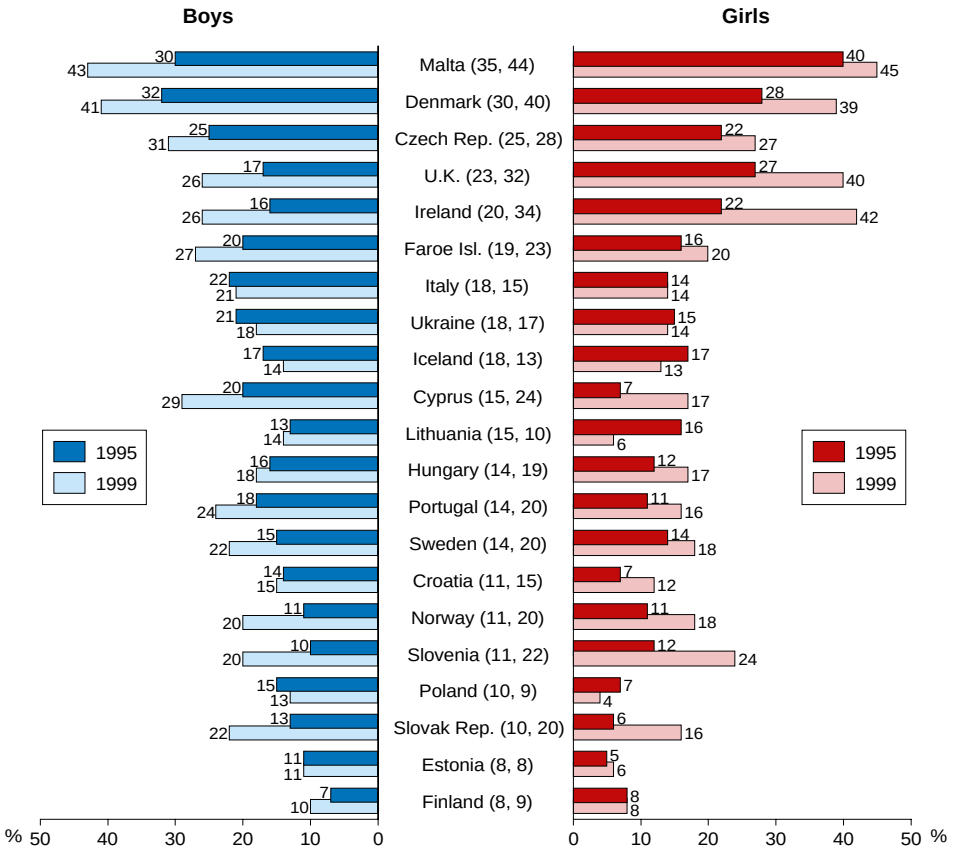


Figure 9b. *Changes between 1995 and 1999 in consumption of spirits 3 times or more during the last 30 days. Percentages among boys and girls (values within brackets refer to all students 1995, 1999). Data sorted by all students 1995.*

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

(Figures 10a–b)

In about half of the countries increased proportions of students reported having consumed at least 101 cl of beer on their last drinking occasion. Increases are mainly found in the Czech Republic, Estonia, Faroe Islands, Iceland, Lithuania, Norway, Poland and the United Kingdom. Smaller numbers were observed only in a few countries, including Sweden and Italy.

Drinking beer is more common among boys than girls. In countries where the proportions of students who had been drinking at least 101 cl of beer on the last drinking occasion have risen, the figures have increased both among boys and girls. The increase was, however, overall more pronounced among boys. In the Faroe Islands an increase among boys was accompanied by a small decrease among girls. In Sweden boys are unchanged while a marked decrease occurred among girls.

Denmark and Ireland had the highest figures in 1995, and this was still true in 1999. Sweden used to be number three, but is now surpassed by several countries, including the Czech Republic, Faroe Islands, Iceland, Norway and the United Kingdom.

Consumption of 10 cl of wine or more on the last drinking occasion

(Figures 11a–b)

To drink 10 cl of wine on a drinking occasion is a moderate consumption. The decision in the 1995 study to set the cut-off point at this low level was that few students drink large amounts of wine. Differences between countries become more visible if the numbers are not too small.

In a few countries there were very large increases in the proportions of students who had been drinking at least 10 cl of wine on their last drinking occasion. These countries include Estonia, Lithuania and Slovenia. Other countries in which the proportions have increased are Croatia, Malta, Norway and the Slovak Republic. Decreasing proportions are mainly found in Hungary, Iceland, Italy, Ukraine and the United Kingdom.

There are no big gender differences in the changes of proportions of students who had been drinking at least 10 cl of wine on the last drinking occasion. There are certain countries, however, where the increase was more pronounced among girls than boys, e.g. in Norway and Slovenia. In some other countries, including Croatia, Malta and the Slovak Republic increases are only found among girls.

The Czech Republic and the Slovak Republic were at the top on this variable in 1995, followed by the United Kingdom, Hungary and Malta. The Slovak Republic and the Czech Republic are still in the top group in 1999, together with Lithuania, Malta and Slovenia.

Consumption of 11 cl of spirits on the last drinking occasion

(Figures 12a–b)

The proportions of students who had been drinking 11 cl spirits or more last time they had any alcohol show in general an unchanged or decreasing tendency. However, the consumption pattern has polarised somewhat, with some countries experiencing an increase, and other a decrease.

The largest increase was observed in Ireland. Other countries with increasing figures include Poland, Slovak Republic, Slovenia and the United Kingdom. The largest decrease occurred in Lithuania, followed by Estonia, Faroe Islands and Iceland.

The Faroe Islands, Iceland and Lithuania were in top position in 1995, but this has changed. The top group is now on a generally lower level than in 1995, and includes five countries with very similar figures. They are Denmark, Faroe Islands, Ireland, Norway and Malta.

In general, the increases and decreases in the proportions who had been drinking 11 cl of spirits or more on the last drinking occasion occurred both among boys and girls. In most countries this behaviour is more common among boys than girls. In Ireland and the United Kingdom, however, the girls are in majority. Moreover, the largest increase among girls was observed in Ireland, where the proportion among girls doubled between 1995 and 1999.

Drunkenness, 20 times or more in lifetime

(Figures 13a–b)

In about half of the countries there are hardly any changes in the prevalence of being drunk 20 times or more in lifetime. In countries where changes have occurred, the figures have usually risen. The largest increases were observed in Denmark, Norway and Ukraine. Other countries with increased figures include Czech Republic, Estonia, Ireland, Lithuania and Slovenia.

Denmark had the highest rate of drunkenness in 1995, and the difference between Denmark and other countries is now relatively greater. Other countries in the top group include Finland, Ireland

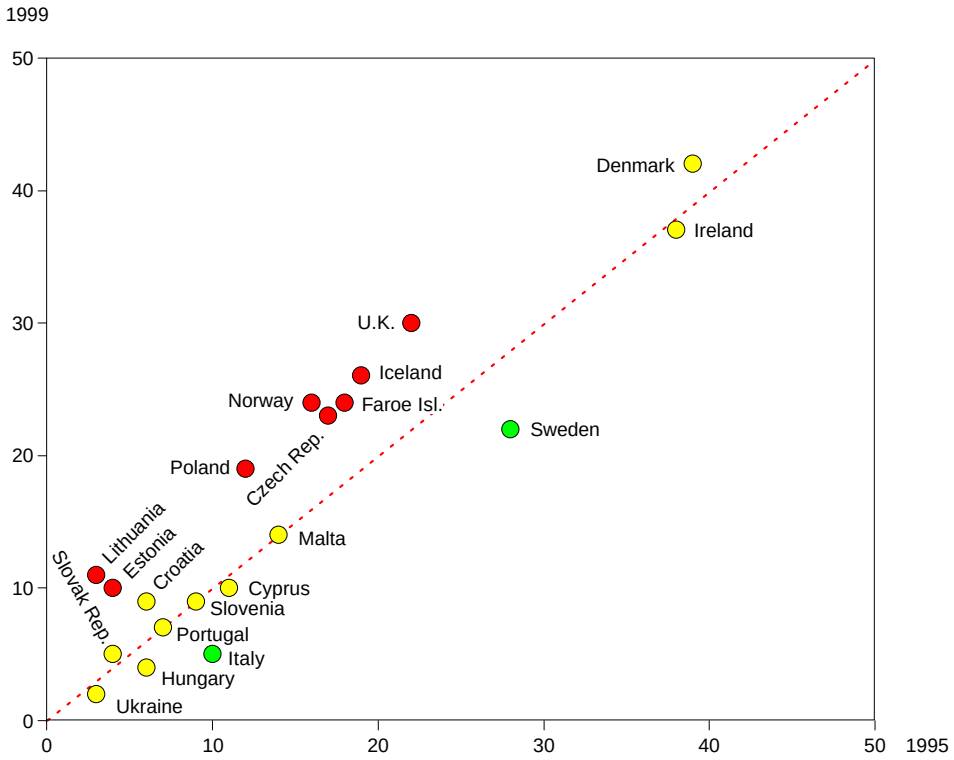


Figure 10a. *Changes between 1995 and 1999 in consumption of 101 cl beer or more at the last drinking occasion. Countries above the line have increased prevalence rates, and countries below have decreased. All students.*

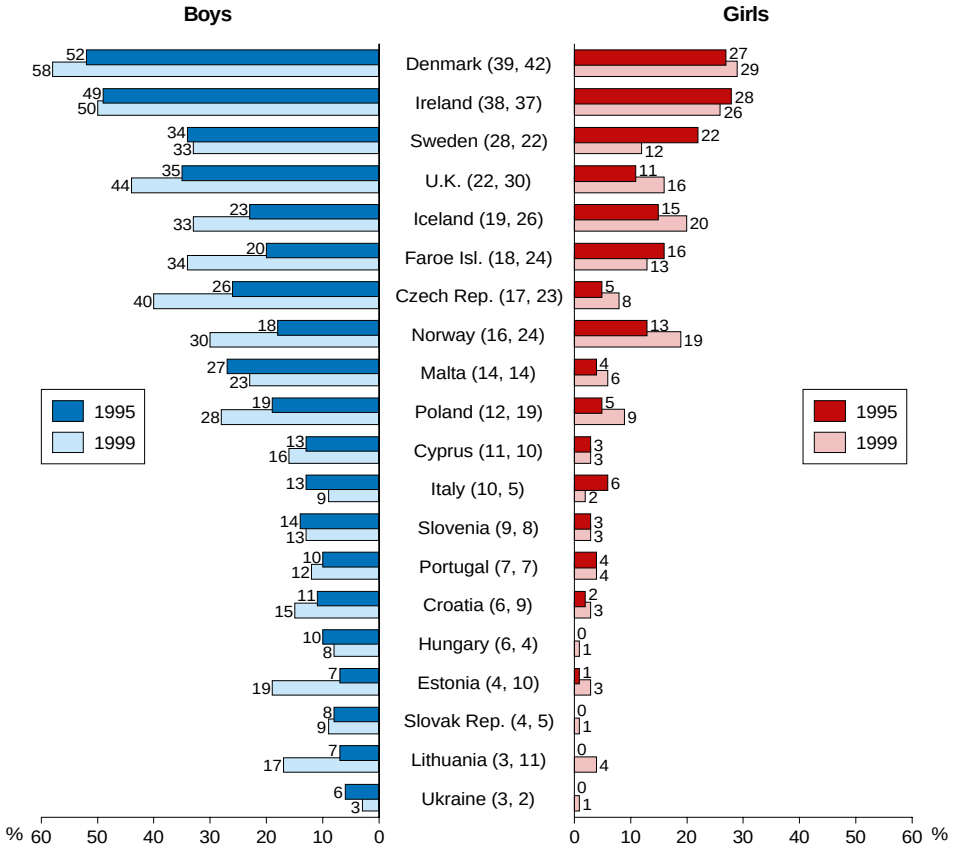


Figure 10b. *Changes between 1995 and 1999 in consumption of 101 cl beer or more at the last drinking occasion. Percentages among boys and girls (values within brackets refer to all students 1995, 1999). Data sorted by all students 1995.*

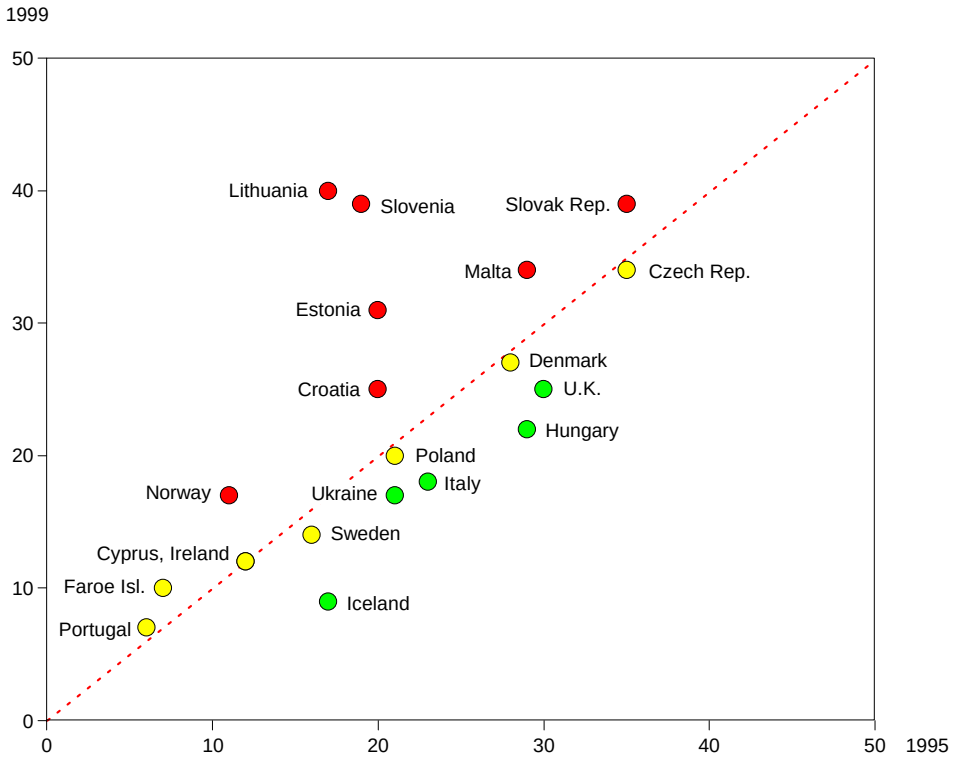


Figure 11a. *Changes between 1995 and 1999 in consumption of 10 cl wine or more at the last drinking occasion. Countries above the line have increased prevalence rates, and countries below have decreased. All students.*

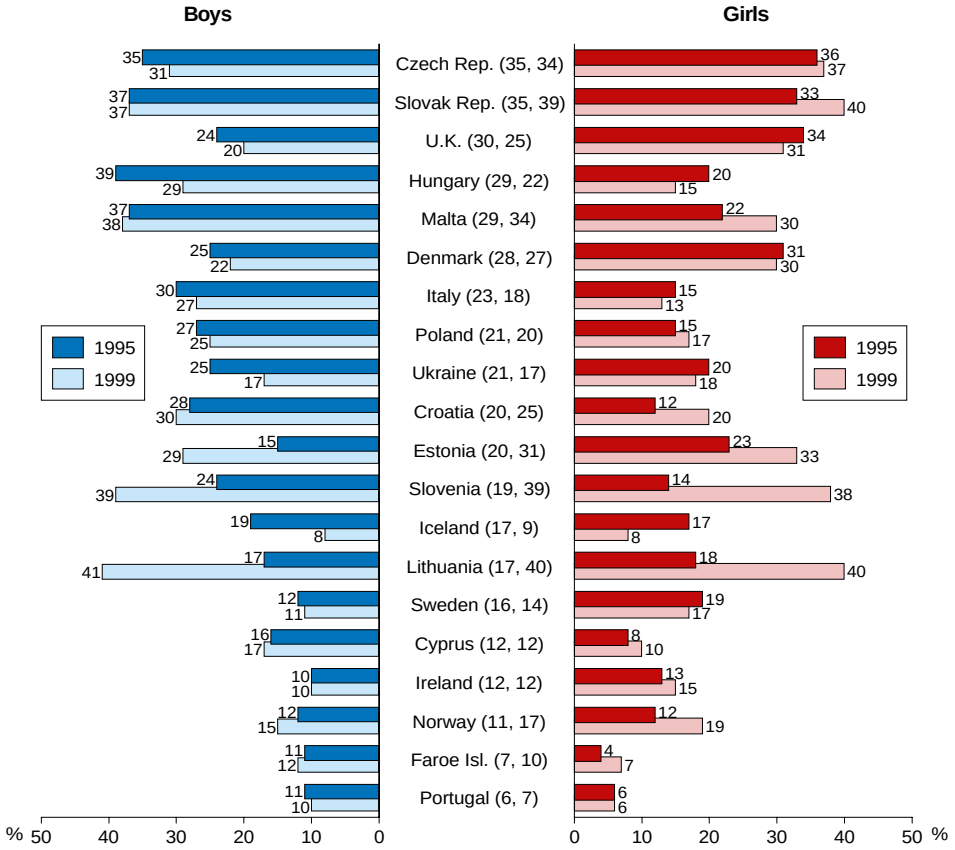


Figure 11b. *Changes between 1995 and 1999 in consumption of 10 cl wine or more at the last drinking occasion. Percentages among boys and girls (values within brackets refer to all students 1995, 1999). Data sorted by all students 1995.*

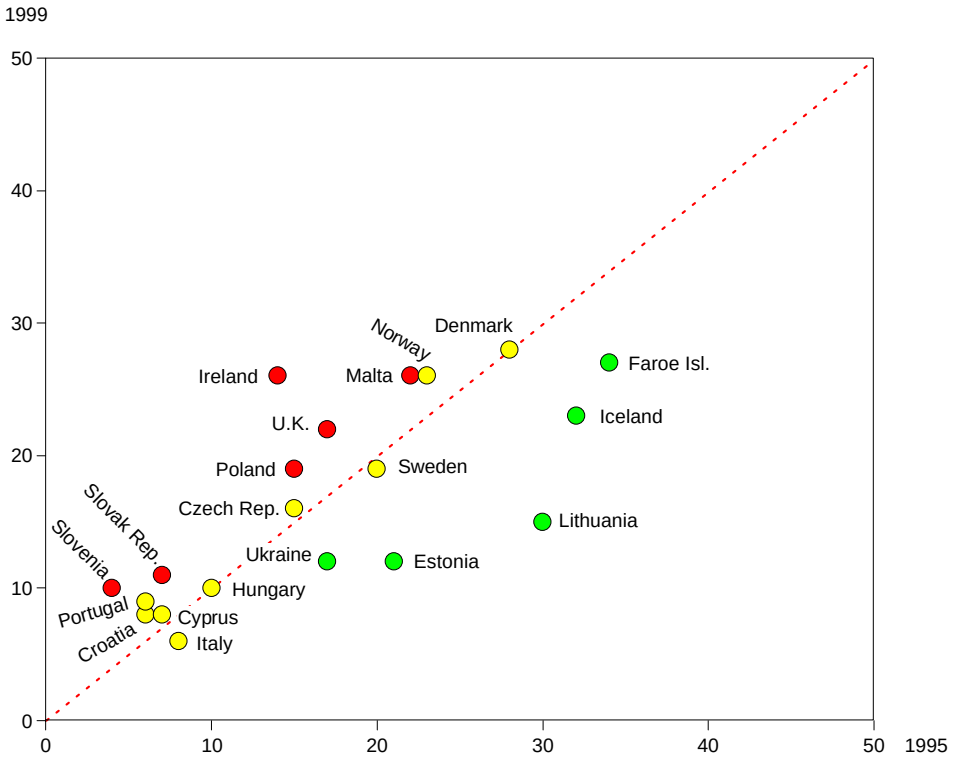


Figure 12a. *Changes between 1995 and 1999 in consumption of 11 cl spirits or more at the last drinking occasion. Countries above the line have increased prevalence rates, and countries below have decreased. All students.*

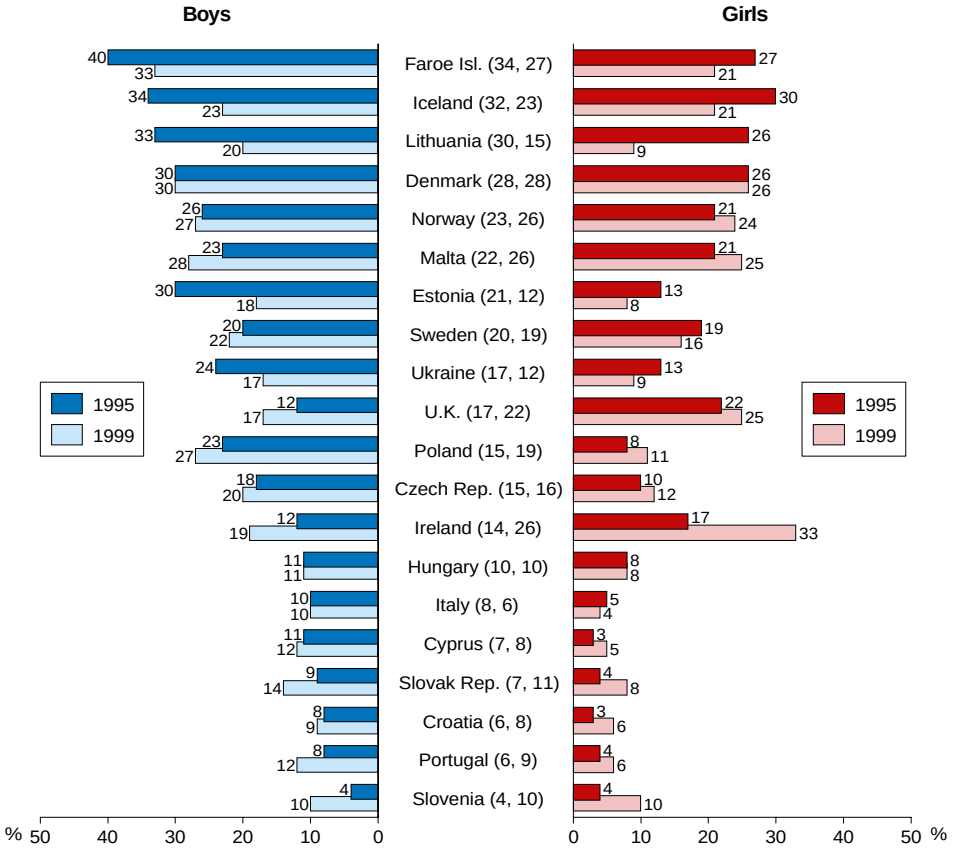


Figure 12b. *Changes between 1995 and 1999 in consumption of 11 cl spirits or more at the last drinking occasion. Percentages among boys and girls (values within brackets refer to all students 1995, 1999). Data sorted by all students 1995.*

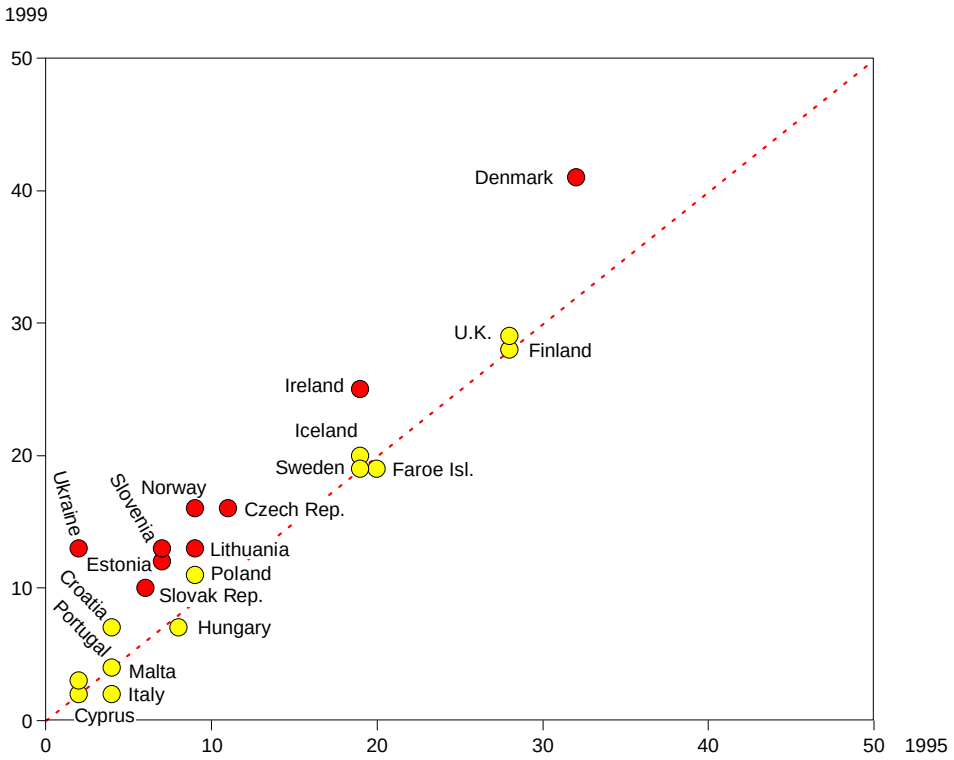


Figure 13a. *Changes between 1995 and 1999 in proportion of all students who have been drunk 20 times or more in lifetime. Countries above the line have increased prevalence rates, and countries below have decreased.*

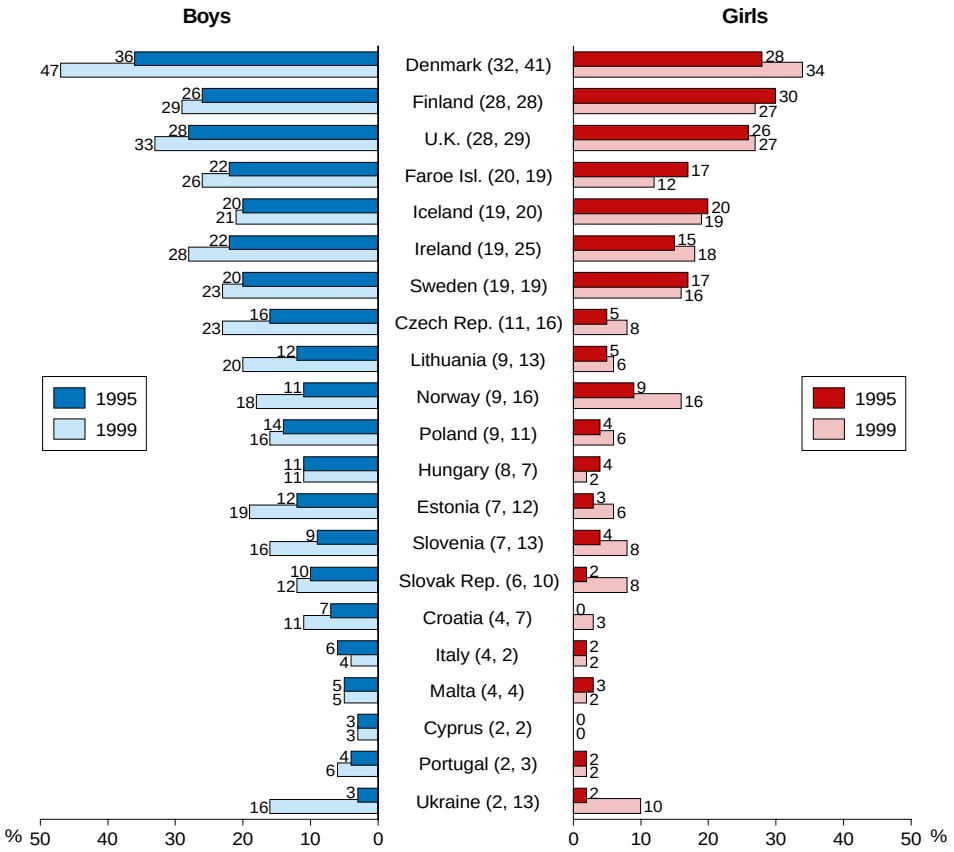


Figure 13b. *Changes between 1995 and 1999 in proportion of boys and girls who have been drunk 20 times or more in lifetime (values within brackets refer to all students 1995, 1999). Data sorted by all students 1995.*

and the United Kingdom.

In some countries with increasing proportions of students who have been drunk 20 times or more in lifetime, the increase was particularly high among boys, e.g. in Ithe Czech Republic, Estonia, Slovenia, Lithuania and Ukraine. In other countries the increase was more pronounced among girls, e.g. in the Slovak Republic.

Drunkenness, 10 times or more in last 12 months

(Figures 14a–b)

The prevalence rates in 1999 of being drunk 10 times or more during the last 12 months are rather similar to those reported in 1995. However, where changes have occurred, the figures are mainly rising. The largest increases are found in Denmark, Ireland and Ukraine. Other countries with increased figures include Norway and Slovenia.

Countries where the increases were more pronounced among boys include Denmark, Estonia, Lithuania and Portugal. Countries where the increase was larger among girls include Ireland and Slovak Republic. An interesting pattern is that among the high prevalence countries, the Nordic countries show decreasing figures among girls. This is especially true for the Faroe Islands. Of the Nordic countries only Norway shows increasing figures among both boys and girls.

Denmark had the highest rate in 1995. The differences between Denmark and other countries is now relatively greater. Other countries in the top group in 1999 include Finland, Ireland and the United Kingdom.

Drunkenness, 3 times or more during the last 30 days

(Figures 15a–b)

In the majority of countries, the prevalence rates of being drunk at least 3 times during the last 30 days are largely unchanged or have increased.

The largest increases were found in Denmark, Ireland and Ukraine. Other countries with increased proportions include Norway, Slovak Republic and Slovenia.

In many countries with higher figures in 1999 than in 1995 increases are found both among boys and girls. However, in some countries the increase is particularly large among boys, e.g. in Denmark, Estonia and Poland. In some others girls account for the major part of the increase, e.g. in the Slovak Republic and the United Kingdom.

In 1995 the top countries were the United Kingdom and Denmark. The highest prevalence rates of being drunk at least 3 times during the last 30 days are in 1999 to be found in Denmark. To the top group also belong Ireland and the United Kingdom.

Binge drinking 3 times or more during the last 30 days

(Figures 16a–b)

In half of the countries there is an increase in the proportions of students who report to have had at least 5 drinks in a row (binge drinking) on at least 3 occasions during the last 30 days. The increase is moderate in some countries, while in others it is substantial. In no country there is any obvious tendency towards a decline in this behaviour.

The most pronounced increases are found in Poland and Slovenia. Other countries with increasing figures include Denmark, Iceland, Ireland, Malta, Norway and the United Kingdom.

In Denmark and Portugal the increases in proportions of students who had been binge drinking 3 times or more during the last 30 days were greater among boys. In Poland and Slovenia there was a sharp increase among both boys and girls. In certain countries, however, the increase was particularly high among girls, e.g. in Estonia, Ireland, Malta and Norway.

The top countries in 1995 were Ireland, Denmark, United Kingdom, Finland and Norway. The top group in 1999 include Denmark, Ireland, Poland and the United Kingdom.

Drunk at the age of 13 or younger

(Figures 17a–b)

In about half of the ESPAD the proportions of students who report having been drunk at the age of 13 or younger are relatively unchanged. The only country showing a substantial increase on this variable is Ukraine. Other countries reporting somewhat increased figures include Ireland and Norway. Somewhat decreased figures are found in Cyprus, Iceland and Italy.

In most countries there are more boys than girls who have been drunk at the age of 13 or younger. However, there are a few countries where the proportions are rather equal between boys and girls. These countries include Finland, Iceland, Italy and Sweden. Moreover, in these countries the figures decreased or remained unchanged.

Three countries show particularly high figures in 1999 and they are the same as the top group in 1995. They are Denmark, the United Kingdom and Finland.

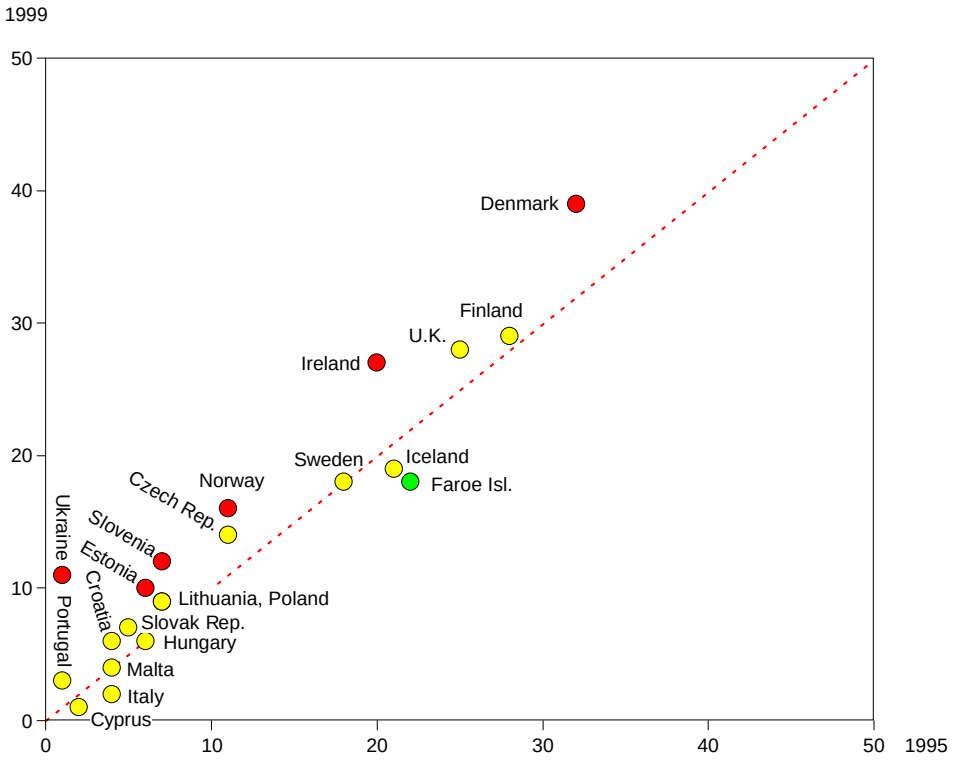


Figure 14a. *Changes between 1995 and 1999 in proportion of all students who have been drunk 10 times or more during last 12 months. Countries above the line have increased prevalence rates, and countries below have decreased.*

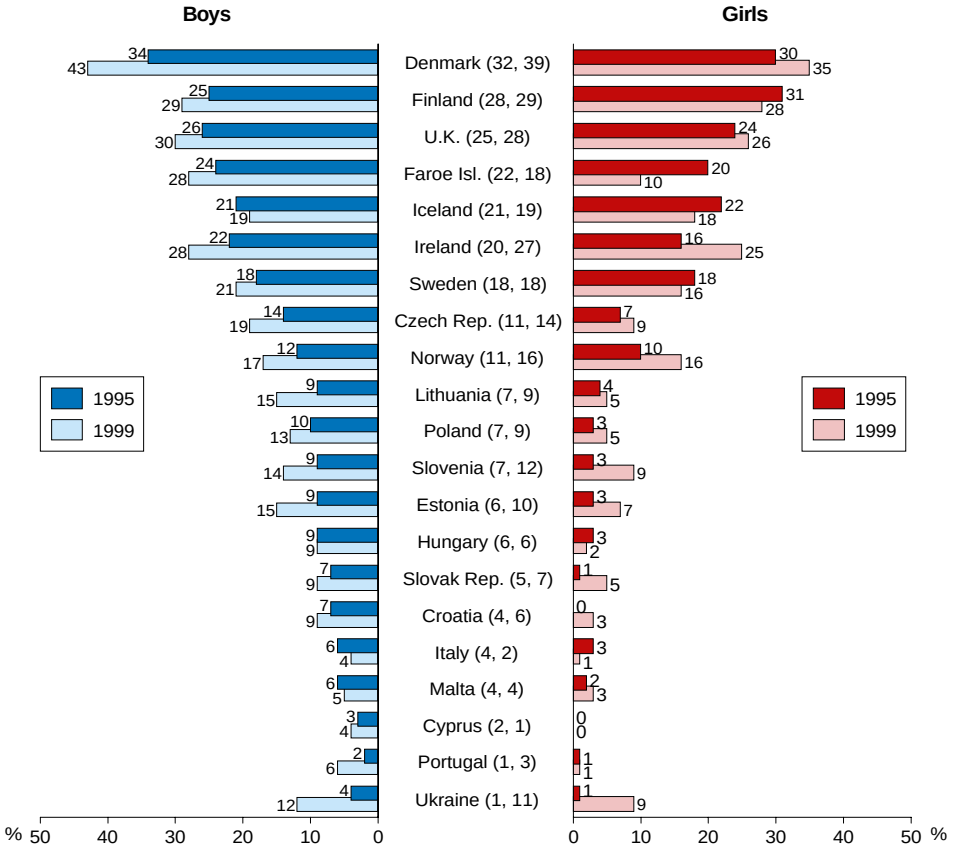


Figure 14b. *Changes between 1995 and 1999 in proportion of boys and girls who have been drunk 10 times or more during last 12 months (values within brackets refer to all students 1995, 1999). Data sorted by all students 1995.*

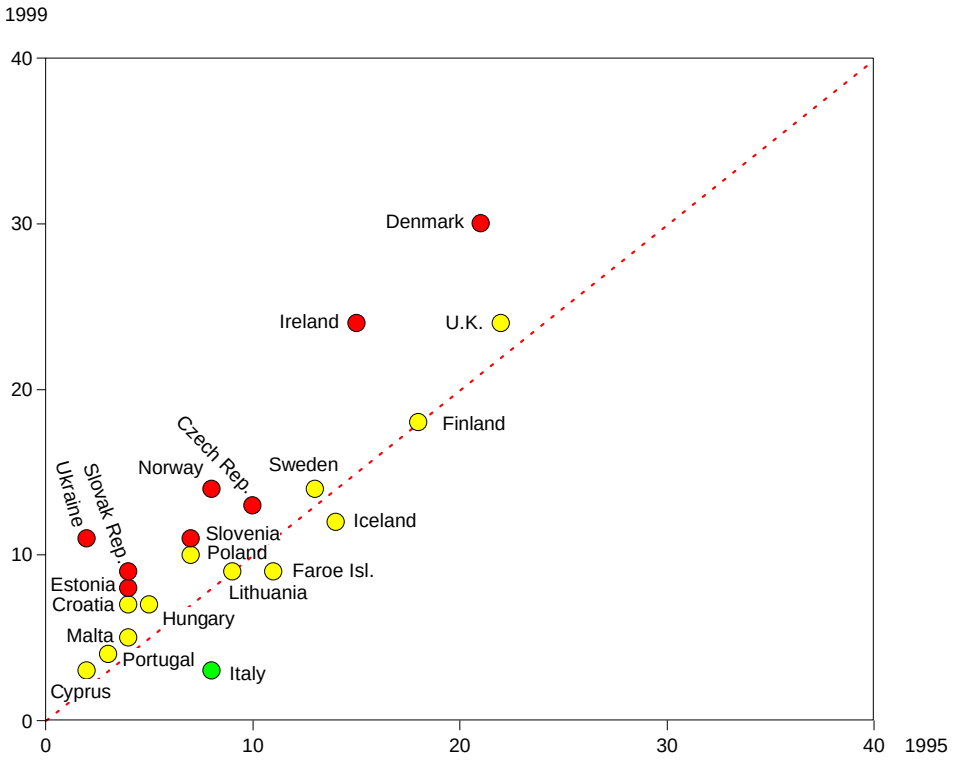


Figure 15a. *Changes between 1995 and 1999 in proportion of all students who have been drunk 3 times or more during last 30 days. Countries above the line have increased prevalence rates, and countries below have decreased.*

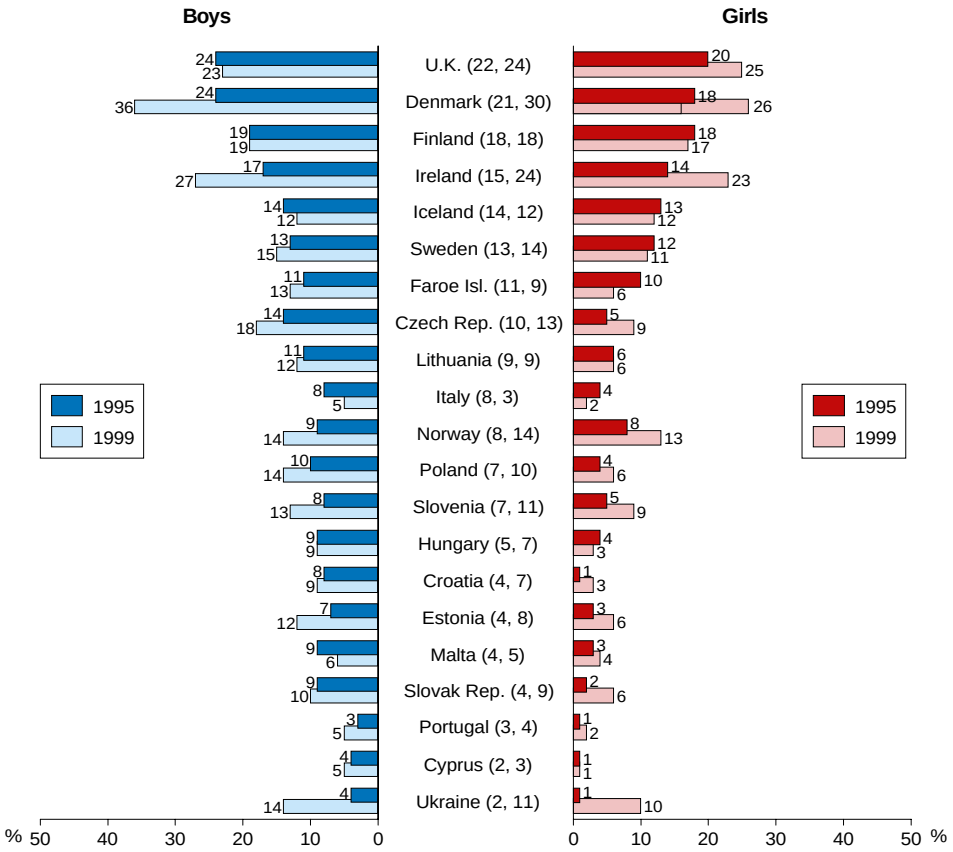


Figure 15b. *Changes between 1995 and 1999 in proportion of boys and girls who have been drunk 3 times or more during last 30 days (values within brackets refer to all students 1995, 1999). Data sorted by all students 1995.*

Figure 16a. *Changes between 1995 and 1999 in proportion of all students who have reported "binge drinking" 3 times or more during the last 30 days. Countries above the line have increased prevalence rates, and countries below have decreased.*

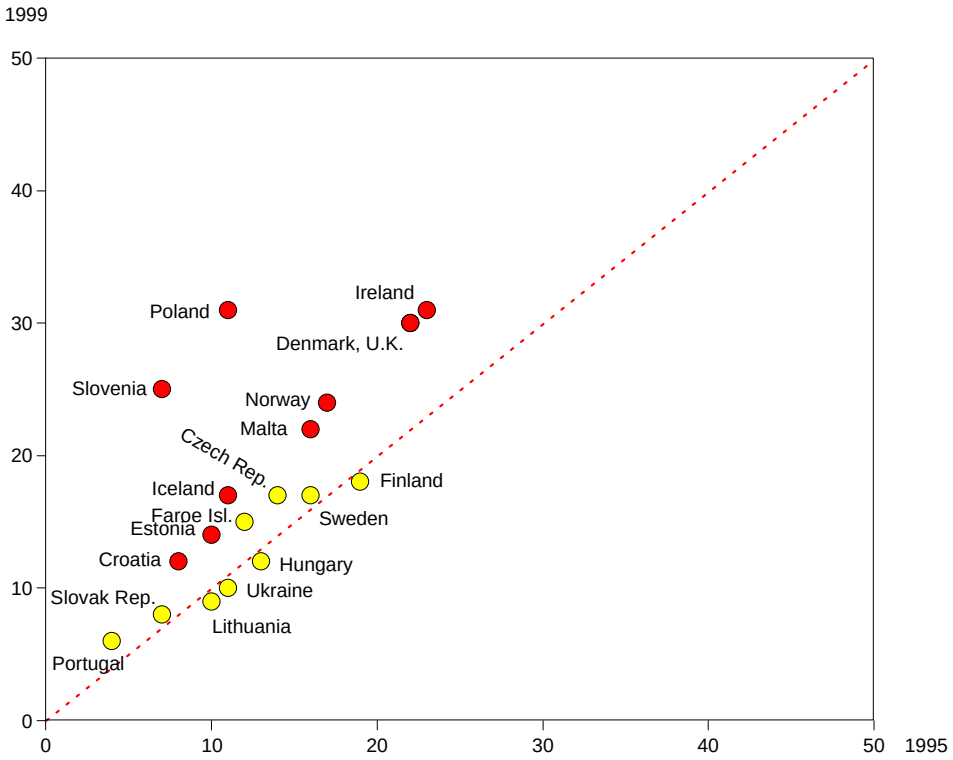
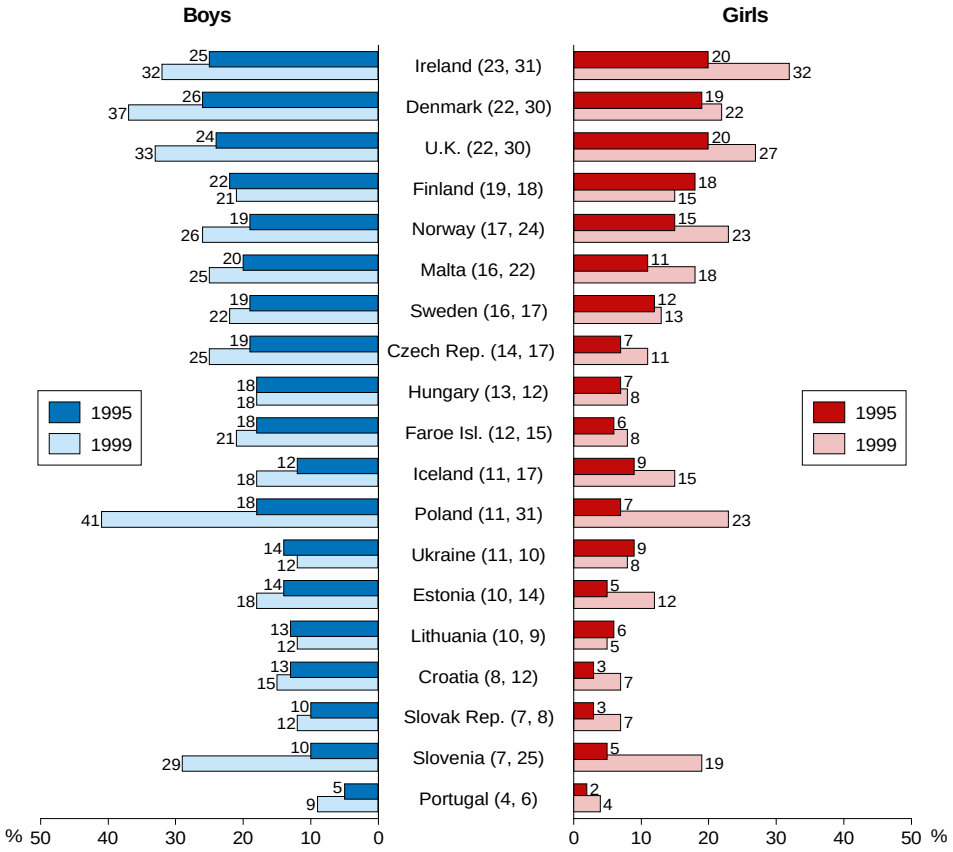


Figure 16b. *Changes between 1995 and 1999 in proportion of boys and girls who have reported "binge drinking" 3 times or more during last 30 days (values within brackets refer to all students 1995, 1999). Data sorted by all students 1995.*



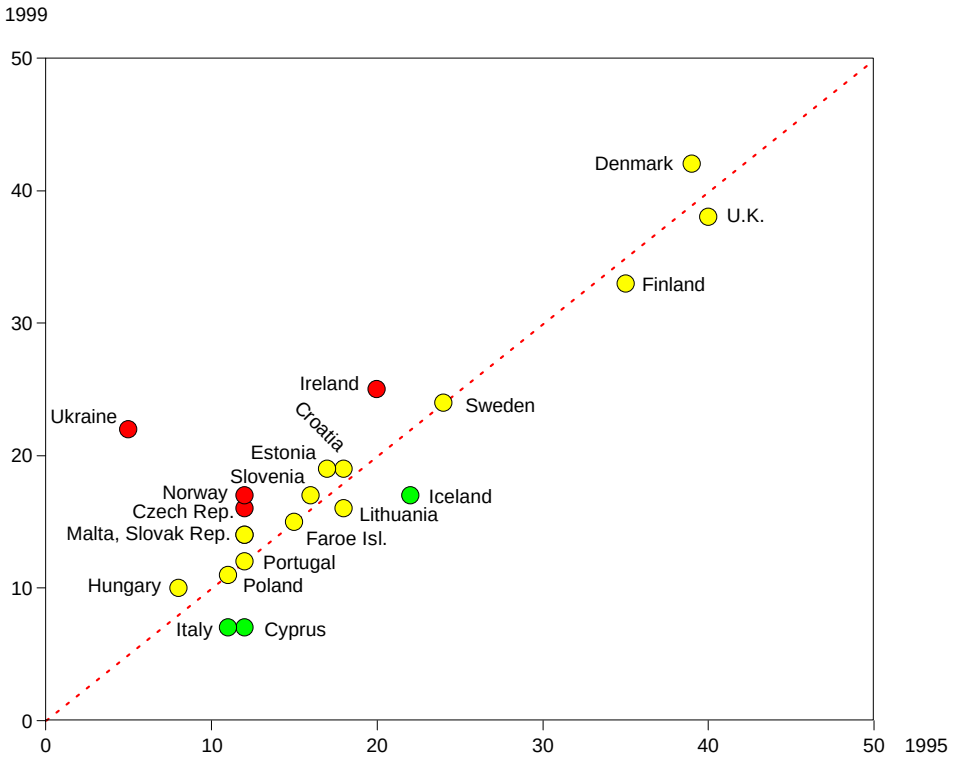


Figure 17a. *Changes between 1995 and 1999 in proportion of all students who have been drunk at the age of 13 or younger. Countries above the line have increased prevalence rates, and countries below have decreased.*

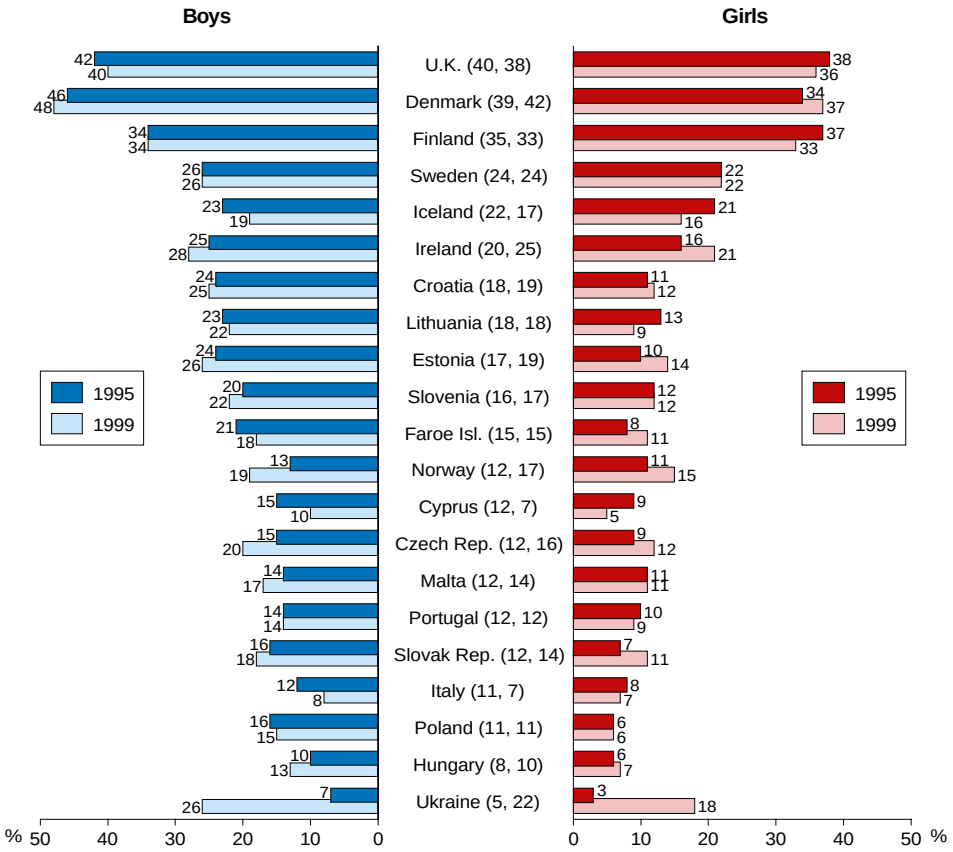


Figure 17b. *Changes between 1995 and 1999 in proportion of boys and girls who have been drunk at the age of 13 or younger (values within brackets refer to all students 1995, 1999). Data sorted by all students 1995.*

Changes in illicit drug use prevalence

Lifetime use of any illicit drug

(Figures 18a–b)

In most countries the lifetime prevalence of illicit drug use is higher in 1999 than it was in 1995. Large increases are observed in several countries, including Croatia, Czech Republic, Estonia, Finland, Hungary, Lithuania, Malta, Norway, Poland, Slovak Republic, Slovenia and Ukraine. In most of these countries the figures have doubled since 1995. Other countries with increasing figures include Denmark, Iceland and Italy. Somewhat lower figures compared to 1999 are found in e.g. the United Kingdom.

In most of the ESPAD countries the use of illicit drugs is more prevalent among boys than among girls. However, in nearly all countries with increased figures, changes are found both among boys and girls.

In 1995 the very top group consisted of the United Kingdom and Ireland and - on a lower level - the Czech Republic, Italy and Denmark. The countries with the highest figures in 1999 are the Czech Republic, Ireland and the United Kingdom, and on a lower level Denmark, Italy and Slovenia.

Lifetime use of cannabis

(Figures 19a–b)

The use of cannabis is to a large degree affecting the "any illicit drug use" presented in the previous section. Therefore it can be expected that in the large majority of countries there are increasing prevalence figures also regarding lifetime use of marijuana or hashish. In some countries, including Lithuania, the increases must be regarded as dramatic. In contrast, for the two 1995 top countries United Kingdom and Ireland, the figures are lower in 1999.

Countries where the figures have about doubled or more, include Croatia, Estonia, Finland, Hungary, Lithuania, Norway, Poland, Slovak Republic and Slovenia. Other countries where the proportions have increased include the Czech Republic, Denmark, Iceland, Italy and Ukraine. Countries where lower figures were observed in 1999 than in 1995 include Faroe Islands, Ireland and the United Kingdom.

In most countries with increasing figures the tendency is the same both among boys and girls. However, in Denmark, Estonia, Hungary and Lithuania the increase is particularly pronounced among boys, while the opposite is true in a few other countries, including Croatia. Also in the countries with decreasing figures, the tendency is the same in both sexes.

Since both top countries from 1995 now reported smaller proportions with lifetime experience of cannabis, the gap between them and the rest of the countries has diminished. Moreover, the increase in the Czech Republic has moved this country to the top position together with Ireland and the United Kingdom.

Cannabis use during the last 30 days

(Figures 20a–b)

In about half of the countries, there are no important changes in the 30 days prevalence of cannabis use. However, in many of the countries in the eastern parts of Europe an increase has occurred, while decreasing proportions are reported from the two top countries in 1995 (Ireland and the United Kingdom).

Countries with increased figures include the Czech Republic, Lithuania, Poland and Slovenia. In a few other countries increases have occurred, but since the baseline figures are very small, even a doubling of the prevalence rates represents only a few percentage points. Decreased figures are mainly reported from Ireland and the United Kingdom.

Despite the decrease compared to 1995, the United Kingdom continues to have the highest rate of 30 days prevalence of cannabis use, although in 1999 it shares this top spot with the Czech Republic, Ireland, Italy and Slovenia.

In most countries with increased figures the tendencies are usually the same among boys and girls. This holds true also for the decrease in the United Kingdom, while in Ireland a decrease is only found among boys.

Lifetime use of any illicit drug other than cannabis

(Figures 21a–b)

The most obvious changes in the lifetime prevalence of any illicit drug other than cannabis are the increasing figures in the large majority of countries, some of them rather dramatic, and the sharp decline in the proportions reported by the United Kingdom and Ireland.

In some countries the figures of 1999 have at least doubled compared to 1995. They include the Czech Republic, Denmark, Estonia, Hungary, Lithuania, Poland, Slovak Republic and Slovenia.

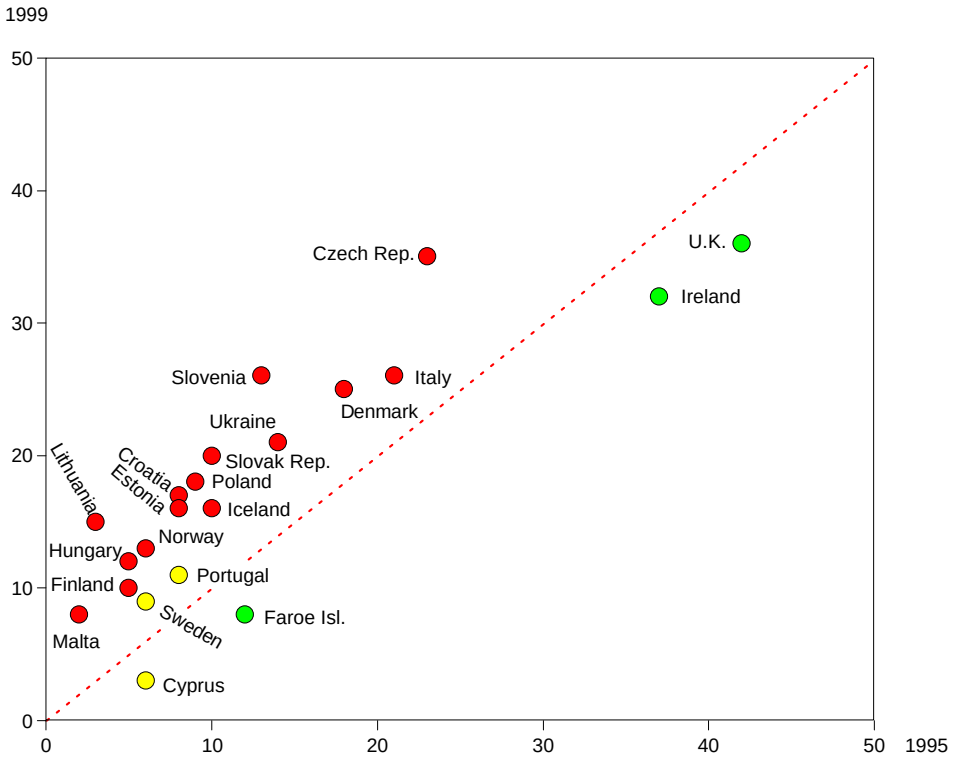


Figure 18a. *Changes between 1995 and 1999 in lifetime experience of any illicit drug. Countries above the line have increased prevalence rates, and countries below have decreased. All students.*

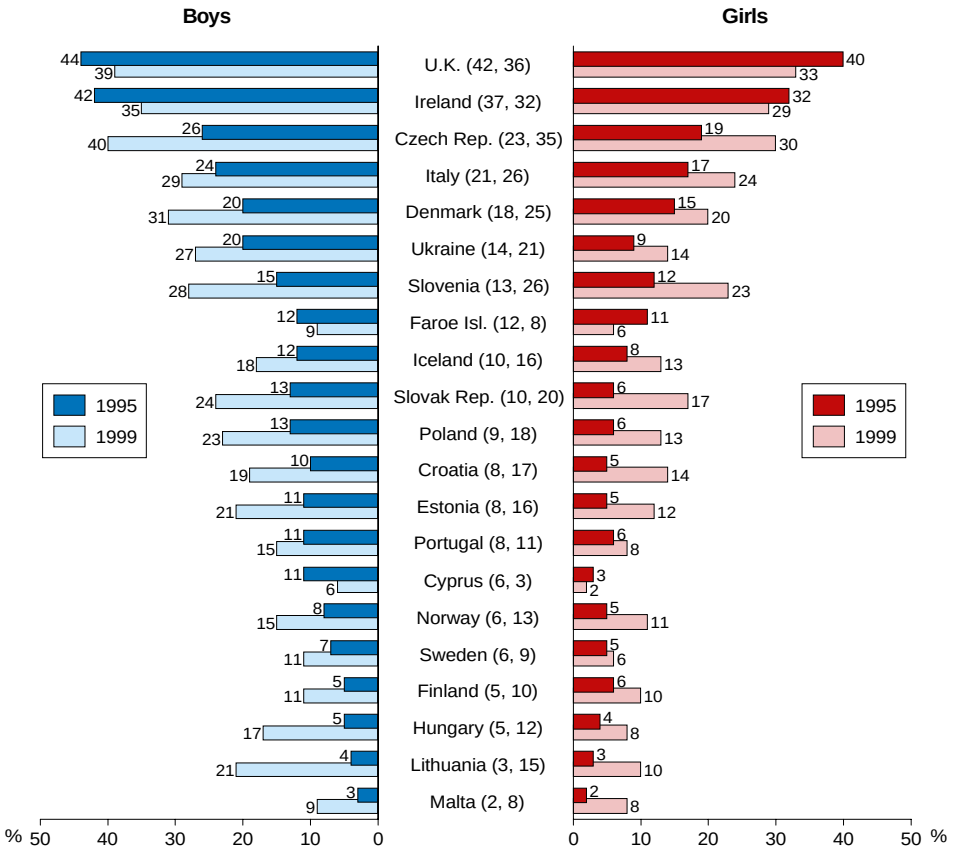


Figure 18b. *Changes between 1995 and 1999 in lifetime experience of any illicit drug. (values within brackets refer to all students 1995, 1999). Data sorted by all students 1995.*

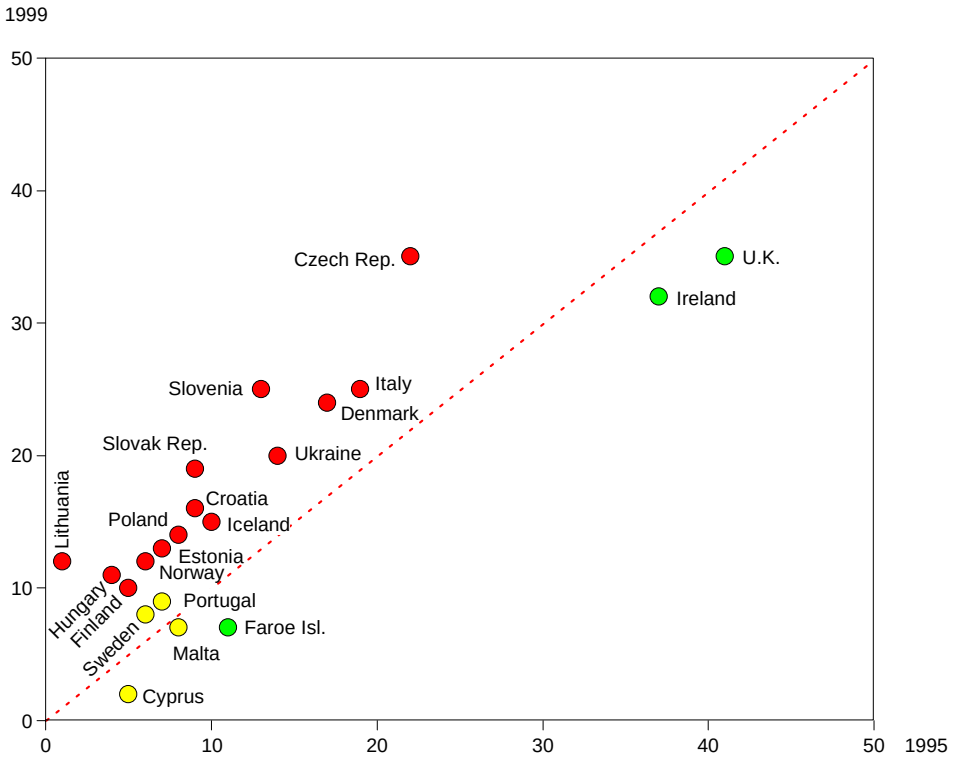


Figure 19a. *Changes between 1995 and 1999 in lifetime experience of marijuana or hashish. Countries above the line have increased prevalence rates, and countries below have decreased. All students.*

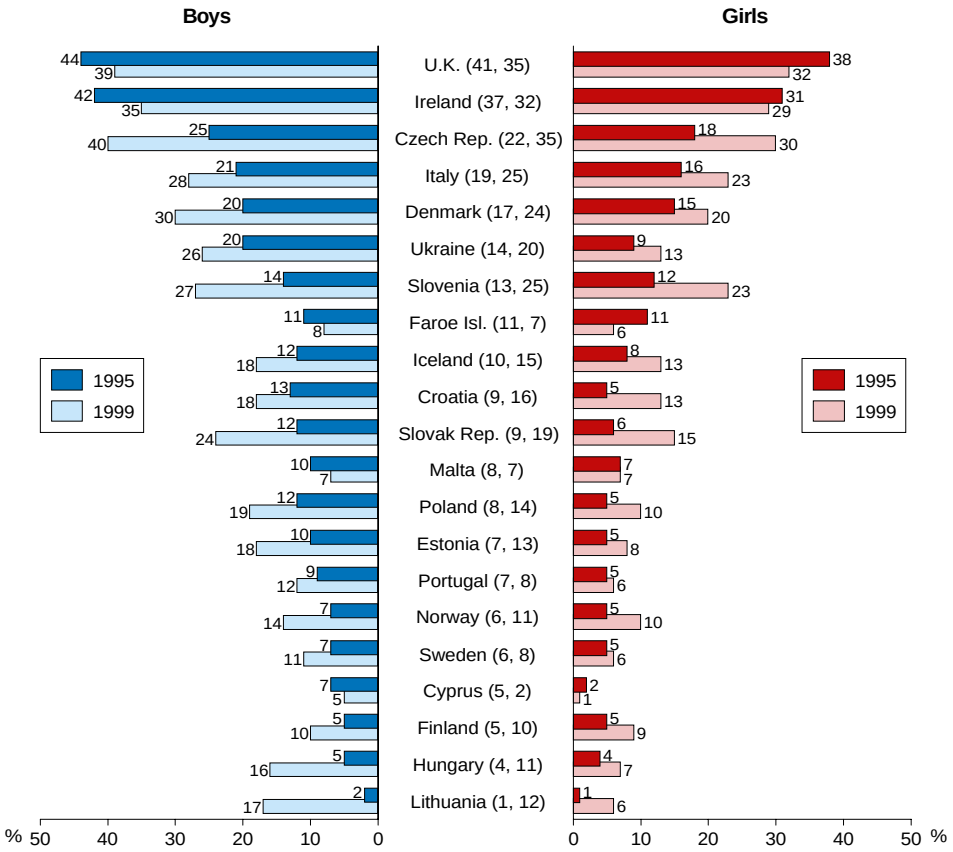


Figure 19b. *Changes between 1995 and 1999 in lifetime experience of marijuana or hashish. Percentages among boys and girls (values within brackets refer to all students 1995, 1999). Data sorted by all students 1995.*

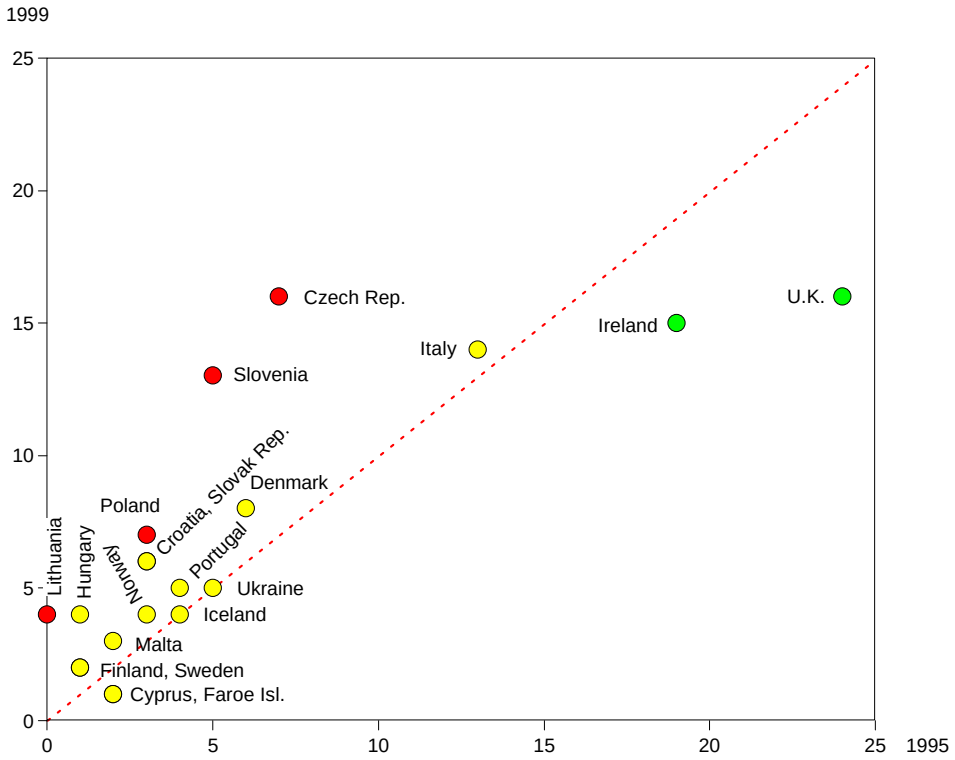


Figure 20a. *Changes between 1995 and 1999 in proportion of all students who have used marijuana or hashish during the last 30 days. Countries above the line have increased prevalence rates, and countries below have decreased.*

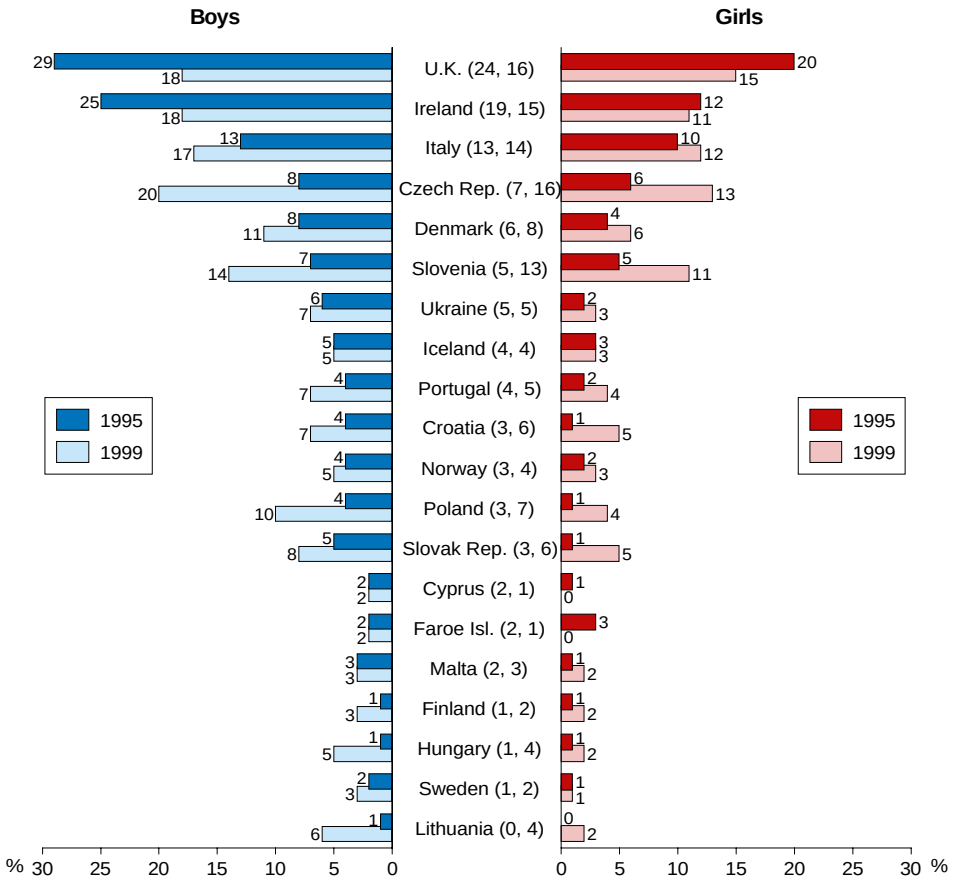


Figure 20b. *Changes between 1995 and 1999 in proportion of boys and girls who have used marijuana or hashish during the last 30 days (values within brackets refer to all students 1995, 1999). Data sorted by all students 1995.*

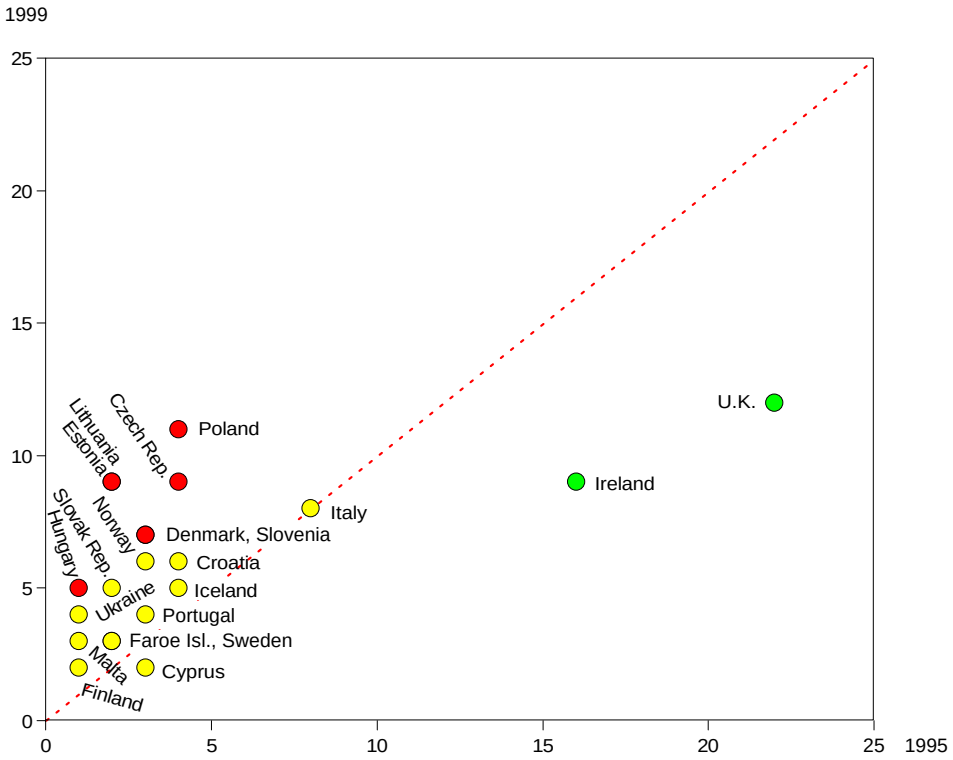


Figure 21a. *Changes between 1995 and 1999 in lifetime experience of any illicit drug other than marijuana or hash-ish. Countries above the line have increased prevalence rates, and countries below have decreased. All students.*

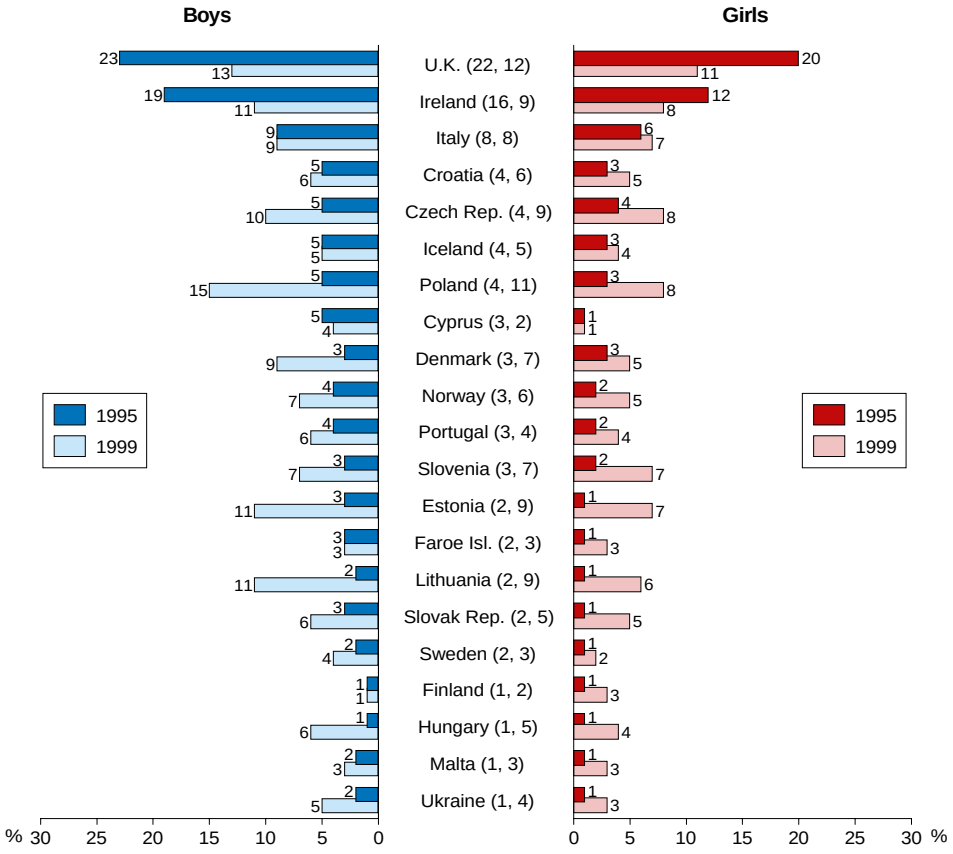


Figure 21b. *Changes between 1995 and 1999 in lifetime experience of any illicit drug other than marijuana or hash-ish. Percentages among boys and girls (values within brackets refer to all students 1995, 1999). Data sorted by all students 1995.*

In nearly all countries with increased figures in 1999, the tendency has been the same among both boys and girls, but in Denmark, Estonia, Lithuania and Poland the increase was more pronounced among boys. A similarity between the sexes is also found in the few countries with reduced figures.

Despite the above-mentioned decline in prevalence figures in Ireland and the United Kingdom, the two countries are still in the top group in 1999. However, the large increase in Poland has put this country into a top position, together with the Czech Republic, Estonia, Italy and Lithuania.

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

(Figures 22a–b)

With a few exceptions, the lifetime prevalence of the use of tranquillisers or sedatives without a doctor's prescription remained unchanged or decreased from 1995 to 1999. Countries in which the figures of 1999 decreased to about half of the figures of 1995 include Denmark, Italy, Malta and the United Kingdom. In contrast, a substantial increase was observed in the Czech Republic.

In most countries with changed figures, the tendencies have been the same among both boys and girls. The most important exception to this is the United Kingdom where the decrease mainly is observed among girls.

In 1995 the highest prevalence rate was found in Poland followed by Lithuania. However, the large increase in the Czech Republic has moved the country to a shared position with Poland and in 1999 the two countries are rather "isolated" at the top.

Lifetime use of alcohol together with pills

(Figures 23a–b)

When comparing the lifetime prevalence of the use of alcohol together with pills in 1995 and 1999, the picture is a bit mixed. In several countries the prevalence rates have increased, while they remain relatively unchanged in others, and a few in fact show a considerable decrease.

Countries with large increases include Croatia, Czech Republic, Lithuania and the Slovak Republic. Countries with decreases include Finland, Sweden and the United Kingdom.

In many countries with increasing figures, the changes are more pronounced among girls. These countries include the Czech Republic, Poland, Slovak Republic and Slovenia. In Denmark and Lithuania the change is about the same for both sexes. Moreover, in most countries with lower figures in 1999 compared to 1995, the tendencies are about the same among both boys and girls.

In 1995 the top five countries were Denmark, Finland, Malta, Sweden and the United Kingdom. In 1999 the highest figures are found in the Czech Republic, Denmark, Finland and Sweden.

Lifetime use of inhalants

(Figures 24a–b)

The impression given by the data on the lifetime prevalence of inhalants use is that the figures are rather unchanged or decreased between 1995 and 1999. Countries with substantial decreases include Lithuania, Sweden and the United Kingdom. Very small increases are found in a few countries, for which it is difficult to say if it is due to a random variation only.

In Lithuania and the United Kingdom decreases are reported for both boys and girls, while the reduced experience among students in Sweden almost entirely is found among boys.

In 1995 the top countries were Lithuania, Malta and the United Kingdom. In 1999 Malta and the United Kingdom still belong to this group, which also contain Croatia and Slovenia.

Figure 22a. *Changes between 1995 and 1999 in lifetime experience of tranquillisers or sedatives without a doctor's prescription. Countries above the line have increased prevalence rates, and countries below have decreased. All students.*

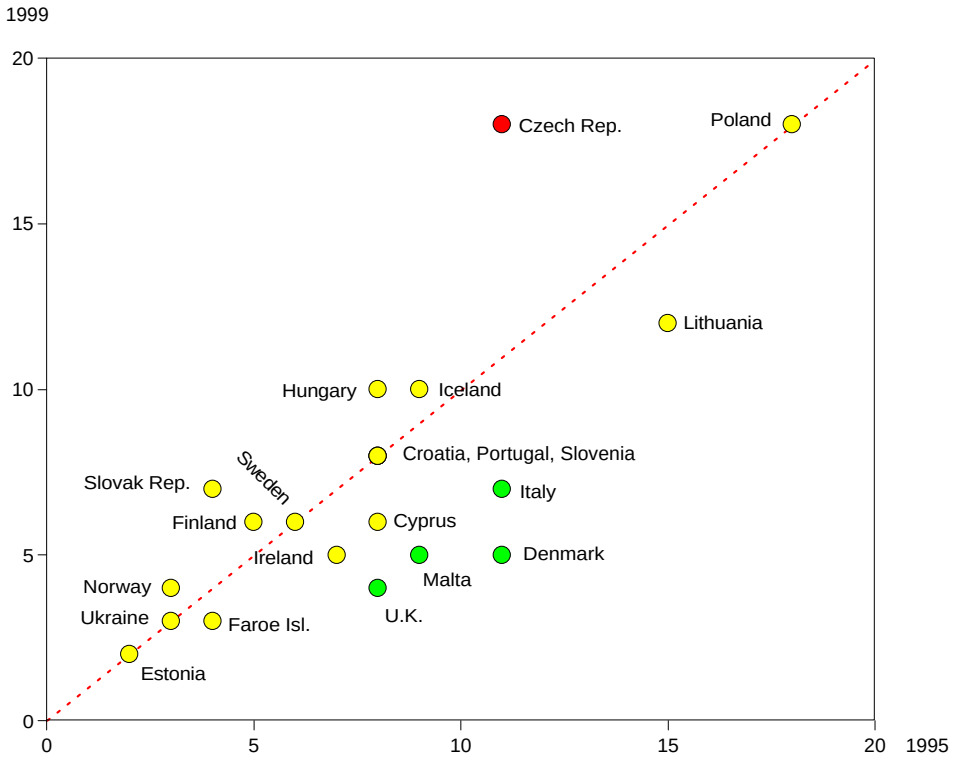
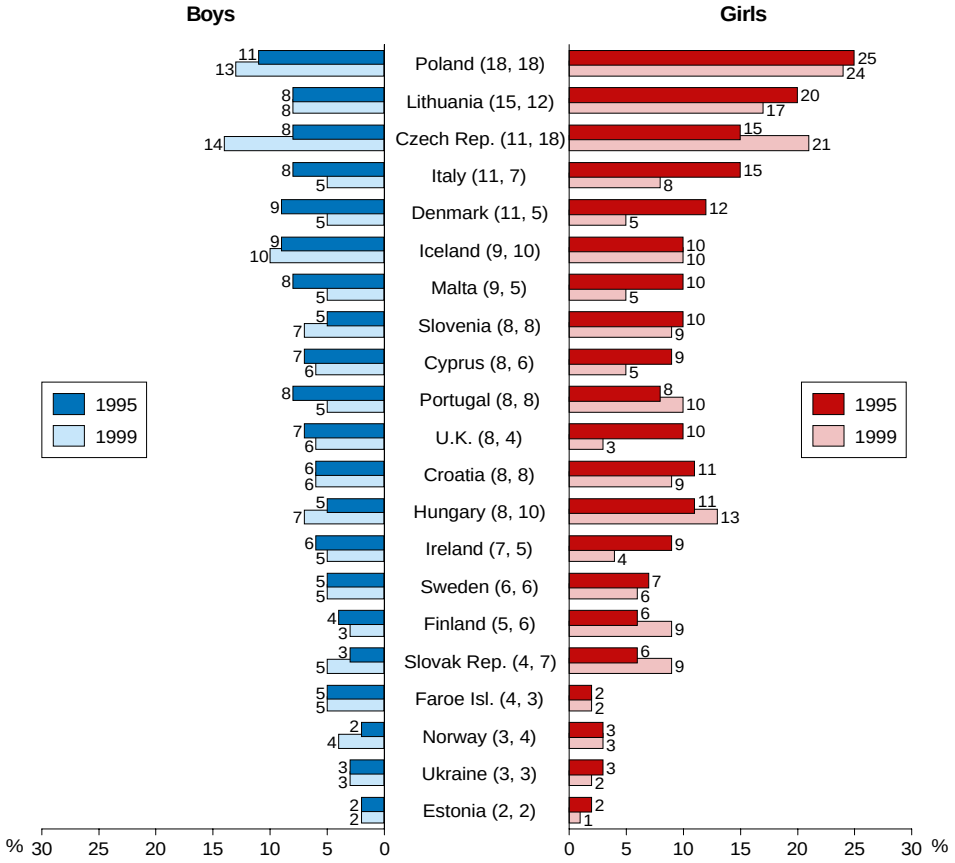


Figure 22b. *Changes between 1995 and 1999 in lifetime experience of tranquillisers or sedatives without a doctor's prescription. Percentages among boys and girls (values within brackets refer to all students 1995, 1999). Data sorted by all students 1995.*



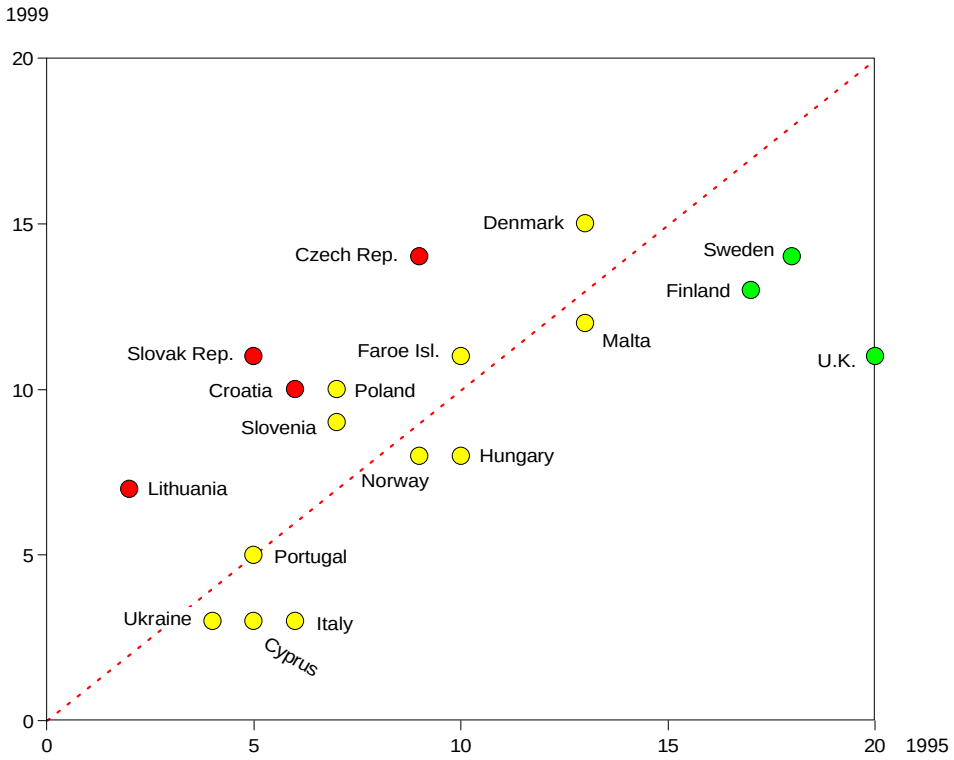


Figure 23a. *Changes between 1995 and 1999 in lifetime experience of alcohol together with pills. Countries above the line have increased prevalence rates, and countries below have decreased. All students.*

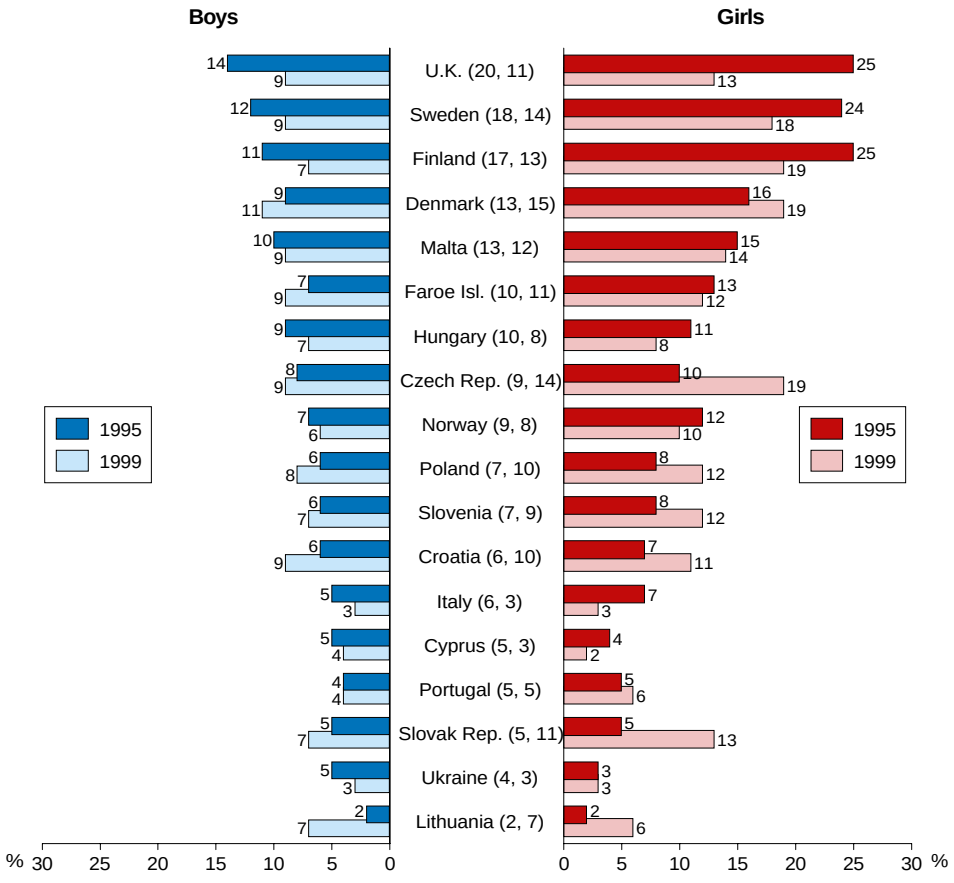


Figure 23b. *Changes between 1995 and 1999 in lifetime experience of alcohol together with pills. Percentages among boys and girls (values within brackets refer to all students 1995, 1999). Data sorted by all students 1995.*

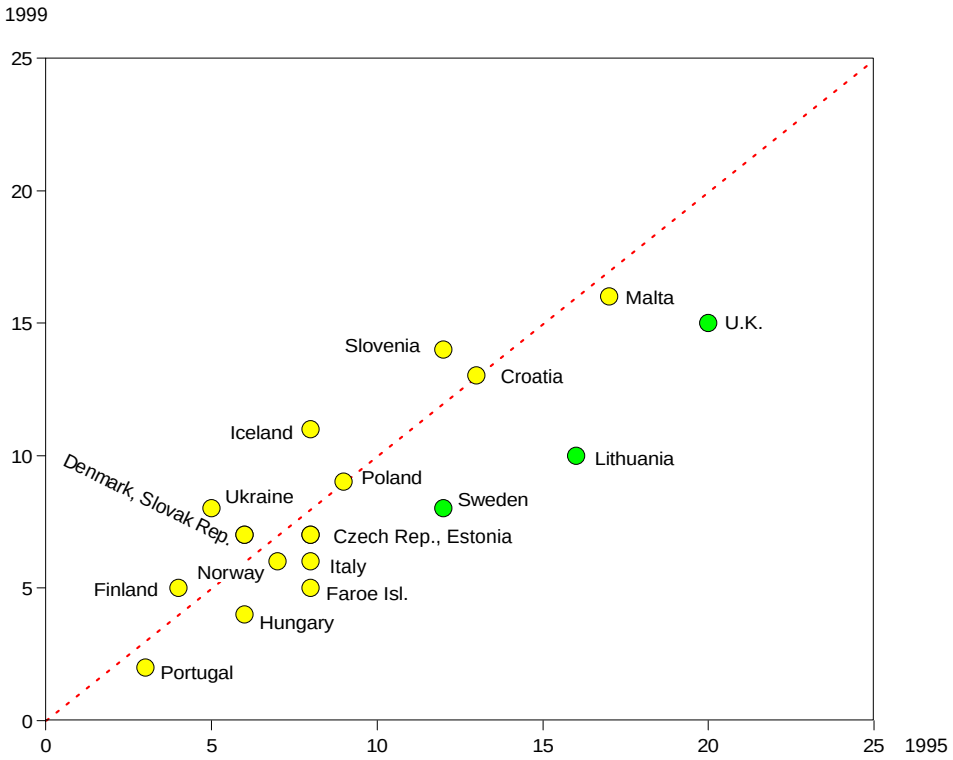


Figure 24a. *Changes between 1995 and 1999 in lifetime experience of inhalants. Countries above the line have increased prevalence rates, and countries below have decreased. All students.*

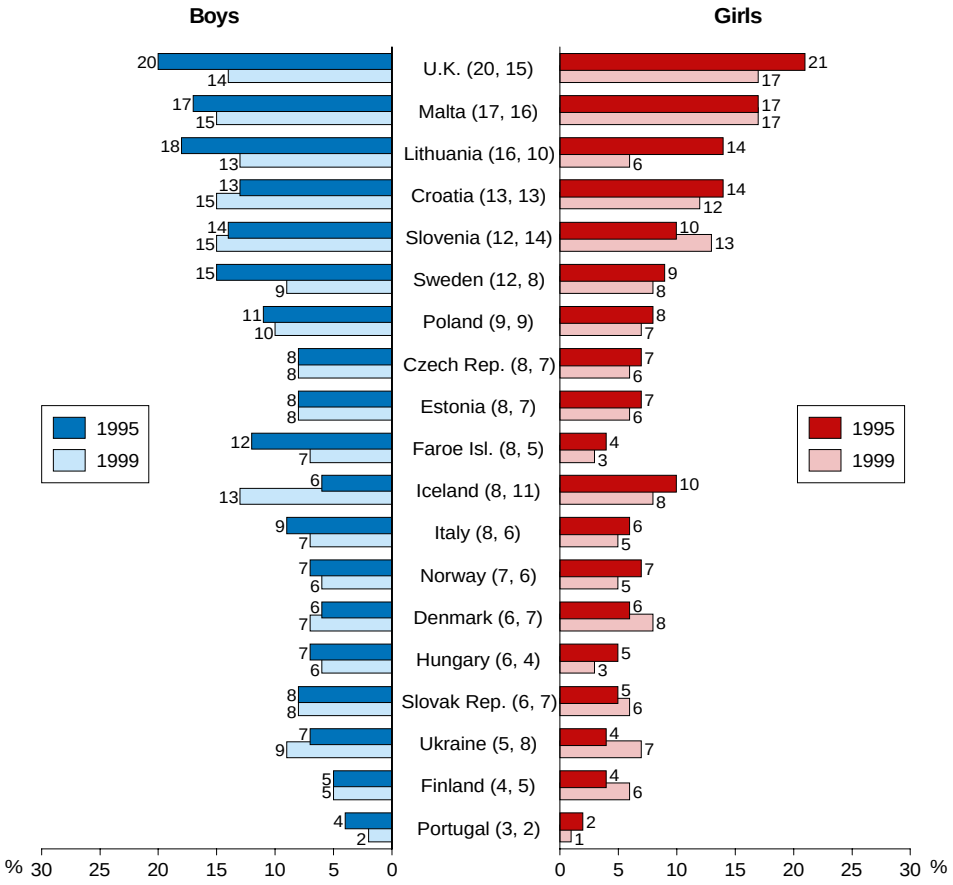


Figure 24b. *Changes between 1995 and 1999 in lifetime experience of inhalants. Percentages among boys and girls (values within brackets refer to all students 1995, 1999). Data sorted by all students 1995.*

Changes in perceived availability of drugs

Proportion of students who perceive inhalants "very easy" or "fairly easy" to obtain

(Figures 25a–b)

In some of the countries the proportions of students who think that inhalants are "very" or "fairly" easy to obtain have decreased. However, in most countries the figures are unchanged or higher in 1999.

The increase is very dramatic in Cyprus, but also rather substantial in some other countries, including the Czech Republic, Faroe Islands, Iceland, Malta, Slovak Republic, Slovenia and Ukraine. It is uncertain what the high 1999 figure of Cyprus indicates and future studies will show if this is a real change or a result of some methodological flaw. In a few countries the proportions have decreased, including Ireland, Norway, Sweden and the United Kingdom, i.e. the top four countries in 1995.

Where changes have occurred they are very similar for boys and girls. This was the case whether there were increases or decreases.

The top five countries in 1995 were Ireland, Norway, Slovenia, Sweden and the United Kingdom. In 1999 only Ireland and Slovenia remain in this group. Other countries are Cyprus, Denmark and Iceland.

Proportion of students who perceive cannabis "very easy" or "fairly easy" to obtain

(Figures 26a–b)

In a majority of the countries, there were more students in 1999, who thought that hashish or marijuana are "very" or "fairly" easy to obtain, than was the case in 1995. This is predominant in countries in the eastern parts of Europe.

In quite many countries, the increase is remarkable. The figures have more than doubled in Estonia, Lithuania and Ukraine, but substantial increases are also reported from several other countries, including Croatia, the Czech Republic, Denmark, Finland, Hungary, Italy, Norway, Poland, Slovak Republic and Slovenia. The size of the changes in the few countries with reduced figures is much less dramatic.

In nearly all countries with increased figures the tendency was the same for both sexes. In Ireland a decreased proportion can only be found among boys.

The top five countries in 1995 were the Czech Republic, Denmark, Ireland, Italy and the United Kingdom. In 1999 they were mainly the same. The only difference is that Slovenia has replaced Italy.

Proportion of students who perceive LSD or other hallucinogens "very easy" or "fairly easy" to obtain

(Figures 27a–b)

In about half of the countries increased proportions of students have answered in 1999 that LSD or some other hallucinogen would be "very" or "fairly" easy to obtain. However, for the two 1995 top countries (Ireland and the United Kingdom), the proportions have diminished.

The large group of countries with increased perceived availability include countries in which the figures have about doubled. They are the Czech Republic, Denmark, Estonia, Hungary, Lithuania, Poland, Slovak Republic and Slovenia. In Ireland and the United Kingdom, however, rather big decreases were reported for this variable.

Overall, changes occurred in a similar way for both boys and girls. However, the decrease in Ireland was larger among boys than among girls.

In 1995 the figures of Ireland and the United Kingdom were much above the figures of the other countries. In spite of the large decrease, Ireland is still at the top in 1999. However, the gap between these countries and some other has narrowed considerably. In 1999 Ireland is accompanied in the top by the Czech Republic, Denmark, Poland, Slovenia and the United Kingdom.

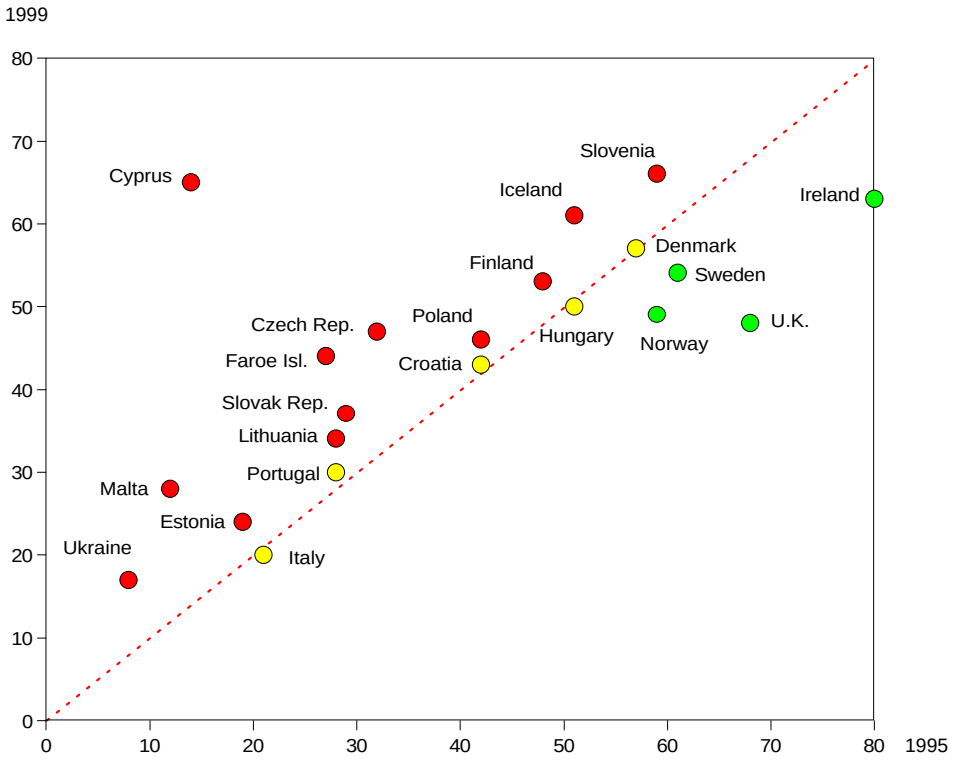


Figure 25a. *Changes between 1995 and 1999 in proportion of all students who perceive inhalants "very easy" or "fairly easy" to obtain. Countries above the line have increased prevalence rates, and countries below have decreased.*

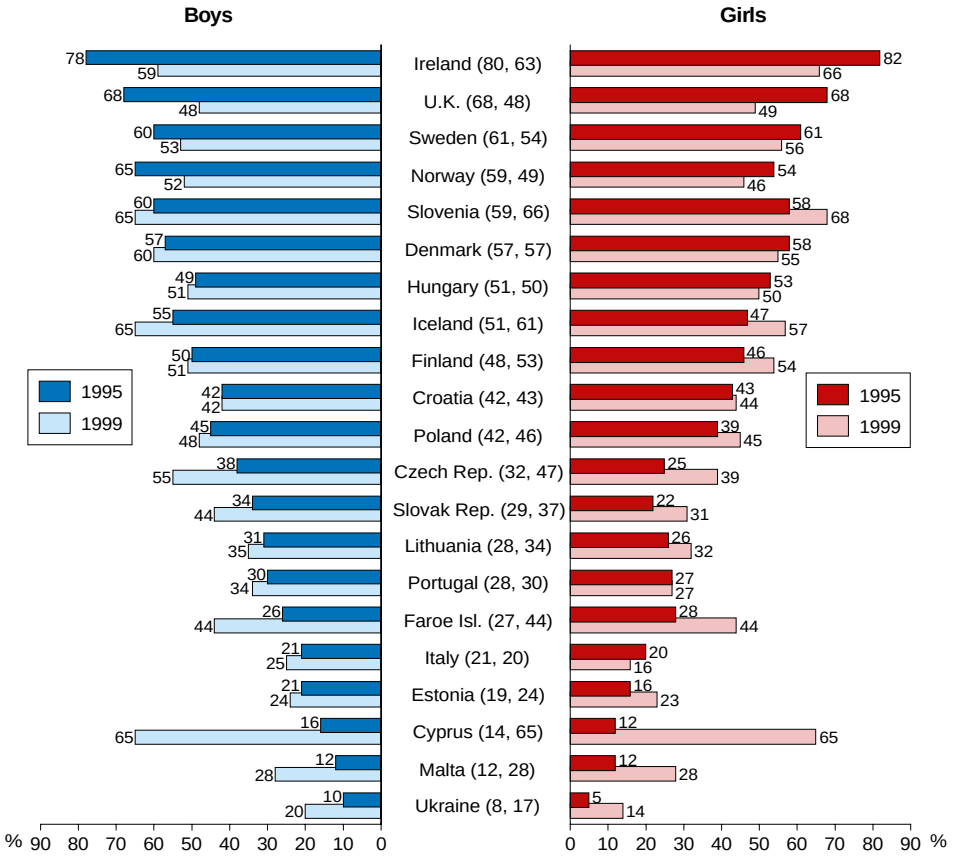


Figure 25b. *Changes between 1995 and 1999 in proportion of boys and girls who perceive inhalants "very easy" or "fairly easy" to obtain (values within brackets refer to all students 1995, 1999). Data sorted by all students 1995.*

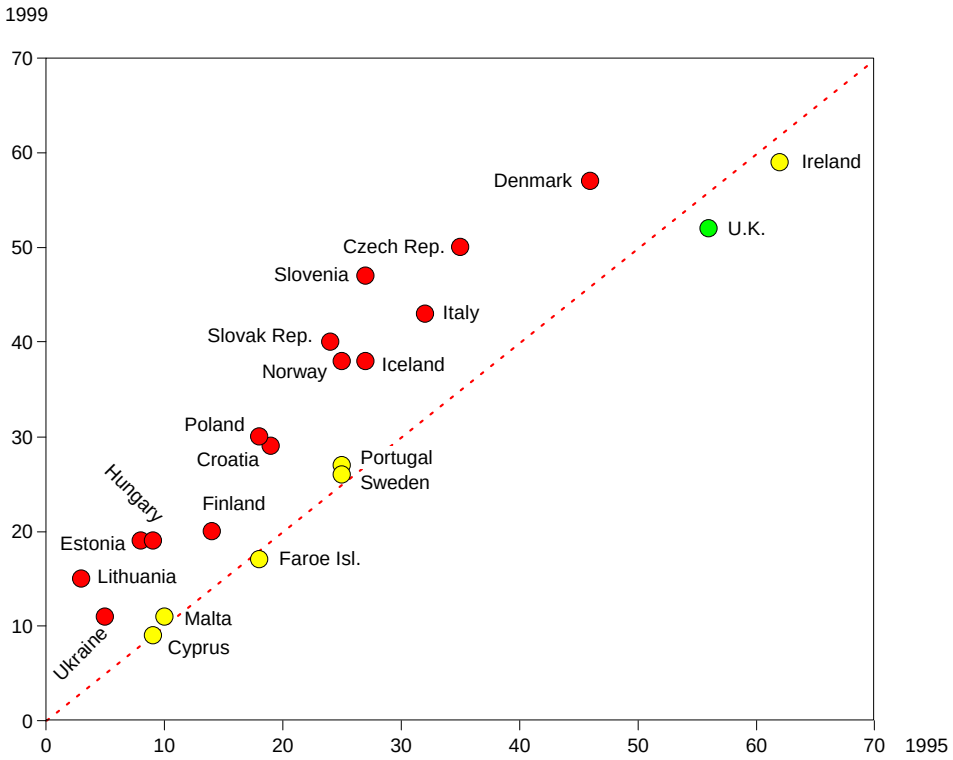


Figure 26b. *Changes between 1995 and 1999 in proportion of all students who perceive marijuana or hashish "very easy" or "fairly easy" to obtain. Countries above the line have increased prevalence rates, and countries below have decreased.*

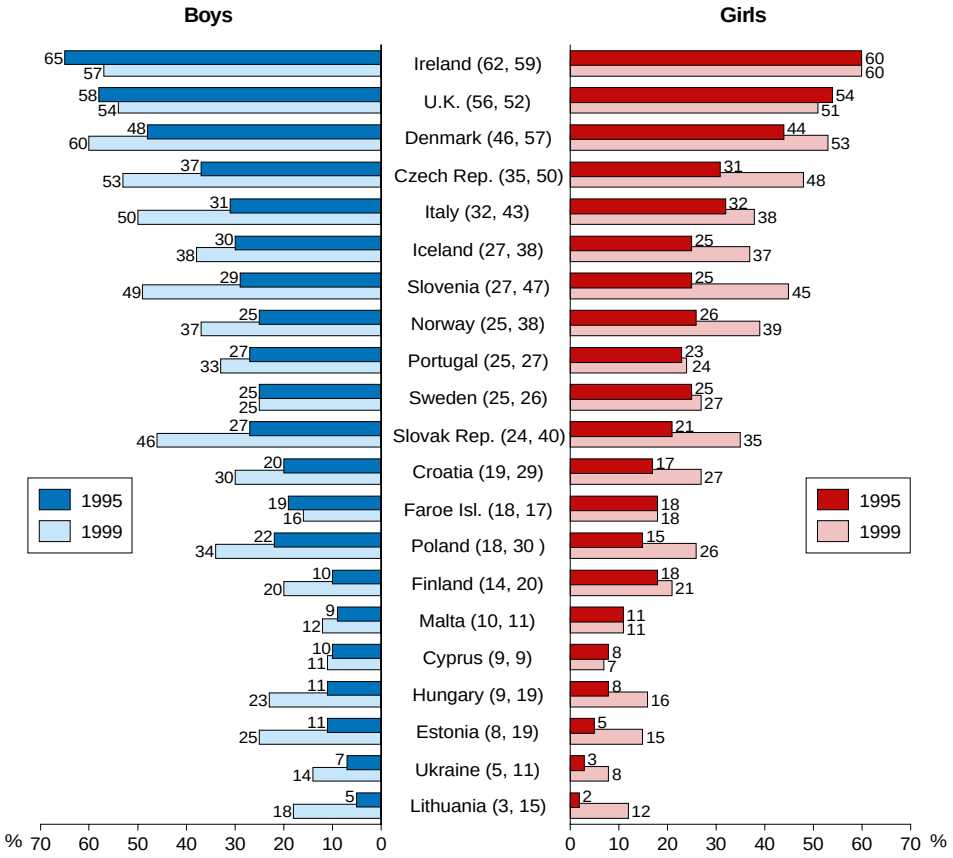


Figure 26b. *Changes between 1995 and 1999 in proportion of boys and girls who perceive marijuana or hashish "very easy" or "fairly easy" to obtain (values within brackets refer to all students 1995, 1999). Data sorted by all students 1995.*

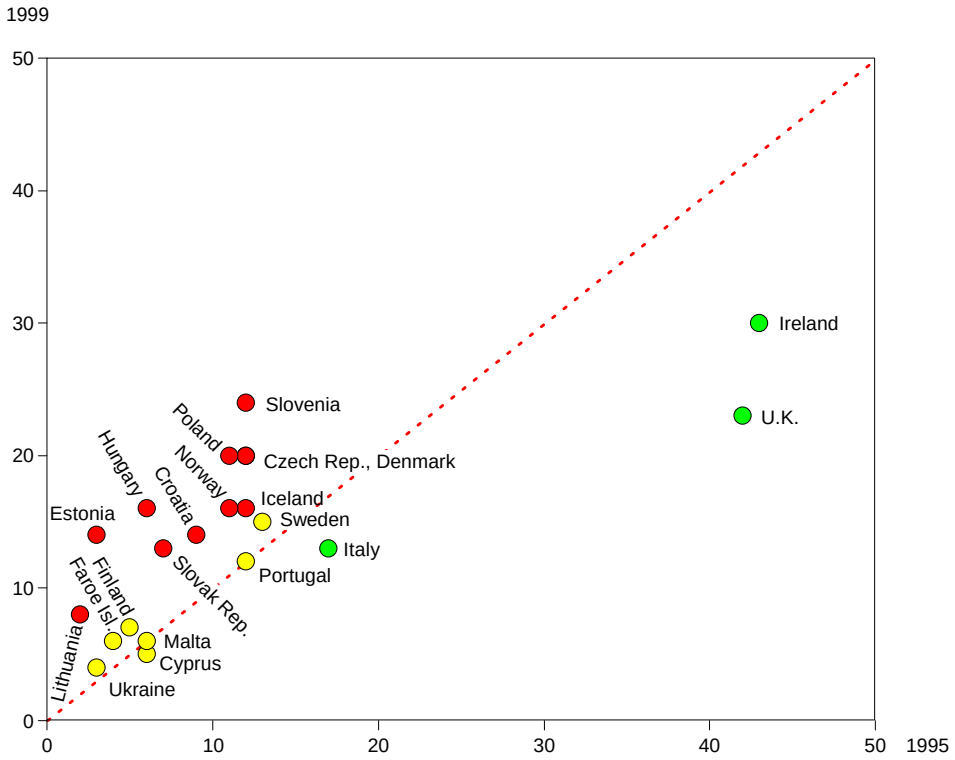


Figure 27a. *Changes between 1995 and 1999 in proportion of all students who perceive LSD or other hallucinogens "very easy" or "fairly easy" to obtain. Countries above the line have increased prevalence rates, and countries below have decreased.*

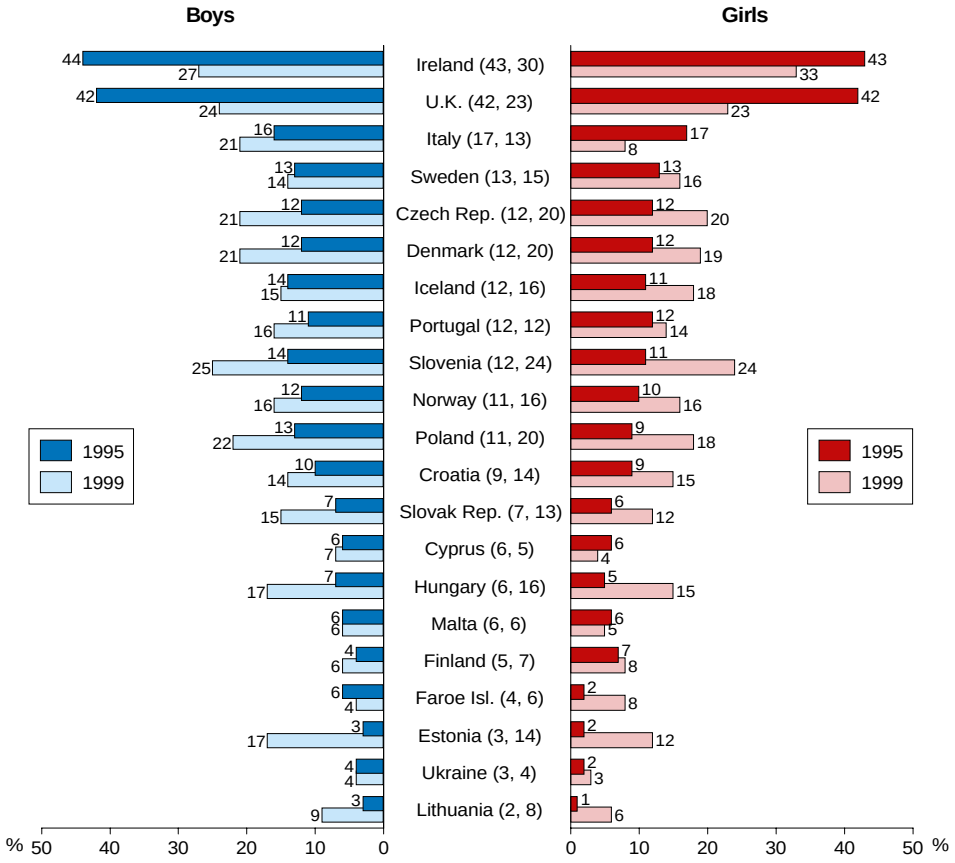


Figure 27b. *Changes between 1995 and 1999 in proportion of boys and girls who perceive LSD or other hallucinogens "very easy" or "fairly easy" to obtain. Countries above the line have increased prevalence rates, and countries below have decreased.*

Summary

The overall impression regarding smoking among the ESPAD students is that it is a well-established habit, showing few signs of diminishing. In nearly half of the countries the habits are rather similar in 1999 to what they were in 1995. Increases are also reported from nearly half of the countries, while reduced tobacco consumption only seems to have occurred in very few countries. Increases are mainly reported on the variables "lifetime use of cigarettes 40 times or more" and "cigarette smoking during the last 30 days". However, in a rather large majority of the countries the proportion of students who reported "daily smoking at the age of 13 or younger" was about the same in both ESPAD studies.

Increased consumption is reported from some of the Scandinavian countries. However, it was particularly in the eastern parts of Europe that an increase was observed, which added the Czech Republic and Lithuania to the former tobacco consumption top group of the Faroe Islands, Finland and Ireland. In countries with increased consumption the tendency has usually been similar among both boys and girls.

Like in 1995 the use of alcohol is still most common in a group of countries, including Denmark, United Kingdom, Czech Republic, Malta and Ireland, some of which are showing even higher prevalence figures in 1999. A decreasing tendency was observed in two of the former high prevalence countries, Italy and Cyprus. There are clear increases in the proportion of students who use alcohol in the central and eastern parts of Europe, especially in Lithuania, Poland, Slovenia and Slovak Republic. Norway, which was a low prevalence Nordic country in 1995, shows increased figures in 1999.

In a majority of the ESPAD countries beer consumption has increased. There are "typical beer countries" like Denmark and Ireland, which are sharing the very top position in 1999 with the United Kingdom and the Czech Republic (mainly in terms of frequency).

In most countries where wine consumption has changed, the figures are higher in 1999. Rather many of those countries are found in the central and eastern parts of Europe (especially Slovenia, Lithuania and Estonia). In most countries spirits is consumed more often in 1999 than in 1995, while the quantities consumed have changed to a lesser extent. In both studies consumption of spirits is mostly a male habit. However, in both studies girls drink more often and in larger quantities than boys in Ireland and the United Kingdom.

There are clearly increased proportions in about half of the ESPAD countries reporting frequent intoxication. Of the 1995 top countries on intoxication rates, Denmark's and Ireland's figures increased even further, while rates in Finland and the United Kingdom remained largely unchanged. The tendency is the same also in relation to binge drinking.

One of the most interesting findings when comparing the 1999 survey with the one in 1995 is the increasing prevalence rates of illicit drug use in almost all participating countries. Another important outcome is the decrease in the United Kingdom and Ireland, which caused a shift in the top position. After a large increase in the lifetime prevalence of cannabis use, the Czech Republic is now on the same level as the United Kingdom closely followed by Ireland.

The increase is clear not only for cannabis, but in about half of the countries also for illicit drugs other than cannabis. Large decreases in the United Kingdom and Ireland and a change in the opposite direction in Poland have made Poland pass Ireland and join the United Kingdom at the top position.

The situation regarding inhalants and the use of tranquillisers or sedatives without a doctor's prescription is rather unchanged in most countries. The largest increase in the use of tranquillisers or sedatives is found in the Czech Republic, which put them in the top in 1999 together with Poland.

In conclusion, both alcohol and illicit drug use have increased markedly in many ESPAD countries, especially in the central and eastern parts of Europe. However, the high prevalence countries are still mainly to be found in the western parts.

Results

In this chapter the results of the 1999 ESPAD survey are presented, mainly following the same structure as in the 1995 report. Each variable is presented with reference to the relevant table in the table section (Appendix II). A European map and a bar graph also present many variables. In the maps the prevalence figures of each variable have been divided into five groups. The cut-off points for the intervals have been chosen with the aim of giving as comprehensive a picture as possible. Thus, the maps show the differences in prevalence rates over the countries for all students, while the variables are presented by sex in the bar graphs. The order of appearance in the bar graphs is determined by the results for all students (the figure within brackets). It should be kept in mind, that the rank order of countries in the bar graphs is sorted by the figures for all students and that the differences sometimes are very small.

Due to lack of information about the Polish data collection and due to the fact that the Romanian results by misstake also include data from students not born in 1983, data from these countries should have been reported separately in the results tables. However, this information came to the knowledge of the authors in such a late stage of the writing of the report, that necessary changes were not possible to do. The final layout of all tables, maps and figures were already done and any changes in them would have made it necessary to recalculate a lot of averages and to rewrite parts of the report. Unfortunately, all these changes were not possible to do. However, the circumstances around the Polish and Romanian results should be kept in mind when reading this chapter and looking at the results tables.

Please observe that recalculated Romanian data on students born in 1983 have been possible to include in table N in the summary chapter. These data are very similar to earlier reported results. This indicates that most data in the results tables probably are very similar to the correct data, which will be available when this report is launched.

The results from the Netherlands are presented at the bottom of the results tables, and are not included in the maps and bar graphs. The reason behind this is mainly that it was not possible to draw the Dutch sample according to the ESPAD guidelines and that it was only possible to include about half of the ESPAD questions (which probably have influenced the context in which the questions were asked). For a discussion, please see the chapters “Methodological considerations” and “Sampling and data collection in participating countries”.

When available, corresponding figures from USA are presented in tables, maps and bar graphs. The figures origins from The Monitoring the Future” study in Michigan, from which many of the ESPAD questions are taken. It ought to be observed that data from USA comes from students in grade 10, in which the large majority, but not all students, were born in 1983.

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

The third part presents prevalence rates of illicit drug use, use of inhalants and tranquillisers or sedatives, with and without a doctor’s prescription, onset of drug use and the students’ perception of the availability of drugs. The students’ view on friends’ and siblings’ drug use are also included. The results section ends with a presentation of leisure time activities.

In addition, the chapter “Key results country by country”, directly after this one, gives the most important variables in a brief presentation. The aim of the results section is to present descriptive data briefly commented. The changes from the 1995 study are presented in a separate chapter earlier in this report (please see “Changes in the use of alcohol and other drugs, 1995–1999”).

To make the results in the maps as clear as possible, a few of the smallest countries (islands) have been enlarged. In the tables a zero represents a value ranging from 0.1 to 0.4. Values ranging from 0.5 to 0.9 are rounded to 1. The mark “–” means that no student has given that answer, while “..” means that data are not available.

Tobacco use

Tobacco use among young people is focus of interest in many countries. In the ESPAD study the prevalence of cigarette smoking vary considerably across the countries. The age of 15 to 16 is a period when many people start a smoking habit that may last for many years.

Lifetime use of cigarettes

(Tables 1a–c, Figures 28a–b)

More than half of the students aged 15–16 in all ESPAD countries have smoked cigarettes at least once in lifetime. The highest lifetime prevalence rates are found in Greenland and the Faroe Islands, where about 85% have ever smoked. Other countries with large proportions reporting smoking experience include the Czech Republic, Latvia, Lithuania and Finland (75–80%). Least common is smoking in Cyprus where 50% have tried a cigarette.

There are of course many who have tried smoking, but never taken on the habit. The prevalence of having smoked cigarettes 40 times or more in lifetime shows the proportions of students who have smoked more or less regularly. The top countries on this variable are about the same as for total lifetime prevalence. These include Greenland (50%), Faroe Islands (43%), Russia (42%) and Finland (39%). Other countries with high prevalence rates include the Czech Republic, Bulgaria (36% each), Lithuania, (35%) Ireland (34%), Norway (33%) and Denmark (32%). Countries with the lowest proportions reporting to have smoked 40 times or more include Cyprus (16%), Portugal and Romania (15% each). France has no information on this frequency of smoking.

The gender pattern of lifetime smoking cigarettes, 40 times or more, shows that the boys are in majority in about half of the participating countries. Among those, the largest gender gap was found in Cyprus (26 vs. 8%), Estonia (38 vs. 18%), Latvia (38 vs. 23%), Lithuania (46 vs. 23%), Romania (23 vs. 10%) and Ukraine (39 vs. 18%), i.e. mainly countries in the eastern parts of Europe.

In some countries the gender distribution is equal or nearly equal. Such countries include Denmark (ca. 32%), Greece (ca. 28%), Iceland, Slovenia, and Sweden (ca. 26% each), Malta (ca. 21%) and Portugal (ca. 15%).

The girls are in majority in some countries, including Greenland (55 vs. 41%), Ireland (36 vs. 31%), United Kingdom (28 vs. 24%) and Italy (28 vs. 22%).

There isn't any clear geographical pattern in the gender distribution of lifetime use of cigarettes. In the three Baltic States and two countries in the east, Ukraine and Romania, boys are in clear majority, but to this group belongs also Cyprus. It doesn't seem to have much to do with high or low prevalence rates either. The two high prevalence countries Greenland and the Faroe Islands show different gender distribution – the girls are in clear majority in the former and the boys in the latter.

Cigarette smoking during the last 30 days

(Tables 2a–c, Figures 29a–b)

Cigarette smoking during the last 30 days may include those who have tried for the first time as well as those who smoke as an ongoing behaviour. However, at least the highest frequencies probably indicate more regular smoking habits. The highest 30 days prevalence rates are found in Greenland (67%) and Bulgaria (50%). There is a rather big group with prevalence rates around 40–45%, including Russia (45%), Czech Republic, France (44% each), Finland (43%), Faroe Islands (41%), Lithuania, Italy, Norway, Ukraine and Latvia (40% each). The countries with the smallest figures are Romania (24%) and Cyprus (16%).

In quite many countries there are more girls than boys who have smoked during the last 30 days. These include Greenland, Bulgaria, France, Italy, Norway, Denmark, Ireland, United Kingdom, Malta, Sweden and Iceland, although the differences are small in some countries (e.g. Bulgaria and Sweden). The largest gender differences are found in countries where boys are in majority. They include Estonia, Latvia, Lithuania, Romania and Ukraine. The opposite is also true, however, in some countries more girls than boys have been smoking during the last 30 days. Examples of such countries are Greenland, Finland, Italy, Norway, Denmark, Ireland and United Kingdom.

Age at first use

First cigarette

(Table 3)

The onset of smoking occurs at different ages in different countries. It is reasonable to assume, that in countries with high smoking prevalence rates there should be larger proportions with an early onset. The proportion of students who smoked their first cigarette at the age of 13 years or earlier is

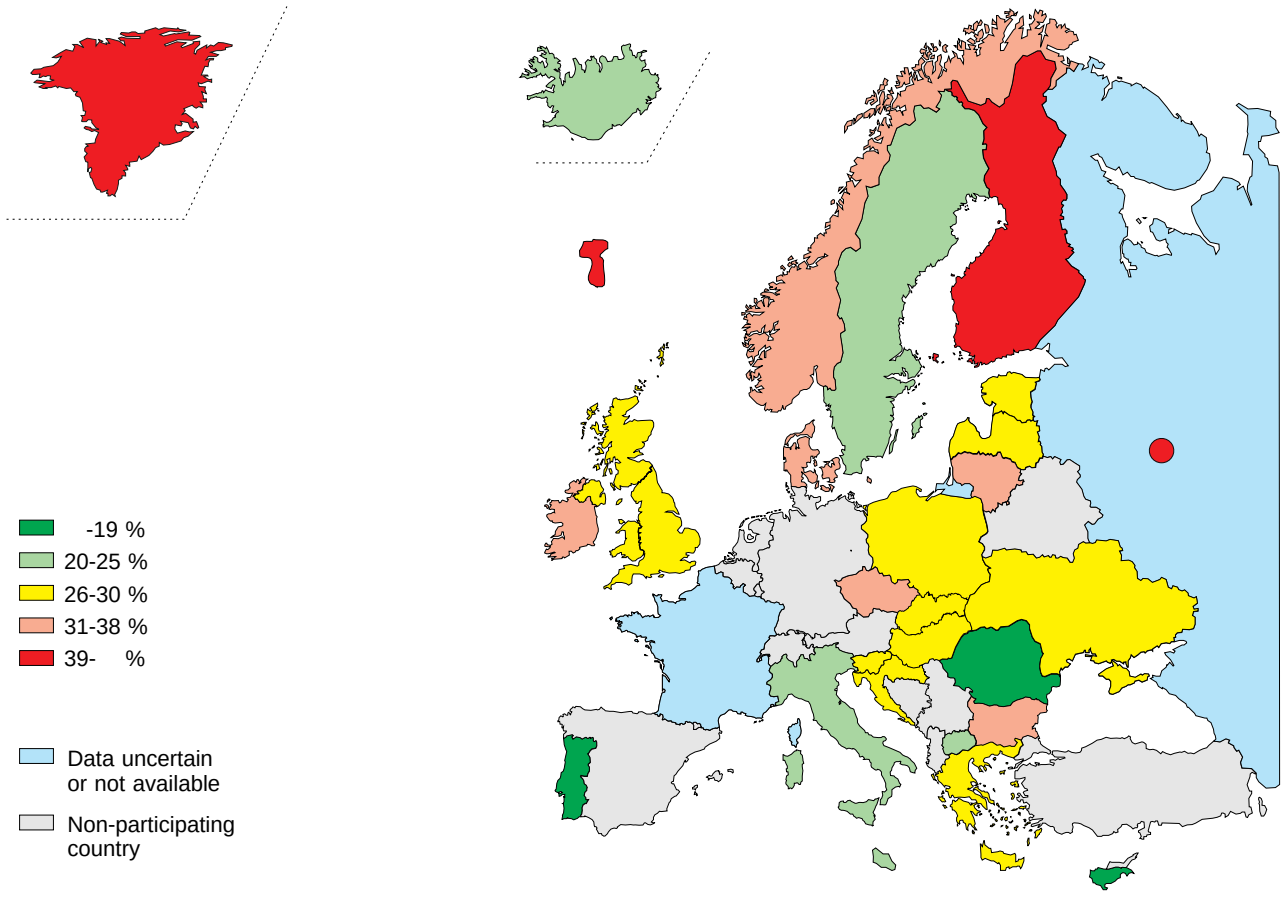


Figure 28a. *Lifetime use of cigarettes 40 times or more. Percentages among all students. 1999.*

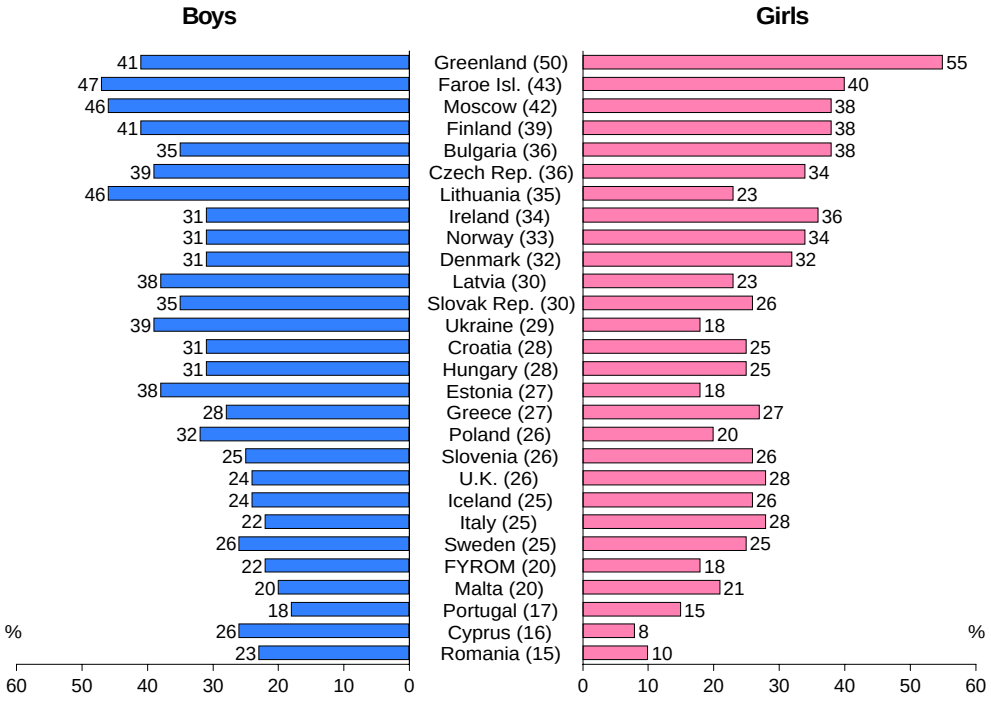


Figure 28b. *Lifetime use of cigarettes 40 times or more. Percentages among boys and girls. 1999.*

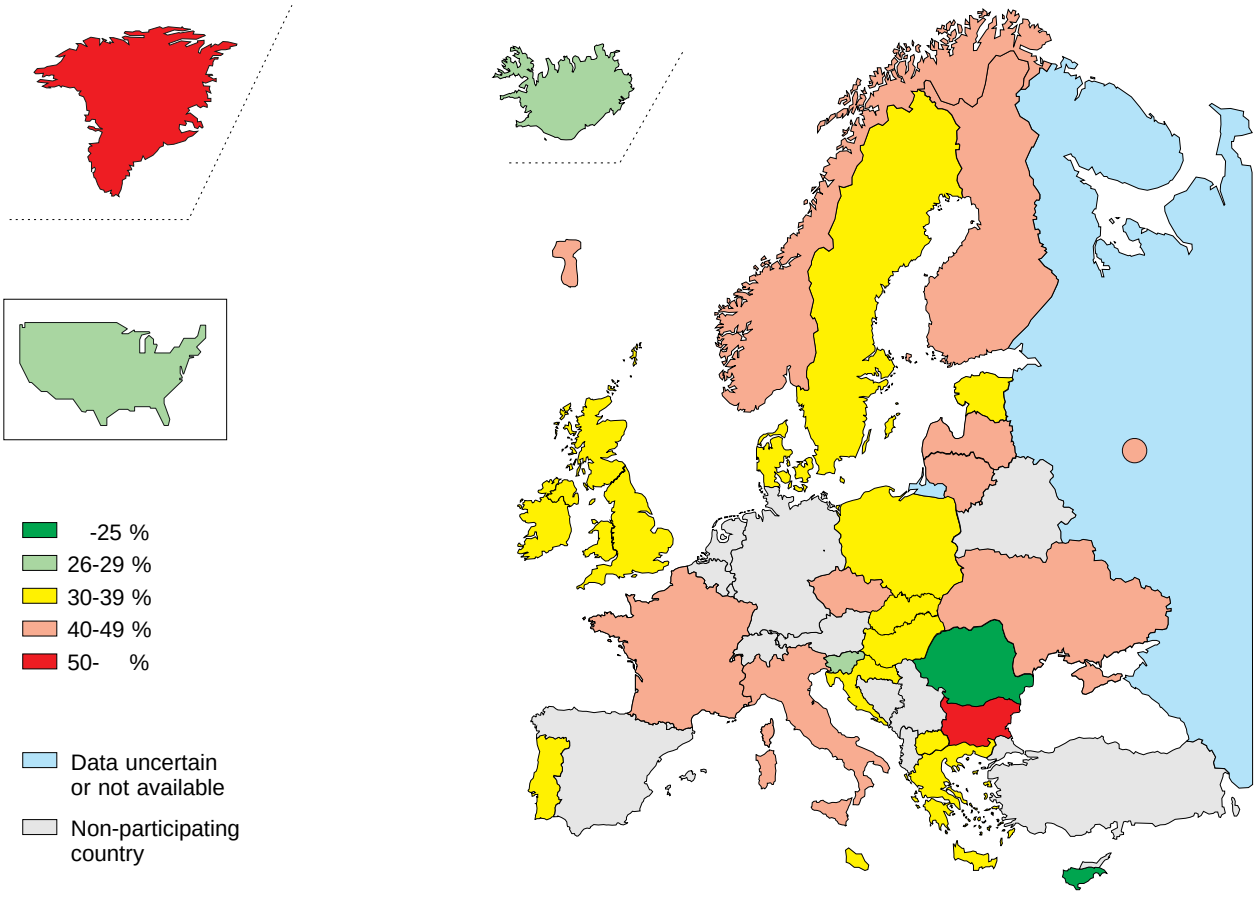


Figure 29a. *Cigarette smoking during the last 30 days. Percentages among all students. 1999.*

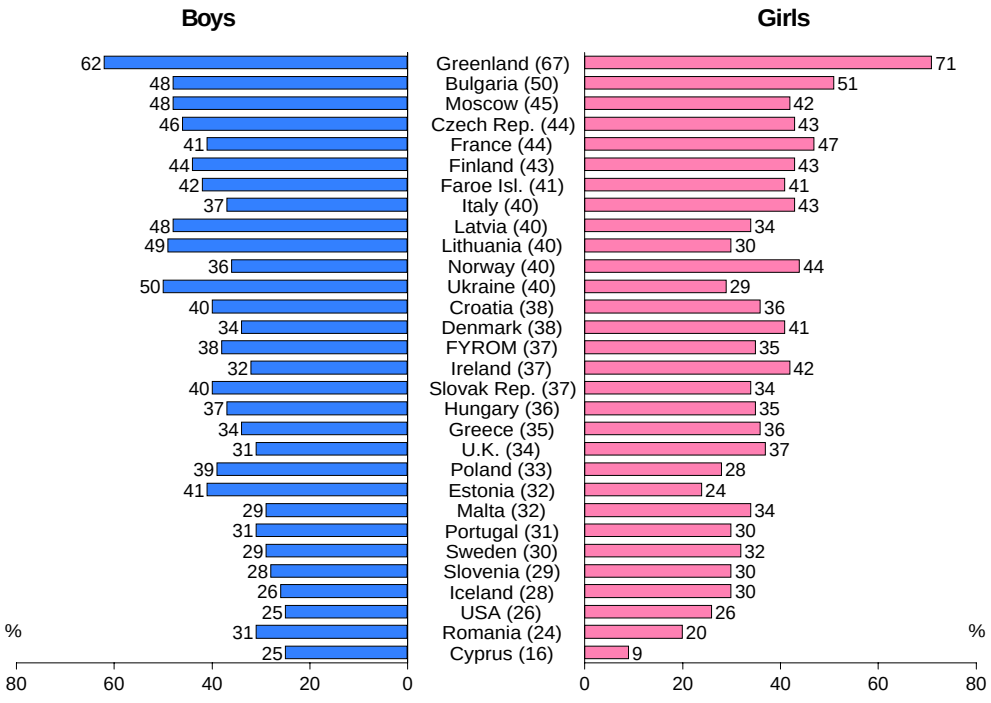


Figure 29b. *Cigarette smoking during the last 30 days. Percentages among boys and girls. 1999.*

rather high in about one third of the participating countries. As expected, those countries are typical high prevalence countries including the Faroe Islands (64%), Latvia (57%), Greenland (56%), Ireland (53%), Finland (52%), Czech Republic, France, Russia (51% each) and Lithuania (50%). The lowest figures are found in Italy (24%), Cyprus (23%), FYROM (20%) and Greece (19%). Not surprisingly, the correlation between lifetime prevalence and the proportion of students who smoked their first cigarette at the age of 13 or younger is rather high (r=.60).

Overall, more boys than girls report this behaviour, except in Greenland, Ireland and the United Kingdom, in which countries the girls are in majority. Countries were substantially more boys than girls report smoking their first cigarette at the age of 13 or younger include Estonia, Latvia, Lithuania, Romania, Slovak Republic and Ukraine. In Denmark, France, Malta, Norway and Sweden the gender distribution is almost equal.

Daily smoking

(Table 3, Figures 30a–b)

A minority of the students in the ESPAD countries were daily smokers at 13 years of age. In almost half of the countries the proportions were less than one out of ten.

Countries with high prevalence figures include the United Kingdom (20%), Ireland (18%), Russia (16%) and Finland (15%). Other countries with figures close to the top group include France, Greenland (14% each), Faroe Islands (13%) and Denmark (12%). Countries with low proportions include Cyprus, Slovenia (5% each), FYROM, Romania (4% each) and Greece (3%).

Only in two countries, the United Kingdom and Greenland, substantially more girls than boys are daily smokers at 13 years of age or younger. There is quite a large group where the gender distribution is equal or close to equal. These include Denmark, France, Greece, Iceland, Ireland, Italy, Malta, Norway, Portugal, Slovenia and Sweden. Countries where boys are in majority mainly include Estonia, Latvia, Lithuania, Poland and Ukraine.

To sum up, it is difficult to find any clear gender differences in the use of tobacco; it partly differs between different variables. However, in Iceland, Malta and Sweden boys and girls report rather similar smoking habits. Countries where the use of tobacco usually is more spread among girls than boys include Greenland and the United Kingdom.

Countries where the opposite is true, i.e. that the use of tobacco is more common among boys, include the three Baltic states (Estonia, Latvia and Lithuania) as well as some other countries from the central and eastern parts of Europe (Poland, Romania and Ukraine), but also one country in the south (Cyprus) and one in the north of Europe (Faroe Islands).

Alcohol use

Lifetime

(Tables 4a–c, Figures 31a–b)

An absolute majority of the 15–16 year old students in the ESPAD countries have consumed alcohol at least once in lifetime. In more than half of the countries 90 percent or more have done so. The highest figures are found in the Czech Republic, Denmark, Greece (98% each), Latvia, Lithuania, Slovak Republic (96% each), Estonia (95%), Malta, Russia, and the United Kingdom (94% each). The lowest lifetime prevalence is found in FYROM (68%) followed by Portugal (78%) and Iceland (79%). The corresponding figure for the United States is also rather low (71%).

More frequent drinking habits are revealed in the proportion who have been drinking alcohol 40 times or more in lifetime. There is a strong relationship between prevalence rates and the proportion of students who have consumed alcohol at least 40 times. About the same countries are found in top positions including Denmark (59%), United Kingdom (47%), Greece (42%), Czech Republic (41%) and Ireland (40%). Iceland, Greenland (14% each), Hungary (13%) and FYROM (9%) are the countries with the smallest proportions on this variable.

In an absolute majority of the countries there are more boys than girls who reported this behaviour. The only exceptions are Finland, Greenland, Iceland, Ireland, and Ukraine where the gender distribution was about equal. No country reported a majority of girls with this behaviour.

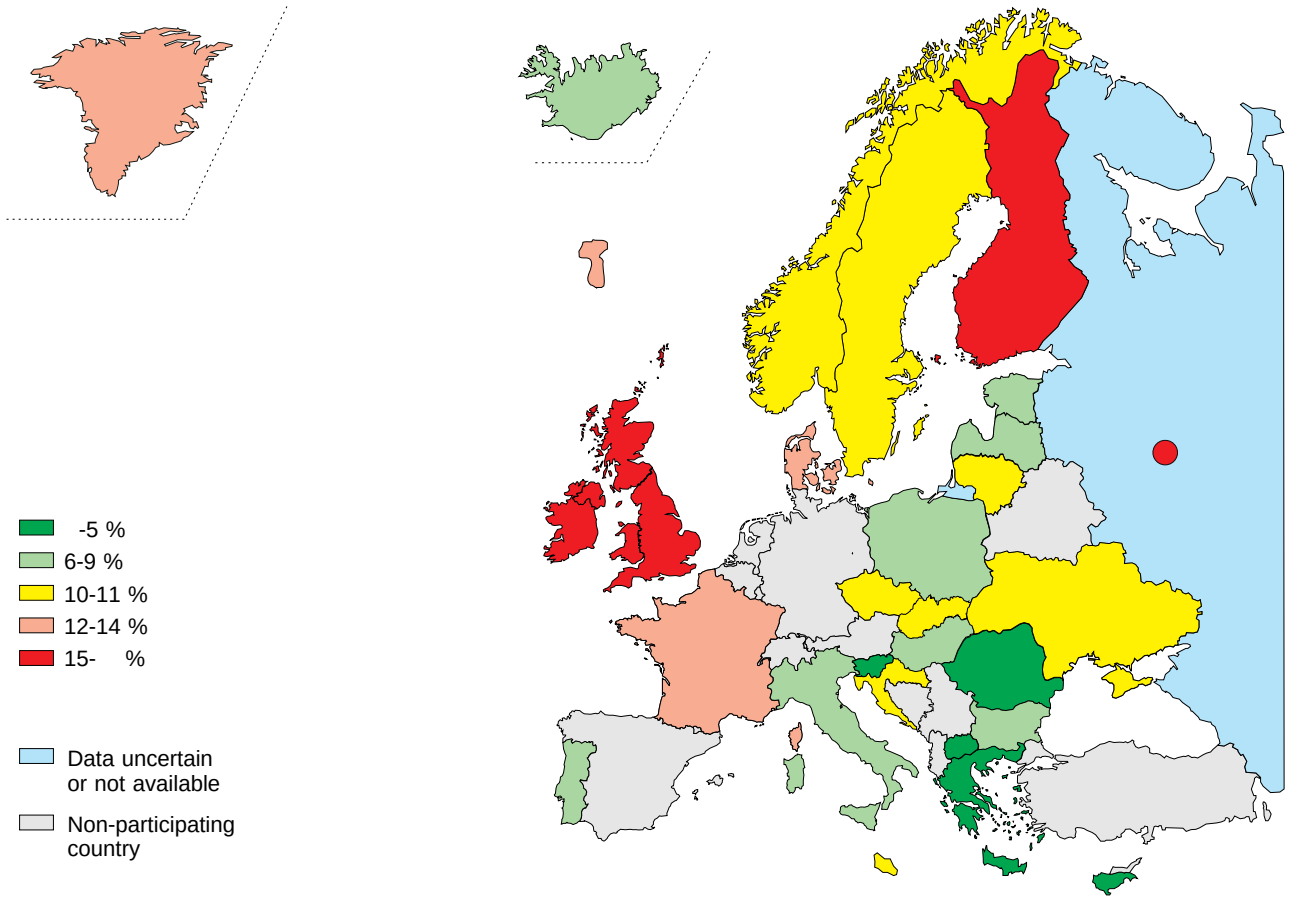


Figure 30a. *Daily smoking at the age of 13 or younger. Percentages among all students. 1999.*

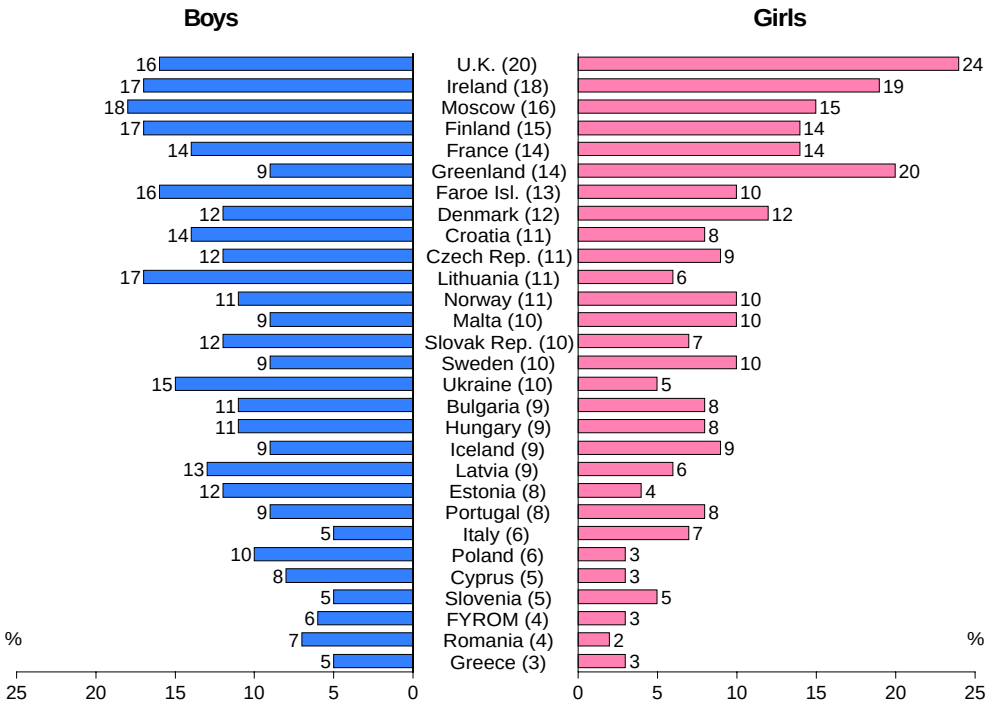


Figure 30b. *Daily smoking at the age of 13 or younger. Percentages among boys and girls. 1999.*

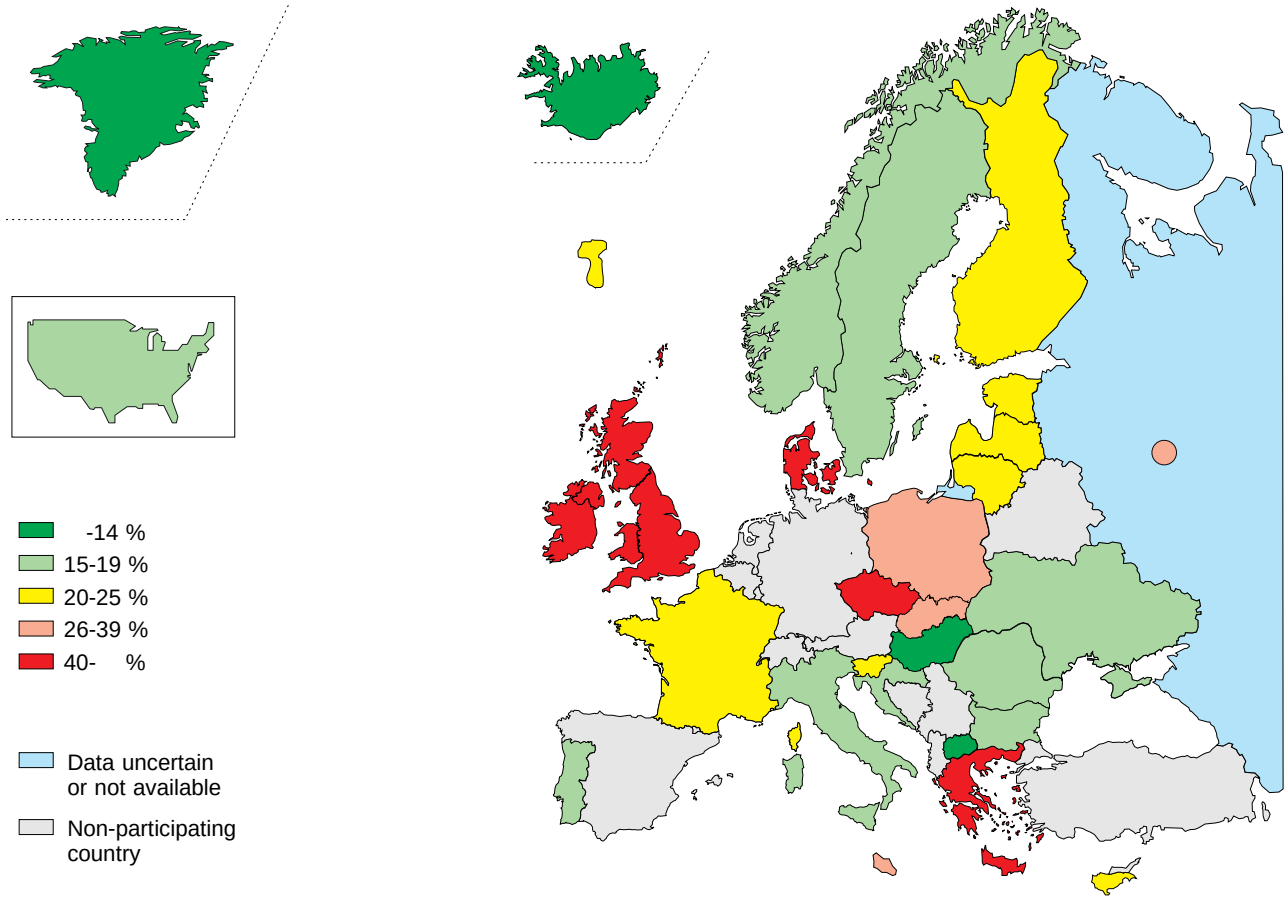


Figure 31a. *Lifetime use of any alcoholic beverage 40 times or more. Percentage among all students. 1999.*

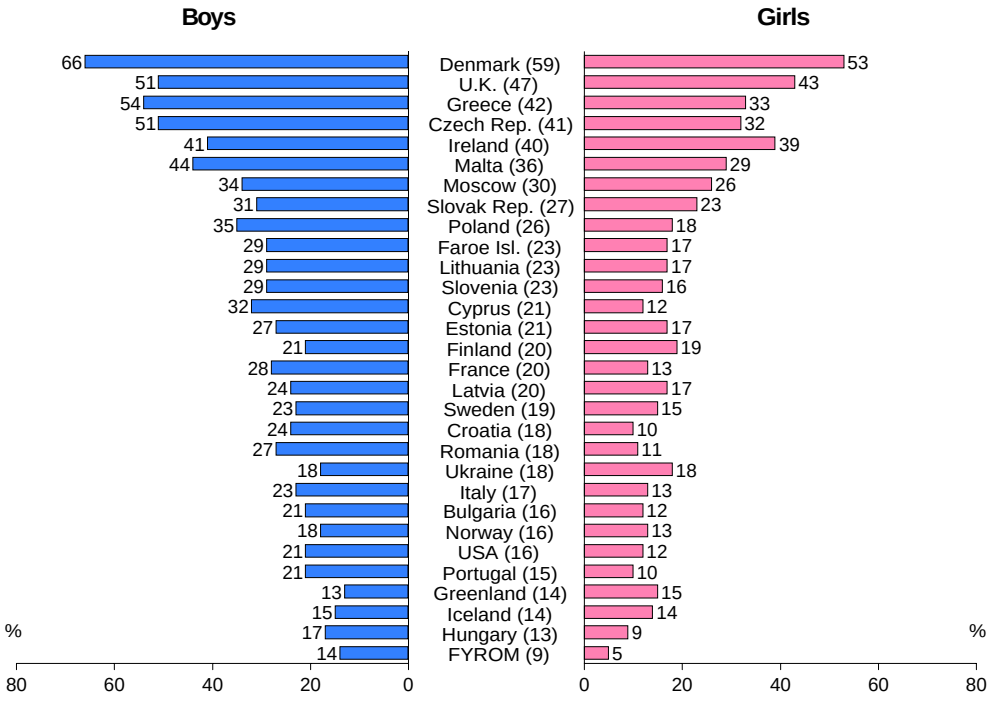


Figure 31b. *Lifetime use of any alcoholic beverage 40 times or more. Percentage among boys and girls. 1999.*

Last 12 months

(Tables 5a–c, Figures 32a–b)

Most students have been drinking any alcoholic beverage also during the last 12 months. In seven countries (the Czech Republic, Denmark, Greece, Lithuania, Malta, Slovak Republic and the United Kingdom) this was reported by 90% or more.

However, to have been drinking 20 times or more during the same period, which would indicate an average frequency of 1.6 times a month as a minimum, is not that common. The largest proportions were found in Denmark, where about half of the students reported this behaviour (51%), Ireland (39%) and the United Kingdom (36%). Other countries with rather high figures include Malta, Greece (32% each) and the Czech Republic (30%). There are quite a large number of countries with very similar figures around 15%. The lowest proportions were reported from Ukraine, Ireland (10% each), Hungary (9%) and FYROM (7%).

The boys are in clear majority in almost all countries. One exception is Greenland where there are more girls than boys who had been drinking 20 times or more during the past year. The gender distributions in Finland, Iceland, Ireland and Ukraine are equal or almost equal.

Last 30 days

Any alcohol

(Tables 6a–c, Figures 33–b)

Overall, about two thirds of the students have had an alcoholic beverage in the past 30 days. There are a few countries with 30 days prevalence rates over 70%. These include Denmark (85%), Czech Republic, Greece (77% each), United Kingdom (76%), Malta (75%), Ireland (74%) and Lithuania (73%). Countries with a prevalence rate below 50% include Portugal (49%), Faroe Islands (48%), Croatia (46%), Iceland (43%) and FYROM (36%).

To have drunk an alcoholic beverage 10 times or more during the last 30 days indicate quite a frequent drinking behaviour. There are rather big differences between the ESPAD countries in this respect, but in a majority of them rather few students report this frequency. There is, however, a group of countries with rather high prevalence rates, including Malta (20%), Denmark (18%), Ireland and the United Kingdom (16% each). The group with the smallest proportions include Norway, FYROM, Greenland (3% each), Sweden, Latvia (2% each), Finland and Iceland (1% each).

Beer

(Tables 7a–c, Figures 34a–b)

In the previous sections it was reported that more than half of the students in most countries have had an alcoholic beverage during the last 30 days. In this and the two following sections the proportions of students who have been drinking beer, wine or spirits during the same period are presented.

Beer is a beverage of preference for young people in many European countries. About half of the students in the ESPAD countries have been drinking beer during the last 30 days. The highest 30 days prevalence is found in Denmark (78%) followed by Greenland (64%), Czech Republic, Greece (63 each) and Russia (61%). Rather few students had been drinking beer in Portugal (37%), FYROM (36%) and Hungary (29%). Also in the United States the proportion of students who had been drinking beer in the last 30 days was relatively low (29%).

The proportions reporting a beer consumption frequency of 3 times or more during the last 30 days show rather big differences between certain countries. The largest proportions were reported from Denmark (53%), Greenland (45%), Czech Republic and Russia (40% each). The group of countries with the smallest proportions include Portugal (18%), Norway, Finland, Iceland (17% each), FYROM (16%) and Hungary (12%).

As might be expected, the beer countries Denmark and the Czech Republic are in the top group where also Greenland and Russia are found. The second highest group include two other well-known beer countries, i.e. Ireland and the United Kingdom, but also Greece, Italy, Latvia and Malta.

The boys are dominant in the gender pattern in almost all countries. The only exception from this is Greenland where there are almost as many girls as boys reporting beer consumption 3 times or more during the last 30 days.

Wine

(Tables 8a–c, Figures 35a–b)

In the ESPAD age group (15–16 years old) wine consumption is not as frequent as the consumption of beer. However, the 30 days prevalence rates are widely spread over the countries. The highest figures are found in Malta, where over two thirds of the students had consumed wine (68%), and in Lithuania (60%), Slovak Republic (52%), Czech Republic, Estonia (51% each) and Slovenia (50%). The smallest proportions are reported from Iceland (19%), Greenland and Portugal (15% each).

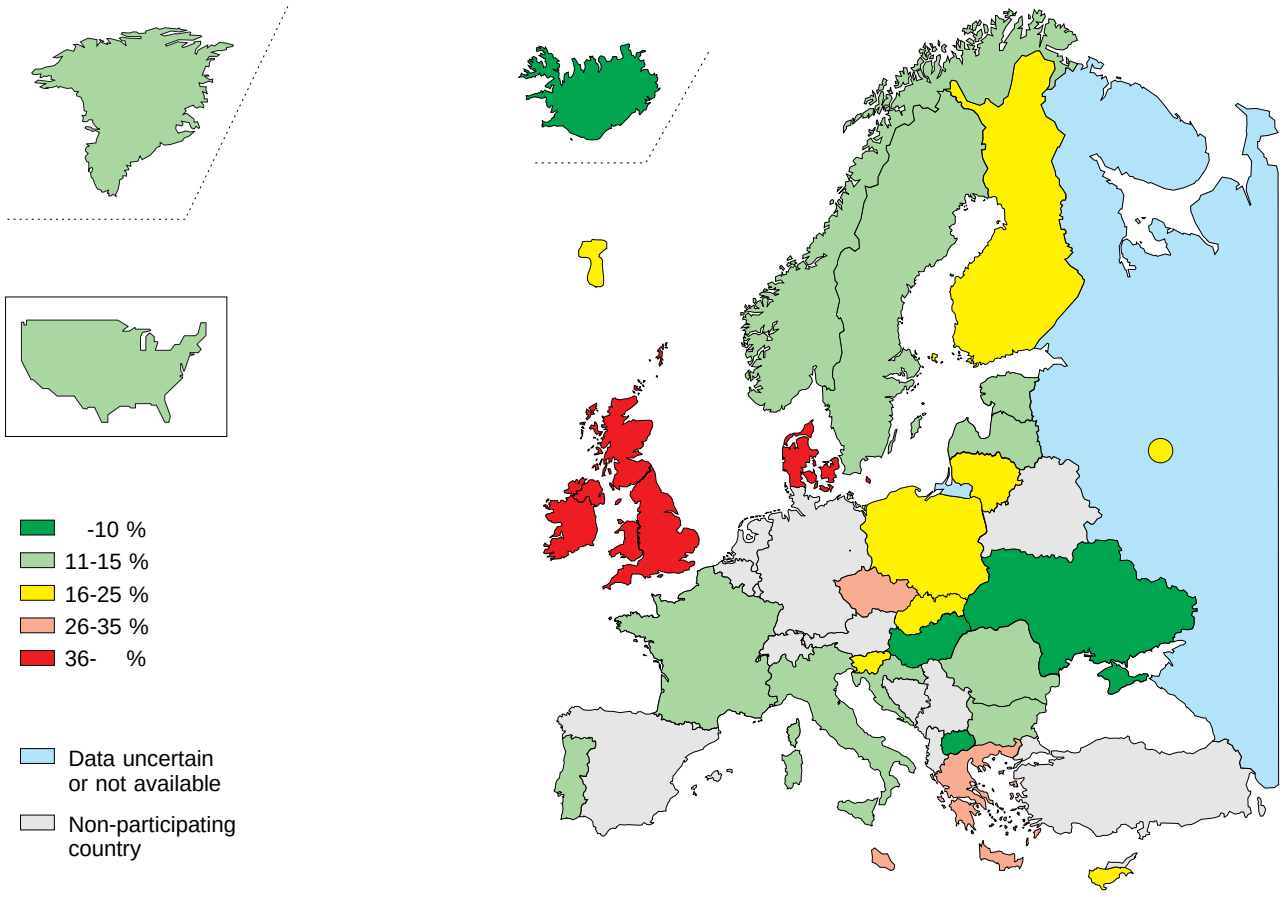


Figure 32a. *Use of any alcoholic beverage 20 times or more during the last 12 months. Percentage among all students. 1999.*

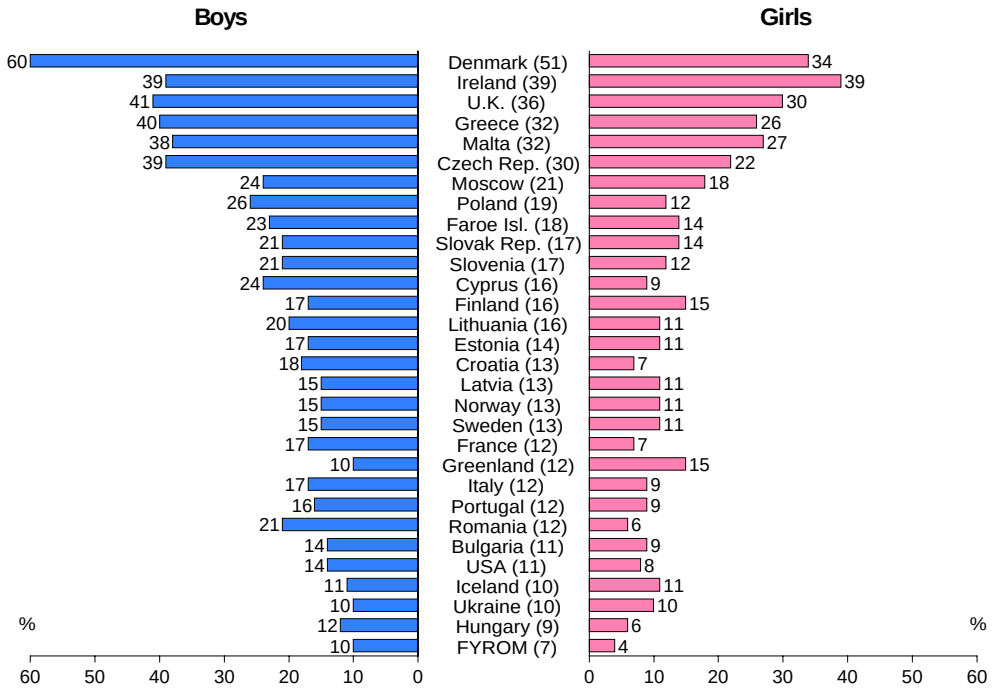


Figure 32b. *Use of any alcoholic beverage 20 times or more during the last 12 months. Percentages among boys and girls. 1999.*

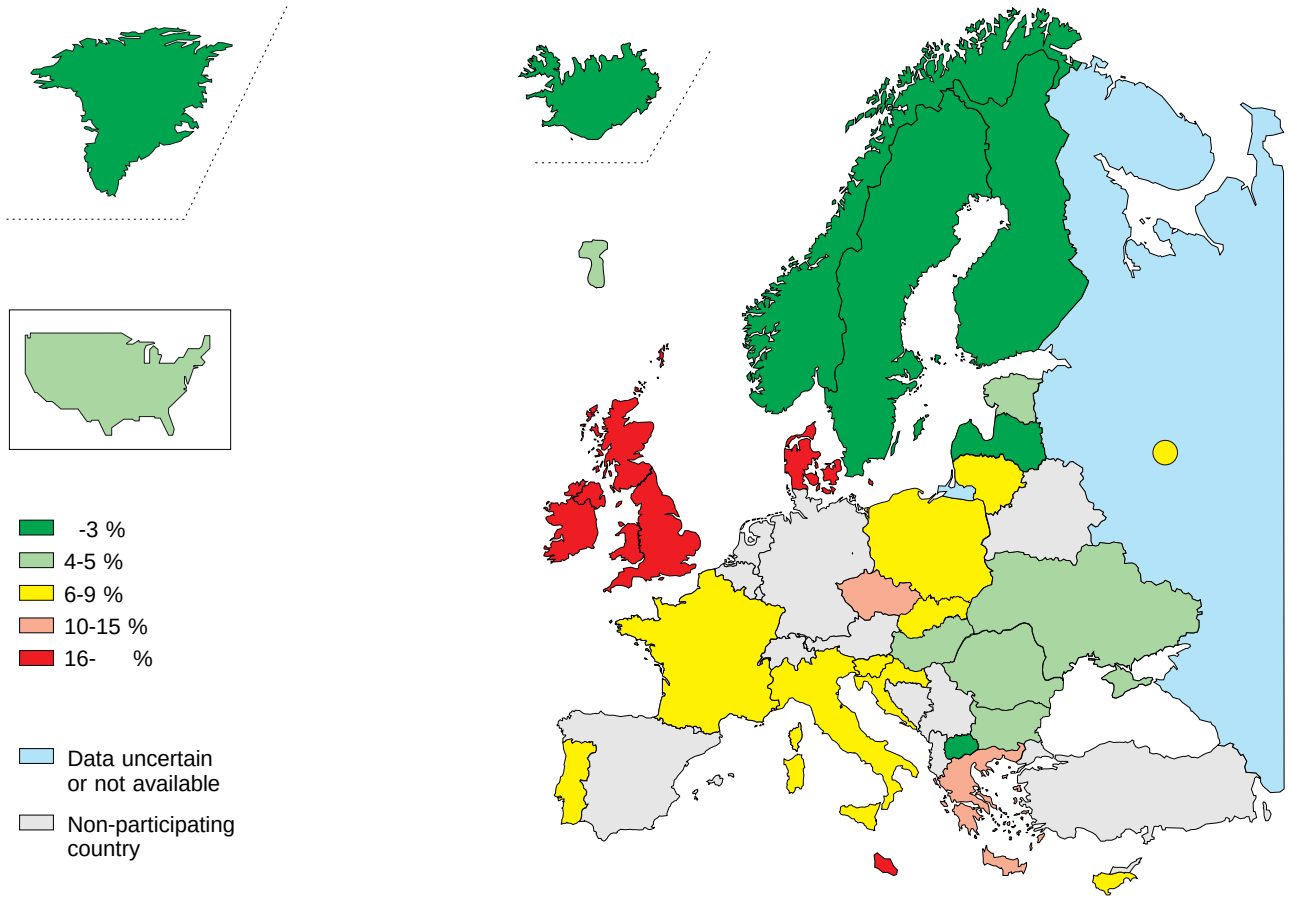


Figure 33a. *Use of any alcoholic beverage 10 times or more during the last 30 days. Percentage among all students. 1999.*

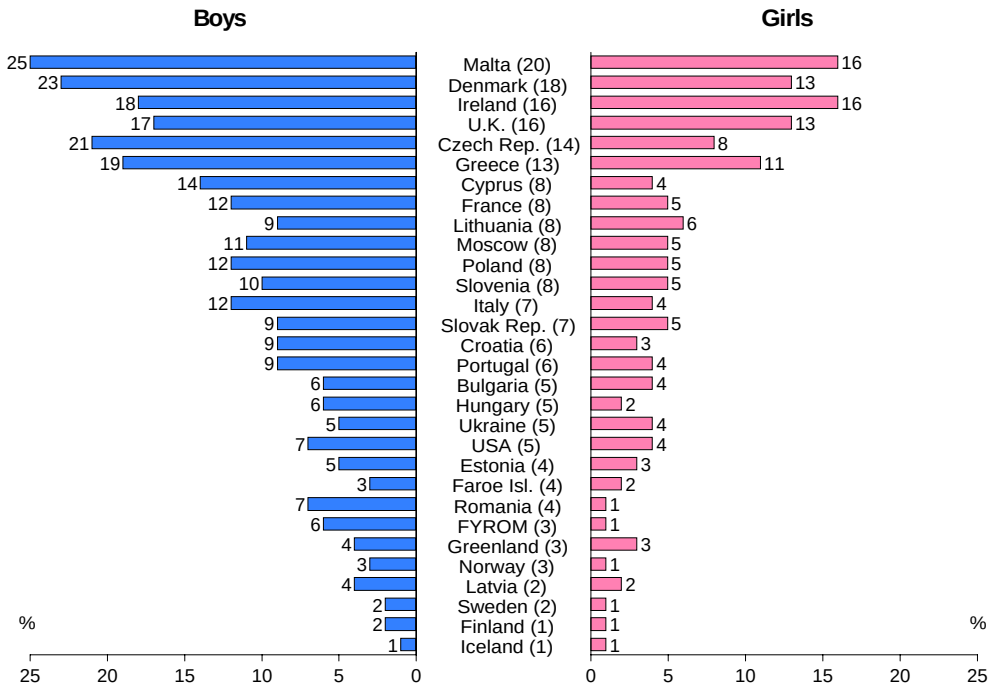


Figure 33b. *Use of any alcoholic beverage 10 times or more during the last 30 days. Percentage among boys and girls. 1999.*

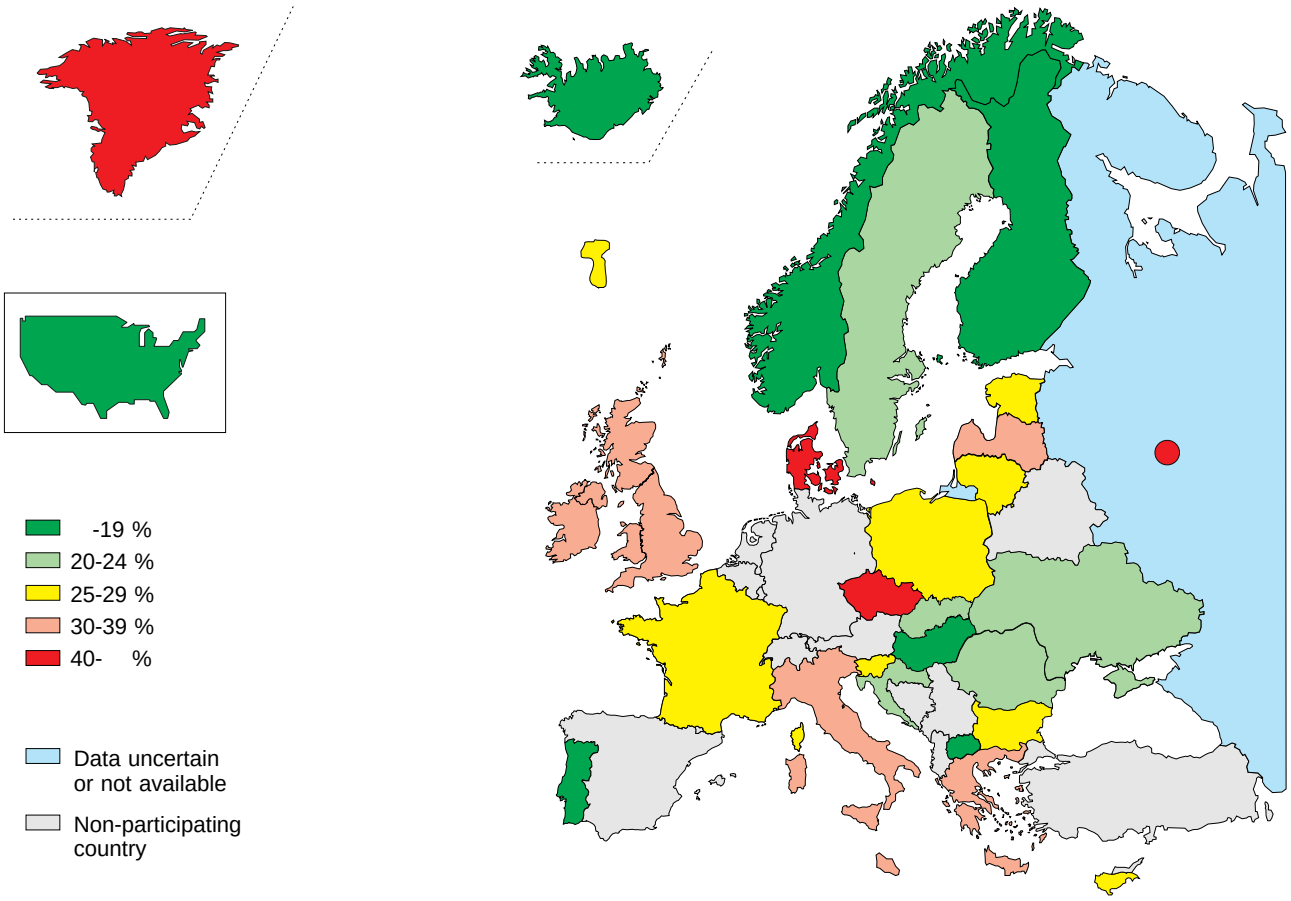


Figure 34a. *Beer consumption 3 times or more during the last 30 days. Percentage among all students. 1999.*

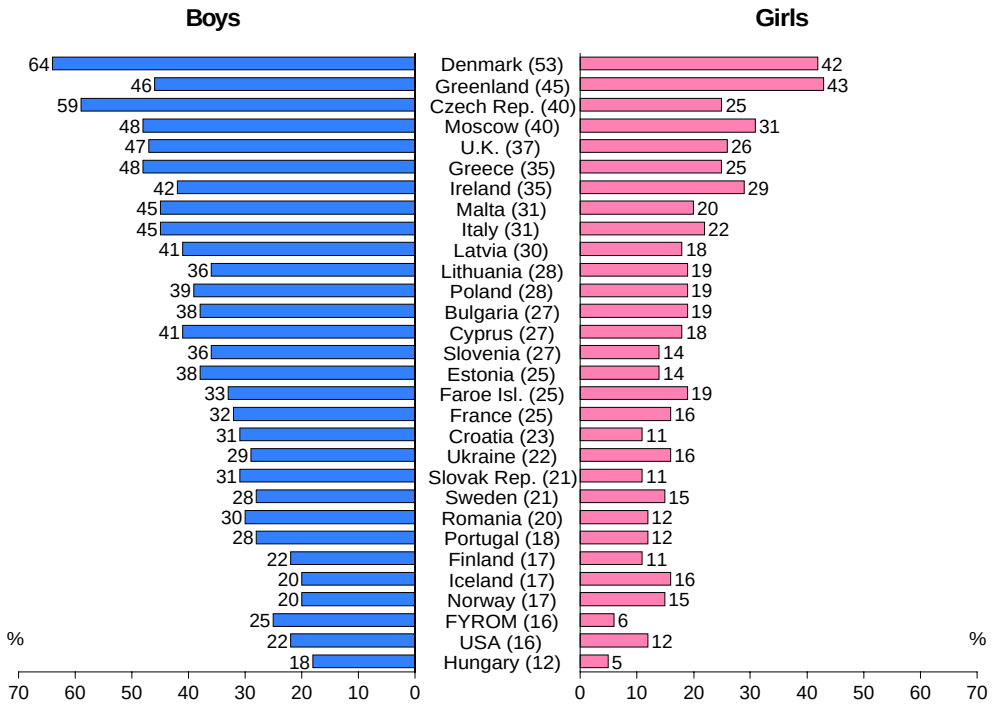


Figure 34b. *Beer consumption 3 times or more during the last 30 days. Percentages among boys and girls. 1999.*

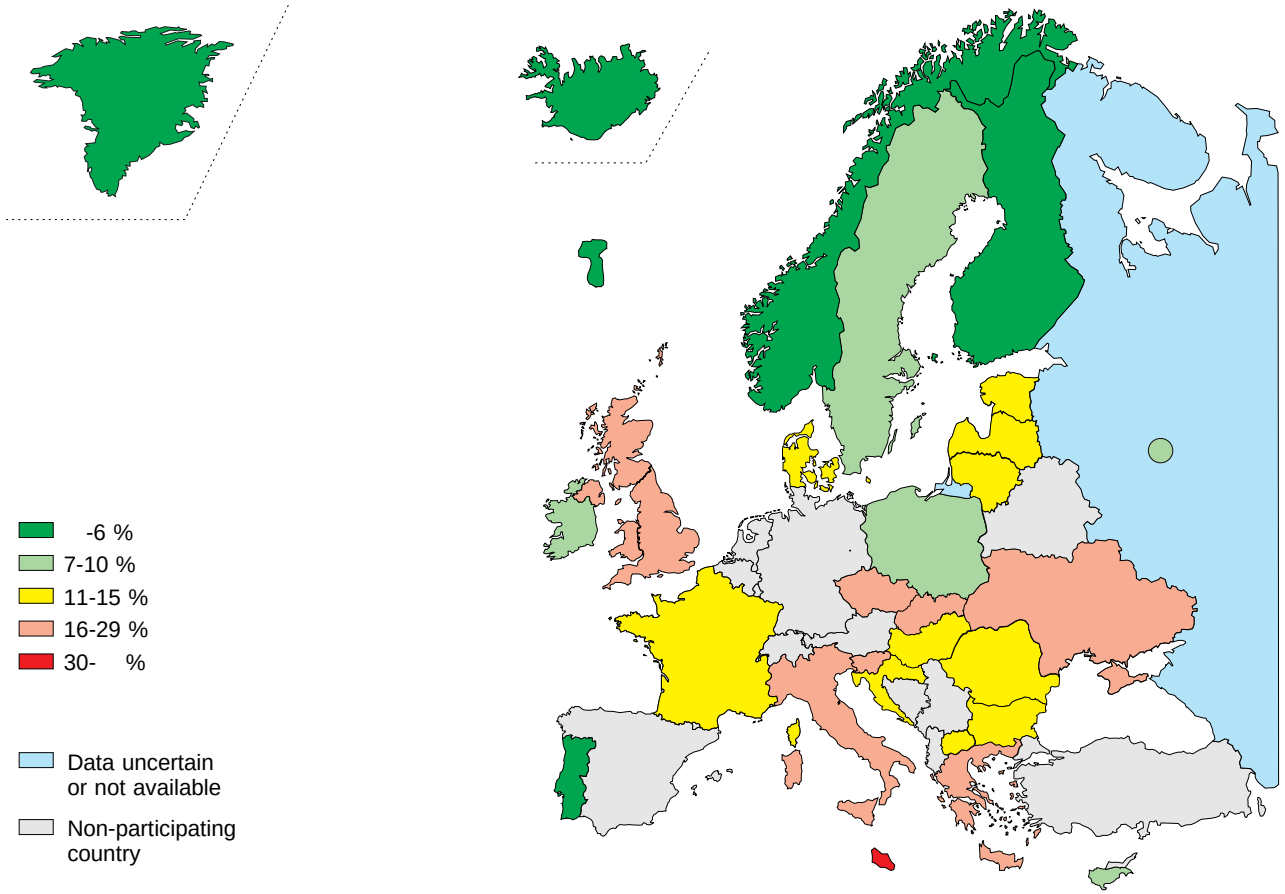


Figure 35a. *Wine consumption 3 times or more during the last 30 days. Percentage among all students. 1999.*

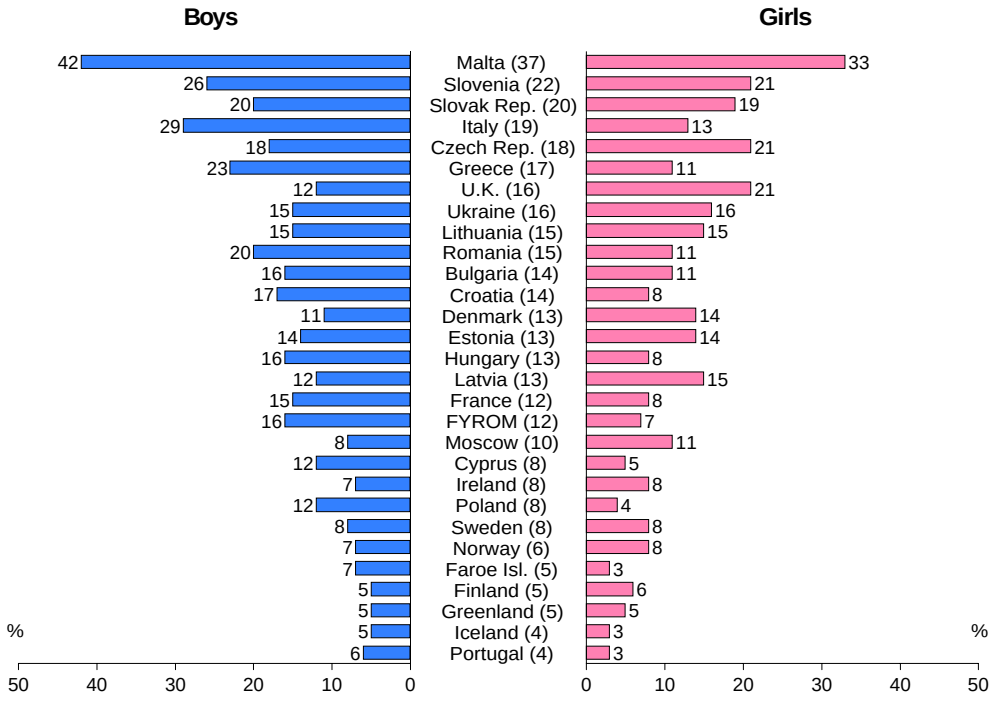


Figure 35b. *Wine consumption 3 times or more during the last 30 days. Percentage among boys and girls. 1999.*

The proportion of students who report having been drinking wine 3 times or more during the last 30 days is absolutely highest in Malta, where 37% indicated this. Rather high, but clearly lower figures, are found predominantly in countries with a more or less wine drinking culture, like Slovenia (22%), Slovak Republic (20%), Italy (19%), Czech Republic (18%), Greece (17%), Ukraine and the United Kingdom (16% each).

The group with the lowest figures include almost entirely Nordic countries such as Norway (6%), Finland, Faroe Islands, Greenland (5% each) and Iceland (4%) but also Portugal (4%).

Boys are in majority in about half of the countries. Equal or close to equal gender distributions are found in Estonia, Finland, Greenland, Ireland, Lithuania, Slovak Republic, Sweden and Ukraine. Girls are in majority in five countries: the Czech Republic, Denmark, Latvia, Russia and the United Kingdom. However, in only one of them (United Kingdom) girls are in a clear majority.

Spirits

(Tables 9a–c, Figures 36a–b)

In a majority of the ESPAD countries less than half of the students report having ever been drinking spirits during the last 30 days. Proportions over 50% are reported from eight countries. Denmark is far above the other countries in this group with 75%, followed by Malta (66%). Next come the United Kingdom (58%), Greece, Ireland (57% each), Czech Republic (56%), Greenland (52%) and Norway (51%). The smallest proportions are reported from Estonia (28%), Poland (25%) and Romania (20%).

Malta and Denmark also show the highest figures on spirits consumption 3 times or more during the last 30 days. In Malta this was reported by 44% and in Denmark by 40% of the students. The countries next in ranking on this variable are Ireland (34%), United Kingdom (32%), Greece (29%) and the Czech Republic (28%). The lowest proportions were reported from Lithuania (10%), Finland, Poland (9% each), Estonia (8%) and Romania (6%).

The geographical pattern of spirits consumption is rather scattered. In the top group are countries from the northern parts of Europe like Denmark, United Kingdom and Ireland, but to this group also belong Malta, Greece and Czech Republic.

In most countries there is a majority of boys indicating a spirits consumption frequency of 3 times or more in 30 days. There is, however, a large group where the proportions are about the same among both boys and girls. These include Bulgaria, Denmark, Finland, Greenland, Hungary, Iceland, Malta, Norway, Romania and Russia. Only three countries report higher proportions of girls on this variable. They are Ireland, United Kingdom and Slovenia.

Last drinking occasion

The questionnaire included five questions regarding the consumed quantities on the last drinking occasion, beverage by beverage. The students were asked: “The last time you had an alcoholic drink, did you drink any beer (/cider/alcopops/wine/spirits)? If so, how much?” The response categories were fixed quantities relevant for each beverage. The categories were fixed in terms of centilitres. Since glasses, bottles and cans differ in size between countries, each ESPAD researcher described the fixed quantities in the best possible way for his/her country., including “I never drink beer (/cider/alcopops/wine/spirits)” and “I did not drink beer (/cider/alcopops/wine/spirits) on my last drinking occasion”. Countries in which cider or alcopops are virtually non-existent did not include questions on these beverages.

Beer

Tables 10a–c, Figures 37a–b)

Overall, half of the students or more had had some beer on the last drinking occasion. This was most common in Denmark, Poland and Greenland, where more than four out of five students reported this. Least common was it in FYROM, Hungary and Ukraine where it was reported by one third or less.

The largest proportions reporting a consumption of 101 cl of beer or more on the last drinking occasion was found in Denmark (42%), Greenland (41%), Ireland (37%) and United Kingdom (30%). The smallest proportions were reported from Italy (5%), Hungary (4%), Romania (3%) and Ukraine (2%).

Large quantities of beer are mainly consumed in the Nordic countries and on the British Isles.

To drink quite large quantities of beer is a very male behaviour among students in this age group in nearly all the ESPAD countries. The gender gaps are wide, more than twice in most of the countries, except in Greenland where the gender distribution is about equal.

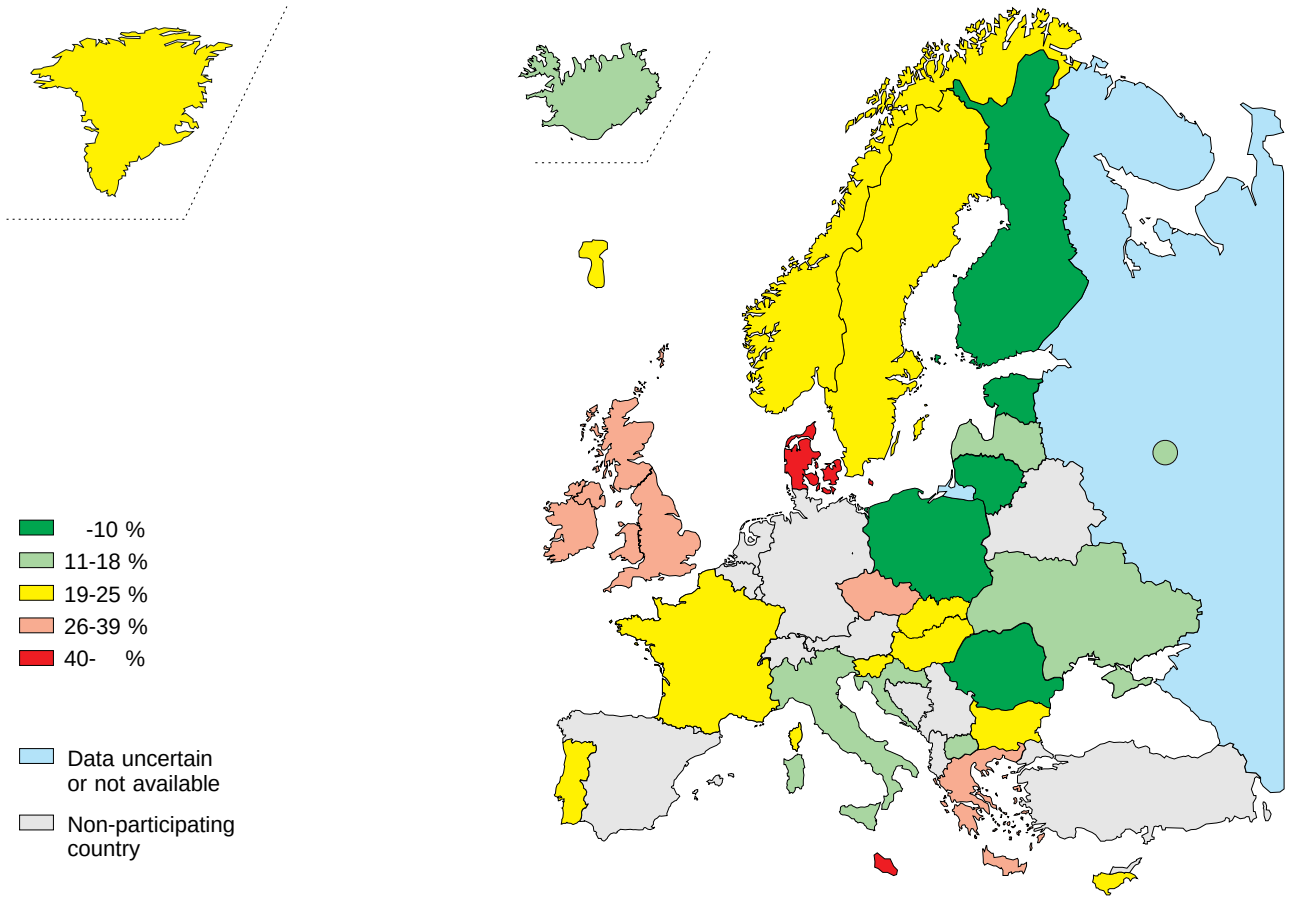


Figure 36a. *Consumption of spirits 3 times or more during the last 30 days. Percentage among all students. 1999.*

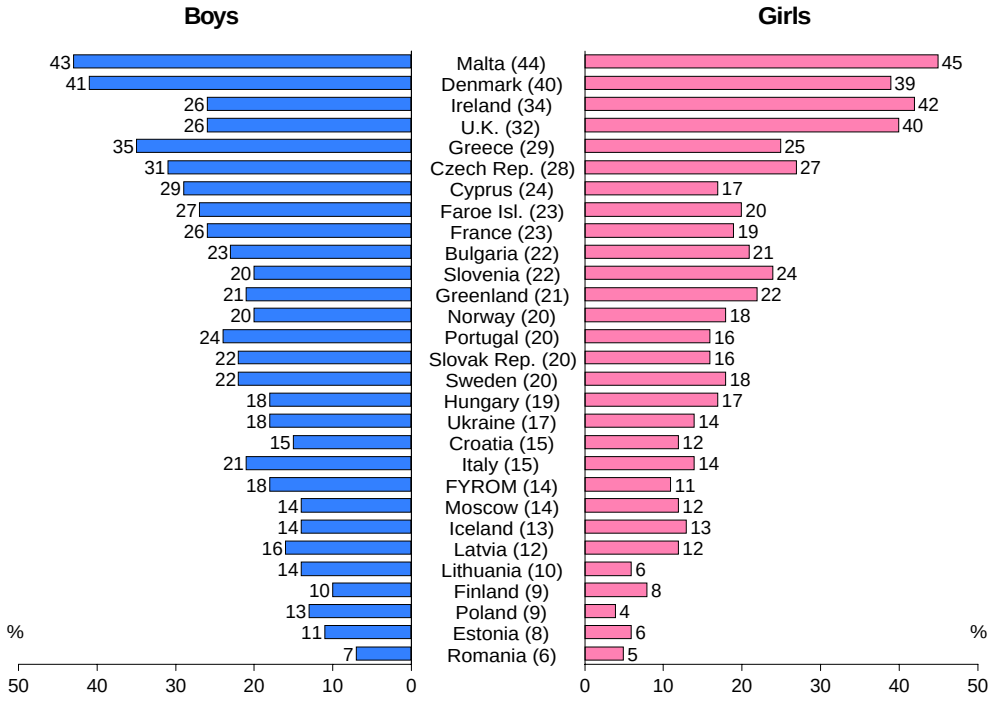


Figure 36b. *Consumption of spirits 3 times or more during the last 30 days. Percentages among boys and girls. 1999.*

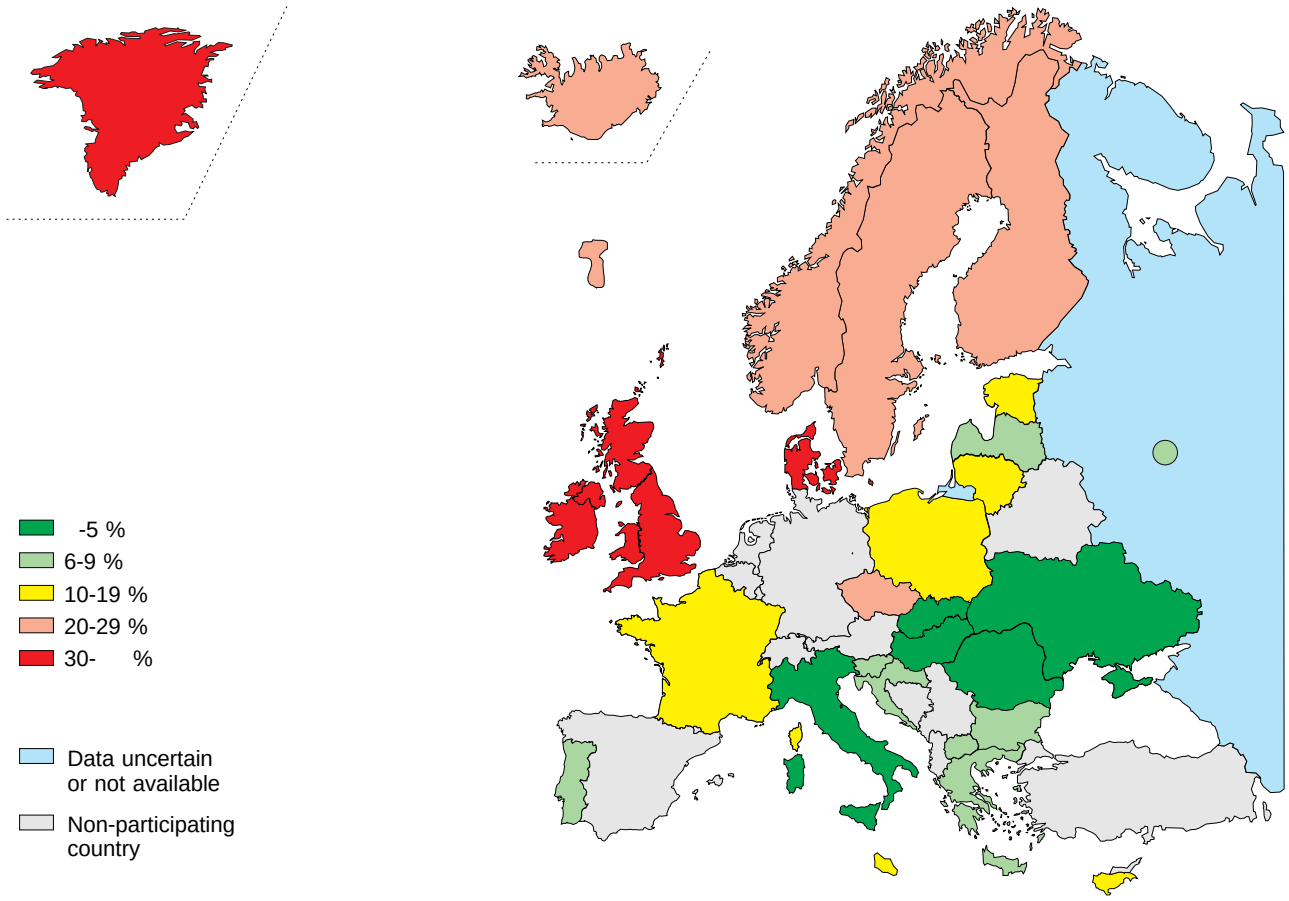


Figure 37a. *Consumption of 101 cl beer or more on the last drinking occasion. Percentage among all students. 1999.*

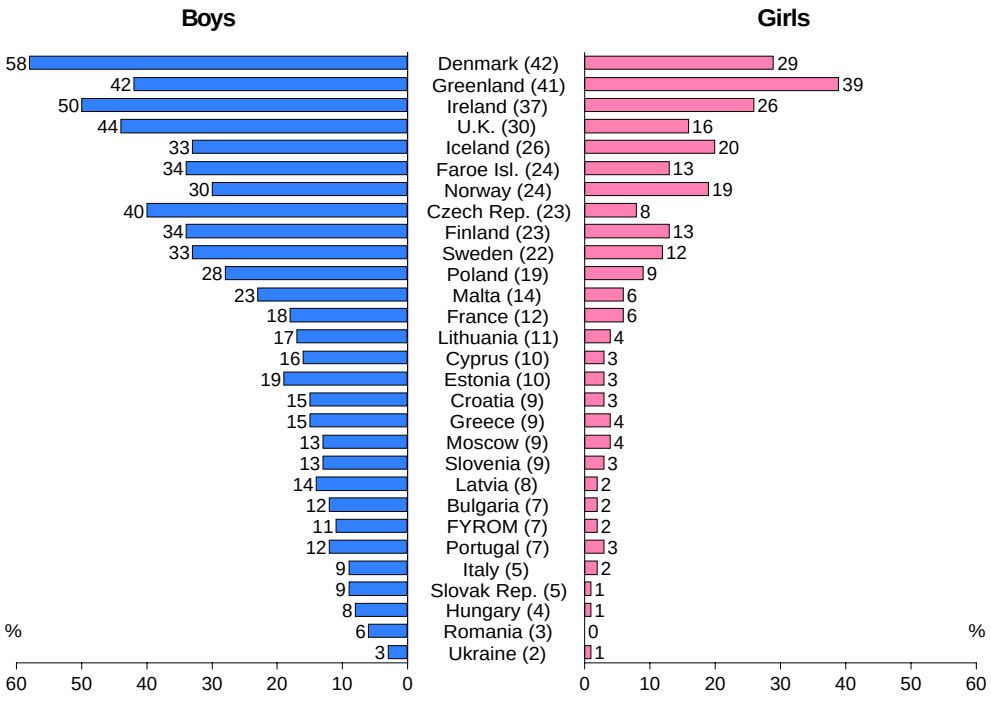


Figure 37b. *Consumption of 101 cl beer or more on the last drinking occasion. Percentage among boys and girls. 1999.*

Cider

(Tables 11a–c)

In some countries alcoholic cider is available in shops and restaurants, while in others this is not the case. For this reason only eight countries (Bulgaria, Estonia, Finland, Iceland, Ireland, Romania, Sweden and the United Kingdom) included a question about cider consumption on the last drinking occasion

Rather few students reported consumption of cider on the last drinking occasion. The highest figure is reported from Finland (48%) and the lowest from Croatia (2%).

In Finland and Sweden more girls than boys had been drinking cider on the last drinking occasion.

Alcopops

(Tables 12a–c)

As was the case with cider, alcopops are not available in all ESPAD countries. The question regarding consumption of alcopops on the last drinking occasion was included in the questionnaires of fifteen countries. In a few countries the question had to be modified to fit the local situation, e.g. in Finland the question regarded "long drinks" and in Ukraine "gin-tonic" and rum-cola" which is available in ready-made mixtures.

The highest proportions of alcopops consumers on the last drinking occasion were found in United Kingdom (34%), Estonia (30%) and Russia (29%). The smallest proportions were reported from Sweden (14%), Denmark (12%) and Romania (6%).

In five of the fifteen countries, which included the question on alcopops, there are more boys than girls who had been drinking alcopops on the last drinking occasion, while in six countries the opposite holds true. Boys are in majority in Denmark, Malta, Portugal, Romania and Slovenia and girls in Bulgaria, Finland, Ireland, Norway, Russia, Ukraine and United Kingdom.

Wine

(Tables 13a–c, Figures 38a–b)

Wine is not the most preferred alcoholic beverage among 15–16 years old students in Europe. Overall, one third had been drinking any wine on the last drinking occasion. However, the proportions are rather spread, the highest figures are reported from Lithuania (71%) and Malta (60%) and the lowest from Iceland, Ireland (18% each), Greenland and Portugal (17% each).

Countries where most students had 10 cl wine or more on the last drinking occasion include Lithuania (40%), Slovenia and Slovak Republic (39% each). Other countries with rather high figures include Malta, Czech Republic (34% each) and Estonia (31%). Least common is this behaviour in Faroe Islands, Greenland, (10% each), Iceland (9%) and Portugal (8%).

There is no clear geographical pattern in the consumption of wine. It is rather high in some wine producing countries (e.g. Malta, Slovenia, Slovak Republic), but rather small in others (e.g. France and Portugal).

In about half of the countries there is a majority of boys who have been drinking 10 cl of wine or more last time they had any alcohol. This is especially true in FYROM, Hungary Italy and Romania, where the gender gaps are wide. There are, however, a large number of countries where the girls are in majority. They include Czech Republic, Denmark, Estonia, Finland, Ireland, Latvia, Norway, Russia, Sweden and the United Kingdom. In four countries there are no gender differences: Iceland, Lithuania, Slovenia and Ukraine.

Spirits

(Tables 14a–c, Figures 39a–b)

Overall, less than half of the students had any spirits on the last drinking occasion. In Denmark and Malta, however, this was more common than in other countries since over two thirds of the students reported this. It was least common in Romania where only one fifth of the students had any spirits last time they had been drinking alcohol.

The proportions of students who had been drinking 11 cl or more on the last drinking occasion were highest in Denmark (28%). Other countries with high proportions in comparison with all ESPAD countries were Faroe Islands (27%), Ireland, Malta and Norway (26% each). The lowest figures were found in FYROM, Italy (6% each) and Romania (1%).

Overall, there are more boys than girls reporting a spirits consumption of at least 11 cl on the last drinking occasion. In Ireland and United Kingdom, however, a large majority of those who report this behaviour are girls. In Iceland and Slovenia there is no gender difference at all.

Beverages consumed

(Tables 15a–c)

Some of the information in tables 12–14 is summarised in table 15. It contains information about the proportions of students who consumed beer, wine and spirits on the last drinking occasion. The table

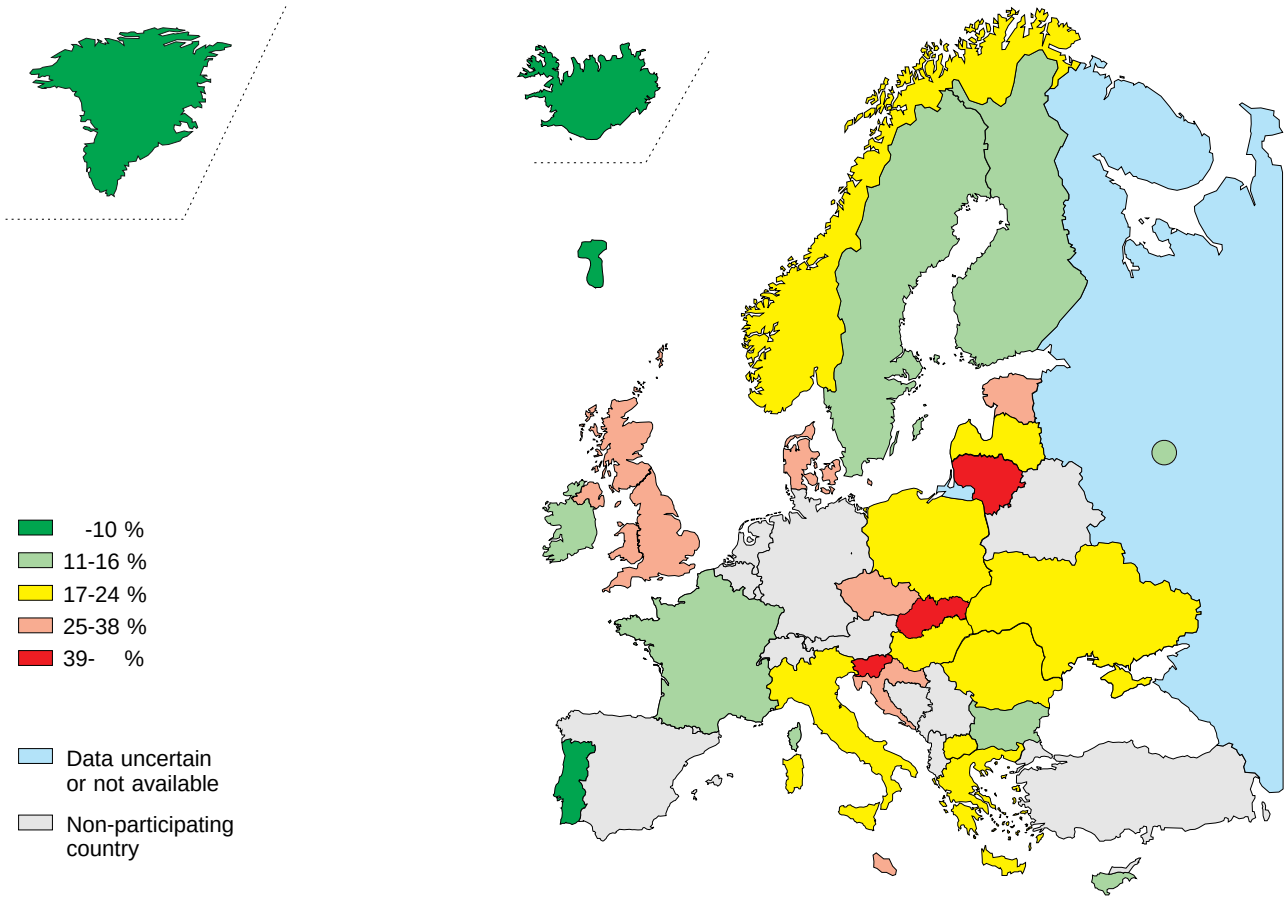


Figure 38a. *Consumption of 10 cl of wine or more on the last drinking occasion. Percentage among all students. 1999.*

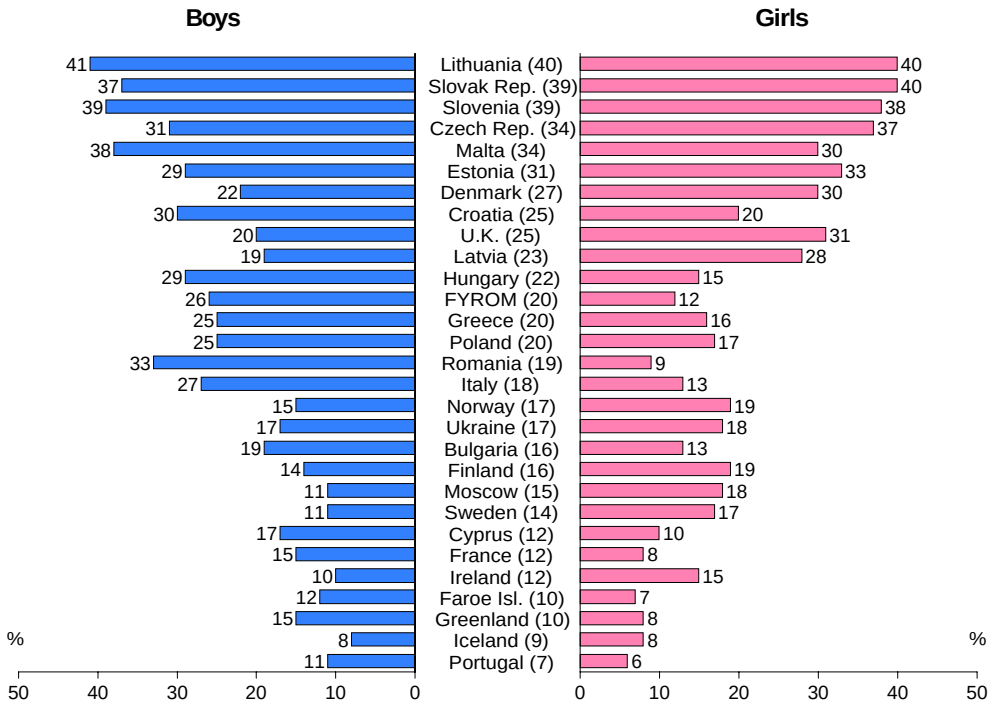


Figure 38b. *Consumption of 10 cl of wine or more on the last drinking occasion. Percentages among boys and girls. 1999.*

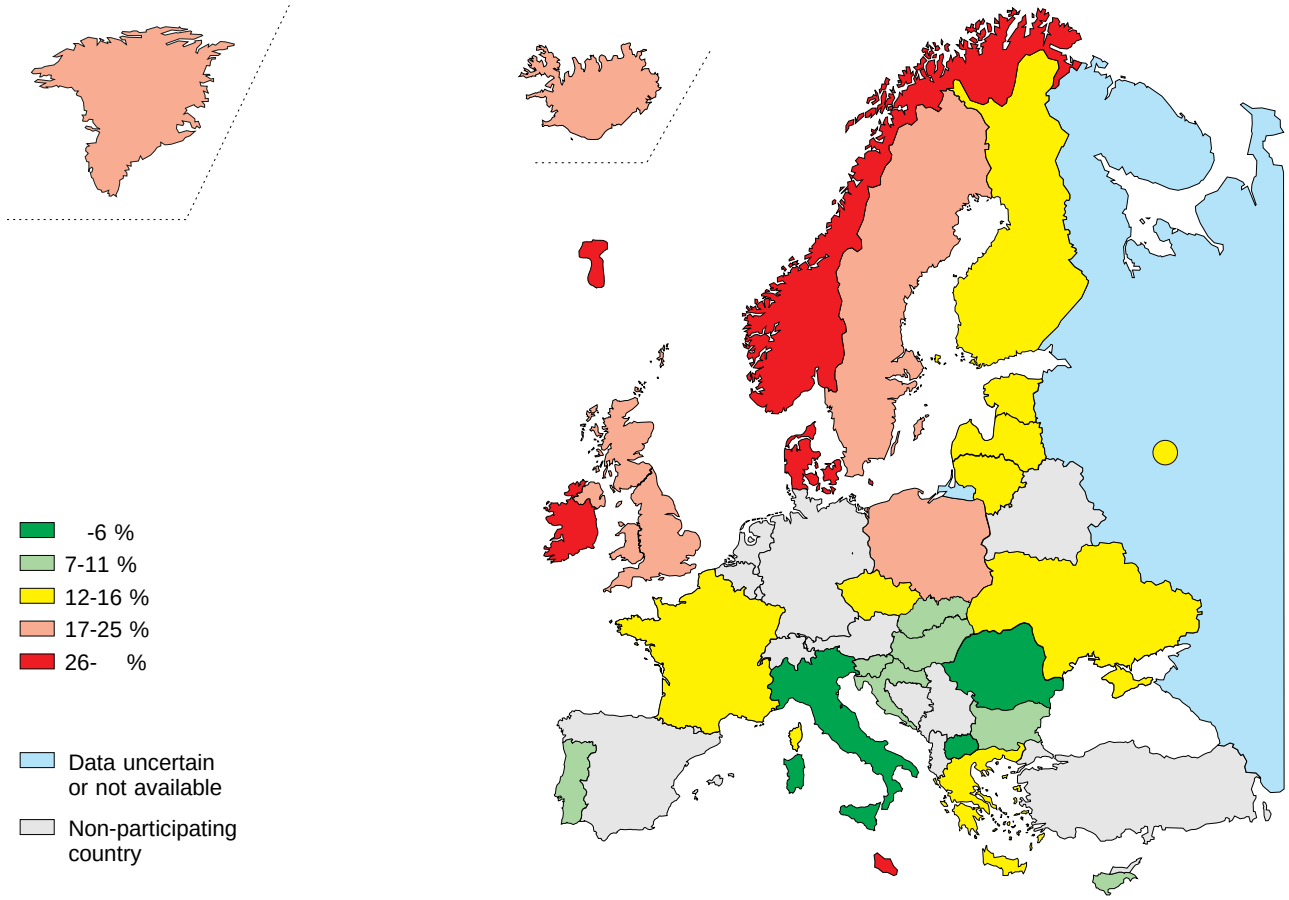


Figure 39a. *Consumption of 11 cl of spirits or more on the last drinking occasion. Percentage among all students. 1999.*

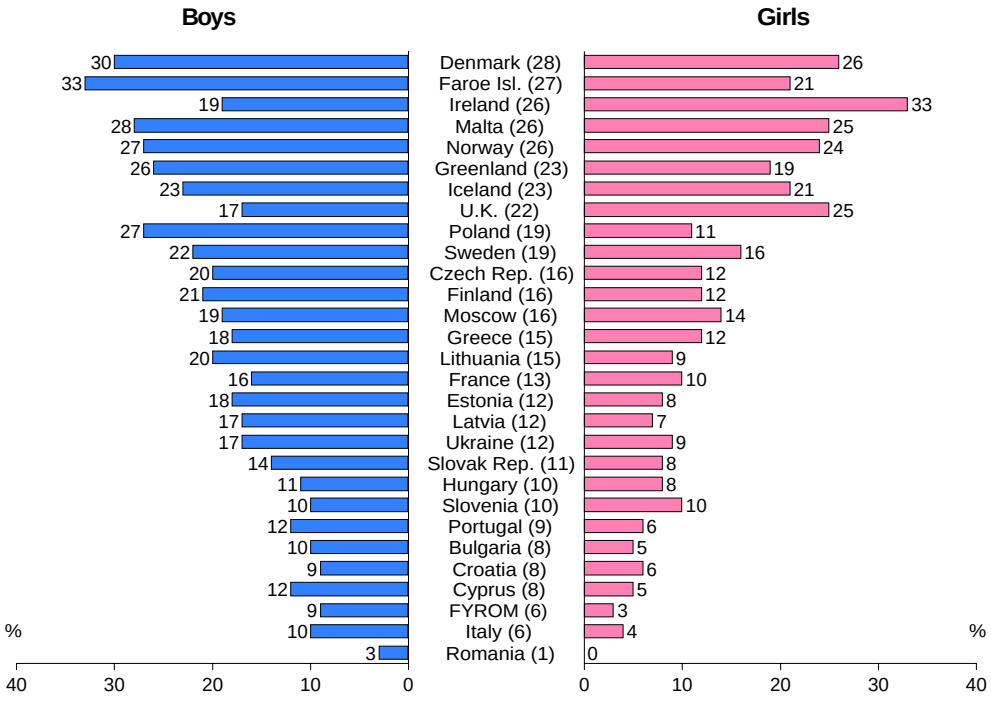


Figure 39b. *Consumption of 11 cl of spirits or more on the last drinking occasion. Percentage among boys and girls. 1999.*

also shows the proportion of students who drank relatively large quantities of beer (101 cl or more), wine (37 cl or more) or spirits (11 cl or more). The quantities presented contain about equal amounts of pure alcohol and is large enough for a 15–16 year old to feel at least some effect of the alcohol.

The most commonly consumed beverage on the last drinking occasion was beer, which was answered by half of the ESPAD students. The second most popular beverage was spirits (46% on average) while slightly more than 1 out of 3 (37%) had been drinking wine.

Beer is the dominating beverage in 18 of the ESPAD countries (sometimes together with spirits) while in 14 countries spirits counted for the largest proportions (sometimes together with beer). Wine was the dominating beverage only in 3 countries.

There are large gender differences in the beverage consumed on the last drinking occasion. Looking at the averages among girls, spirits was slightly more common (44%) than beer or wine (39% each). When taking individual countries into consideration spirits was most common among girls in 13, wine in 10 and beer in 6 countries.

Among boys, however, beer is dominating. On the average a little more than 6 out of 10 boys (62%) answered that they drank beer on the last drinking occasion. Nearly half of the ESPAD boys (46%) had been drinking spirits while 37% answered wine. The importance of beer is even more pronounced at the country level. In nearly all countries the highest proportions are found for beer. The exceptions include Faroe Islands and Portugal (where spirits was equally consumed), the Slovak Republic (where wine was equally consumed) and Malta (where the proportions were about equal for all three beverages). The only countries in which beer was not the most common, or among the most common beverages, were Hungary and Ukraine. In Hungary wine and spirits was mentioned slightly more often than beer while spirits was the most commonly indicated beverage in Ukraine.

Looking at all students, beer and spirits are most preferred also when the students drink relatively large quantities of a beverage. The average among all ESPAD countries is about the same for beer and spirits (15–16%), while the figure is lower for wine (7%). Also in the individual countries beer and spirits are mentioned much more often than wine.

Again, there are rather striking differences between boys and girls. Among the female students spirits is the most commonly reported beverage when it comes to rather large quantities. Looking at the averages, spirits was reported by 13% of the girls, beer by 9% and wine by 6%. In the individual countries spirits was the most "popular" beverage among girls in a large majority of the countries (sometimes together with beer and/or wine). The three highest proportions are found in Greenland (39% answered beer), Ireland (33% answered spirits) and Denmark (29% answered beer).

Among boys beer is the dominating beverage also when rather large quantities are consumed. The ESPAD average was 23% for beer, 18% for spirits and 8% for wine. Also in the individual countries beer was the beverage of preference in a large majority of them (sometimes together with spirits and/or wine) followed by spirits. Beer is also important when one looks at the five highest proportions among boys. The highest value is found in Denmark (58%) followed by Ireland (50%), United Kingdom (44%), Greenland (42%) and Czech Republic (40%). In all these countries beer was the choice.

Estimated average consumption

(Tables 16a–c, 17a–b, Figures 40a–b)

An attempt has been made, to estimate the volumes consumed on the last drinking occasion in each country. For this purpose, the proportions in tables 10, 13 and 14, indicating different amounts of beer, wine and spirits, have been used. However, in some countries also alcopops and cider were available and analogue questions were included in the questionnaire when appropriate. A separate calculation with these beverages included in the estimates is presented further on in this section.

The calculations are made in centilitres of pure alcohol, to make it possible to add the different types of beverages to an estimate of the total volumes consumed. The transformation into pure alcohol was made under the assumption that beer contains 5% of alcohol, wine 11% and spirits 40%.

Beer, wine and spirits

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

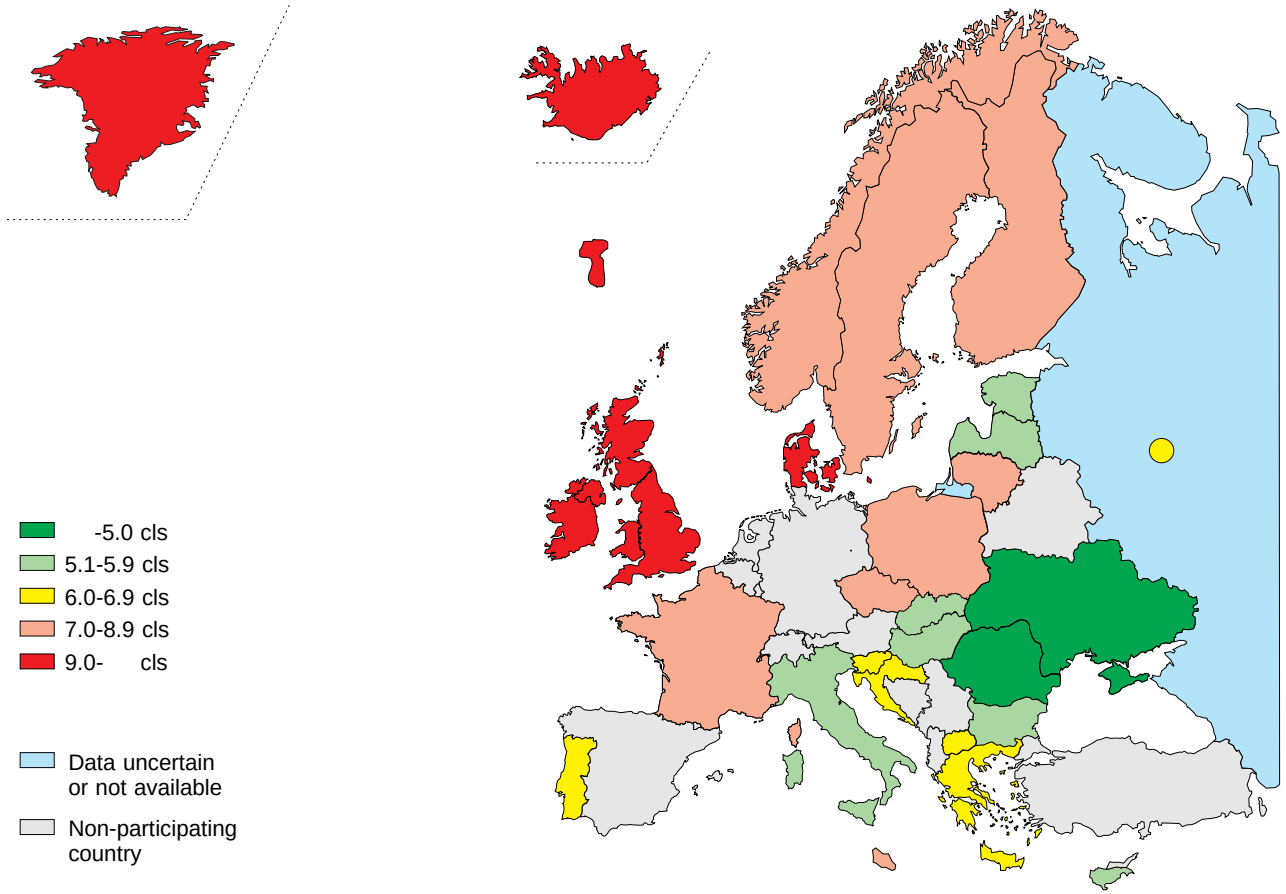


Figure 40a. *Estimated average consumption* of beer, wine and spirits, in cl 100% alcohol, on the last drinking occasion. All students. 1999.*

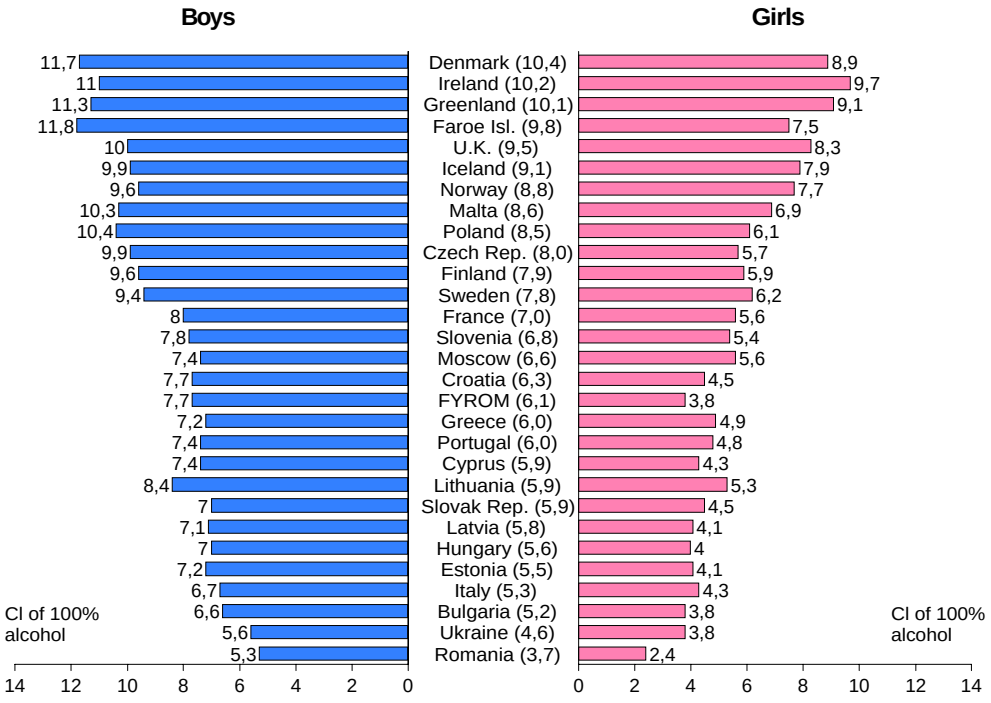


Figure 40b. *Estimated average consumption* of beer, wine and spirits, in cl 100% alcohol, on the last drinking occasion. Boys and girls. 1999.*

* The estimates are based on the reported consumption of beer, wine and spirits only. It should be noted, however, that in many countries country specific beverages are consumed, e.g. champagne in Ukraine and Russia or Sahti and Kilju in Finland. Moreover, in some countries alcopops and cider are common. The effect of their inclusion in the estimates is discussed in the chapter "Last drinking occasion". In addition separate estimates are presented in tables 17a–17c.

others probably are under-estimations.

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

The estimated total average consumption of beer, wine and spirits shows that beer and spirits, on the average, were consumed in about equal quantities (42–44% each of the total alcohol consumption) while wine was much less important (14%).

Looking at the average total consumption on the last drinking occasion there are large differences between the ESPAD countries. In the top country (Denmark) the consumption was nearly three times as high as in the country with the lowest consumption (Romania). The top five group includes Denmark, Faroe Islands, Greenland, Ireland and the United Kingdom in which the total estimated consumption was 9.4 to 10.2 cl of pure alcohol. The lowest consumption levels were found in Ukraine (4.5 cl) and Romania (3.6 cl).

The top five beer consumption countries are the same as those with the largest total consumption. Two of them (the Faroe Islands and Ireland) also belong to the countries with the highest intake of spirits. The others are Iceland, Malta and Norway. The top five wine countries include Croatia, Denmark, FYROM, Slovak Republic and Slovenia. However, in all these countries, as well as in all other countries, wine always counts for the smallest proportion of the total alcohol consumption.

There are some obvious differences between boys and girls in the consumption of beer, wine and spirits on the last drinking occasion. One is that boys, on average, drink about 50% more alcohol than girls. However, the dominance was more pronounced for beer (about 80% more) than for wine and spirits (about 30% each). In all countries the average consumption was higher among boys than girls. However, the girls' consumption in the three top countries (Denmark, Greenland and Ireland) exceeded the consumption among boys in more than half of the countries.

Another difference is that beer was the beverage of preference among boys (3.8 cl of pure alcohol compared to 3.4 cl for spirits). However, among girls the relation is the opposite (2.6 cl of pure alcohol for spirits and 2.1 cl for beer). Looking at the distribution of beverages on the last drinking occasion reveals that among boys 45% was beer and 40% spirits. Among the female students 46% was spirits and 38% beer.

The proportion of wine consumed on this occasion was about the same among boys and girls (about 15%). The relatively low importance of wine is also shown by the fact that wine is not the dominant beverage in any country, neither among boys nor girls.

The four countries with the largest consumption among boys on the last drinking occasion were Denmark, Faroe Islands, Greenland and Ireland (10.9–11.5 cl of pure alcohol). Also among girls Denmark, Greenland and Ireland belong to the top four group, together with the United Kingdom (8.2–9.6 cl of pure alcohol).

Ireland is the country showing the smallest gender difference in the estimated total alcohol consumption on the last drinking occasion, with boys drinking 14% more than girls. Other countries with rather small gender differences include Greenland, United Kingdom, Iceland and Norway where boys drink about 25% more alcohol than girls. All these countries with relatively small differences between boys and girls are countries with the highest average consumption for all students. They are all found among the Nordic countries and in the British Isles.

The largest difference between boys and girls was to be found in Romania, where the male students drink about 125% more than their female counterparts. The next in size difference is FYROM with about 100%, followed by the Czech Republic, Latvia, Hungary and Estonia (74–78%), i.e. countries in the central and eastern parts of Europe.

Beer, wine, alcopops, cider and spirits

In the previous section only beer, wine and spirits were considered, since they are consumed in all countries. However, as was mentioned above, some countries included alcopops and cider to the question about beverages consumed on the last drinking occasion. It should be noted that in many countries also other country specific beverages are consumed, e.g. champagne in Ukraine and Russia, or Sahti and Kilju in Finland. In tables 17a–17c the average alcohol consumption on the last drinking occasion is presented with the inclusion of alcopops and cider for countries in which these beverages are available. The calculations were made under the assumption that alcopops contain 4.5%

alcohol and cider 5.0%.

In Croatia, Estonia, Finland, Iceland, Ireland, Romania, Sweden and the United Kingdom questions both on alcopops and cider were included in the questionnaire. In Denmark, Malta, Norway, Portugal, Russia, Slovenia and Ukraine only alcopops were considered. It should be noted that alcopops in Finland was defined as "long drinks" and in Ukraine as "gin-tonic" and "rum-cola", since they are sold in ready made blends and consumed by young people in the same fashion as alcopops.

Of the countries where both alcopops and cider are consumed alcopops counts for a bigger part of the consumption only in Croatia and the United Kingdom. In Finland, Ireland and Sweden the estimated consumption of cider is larger than the consumption of alcopops. In Estonia, Iceland and Romania the two beverages are about equal.

Adding only alcopops to the estimated alcohol intake on the last drinking occasion increases the average consumption with about 20% or less (highest increase in Portugal (23%) and lowest in Denmark (10%)). Adding the two beverages increases total amount with about 50% in Ireland, United Kingdom and Finland, with about 30% in Estonia, Romania and Sweden and with about 25% in Croatia and Iceland.

The increase of the alcohol consumption on the last drinking occasion, when alcopops and/or cider are added to the estimates, is more pronounced among girlsin many countries, including Estonia, Finland, Romania, Sweden and the United Kingdom. Mainly in Croatia the increase is more substantial among boys.

Drunkenness

Lifetime

(Tables 18a–c, Figures 41a–b)

In the large majority of countries more than half of the students in this age group have been drunk at least once in lifetime. The largest proportions, about three out of four students, are found in Denmark (89%), Finland, Greenland, United Kingdom (76% each), Czech Republic (75%), Lithuania (74%) and Ireland (72%). Countries with relatively small proportions include Portugal (36%) and Cyprus (32%).

The number of students who have experienced intoxication 20 times or more in lifetime are of course not that many. Countries where largest proportions were reported include Denmark (41%), United Kingdom (29%), Finland (28%) and Ireland (25%), i.e. about the same countries that were high on total lifetime prevalence.

In some countries, however, very few students have been drunk as often as 20 times or more in lifetime. Eleven countries show figures below 10%, and in three countries only 2% report to have this experience (Cyprus, Italy and Romania). In USA 11% reported this behaviour.

There are more boys than girls reporting a drunkenness frequency of at least 20 times or more in life. In four Nordic countries, however, there are almost no gender differences. They include Finland, Greenland, Iceland and Norway.

Last 12 months

(Tables 19a–c, Figures 42a–b)

The 12 months prevalence of drunkenness is not very different from lifetime prevalence in this age group. Many students have probably experienced their first intoxication in a rather near past and the lifetime prevalence is in many cases about equal to the 12 months prevalence. Often the same countries are at the top on these variables and this holds true also regarding the countries with the lowest figures.

Those who have been drunk 10 times or more during the last 12 months indicate a tendency towards a rather frequent intoxication. There are quite big differences between certain ESPAD countries. There is a small group of countries in which one fourth or more of the students report this behaviour, while in about half of the countries the figures are below 10%. The top countries in this respect are Denmark (39%), Finland (29%), United Kingdom (28%) and Ireland (27%). The group with the smallest proportions include France, Greece, Malta, Portugal (4% each), Romania (3%), Italy (2%) and Cyprus (1%).

High frequencies on drunkenness during the last 12 months are mainly found in the Nordic countries, Ireland and the United Kingdom. Low frequencies are mainly found in the Mediterranean area.

More boys than girls in most of the countries report drunkenness 10 times or more during the last 12 months. However, there are a few Nordic countries where there are hardly any gender differences. These countries include Finland, Iceland and Norway. In some countries very few girls had indicated this behaviour, e.g. in Hungary, France, Greece, Portugal and Italy (1%) as well as in Romania and Cyprus (0%).

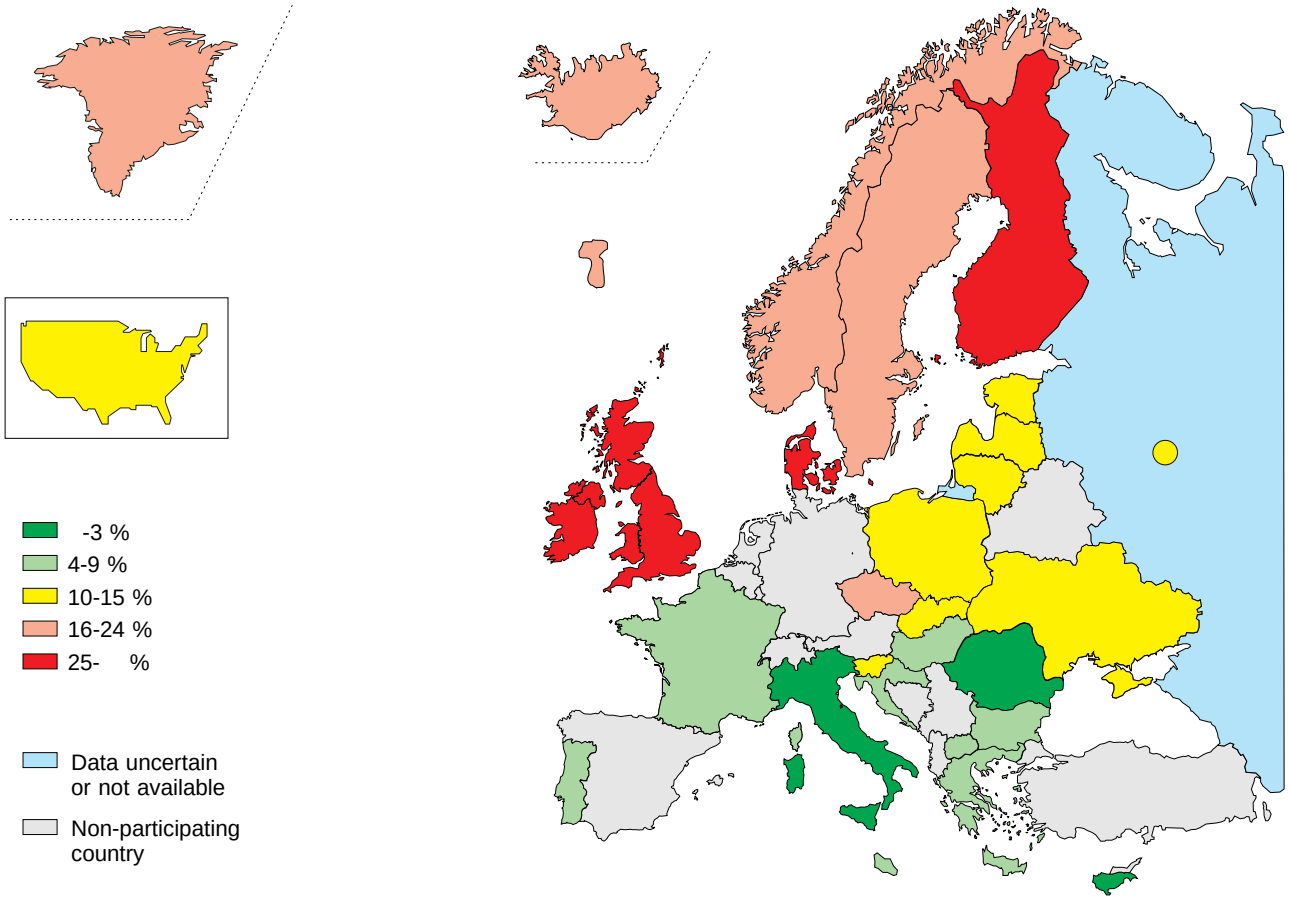


Figure 41a. *Proportion of all students who have been drunk 20 times or more in lifetime. 1999.*

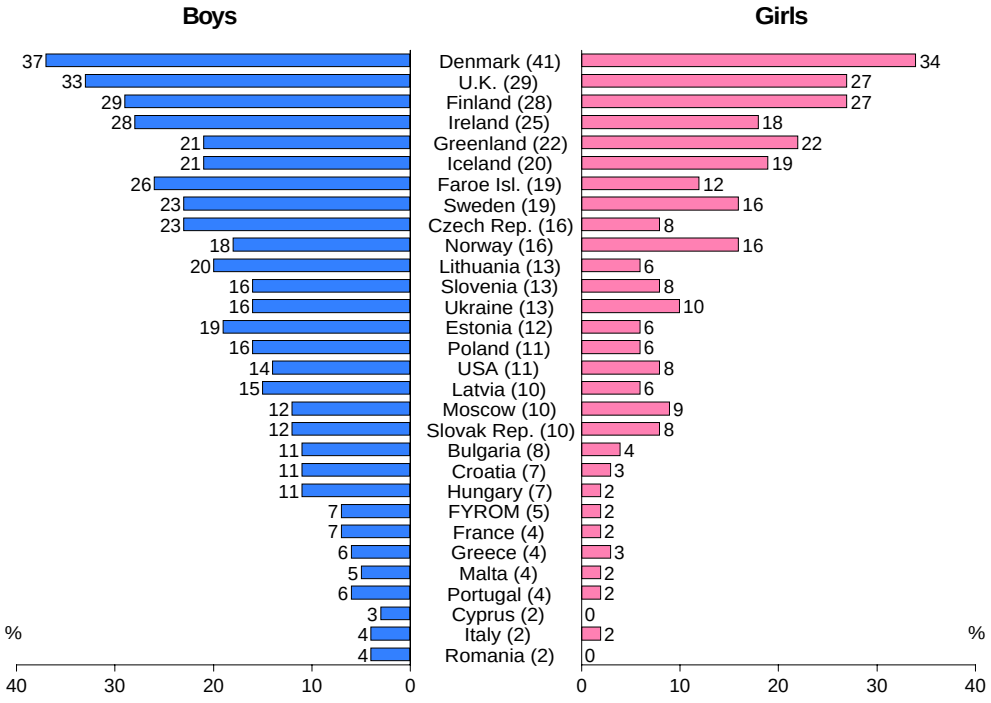


Figure 41b. *Proportion of boys and girls who have been drunk 20 times or more in lifetime. 1999.*

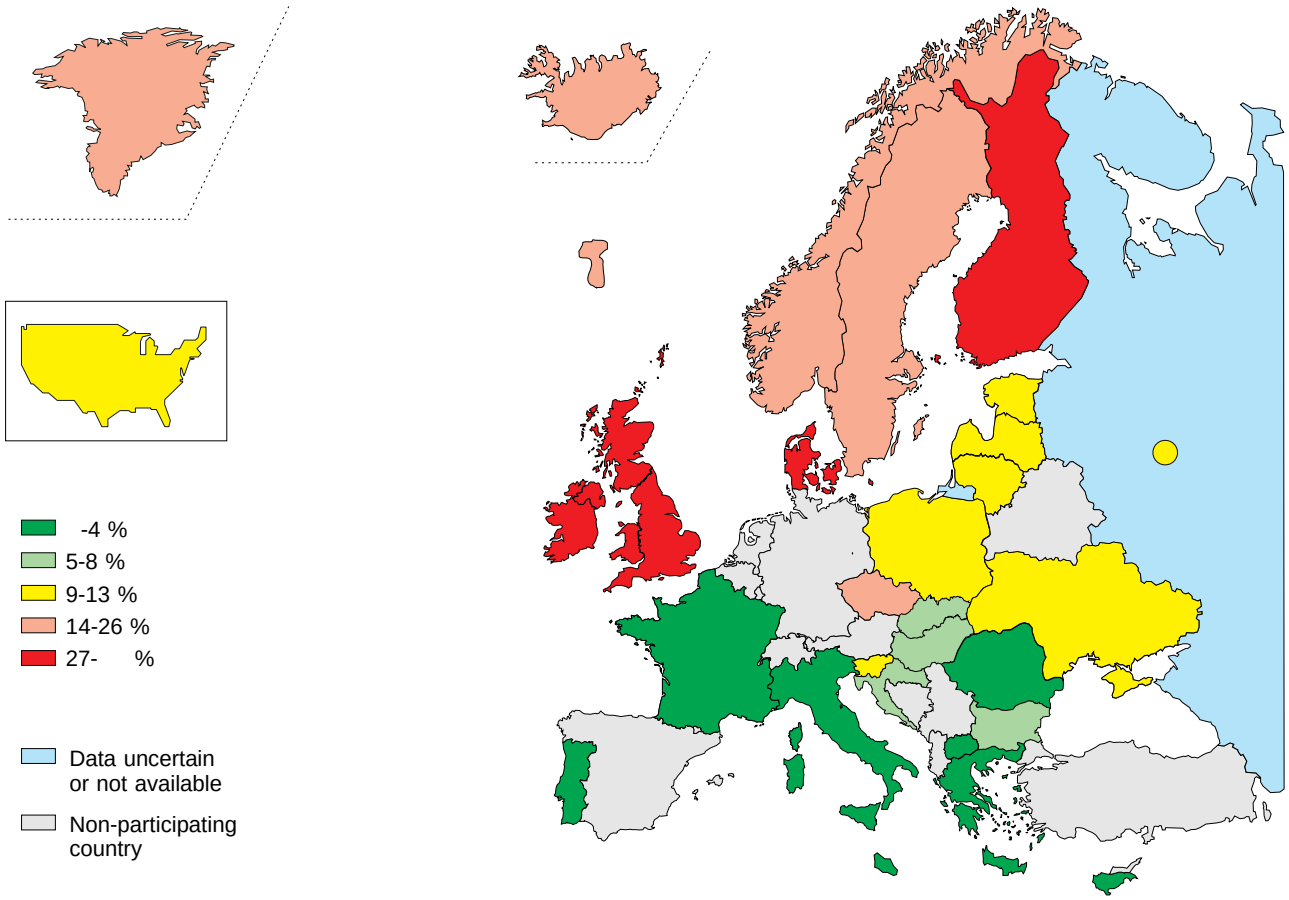


Figure 42a. *Proportion of all students who have been drunk 10 times or more during last 12 months. 1999.*

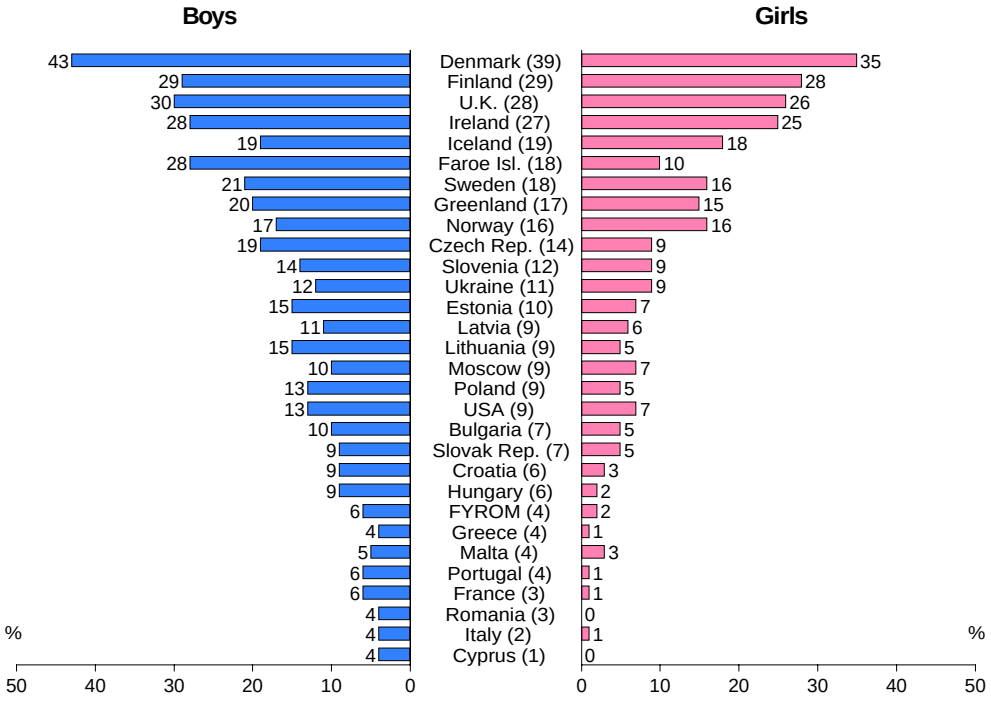


Figure 42b. *Proportion of boys and girls who have been drunk 10 times or more during last 12 months. 1999.*

Last 30 days

(Tables 20a–c, Figures 43a–b)

Half of the students or more in five countries have been drunk during the last 30 days, including Denmark (64%), Greenland (54%), Finland (51%), Ireland and United Kingdom (50% each). Very few reported this in Portugal (14%), Cyprus and Romania (10% each). This figure is also low in the United States (9%).

Having been intoxicated by alcohol 3 times or more during the last 30 days indicates rather high alcohol consumption. The largest proportions were found in Denmark (30%), Ireland, United Kingdom (24% each), Greenland (19%) and Finland (18%). Smallest proportions were reported from Cyprus, Portugal, Italy, Greece (3% each) and Romania (2%).

Again, frequent intoxication is mainly found in the Nordic countries and on the British Isles, while low frequencies mainly are reported from Mediterranean countries.

Overall, more boys than girls have been drunk that often. However, in Finland, Norway, Iceland, Russia and the United Kingdom there are hardly any gender differences at all.

Binge drinking

Tables 21a–c, Figures 44a–b

Another measure related to alcohol intoxication is the frequency of having five or more drinks in a row (binge drinking). The proportion indicating any such consumption during the last 30 days vary considerably over the ESPAD countries. This behaviour was most common in Denmark (64%), Greenland (59%), Ireland (57%) and the United Kingdom (56%). The smallest proportions were found in FYROM (28%), Romania (27%), Hungary and Portugal (23% each).

To have consumed these quantities on 3 or more occasions during the last 30 days indicates rather intensive alcohol consumption. There are rather big differences between the countries in this respect. In a small group of countries nearly one third of the students reported this, including Poland, Ireland (31% each), Denmark and the United Kingdom (30% each). Less than ten percent reported this in Lithuania, FYROM, Greece (9% each), Slovak Republic (8%), Portugal (6%) and Romania (5%).

Overall, there are more boys than girls reporting this behaviour. Exceptions are Ireland and Norway where there are no, or hardly any, gender differences.

There is no clear geographical binge-drinking pattern. High frequencies are found in more Nordic countries as well as on the British Isles, but also in some central European countries. Low frequency countries are found in the south of Europe, but also in the central part.

Age at first use of alcohol and first intoxication

(Table 22, Figures 45a–b)

In a majority of the participating countries about half of the students or more have consumed at least one glass of beer or wine at the age of 13 years or younger. It is less common, however, to have tasted spirits (at least one glass) at this age – about one of four students reported this. The proportions vary over the countries.

The largest proportions who report having consumed at least one glass of beer at the age of 13 years or younger were found in Denmark (76%), Latvia (74%), United Kingdom (65%), Lithuania (62%), Slovenia and Ukraine (61% each). Smallest proportions were reported from Norway (38%), FYROM (37%), Iceland (36%) and Romania (29%).

For wine the highest figures were reported from the United Kingdom (71%), Malta (68%), Denmark (66%), Lithuania and Slovenia (60% each). The lowest figures were found in FYROM, Iceland, Poland (31 each), Norway, Portugal (30 each) and the Faroe Islands (28%).

Although the proportions of students who have been drinking any spirits at the age of 13 are overall much lower than for beer and wine, more than half of the students in Denmark (58%) reported that they had done so. Other countries with rather high figures include Malta (46%) and the United Kingdom (43%). The smallest proportions were found in Romania (15%) and FYROM (14%).

There is no clear geographical pattern in the use of different beverage types at the age of 13 or younger. Countries from different parts of Europe are among those in which quite many students have started to drink at this age (e.g. Denmark, Malta and United Kingdom). Countries with rather low proportions are also found in different geographical areas (Iceland and Romania).

Overall, there are more boys than girls who have been drinking alcohol at the age of 13 or younger. For beer there is no exception from this pattern, but for wine the gender differences are very small in Ireland, Russia, Ukraine and the United Kingdom. As regards spirits boys are in majority, except in

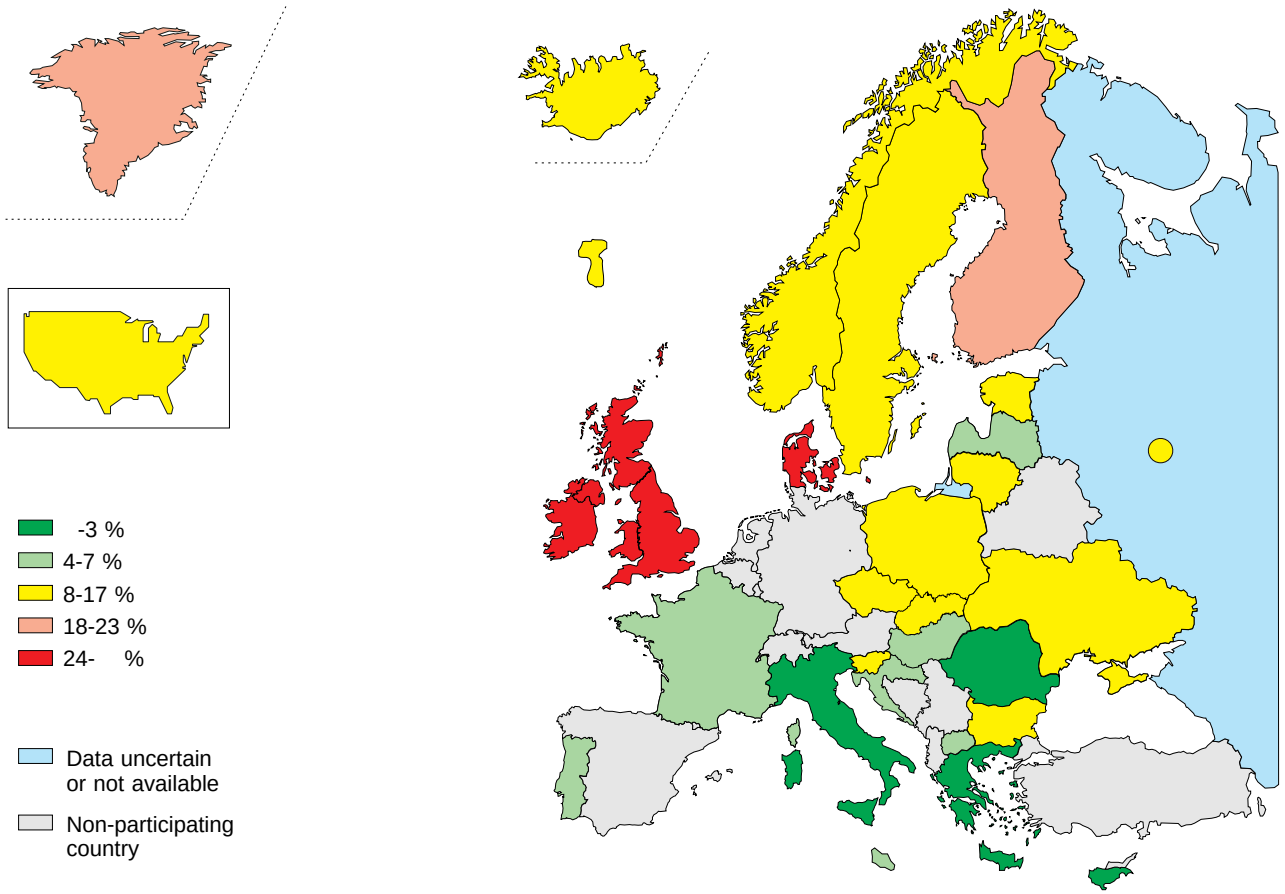


Figure 43a. *Proportion of all students who have been drunk 3 times or more during last 30 days. 1999.*

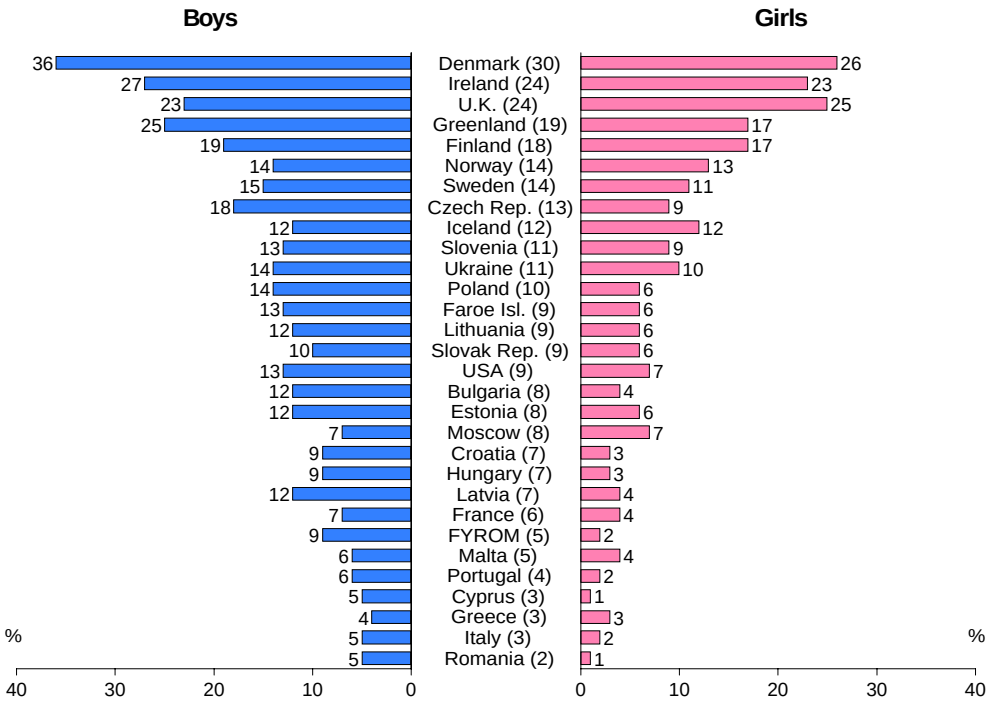


Figure 43b. *Proportion of boys and girls who have been drunk 3 times or more during last 30 days. 1999.*

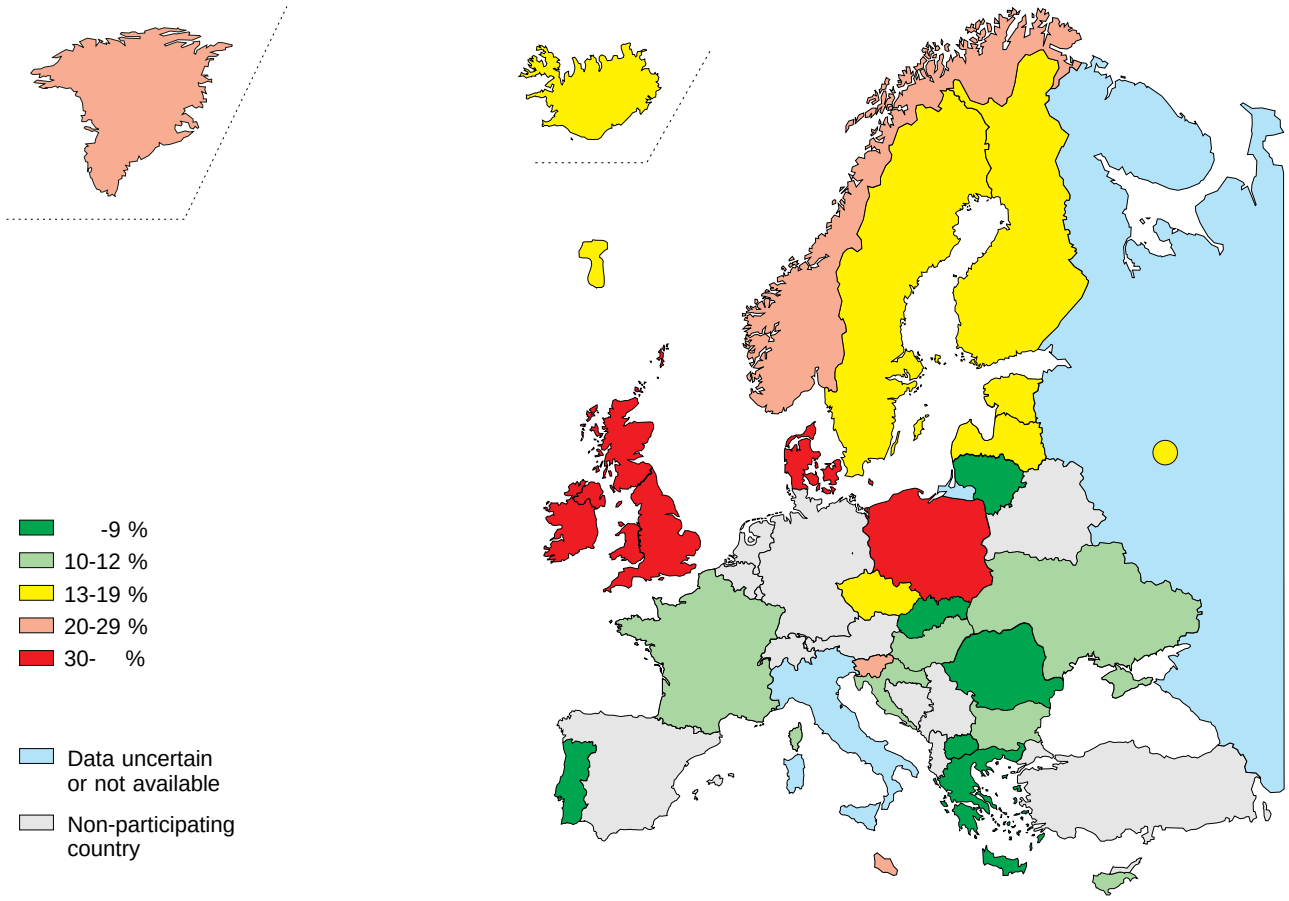


Figure 44a. *Proportion of all students who reported "binge drinking" 3 times or more during the last 30 days. 1999.*

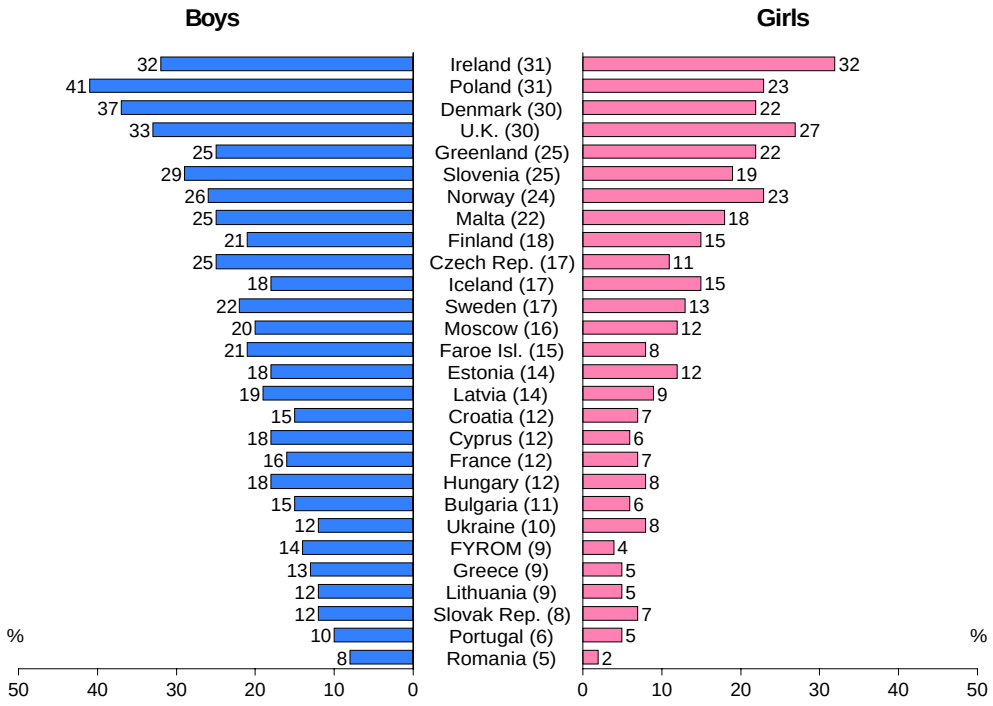


Figure 44b. *Proportion of boys and girls who reported "binge drinking" 3 times or more during the last 30 days. 1999.*

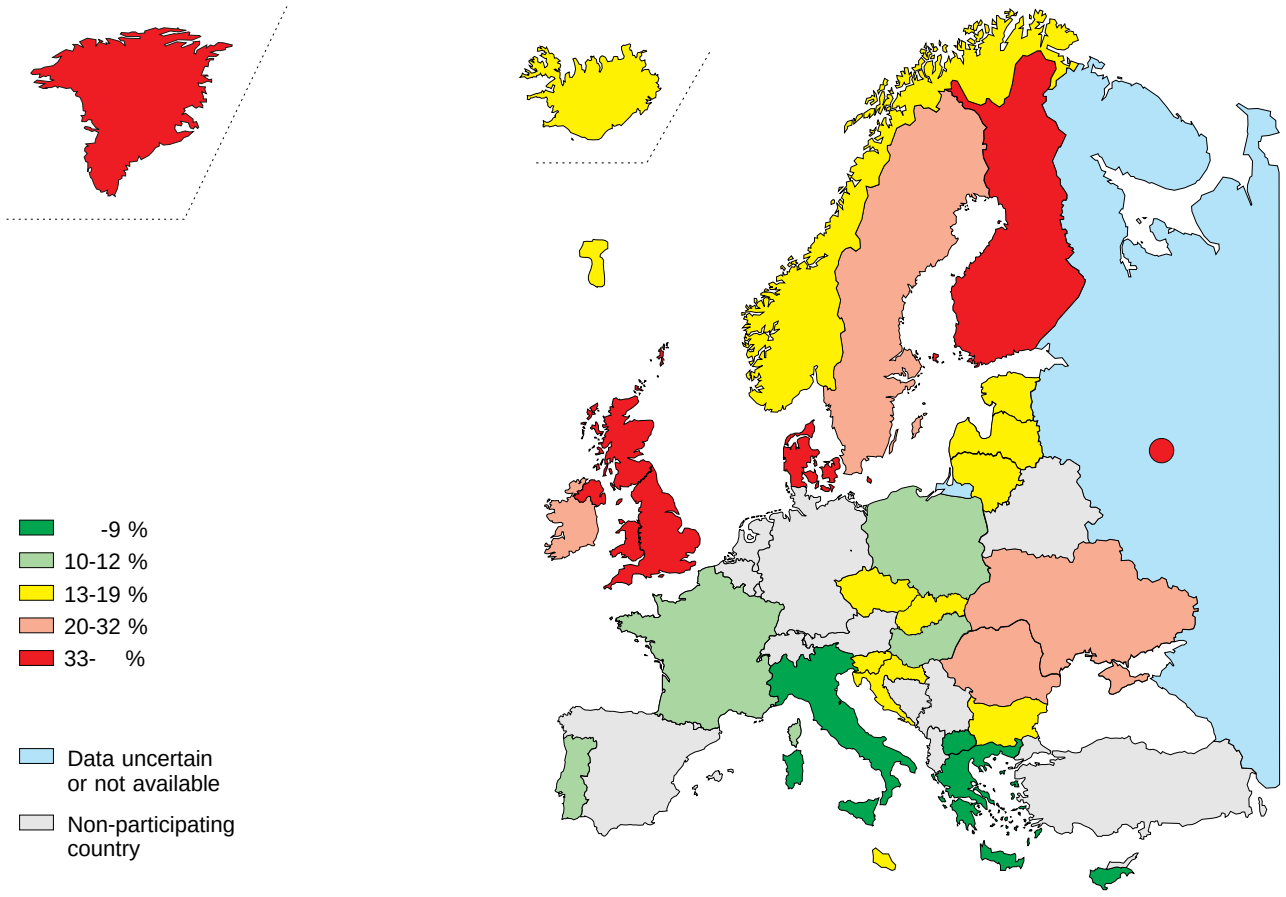


Figure 45a. *Proportion of all students who have been drunk at the age of 13 or younger. 1999.*

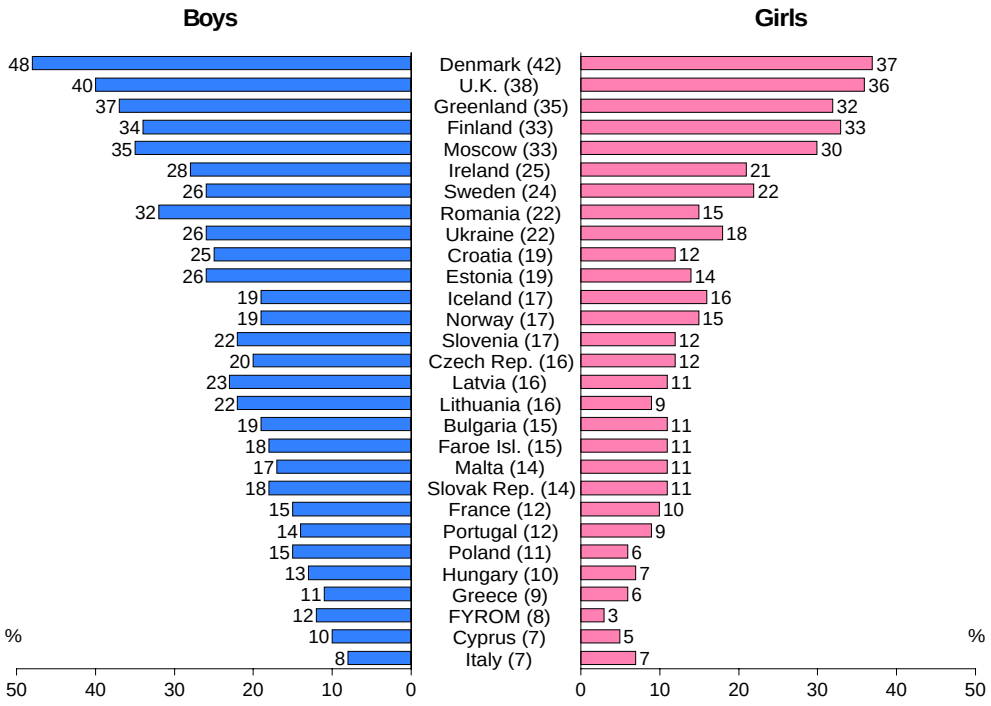


Figure 45b. *Proportion of boys and girls who have been drunk at the age of 13 or younger. 1999.*

some very few countries, including Malta and the United Kingdom, where the proportions are about equal.

It is clear that many students in most ESPAD countries have tried alcohol at a fairly young age. The consumption has, however, not lead to intoxication to the same extent. The proportions of students who report having been drunk at the age of 13 or younger vary quite substantially between countries. As can be expected, the largest proportions of students who have had an early experience of drunkenness (13 years or younger) are found in high prevalence countries like Denmark (42%), United Kingdom (38%), Greenland (35%), Finland and Russia (33% each). The smallest figures are reported from Greece (9%), FYROM (8%), Cyprus and Italy (7% each).

Countries with quite many students that have been intoxicated at the age of 13 or younger are mainly found in the northern and eastern parts of Europe, while low proportions mainly are reported from the southern and central areas.

The gender pattern reveals that among those who report this behaviour there is an absolute majority of boys. There are, however, a few countries with almost equal frequencies between the sexes (Finland and Italy) or rather small differences (Norway, Iceland, Sweden, Portugal and the United Kingdom).

There are clear differences between different types of beverage in the proportion of students that have reported use at the age of 13 or younger. When looking at the averages of all ESPAD countries many more have indicated beer or wine (53 and 48% respectively) compared to spirits (27%). When looking at individual countries the figure of spirits is smallest in all countries, while beer is dominant in more countries than wine. This indicates that beer is the most common beverage among the youngest consumers (13 years or younger) in the ESPAD countries.

In most countries the differences related to beverage types are about the same both among boys and girls.

Drinking places

Tables 23a–c

To explore in which context the students usually consume alcohol, they were asked: "Think about the last day on which you drank alcohol. Where were you when you drank?" The response categories were: "I never drink alcohol"; "At home"; "At someone else's home"; "Out on the street, in a park beach or other open area"; "At a bar or a pub"; "In a disco"; "In a restaurant"; "Other places". To be able to group the countries according to the most common answers, the two highest scores in each country has been counted.

The response alternative "At someone else's home" scored highest in about half of the countries, and mainly in the northern parts of Europe, including Denmark, Estonia, Faroe Islands, Finland, France, Greenland, Iceland, Latvia, Lithuania, Norway, Poland, Russia, Sweden, Ukraine and the United Kingdom. Among these countries the two exceptions from this pattern are France and Ukraine.

The second most important drinking place on the last drinking occasion was "At home". Countries with high figures include Croatia, Estonia, France, Hungary, Latvia, Malta, Slovak Republic and the United Kingdom.

In some countries students in this age group are allowed to drink alcohol at a bar or a pub. Countries in which students reported to have been drinking in a bar or a pub include Croatia, Czech Republic, FYROM, Greece, Ireland, Italy, Portugal, Slovak Republic and Slovenia.

Drinking alcohol in a disco was especially common among students in Bulgaria, Cyprus, Czech Republic, Faroe Islands, Greece, Hungary, Ireland, Malta and Poland.

"Street, park, beach" was mostly indicated in Estonia and Finland, but also in Russia, which scored almost as high on this alternative as on "At home" and "At someone else's home".

Not many students indicated that they had been drinking alcohol at a restaurant the last time they drank. Only three countries scored relatively high on this alternative, including Cyprus, Czech Republic and Ireland. Greece had highest scores on the open category "Other places". According to available information many of the responses referred to concerts, sports events, family celebrations etc.

There are very few gender differences in the choice of drinking places. The most important is that the response "street, park, beach" in most countries is given by more boys than girls.

Expected consequences

(Tables 24a–c, Figure 46)

The expected consequences of alcohol use vary considerable between individuals and across countries. Different cultures promote different definitions of both patterns of alcohol consumption and

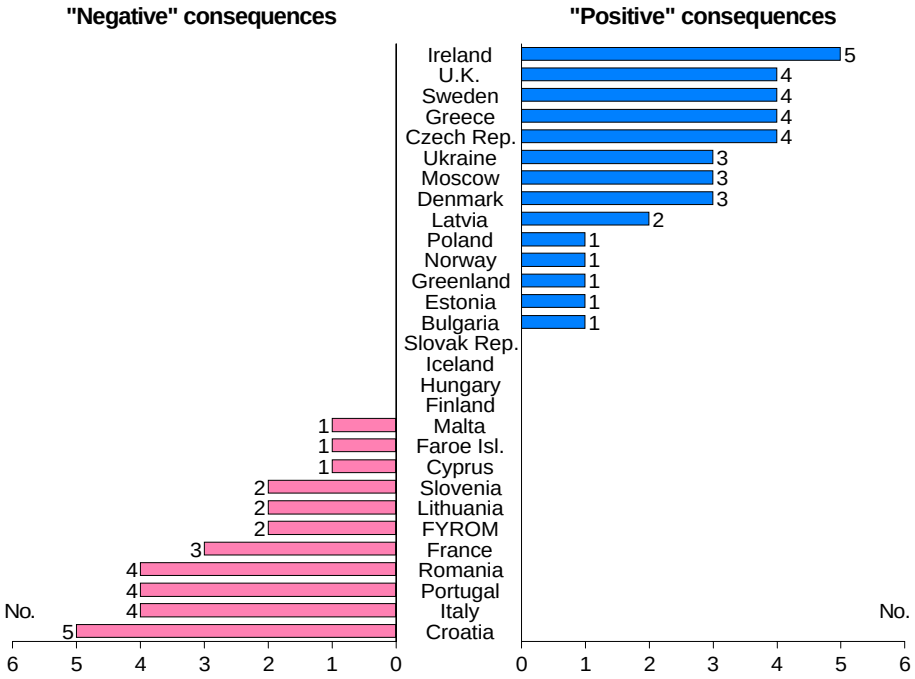


Figure 46. *Anticipated positive and negative consequences of alcohol consumption. Number of statements for which the percentage of all students answering "likely" or "very likely" exceeds the average of all countries.*

of the psychosocial effects of intoxication. Within countries, individuals in turn adopt different drinking patterns and experience the effects of alcohol in different ways. In the 1999 ESPAD survey, the respondents were asked about their expectations of various positive and negative consequences of their own alcohol consumption. The five proposed positive consequences included “Feel relaxed”, “Feel happy”, “Feel more friendly and outgoing”, “Have a lot of fun” and “Forget my problems”. The six proposed negative consequences included “Feel sick”, “Get a hangover”, “Not be able to stop drinking”, “Harm my health”, “Do something I would regret” and “Get into trouble with the police”. The proportion of students in each country responding “likely” or “very likely” to each question can be found in Tables 23a–23c.

Having fun is the most commonly anticipated positive consequence of alcohol consumption by students in most countries. Cross-nationally, it is on average anticipated by two out of every three students in the participating European countries. Not being able to stop drinking is the least anticipated of all negative consequences in the majority of countries, but it is nevertheless expected by one out of every seven students across the participating countries. The short-term problem of a hangover is the most anticipated negative consequence of alcohol consumption in 14 countries, while the long-term risk of harming one’s health is the most anticipated consequence in ten countries. On cross-national average, just under half of all students anticipate both such short-term and long-term consequences of alcohol consumption.

To summarise the balance of anticipated positive and negative consequences of alcohol use, Figure 46 uses the proportion of students agreeing with different statements within each country. Thus, for each of the five positive consequences, one point is added to the national score when a proportion of students exceeding the cross-national average anticipate that consequence. Conversely, for each of five of the negative consequences expected by a proportion of students exceeding the cross-national average, one point is subtracted from the national score (the sixth, least anticipated consequence of “not being able to stop drinking” is excluded to balance the scale). A country that is above average on all five pleasurable consequences and not above average on any of the unpleasurable consequences thus for instance gets a score of +5, while a country that e.g. has an equal number of above average anticipation of positive and negative consequences would receive the score of 0.

Figure 46 shows the balance of pleasurable to unpleasurable anticipated consequences to be most positive in Ireland, with a score of 5, followed by the Czech Republic, Greece, Sweden and the United Kingdom with 4 each. In each of these countries, students thus overall anticipate more positive and less negative consequences of alcohol consumption than in other participating European countries. Conversely, the balance is most negative in Croatia, with a score of –5, followed by Italy, Portugal and Romania with a score of –4 each. In these countries, students overall anticipate more negative and less positive consequences of alcohol consumption than their counterparts in the other participating countries.

Problems because of alcohol use

(Tables 25a–c2, Figures 47–48)

In addition to the consequences they anticipated of their own future alcohol use, the students were asked about a number of specific problems they might have experienced because of their past alcohol use. These fourteen problems are roughly divided into the four categories of "relationship problems", "sexual problems", "individual problems" and "delinquency problems".

In nine countries, the proportion of students who had had such experiences was below the cross-national average for all fourteen problems. These low-problem countries include Croatia, Cyprus, Estonia, France, FYROM, Greece, Hungary, Italy, Malta, Portugal and Romania, i.e. mainly countries from the south of Europe. Conversely, in nine countries the national proportion was above the cross-national average on at least twelve of the fourteen problems. These high problem countries include Denmark, Finland, Greenland, Ireland, Lithuania, Norway, Russia, Sweden and the United Kingdom. They are all countries in the north of Europe, with a concentration to the British Isles and the Nordic countries.

The most common alcohol related problem was damage to objets or clothing, which on average was reported by 12% of the ESPAD students. However, there are rather big differences between the countries. The largest proportions are reported from Denmark (30%), Ireland, Norway (25% each) and United Kingdom (24%) and the lowest from France, Portugal, Romania (4% each) and Greece (3%).

The second most reported problem caused by own alcohol use was getting into a quarrel or an argument (11%). This was most common in Denmark, Lithuania (23% each) and Finland (21%) and least common in Malta, Portugal (5% each) and Greece (1%).

On average 8% of all ESPAD students reported that alcohol consumption had caused problems in relationship with parents, which was the third most common reported problem. Again the figures vary rather considerably between the countries. It was reported by 19% of the students in Lithuania, 17% in Denmark, 15% in Norway and 14% in Finland and Greenland but "only" 3% in FYROM, Hungary, Portugal and Romania and 2% in Greece and Italy.

Getting into a scuffle or fight because of alcohol use was on average reported 7% of the students. It was most common in Lithuania (15%), Denmark, Greenland and Russia (13% each) and least common in Malta (3%), Italy, Portugal (2% each) and Greece (1%).

Also loss of money or other valuable items in relation to the use of alcohol was on average reported by 7% of the ESPAD students. The highest figures are reported from Ireland (21%), United Kingdom (17%), Finland and Norway (15% each). The low prevalence countries include FYROM, Greece (2% each) and Italy (1%).

Alcohol consumption is reported to have caused problems in relationship with friends among, on average, 6% of participating students. Looking at individual countries the figures vary from 18% in Denmark to 2% in Hungary and 1% in Greece.

Two questions were asked about sexual experiences connected to the consumption of alcohol. Engaged in sex you regretted the next day was on average reported by 6% of the ESPAD students and engaged in unprotected sex by 4% (these two questions were not asked in Ireland). Engaged in sex regretted the next day was most common in Greenland (19%), Sweden (13%) and Denmark (11%) and least common in FYROM, Greece, Portugal, Romania (2% each) and Italy (1%). Unprotected sex caused by alcohol consumption was reported by 16% of the students in Greenland. This was far most the highest figure since the next in rank order was 8% (Denmark). Countries in which this kind of problem is rather uncommon include Croatia, Hungary, Italy, Malta, Romania, Slovenia (2% each), Greece and Portugal (1% each).

Getting into an accident or an injury because of alcohol use was on average reported by 5% of the participating students. The highest figures came from United Kingdom (13%), Finland, Ireland and Lithuania (10% each) and the lowest from Greece,

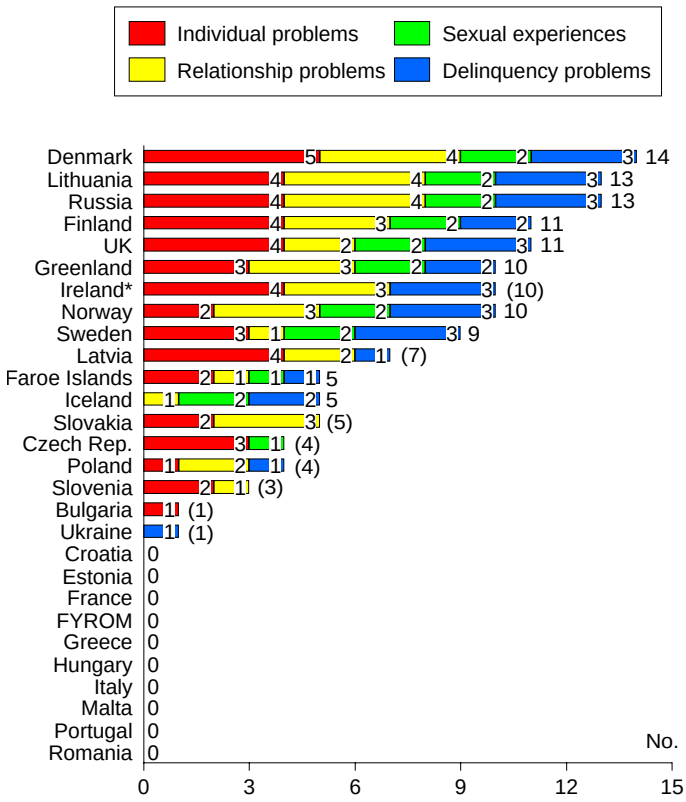


Figure 47. *Experienced problems caused by alcohol. The number of variables within each "problem group" for which a country's percentage exceeds the average of all countries. All students.*

* Not all alternatives were included.

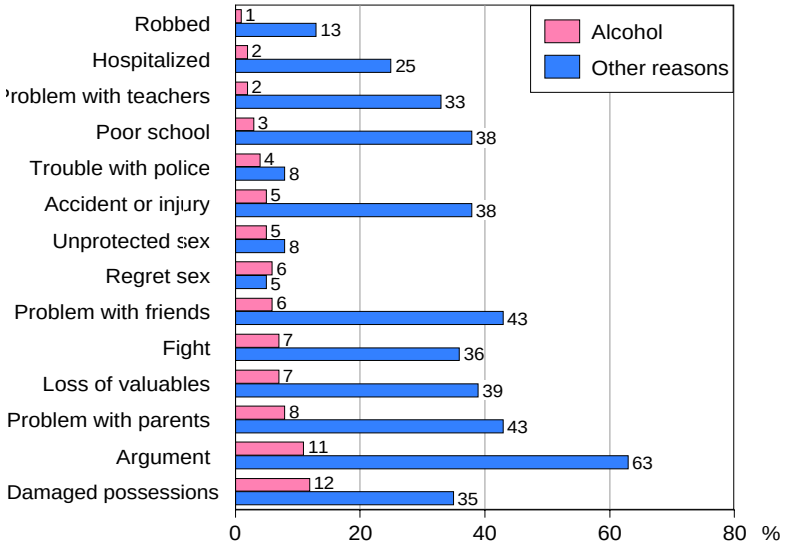


Figure 48. *Cross-national average of students who report having each of 14 problems because of their alcohol use and because of other reasons.*

Hungary, Italy, Malta, Portugal (2% each) and Poland (1%).

On average alcohol is regarded to have caused trouble with police among 4% of the students, ranging from 10% in United Kingdom, 9% in Iceland and 8% in Ireland to 0% in Greece.

Other kinds of problems asked about include "performed poorly at school or work" (3% on average), problems in relationship with teachers (2%) and hospitalised or admitted to an emergency room (2%). With some few exceptions the figures in individual countries are low or very low.

The least frequent problem connected to own alcohol use is to have been victimised by robbery of theft. The average ESPAD figure was 1% with 3% as the highest figure in an individual country.

In figure 47 the pattern of experienced problems in different countries is shown by counting for each country the number of items on which the country scores higher than average (the values in the figure embraced by brackets indicate that not all alternatives were included in the questionnaire in the actual country). For each of the 14 problems and for each country the number of items for which it scores above average are counted and summarised. Countries with reported problems exceeding the averages are predominantly countries in the northern parts of Europe, with high prevalence rates on alcohol consumption and drunkenness.

Looking at the average ESPAD figures differences between boys and girls are mainly found among the delinquency problems. In nearly all countries more boys than girls report scuffle or fight and trouble with police. The highest proportion answering that they have been in a scuffle or a fight because of own alcohol use are found among boys in Lithuania (23%), Denmark and Russia (18% each). The highest figures among girls are 15% (Greenland) and 9% (Finland, Ireland, Russia and Sweden). Alcohol related troubles with the police are particularly prevalent among boys in 6 countries, where 10–12% reported such encounters. These countries are Denmark, Iceland, Ireland, Lithuania, Russia and United Kingdom. The highest figures among girls are reported from United Kingdom (8%), Iceland (7%) and Finland (6%).

The main exception from the fact that more boys than girls report delinquency problems is that slightly more Greenlandic girls (15%) than boys (11%) answered that they had been in a scuffle or fight caused by their own alcohol use. It might also be of interest to notice that the highest proportions answering that they had been victimised by robbery or theft were found among girls in Greenland and boys in Lithuania (4% each).

Even though the other average figures are rather similar among boys and girls some of the negative experiences are mainly found among boys. Examples include damages to objects and clothing, where the figures are higher among boys in 17 of the countries and among girls in 4. Other examples are quarrels or argument (15 and 2% respectively), loss of money or other valuable items (12 and 4% respectively) and accident or injury (11 and 1% respectively).

For most of the other experienced problems caused by alcohol the figures within each country are usually rather similar among boys and girls. However, there are some single figures among girls that are important to notice. One is that the highest figures for both sexually related problems are reported by girls in Greenland; 24% answered that they had regretted sex the next day and 22% that they had been engaged in unprotected sex. These figures are about twice as high as the next figures in rank order. Among the remaining countries, the highest proportion of regretted sex was found to be 11–13% among girls in Denmark, Iceland, Sweden and United Kingdom and 10–14% among boys in Denmark, Greenland, Lithuania and Sweden. Apart from girls in Greenland, the highest proportion of unsafe sexual experiences is found to be 7–9% among females in Denmark, Faroe Islands, Finland, Sweden and United Kingdom and 8–11% among boys in Denmark, Greenland, Lithuania, Poland, Russia and Sweden.

As mentioned above, loss of money or other valuable items were reported by more boys than girls in 17 countries and by more girls in 4. However, the figures of the girls in these 4 countries are among the highest of all for that variable (e.g. 23% in Ireland and 19% in United Kingdom).

In order to assess the relative role of alcohol in different types of problems, the students were also asked about their experiences of the same problems for reasons other than their own alcohol use. Figure 48 shows the cross-national average of students who report having each of the 14 problems because of their alcohol use and because of other reasons. In most cases, the number of problems that the respondents specifically related to their own alcohol use was small in comparison with such problems caused by other factors. The exceptions from this pattern are among the least common problems of trouble with police, having had unsafe sex and

having had sexual relations that they later regretted.

A cross-national average of 4% of the total sample reported having had trouble with the police because of their alcohol use, and 8% reported such trouble that were neither related to their own alcohol nor drug use. Regretted sex because of alcohol use was on average reported by 6% of the ESPAD students, while 5% responded that this had happened when they had not had alcohol or any other drug. The corresponding figures for unprotected sex are 5 and 8% respectively.

Among the remaining countries, the highest proportion of regretted sex is to be found to be 11–13% among girls in Denmark, Iceland, Sweden and the United Kingdom, and 10–14% among boys in Denmark, Greenland, Lithuania and Sweden. Apart from girls in Greenland, the highest proportion of unsafe sexual experiences is found to be 7–9% among females in Denmark, Faroe Islands, Finland, Sweden and the United Kingdom, and 8–11% among boys in Denmark, Greenland, Lithuania, Poland, Russia and Sweden.

Illicit drugs

In this section the prevalence of use of illicit drugs, tranquillisers or sedatives (with or without a doctor's prescription), anabolic steroids, alcohol in combination with pills and use of inhalants will be presented. Overall, the focus is on lifetime prevalence, except for marijuana or hashish and inhalants for which both 12 months and 30 days prevalence are presented. The section begins with the students' knowledge of the various drugs are in different ESPAD countries.

Knowledge about drugs

(Tables 26a–c)

The prevalence of drug use differs widely across countries. In some countries both the knowledge of a drug and the use of it are rather widespread, while students in other countries have never heard the name, let alone having used it. To explore how well known certain substances are, also in low prevalence countries, and to be able to monitor possible changes over time, the students were asked if they had ever heard of certain drugs.

In tables 26a–26c the average proportions of students who responded that they knew about various drugs are calculated, both for each drug over the countries and for each country over all drugs.

In some countries almost all students know about all drugs. Countries scoring high on the overall average (84–89%) include Denmark, Ireland, Italy, Norway, Sweden and the United Kingdom. The lowest average proportions of students who have heard about different drugs are found in Greenland and Romania (37 and 39% respectively).

The mean proportions for each drug, show that marijuana or hashish, cocaine (91% each on average) and heroin (89% on average) are the drugs that are most well known among the ESPAD students. In a clear majority of the countries more than 90% of the students were familiar with these drugs. Methadone is the substance that is least known. On average 36% knew this drug, ranging from about 9% in Greenland and Ukraine to 79% in Ireland.

Any illicit drug

Lifetime

(Tables 27a–c, Figures 49a–b)

The concept "any illicit drug" includes marijuana or hashish, amphetamines, LSD or other hallucinogens, crack, cocaine, ecstasy and heroin (by smoking or not by smoking). The prevalence of any illicit drug use varies across the participating countries. In about half of the countries one fifth or more of the students have used an illicit drug at least once, while in a small group of countries the prevalence rates are less than ten percent.

The largest proportions were reported from the United Kingdom (36%), Czech Republic, France (35% each) and Ireland (32%). Other high prevalence countries, however on a somewhat lower level, include Slovenia, Italy (26% each), Denmark (25%) and Russia (24%). Countries reporting any illicit drug use by ten percent of the students or less include Finland, FYROM, Greece (10% each), Sweden (9%), Malta, Faroe Islands (8% each) and Cyprus (3%).

In a majority of the countries there are more boys than girls who have used any illicit drug in lifetime. No country reports more girls than boys, but in five countries the proportions are equal or

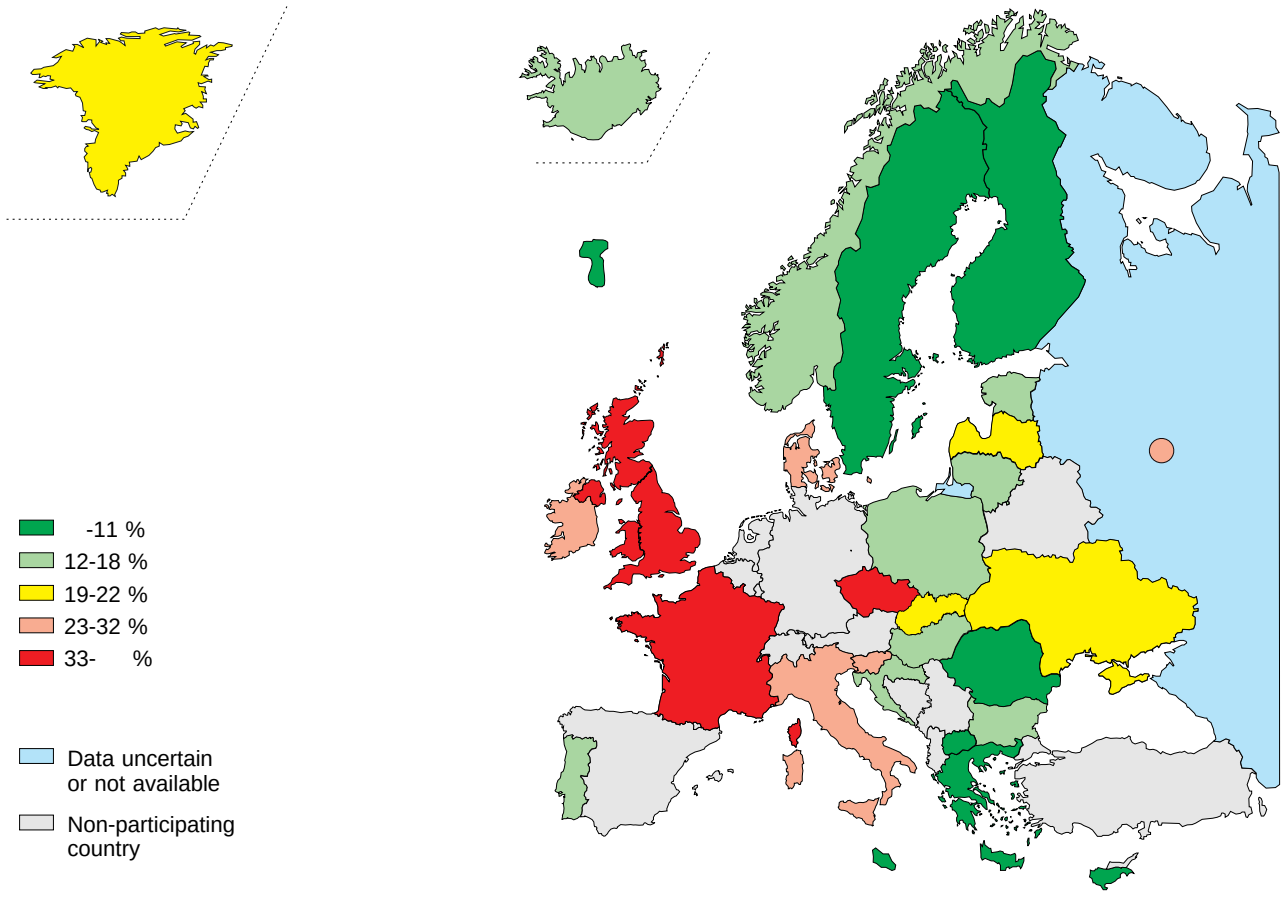


Figure 49a. *Lifetime experience of any illicit drug. Percentages among all students. 1999.*

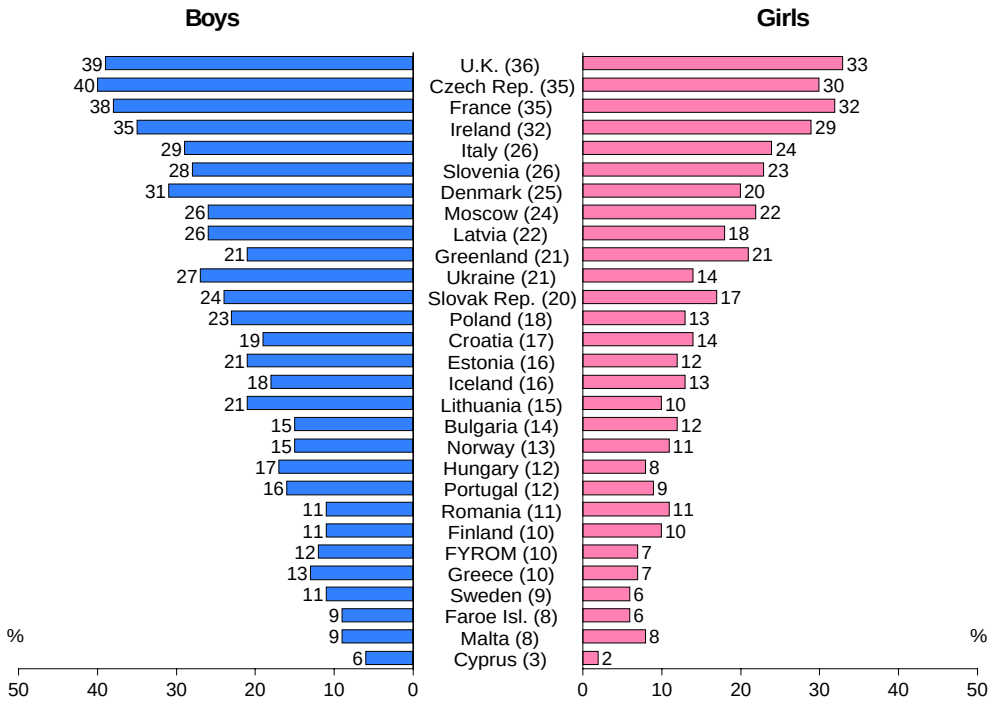


Figure 49b. *Lifetime experience of any illicit drug. Percentages among boys and girls. 1999.*

almost equal between the sexes. They are Finland, Greenland, Ireland, Malta and Romania.

Marijuana or hashish

Lifetime

(Tables 28a–c, Figures 50a–b)

Of the students who have used any illicit drug, the vast majority have tried cannabis, i.e. marijuana or hashish. There are, however, large differences between countries also for this variable. The largest proportions reporting cannabis use are found in the Czech Republic, United Kingdom, France (35% each) and Ireland (32%). Other high prevalence countries are Slovenia, Italy (25% each), Denmark (24%), Greenland (23%) and Russia (22%).

In two ESPAD countries virtually no cannabis use is reported. They are Cyprus (2%) and Romania (1%). Other countries with rather low prevalence figures (7–9%) include Faroe Islands, Greece, FYROM, Malta, Portugal and Sweden.

The gender distribution is similar to that of any illicit drug use. Boys are in majority in almost all countries, with the exception of Faroe Islands, Finland, Greenland, Malta and Romania, where the proportions are equal or almost equal between boys and girls.

Last 12 months and last 30 days

(Tables 29a–c, Figures 51a–b)

The 12 months prevalence of cannabis use is in the majority of countries only slightly lower than lifetime prevalence in this age group. The highest figures are reported from France (31%), United Kingdom (29%), Czech Republic (27%), Ireland (26%), Slovenia (21%) and Italy (20%). The countries with the lowest figures include FYROM, Sweden (6% each), Faroe Islands, Malta (5% each), Cyprus (2%) and Romania (1%).

The 30 days prevalence pattern is very much the same as lifetime and 12 months prevalence. Although the 30 days prevalence rates are lower there is a group of countries, which reported relatively high figures. They include France (22%), Czech Republic, United Kingdom (16%), Ireland (15%), Italy (14%) and Slovenia (13%). Very low figures (1–2%) were reported from Cyprus, Faroe Islands, Finland, Romania and Sweden.

There are small differences between the sexes, although the boys are in majority in most countries.

Any illicit drug other than marijuana or hashish

Lifetime

(Tables 30a–c, 31a–c, Figures 52a–b)

A majority of the students who ever used any illicit drug have used marijuana or hashish. The proportions reporting any other drug use are much smaller than the proportions of students who have used cannabis. The highest figures are found in the United Kingdom (12%) Latvia and Poland (11% each). Countries with prevalence rates close to the top group (8–9%) include the Czech Republic, Estonia, Ireland, Italy, Lithuania, and Russia. A small group with very low figures include Cyprus, Finland (2%) and Romania (1%).

The gender pattern reveals that the boys are in majority in many of the participating countries. There are exceptions from this and since the overall figures are small the differences should not be over-interpreted. A somewhat higher proportion among girls than boys is found in Russia. Countries with very similar values for boys and girls include Bulgaria, Faroe Islands, France, Greenland, Iceland, Malta, Romania, Slovak Republic and Slovenia.

In the tables 31a–31c the proportions of students who reported use of various illicit drugs other than cannabis are presented. The average figures for all ESPAD students are small for all kinds of drugs. Heroin by smoking was reported by 3%, amphetamines, LSD or other hallucinogens and ecstasy by 2% and remaining drugs by 1%. However, some single figures in some countries are certainly rather high.

Among the high prevalence countries different patterns of drug preferences emerges. A closer look country by country in this group reveals that in the Czech Republic the drugs of preference are amphetamines and LSD or other hallucinogens (5% each), in Estonia amphetamines mainly (7%), in Ireland LSD or other hallucinogens and ecstasy (5% each), in Latvia and Lithuania ecstasy and heroin by smoking (4–7%), in Poland amphetamines and heroin by smoking (5–7%), in Romania heroin by smoking mainly (8%), in Russia LSD or other hallucinogens and heroin by smoking (4% each), while in the United Kingdom, finally, the main drugs used are amphetamines and LSD or other hallucinogens (5–8%).

If one look at each drug separately, the following pattern emerges: Amphetamines are mainly used in Estonia, Poland and the United Kingdom (7–8%). LSD or other hallucinogens are mainly used in

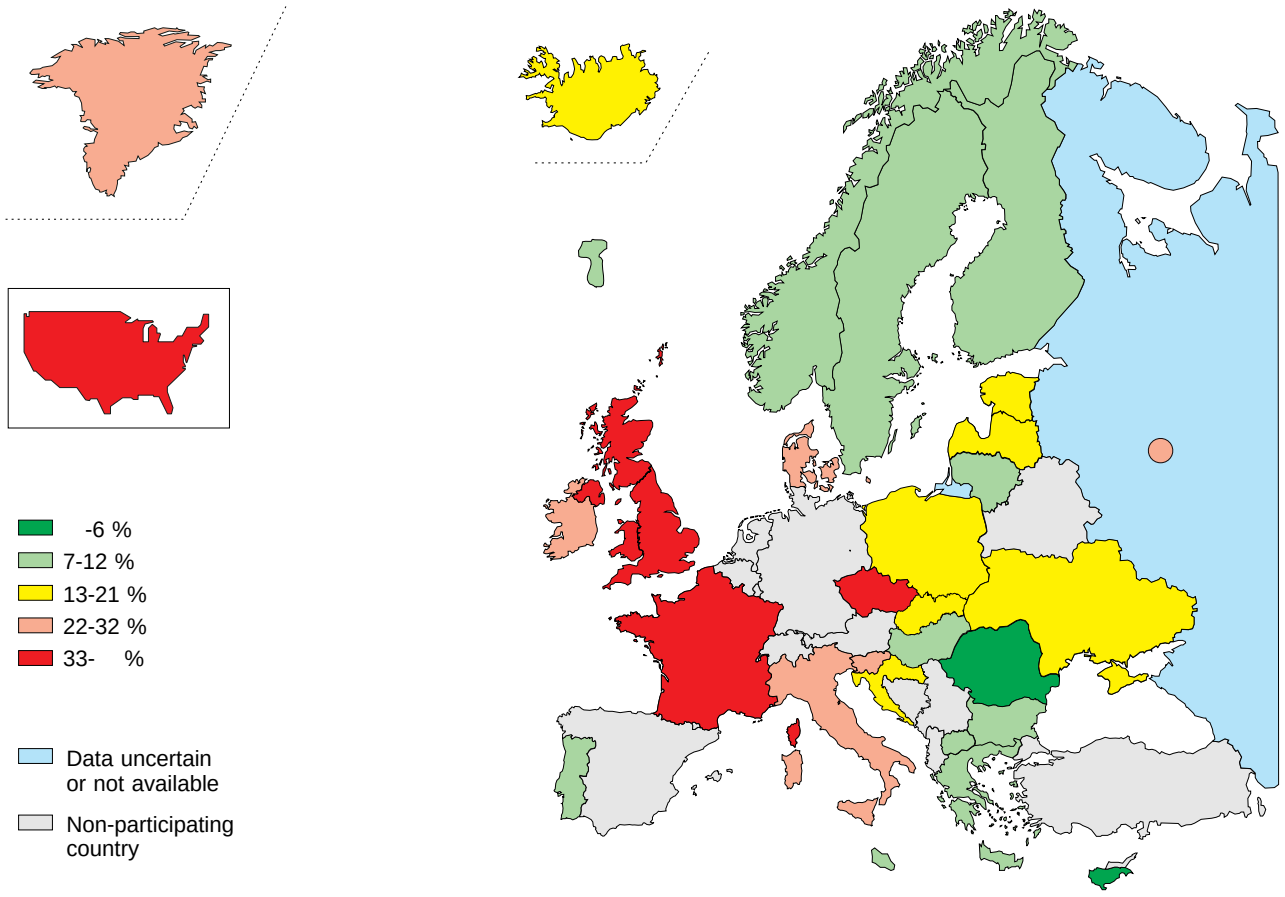


Figure 50a. *Lifetime experience of marijuana or hashish. Percentages among all students. 1999.*

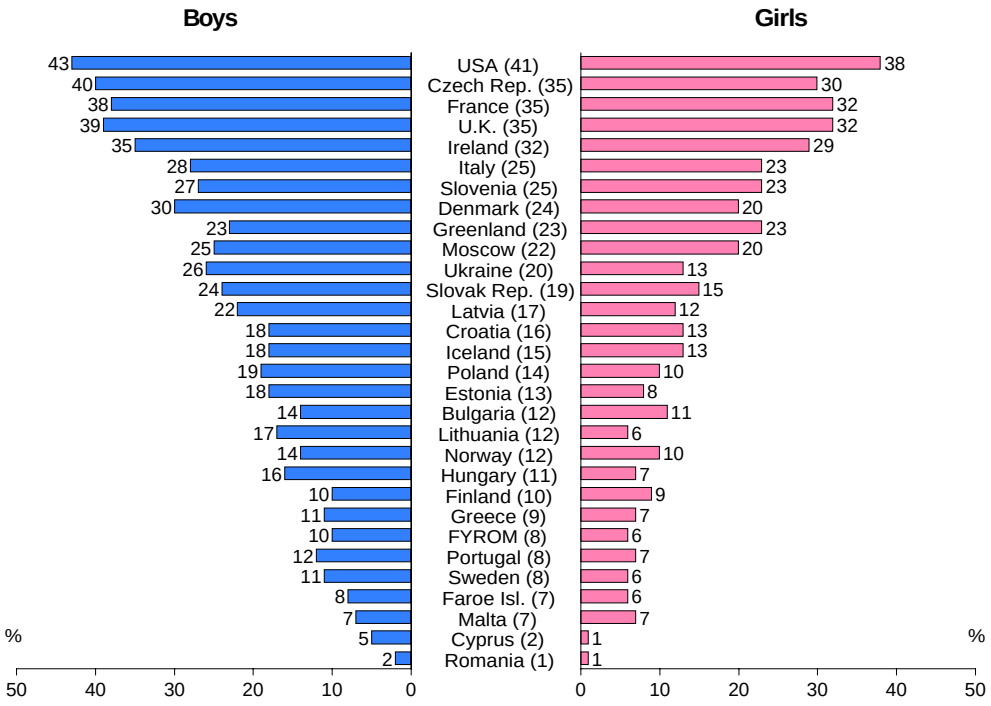


Figure 50b. *Lifetime experience of marijuana or hashish. Percentages among boys and girls. 1999.*

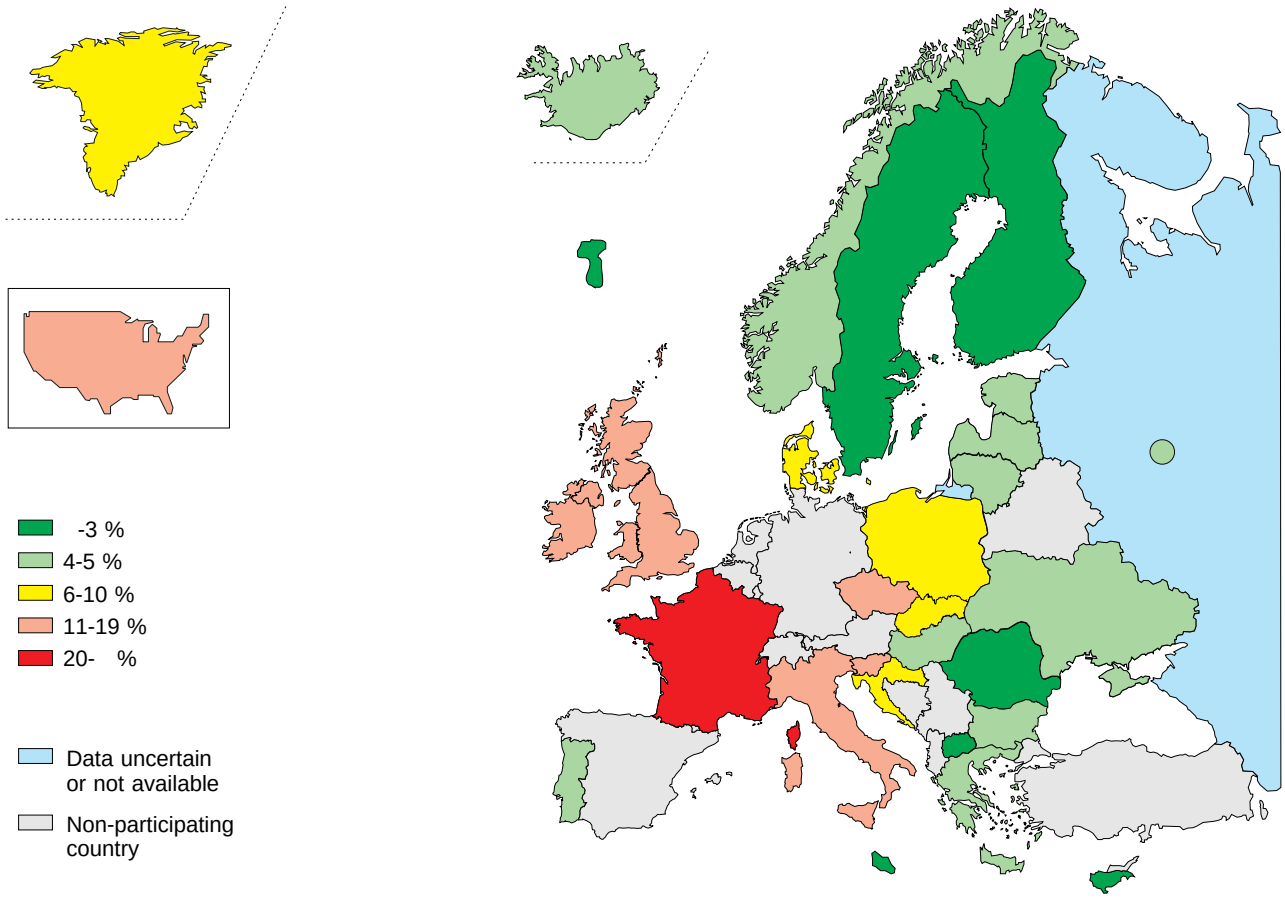


Figure 51a. *Proportion of all students who have used marijuana or hashish during the last 30 days. 1999.*

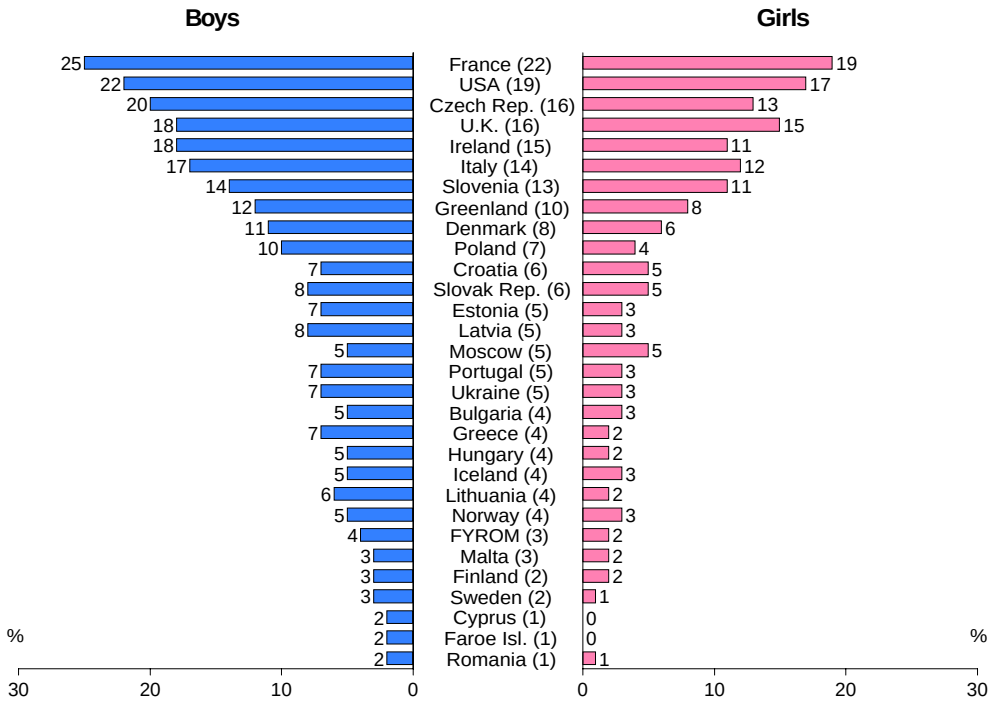


Figure 51b. *Proportion of boys and girls who have used marijuana or hashish during the last 30 days. 1999.*

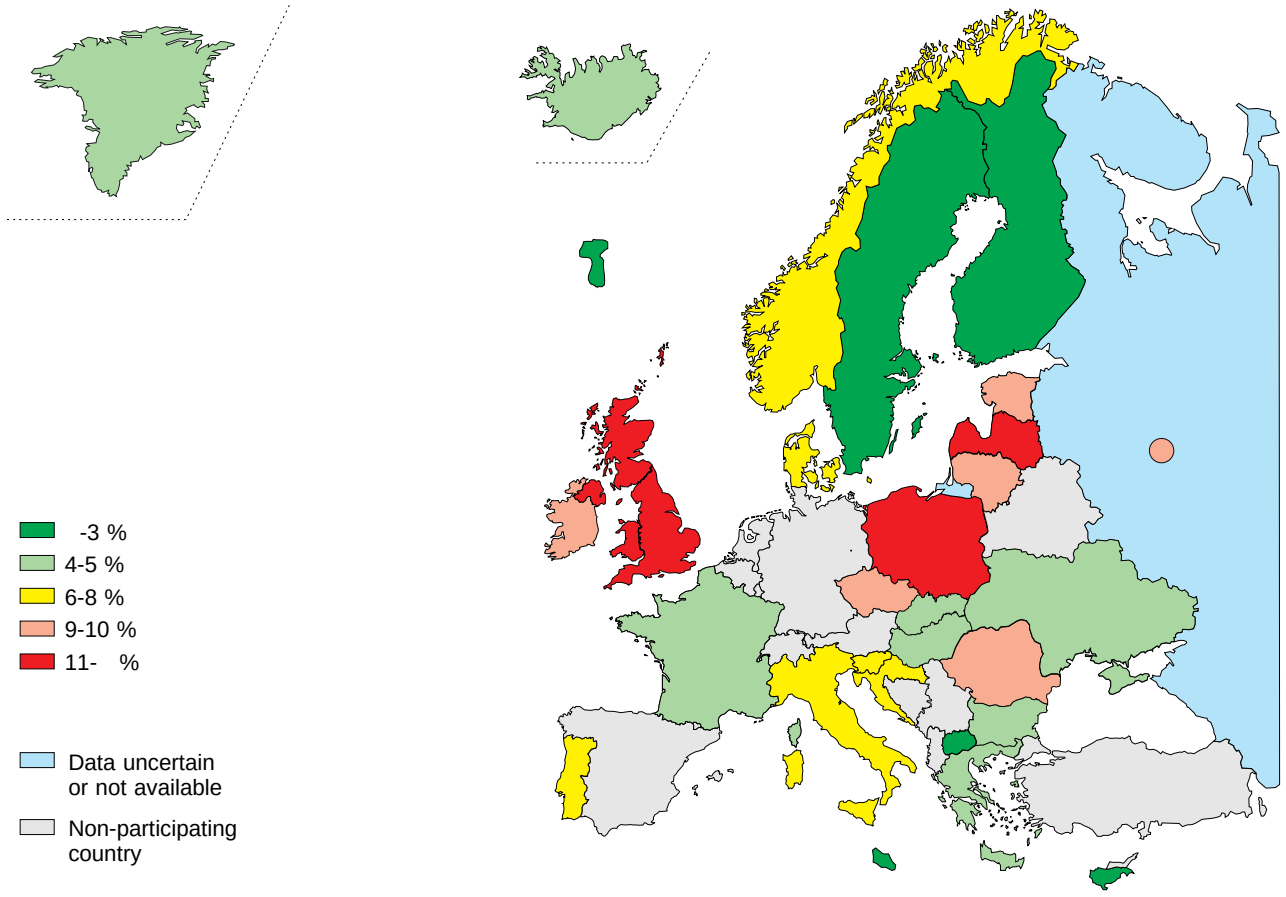


Figure 52a. *Lifetime experience of any illicit drug other than marijuana or hashish. Percentages among all students. 1999.*

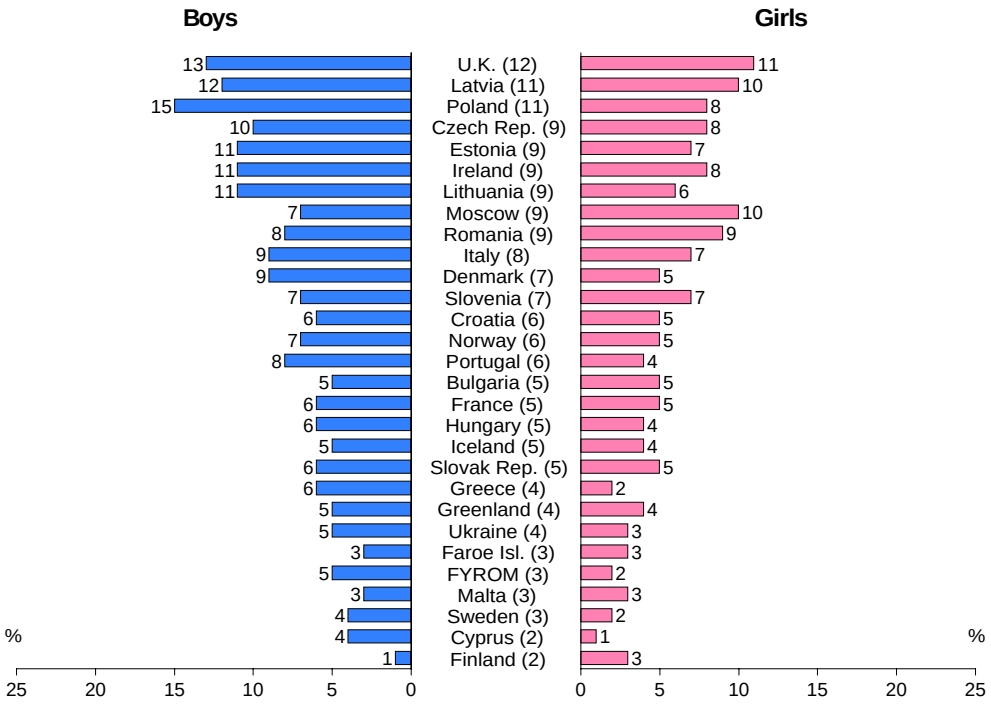


Figure 52b. *Lifetime experience of any illicit drug other than marijuana or hashish. Percentages among boys and girls. 1999.*

Czech Republic, Ireland, Kingdom, Poland, Russia and the United Kingdom (4–5%). Very few students overall report crack and cocaine and it is not possible to distinguish any geographical pattern; the highest figure is 3% (cocaine experience in the United Kingdom). Ecstasy is mainly used in the Czech Republic, Ireland, Latvia, Lithuania and Slovenia (4–6%). Heroin by smoking is predominantly used in Latvia and Romania (7–8%), and Croatia, Italy, Lithuania, Poland and Russia (4–5%). Heroin other than by smoking is reported by very few students across the countries. The highest proportions reporting this are found in Norway and Russia (3% each). Taking drugs by injection is also a behaviour rarely reported by the students in the ESPAD countries.

In the United States 16% of the students have used amphetamines, 10% LSD or other hallucinogens, 8% cocaine, 6% ecstasy and 4% crack. All these figures are higher than in any of the ESPAD countries.

Since the lifetime prevalence rates of various illicit drugs other than cannabis are small overall, it is difficult to find any clear gender pattern in the ESPAD countries.

Tranquillisers, anabolic steroids, alcohol together with pills

Lifetime

(Tables 32a–c, Figures 53a–b, 54a–b)

The use of tranquillisers or sedatives with a doctor's prescription varies across the participating countries, ranging from 3% (Estonia) to 26% (the Czech Republic). Other high prevalence countries include Croatia and France (18% each) as well as Lithuania and the Slovak Republic (15% each), Portugal and Norway (14% each). The gender distribution is about equal in a majority of the countries, but in some there are more girls than boys reporting this behaviour (including the Czech Republic, France, Hungary, Italy, Lithuania, Poland, Portugal, Romania and the Slovak Republic).

Using tranquillisers or sedatives without a doctor's prescription may include both drug use with the intention to get high and self-medication. The largest proportions reporting such use are to be found in Poland and the Czech Republic (18% each), followed by Lithuania, France (12% each), Hungary and Iceland (10% each). Very few students in Ukraine, Faroe Islands, Greenland, Latvia (3% each) and Estonia (2%) reported this behaviour.

Girls are in majority in 13 countries including Croatia, Czech Republic, Finland, France, FYROM, Hungary, Italy, Lithuania, Poland, Portugal, Romania, Russia, and the Slovak Republic. In all other countries the gender distribution is equal, except in Faroe Islands and the United Kingdom, where there are slightly more boys reporting this behaviour.

The use of anabolic steroids is very limited in this age group, especially so among girls. The largest proportions are reported among boys in Poland (6%), Cyprus (5%), Bulgaria and Croatia (4% each).

Young people are sometimes experimenting with combinations of substances, presumably with the purpose of increasing their potential effects. To mix alcohol with any kind of pills, effective or not, is not uncommon in many of the ESPAD countries. This is most frequent in some countries in the north and in a few countries in central and Eastern Europe, including Denmark (15%), Czech Republic, Sweden (14% each), Finland (13%), Malta (12%), Slovak Republic, Faroe Islands, United Kingdom and Ireland (11% each).

The largest gender differences are found in countries where this behaviour is most prevalent, and in such cases girls are in clear majority. Countries where the gender distribution is equal or almost equal include FYROM, Greece, Hungary, Italy, Latvia, Lithuania, Romania and Ukraine.

Use of inhalants

(Tables 33a–c, Figures 55a–b)

In many countries the students sniff volatile substances in order to get high. It may be assumed that such use is a substitute for other kinds of drugs, less available. The students were asked: "On how many occasions (if any) have you sniffed a substance (sniffing glue, aerosols etc.) to get high?" The highest lifetime prevalence rates are reported from countries in very different parts of Europe. The top countries on lifetime prevalence include Ireland (22%), Greenland (19%), Malta (16%), United Kingdom (15%), Slovenia, Greece (14% each), Croatia (13%), Iceland, France (11% each) and Lithuania (10%). The smallest proportions are found in Hungary, FYROM (4% each), Portugal, Bulgaria (3% each) and Romania (2%).

In about one third of the countries there is a majority of boys reporting this, while the girls are in majority in one or two countries. Equal or about equal proportions are found in a majority of the ESPAD countries, including the top country (Ireland).

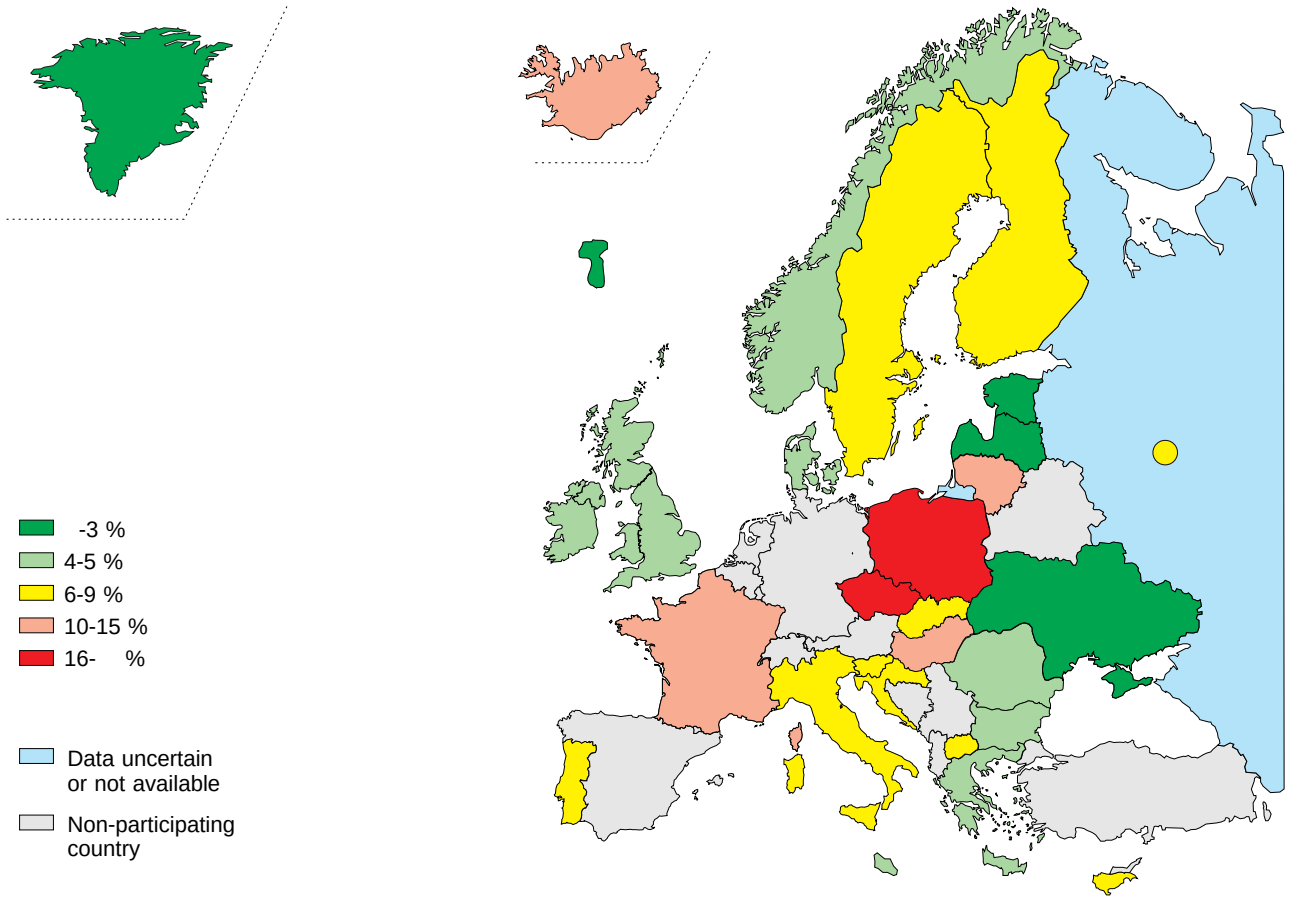


Figure 53a. *Lifetime experience of tranquillisers or sedatives without a doctor's prescription. Percentages among all students. 1999.*

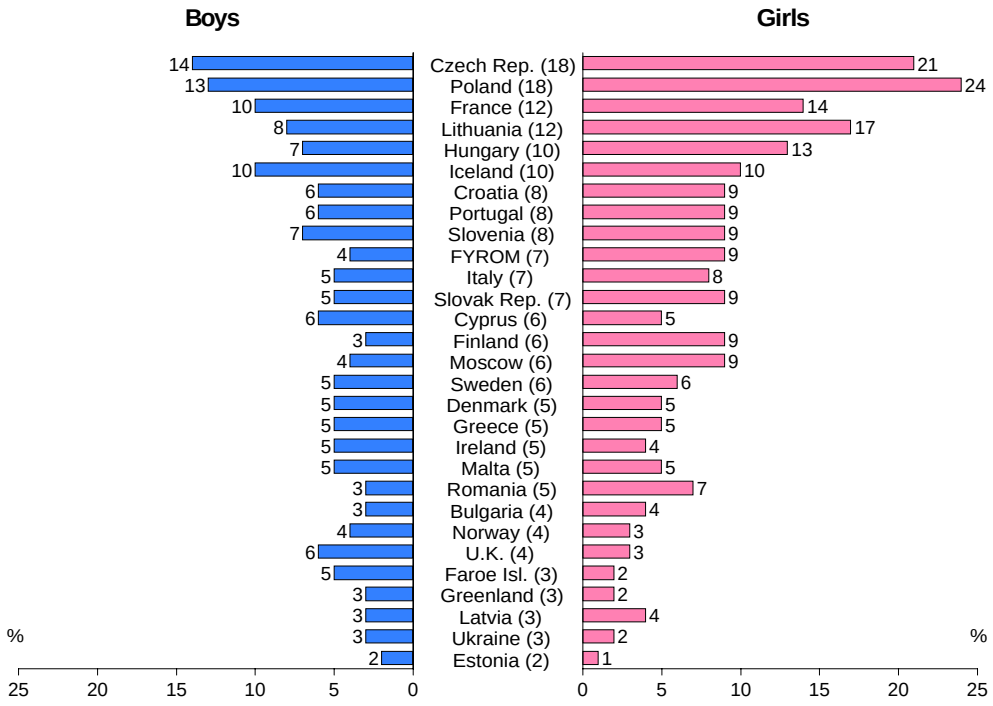


Figure 53b. *Lifetime experience of tranquillisers or sedatives without a doctor's prescription. Percentages among boys and girls. 1999.*

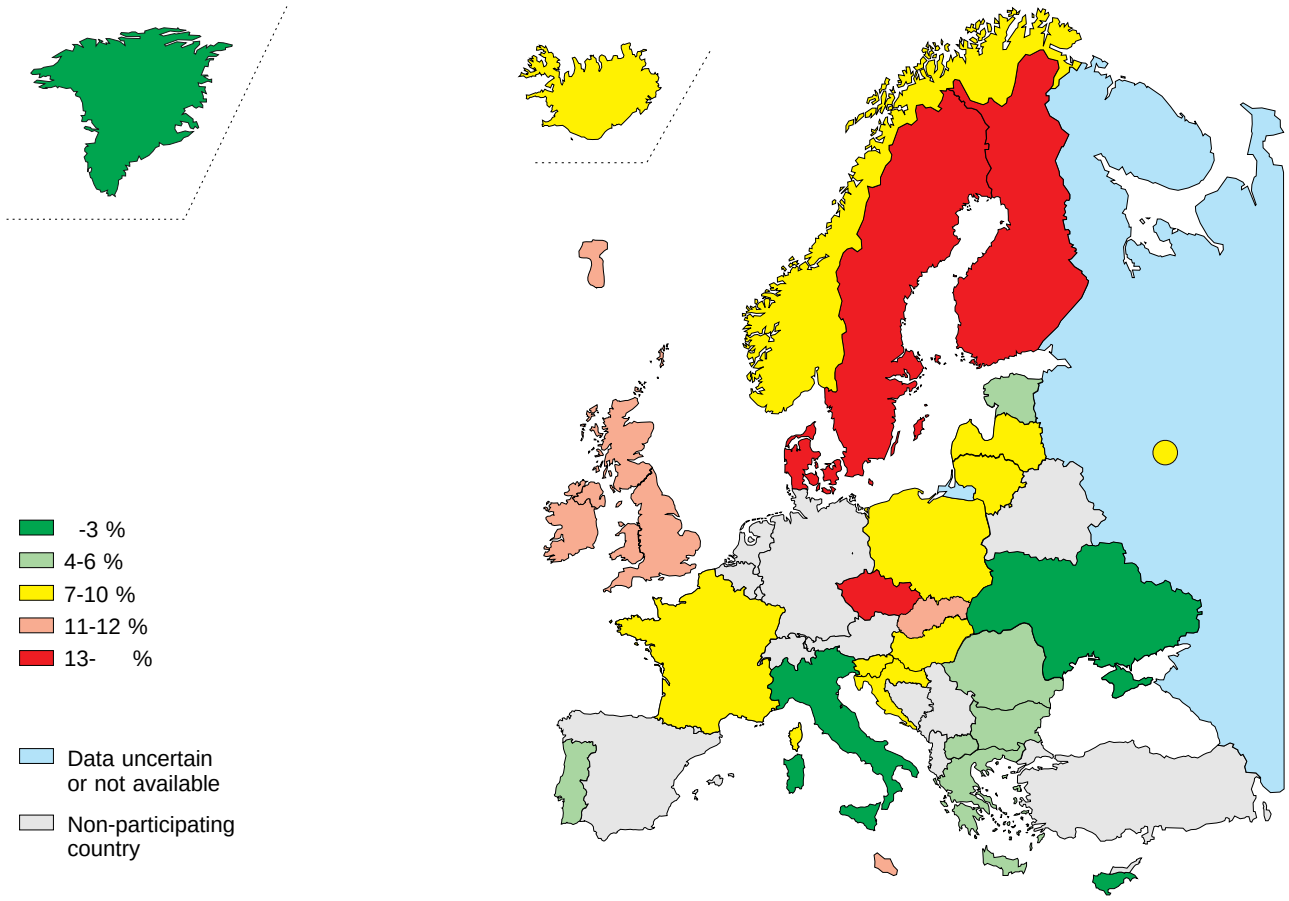


Figure 54a. *Lifetime experience of alcohol together with pills. Percentages among all students. 1999.*

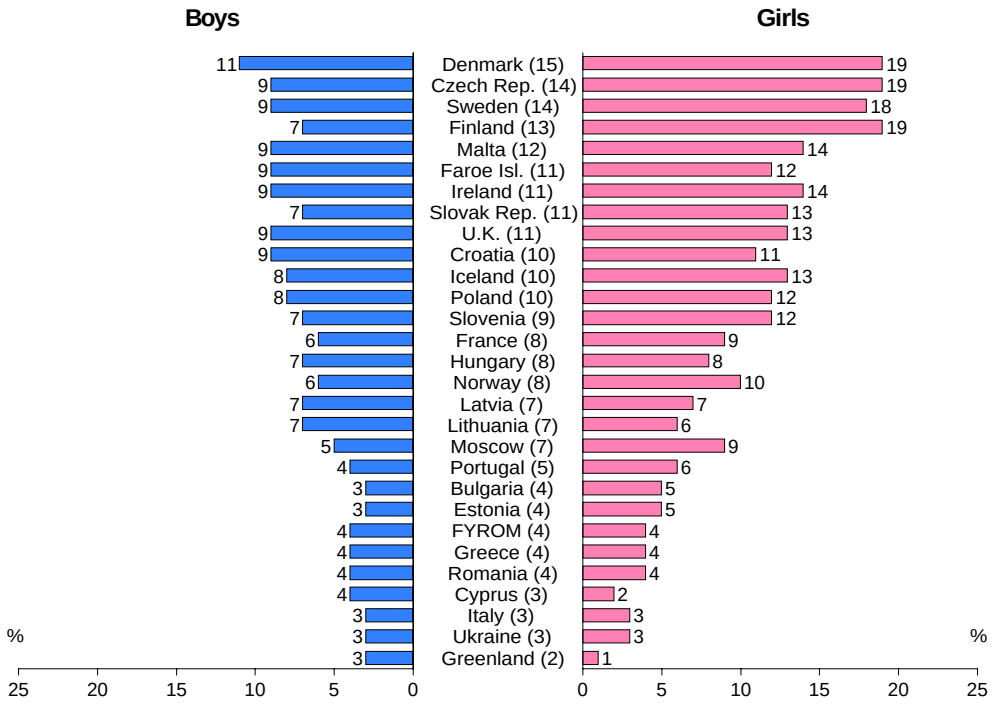


Figure 54b. *Lifetime experience of alcohol together with pills. Percentages among boys and girls. 1999.*

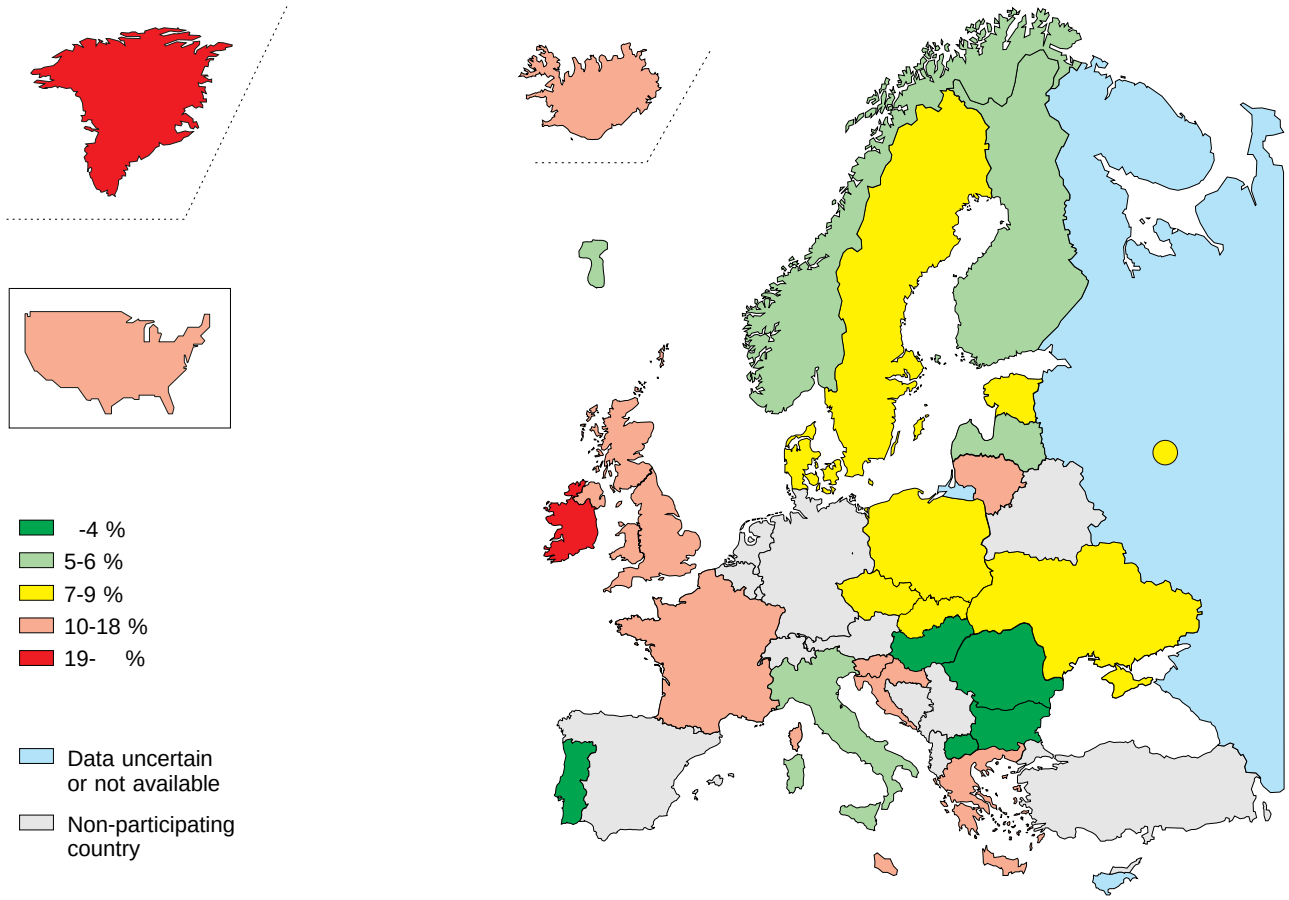


Figure 55a. *Lifetime experience of inhalants. Percentages among all students. 1999.*

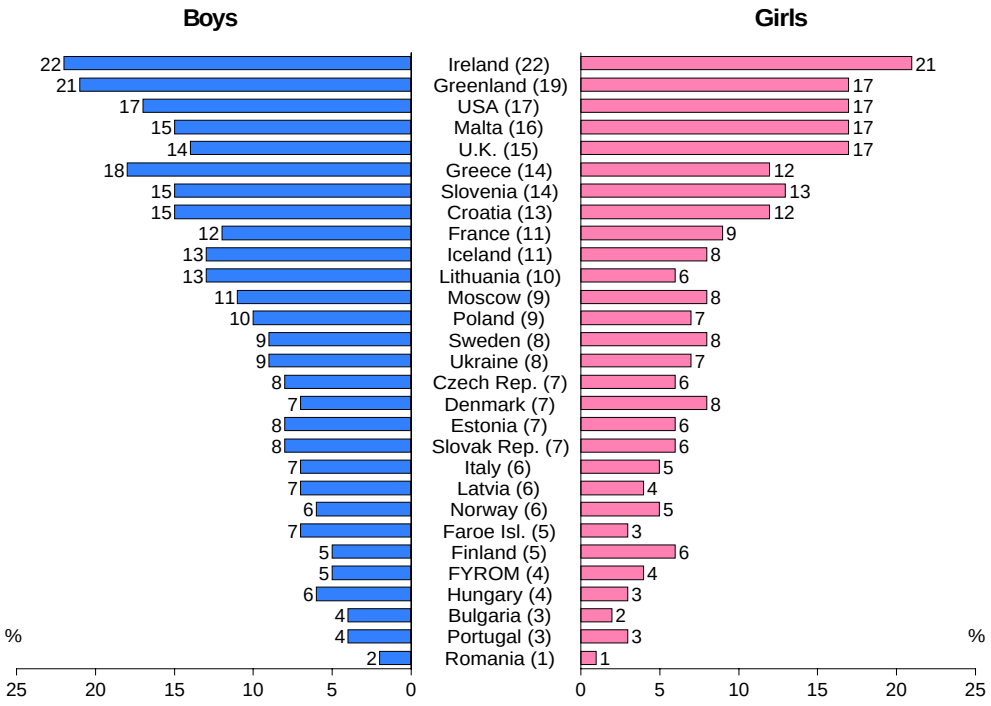


Figure 55b. *Lifetime experience of inhalants. Percentages among boys and girls. 1999.*

The 12 months prevalence is overall lower than lifetime, but the top countries are about the same. The highest rates are reported from Ireland (12%), Malta (11%), Greenland (10%) and Greece (9%). In Latvia, Romania and Russia the 12 months prevalence rates are 0–1%.

The 30 days prevalence rates are low; in two thirds of the participating countries they are 1–2%. The largest proportions are reported from Greece, Greenland, Ireland, Malta and the United Kingdom (4–6%).

Onset

First drug used

(Tables 34a–c)

The students were asked about the first illicit drug they ever used. The drugs listed were tranquillisers or sedatives, marijuana or hashish, LSD, amphetamines, crack, heroin and ecstasy. As in the 1995 ESPAD survey, cannabis continues to be the most important introductory drug in most of the countries under study, followed by tranquillisers and sedatives. Nearly no student had used any other illicit drug as the first drug ever used. The highest figures are found in Estonia and Latvia where about 15% of the students with illicit drug experience had used amphetamines and ecstasy respectively.

In 12 of the 29 participating countries, cannabis was the first illicit drug used among more than 75% of all students who had used such drugs. In Ireland and the United Kingdom, cannabis was the first illicit drug used among more than 90% of the relevant students. In six countries tranquillisers or sedatives were the first illicit drug used by 25% or more of students who had used such drugs (Cyprus, the Faroe Islands, Finland, Lithuania, Poland and Romania).

The data from the 1999 ESPAD survey demonstrates considerable gender differences in the first substance used. In 19 of the 29 countries cannabis was the first illicit drug used by more than 75% of all boys who had used such drugs. Among girls this was only found to hold true in 9 countries. In fact, cannabis was the first drug used by less than 50% of the relevant girls in eight countries (Cyprus, Estonia, Faroe Islands, Finland, Hungary, Lithuania, Poland and Romania). Conversely, the use of sedatives or tranquillisers as the first drug is much more prevalent among girls than boys. In twelve countries sedatives and tranquillisers were the first drugs used among more than 25% of drug using girls, while the same held true among boys in only two countries. In three countries (Cyprus, Lithuania and Poland), sedatives or tranquillisers were the first drug used by more than half of all girls who had used any illicit substances.

How the first drug was obtained

(Table 35a–c).

In line with the findings of the 1995 ESPAD survey, the majority of adolescents who had used any illicit drug in 1999 had obtained the drug for the first time from someone they knew quite well. In all but two countries (Lithuania and Romania), over half of all students reported that it had been given to them by friends or siblings, or shared in a group. In 19 of the 29 countries, over 75% of students who had used such drugs reported having obtained them in such a manner, i.e. from friends or siblings. In contrast, less than 5% of drug using students in most countries reported buying illicit drugs for the first time from someone unknown to them.

Reasons for first use

(Tables 36a–c)

In public discussions of adolescent drug use, the role of peer pressure is frequently emphasised. However, the findings from the 1999 ESPAD survey also suggest an active role of individuals in initiating their own drug use. Thus, in all participating countries, curiosity is most frequently named as an important reason for using the first illicit drug ever tried. On average, curiosity is mentioned as an important reason by 59% of the students, who had tried illicit drugs, ranging from about 40% in Cyprus, the Faroe Islands and Malta to about 80% in Bulgaria, Denmark, Estonia, France and Norway. Furthermore, the desire to “get high” was the second most frequently named reason for first illicit drug use in almost all countries. On average it was mentioned by 22% of the ESPAD students, who had tried any illicit drug. Wanting to feel high was a particularly common response among boys.

In contrast, a minority of users in most countries only named such reasons as “not wanting to stand out of the group”, “having nothing to do”, or “wanting to forget problems”. Each of these reasons on average were named by 6–12% of the respondents who had ever used illicit drugs as an important reason for why they did so the first time. Girls are on average twice as likely as boys to name wanting to forget problems as an important reason for using drugs for the first time. Indeed, in 14 of the 29 participating countries, girls named wanting

to forget their problems as often or more often than they named wanting to feel high as an important reason for using illicit drugs for the first time. Looking at individual countries some single figures might be of interest to notice. One is that "did not want to stand out from the group" was the second most important reason in Lithuania (mentioned by 22% of the students who had tried illegal drugs). In the two Nordic countries Denmark and Norway other reasons than those mentioned in the questionnaire played an important role for the first illicit drug use (mentioned by 50 and 40% respectively). On average the category "other reasons" was answered by more girls than boys.

Age at first use

(Table 37)

As Table 37 shows, inhalants are the most common illicit substance that the 15–16 year old respondents report having used when they were 13 years old or younger. On average 3% of the girls and 4% of the boys reported inhalant use by age 13. However, this proportion is found to vary greatly between countries. The highest figures among the ESPAD countries are found in Ireland, Malta and the United Kingdom, where 7–8% of all respondents reported using inhalants by age 13. The figure was even higher in the United States (10%).

Cannabis is the second most common illicit drug to be used by the respondents by age 13 for boys on average it is as common as inhalants. In the United Kingdom, 14% of both boys and girls reported cannabis use by age 13. In France and Ireland, 9% of all boys, and 5–6% of all girls reported cannabis use at this early age, followed by Denmark (6% and 4% for boys and girls, respectively) and Russia (5% and 4%, respectively).

The prevalence of other illicit drug use by age 13 is relatively uncommon, with the exception of the use of tranquillisers or sedatives in a few countries. In France, 4% of all boys report such use of tranquillisers or sedatives by the age of 13. Among girls the same was true for 4% in the Czech Republic, France, Lithuania, and Poland.

In a large majority of the countries there are no substantial differences among boys and girls who have tried different illicit drugs at the age of 13 or younger.

Places to buy cannabis

(Tables 38a–c, Figure 56)

The ease of access to illicit drugs is a most important determinant of experimental drug use among adolescents. However, very little is known about specific places where adolescents can buy illicit drugs, or about differences in such access between the European countries. The 1999 ESPAD survey provides a first glimpse into this neglected area of research. About half of the students in the ESPAD countries have answered that they know of such a place. In ten countries this is the case among two thirds or more (the Czech Republic, Denmark, France, Greece, Ireland, Italy, Norway, Slovak Republic, Slovenia and the United Kingdom) knew of some place they could easily buy cannabis. On the other hand, in seven countries (FYROM, Greenland, Latvia, Lithuania, Romania, Russia and Ukraine) about one third or less of all respondents knew of such a place. The range goes from 81% in the Czech Republic to 16% in Romania.

The most commonly mentioned place where cannabis can be bought is "disco, bar etc." which on average was mentioned by 26% of the ESPAD students. The second most important answer was "street, park etc." (19%) followed by "house of a dealer" (17%) and "school" (12%).

In the majority of countries that included this question, "a disco or a bar" are the most likely places to buy cannabis. On average this was mentioned by one out of four ESPAD students. In the remaining countries the most likely place is "on the street" (Bulgaria, Finland, Greenland, Norway, Slovenia and Sweden) or "at the house of a dealer" (France, Iceland, Latvia, Ukraine and the United Kingdom). Looking at the ESPAD averages the latter two alternatives was indicated by about 18% of the students.

The availability of drugs within schools has been a particular concern in many countries. On average, just over one in ten students report that they can easily buy cannabis in school. However, these proportions vary greatly between countries. Between one in every three and about one in every four students in the Czech Republic, France, Iceland, Italy, Poland, Slovenia and the United Kingdom report being easily able to buy cannabis in their school. At the other extreme, 5% or less of students in FYROM, Greenland, Latvia, Malta, Romania, Russia and Ukraine report this possibility.

As Figure 56 shows, these differences between countries in availability of cannabis in schools cannot be fully accounted for by differences in availability in general. Thus, for example 51% of students in Poland, Malta and Croatia report that they know of a place where they can easily buy cannabis. However, the proportion of students in these

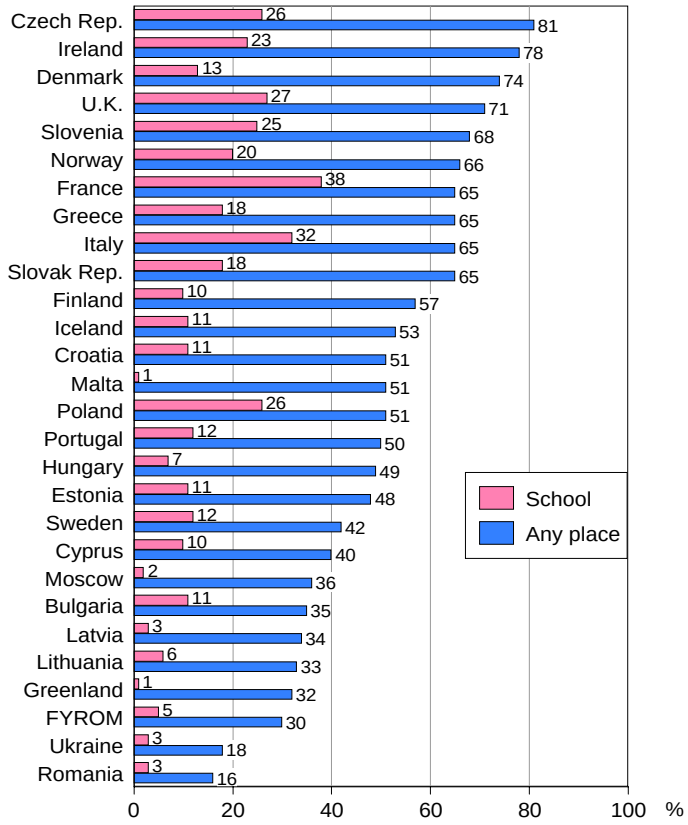


Figure 56. *The proportion of students who reported that cannabis was easily available in schools and any other place respectively.*

countries who believe they can buy cannabis in school varies from 1% in Malta to 26% in Poland. Similarly, although Denmark and the United Kingdom have similarly high levels of overall availability (74% and 71%, respectively), the availability of cannabis within schools is twice as high in the United Kingdom (27%) as in Denmark (13%).

The availability of cannabis and the places where it can be bought vary considerably between countries. Some single figures might be of interest to notice in table 36. One example is that 60% of the students in the Czech Republic and 54% in Denmark have answered that marijuana and hashish can easily be bought in a disco or a bar. Street, park etc. is mentioned by 48% of the students in Norway and 40% in Ireland. In France (38%) and Italy (32%) many of the students find cannabis easily available at school. In some countries it is very common that marijuana and cannabis easily can be bought at the house of a dealer. This was answered by about 41% of the students in Denmark and the United Kingdom and by about 38% in France and Norway.

Looking at the average ESPAD figures there are more girls (28%) than boys (23%) who report that marijuana or hashish easily can be bought on “disco, bar etc.”.

Lifetime abstinence from various substances

(Tables 39a–c)

In tables 39 a–c the proportion of lifetime abstainers are given for each of the following substances: cigarettes; alcohol; illicit drugs; tranquillisers or sedatives; inhalants. They are followed by four calculated variables which reflect the proportion of those who abstained from using combinations of previously listed substances: cigarettes and alcohol

(a); cigarettes and alcohol and illicit drugs (b); cigarettes and alcohol and illicit drugs and tranquillisers or sedatives (c); cigarettes and alcohol and illicit drugs and tranquillisers or sedatives and inhalants (d).

For cigarette smoking the highest proportion of lifetime abstainers are found in Cyprus (50%), Iceland (44%), Malta and Romania (both 43%). The lowest figures for cigarette smoking abstaining are found in Greenland (14%), Faroe Islands (16%) and Czech Republic (21%).

In most countries rather few reported lifetime abstinence from alcohol beverages. The highest values are found in FYROM (32%), Portugal (22%), Iceland (21%) and Greenland (17%). Smallest figures are found in the Czech Republic, Denmark and Greece (all 2%).

Abstinence figures are much higher for illicit drugs (include marijuana or hashish; LSD; amphetamines; crack; cocaine; heroin; ecstasy). In Cyprus 97% students of the students reported not to have used any of drugs mentioned above, followed by the Faroe Islands, Malta (both 92%) and Finland, FYROM and Greece (90% each). Smallest figures are found in Ireland (60%), France and the Czech Republic (65% each), and the United Kingdom (64%).

The highest abstinence proportions for use of tranquillisers or sedatives are reported from Estonia (99%), Latvia and Ukraine (97%), Bulgaria and the United Kingdom (both 96%). The lowest are seen in France and Lithuania (88% each) followed by the Czech Republic and Poland (both 82%).

Inhalant abstinence is the highest in Romania (100%), Bulgaria and Portugal (both 97%) and FYROM (96%). Smallest figures are seen in Ireland (78%) and Greenland (81%).

Analysis of sequence of figures for the four substance combinations in most countries reveals no difference at all or 1% difference. This means that if students neither smoked nor used alcohol, they usually did not use any other substance either. The first exception is Slovenia with the sequence of new variable combination 10, 10, 9 and 7%. This means that 2% of students in this country have experimented with inhalants without trying any other substances, which is not very strange with relatively low abstinence from inhalants (86%). The other exception is Romania with the sequence 12, 10, 10 and 10%, where the high first figure is likely to be the reflection of one of the highest values of cigarette smoking abstinence among students (43%).

The average proportion of reported abstinence from cigarettes appears to be slightly higher among girls, though individual country data show large diversity. In Ukraine, Estonia, Cyprus, Lithuania and Romania girls were cigarette abstainers 15% more often than boys. The opposite was true for girls in the United Kingdom and Ireland (10 and 9 points less often than boys respectively).

For alcohol very few gender differences were revealed, except for FYROM, Cyprus, Romania and Poland, where figures for alcohol abstinence are higher among girls. Overall abstinence from illicit drug use is higher among girls, but in Romania, Greenland, Malta, Finland, Bulgaria and Faroe Islands they are about equal for boys and girls. For tranquillisers and sedatives the proportion is higher among boys in most of the countries. Still in Faroe Islands boys are in minority. For inhalants abstinence proportions are rather equal between boys in girls, but in Lithuania, Greece and Iceland it is somewhat higher among girls.

Attitudes towards drugs

Perceived availability of substances

Tables (40a–c, Figures 57a–b, 58a–b, 59a–b)

The students were asked: "How difficult do you think it would be for you to get each of the following?" For each of the listed substances the response categories were: "Impossible", "Very difficult", "Fairly difficult", "Fairly easy", "Very easy" and "Don't know."

Below, the proportions of students who indicated "Very easy" or "Fairly easy" to this question will be presented. There are considerable differences in the availability of alcohol compared to illegal drugs. However, there are also substantial differences within the group of illegal substances.

Considering the averages, beer is perceived slightly more available than wine (85 and 82% respectively answering "very easy" or "fairly easy"), with spirits a little behind (73%). In all countries except Latvia, beer is estimated to be the easiest alcoholic beverage to obtain compared to

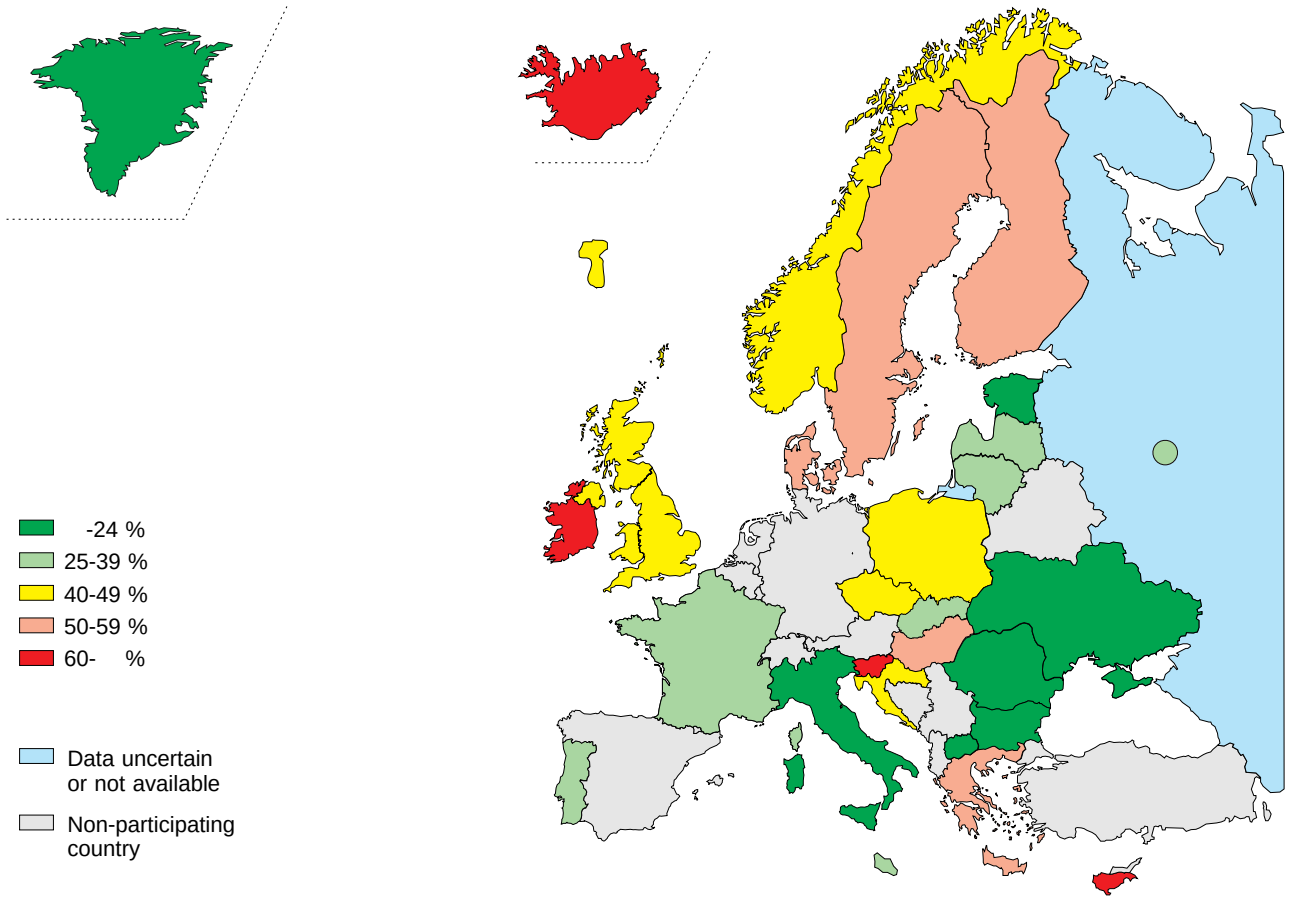


Figure 57a. *Proportion of all students who perceive inhalants "very easy" or "fairly easy" to obtain. 1999.*

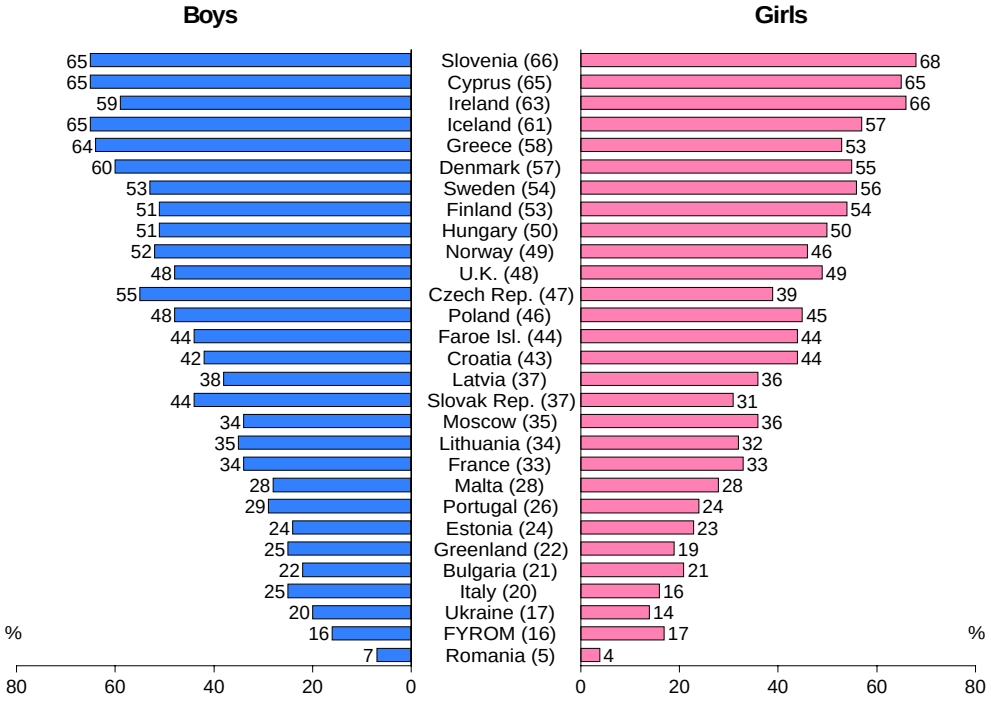


Figure 57b. *Proportion of boys and girls who perceive inhalants "very easy" or "fairly easy" to obtain. 1999.*

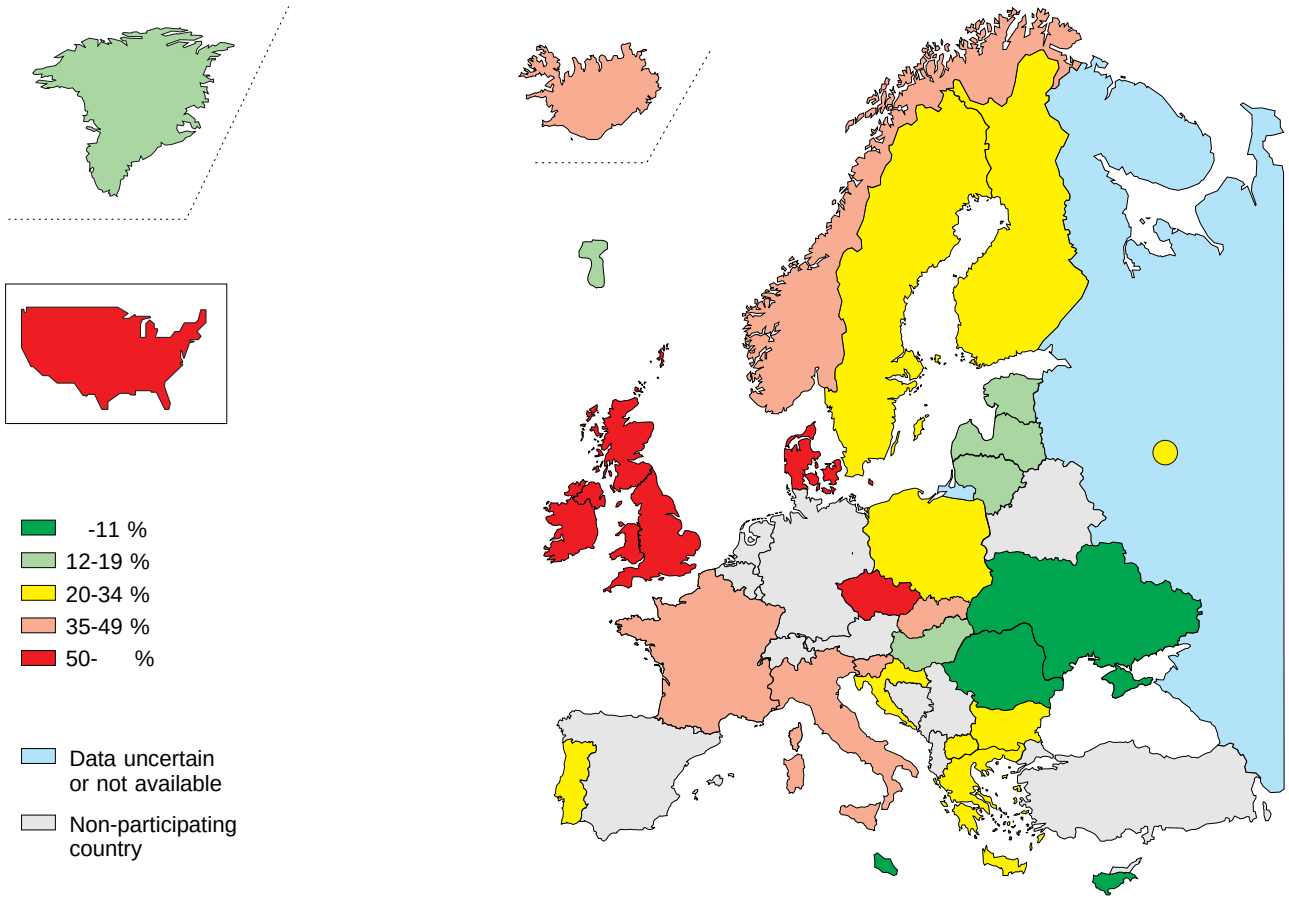


Figure 58a. *Proportion of all students who perceive marijuana or hashish "very easy" or "fairly easy" to obtain. 1999.*

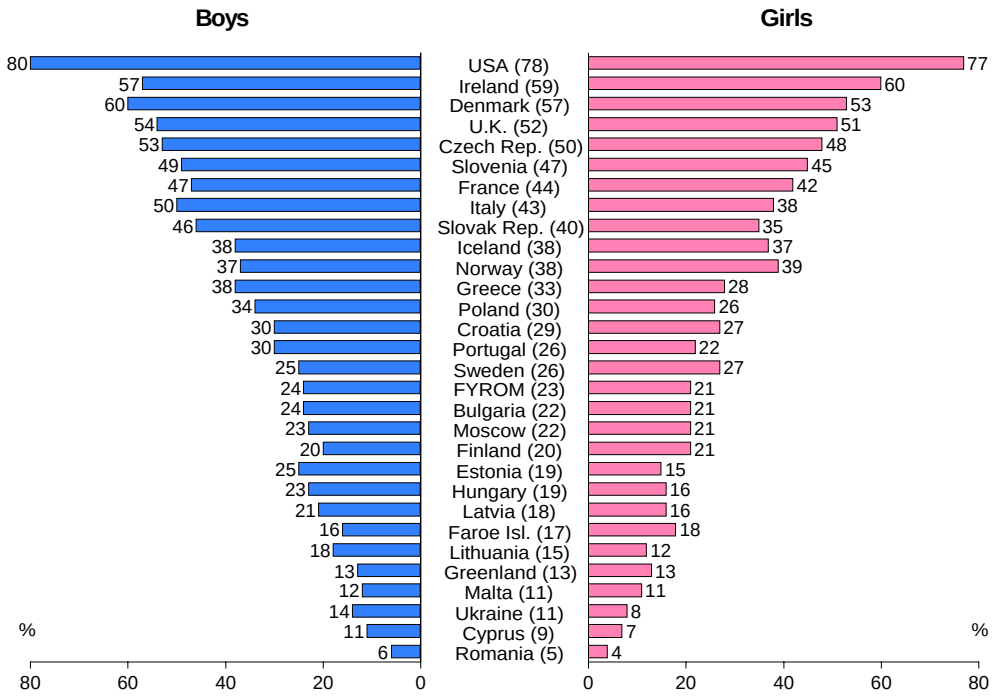


Figure 58b. *Proportion of boys and girls who perceive marijuana or hashish "very easy" or "fairly easy" to obtain. 1999.*

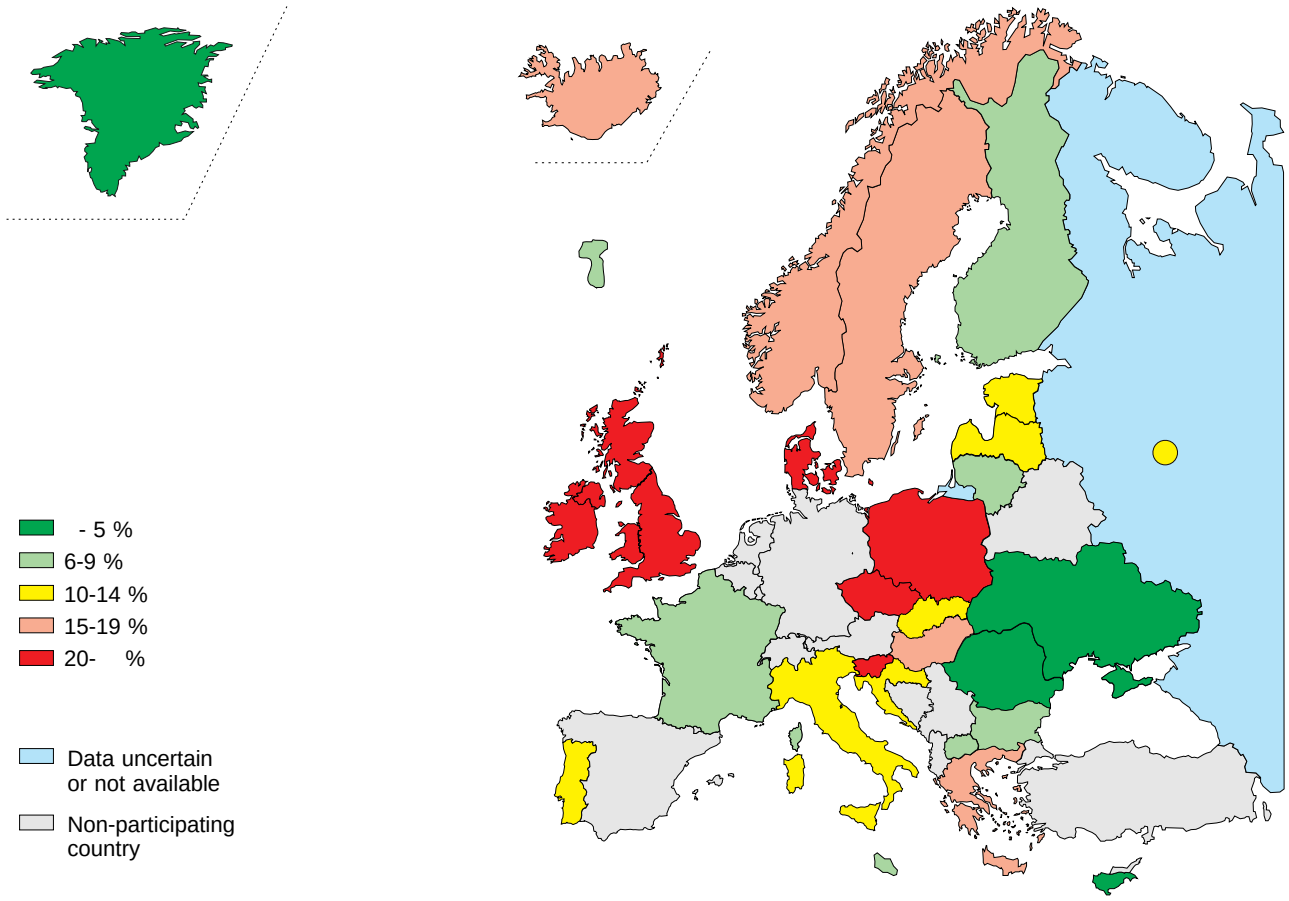


Figure 59a. *Proportion of all students who perceive LSD or other hallucinogens "very easy" or "fairly easy" to obtain. 1999.*

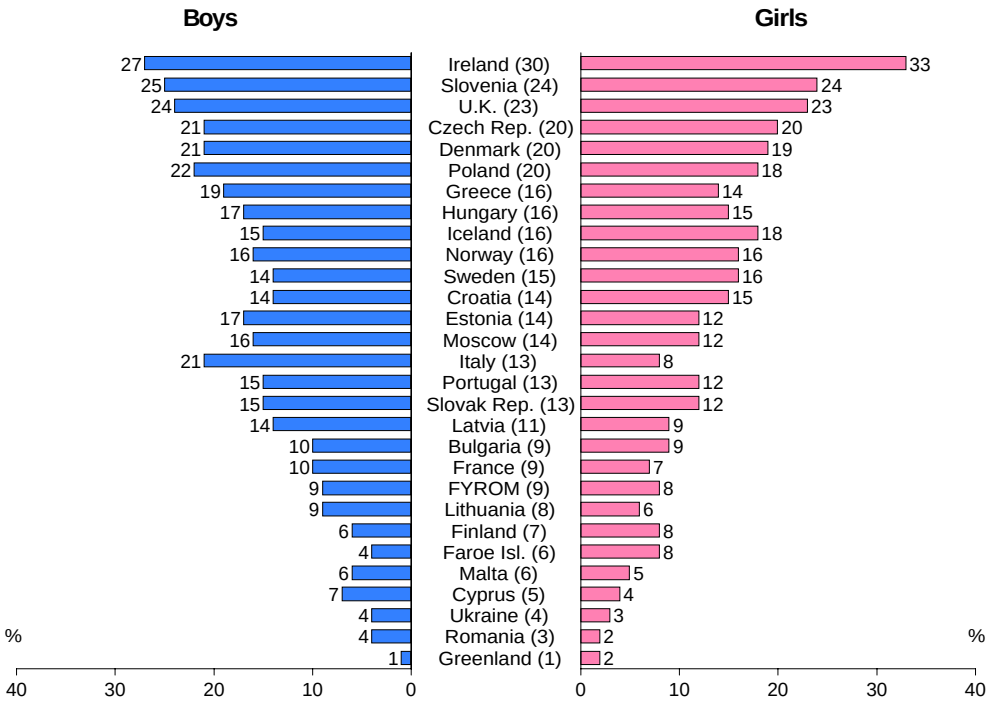


Figure 59b. *Proportion of boys and girls who perceive LSD or other hallucinogens "very easy" or "fairly easy" to obtain. 1999.*

wine and spirits, although the differences are very small in some of the countries. Spirits is, in comparison, estimated to be most difficult (i.e. least easy) to obtain in virtually all countries, except in Latvia where wine is the alcoholic beverage that is easiest to get. However, in some countries there are hardly any differences in the perception of the availability between beer, wine and spirits.

On average, the largest proportion of students who claim that it is "very" or "fairly" easy to get beer, wine and spirits are found in Denmark (98%), Greece (96%) and Czech Republic (93%). Least easy does this seem to be in Romania (63%), Latvia (59%) and Greenland (39%). The lowest single figures are found for beer in Latvia (26%) and wine and spirits in Greenland (33% and 38% respectively).

For other drugs the availability varies considerably across both countries and substances. Inhalants seem to be easiest to get in Cyprus, Iceland, Ireland and Slovenia in which 61–66% of the students reported that they were "very" or "fairly" easy to get. The average is 40%. Least easy to find are inhalants in Ukraine (17%), FYROM (16%) and Romania (5%).

In most countries anabolic steroids are not perceived as easy to get. The largest proportions answering "very" or "fairly" easy are found in Greece, Poland (about 25%), together with Cyprus, Ireland, Slovenia and the United Kingdom (17–19%). Smallest proportions were reported from Faroe Islands, Romania, Ukraine (4%) and Greenland (2%). The average of the ESPAD countries was 12% and the corresponding figure for USA 36%.

Marijuana or hashish is somewhat easier to get than many of the other drugs. The average proportion of students who reported that cannabis was "very" or "fairly" easy to obtain was 29%. The largest figures were found in Ireland (59%), Denmark (57%), United Kingdom (52%) and Czech Republic (50%). The smallest proportions were found in Malta, Ukraine (11%), Cyprus (9%) and Romania (5%). The corresponding figure for USA is 78%, i.e. higher than in any ESPAD country.

The perceived availability of amphetamines is highest in Denmark, Poland and Ireland (27–29%), followed by United Kingdom and Iceland (21–22%). The average is 13% and they are perceived to be least available in Greenland, Romania and Ukraine (1–4%). In USA 41% reported this.

On average LSD or other hallucinogens are thought to be "very" or "fairly" easy to obtain by 13% of the ESPAD students. These answers were given by 30% of the students in Ireland. Next comes a group of countries including the Czech Republic, Denmark, Poland, Slovenia and the United Kingdom (20–24%). Very few students thought so in Ukraine (4%), Romania (3%) and Greenland (1%), while the figure in USA was 34%.

The figures regarding cocaine and crack are very similar. About one out of five students in Ireland and the United Kingdom considered cocaine and crack to be easily available, which is twice the average. There is a gap between these two countries and a group of 10 countries reporting figures ranging from 10 to about 18%, including Croatia, Denmark, France, Greece, Iceland, Norway, Poland, Portugal, Slovenia and Sweden. Smallest figures (around 3% or less) were reported from Greenland, Romania and Ukraine. The corresponding figure in USA (37%) is higher than in any ESPAD country.

There are big differences across countries in the perceived availability of ecstasy. Countries with the largest proportions saying that ecstasy is "very" or "fairly" easy to obtain include Ireland (35%) followed by Denmark, Slovenia and the United Kingdom (28–31%). A group of eight countries with percentages around 20 (17–24%) include the Czech Republic, Greece, Hungary, Iceland, Latvia, Norway, Poland and Portugal). These countries are above the average of 16%. In contrast only 4% in Ukraine, 3% in Romania and 1% in Greenland reported this.

For heroin the largest proportions of students who think this substance is easy to find are reported from Ireland (21%) together with Denmark, Greece, Poland, Slovenia and United Kingdom (16–18%). The average was 11%. Very few students thought so in Greenland, Romania and Ukraine (2–3%). In USA 24% gave this answer.

Magic mushrooms were not included in the questionnaires of Estonia, Malta and Norway. Rather high proportions in Ireland (38%), Iceland, United Kingdom (28–29%), the Czech Republic and Poland (about 22%) considered this substance "very" or "fairly" easy to obtain, which is well above the average of 12%. The lowest figures were found in the same countries as for most of the other drugs, Greenland, Romania and Ukraine (2–3%).

As an average about one fourth of the students in the ESPAD countries think that it is "very" or "fairly" easy to get tranquillisers or sedatives. The figures vary, however, a great deal over the countries and range from 4 to 47%. The group of countries, which report the highest values, include

Greece (47%), Hungary and Poland (40–41%), Czech Republic and Iceland (about 36%) and Cyprus, France and Slovenia (30–33%). This means that the top group in relation to availability of tranquillisers or sedatives consists of somewhat different countries than was the case with most illegal substances.

To sum up, alcohol is considered to be "very" or "fairly" easy to obtain by a large majority of the students in most countries. Inhalants are the most available substances among other drugs. On average this was mentioned by 40% of the ESPAD students. Marijuana or hashish come next (29%) followed by tranquillisers or sedatives (23%). Among the remaining drugs listed, ecstasy is on average perceived most easy to obtain (16%). For all other drugs the corresponding figures vary between 9 and 13%.

The perceived availability of illegal drugs differs between countries. Among the ESPAD countries it seems to be highest in Ireland and the United Kingdom followed by a group of three countries, including the Czech Republic, Poland and Slovenia. However, for all illegal drugs (for which comparable figures are available), except tranquillisers or sedatives, the perceived availability is higher in USA than in any of the ESPAD countries.

Also the lowest perceived availability of illegal drugs is mainly concentrated to a limited number of countries. These are mainly Greenland, Romania and Ukraine.

Looking at the ESPAD average figures there are very few gender differences in the perceived availability of illegal drugs. There are slightly more boys than girls answering that anabolic steroids and cannabis are fairly or very easy to obtain, while the opposite is true for tranquillisers and sedatives.

Perceived risk of substance use

(Tables 41a–c)

The students were asked: "How much do you think people risk harming themselves (physically or in other ways), if they a) smoke cigarettes occasionally, b) smoke one or more packs of cigarettes per day" etc. Eighteen items regarding cigarettes, alcohol and illicit drug use suggesting different intensity of use were listed. The response categories were: "No risk", "Slight risk", "Moderate risk", "Great risk" and "Don't know". Below, the proportions of students who indicated "Great risk" for a selection of 14 items are presented.

The ESPAD average figures vary substantially between substances. The largest average proportion indicating "great risk" is found for regular use of cocaine or crack (85%). The lowest average figure is to be found for drinking five or more drinks once or twice (38%).

A majority of the students think that smoking a pack of cigarettes or more per day would mean a great risk to people's health. On average this was indicated by 65%. The largest proportions are to be found in Faroe Islands (84%), Romania (82%) and Hungary (80%). The smallest proportions are reported from Greenland (43%) together with Russia and Ukraine (about 38%). It is interesting to notice that two high prevalence countries are found at opposite ends of the distribution: Faroe Islands with 84% and Greenland with 43%.

Five or more drinks each weekend is not considered by so many students to be a great risk. The average is 38%. France has the largest proportion of students who think this would be a great risk (60%). Other countries with proportions above 50% include FYROM, Hungary, Latvia and Portugal (52–56%). The smallest proportions were found in Denmark, Greenland, Ireland and the United Kingdom (17–18%), i.e. countries with high prevalence rates of alcohol consumption and binge drinking.

Taking marijuana or hashish once or twice is regarded as a less risky behaviour than taking it regularly (with averages of 43 and 78% respectively). However, the proportions vary between countries, especially for the occasional use. More than 60% considered cannabis use once or twice to be a great risk in Romania (79%), but also FYROM, Lithuania and Portugal (61–65%). In contrast, this was only supported by a little more than one out of five students in Denmark, France and the United Kingdom (21–24%).

As mentioned, larger proportions thought that regular use of cannabis would mean a great risk to the individual. In Romania 94% of the students thought so. High figures are also found in Cyprus, Hungary, Malta and Sweden (88–89%). The lowest figures were to be found in Ireland (63%), Czech Republic, France (60%), United Kingdom (56%) and Greenland (52%).

In about one third of the countries the use of LSD once or twice is considered to be a great risk by half of the students or less. The average is 53% and the largest proportions of students who think so are to be found in Romania (83%), Iceland (75%) and FYROM (70%). The smallest figures were reported from Greenland, Russia, Slovenia and Ukraine (about 38%) and the Czech Republic (32%).

Regular use of LSD (with an average of 81%) is overall considered as a greater risk than occasional use (53%). In two thirds of the countries 80% or more considered regular use as a great risk. The largest proportions are reported from Finland, Iceland and Romania (about 93%). There is only one country reporting a very low figure in this respect, namely Greenland where only 46% thought that regular use of LSD would be a great risk.

As an average, taking amphetamines once or twice was perceived as a great risk by half of the students. Only two countries reported percentages of 70 or over, namely Romania (78%) and FYROM (70%). In contrast, about one third thought so in Slovenia (32%) and slightly more in the Czech Republic, Greece, Greenland, Russia and Ukraine (36–39%.

Regular use of amphetamines, however, was considered a great risk by about 80% of the students. In Finland, Iceland, Romania and Sweden this was reported by about 91%. The lowest figures are found in Ukraine (62%) and Greenland (46%).

The largest proportion of students who thought that occasional use (once or twice) of cocaine or crack would mean a great risk is reported from Romania (80%), followed by FYROM and Portugal (about 73%). These figures are well above the average of 57%. The lowest figures in this respect are found in the Czech Republic, Greenland, Malta, Slovenia and Ukraine (41–44%).

Regular use of cocaine or crack was considered to be a great risk by about 92% in Finland, Greece, Hungary, Iceland, Romania and the Slovak Republic. The smallest figure in this respect was reported from Greenland (48%).

Occasional use (once or twice) of ecstasy was considered a great risk by many students in countries where such use is not uncommon. Thus, apart from Romania, where 81% perceived this as a great risk, the largest proportions were reported from Ireland (79%), Iceland (75%) and the United Kingdom (71%), which are well above the average of 53%. Smallest figures were found in Ukraine and Russia (about 38%) the Czech Republic and Slovenia (about 33%).

A large majority of the students in most ESPAD countries perceived regular use of ecstasy to be a great risk. The ESPAD average is 82%. In Iceland and Romania 93% thought so, in Ireland 90% and in Malta and Sweden 89%. The lowest figures are reported from Ukraine (65%) and Greenland (45%).

About half of the students considered the use of inhalants once or twice to be a great risk. The highest figures are to be found in Romania (78%), FYROM (66%) and Portugal (62%). The lowest (25%) was reported from Cyprus and Slovenia.

The largest proportion of students who thought that regular use of inhalants would involve a great risk is found in Romania (94%) followed by Faroe Islands, Finland and Slovak Republic (about 90%). The average is 79% and the smallest proportions thinking so are reported from Ukraine (66%), Slovenia, Cyprus (63%) and Greenland (52%).

On average, across the participating countries, having 5 or more drinks each weekend was considered less risky than any of the other suggested behaviours. However, the average proportion saying that occasional use of cannabis is a great risk is rather similar to the item related to alcohol (43 and 38% respectively).

For other illicit drugs the perceived risk of occasional use is about the same. On average, about half of the students think so. Regular use of illicit drugs is on average considered to be a great risk by about 80% of the students.

Girls are in general more apt than boys to consider drug use as a risk. This is especially true for regular use of illegal drugs.

It is obvious that there are large differences between single countries. As Morgan *et.al.* (1999) has pointed out, there is a negative relationship between the prevalence rate in a country and the perceived risk attributed to that particular drug. The only drug for which this does not hold true is cigarettes.

It might also be of interest to notice that the lowest risk perceptions to a large extent are found in a limited number of countries. This is much pronounced in Greenland in which relatively small figures are reported on eleven out of the fourteen variables. Other countries with rather few students indicating risks connected with the use of different drugs include the Czech Republic, Slovenia and Ukraine.

Disapproval of various substance use

(Tables 42a–c)

The students were asked: "Individuals differ in whether or not they disapprove of people doing certain things. Do you disapprove of people doing each of the following?" Sixteen items regarding various occasional or regular substance use were listed. The response categories were: "Don't disapprove", "Disapprove", "Strongly disapprove" and "Don't know." Below, the proportions who indicated "Disapprove" or Strongly disapprove" on

eleven selected items are presented. Iceland did not include this question in the questionnaire.

The proportions of students who disapprove or strongly disapprove of people who smoke 10 or more cigarettes a day range from 32 to 82% with an average of 59%. Countries with the highest figures include Lithuania (82%) and Romania (77%) as well as Greenland, Hungary, Latvia, Malta, Portugal and Slovak Republic (72–75%). The smallest proportions were found in the Czech Republic, Greece (42% each), France (37%) and Slovenia (32%).

Varying proportions of students in the ESPAD countries disapproved of people who get drunk once a week, ranging from 32 to 86% with an average of 62%. The largest proportions were found in Malta (86%) and Italy (80%), together with FYROM, Latvia, Lithuania and Portugal (about 76%). About one third thought so in three countries including Greenland (37%), United Kingdom (36%) and Denmark (32%). Thus, three countries where most students disapproved of frequent drunkenness are Mediterranean countries and the three countries with least disapproval are high prevalence countries on drunkenness.

About two thirds of the ESPAD students indicated that they "disapprove" or "strongly disapprove" of people who take marijuana or hashish once or twice. The largest proportions are reported from FYROM, Lithuania, Malta and Romania (about 84%). The smallest proportions are found in the Czech Republic, France and Slovenia (about 44%).

The large majority of students in Denmark, Romania and the Slovak Republic (90% each) disapprove of people taking LSD once or twice, which can be compared with the average of 79%. About two thirds of the students in Cyprus, Russia and Ukraine also indicated this.

Taking heroin once or twice is on average disapproved of by 83% of the ESPAD students. In four countries this was reported by 90% or more, including Bulgaria, Denmark, Hungary and the Slovak Republic (90–94%). The lowest figures are reported from Russia (69%), Cyprus (66%) and Slovenia (61%).

The proportions of students indicating disapproval of the use of tranquillisers or sedatives once or twice range from 51 to 90% with an average of 76%. However, the majority of the countries show proportions around 80%. The top countries include Bulgaria, Denmark, Romania and the Slovak Republic (about 89%). Countries with the lowest figures include Cyprus and the Czech Republic (about 58%) as well as Greece and Slovenia (about 52%).

Largest proportions indicate disapproval of people taking amphetamines once or twice in the Slovak Republic (92%), Bulgaria, Denmark and Romania (89% each), which can be compared with the ESPAD average of 79%. The smallest proportions are reported from Ukraine (62%), Cyprus (59%) and Slovenia (53%).

The proportions of students who indicated disapproval of the occasional use (once or twice) of crack or cocaine are very similar. The average is about 82% and the highest proportions are to be found in Denmark and the Slovak Republic (around 92%), together with Bulgaria, Hungary, Romania and Lithuania (90% each). In the United Kingdom 90% of the students disapproved of occasional use of crack, while 84% indicated disapproval of cocaine. The smallest proportions of students who disapproved of using crack or cocaine once or twice are found in Cyprus, Ukraine (around 64%) and Slovenia (around 59%).

The disapproval of people taking ecstasy once or twice was on average indicated by 79% of the students in the ESPAD countries, including large proportions in Denmark and Romania (90% each) as well as in Bulgaria, FYROM, Hungary, Ireland, Italy, Malta, Norway and Slovak Republic (about 87%). Countries with relatively low figures include Cyprus and Russia (64%), Ukraine (61%) and Slovenia (53%).

Taking inhalants once or twice is disapproved of by 90% or more in five countries, including Bulgaria, Denmark, Lithuania, Romania, and the Slovak Republic (90–92%), which is well above the average of 78%. Smallest proportions of students who thought so were found in Cyprus and Slovenia (47%).

To sum up, on average the proportions of students who disapprove of various substance use are very similar (around 80%) for all illicit drug use, except for cannabis. The disapproval of using marijuana or hashish once or twice is on average reported by nearly 70% of the students, i.e. there are fewer students who disapprove of cannabis use than of the use of other illicit drugs.

The behaviour that is least disapproved of is smoking 10 or more cigarettes a day and getting drunk once a week, of which on average 60% disapproved, or strongly disapproved.

In general, for most substances there is a slight tendency towards more girls than boys disapproving of the various behaviours.

Perceived cigarettes, alcohol and drug use among friends

(Tables 43, 44a–c)

It would be reasonable to think that in countries with high prevalence rates on e.g. smoking there should also be high percentages reporting that most or all friends are doing the same. The students were asked: "How many of your friends would you estimate smoke cigarettes?" etc. The response categories were: "None", "A few", "Some", "Most" and "All". In the following section about cigarette smoking and alcohol use, the proportions who answered "most" or "all" will be presented.

The countries with high proportions reporting that most or all friends smoke cigarettes include Bulgaria (72%), Italy (70%), Russia (64%), Croatia (59%), Latvia, Ukraine (57% each) and the Czech Republic (56%). In the high prevalence countries Greenland and the Faroe Islands this was reported by 40 and 44% respectively. Countries with the lowest figures include Hungary, Portugal, Slovak Republic (31% each) together with Iceland and Sweden (25% each). Also in USA the proportion who responded that most or all of their friends smoke was fairly low (26%).

Overall, there are more girls than boys reporting that their friends smoke. This holds true in more than two thirds of the participating countries.

Although drinking alcoholic beverages is a widespread behaviour in most of the ESPAD countries it is only in about half of the countries that 50% or more report that most or all of their friends drink alcohol. The largest figures are to be found in the high prevalence countries Denmark (94%), Ireland (81%) and the United Kingdom (79%). The smallest proportions are reported from Romania (30%), Slovak Republic (28%) and Hungary (24%).

In the majority of countries the gender differences in this respect are very small or non-existent. Only in six countries notably higher proportions of girls than of boys were reported (Bulgaria, Faroe Islands, Iceland, Italy, Norway and Ukraine) while the opposite was true in two of them (Croatia and Romania).

Overall, there are rather few students who reported that most or all of their friends get drunk once a week or more often. There are, however, a few countries where one third or one fourth of the students reports this. These include Denmark, Faroe Islands, the United Kingdom (about 38% each), Ireland (27%) and Bulgaria (22%).

In a majority of the countries there is no substantial difference between the sexes in the responses to this question. Higher proportions among girls are found only in Faroe Islands and Italy and among boys in Croatia, Czech Republic, Denmark and FYROM.

In this section the proportions of students who thought that "some", "most" or "all" friends are using cannabis, LSD or other hallucinogens, amphetamines, tranquillisers or sedatives, cocaine or crack, ecstasy, heroin, inhalants, alcohol together with pills and anabolic steroids are presented.

In countries with high prevalence rates for use of marijuana or hashish the proportions saying that some, most or all of their friends use cannabis are expected also to be rather high. A closer look at the figures reveals that the largest proportion who thought so are to be found in Italy (44%), France, the United Kingdom (34% each), Slovenia (26%), Ireland (24%) and Denmark (23%). The smallest figures are found in Russia (4%), Faroe Islands, Malta (3% each), Cyprus, Hungary and Romania (2% each). In the USA the corresponding figure was 45%.

Besides cannabis, less than 10% report that at least some of their friends use any of the named drugs, except for inhalants and alcohol together with pills, which was reported by slightly more than 10% in Croatia (both inhalants and alcohol with pills), Italy and UK (alcohol with pills). Friends' use of tranquillisers or sedatives was reported by 10% in Slovenia.

In a majority of the countries, which put this question, less than 5% thought that some, most or all of their friends used LSD or other hallucinogens. More than 5% reported this only in Italy (9%) and the United Kingdom (6%). Just 5% thought so in five countries, including Croatia, Estonia, Ireland, Latvia and Slovenia.

In Estonia 8% of the students assumed that some, most or all of their friends take amphetamines. The second highest figure (5%) was found in Denmark, Ireland, Italy, Latvia and the United Kingdom.

Apart from the 10% in Slovenia, mentioned above, who thought that some, most or all of their friends use tranquillisers or sedatives, the next highest proportion (6%) was found in Croatia, Italy and Lithuania.

Cocaine and crack are scarcely reported to be used among friends. The only country revealing a somewhat peaking value is Italy (7%). In USA this proportion was 5%.

Ecstasy was reported being used by some, most

or all friends by 9% of the students in Italy. Other countries with proportions somewhat higher than average include Latvia (7%), Croatia, Portugal and Slovenia (6% each).

Very few students in most ESPAD countries use heroin. However, as we have seen in previous sections of this report, there is a certain tendency towards use of heroin for smoking in some countries. Although the figures are too small to really speak of high and low values, the proportions of students whose friends (some, most or all of them) use heroin are largest in Italy (5%), Croatia and Latvia (4% each).

Use of inhalants among some, most or all of the students' friends is most prevalent in Croatia where 11% reported this. Other countries with somewhat high figures include Cyprus (9%), Ireland, Italy, Slovenia (7% each), Denmark and the United Kingdom (6%). In the USA 6% of the students thought so.

Very few students in most countries report the use of magic mushrooms among friends. There are only three countries with notably different figures compared with the others. These are Ireland, the United Kingdom (7% each), Iceland and Poland (4% each).

Some, most or all friends taking alcohol together with pills was reported by 5% or less in one third of the ESPAD countries. In three countries the proportions are more than double this value, including Croatia, Italy and the United Kingdom (12% each). Other countries with somewhat high values are Denmark (11%), Ireland (9%), Iceland, Poland, Slovenia (8% each), Norway and Sweden (7% each).

Anabolic steroids use is not very prevalent in the ESPAD countries. In analogy to that, rather few students estimate some, most or all of their friends to do so either. The only country reporting a percentage above 3 percent is Bulgaria where 5% reported this.

To sum up, there are a few countries with comparatively high proportions on several variables. This is especially true for Italy, which in comparison had high values on most variables. Other countries high on several variables include Slovenia and the United Kingdom.

In general, there are hardly any gender differences in the students' perceived drug use among friends. However, there are more girls than boys estimating their friends to smoke marijuana or hashish in Italy.

Cigarette, alcohol and drug consumption among elder siblings

(Tables 45a–c)

Students who have any elder sibling were asked whether the sibling(s) ever smoke cigarettes, drink alcohol, get drunk, smoke marijuana or hashish, take tranquillisers or sedatives or take ecstasy. This information is perhaps most interesting in relation to the students' own behaviour and will be analysed further later on. However, it might be of interest to see the findings, as they are and the proportions of students who indicated any of the listed behaviours are presented below.

In half of the countries about 50% or more of the elder siblings smoke cigarettes. The average ESPAD figure is 44%. The highest proportions are found in the high prevalence countries Greenland (65%) Faroe Islands, Finland and France (about 57%). The smallest figures are reported from Italy, Malta and Romania (about 32%).

A majority of the students' elder siblings drink alcoholic beverages. On average this was reported by nearly two thirds of the ESPAD students. In ten out of the 28 countries about three fourth of the students gave this answer. The largest proportions were reported from Denmark, Finland and Iceland (about 86%) as well as, the Czech Republic, Greece, Norway, Sweden and the United Kingdom (about 81%). The smallest figures are found in Italy and Romania (about 33%).

The proportions of students whose elder siblings ever get drunk vary across the countries, ranging from 17 to 85% with an ESPAD average of 44%. The highest proportions are found in Denmark (85%) together with Finland, Iceland, Norway and the United Kingdom (71–75%). The lowest figures were found in FYROM, Italy and Russia (about 18%).

Siblings who smoke marijuana or hashish are not very common in most of the countries. On average this was mentioned by 6% of the ESPAD students. The largest proportions are reported from the high prevalence countries France and the United Kingdom (23% each) as well as the Czech

Republic and Ireland (about 17%). Very few or none were reported from Greenland and Romania.

There are fewer students reporting that their elder siblings use tranquillisers or sedatives than was the case for cannabis. On average 2% reported this. The highest values are found in the Czech Republic, Poland and the United Kingdom (about 6%).

The same goes for the use of ecstasy among elder siblings, for which the ESPAD average figure also is 2%. However, the proportions are ranging from 0 (Greenland) to 13% (Italy). The next largest proportion (6%) is reported from the United Kingdom.

There are more girls than boys who have elder siblings who smoke cigarettes. The tendency is the same regarding the siblings' consumption of alcohol (drinking alcohol as well as getting drunk). These differences are found in a large majority of the countries.

Other findings

Leisure time activities

(Tables 46a–c)

The students' alcohol and other drugs consumption is expected to be related to the pattern of other leisure time activities. With the purpose of serving as a background variable for future analyses, data on the students' engagement in various leisure time activities was collected. Below, the proportions of students participating in any of the listed activities at least once a month are presented. The activities are: "Ride around on a moped or motorcycle just for fun", "Play on slot-machines", "Play computer games", "Actively participate in sports, athletics or exercising", "Read books for enjoyment (not schoolbooks)", "Go out with friends in the evening (to a disco, café, party etc.)" and "Other hobbies (playing an instrument, draw, write etc.)". Iceland did not include this question in the questionnaire. Other countries excluded the "slot-machine item" as not being relevant in their culture. These countries are Cyprus, Denmark and France. Estonia excluded the item "Ride around on a moped ".

On average about one fourth of the students use to ride around on a moped or motorcycle just for fun. There are big differences, however, between the countries, with Cyprus reporting an extremely high value (61%). Besides of that, the largest proportions were reported from Greece and Italy (about 41%) as well as FYROM, France and Slovenia (about 36%). The smallest figures are found in the United Kingdom (10%), Romania (7%) and, interestingly enough, compared to Cyprus another Mediterranean island, Malta (5%).

The proportions of students who frequently play on slot machines vary considerably across countries. This is probably closely related to the availability of the machines and may therefore not be equally comparable over the countries. The largest proportions are found in Greenland (87%), Finland (47%), Norway (40%) and the United Kingdom (24%). Countries with the smallest proportions reporting this behaviour include the Czech Republic, Estonia, Slovak Republic and Slovenia (about 4%) and Faroe Islands (0%).

To play computer games is a popular activity among youth in many western societies. The availability of such equipment varies, however, over the countries. Similar to the situation regarding slot machines, the proportions engaged in frequent use of these games reflect perhaps more the differences in accessibility than differences in youth behaviour.

In three out of the 28 countries the proportions are 80% or over, including Cyprus and Denmark (about 85%), and the United Kingdom (80%). In four countries the proportions are below 50%, including Bulgaria, Greece, Romania and Ukraine (44–48%).

A large majority of the students are frequently engaged in some kind of physical activity. In eight countries the proportion of students who actively take part in sports, athletics or exercising is 90% or more. They include Estonia, Finland, Ireland, Russia, Slovak Republic, Sweden, Ukraine and the United Kingdom (90–93%). Two countries reported percentages below 70, including Malta (62%) and Greenland (56%).

To read books for enjoyment is not as common as playing computer games or being engaged in physical activities. The largest proportions are found in Greenland (71%) followed by Cyprus, Latvia, Romania, Russia and Ukraine (60–64%). Smallest proportions are reported from Croatia, Greece, Slovenia (about 37%) and the Faroe Islands (32%).

The largest proportions of students who go out with friends in the evening at least once a month are reported from Cyprus, Greece, Ireland, Malta and Norway (about 90%). Smallest proportions are reported from Portugal (63%) and France (55%).

There are of course many other activities that attract young people, which do not fit in any of the listed categories. "Other hobbies" was indicated by around 70% in Ireland, Italy, Malta and the United Kingdom. On average half of the students in the other countries had indicated this category.

The dominating leisure time activity in most countries is the active participation in some kind of physical activity. Other activities of high priority are to go out with friends in the evening and to play computer games.

There are, however, rather big gender differences in the response distribution on the various items. In seven out of the 27 countries about half of the boys ride around on a moped or motorcycle just for fun (on total average one third), while this behaviour is only reported by a little more than one tenth on average among girls. Play on slot machines is twice as common among boys as among girls. One of two girls play computer games compared with 8 out of 10 among boys. Regular participation in physical activities, however, is about as common among girls as among boys. Reading books is somewhat more common among girls (6 out of 10) than among boys (4 out of 10), while boys and girls are equally engaged in "going out with friends in the evening".

Missed schooldays during the last 30 days

(Tables 47–49)

The students were asked how many schooldays they had missed because of illness, truancy or other reasons during the last 30 days.

The highest percentages of students who had been ill during the last 30 days were found in Croatia , Ireland and Sweden (about 53%). The lowest figures were found in the Faroe Islands, Portugal and Poland (about 34%) as well as in Greece (23%).

In a majority of the countries absence because of truancy during the last 30 days is reported by one fourth of the students or more. The largest proportions are reported from Estonia, Italy and Poland (41–45%). The smallest figures are found in Greenland, Hungary, Malta and Iceland (13–16%).

Quite large proportions of the students indicated other reasons than illness or truancy for being absence from school during the last 30 days. Half of the students or more in Ireland (50%) and Ukraine (56%) had been absent from school because of other reasons at least one day out of the last 30. The smallest proportions were around one fourth and were reported from nine countries, including Croatia, Denmark, FYROM, Faroe Islands, France, Greece, Norway, Portugal and Romania (24–27%).

There are some gender differences in the number of missed schooldays during the last 30 days. In about half of the countries girls were absent because of illness more often than boys. The same tendency was also found in about 10 countries concerning absence because of other reasons than truancy or illness. Truancy is more common among boys than girls in 8 countries while the opposite is true in 4.

Parents' knowledge of where their children spend Saturday evening

(Table 50)

The control of parents could be a protective factor against children's use of substances. A possible indirect indicator for the level of control could be parents' awareness of how children spend their free time. Students were asked: "Do your parents know where you spend Saturday evening?". The response categories were: "Always; Quite often; Sometimes; Usually don't know".

The proportion of students who answered that their parents always know where they are on Saturday evening varies from 19 to 72%. Countries with the highest figures include countries of the Southern Europe: Portugal, Hungary (72% each), France (71%), Cyprus (67%), Malta (64%) and Romania (63%). In contrast, the lowest figures are found in Baltic region countries: Estonia (19%), Finland (34%), Norway (36%), Russia (38%), Sweden (41%) and Lithuania (46%).

In all the countries girls were more likely than boys to say "Always" (except for Finland where both boys and girls gave such response in 34% cases). The lowest level of students who selected the option "Usually don't know" was in Denmark (1%), and the highest was in the United Kingdom (9%).

Key results country by country

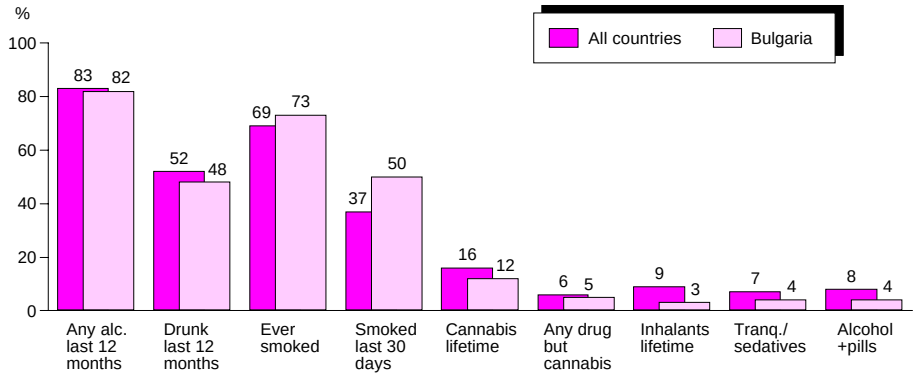
In previous chapters one variable at a time has been presented and the results from all participating counties were compared in tables and figures. It is, however, also of interest to look at the results country by country. In this chapter some of the most important findings from each participating country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

Nine variables were chosen to give an overview of the results: Consumption of any alcoholic beverage during the last 12 months; have been drunk during the last 12 months; lifetime use of cigarettes; have smoked cigarettes during the last 30 days; lifetime use of marijuana or hashish; lifetime use of any illicit drug other than marijuana or hashish; lifetime use of inhalants; lifetime use of tranquillisers or sedatives (without a doctor's prescription) and lifetime use of alcohol together with pills.

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

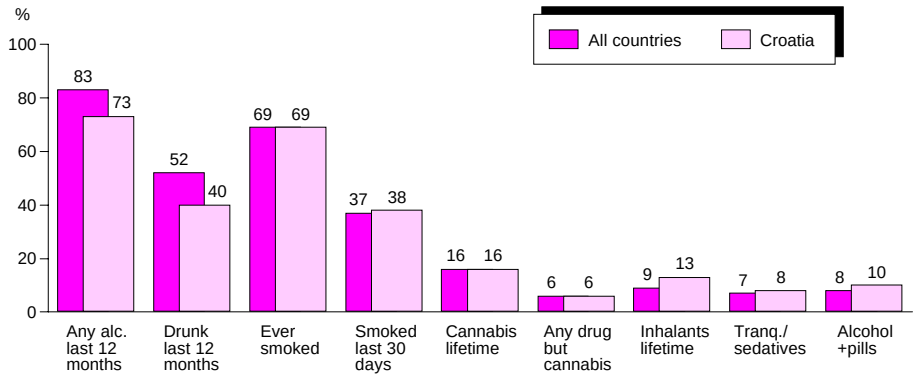
Bulgaria

The proportion of students in Bulgaria who had been drinking any alcohol during the last 12 months is broadly the same as the average for all countries (82 vs. 83%). The proportion reporting drunkenness experience during the last 12 months is also very close to the average (48%). Ever smoked was reported by a proportion (73%) slightly above the average for all ESPAD countries (69%), and this is true also for the proportion who had been smoking during the last 30 days (50% compared to 37% on average). The lifetime prevalence of cannabis use (12%) is somewhat lower than average (16%), while the prevalence of any other illicit drug use is broadly the same (5%). Lifetime use of inhalants is relatively uncommon in Bulgaria (3%) in comparison with all countries (10%). The same can be said about tranquillisers or sedatives without a doctor's prescription and use of alcohol in combination with pills (4% each, average 7 and 8% respectively).



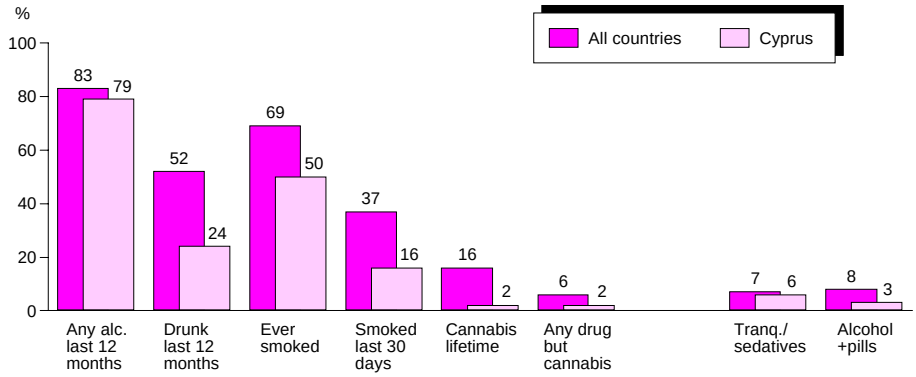
Croatia

For Croatia the two alcohol variables show lower figures than the average for all countries. Consumption of alcohol during the last 12 months was reported by 73% and drunkenness during the same period by 40% (average 83 and 52% respectively). The proportion of students who had been smoking in lifetime was the same as the average (69%) and the same can be said about the variable "smoked last 30 days" (38%). Also the proportion of students who had used any illicit drug was the same as average; marijuana or hashish was reported by 16% and any other illicit drug by 6%. Slightly higher proportions than average had tried inhalants (13 vs. 9%), while the use of tranquillisers or sedatives without a doctor's prescription (8%) as well as alcohol in combination with pills (10%) were close to the average for all countries (7 and 8% respectively).



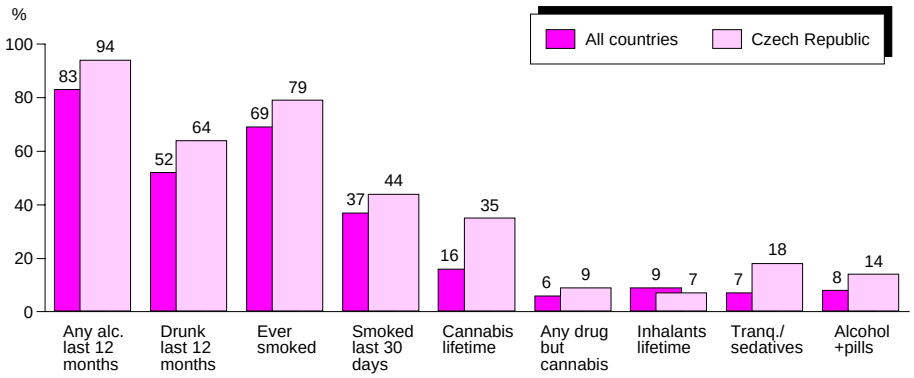
Cyprus

There is a substantial difference between any alcohol consumption during the last 12 months and drunkenness experience during the same period in Cyprus. The former variable was broadly the same as the average (79%), while the latter was about half the average (24% compared to 52%). Lifetime smoking was also less reported in Cyprus (50%) than average (67%), and the difference is even more pronounced in the last 30 days prevalence of smoking (16% compared to 37%). Experience of illicit drugs is very uncommon in Cyprus. Just 2% reported use of cannabis or any other illicit drug, compared to 16 and 6% respectively for all ESPAD countries. Very few students in Cyprus reported use of alcohol together with pills (3%) in comparison to all countries (8%). The proportion of students who reported use of tranquillisers or sedatives is very close to average (6 vs. 7%). Data on use of inhalants are not available.



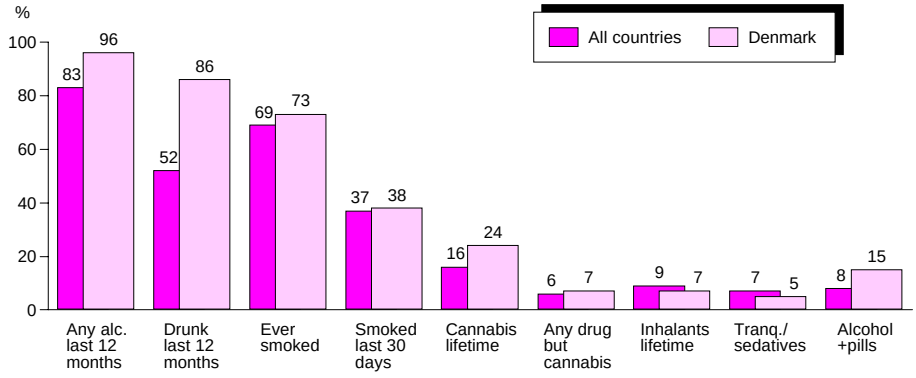
The Czech Republic

Almost all students in the Czech Republic had used alcohol during the last 12 months (94%), which is higher than average (83%). Also the proportion of students who have been drunk during the last 12 months is higher (64%) than average (52%). More students than the average had been smoking in lifetime (79 compared to 67%), while the proportion having smoked during the last 30 days (44%) are closer to the proportions in all countries (37%). About twice as many students in the Czech Republic had used marijuana or hashish (35%) as the average for all countries (16%). The use of any other illicit drug than cannabis is also higher than average (9 compared to 6%). Use of inhalants, however, is less common in the Czech Republic (7%) than average (10%). Rather large proportions have used tranquillisers or sedatives without a doctor's prescription (18%) compared to all countries (7%). Also alcohol in combination with pills is more common in the Czech Republic (14%) than average (8%).



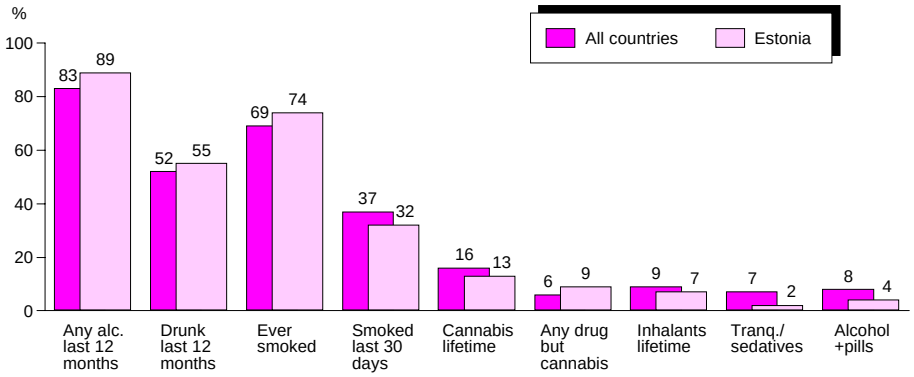
Denmark

The proportion of students in Denmark who had been drinking alcohol during the last 12 months is larger (96%) than the average (83%). The difference is, however, more pronounced when comparing the proportions of students who had been drunk during the same period (86% compared to 52% on average). The proportion of students who had ever smoked is slightly higher (73%) than average (69%) and the figure of the 30 days prevalence is equal to average (38%). It is more common in Denmark than the average to have used marijuana or hashish in lifetime (24% compared to 16%). However, the experience of any other illicit drug than cannabis is on the same level as the average (7%). The use of inhalants as well as the use of tranquillisers or sedatives without a doctor's prescription are rather close to the mean proportions for all ESPAD countries (7 and 5% respectively). The proportions reporting alcohol use in combination with pills is about twice the average for all countries (15% compared with 8%).



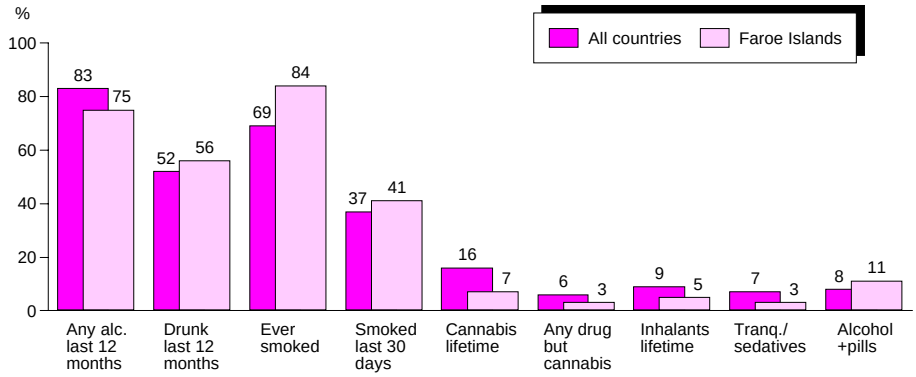
Estonia

Somewhat higher proportions than the average for all ESPAD countries had been drinking alcohol during the last 12 months in Estonia (89 compared to 83%). The proportion reporting having been drunk during the same period is also rather close to average (55 compared to 52%). The proportion of students who reported to have ever been smoking was slightly larger in Estonia than the average for all countries (74 compared to 69%), while the proportion who had been smoking during the last 30 days was somewhat lower (32%) than the average (37%). The prevalence rates of cannabis use was somewhat lower than average (13 compared to 16%), while the opposite was true regarding the prevalence of any other illicit drugs (9 vs. 6%). The proportion of students who had used inhalants was very close to average (7%). Very few students in Estonia had used tranquillisers or sedatives without a doctor's prescription (2 vs. 7%) and alcohol together with pills (4 vs. 8%).



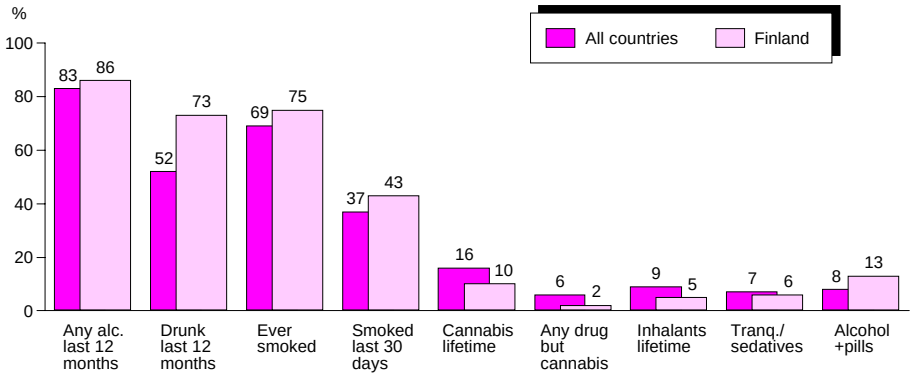
The Faroe Islands

The proportion of students in the Faroe Islands who had been drinking alcohol during the last 12 months was lower than the average (75 compared to 83%), while the proportion of students who had been drunk during the same period was slightly above average (56 vs. 52%). However, the lifetime smoking prevalence is substantially higher in the Faroe Islands (84%) than the average for all ESPAD countries (69%). In contrast, the 30 days prevalence of smoking is not very different from the average (41% compared to 37%). Very few students in the Faroe Islands had used any illicit drug. The proportion of students who had used marijuana or hashish was less than half the average (7% vs. 16%) and the same can be said about any other illicit drug than cannabis (3 vs. 6%). The proportion reporting use of inhalants was half the average (5 vs. 10%) and this is also true regarding the use of tranquillisers or sedatives without a doctor's prescription (3 vs. 7%). The use of alcohol together with pills is slightly higher than average (11 compared to 8%).



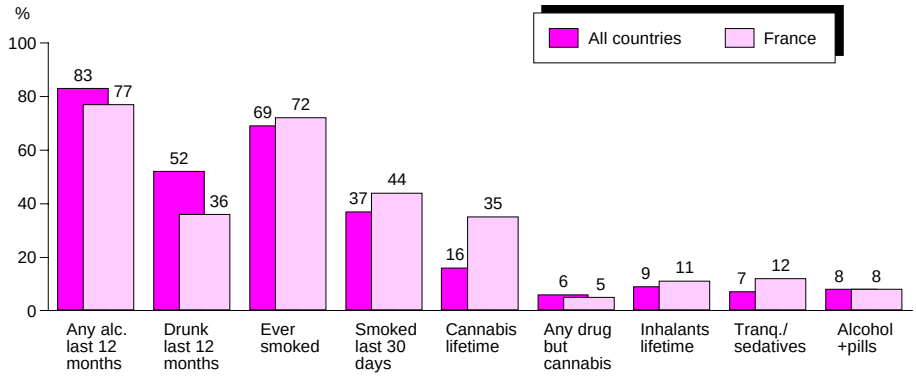
Finland

In Finland the proportion of students who had been drinking any alcohol during the last 12 months is broadly the same as the average for all countries (86%). The 12 months prevalence of being drunk is, however, substantially higher than average (73% compared to 52%). The proportion of students who had ever smoked cigarettes is somewhat higher in Finland than the average for all ESPAD countries (75% compared to 69%) and the same holds true regarding the 30 days prevalence (43 vs. 37%). Smaller proportions than average reported use of marijuana or hashish (10 vs. 16%) as well as use of illicit drugs other than cannabis (2 vs. 6%). The proportions reporting use of inhalants is about half the average (5 vs. 9%), while the use of tranquillisers or sedatives without a doctor's prescription is about equal to average (6%). In Finland it is more common to have used alcohol in combination with pills (13%) than the average for all ESPAD countries (8%).



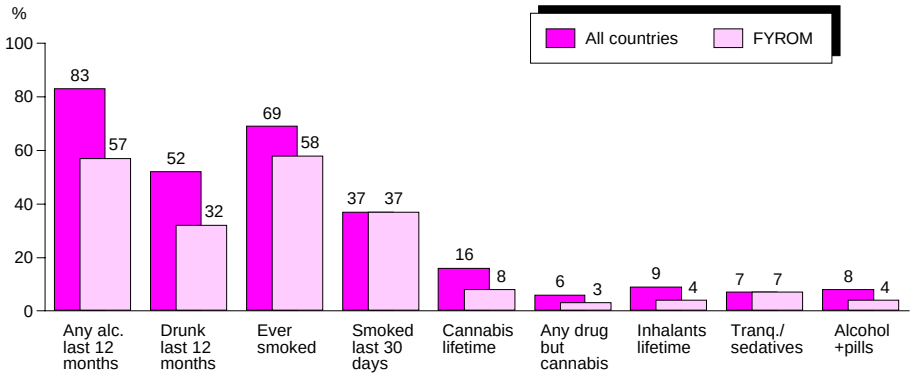
France

The proportion of students in France who had consumed any alcohol during the previous 12 months is somewhat smaller than average for all ESPAD countries (77 compared to 83%). Moreover, the proportion reporting having been drunk during the same period is substantially smaller than average (36 vs. 52%). The lifetime prevalence rates of smoking cigarettes is about average (72%) and the 30 days prevalence of smoking is only somewhat higher than average (44 vs. 37%). The proportion of students in France who had used marijuana or hashish is about twice the average of all countries (35 vs. 16%), but the proportion reporting use of any other illicit drug is the same as the average figure (5 vs. 6%). Use of inhalants is only slightly higher than the average (11 vs. 9%), while the use of tranquillisers or sedatives without a doctor's prescription is above average (12 vs. 7%). Use of alcohol together with pills is reported by proportions equal to average (8%).



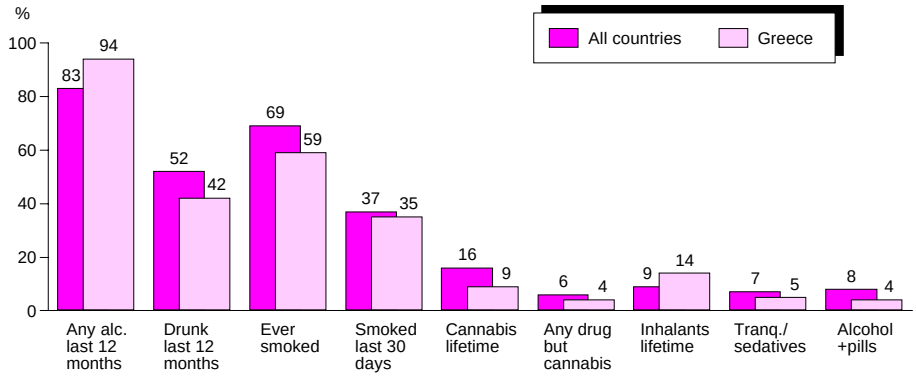
FYROM *(Former Yugoslav Republic of Macedonia)*

The results from FYROM on the actual variables show overall lower or equal figures compared to the average of all ESPAD countries. The proportion of students who had been drinking any alcohol during the previous 12 months is considerably lower than average (57% compared to 83%) and the same holds true for the proportion who had been drunk during the same period (32 vs. 52%). The difference in lifetime smoking, however, is not that big (58 vs. 69%) and the 30 days prevalence is the same as the average (37%). The proportion of students who had used marijuana or hashish is half the average (8 vs. 16%) and the same holds true for any illicit drug other than cannabis (3 vs. 6%) and the use of inhalants (4 vs. 9%). The use of tranquillisers or sedatives without a doctor's prescription is equal to average (7%), while the use of alcohol together with pills is half the average (4 vs. 8%).



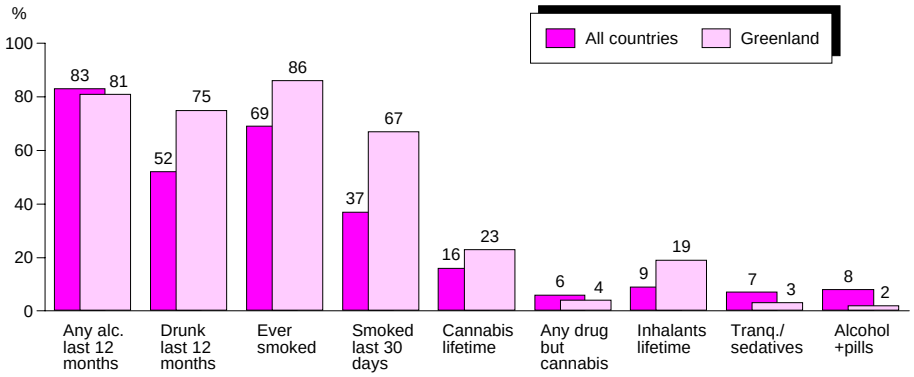
Greece

A vast majority of the students in Greece had been drinking an alcoholic beverage during the last 12 months (94%), which is above average (83%). In contrast, less than the average had been drunk during the same period (42% compared to 52%). Lifetime smoking among the Greek students is also below average (59 vs. 69%), while the 30 days prevalence of smoking is about equal to average (35%). The use of marijuana or hashish is lower than average (9 compared to 16%), while the use of any other illicit drug is close to the average (4 vs. 6%). The proportion of students who had used inhalants is higher in Greece (14%) than the average for all ESPAD countries (10%), while the use of tranquillisers or sedatives without a doctor's prescription is about average (5 vs. 7%). The proportion reporting use of alcohol in combination with pills is half of the average for all countries (4 compared with 8%).



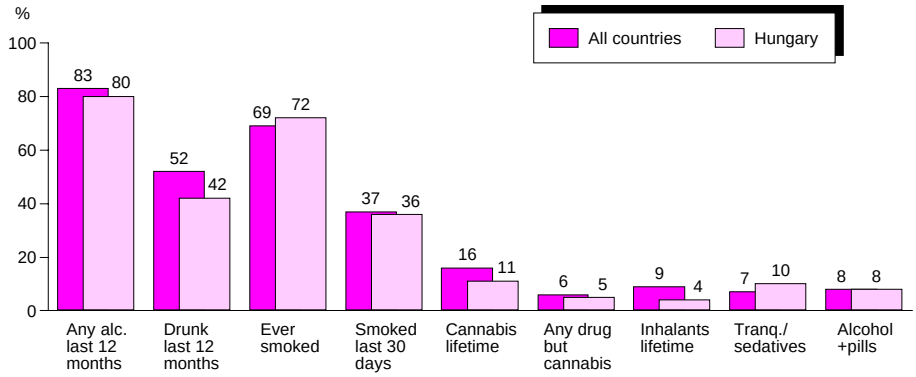
Greenland

The proportion of students in Greenland who had any alcohol consumption during the previous 12 months is very close to the average for all countries (81 vs. 83%). In contrast, the proportion reporting having been drunk during the same period is substantially higher (75%) than average (52%). There are also relatively more students in Greenland who had ever been smoking (86%) and who had smoked during the last 30 days (67%) than the averages (69 and 37% respectively). The proportion of students who report having used marijuana or hashish is also higher than average (23 vs. 16%), while the use of any other illicit drugs is less frequent (4 vs. 6%). The use of inhalants is more common on Greenland (19%) than average (9%). However, very few students reported use of tranquillisers or sedatives without a doctor's prescription (3%) or use of alcohol together with pills (2%).



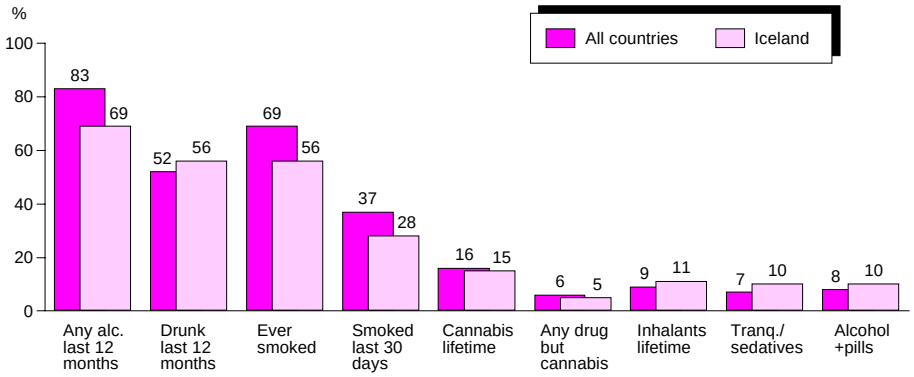
Hungary

The proportion of students in Hungary who had consumed alcohol during the last 12 months is broadly the same as the average for all countries (80 compared to 83%). However, the proportion reporting having been drunk during the last 12 months is lower than average (42 vs. 52%). The proportion of students who had ever smoked is broadly the same as the average for all countries (72%) and this holds true also regarding the 30 days prevalence (36%). The proportion of Hungarian students who have used marijuana or hashish is lower than average (11 vs. 16%), while the use of any illicit drug other than cannabis is about average (5%). The use of inhalants is less common in Hungary than the average of all ESPAD countries (5 vs. 9%). The proportion of students who ever used tranquillisers or sedatives without a doctor's prescription is slightly above average (10 vs. 7%), while the proportion reporting use of alcohol together with pills is equal to average (%).



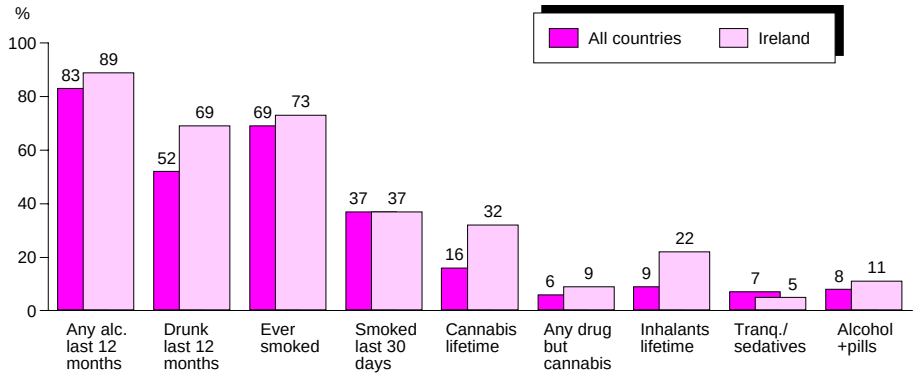
Iceland

The proportion of Icelandic students who had consumed any alcohol during the last 12 months is lower than the average for all ESPAD countries (67 compared to 83%), while the proportion that reported having been drunk during the same period is slightly above average (56 vs. 52%). Smoking is less common in Iceland than in most other countries; lifetime prevalence is 56% compared to 69% on average, and 30 days prevalence is 28% compared to the average of 37%. The use of marijuana or hashish is almost equal to the average (15%), as is the use of any illicit drug other than cannabis (5%). Lifetime use of inhalants is only slightly higher than the average (11%), while the use of tranquillisers or sedatives without a doctor's prescription (10%) and alcohol in combination with pills (10%) are slightly higher than the average (7 and 8% respectively).



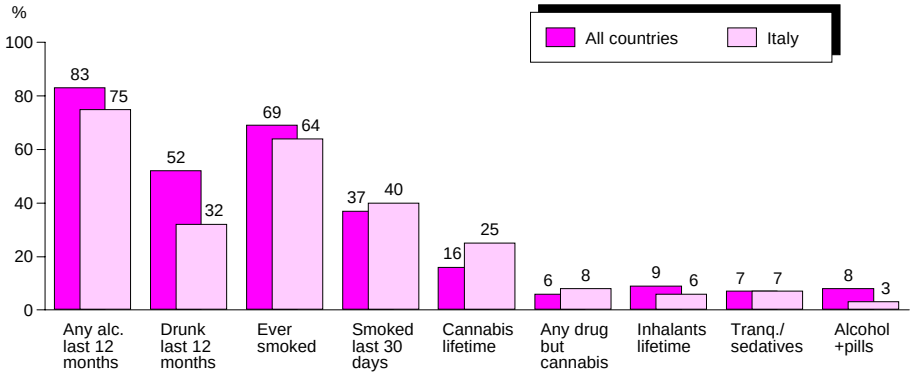
Ireland

The proportion of Irish students who had been drinking any alcohol during the last 12 months is somewhat higher than average (89 compared to 83%), while the proportion that had been drunk during the same period is substantially higher than average (69 vs. 52%). The lifetime smoking prevalence is slightly above average (73 vs. 69%) and the 30 days prevalence is equal to average (37%). The use of marijuana or hashish is twice as common in Ireland than the average for all ESPAD countries (32 vs. 16%), while the use of illicit drugs other than cannabis is slightly above average (9 vs. 6%). Use if inhalants, however, is about twice the average (22 vs. 9%), while the use of tranquillisers or sedatives without a doctor's prescription is about average (5 vs. 7%). A slightly higher proportion than average reported use of alcohol in combination with pills (11 vs. 8%).



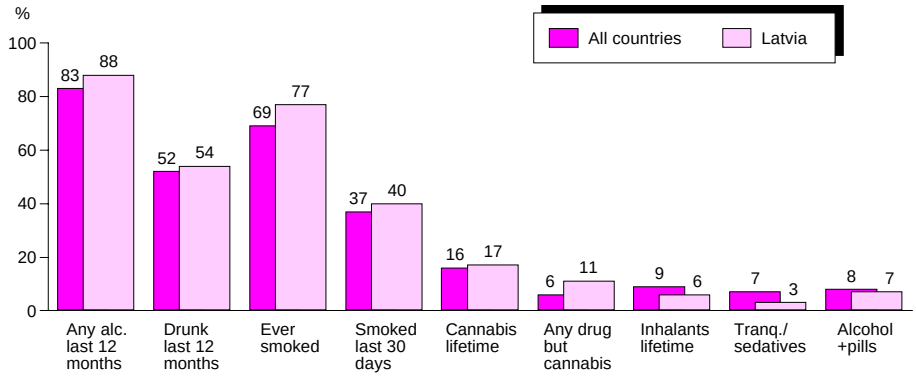
Italy

Consumption of any alcohol during the last 12 months is less common among Italian students than the average of all ESPAD countries (75 vs. 83%) and the difference is even more pronounced regarding the proportion of students who had been drunk during the same period (32 vs. 52%). Lifetime smoking, however, is almost as common as the average (64 vs. 69%), and the same is true regarding the proportion of students who have been smoking during the last 30 days (40 vs. 37%). The proportions of students who have used marijuana or hashish is higher than average (25 vs. 16%), while the use of illicit drugs other than cannabis is broadly the same (8 vs. 6%). The use of inhalants is somewhat lower than average (6 vs. 9%) and the use of tranquillisers or sedatives without a doctor's prescription the same as average (7%). Use of alcohol in combination with pills is less common in Italy than in many other ESPAD countries (3% in comparison with 8% as the average).



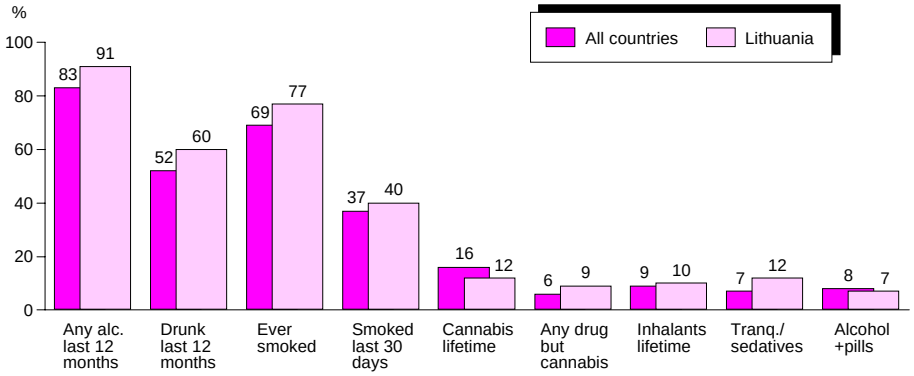
Latvia

The proportion of Latvian students who had been drinking any alcohol during the last 12 months is somewhat higher than average for all countries (88 vs. 83%), while the proportion of students who had been drunk during the same period is close to average (54 vs. 52%). The lifetime prevalence of smoking is higher in Latvia than average (77 vs. 69%) and so is the 30 days prevalence, but the difference is less pronounced (40 vs. 37%). The proportion of students who have used marijuana or hashish is broadly the same as the average (17%), but the proportion that reported use of other illicit drugs is higher (11 vs. 6%). Use of inhalants is less common than the average for all countries (6 vs. 9%), and this holds true also for use of tranquillisers or sedatives without a doctor's prescription (3 vs. 7%). Use of alcohol in combination with pills is as common in Latvia as the average for all ESPAD countries (7%).



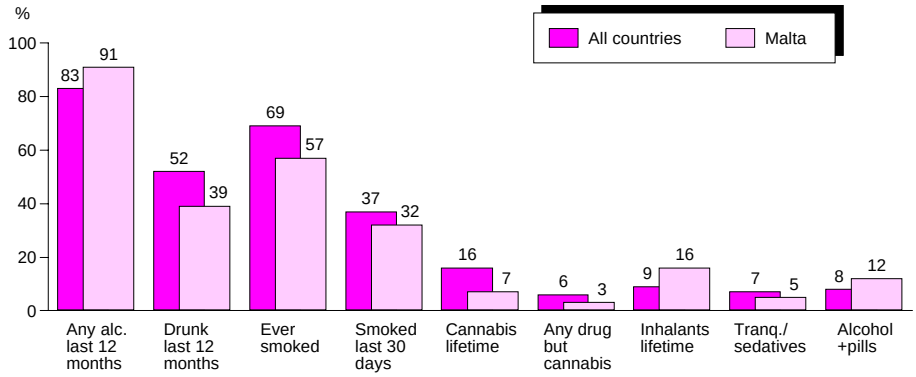
Lithuania

A vast majority of the students in Lithuania had been drinking alcohol during the last 12 months (91 compared to 83% on average). The proportion of students who had been drunk during the same period is also higher than average (60 vs. 52%). The lifetime prevalence of smoking is somewhat higher than the average for all ESPAD countries (78 vs. 69%), while the 30 days prevalence is broadly the same (40 vs. 37%). The proportion of students who have used marijuana or hashish is somewhat lower than the average (12 vs. 16%), while the proportion that reported use of any other illicit drug is higher (9 vs. 6%). The use of inhalants in Lithuania is close to the average for all countries (10%), while the use of tranquillisers or sedatives without a doctor's prescription is almost twice the average (12 vs. 7%). The proportion of students who have used alcohol together with pills is broadly the same as the average for all countries (7%).



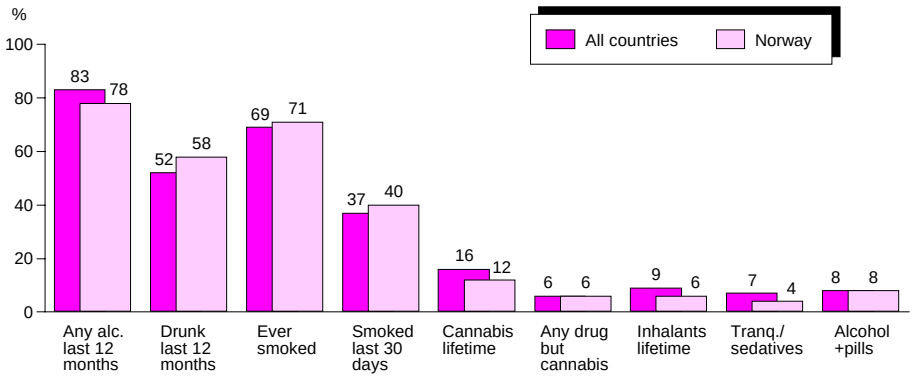
Malta

A vast majority of the students in Malta had been drinking any alcohol during the previous 12 months (91 compared to the average of 83%). In contrast, the proportions reporting drunkenness during the same period is less than average (39 vs. 52%). This holds true also regarding lifetime and the 30 days prevalence of smoking cigarettes. The lifetime figure is 57% (69 on average) and the 30 days prevalence 32% (37 on average). The proportion of students who have used marijuana or hashish is half the average for all countries (7 vs. 16%), as is the proportion reporting use of illicit drugs other than cannabis (3 vs. 6%). Use of inhalants, however, is reported by 16% of the students in Malta (9% on average); while the use of tranquillisers or sedatives without a doctor's prescription is close to average (5 vs. 7%). There are relatively many students in Malta who have combined alcohol with pills (12 compared to 8% on average).



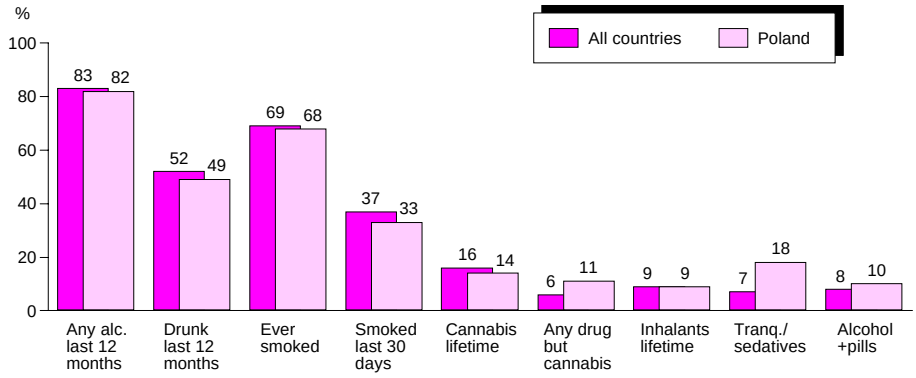
Norway

The proportion of students in Norway, who had been drinking any alcohol during the last 12 months, is somewhat lower than the average for all ESPAD countries (78 vs. 83%), while the proportion reporting drunkenness experience during the same period is somewhat higher (58 vs. 52%). Smoking among the Norwegian students is about as common as the average for all countries; 71% have ever smoked and 40% have smoked during the last 30 days. The proportion of students who have used marijuana or hashish is somewhat lower than average (12 vs. 16%), while the proportion reporting use of other illicit drugs is equal to the average (6%). Use of inhalants is less common than average (6 vs. 10%), as is the use of tranquillisers or sedatives without a doctor's prescription (4 vs. 7%). The use of alcohol in combination with pills is as common in Norway as the average of all ESPAD countries (8%).



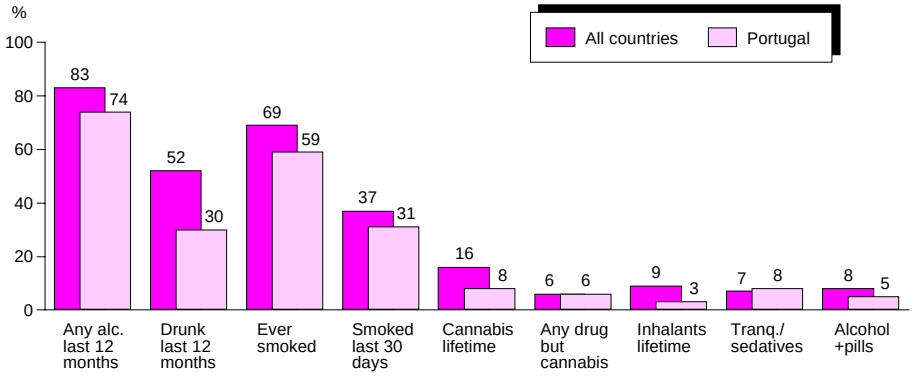
Poland

The consumption of alcohol during the 12 previous months among Polish students is about equal to the average of all ESPAD countries (82%) and the proportion reporting drunkenness during the same period is close to average (49 vs. 52%). Also the lifetime smoking figure is about average (68%), while the 30 days prevalence figure is slightly lower (33 vs. 37%). The proportion of students who have ever used marijuana or hashish is close to average (14 vs. 16%), while the proportion reporting use of illicit drugs other than cannabis is almost twice the average (11 vs. 6%). Use of inhalants is as common in Poland as the average of all countries (9%). The use of tranquillisers or sedatives without a doctor's prescription, however, is substantially higher than in many other countries (18 compared to 7% on average). The use of alcohol together with pills is close to average for all countries (10 vs. 8%).



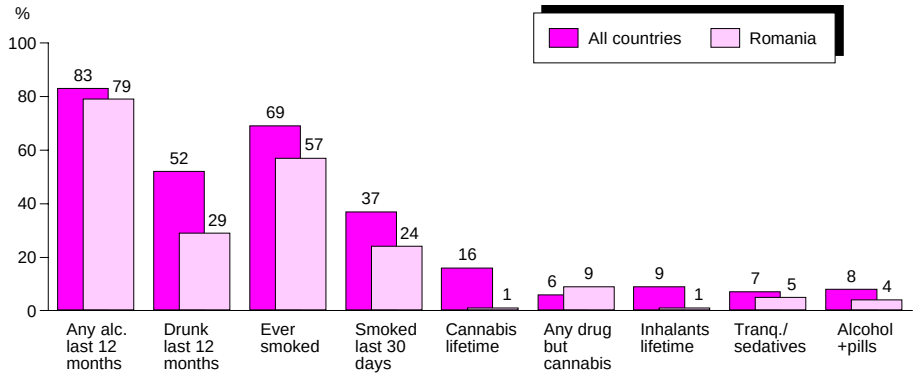
Portugal

About three out of four students in Portugal had been drinking alcohol during the last 12 months, which is lower than the average (74 compared to 83%). However, the proportion of students who report having been drunk during the same period is substantially lower than average (30 vs. 52%). Also the lifetime and 30 days prevalences of smoking cigarettes are lower than the averages. The lifetime figure is 59% (69% on average) and the 30 days figure 31% (37% on average). The lifetime use of marijuana or hashish is less than half the average for all ESPAD countries (6 vs. 16%), while the use of any other illicit drug than cannabis is equal to average (6%). Use of inhalants is rare compared to other countries (3 vs. 9%), while the use of tranquillisers or sedatives without a doctor's prescription is about average (8%). Use of alcohol in combination with pills is somewhat lower than the average for all ESPAD countries (5 vs. 8%).



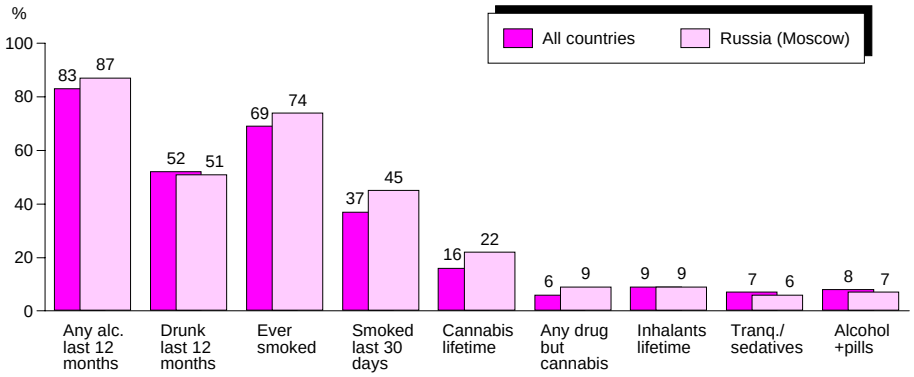
Romania

The proportion of students in Romania who had consumed any alcohol during the last 12 months is close to average for all ESPAD countries (79 vs. 83%), while the proportion reporting drunkenness during the same period is substantially lower (29 compared to 52% on average). Smoking is not as common in Romania as in many other countries. Both the lifetime and the 30 days prevalence figures are lower than average (57 vs. 69% and 24 vs. 37%). Very few students (1%) reported use of marijuana or hashish, which is much below average (16%). In contrast, the proportion of students who reported use of any illicit drug other than cannabis is higher than average (9 vs. 6%). Very few students in Romania had used inhalants (1%), while 5% had used tranquillisers or sedatives without a doctor's prescription, which is close to the average (7%). The proportion of students who had used alcohol in combination with pills was 4%, which is half the average (8%).



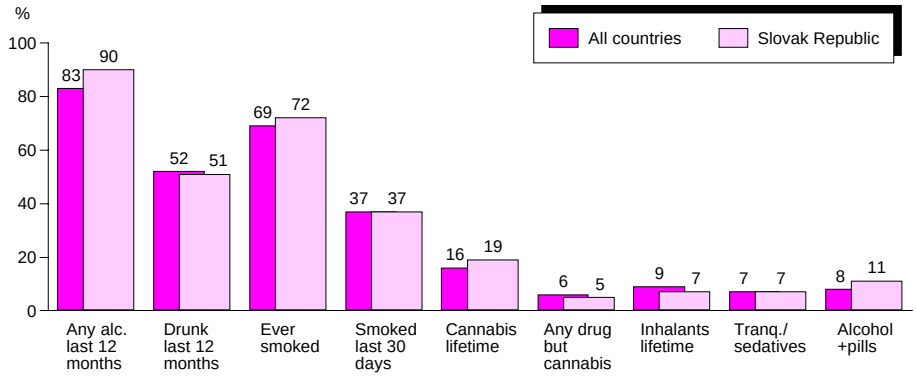
Russia

In Russia 87% had been drinking any alcoholic beverage during the last 12 months and 51% had been drunk during the same period, which is very close to the averages for all ESPAD countries (83 and 52% respectively). The lifetime prevalence of smoking cigarettes is slightly above average (74 vs. 69%) and the same is true regarding the 30 days prevalence (45 vs. 37%). The proportion of students who had used marijuana or hashish is somewhat higher than the average (22 vs. 16%), as is the proportion that reported use of any other illicit drug than cannabis (9 vs. 6%). Use of inhalants was reported by 9%, which is equal to the average for all countries. Also use of tranquillisers or sedatives without a doctor's prescription and use of alcohol in combination with pills are close to average (6 and 7% respectively).



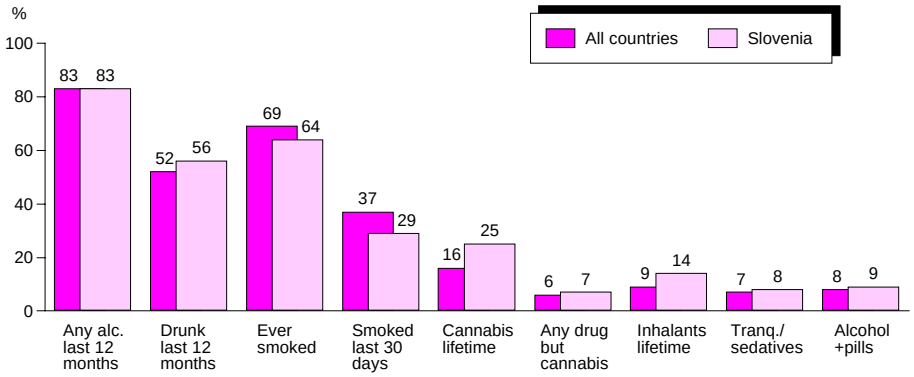
The Slovak Republic

A vast majority of the students in the Slovak Republic had been drinking alcohol during the last 12 months (90%), which is higher than the average for all ESPAD countries (83%), while the proportion reporting drunkenness during the same period is about equal to average (51%). Also the lifetime and 30 days' prevalences of smoking cigarettes are close to average (72 and 37% respectively). A somewhat higher proportion of the Slovakian students had used marijuana or hashish (19%) than the average for all countries (16%), while the proportion reporting use of illicit drugs other than cannabis is about equal (5%). Inhalants are used in the Slovak Republic to a somewhat lesser extent than average (7 vs. 9%), while tranquillisers or sedatives without a doctor's prescription is equal to average (7%). A somewhat larger proportion of Slovakian students have used alcohol together with pills than the average for all ESPAD countries (11 compared to 8%).



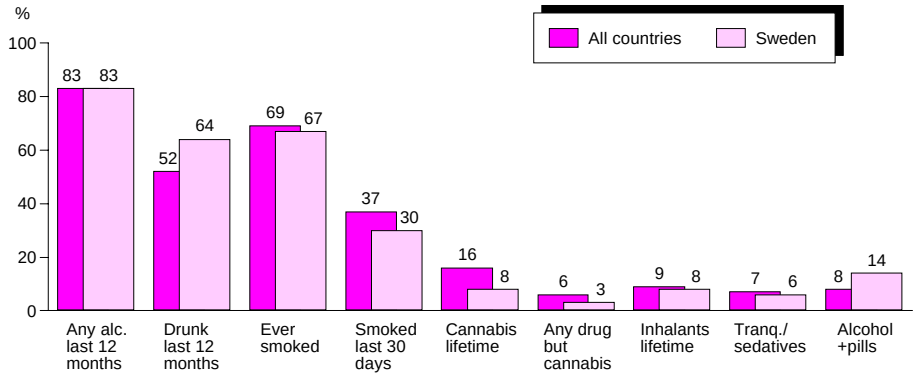
Slovenia

The proportions of Slovenian students who had been drinking any alcohol and had been drunk during the previous 12 months are both very close to the averages of all ESPAD countries (83% and 56% respectively). The lifetime prevalence of smoking cigarettes is somewhat lower than the average (64 vs. 69%), as is the 30 days prevalence (29 vs. 37%). The proportion of students who have used marijuana or hashish is higher than average (25 vs. 16%), while the use of other illicit drugs is about equal (7%). The use of inhalants is higher (14%) than average (10%), while the use of tranquillisers or sedatives without a doctor's prescription as well as alcohol in combination with pills are both very close to the averages of all countries (8 and 9% respectively).



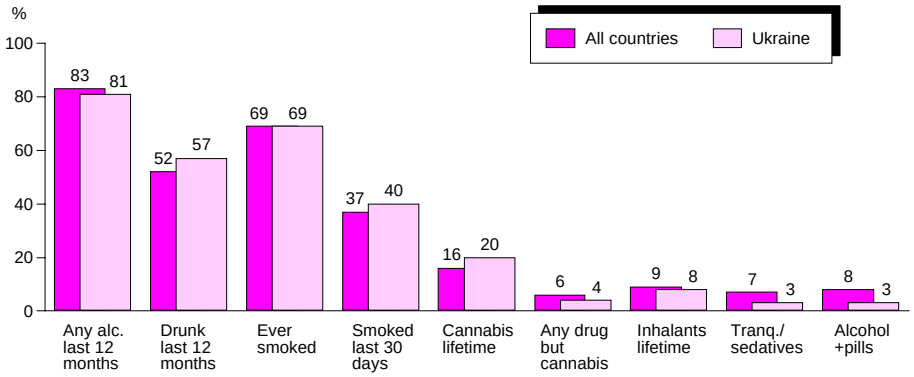
Sweden

The proportion of Swedish students who had been drinking any alcohol during the last 12 months is equal to the average of all ESPAD countries (83%). However, the proportion reporting drunkenness during the same period is higher (64%) than average (52%). The lifetime prevalence of smoking cigarettes is about average (67 vs. 69%), while the proportion of students who had smoked during the last 30 days is somewhat below (30 vs. 37%). Use of marijuana or hashish is reported by 8%, which is half the average of all countries (16%), as is the proportion reporting use of illicit drugs other than cannabis (3 vs. 6%). The proportion of students who had used inhalants is close to average (8 vs. 10%), and so is the proportion reporting use of tranquillisers or sedatives without a doctor's prescription (69%). Use of alcohol in combination with pills is more common in Sweden than the average of all countries (14 vs. 8%).



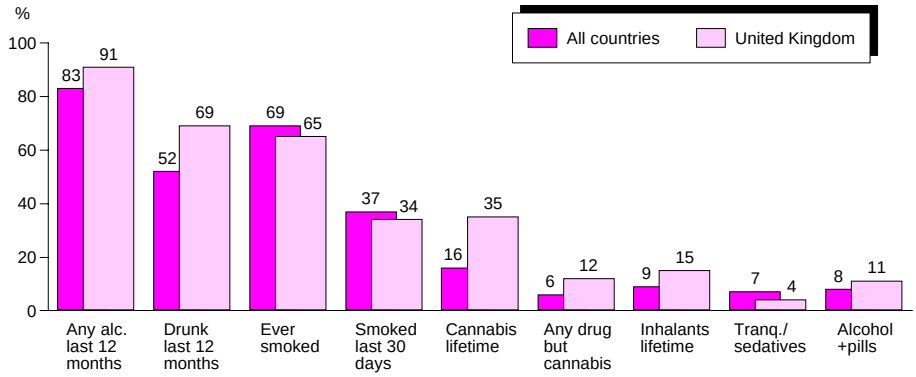
Ukraine

The proportion of Ukrainian students who had been drinking any alcohol during the last 12 months is equal to the average of all ESPAD countries (81%), and the proportion reporting drunkenness is only somewhat above (57 vs. 52%). Lifetime and 30 days prevalences of smoking cigarettes are both about average (69 and 40% respectively). The proportion of students who had used marijuana or hashish is slightly above average (20 vs. 16%), while the proportion reporting use of illicit drugs other than cannabis is half the average of all countries (4 vs. 6%). The figure for use of inhalants is about average (8%), while the use of tranquillisers or sedatives without a doctor's prescription and the use of alcohol together with pills are reported by proportions less than half of the average of all countries (3 vs. 7% and 3 vs. 8% respectively).



The United Kingdom

A vast majority of the students in the United Kingdom had been drinking alcohol during the last 12 months (91%), which is above the average of all ESPAD countries. Also the proportion reporting drunkenness during the same period is higher than the average (69 vs. 52%). Lifetime prevalence of smoking cigarettes, however, is close to average (65 vs. 69%), and this holds true also for the 30 days prevalence (34 vs. 37%). Use of marijuana or hashish is reported by substantially larger proportions than average (35 vs. 16%), and so is the proportion reporting use of other illicit drugs (12 vs. 6%). Also lifetime use of inhalants is above the average (15 vs. 10%), while the use of tranquillisers or sedatives without a doctor's prescription is about half the average (4 vs. 7%). Using alcohol in combination with pills is rather common in the United Kingdom and the proportion reporting this is slightly above the average of all countries (11 vs. 8%).



Summary of the 1999 findings

In 1999 the second data collection within the European School Survey Project on Alcohol and Other Drugs (ESPAD) was conducted in 30 countries, four years after the first one. A few countries collected data for the first time, although some of them had participated in the planning of the 1995 study, but for different reason were not able to collect data. Participating countries were Bulgaria (new), Croatia, Cyprus, Czech Republic, Denmark, Estonia, Faroe Islands, Finland, France (new), FYROM (new), Greece (new), Greenland (new), Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Malta, the Netherlands (new), Norway, Poland, Portugal, Romania (new), Russia (Moscow only, new), Slovak Republic, Slovenia, Sweden, Ukraine, and United Kingdom. The project was co-ordinated by The Swedish Council for Information on Alcohol and Other Drugs, CAN, and was partly supported by the Pompidou Group at the Council of Europe and the Swedish Ministry for Social Affairs.

As in the 1995 study, the surveys were conducted with a standardised methodology and a common questionnaire to provide as comparable data as possible. With very few exceptions data were collected during springtime in 1999, and the target population was students born in 1983, i.e. they were 15–16 year old by the time of the data collection. Data were collected by group-administrated questionnaires in schools on nationally representative samples of classes. The only exception was Russia, which was represented by the capital city Moscow.

Teachers or research assistants collected the data. The students answered the questionnaires anonymously in the classroom under conditions similar to a written test situation. The sample sizes in participating countries vary between 421 and 6,421. Small sample sizes are only found in small countries where no sampling is done. In all remaining countries the sample size was close to or above the recommended number 2,400.

For each country the results of the survey were reported in a standardised format (Country report), which form the basis of the presentations in this report. The main results are summarised in table 2.

Data quality

Every effort was made to standardise the methodology. Even if this to a large extent was obtained, it is obvious that an extensive study with data collection in 30 countries calls for a rather detailed methodological discussion about representativeness as well as reliability and validity.

Considering the fact that the ESPAD project included such a large number of countries, some of which made a school survey for the first time, the overall impression is that the sampling and data collection in most countries have been accomplished without any major problems. However, some countries in which data might not be entirely comparable ought to be mentioned.

Due to lack of information about the Polish data collection and due to the fact that the Romanian results by mistake also include data from students not born in 1983, data from these countries should normally have been reported separately in the results tables. However, this information came to the knowledge of the authors in such a late stage of the writing of the report that necessary changes were not possible to do. These circumstances around the Polish and Romanian results should be kept in mind when reading this report and looking at the results tables.

However, please observe that Romanian data in table 2 in this section are recalculated and only regard students born in 1983. When the Romanian data in table 2 were corrected it was obvious that the results were almost identical with the first reported results. For most variables there were no changes and when they occurred, the change was only one percentage point. This indicates that the Romanian figures in the results tables most probably will be altered by one or two percentage points, if any.

Since it was not possible to draw the Dutch sample according to the ESPAD guidelines and since it was only possible to ask about half of the ESPAD questions, data from the Netherlands are presented separately in the results tables.

A large number of Danish schools and classes refused to participate in the ESPAD study, which calls for some carefulness when interpreting the Danish data. Extra caution is also recommended regarding some data in certain countries commented on in the chapter “Methodological considerations” However, this extra caution is usually limited to some few variables only.

The validity is assumed to be high in most ESPAD countries. The cultural context in which the students have answered the questions has most probably differed between countries. However, this does not automatically indicate large differences in the willingness to give honest answers.

It seems likely to assume that the validity problems mainly are concentrated to a limited number of countries and that differences in the cultural context do not influence the results to such a degree that large differences between countries should not be regarded as valid. Thus, the magnitude of the estimates in different ESPAD countries probably reflects country differences pretty well, especially between distinguished groups of countries with different experiences of drug use. However, small differences between countries should be considered carefully. They may not reflect valid differences.

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

It is important to observe that a difference between 1995 and 1999 that is significant in one country may not be so in another. Differences have to be tested separately in each country to make it possible to decide whether a difference is significant or not. However, to be able to do so it is necessary to use a statistical programme that accounts for cluster effects.

Tobacco

In table 2 the use of cigarettes 40 times or more in lifetime and the 30 days prevalence rates are presented. More than half of the students aged 15–16 in all ESPAD countries have smoked cigarettes at least once in lifetime. The top countries of smoking 40 times or more include Greenland, Faroe Islands and Russia, where nearly half of the students reported this. Much lower figures were reported from Cyprus, Portugal and Romania (about 15%).

In almost half of the countries about 40% or over, reported smoking during the last 30 days. The top countries are Greenland and Bulgaria where 67 and 50% respectively had been smoking during the last month. Overall, there were more students reporting recent smoking experience than smoking 40 times or more in their lifetime. This indicates that many have tested recently without being regular smokers.

The gender distribution for smoking cigarettes is rather equal in many countries. The largest gender differences are to be found in countries where boys are in the majority, e.g. Cyprus, Estonia, Latvia, Lithuania, Romania and Ukraine. Countries where the girls are in clear majority include Denmark, France, Greenland, Ireland, Norway and the United Kingdom.

Alcohol

In table 2 the lifetime prevalence of alcohol consumption 40 times or more is presented. The table also contains the 30 days prevalence of alcohol consumption 10 times or more, and the 30 days prevalence of consuming beer, wine and spirits 3 times or more.

In nearly all countries less than half of the students have consumed alcohol on 40 or more occasions in their lives. The only country that shows a figure above 50% in this respect is Denmark (59%). Countries where 40% or more reported this include Ireland, Czech Republic, Greece, Ireland and the United Kingdom. The smallest figures are reported from FYROM, Greenland, Hungary and Iceland (less than 15%). In the majority of countries there are more boys than girls reporting alcohol consumption at least 40 times during their lives.

One out of five students in Malta and Denmark had been drinking alcohol at least 10 times during the last 30 days, which indicates a rather frequent drinking behaviour. Somewhat lower figures (13–16%) were found in the Czech Republic, Greece, Ireland and the United Kingdom. Very few students (3% or less) reported this in Finland, FYROM, Greenland, Iceland, Latvia, Norway and Sweden, i.e. mainly Nordic countries. There is a clear majority of boys reporting this behaviour.

The largest proportions of students (40% or over), who had been drinking beer 3 times or more during the last 30 days, were reported from the Czech Republic, Denmark, Greenland, and Russia. There was a rather wide variety across the countries and the proportions ranged from 53% in Denmark to 12% in Hungary. Overall, more boys than girls had been drinking beer this often during the past month. The only country with a very small gender gap was Greenland, where 43% of the girls and 46% of the boys had indicated beer consumption at least 3 times during the last 30 days.

Wine consumption is less common than beer consumption among the ESPAD students. The highest figure for wine is to be found in Malta where about one third of the students had consumed wine 3 times or more often during the last 30 days. It is predominantly in countries associated with a wine drinking culture that the largest proportions are observed: the Czech Republic, Greece, Italy, Slovak Republic and Slovenia (17–22%). The group with the lowest figures (4–6%) include almost entirely Nordic countries such as Faroe Islands, Finland, Greenland, Iceland and Norway, but also Portugal. Boys are in majority in about half of the countries,

while rather equal proportions are to be found in many others. Female students are in majority in this respect only in the United Kingdom.

Malta and Denmark show the highest figures (40% or over), related to the consumption of spirits 3 times or more during the last 30 days. Lower, but still over 30% are the proportions reported from Ireland and the United Kingdom. Much lower figures, less than 10%, were reported from Estonia, Finland, Poland and Romania.

In many countries the majority of boys reported a spirits consumption frequency of 3 times or more during the last 30 days, while in many others there are hardly any gender differences. Only in three countries girls' proportions were larger than the one for boys. These countries are Ireland, Slovenia and the United Kingdom.

Drunkenness

In table 2 the lifetime prevalence of having been drunk 20 times or more and the 30 days prevalence of having been drunk 3 times or more are presented. Among the ESPAD students it is not uncommon to drink to the point of intoxication, but the proportions vary considerably across the countries.

The largest proportion of students who had been drunk 20 times or more was found in Denmark where 41% reported this. In Finland, Ireland and the United Kingdom about one out of four students gave this answer. Much less common was this behaviour in Cyprus, Italy and Romania, where only 2% had indicated this. Boys are in clear majority in many countries, but in some Nordic countries like Denmark, Finland, Greenland, Iceland and Norway there are very small or hardly any gender differences.

Having been intoxicated 3 times or more during the last 30 days indicates a rather high and frequent alcohol intake. The top country in this respect was Denmark, followed by Finland, Greenland, Ireland and the United Kingdom, where this was reported by about one fifth of the students. In contrast, about 3% reported this frequent intoxication in Cyprus, Greece, Italy, Portugal and Romania. Overall, there were more boys than girls reporting this behaviour, but in Finland, Malta, Norway, Iceland, Russia and the United Kingdom there were hardly any gender differences.

Binge drinking

Another measure related to alcohol intoxication is the frequency of having 5 or more drinks in a row (binge drinking). The proportion indicating such consumption 3 times or more during the last 30 days vary considerably over the ESPAD countries. In a small group of countries nearly one third of the students reported this, including Denmark, Ireland, Poland and the United Kingdom. Less than 10% had done so in FYROM, Greece, Lithuania, Portugal, Slovak Republic and Romania. Overall, more boys than girls report this behaviour. Exceptions are Ireland and Norway, where there are no or hardly any gender differences.

Illicit drugs

The lifetime use of various illicit drugs is summarised in table 2, as well as the 30 days prevalence of cannabis use, lifetime use of tranquillisers or sedatives without a doctor's prescription and inhalants.

The most commonly used illicit drug is cannabis (marijuana or hashish). There are a wide variety of proportions across the countries, however, ranging from 1–2% in Cyprus and Romania to about 35% in the Czech Republic, France, Ireland and the United Kingdom. The gender distribution reveals that boys are in the majority in almost all countries, with the exception of Faroe Islands, Finland, Greenland, Malta and Romania, where the proportions are equal or almost equal between boys and girls.

In some countries, the use of cannabis is rather frequent. The proportion of students who report having used marijuana or hashish during the last 30 days was highest in France where 22% had done so. Somewhat lower proportions (13–16%) were reported in the Czech Republic, Ireland, Italy, Slovenia and the United Kingdom. Small proportions (1–2%) were to be found in Cyprus, Faroe Islands, Finland, Romania and Sweden. In the vast majority of countries there are more boys than girls who have used cannabis during the last 30 days.

Other illicit drugs are used much less than cannabis. In the large majority of ESPAD countries 0–2% report that they have tried amphetamines, LSD or ecstasy.

The largest proportion of student who have used amphetamines are to be found in Estonia, Poland and the United Kingdom, in which countries about 7% had reported such experience.

The largest proportions of students (4–5%) reporting use of LSD are to be found in the Czech Republic, Ireland, Poland, Russia and the United Kingdom. In other countries the use of LSD is a marginal behaviour.

The countries with the highest figures (4–6%)

on ecstasy use are somewhat other than for LSD. They include the Czech Republic, Ireland, Latvia, Lithuania and Slovenia.

In some ESPAD countries the use of tranquillisers or sedatives without a doctor's prescription is rather common. The largest proportions (18%) are to be found in the Czech Republic and Poland. About one student out of ten had used such substances in France, Hungary, Iceland and Lithuania. This behaviour was least common (2–3%) in Estonia, Faroe Islands, Greenland, Latvia and Ukraine.

Lifetime use of inhalants was highest in Greenland and Ireland (about 20%). Other countries with somewhat large proportions (10–16%) include Croatia, France, Greece, Iceland, Lithuania, Malta, Slovenia and the United Kingdom. Small proportions (1–3%) were reported in Bulgaria, Portugal and Romania. The gender differences are small in the majority of the countries.

Table N:1. Selected variables on tobacco, alcohol and drug. Boys.

Country	Cigarette smoking		Alcohol consumption					Drunkenness		Binge drinking [a] last 30 days 3 times or more	Cannabis		Lifetime use of other illicit drugs			Lifetime use of tranquillisers or sedatives [b]	Lifetime use of inhalants
				Last 30 days													
	Lifetime use 40 times or more	Smoked during the last 30 days	Lifetime use 40 times or more	Any alcohol 10 times or more	Beer 3 times or more	Wine 3 times or more	Spirits 3 times or more	Lifetime 20 times or more	Last 30 days 3 times or more		Lifetime	Last 30 days	Amphetamines	LSD	Ecstasy		
Bulgaria	35	48	21	6	38	16	23	11	12	15	14	5	2	1	2	3	4
Croatia	31	40	24	9	31	17	15	11	9	15	18	7	2	3	4	6	15
Cyprus	26	25	32	14	41	12	29	3	5	18	5	2	2	2	2	6	..
Czech Republic	39	46	51	21	59	18	31	23	18	25	40	20	5	7	4	14	8
Denmark	31	34	66	23	64	11	41	37	36	37	30	11	6	1	4	5	7
Estonia	38	41	27	5	38	14	11	19	12	18	18	7	8	3	4	2	8
Faroe Islands	47	42	29	3	33	7	27	26	13	21	8	2	1	0	1	5	7
Finland	41	44	21	2	22	5	10	29	19	21	10	3	1	1	1	3	5
France	..	41	28	12	32	15	26	7	7	16	38	25	3	2	4	10	12
FYROM	22	38	14	6	25	16	18	7	9	14	10	4	0	1	1	4	5
Greece	28	34	54	19	48	23	35	6	4	13	11	7	2	3	4	5	18
Greenland	41	62	13	4	46	5	21	21	25	25	23	12	2	0	0	3	21
Hungary	31	37	17	6	18	16	18	11	9	18	16	5	3	4	4	7	6
Iceland	24	26	15	1	20	5	14	21	12	18	18	5	4	1	1	10	13
Ireland	31	32	41	18	42	7	26	28	27	32	35	18	4	7	6	5	22
Italy	22	37	23	12	45	29	21	4	5	..	28	17	3	2	3	5	7
Latvia	38	48	24	4	41	12	16	15	12	19	22	8	5	4	8	3	7
Lithuania	46	49	29	9	36	15	14	20	12	12	17	6	2	2	6	8	13
Malta	20	29	44	25	45	42	43	5	6	25	7	3	2	1	3	5	15
Norway	31	36	18	3	20	7	20	18	14	26	14	5	3	2	3	4	6
Poland	32	39	35	12	39	12	13	16	14	41	19	10	8	5	3	13	10
Portugal	18	31	21	9	28	6	24	5	6	10	12	7	5	1	3	6	4
Romania [c]	24	31	27	7	29	20	7	5	5	9	2	1	0	0	0	4	2
Russia (Moscow)	46	48	34	11	48	8	14	12	7	20	25	5	1	3	3	4	11
Slovak Republic	35	40	31	9	31	20	22	12	10	12	24	8	1	4	2	5	8
Slovenia	25	28	29	10	36	26	20	15	13	29	27	14	1	3	4	7	15
Sweden	26	29	23	2	28	8	22	23	15	22	11	3	2	2	2	5	9
Ukraine	39	50	18	5	29	15	18	16	14	12	26	7	2	3	3	3	9
United Kingdom	24	31	51	17	47	12	26	33	23	33	39	18	8	5	3	6	14
The Netherlands	30	33	46	24	..	..	..	..	..	..	32	18	3	..	5	..	17

a) Binge drinking: 5 drinks or more in a row.
b) Without a doctor's prescription.
c) In contrast to the results tables, this table includes recalculated Romanian data on students born in 1983.

Table N:2. Selected variables on tobacco, alcohol and drug. Girls.

Country	Cigarette smoking		Alcohol consumption					Drunkenness		Binge drinking [a] last 30 days 3 times or more	Cannabis		Lifetime use of other illicit drugs			Lifetime use of tranquillisers or sedatives [b]	Lifetime use of inhalants
				Last 30 days													
	Lifetime use 40 times or more	Smoked during the last 30 days	Lifetime use 40 times or more	Any alcohol 10 times or more	Beer 3 times or more	Wine 3 times or more	Spirits 3 times or more	Lifetime 20 times or more	Last 30 days 3 times or more		Lifetime	Last 30 days	Amphetamines	LSD	Ecstasy		
Bulgaria	38	51	12	4	19	11	21	4	4	6	11	3	1	1	1	4	2
Croatia	25	36	10	3	11	8	12	3	3	7	13	5	1	1	2	9	12
Cyprus	8	9	12	4	18	5	17	0	1	6	1	0	0	0	0	5	..
Czech Republic	34	43	32	8	25	21	27	8	9	11	30	13	6	5	3	21	6
Denmark	32	41	53	13	42	14	39	34	26	22	20	6	3	1	2	5	8
Estonia	18	24	17	3	14	14	6	6	6	12	8	3	6	1	3	1	6
Faroe Islands	40	41	17	2	19	3	20	12	6	8	6	0	0	1	0	2	3
Finland	38	43	19	1	11	6	8	27	17	15	9	2	1	1	1	9	6
France	..	47	13	5	16	8	19	2	4	7	32	19	2	1	2	14	9
FYROM	18	35	5	1	6	7	11	2	2	4	6	2	1	0	1	9	4
Greece	27	36	33	11	25	11	25	3	3	5	7	2	1	1	1	5	12
Greenland	55	71	15	3	43	5	22	22	17	22	23	8	0	0	0	2	17
Hungary	25	35	9	2	5	8	17	2	3	8	7	2	2	3	3	13	3
Iceland	26	30	14	1	16	3	13	19	12	15	13	3	3	1	1	10	8
Ireland	36	42	39	16	29	8	42	18	23	32	29	11	2	4	4	4	21
Italy	28	43	13	4	22	13	14	2	2	9	23	12	2	2	1	8	5
Latvia	23	34	17	2	18	15	12	6	4	5	12	3	3	3	5	4	4
Lithuania	23	30	17	6	19	15	6	6	6	18	6	2	1	1	2	17	6
Malta	21	34	29	16	20	33	45	2	4	23	7	2	1	1	2	5	17
Norway	34	44	13	1	15	8	18	16	13	23	10	3	2	1	2	3	5
Poland	20	28	18	5	19	4	4	6	6	23	10	4	5	2	2	24	7
Portugal	15	30	10	4	12	3	16	2	2	4	7	3	2	1	2	9	3
Romania [c]	10	20	12	2	13	10	5	0	1	2	1	0	0	0	0	7	1
Russia (Moscow)	38	42	26	5	31	11	12	9	7	12	20	5	1	4	2	9	8
Slovak Republic	26	34	23	5	11	19	16	8	6	7	15	5	1	2	1	9	6
Slovenia	26	30	16	5	14	21	24	8	9	19	23	11	1	2	4	9	13
Sweden	25	32	15	1	15	8	18	16	11	13	6	1	1	1	1	6	8
Ukraine	18	29	18	4	16	16	14	10	10	8	13	3	0	3	1	2	7
United Kingdom	28	37	43	13	26	21	40	27	25	27	32	15	7	3	3	3	17
The Netherlands	29	26	28	16	..	..	..	5	7	..	..	..	..	..	..	..	..

a) Binge drinking: 5 drinks or more in a row.
b) Without a doctor's prescription.
c) In contrast to the results tables, this table includes recalculated Romanian data on students born in 1983.

Table N:3. Selected variables on tobacco, alcohol and drug. All students.

Country	Cigarette smoking		Alcohol consumption					Drunkenness		Binge drinking [a] last 30 days 3 times or more	Cannabis		Lifetime use of other illicit drugs			Lifetime use of tranquillisers or sedatives [b]	Lifetime use of inhalants
				Last 30 days													
	Lifetime use 40 times or more	Smoked during the last 30 days	Lifetime use 40 times or more	Any alcohol 10 times or more	Beer 3 times or more	Wine 3 times or more	Spirits 3 times or more	Lifetime 20 times or more	Last 30 days 3 times or more		Lifetime	Last 30 days	Amphetamines	LSD	Ecstasy		
Bulgaria	36	50	16	5	27	14	22	8	8	11	12	4	1	1	1	4	3
Croatia	28	38	18	6	23	14	15	7	7	12	16	6	2	2	3	8	13
Cyprus	16	16	21	8	27	8	24	2	3	12	2	1	1	1	1	6	..
Czech Republic	36	44	41	14	40	18	28	16	13	17	35	16	5	5	4	18	7
Denmark	32	38	59	18	53	13	40	41	30	30	24	8	4	1	3	5	7
Estonia	27	32	21	4	25	13	8	12	8	14	13	5	7	2	3	2	7
Faroe Islands	43	41	23	4	25	5	23	19	9	15	7	1	1	1	1	3	5
Finland	39	43	20	1	17	5	9	28	18	18	10	2	1	1	1	6	5
France	..	44	20	8	25	12	23	4	6	12	35	22	2	1	3	12	11
FYROM	20	37	9	3	16	12	14	5	5	9	8	3	0	1	1	7	4
Greece	27	35	42	13	35	17	29	4	3	9	9	4	1	2	2	5	14
Greenland	50	67	14	3	45	5	21	22	19	25	23	10	1	0	0	3	19
Hungary	28	36	13	5	12	13	19	7	7	12	11	4	2	3	3	10	4
Iceland	25	28	14	1	17	4	13	20	12	17	15	4	4	1	1	10	11
Ireland	34	37	40	16	35	8	34	25	24	31	32	15	3	5	5	5	22
Italy	25	40	17	7	31	19	15	2	3		25	14	2	2	2	7	6
Latvia	30	40	20	2	30	13	12	10	7	14	17	5	4	3	6	3	6
Lithuania	35	40	23	8	28	15	10	13	9	9	12	4	2	1	4	12	10
Malta	20	32	36	20	31	37	44	4	5	22	7	3	1	1	2	5	16
Norway	33	40	16	3	17	6	20	16	14	24	12	4	3	2	3	4	6
Poland	26	33	26	8	28	8	9	11	10	31	14	7	7	4	3	18	9
Portugal	17	31	15	6	18	4	20	4	4	6	8	5	3	1	2	8	3
Romania [c]	16	24	18	4	20	14	6	2	3	5	1	0	0	0	0	5	1
Russia (Moscow)	42	45	30	8	40	10	14	10	8	16	22	5	1	4	2	6	9
Slovak Republic	30	37	27	7	21	20	20	10	9	8	19	6	1	3	2	7	7
Slovenia	26	29	23	8	27	22	22	13	11	25	25	13	1	2	4	8	14
Sweden	25	30	19	2	21	8	20	19	14	17	8	2	1	1	1	6	8
Ukraine	29	40	18	5	22	16	17	13	11	10	20	5	1	2	2	3	8
United Kingdom	26	34	47	16	37	16	32	29	24	30	35	16	8	5	3	4	15
The Netherlands	30	36	37	20	..	..	..	8	11	..	28	14	2	..	4	..	..

a) Binge drinking: 5 drinks or more in a row.
b) Without a doctor's prescription.
c) In contrast to the results tables, this table includes recalculated Romanian data on students born in 1983.

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Sampling and data collection in participating countries

In this section an overview of each country's sampling and data collection procedure is given as well as the results on some measures of validity and reliability. The corresponding figures are to be found in tables A–H in the chapter "Methodological considerations" earlier in this report.

The presentations are based on each country's "Country report", according to a standardised format agreed upon at two project meetings with all investigators. However, despite the fixed structure, the reports differ somewhat in the level of detail. In some of them, the sampling and data collection procedures are described in detail, while in others a briefer and more summarised information is provided. The reason for this might be, that the investigators followed the common methodology and therefore thought that there was little to explain. The general procedure and methodology are described in detail in the chapter "Study design and procedures" earlier in this report.

Overall, the sampling and data collection followed the guidelines in the project plan. The availability of official statistics and their level of detail differ, however, between countries. Another factor, that influences the methodology is differences in available funds, which put limits to what is possible to achieve.

The reliability and validity are commented in relation to certain measures which also are discussed in the chapter "Methodological considerations", e.g. inconsistent answering, missing data rates, unwillingness to admit drug use and reported use of the fictitious drug "relevin". It should be noted that a higher rate of inconsistent answering can be expected for behaviours related to high prevalence substances like alcohol.

Bulgaria

Responsible for the Bulgarian study was Anina Chileva, psychologist, National Centre for Health Education, Sofia. Although Bulgaria participated in the planning process of the 1995 ESPAD study, no data collection was performed because of lacking economical resources. This was the first study of this kind in Bulgaria.

Population

The population consists of students born in 1983 attending any secondary education. In Bulgaria school attendance is compulsory until grade 8 of secondary general education schools. It was estimated that about 73% of the age cohort born in 1983 were in school in March 1999. The gender distribution is not uniform. In the target population boys/girls ratio is approximately 46/54.

Sample and representativeness

According to data from the Ministry of Education, students born in 1983 are taught in 1,133 schools, of which 35 are high schools (gymnasiums), 94 specialised language schools (specialised gymnasiums), 482 secondary general education schools, 330 secondary technical schools, 185 secondary vocational schools, and 7 secondary art schools.

Four groups of schools were formed for the sampling procedure, out of which art schools and specialised gymnasiums formed one group and gymnasiums and secondary general education formed another.

Official statistics do not include any information on the number of classes in each grade in each school. For that reason the sampling was performed as a two-step random sampling, stratified by school-type. In the first step 275 schools were sam-

pled randomly and in the second step one class was randomly chosen in each of the selected schools. In one school two classes were sampled. The target population was distributed mainly in two grades (i.e. grades 9–10 in high schools and secondary education schools and grades 1–2 in technical and vocational schools) in ratio 0.55/0.45. Both grades were randomly included in the sample. The distribution of school types was very close to the distribution in the sampling frame.

The sample was considered to be representative of students in secondary education, born in 1983.

Field procedure

A recommendation letter was provided by the Ministry of Education, signed by the Deputy Minister. It served, not only as a permission for carrying out the survey, but it also ensured the support of the school administration.

It was decided that the study should be conducted by people outside the schools, in order to ensure greater trust-worthiness of the research and to guarantee the students anonymity. For the data collection a well established network of information agencies SOVA-5, member of ESOMAR[1] was utilised. Their especially trained supervisors in 28 regional centres, which in turn had local networks of experienced research assistants, were responsible for the data collection.

All material and instructions were sent to the 28 region centres. The supervisors organised a half-day training workshop for the research assistants. In addition they were supported via telephone on any question during the data collection period.

The research assistants contacted the headmasters of the chosen schools, identified the randomly chosen classes according to a special system, and negotiated the time of the survey.

The teacher was not present in the classroom during data collection. Each student got an individual envelope for the questionnaire, which he/she sealed before the completed questionnaires were sent back to the investigators, together with the class report. Data collection period was May 11–26, 1999.

Questionnaire and data processing

The English version of the ESPAD 99 questionnaire was translated to Bulgarian by two independent translators and both versions were used for the Bulgarian edition. Thereafter it was translated back to English by another specialist, the two English versions were compared and the final Bulgarian questionnaire was compiled. Two cultural modifications were done regarding school performance and parents level of schooling.

The questionnaire included all core questions except the two related to cider and alcopops, since these two beverages are not available in Bulgaria. In addition the modules A and C, plus one optional question were included. No country specific question was added.

The questionnaire was piloted in three classes in three different school types in Sofia: Secondary general education, vocational and specialised high school. The main reason was to check if the Bulgarian students understood the questionnaire and to furnish the questionnaire with adequate instructions. It was difficult for the students to understand the “honesty” questions. Some questions were redefined to become more understandable.

Logical check for every filled in questionnaire was performed. Additional data check was carried out when data was entered into the computer, and once again using frequency distributions. Data was not weighted.

School and student co-operation

The co-operation with the school staff as well as with the students was very good. Only one private school refused to participate and was replaced by another randomly chosen school.

Most of the students expressed very positive attitudes towards the survey and co-operated willingly. Only in a few classes some students commented that this is a waste of time or nonsense. No student refused to participate. The response rate was 87%. The majority of the absent students were ill at the time of data collection.

The overall impression from the classroom reports is that most students were interested (84%) and worked seriously (91%). In a majority (66%) of the classes, there were no disturbances. The most common disturbance was giggling or eye makings. Loud comments were mostly related to unknown illicit drugs or jokes about alcohol and drug use.

Two kind of problems were reported. Some of the students met difficulties in understanding some questions. This happened among lower level students and among language minorities. The other

1 The European Society for Opinion and Marketing Research, The Netherlands.

problem was related to the fact that some students found the questionnaire too long and lost interest before it was completed. The average time to complete the questionnaire was 58 minutes.

Reliability and validity

The inconsistency rate between two questions in a single distribution was highest for alcohol (12%), but somewhat high also for smoking cigarettes (7%) and cannabis use (5%). For use of heroin, tranquillisers or sedatives and inhalants it was 2%, while for all other substances it was 1% or less.

The missing data rate was very low for cigarette smoking, both lifetime and 30 days prevalence (1% or less). Highest rates of missing data was found in relation to alcohol. About 5% on lifetime questions and only slightly raised on 12 months and 30 days prevalence (7%). On lifetime use of cannabis it was 6%, 12 months and 30 days prevalence 5% both. For all other drug questions the missing data rate was low, 1% or less.

Average number of unanswered core questions was 4.1 (1.6%) and module questions 5.3 (7.6%). The rates of inconsistent answering between lifetime, 12 months and 30 days prevalence was highest for any alcohol use (10%), but lower when only "users" are considered (6%). For "been drunk" it was 7% for both groups. Very low rates of inconsistent answering were observed for cannabis (0.6% for all, 2% for users). For inhalants it was also low (0.6%), but increases when only "users" are considered (7%).

Among boys, 20% said that they would definitely not admit using cannabis. Among the girls this figure was 8%. The proportion who answered "I already said that I have used it" was also rather high compared with the lifetime prevalence (quotient 1.6). For heroin the results are similar; 21% of the boys and 7% of the girls would definitely not admit using the drug. However, a high proportion said on this question that they had used heroin (14%), while the lifetime prevalence was only 3.1%. The number of students who claimed that they had used the dummy drug relevin was, however, very low (0.5%).

Methodological considerations

The sample seems to be truly random and nationally representative for students born in 1983 still in school. Both private and state schools are represented as well as all types of secondary education. It should be noted, however, that a rather large part of this age group was not reached by the survey, since only about 73% are in any form of education at this age.

The data collection was well organised with special training workshops for the research assistants who collected the data. According to the research assistants and the class reports, everything went well and both schools and students co-operated willingly. Only a small number of questionnaires were excluded because they were not answered seriously.

The inconsistency rate was however, rather high, especially on alcohol use, but also on tobacco and cannabis use. Rates of inconsistent answering between lifetime, 12 months and 30 days prevalence was, on the other hand, low and indicates that the students completed the questionnaire well.

The proportion who indicated that they would definitely not admit any drug use was rather high. However, this was the first survey of this kind in Bulgaria. When the questionnaire was piloted, it was discovered that the students had some difficulties in understanding how the questionnaire should be answered. Especially the "honesty question" caused a lot of confusion. This might partly explain the inconsistency between that question and the lifetime prevalence as well as the reluctance of admitting drug use.

Croatia

Responsible for the Croatian study was Dr. Marina Kuzman, Croatian National Institute of Public Health in Zagreb. Croatia also participated in the 1995 ESPAD study.

Population

The population consists of students in grade 1 in secondary school who were born in 1983. Approximately 90% of the students born in 1983 attended regular secondary schools. It was estimated that about 70% of them attended the first grade. Most of the other students of the same age attended the second grade, while a minor proportion might have been in the last grade of secondary school. It was assumed to be too expensive and complicated to include these two other grades in the sample.

Sample and representativeness

There are three secondary school programs in Croatia: 1) grammar schools (gymnasiums), 2) 4-year vocational schools, and 3) 3-year craft and industrial schools. In smaller municipalities secondary schools may accommodate all three types of education. For that reason schools were not selected, but lists of classes were used for the sampling procedure.

The sample size was set to approximately 10% (206 classes) of the total number of classes, distributed proportionally over the different types of schools. From the three lists the necessary number of classes were drawn, using the random number method. The final sample consisted of 20% gymnasiums, 36% vocational schools, and 43% of craft and industry schools. The sample was considered to be self-weighted and representative for grade 1 students born in 1983.

Field procedure

After the sample was selected, with the approval of the Ministry of Education, all schools were contacted by telephone and informed about the survey. All available information about the number and type of classes was checked, and school principals were asked not to reveal any information about the survey beforehand. The schools were asked to conduct the survey in the fortnight before Easter, i.e. March 15–30, 1999.

Approximately one week earlier, they all received packages with a written approval from the Ministry of Education, written information about the survey, questionnaires, envelopes, class room report and detailed instructions for teachers or school counsellors. The classroom reports were pre-coded but not the questionnaires.

In all schools the data collection was conducted by teachers or school counsellors, who also completed the classroom report. The completed questionnaires were put into envelopes and sealed by each student. Questionnaires and class reports were mailed back to the Croatian National Institute of Public Health.

Questionnaire and data processing

The questionnaire included all core questions and two modules, A (Integration) and C (Psychosocial). In addition two own questions were included regarding parental behaviour and habits. Since the students were unfamiliar with the term “alcopops” an explanation was added and a description of possible drinks added. The questionnaire was coded, scrutinised and data was entered into the computer at the National Institute of Public Health.

School and student co-operation

No school refused to participate and no problem was reported related to school and student co-operation. A large majority (91%) of the data collection leaders repoorted no disturbances during data collection. All data collectors reported that the students worked seriously and well concentrated. The main complaint was regarding shortage of time. Especially in the industrial and craft schools 45 minutes was not enough. In some cases the data collection continued during the break.

Reliability and validity

The largest inconsistency rate between two questions in a single administration was found in relation to alcohol (been drunk, 10%). Coming next are smoking (7%), inhalants and anabolic steroids (5% both) and tranquillisers/sedatives (4%). For cannabis and heroin the inconsistency rate was 3%, amphetamines 2%, while for other illicit drugs the rate was less than 1%.

The average proportion of unanswered questions was highest for any alcohol consumption (7%). For the variable “been drunk” it was 5%, use of cannabis or inhalants 3%, other illegal drugs and use of anabolic steroids 2%, while the average proportion of unanswered questions was 1% for smoking cigarettes and use of tranquillisers or sedatives. For the dummy drug relevin the corresponding figure was 2%.

The proportion of unanswered questions are generally higher for 12 months than lifetime prevalence questions and it is also higher for 30 days than for 12 months prevalence. One exception is any alcohol consumption, for which the value of 30 days prevalence was only slightly lower than for 12 months. Overall the missing data rates were higher among boys than among girls.

The average number of unanswered core questions was 4.8 (2%), module questions 1.7 (3%) and own questions .3 (5%). The total average of unanswered questions was 6.8 (3%).

The rates of inconsistent answering among the self-report questions of use in lifetime, last twelve months, and last thirty days among all respondents were rather low, 4% for any alcoholic beverage, 2% for “been drunk” and less than 1% for cannabis and inhalants. The proportions among users were somewhat higher, except for any alcohol which remained broadly the same. As regards “been drunk” the

proportion was 4%, and for cannabis and inhalants it was about 3%.

A majority of the Croatian students said on the "honesty questions" that they would admit using cannabis or heroin if they had done so. However, one of four students answered that they would "definitely not" admit such use, and the figures were similar for both cannabis and heroin in this respect (23% for cannabis and 25% for heroin). The quotient between the proportion who answered "I already said that I have used it" and the lifetime prevalence figure was 0.9, i.e. some of those who had used cannabis did not indicate this on the honesty question.

Methodological considerations

The sampling design used was the same as in 1995, i.e. only grade 1 in secondary education (approx. 70% of the 1983 age cohort in school) was surveyed. It was considered too complicated to include another grade into the sample, but it limits the representativeness of the study to a smaller segment of this age group. The sample seems to have been adequately drawn and nationally representative of the target population as defined above.

The inconsistency rates for two questions in a single administration was not very high, nor was the proportion of unanswered questions. Also the inconsistency rate between lifetime, 12 months and 30 days prevalence questions was low. Very few students claimed that they had used the dummy drug relevin. However, the proportions who indicated that they would "definitely not" admit using cannabis or heroin were the highest of any ESPAD country. In 1995 this proportion was one of the highest, but still lower (about 15%) than in 1999. This should be kept in mind when interpreting the data, since it might indicate that the use of illicit drugs is underreported by the Croatian students.

Cyprus

Responsible for the Cyprian study was Dr. Andreas Pavlakies, KENTHEA, Larnaka. Cyprus also participated in the 1995 ESPAD study. The study is limited to the Governmental controlled area of Cyprus.

Population

The target population consists of all students in public secondary schools, who were born in 1983. It was considered that the majority of those students should be found in grade four. There is, however, no information provided about the distribution of public and private secondary education in Cyprus. Moreover, no information is given about the proportion of this age cohort who is still to be found within the school system.

Sample and representativeness

The total number of public secondary schools in Cyprus is 34, including 312 classes in grade 4. The sample consists of 106 grade 4 classes from every public secondary school in Cyprus (for national purposes also grades 5 and 6 were included). The sample of classes was drawn proportionally (about one third) to the number of grade 4 classes in each school, including 2,095 students. Each class had the same probability to be drawn. The sample was considered to be nationally representative of grade 4 students born in 1983.

Field procedure

Data were collected by teachers who were informed about the procedure by people from the statistical service office at the Ministry of Education. The instructions emphasised among others the anonymity of the respondents and the fact that participation was voluntary. Data was collected in April 1999.

Questionnaire and data processing

The questionnaire consisted of all core questions (except those regarding alcoholic cider and alcopops, as well as one item on slotmachines), 93 module and 2 own questions. The questionnaire was translated by the Cyprian ESPAD co-ordinator with the assistance of the Ministry of Education. No back-translation into English was made. The Statistical Service of the Ministry of Education undertook the data processing.

School and student participation

The schools and students were reported to have co-operated quite well. According to available information all classes drawn for the survey participated in the data collection. No information, however, is

available, neither about the number of not seriously answered questionnaires, nor the response rate.

Reliability and validity

The inconsistency rate between two questions in a single administration was high for the questions on use of inhalants (12%). However, it seems to have been a problem with the question on inhalants. The prevalence rates of inhalants use were extremely high compared to the 1995 study. The Cyprian researchers therefore decided to exclude these figures from the results tables. It was suggested that it might have had to do with the translation from English into Greek, but this has not been confirmed.

The next highest inconsistency is related to alcohol (been drunk) for which 7% gave inconsistent answers. For cigarettes and tranquillisers/sedatives it was 3%, and for heroin it was 2%. For others it was 1% or less.

Rates of inconsistent answering for questions on lifetime, 12 months and 30 days prevalence were highest for any alcoholic beverage (8%), followed by "been drunk" (5%), use of inhalants (2) and use of marijuana or hashish (0%). When considering only students who actually have used the substance, the rate decreases for alcoholic beverage (7%) but increased for use of inhalants (7%). Other figures are unaffected.

The missing data rates were very low. Highest figures were found in relation to alcohol, "been drunk" (5%). For the specific questions on beer, wine and spirits the highest rate of missing data was reported for wine (4%), as was also the case in relation to "any alcoholic beverage". The same rate was noted for cannabis and inhalants (4%).

The average number of unanswered questions was about 5% on core and module questions and 3% on own questions. The total average of unanswered questions was 5%.

A large majority answered to the "honesty questions" on cannabis and heroin use that they should have told if they had used any of these substances. The proportion of students who would "definitely not" admit cannabis use was 4% (6 for boys and 2 for girls). The same proportion said so regarding heroin (5% for boys and 3 for girls). The proportion of students who answered "I already said I have used it" was almost identical with the lifetime prevalence figures. A few boys (2%) but no girls reported use of the fictitious drug relevin.

Methodological considerations

According to available information, the sample seems to be representative of the students in grade 4 in public secondary education who are born in 1983. It was reported that the majority of this age group was to be found in grade 4, but no information about the proportion was given. Moreover, neither the distribution of public and private schools nor the proportion of this age cohort still in school is known. It may perhaps be assumed, that the estimate from the 1995 study that about 70% of the actual age cohort attended any secondary education, would still be valid.

The response rate is unfortunately not known either, why it is impossible to know if the representativeness is badly affected by dropouts. It seems, however, since the reports from the data collectors indicated no major problems and that the students co-operated and worked well, it might be concluded that the absence from school at the time of data collection was not unduly high.

The inconsistency rate between two questions in a single administration indicates that the reliability is rather good. There are small inconsistency proportions for all variables considered, except for the use of inhalants. It was obvious that there was something wrong with the question on inhalants, why data on this variable was omitted from the results tables. The prevalence rates were too high in comparison with the 1995 results and, in addition, the two measures used were too inconsistent. For all other variables the results are not unexpectedly different from the earlier study.

Missing data rates on some selected questions on alcohol, tobacco and other drugs indicate good quality of the data. The rates are generally very low, usually somewhat higher on 12 months and 30 days prevalence compared to lifetime, which is very common in all countries.

The average number of unanswered questions was quite normal as was the rate of inconsistent answering between lifetime, 12 months and 30 days prevalence figures. The proportion of students who would not admit cannabis or heroin use was rather small and the proportion of students who answered that they already said so was almost identical with the prevalence figures, which also indicate a good data quality.

The scarce information provided, especially on representativeness and non-response rates is a serious problem with the Cyprian data. However, with the exception of the unknown reason for the unexpectedly high inhalants prevalence rates, all other methodological variables indicate valid data.

The Czech Republic

Responsible for the survey in the Czech Republic was Dr. Ladislav Csémy at the Prague Psychiatric Center. The Czech Republic also participated in the 1995 ESPAD study.

Population

The study population for the ESPAD study consists of students in secondary education born in 1983. It was estimated that about 95% of the students continue to secondary school after finishing compulsory school. However, for national purposes students born in 1981 and 1982 were also sampled.

Most of the students born in 1983 were to be found in the first grade of various types of secondary education, although no information was available about the proportion. According to official statistics (Statistical yearbook of the Czech Republic, Praha, 1998) there are 1,619 secondary schools in the Czech Republic with three types of educational programs. About 28% of the students are in gymnasium (grammar school), 41% in secondary school with leaving exams, and 31% in vocational schools.

Sample and representativeness

The sample was drawn as a stratified random cluster sampling. The first stratum was geographical regions. The country is divided into 83 districts from which, mainly for economical reasons, 21 districts were randomly selected.

The sampling procedure aimed at having a final sample of at least 3,000 students born in 1983 for the ESPAD study. Two existing data sources were used: Data of the demographic distribution of the Czech Republic by districts from the Statistical office of the Czech Republic and data from the Institute for Information in Education regarding schools, classes and students, by districts.

The schools were randomly drawn from each type of education with a probability proportional to school size. The final sampling unit was class, each class drawn with the same probability. In each school one class from 1st, 2nd and 3rd grades respectively was selected, while only the 1st grade was to be included in the ESPAD sample. Since one of the selected schools refused to participate, three classes were substituted from another randomly chosen school of the same type. The distribution of school types in the sample was very similar to the sampling frame. The sample was considered to be nationally representative.

Field procedure

The data collection was undertaken by a professional company specialising in survey research for the health care sector (INRES-SONES). The headmasters of the schools received two informational letters asking for co-operation, the first signed by the director of the National Drug Commission and the second was a letter of support from the Ministry of Education.

The data collection was conducted by trained research assistants. The teachers were allowed to stay in the classroom, should they wish to, but in the majority of classes they were not present. The students were given instructions according to the ESPAD guidelines. Data collection period was May 17–June 8, 1999.

Questionnaire and data processing

The questionnaire consisted of all core questions, five module questions, and six own questions. The own questions were about conduct problems in school and about relations toward parents. However, in connection to three lifetime prevalence core questions (amphetamines, opiates and inhalants) questions on 12 months and 30 days prevalence was added. Since the major part of the questionnaire was the same as in the 1995 study, only a minor part needed to be translated. It was done by a psychologist, a sociologist by the support from a teacher in English. The questionnaire was not piloted, mainly due to limited economical resources.

Of the total number of 8,082 questionnaires collected, 111 (1.4%) were excluded because of too many missing or important variables like year of birth was missing or not appropriate for the scope of the study (born 1980 or earlier). The final Czech data file consisted of 7,588 records of students born in 1983, 1982 and 1981. Of these 3,579 were students born in 1983, which form the data set used for the ESPAD study.

School and student co-operation

The organisation of the data collection was carefully prepared, and the study was well accepted in almost all schools. The only exception was one school in which the head master refused to participate because they recently had another similar survey in their school.

No student refused to participate in the study. The research assistants reported no serious problems from the data collection, most students were

really interested (89% reported that all or almost all were interested) in the study and worked seriously (87% reported that all or almost all worked seriously).

The response rate was 81%. The most frequently reported reason for absence was illness. The average time to complete the questionnaire was 47 minutes. The incomplete questionnaires came mainly from vocational schools in which many students are slow in reading and therefore did not finish their questionnaires in time.

Reliability and validity

The reliability indicated by the consistency rate between two questions in a single administration seems to be fairly good. The highest inconsistency rate (8%) is found in relation to tranquillisers or sedatives and broadly the same for both boys and girls. For cigarette smoking and cannabis use the inconsistency rate was 4%, for drunkenness experience, use of heroin and inhalants it was 3% and for the remaining variables it was about 1% or less.

Missing data rate was low. For lifetime prevalence of any alcoholic beverages it was 2%, slightly higher (3%) for 12 months, while it was broadly the same for 30 days prevalence. For being drunk the missing data rate was 1%, which increased somewhat on the 12 months and 30 days prevalence questions (3%). For cannabis and inhalants use it was 1 and 0% respectively (lifetime) and only slightly increased figures for 12 months and 30 days prevalence (2%).

A very small proportion of the students reported use of the dummy drug relevin (0.1%), although 8% claimed that they had heard of it. The rate of inconsistent answering between lifetime, 12 months and 30 days questions was very low and there was hardly any difference between the rates calculated on all respondents and the user only. For alcohol questions it was 1–2%, for cannabis 1% and inhalants 0%. The latter figure increased to 2% for users only.

The proportion who answered to the "honesty question" that they would "definitely not" admit cannabis use was 3%. For heroin the corresponding figure was 5%, and for both variables the proportions were somewhat higher among boys. The proportion who answered "I already said I have used it" was slightly lower than the proportion who reported such use on the drug questions, both for cannabis and heroin. In this respect the results were similar for boys and girls.

Methodological considerations

The sampling procedure was the same as in 1995, a stratified random sampling including geographical districts, school-type, schools and classes. The number of selected regions is somewhat limited (25%), but the economical resources available did not permit a larger sample. Since the districts were drawn randomly it is assumed that the sample should be considered nationally representative.

The data collection seems to have functioned very well. According to data presented above, there is good evidence of both reliability and validity in the Czech Republic study.

Denmark

Responsible for the ESPAD study in Denmark were Dr. Svend Sabroe and Dr. Kirsten Fonager, Department of Epidemiology and Social Medicine, Aarhus University. Denmark also participated in the first ESPAD study in 1995.

Population

The target population consists of all students in Denmark born in 1983. More than 95% of all children born in 1983 were still in school at the time of the data collection.

Sample and representativeness

Since about 85% of the students in grade 9 were born in 1983 the study was limited to this grade. Students in grade 9 were found in public schools as well as private and boarding schools.

The sampling frame consisted of six strata. Four of them were public schools where the stratification variables were size of the school and size of the municipality. The fifth stratum was private schools and boarding schools the sixth. In the four strata of public schools classes were sampled proportional to the number of students. In the last two strata the sampling was made at school level since these schools are often not organised in classes. In the first four strata 8% of the classes were included in the sample, all together 168 classes. Stratum 5

contained 20 schools (also about 8% of the stratum) and stratum 6 23 schools. This last stratum was slightly over-represented (10% of the schools) since a larger number of refusals were anticipated.

The sample was considered representative for all Danish students born in 1983.

Field procedure

The selected schools were contacted in January 1999 by a letter to the principal. It contained an inquiry form that should be returned with information whether the school wanted to participate or not. It also contained information about the name of the class teacher in the sampled class. Two weeks before the data collection all relevant material was sent to the teacher.

The students answered the questionnaire under the same condition as a written test. After completion the forms were put in individual envelopes. Data were collected under the supervision of the class teacher and was performed between March 4 and April 19, 1999. This gives an average age of 15.3 years.

In half of the classes the students were asked to bring a questionnaire to the parents. To make it possible to link the answers of a student with the answers of its parents, the id-numbers of the students' questionnaire was the same as the id-number of the questionnaire that he/she was asked to take home. However, no one knew which student that had which id-number.

All students in grade 9 participated. However, the ESPAD report only includes data from students born in 1983.

Questionnaire and data processing

All core questions were asked except two (play on slotmachines and the consumption of cider). The questionnaire also contained the Integration module and two questions from the Mainstream module as well as 12 own questions. The new questions since the first ESPAD study were translated and back translated. No pre-test was done.

All data were entered twice. All questionnaires for which variables flagged at the second entry were checked manually. It is mentioned in the national report that students in private schools are underrepresented. However, national data are not weighted.

School and student co-operation

Of the 43 sampled private and boarding schools 18 participated in the study. In the sample of 168 classes in public schools 94 took part in the survey. Not-participating schools or classes were not replaced.

The research team talked to several refusing schools. Very few gave any reason for not participating. Among the reasons mentioned was the fact that the time of the data collection was rather close to the examination period. Another aspect related to private schools is that some of them have a principle of not participating in surveys.

In public schools the participation rate was the same in small and in large schools. The same was also true when schools in small municipalities were compared with schools in large municipalities.

In the national report it is mentioned that there are "no indications that non-participating schools should be associated with a different level of alcohol consumption or drug use"". The assumption is manly based on the fact that no schools mentioned alcohol or drug consumption as a reason. One other aspect mentioned is that the schools had not seen the questionnaire in advance so they did not know that all of it was about alcohol and other drugs.

No present student refused to participate. The response rate was 92%. Very few questionnaires (0%) were eliminated during the scrutinising process.

Most teachers (78%) did not notice any disturbances during the data collection. A small proportion (8%) reported that this happened with only a few students while 14% answered that more students were involved in some kind of disturbance. The most common reported disturbance was "other kinds of comments" (13% of all classes) followed by giggles or eye makings (7%).

In all participating classes (100%) the survey leaders reported that "all", "nearly all" or "a majority" of the students were interested in the study (99% answered "all" or "nearly all"). The corresponding figures on the question whether the students worked seriously were the same, i.e. 100 and 99% respectively.

Reliability and validity

The inconsistency rate between two questions in a single administration is highest for inhalants (3%) and lower for all other substances (0–2%).

Missing data rates on some drug related questions was highest for the variable alcohol (4%) followed by been drunk and cannabis (3% each) and other drugs (1–2%). Looking at the questionnaires as a whole, 1% of the questions were left unanswered.

The rates of inconsistent answers to questions about use in lifetime, last 12 months and last 30 days were low (0–1%) for all four drug related variables.

For cannabis 4% of the students answered "definitely not" on the question "If you had used marihuana or hashish, do you think you would have said so in the questionnaire?". The corresponding figure for heroin was about the same (5%). On the "willingness question" 23% answered that they had already said that they had used cannabis which is about the same as the reported proportion (24%).

Five per cent answered that they had heard about the dummy drug relevin. However, no one said they had used it.

Methodological considerations

No student refused to participate, the number of eliminated questionnaires was very low and nearly all survey leaders answered that the students were interested in the study and worked seriously. Even though the proportion of classes with more than a few disturbing students was higher than in most other countries, available information indicates that the student co-operation was good.

None of the reliability and validity measures indicate any major problems in the Danish ESPAD study.

The sampling of classes in public schools and of schools in the two strata of private and boarding schools seems to have functioned without any important problem. However, the high non-response rate is a major concern. 74 out of 168 classes in public schools (44%), 17 out of 20 private schools and 8 out of 23 boarding schools did not participate in the data collection. Taken all together this means that 47% of the sampled units refused to take part in the study.

Some schools were contacted about their refusal but very few gave any reasons. In public schools (strata 1–4) the response rate was about the same in small and large schools as well as in schools in small and large municipalities. Besides this, no systematic follow up was done.

The large number of private schools that did not participate (17 out of 20) is extremely high. Maybe that one could have considered either to weight the data to "compensate" for this or, which might have been even more preferable, to redefine the target population and exclude students in private schools.

The large number of classes and schools that refused to participate must be seen as troublesome and one cannot exclude the risk that the study is not fully representative for Danish students born in 1983. Consequently, some caution is recommended when Danish data are compared with the results from other ESPAD countries.

Estonia

Responsible for the Estonian study was originally Dr Anu Narusk, Institute of International and Social Studies, Estonian Academy of Sciences. After her decease Airi-Alina Allaste, from the same institute, took over as project manager. Estonia also participated in the first ESPAD study in 1995.

Population

The population consists of all students born in 1983 in grades 9 and 10 in basic and secondary schools as well as grade 1 in vocational schools. It has been calculated that 93% of all persons born in 1983 were at school at the time of the data collection. It has also been calculated that 88% of all 1983 born students were to be found in the grades participating in the study.

Sample and representativeness

The sampling was done separately for the three strata grade 9, grade 10 and vocational schools. In grade 9 every 6th class was randomly sampled with a systematic sample and the same was true for every 4th class in grade 10. Also in vocational schools the sample of classes was proportional to the number of students born in 1983. The sample was considered to be self-weighted.

Field procedure

The heads of the sampled schools, as well as the teachers of the sampled class, were contacted by a letter, which explained the study. Some time later the questionnaires, envelopes, classroom reports and instructions were mailed to the schools.

After the instructions were given the questionnaires were answered under the same condition as

a written test. The teacher that led the data collection asked the class to choose a "contact person", who was responsible for mailing the questionnaires, which were put in individual envelop, and the classrooms report to the research centre.

Students not born in 1983 in sampled classes were asked to leave the classroom at the time of the data collection. The study was done in April and May, which gives an average age of 15.3 years. The average time to answer the questionnaire was 41 minutes.

Questionnaire and data processing

All core questions were asked together with some questions in the Integration and Mainstream modules. The questionnaire also included the same own questions that were included in 1995. The questionnaire was not pre-tested.

For some reason 161 students not born in 1983 answered the questionnaire. These questionnaires were excluded together with 18 others (0.1%) that were obviously not correct. Data were not weighted.

School and student co-operation

Two schools refused to participate. Data are also missing from 34 classes. The main reasons were that the questionnaires were lost or that it was not possible to perform the survey before the final date. Almost half of the missing classes were from Russian speaking schools.

No present student refused to participate. The response rate was 93%.

According to the data collection leaders, no disturbances were reported in 62% of the classes. Another 34% said that there were some disturbances among a few students only.

In a large majority of the classes (95%) the data collection leaders reported that "all", "nearly all" or "a majority" of the students were interested in the study (85% answered "all" or "nearly all"). The proportions answering that the students worked seriously were even higher (100% and 95% respectively).

Reliability and validity

Reliability measures by inconsistency rates between two questions in a single administration was highest for cigarettes (6%) followed by the variables been drunk and cannabis (3–4%). For other substances the corresponding figures were 1–2%.

The proportion of unanswered drug questions were highest for the variables alcohol and been drunk (4% each) and cannabis (3%). For other substances it varied between 1 and 2%. The proportion of all questions that were left unanswered is not known.

For cannabis 7% of the students answered "definitely not" on the question "If you had used marihuana or hashish, do you think that you would have said so in this questionnaire?". The corresponding figure for heroin was 9%. On this "willingness question" 13% answered that they had already answered that they had used cannabis, which is the same as the reported proportion.

Six per cent answered that they had heard of the dummy drug relevin. However, only 0.5% said that they had used it.

Methodological considerations

The stratified sample seems to have functioned without any problems, which indicates that the study is representative for Estonian students born in 1983.

The number of refusing schools (2) was low and without any importance. Of 301 sampled classes 34 (11%) did not participate, which is of more concern. No comparison is done between participating and non-participating classes. A judgement of the research team is that there is no reason to believe that there are any major differences in the alcohol and drug consumption in the two types of classes. However, if there should be some differences between the two types of classes it must be remembered that about one out of ten not-participating classes most probably would not change the figures for the country as a whole with more than one percentage point.

Students not born in 1983 in sampled classes were asked to leave the classroom when the study was done. This is not in line with the ESPAD recommendations, but it seems less likely to assume that this has influenced the results in any important way.

Information is not available about the proportion of unanswered questions in the questionnaire as a whole. However, since only few students refused to answer questions about their drug consumption, there is reason to assume that the proportion of unanswered questions in the questionnaire as a whole is not large enough to jeopardise the Estonian data.

No present student refused to participate, the response rate was high, the number of eliminated questionnaires was low, the proportion of teachers reporting any important disturbances was low and

most survey leaders answered that the students were interested in the study and worked seriously. All this indicates that the student co-operation was good.

None of the reliability and validity measures indicate any major problems in the Estonian study. As a whole, data seem to be representative and comparable with the results from other ESPAD countries.

The Faroe Islands

Dr. Pál Weihe, Department of Occupational and Public Health, Faroe Hospital System, was responsible for the study in the Faroe Islands. National school surveys have been performed since 1989. Faroe Island also participated in the first ESPAD study in 1995.

Population

The target population consists of all students in the Faroe Islands born in 1983. The total number of students was 608, which is 88% of all persons born in the country in 1983. However, between 1983 and 1999 some persons have left the country. Thus, the true figure of 1983 born persons who were still in the country and attended school in 1999 was most probably higher than 88%.

Sample and representativeness

No sample was drawn since the total target population was so small. Students born in 1983 were found in grade nine. All together there were 33 grade nine classes in 18 schools.

Since no sampling was done the sampling procedure does not call for any weighting procedure. For the same reason the study is representative for all students in the Faroe Islands born in 1983.

Field procedure

In accordance with the routines of earlier studies the material was distributed to each school. The nurses in the schools were responsible for the data collection and the students filled in the questionnaires under the same conditions as a written test. After completion each student put his/her questionnaire in a locked box. Together with the classroom reports the locked boxes were sent to the research centre where they were opened.

Data collection took place on May 24–26, 1999, which gives an average age of 15.4 years. The average time to complete the questionnaire was 75 minutes.

Questionnaire and data processing

A teacher did the translation of the questionnaire. All core questions, except 2 about cider and alcopops, were included in the Faroese version of the questionnaire. It also contained the questions of the Integration and Mainstream modules as well as most of the optional questions, all together 63 questions. In addition 135 own questions were added, including some questions about sex (knowledge, attitudes, habits). Most questions had been used in earlier studies, which was one reason for not doing any pre-test.

A scanner was used to enter the data into the computer. Data were not weighted.

School and student co-operation

All 18 schools and 33 classes participated. No present student refused to answer the questionnaire.

The response rate was 78%. No questionnaires were excluded, even though 13 did not include information about sex.

In about half of the 18 schools some kind of disturbance was noted during the data collection. However, in nearly all cases this was only reported about a few students.

It is mentioned in the report that the students were interested and worked seriously. All schools reported that “all” or “nearly all” students were interested in the study and the figures were about the same on the question whether the students worked seriously.

Some data collection leaders reported that the questionnaire was too long.

Reliability and validity

The reliability as measured by inconsistency rates between two questions in a single administration was a little higher for cigarettes (5%) compared to other drugs (0–2%).

The proportion of unanswered questions about different drugs varies between 1 and 7%. Looking

at the questionnaire as a whole 27% of the questions were not answered.

The rates of inconsistent answers to questions of use in lifetime, last 12 months and last 30 days were low (0–2%) for the four variables alcohol, been drunk, cannabis and inhalants.

For both cannabis and heroin about 8% of the students answered that they would not have admitted use of these drugs. On the same question 9% of the students answered that they have already said they have used cannabis, which is slightly higher that the reported value (7%). Of all students 5% reported that they had heard about the dummy drug relevin. However, only 0.2% answered that they had used it.

Methodological considerations

Since the country is so small it is natural to include all students in the study. No schools or classes refused to participate. However, it should be kept in mind that the response rate was low (78%) compared to most other countries. One reason to this relatively low figure is that the data collection took place very close to the examination period and that some students may have been home to prepare for the written tests. The non-respondents are spread all over the country and there are no indications that they would bias the results to any important extent.

The proportion of unanswered questions (27%) is the highest in all ESPAD countries. However, it is not extremely high on the questions about the consumption of different drugs, which indicates that consumption figures, from this perspective, are comparable with data from other countries. Since the proportions of unanswered questions are rather high for other variables than consumption figures, some uncertainty are related to the interpretation of these other variables.

The reliability and validity of the collected data seem to be quite good in most cases. However, the relatively large number of absent students (22%) and the large proportion of unanswered questions (27%) indicate some uncertainty. Keeping these factors in mind, it seems reasonable to assume that the Faroese consumption data can be used for comparisons with other ESPAD data. However, some uncertainty remains for other results than consumption figures.

Finland

Responsible for the ESPAD study in Finland was Research Professor Salme Ahlström, Social Research Unit for Alcohol Studies of the National Research and Development Centre for Welfare and Health (STAKES). Finland also participated in the first ESPAD study in 1995.

Population

The target population was all students in Finland born in 1983. Of all persons born in this year 100% were at school at school at the time of the data collection.

Sample and representativeness

The sample was taken from students in grade 9. In this grade about 95% of all 1983 born students were to be found.

Finland was divided into 5 parts according to EU area-divisions. These 5 parts were further divided into urban and rural areas. Besides these 10 strata, the Helsinki metropolitan area was a stratum of its own. A systematic random sample was done and in each stratum the probability of a school being sampled was proportional to the size of the school. To be able to compare the Helsinki area with the rest of Finland 20 extra schools were randomly sampled in Helsinki area. All together 177 schools were included in the sample. In each of these schools one class was randomly chosen.

The sample is representative to Finnish students born in 1983. However, since the Helsinki area was oversampled the sample is not selfweighted.

Field procedure

All principals in selected schools got a letter with information about the study. They were asked to name the teacher of the sampled class. At the beginning of March material was sent to the contact teacher. Since some principals did not answer before a set deadline, material was also sent to 18 schools from an extra sample (to replace possible non-participating schools). (Data of only one of these schools were included in the final data.)

After an introduction the students answered the

questionnaires under the same conditions as a written test. Every student put his/her questionnaire in an individual envelope. Together with the classroom report the teachers returned the forms to the research institute.

In a large majority of the schools the data collection took place between the 22nd and 26th of March. A small number of schools collected data one week earlier or one week later. This gives an average age of 15.3 years. The average time to complete the questionnaire was 32 minutes.

All students in sampled classes took part in the study. However, the questionnaires from the very few who were not born in 1983 were excluded afterwards.

Questionnaire and data processing

Nearly all ESPAD core questions were asked. Since alcopops hardly exits in Finland it was replaced by "long drinks", which are quite popular. The questionnaire also included questions from the Integration module as well as the Mainstream module. Some own questions were also asked.

The new questions, i.e. the ones not used in the ESPAD 95 study, were translated by the research team. No pilot study was done.

When checking the quality of the entered data a few typing errors were found and corrected for about 3% of all records.

In the scrutinising process data from 17 students (0.5%) were removed because of unreliable and inconsistent answers.

Since the Helsinki area was oversampled data were weighted.

School and student co-operation

Out of the 177 sampled schools one refused to participate. It was replaced by a randomly selected school in the same stratum.

No present student refused to take part in the study. The response rate was 90%. 17 questionnaires (0.5%) were removed because of poor data quality. According to the Finnish country report student co-operation was very good.

Most teachers (74%) did not notice any disturbances during the data collection. When this happened it almost always included a few students (reported from 24% of the classes). The most common reported disturbance was "other kinds of comments" (15% of all classes) followed by loud comments (14%) and giggles or eye makings (11%).

In nearly all participating classes (98%) the survey leader reported that "all", "nearly all" or "a majority" of the students were interested in the study (92% answered "all" or "nearly all"). The corresponding figures on the question whether the students worked seriously were about the same, 99 and 94% respectively.

Reliability and validity

Reliability measured by inconsistency rates between two questions in a single administration was low for the variables cigarettes (2%) and been drunk (1%) and nearly non-existing for other substances (0%).

The proportion of unanswered questions about drugs varies between 0 and 4%. Looking at the questionnaire as a whole, 1% of the questions were left out. The inconsistency rates between lifetime, last 12 months and last 30 days were low for alcohol and been drunk (3 and 1% respectively) and 0% for cannabis and inhalants.

For cannabis 2% of the students answered "definitely not" on the question "If you had used marihuana or hashish, do you think you would have said so in the questionnaire?". The corresponding figure for heroin was (3%). On the "willingness question" 11% answered that they had already said that they had used cannabis. This figure is about the same as the reported proportion (10%).

Six per cent answered that they had heard about the dummy drug relevin. However, only 0.1% answered that they had used it.

Methodological considerations

The stratified sample was done without any difficulties. The oversampling of classes in the Helsinki area made it necessary to weight data to get the results for the country as a whole. After this was done there is no reason not to assume that data are representative for all 1983 born students.

Only one school refused to participate. Since no important problems are reported in the contacts with the schools, the school co-operation seems to have functioned well.

No student refused to participate, the number of eliminated questionnaires was low, the proportion of schools with reported disturbances was not high and nearly all survey leaders reported that the students were interested in the study and worked seriously. All this indicates that the student co-operation was good.

None of the reliability and validity measures indicate any methodological problems in the Finnish study. As a whole, data seem to be representative and comparable with other ESPAD data.

France

Responsible for the French ESPAD study is Dr. Sylvie Ledoux at Institut National de la Santé et de la Recherch Médicale. Earlier national school surveys have been done in 1993 and 1997. Some data from the 1993 study were reported in the 1995 ESPAD report.

Population

The target population consists of all students in France born in 1983. Students in overseas territories and "departments" (West Indies, Guyana and Bourbon Island) were not included. In 1999 98% of the 1983 age cohort was at school.

Sample and representativeness

All types of schools were included in the sample. Students born in 1983 were mainly found in grade 9 in junior high school and in grade 10 in high school and vocational school. For national reasons the French study included students in grades 8–12. Consequently the few 1983 born students in other grades than 9 and 10 were also included in the sample. It is calculated that about 100% of all 1983 born student attended participating grades.

A proportional two step stratified sample was used. Schools were stratified according to four criteria (type of school, sector of school, type of areas and educational characteristics of the schools). In the first step 300 schools were randomly drawn proportional to the size of each strata and the size of schools within each strata. In each school two classes were randomly selected (the classes in which the surnames of the responsible teachers were closest to L).

The sample is representative of students aged 14–19 in France, i.e. also for students born in 1983.

Since a proportional stratified sample was used the sample is selfweighted.

Field procedure

Headmasters in selected schools were contacted and informed about the study. They were asked to appoint one person (school doctor or nurse) that should organise the data collection. All "school co-ordinators" were called by research assistants, who informed about the study and the data collection.

Data were usually collected by school nurses. Teachers or headmasters were never present in the classroom during the completion of the questionnaire. The students got a sticker to seal the questionnaire, which they put in a closed box. The questionnaires and classroom reports were returned to the research institute, where they were checked.

Data were collected between March 22 and May 7, which gives an average age of 15.3 years. All students in selected classes participated. However, only data from students born in 1983 are included in this report. The average time to answer the questionnaire was 45 minutes.

Questionnaire and data processing

All ESPAD core questions but 13 were asked. The questionnaire also included the Deviance module as well as the Rosenberg self-esteem scale and the Antisocial behaviour scale from the Psychosocial module, all together 40 questions. In addition to this 19 own questions were asked.

All ESPAD questions that were used were translated and back translated. After a pre-testing in one school, with 166 participating students from different grades, some minor changes were done in the questionnaire.

Of all 12,113 returned questionnaires 243 (2%) were excluded in the scrutinising process. Data are available from 2,284 students born in 1983.

School and student co-operation

Out of the 300 sampled schools 10 did not participate in the study. In the remaining 290 schools with 580 sampled classes data are missing from 16 classes (in 10 of these classes the students were not in school during the time of the data collection). Non-participating schools and classes were not replaced.

Information about the student co-operation is based on data about all participating students, i.e. also those students who were not born in 1983. In France it is necessary to get parental permission for students under the age of 18 to participate in surveys. About 1% of the parents refused their children to participate.

About 9% of the students were absent at the time of the data collection. Of the present students about 1% refused to participate. Consequently, all together 11% of the students in participating classes did not participate in the data collection.

Only a shortened version of the ESPAD classroom report was used. Of all data collection leaders 67% reported that they did not notice any disturbances. This means that one third noticed some

disturbance but since only a shortened version of the form was used data are not available about the proportion of students that disturbed.

A very large majority of the survey leaders (94%) answered that "all", "nearly all" or "a majority" of the students worked seriously (84 answered "all" or "nearly all").

Reliability and validity

Reliability measured by inconsistency rates between two questions in a single administration was not extremely high for any variable. The highest were found for tranquillisers, been drunk and cannabis (4–6%), while the figures were lower for other substances (1–3%).

The proportion of unanswered questions about different drugs varies between 1 and 4%. Looking at the questionnaire as a whole, 2% of the questions were left out. The inconsistency rate between lifetime, last 12 months and last 30 days was highest for alcohol (6%) and lower for the variables been drunk, cannabis and inhalants (2–3%).

The two questions about possible unwillingness to admit cannabis and heroin use were not asked. 8% of the students reported that they had heard about the dummy drug relevin. However, only 0.5% answered that they had tried it.

Methodological considerations

The sample was drawn as a proportional stratified two step cluster sample in which two classes were randomly selected in the 300 sampled schools. To avoid cluster effects it would have been preferred from a statistical point of view to sample one class in 600 schools compared to 2 classes in 300 schools. However, since the study included all grades between 8 and 12, and most 1983 born students mainly were found in grades 9 and 10, the cluster aspect is probably of minor importance for the ESPAD part of the French study.

Ten out of 300 sampled schools and 16 out of 580 classes did not participate in the data collection. These figures are not extremely high and indicate a good school co-operation.

One per cent of students present at the data collection refused to answer the questionnaire. Even though this is a small figure it should be noticed that it is one of the highest figures in the 1999 ESPAD study. In many countries no student refused to participate.

About 1% of the parents refused their children to take part in the study. Again, this is a small figure but higher than in most other countries (only some few ESPAD countries needed to ask the permission of the parents).

When data were collected 9% of the students were absent. This figure is rather low compared to most other ESPAD countries and the conclusion is the same also when one compares the total proportion of non-participating students (11%).

Unfortunately only parts of the ESPAD data collection leader questionnaire was used. However, the few questions asked do not indicate any important problems about the student co-operation.

Available information about reliability and validity do not indicate any major methodological concerns. However, data are not available on the "validity questions" about the willingness to admit possible use of cannabis and heroin. On the other hand, it does not seem likely that the answers to these questions should have changed the main conclusion about a satisfactory reliability and validity.

Greece

Responsible for the Greek study was Dr. Anna Kokkevi, Associate Professor and Ms. Manina Terzidou, research associate at the Department of Psychiatry, Athens University Medical School. Some data from the 1993 Greek study was reported in the 1995 ESPAD report.

Population

The target population consists of all secondary (Lyceums) school students born in 1983. All Lyceums were included in the sampling frame, except those in the Greek islands (the two biggest islands Crete and Evia were included). The number of schools thus excluded from the sampling frame is not known. Students born in 1983 attended in October 1999 grades B and C of Lyceums. Grade B comprises approximately 73% and Grade C 20% of this age cohort. Information on the exact percentage of Greek students, born in 1983, still at school in October 1999 is a piece of information not available by the Ministry of Education.

Sample and representativeness

A nation-wide stratified clustered probability sample was used. All existing types of schools were represented (public, private, evening, technical/vocational).

The country was divided into four geographical strata (Athens, Salonica, other urban areas, and semi-urban/rural areas). For the first and second strata the sampling was two-staged: In the first stage schools were selected with a probability to their size (number of students) and in the second stage the specific classrooms within each school (each grade consisted of more than one classroom). Each classroom comprised approximately 25 students. For the third and fourth strata the sampling was three-staged, where stage 1 was the selection of the specific locations (towns, villages, etc.), and stages 2 and 3 were the same as for strata 1 and 2. Ten urban areas are selected for stratum 3 and 10 semi-urban/rural areas for stratum 4.

The sampling frame was the official 1996–97 Students Enrolment List of the Greek Ministry of Education. The sample consisted of 107 schools. The General education high schools (public, private, evening) were 75 and the Technical education high schools (public, private, evening) were 33. The total number of the classes was 251, 179 from General education and 72 from Technical education high schools.

During data collection a students' strike started in several schools of Greece. Fortunately, data collection had finished before this for the vast majority of the schools in the sample. Nevertheless, 6 schools in the city of Patras, which were left last, were already on strike when approached by the research assistants. As the strike was planned to continue until Christmas, and time was running short, it was decided to replace them with 6 schools from other cities belonging to the same geographical stratum, namely Ioannina, Rethymno and Kalamata. It was assumed that this substitution should not cause significant sampling biases. The sample was considered to be nationally representative of secondary school students born in 1983 and to be self-weighted.

Field procedures

The questionnaire was submitted to the Ministry of Education for official permission to be used in schools.

Two weeks prior to the beginning of data collection a letter was addressed to the headmasters of the selected schools, informing them of the research and its purpose, asking them not to discuss it with the staff or the pupils. Enclosed was the official permission of the Ministry of Education.

Following this written communication, each headmaster was contacted by telephone for the arrangement of an exact appointment for the administration of the questionnaire. The data collection was conducted by trained research assistants.

Data were collected in October–November 1999 which gives an average age of 15.8 years. Data collection started from the Athens area to enable the members of the core research team to closely supervise the procedure and deal with last-minute difficulties.

The questionnaire was administered by the research assistants simultaneously in both grades of the same school. Instruction on the completion of the questionnaire were given to the students before data was collected. The average time for the completion of the questionnaire was 50 minutes. Neither the headmaster nor any teacher were allowed to be present in the classroom during the administration.

Questionnaire and data processing

The ESPAD questionnaire was translated into Greek and back-translated into English. All core questions were included, apart from two questions related to cider and alcopops, as these products are not available in Greece. One module, C (Psychosocial) and two optional questions were included. No additional questions of national interest were used in the questionnaire.

A mistake was found in the translation of one question after the completion of data collection. The question regarded the students approval of people doing certain things. The results on this variable are not comparable and therefore not reported.

Since the questionnaire was very similar to previous used ones in Greece, no piloting was considered necessary. Only one of the C-module questions was found somewhat confusing when translated, why it was pre-tested on a small number of individuals before the final phrasing was decided. In addition a few alcohol related questions were pre-tested to ensure that their meaning was correctly understood. Data entry of the completed questionnaires was done by scanning.

School and student co-operation

The majority of the schools of the target sample co-operated willingly and accepted the research

assistants for the questionnaire administration. Out of the 107 schools only 6 refused to co-operate. Most of these schools were damaged by the earthquake in September and the academic year had started later than in the rest of Greece. Therefore, the reason they presented was that they had already missed many school hours.

The students also co-operated willingly. In the majority of classes no disturbances were noted. Moreover, students were interested in the survey and worked seriously in most classes. Only 14 students refused to complete the questionnaire and turned it back. The response rate was 91%. After scrutinisation 54 (2,4%) questionnaires were considered as not valid, mostly because of the missing the age of birth.

Reliability and validity

Reliability as measured by the inconsistency rate between two questions in a single administration was good. The highest percentage of inconsistent answers was for lifetime inhalant use (4%) and for lifetime cigarette smoking (3%). The lifetime prevalence of having been drunk showed an inconsistency rate of 2% which increased somewhat for 12 months and 30 days prevalence (3% for both). On most other variables the inconsistency rate was 1% or less.

Missing data rates, were also low, the highest 2%, being noted in the lifetime alcohol use. Boys left more unanswered questions than girls did. The overall percentage of unanswered questions is 0.4 in the total sample.

The rate of inconsistent answering regarding lifetime, 12 months and 30 days prevalence was highest for any alcoholic beverage, among all students 6%, but somewhat lower when only the users were considered (5%). For the variable "been drunk" it was 2% both among all students and the users. It is to be noted that in the oral instructions provided while introducing the questionnaire to the students, their attention was drawn to the fact that 12 months prevalence is included in past year's prevalence and both in lifetime's prevalence. The inconsistency rate on cannabis and inhalants was similar (about 4%) among users. Girls gave in general more inconsistent answers than boys.

The majority of the respondents reported that they would be willing to admit using drugs, if they had done so. The proportion who would "definitely not" admit cannabis use was 2% and for heroin use it was 3%. Although 7% reported that they had heard of the dummy drug relevin only 0.1% claimed that they had used this substance.

Methodological considerations

The sample seems to be representative of the students attending high schools situated on the mainland and the two biggest islands. The loss of 12 schools is a problem, however. The replacement of the 6 schools which dropped out because of the teachers strike probably made up for this part of the loss, without causing any serious bias to the results, since the non-participation was not connected to any drug behaviour. The same can be said about the loss of 6 schools which dropped out because of refusals. The reason to refuse was strictly linked to the fact that the area was hit by the big earthquake in September the same year. The random geographical distribution of schools is, however, somewhat affected by this.

Data are not weighted. The gender distribution is, however, somewhat unequal with a male/female distribution of 37/63. This was assumed to reflect the gender distribution in the target population (43/57). However, it would have been an advantage to weigh the data, to adjust the figures for all students.

There is good evidence both for data reliability and validity. The proportions who would definitely not admit cannabis or heroin use are modest, especially in comparison with other ESPAD countries.

Greenland

Responsible for the ESPAD study in Greenland was Mrs. Marie Kathrine Poppel at PAARISA, the Directorate of Health and Research. Three school surveys were done in Greenland during the 1990s' prior to the ESPAD 99 study. However, this was the first time Greenland participated in the ESPAD project.

Population

The target population consists of all students in Greenland born in 1983. Of all 818 Greenlanders born in 1983 719 were at school during the spring of 1999, i.e. 88%.

Sample and representativeness

No sample was drawn since the total target population was so small. Students born in 1983 could be found in grades 9–11 in 87 secondary schools and one special school (students from the special school were excluded from the survey). Consequently all these three grades were included in the data collection.

Since no sample was done the sampling procedure does not call for any weighting procedure. The study is supposed to be representative for all 1983 born students in Greenland.

Field procedure

After an introduction that participation was voluntary and that full anonymity was guaranteed the students answered the questionnaire. The students were also informed that each participating class should be included in a lottery in which three randomly selected classes should win a money prize. When the students had finished the questionnaires they put them in individual envelopes, which were sent to Statistics Greenland together with the classroom reports.

All students in grades 9–11 were asked to answer the questionnaire. However, the results in the ESPAD report only include data from those born in 1983.

Teachers were survey leaders. The average time to complete the questionnaire was 68 minutes. Data were collected in April–May, which gives an average age of 15.3 years. The time of the data collection was criticised to be too close to the exams.

Questionnaire and data processing

The translation of the ESPAD questionnaire to Danish was done by the Danish research group. Greenland used the same Danish version that was used in Denmark. The translation from Danish to Greenlandic was made by a professional interpreter. The questionnaire was not pilot tested.

All ESPAD core questions were asked except three. In Q12 cider was replaced by 3.6% beer and in Q3 "motorcycle" was changed to "snow mobile". The Greenlandic questionnaire included Module A and two questions in Module B. The number of own questions were four. An overall assessment was that the questionnaire contained "too many questions, questions were too hard to understand and there were to many repetitive questions".

Some of the ESPAD core questions caused some troubles. Q8 and Q10 were put under the same heading. Some students misunderstood Q10 and only gave one answer instead of three (one per line). On Q36 some students added the category "don't know".

A mistake was done in the translation of Q45 and Q46 from Danish to Greenlandic. The first alternative should be "I already said that I have used it" (cannabis and heroin respectively). It was incorrectly translated to "I have already said I have not used it" (i.e. an addition of "not").

In the country report the Greenlandic researchers stress that there have been some problems in the translation process. "It is clear that there have been quite a few problems with the respondents' comprehension of the questionnaire. Especially for those who have answered the version in Greenlandic there have been inconsistent answers. This is presumed to be caused by inexact translation of the questionnaire into Greenlandic." It is also mentioned that "the students in East Greenland have difficulties in understanding the West Greenlandic translation".

School and student co-operation

Of the 87 schools in Greenland 21 (24%) refused to participate in the study. The main reason was probably that the time of the data collection was close to the examination period. From the 66 participating schools 100 classes in grades 9–11 took part in the data collection. However, due to the ongoing examination period some classes, mainly with students in grade 11, did not answer the questionnaire. It is not possible though to tell the exact number of such classes.

The response rate was 83%. No present student refused to answer the questionnaire. However, 104 out of the 421 students that took part in the study had more than 20 questions unanswered. All together 27 questionnaires were excluded due to the fact that too many questions were left unanswered.

According to the data collection leaders, no disturbances were reported in 80% of the classes. In all classes with disturbances "other kinds of comments" from the students were reported and in about half of the classes "load comments". Out of all participating classes these two kinds of problems occurred in 20 and 11% respectively.

In nearly all participating classes (98%) it was reported that "all", "nearly all" or "a majority" of the students were interested in the study (96% answered "all" or "nearly all"). The figures were very similar on the question whether the students worked seriously (99 and 96% respectively).

It was stressed in the country report that participating schools as well as students were very co-operative.

Reliability and validity

The inconsistency rate between two questions in a single administration was highest for been drunk (13%). It was lower for cigarettes, cannabis and inhalants (6–8%) and even lower for other illicit drugs, anabolic steroids and tranquillisers and sedatives (1–3%).

Missing data rates were rather high for most drug related questions (8–14%). It was only relatively low for cigarettes (3%). Looking at the questionnaire as a whole about 10% (33) of all questions were left unanswered.

The rates of inconsistent answers to questions of use in lifetime, last 12 months and last 30 days were rather high for alcohol and been drunk (13–15%) and lower for inhalants and cannabis (2–5%). The inconsistency rates were commented in the country report. The Greenlandic researchers mentioned that "at large, we consider the replies to the "last 30 days"-category to be most correct. Conclusions based on answers to the categories "lifespan" and "last 12 months" should be drawn with substantial reservations."

As already mentioned above, it is stressed in the Greenlandic country report that there have been problems with the comprehension. Especially for students using the Greenlandic version, inconsistent answers may have been caused by mistakes in the translation.

Due to a mistake in the translation of the questions about the willingness to report cannabis and heroin use, no valid data are available of the proportion of students that would have refused to admit the use of these drugs if they had used them. 2% of the students reported that they had heard of the dummy drug relevin. However, no one answered that they had used it.

Methodological considerations

Greenland was the only country in the 1999 ESPAD study that tried to stimulate classes to participate by organising a lottery in which three participating classes won a money prize. All classes in participating schools took part in the study. However, whether this was influenced by the possibility to win a money prize is difficult to know. Another uncertainty is whether the possibility to win some money to the class made the students giving incorrect answers, i.e. that the validity was negatively influenced.

If the possibility to win increased the proportion of participating classes, it seems reasonable to assume that the influence was rather limited. The same is probably also true about the validity. Since it was stressed to the students that they were guaranteed anonymity, there is no real reason why they should give incorrect answers because of the possibility to win some money.

Of the 87 Greenlandic schools 21 refused to participate. In the remaining 66 schools some classes did not take part in the study. The main reason was that the data collection was done close to the examination period. It is worth noticing that refusing schools are geographically spread. Also from other perspectives the Greenlandic researchers cannot find that refusing schools are special in one way or the other. Thus, there are reasons to believe that the refusing is not heavily connected with extreme drug habits in one way or the other (high or low). However, the high proportion of non-participating schools (24%) ought to be kept in mind.

The response rate was 83%, which is a little lower than in most other countries. In the schools that participated no special problems were reported. This indicates, together with the fact that Greenland reports one of the highest figures on the proportion of classes with no disturbances during the data collection (80%), that student co-operation was good.

Some complications are reported in the reliability and validity measures. One is that the questions about students' willingness to report cannabis or heroin use were incorrectly translated and thus not possible to use in validity discussions.

Compared to other countries, the number of unanswered questions was rather high in Greenland. This also includes many of the drug-related questions, which indicates that the Greenlandic questionnaire was quite long and complicated to answer. This is also stressed in the country report and indicated by the fact that the average time to complete the questionnaire (68 minutes) was one of the longest among all participating countries.

The rates of inconsistent answers to question on lifetime, last 12 months and last 30 days use of different substances, show that the figures in Greenland are rather high for alcohol and been drunk (13–15%). This is probably partly caused by some problems in the translation of the Greenlandic version of the questionnaire. On top of this there are some diversities between different Greenlandic dialects, which were not considered in the translation process.

The consequences of these problems are difficult to judge. However, it is obvious that some questions about the measures of drug consumption habits are connected with some uncertainty.

To sum up: The number of refusing schools was rather high, the response rates rather low and the proportion of unanswered questions rather high. Some measures indicate that the reliability and validity probably is a little lower in Greenland than in most other countries, which is important to keep in mind when comparing the Greenlandic results with data from other countries. However, it seems reasonable to assume that the methodological complications are not large enough to cause major problems in the comparisons with other ESPAD countries. However, some caution is recommended.

Hungary

Responsible for the Hungarian study was Dr. Zsuzsanna Elekes, Associate Professor, and Dr. Borbála Paksi, Behaviour Research Institution at the University of Economic Sciences in Budapest. Hungary also participated in the 1995 ESPAD study.

Population

The population consists of all students in secondary school in Hungary who were born in 1983. At the time of the survey in Hungary statistics for the actual school year were not available. Instead the estimates were based on data for the previous year and other sources. When necessary, complementary information was collected directly from the schools. According to available data (1997/98 school year) 89% of all students born in 1983 were attending some secondary school. The absolute majority (97%) were in the first and second grades. It was estimated that just over 40% of the students in each grade were born in 1983.

Sample and representativeness

In Hungarian secondary level education there are four types of schools: High school, Specialised secondary school, Skilled work training school and Training school.

The sample was drawn as a stratified random cluster sample. Since the researchers wished to produce results for the capital region (Budapest) this region was over-sampled in relation to the total sample. Hence, the sample was stratified according to capital or countryside area, type of school and grade. The sampling was random without replacement. Dropouts of schools and classes were replaced from an random substitute sample. A total of 260 classes were drawn, including altogether 7,618 students. It was assumed that the sample was nationally representative of secondary schools students born in 1983.

Field procedure

An information letter was sent to each participating school, asking for co-operation in the survey. In addition, a special TV programme for secondary school students was published to draw attention to the importance of the survey. The reason for doing so was the fact the schools and students were very reluctant to participating in surveys especially when concerning drugs issues. The research assistants were educated for their task. While collecting data only research assistants were present in the classroom. Data collection period was March 1–26, 1999.

Questionnaire and data processing

All core questions were used except Q12 and Q13 (on alcopops and cider), which were left out since they were considered not relevant for Hungary. The question on average grade in school (Q5) was slightly modified, since each student is given an average mark in the end of the term the students were asked to indicate this value. The two questions on father's and mother's education level (Q39 and Q40) were modified to fit the Hungarian educational system.

The questionnaire included 192 core questions, 23 module and 9 own questions. The questionnaire was piloted in three types of schools in January. As a result the questionnaire was shortened, i.e. the number of modular and own questions was cut down. A logical control of the data file was made.

School and student co-operation

Altogether 7% (18) of the chosen classes refused co-operation and 5 classes fell out for other reasons (disabled children, the chosen class did not exist because of changes in school organisation). Out of these 14 classes were substituted from the subsample, while 9 were not possible to substitute and

remained dropouts.

In no class open refusal to participate occurred. In 81% of the classes the assistants reported no or little disorders. It happened only in 7 classes (3.3%) that the majority of the students disturbed the procedure. It included laughing (48.3%), whispering (2.3%), remarks in no connection with the questionnaire (11%), remarks on drugs (4.6%), discussing the questions (1.4%), criticising the questions (0.5%).

Reliability and validity

The largest inconsistency rate between two questions in a single administration was found for the questions on tranquillisers/sedatives (5%) and for cannabis use and smoking (4% both). For "been drunk" it was 3%, use of amphetamines and inhalants 2%, and for other illicit drug use it was 1% or less. The rates of inconsistent answering tend to be higher among boys than girls.

The proportion of unanswered questions regarding lifetime prevalence was highest for any alcoholic beverage (3%). For most other variables it was 1% or less. The proportion was somewhat higher on 12 months than lifetime prevalence questions, but between 12 months and 30 days there was hardly any difference. The missing data rates are generally higher for boys than for girls.

Very few had left the question on gender unanswered (0.3%). The question on school performance shows a relatively high missing data rate (5%), the question on parent's educational level 3% and household members 1%.

The average number of unanswered questions was 2% on core questions, 4% on module, and 2% on own questions.

The rate of inconsistent answering on self-report of use in lifetime, last 12 months and last 30 days was 5% for any alcoholic beverage and 2% on "been drunk". The proportion was less than 1% on cannabis and inhalants. Taking only "users" into account makes no difference regarding questions related to alcohol, but for the questions on cannabis it increased to 3% and on inhalants to 1%.

The results on the "honesty questions" show that the vast majority would have admitted any use of either cannabis or heroin. There was little difference in the attitudes to the two types of drugs: 9% would "probably" or "definitely" have admitted use of cannabis and 10% use of heroin.

Methodological considerations

The quality of the Hungarian data seems to be good. The representativeness is somewhat limited since only 83% of the age cohort is still to be found within the school system, but the fact that two grades were included in the sample makes the coverage optimal. Moreover, a rather high response rate was reported.

Both reliability and validity seem to be satisfactory. The proportion of students who "definitely not" would admit any cannabis or heroin use was moderate.

Iceland

The 1999 ESPAD survey in Iceland was directed by Thoroddur Bjarnason and Inga Dora Sigfusdottir at the Icelandic Centre for Social Research and Analysis. Iceland also participated in the first ESPAD study in 1995.

Population

In Iceland, adolescents born in 1983 were required to attend 10th grade of compulsory school. At the time of the data collection about 95% of the 1983 birth cohort was at school.

Sample and representativeness

In the whole country, a total of 3,968 students were registered in 10th grade in 126 schools at the time of the survey. Instead of drawing a sample, all students attending 10th grade were targeted for participation in the 1999 ESPAD survey.

Of all 1983 born students 99% were to be found in grade 10.

Field procedure

The principals of all schools in the country were contacted by a formal letter, as well as by a series of telephone calls. Each principal assigned a teacher as a contact person for the ESPAD survey. The contact teacher was asked to send a list of all classes in the school to the research team, and to be involved in the survey administration. Using these class lists, the research team prepared a survey package

for each 10th grade class in the country. The packages contained the appropriate number of questionnaires and confidentiality envelopes, a letter to the teachers, and a classroom report. For each school, all classroom packages were placed in a box, along with a letter to the principal.

In the capital area, these boxes were transported by research assistants, who also administered the questionnaires. Outside the capital area, the boxes were sent by mail and the survey was administered by teachers. Data were collected on March 15th 1999 in all but two schools, which due to scheduling conflicts had to delay the survey by a few weeks. The average age of the students were 15.2 years and the average time to answer the questionnaire 32 minutes.

A total of 51 questionnaires were removed from students who were not born in 1983.

Questionnaire and data processing

The questionnaire included almost all core questions, as well as questions from the Integration module (3, 5, 6), the Mainstream module (1, 2, 4), the Psycho-social module (3), the Deviance module (1, 2) and a few optional questions (1, 3) as well as some country-specific questions. Items from the 1995 ESPAD survey were used unchanged, while new items were translated into Icelandic by the research team and then translated back into English by external experts. No inconsistencies were found.

The questionnaire was pre-tested in two classes of 9th graders and in a group of adolescents in a substance abuse recovery program. Some minor changes in wording and street names were made after group discussions with these students. Once collected, the completed questionnaires were removed from the confidentiality envelopes and electronically scanned into a computer database. A sample of questionnaires was read against the data set to ensure the accuracy of the scanner. No inconsistencies were found. Data were not weighted.

School and student co-operation

School administrators and teachers were very co-operative during the data collection, although several complained about the frequency of various surveys in their schools. No schools or classes refused to co-operate, but one small country school with only 4 students in 10th grade failed to return the questionnaires.

No student who was present refused to answer the questionnaire. The response rate was 89%. In the scrutinising process only 17 out of 3,524 questionnaires were rejected.

According to the data collection leaders, no disturbances were reported in 77% of the classes. Another 12% said that there were some disturbances among a few students only. The most commonly reported disturbance was “other kinds of comments” (12% of all classes) followed by giggles or eye makings (8%).

In nearly all participating classes (100%) the data collection leaders reported that “all”, “nearly all” or “a majority” of the students worked seriously (87% answered “all” or “nearly all”).

Reliability and validity

The reliability measured by the consistency between two questions in a single administration was not extremely high for any variable. The highest was found for cannabis (6%), while the figures were lower for other substances (0–3%).

The inconsistency rate for use of alcohol, cannabis or inhalants was about 1%. Four per cent of all students indicated that they would definitely not have admitted using cannabis, and about 6% said that they would definitely not have admitted using heroin. On the question about the willingness to admit drug use 18% answered that they had already said that they had used cannabis, which is slightly higher than the prevalence figure (15%). Of all students 8% answered that they had heard of the dummy drug relevin. However, only 0.1% said that they had used it.

Methodological considerations

Since no sampling was done there are no sampling problems. Data were collected by research assistants in the capital area and by teachers in the rest of the country. In practice the use of different kinds of data collection leaders in different parts of the country most probably are of no importance, since a methodological study has demonstrated that these two modes of administration do not produce different results in Iceland (Bjarnason, 1995).

Student co-operation as well as school co-operation has been very satisfying. The reliability and validity measures do not indicate any major methodological problems.

The Icelandic ESPAD study seems to have been conducted without any important concerns. As a whole data seem to be representative for students born in 1983 and comparable with other ESPAD data.

Ireland

Dr. Mark Morgan, St. Patrick's College of Education, Dublin was responsible for the Irish ESPAD study. Ireland also participated in the ESPAD data collection in 1995.

Population

The population consists of students born in 1983 in all fifth grade classes in postprimary school. It is estimated that 93% of children born in 1983 were in school at the time of the data collection.

Sample and representativeness

There are three types of schools: Single-sex secondary, mixed secondary, vocational and community schools. The schools were divided into these three strata. In the first sampling step schools were selected within these strata proportionate to the number of schools in the sampling frame. 98 schools were sampled. In the second sample step two classes were randomly sampled in each of the schools.

The sample was proportional which means that it is selfweighted. It is estimated that about 61% of all 1983 born students were to be found in grade 5. The sample is representative of students in grade five born in 1983.

Field procedure

The selected schools were contacted and, after having agreed to participate, the headmaster was asked to identify a teacher who would be responsible for the performance of the survey in the school. The questionnaires were mailed to each co-operation teacher. Included with the questionnaire were guidelines for the administration of the survey. The teacher was supplied with a random number table by the aid of which he/she should pick two classes for the study. Only about half the students in each class were born in 1983 and they were asked to go to the room in which the study was done. This is reported to have worked well.

After instructions were given the questionnaires were answered under the same conditions as a written test. The students put their forms in individual envelopes. The average time to answer the questionnaire was 39 minutes. The data collection was done between March 29 and April 15, which gives an average age of 15.3 years.

Questionnaire and data processing

All ESPAD core questions were asked. The questionnaire also contained the Deviance module but no optional or own questions.

No pilot study was done. Data were examined with particular reference to the extent to which there were "out-of-range" entries. These were found to be less than 0.2%. Data were not weighted.

School and student co-operation

Out of 98 sampled schools 7 did not participate. They were replaced by mutual schools. The reason for failure to be involved was pressure of time (four schools), because another survey had just been completed (one school) and no reply (one school). None of the selected classes refused to participate.

All present students answered the questionnaire, i.e. no one refused to participate. The response rate was 92%. Of the absent students about half (4%) were home because of illness. Another important reason (3%) was that other arrangements did not allow for the students to be free at the designated time.

Of all questionnaires were over 95% complete. No questionnaires were taken out in the scrutinising process.

A very large majority of the survey leaders (98%) reported that they did not notice any disturbances during the data collection. All of them (i.e. 100%) answered that "all" or "nearly all" students were interested in the study. On the question whether the students worked seriously 100% reported that "all" students worked seriously.

Reliability and validity

The inconsistency rate between two questions in the questionnaire was highest for inhalants (6%). It was lower for cigarettes, been drunk and tranquillisers or sedatives (3% each) and even lower for cannabis, other illicit drugs and anabolic steroids (1–2%).

Missing data rates were low for all drug related questions (varying between 0 and 4%). For the questionnaire as a whole 1% of all questions were left out. The rates of inconsistent answers to the questions about use in lifetime, last 12 months and last 30 days were low for all drugs measured (1%).

Of all students 4% reported that they "definitely not" would have admitted possible use of cannabis. The corresponding figure for heroin was 7%. On the question about "the willingness to admit drug use" 30% answered that they had already said that they have used cannabis. The lifetime prevalence

figure was very similar (32%).

About one out of 10 students (11%) gave the answer that they had heard about the dummy drug relevin. However, only 0.4% said that they had used it.

Methodological considerations

The sample seems to be representative for the students born in 1983 who attended the fifth grade. However, it should be noticed that grade 5 only contain about 61% of all students born in 1983. Consequently, the answers cannot automatically be generalised to 1983 born students in other grades.

The schools were systematically randomly chosen. Thereafter, two classes were selected randomly within the school by a representative of the school. It may seem somewhat "risky" to let the school be responsible for this part of the sampling procedure, but the assumption is that all went well.

For different reasons seven out of the 98 sampled schools did not participate. They were replaced by randomly selected schools. As a whole, the school co-operation seems to be good.

The same is also true about the student co-operation. No student refused to participate, no questionnaires were omitted and nearly all survey leaders reported a data collection without any disturbances with students that worked very seriously.

No reliability and validity measures indicate any important methodological problems.

As a whole, the Irish study seems to have functioned very well without any major problems. However, it must be kept in mind that the data only are representative for 1983 born students in grade 5 (and not in other grades).

Italy

Responsible for the Italian survey was Dr. Fabio Mariani, National Research Council (NRC), Institute of Clinical Physiology, Department of Epidemiology and Biostatistics, Pisa. Italy also participated in the 1995 ESPAD study.

Population

The target population consists of students in Italian public high schools born in 1983. It was estimated that about 72% of the students born in 1983 attended some kind of public secondary education. Private schools (about 6% of all secondary schools) were not included in this study, which means that 94% of these students were to be found in public schools.

Sample and representativeness

The sample was drawn as a random sample of classes, stratified by administrative regions, severity index (SMAD – a drug abuse monitoring system that classifies the 105 Italian provinces in relation to high, medium and low levels of drug use prevalence), population density index, and type of school. There were three types of schools with secondary education in Italy; Scientific and classic lyceums, Artistic institutes, and Vocational institutes with five grade levels. All five grades in secondary schools were included in the sample, but students born in 1983 were to be found in grades 1–3. The sampling design produced 81 cells from each of which 1% of the classes were drawn. Altogether 732 classes were sampled from gardes 1–3, corresponding to 4,547 students born in 1983.

The sample was assumed to be nationally representative of students in public secondary schools, who were born in 1983. The male/female distribution in the sample was 41/59, which was considered to reflect the gender distribution of the population studied.

Field procedure

The schools were first contacted via telephone. Thereafter a research assistant followed up this contact by visiting the school, providing material and face-to-face training of the teachers selected for data collection. After the students completed the questionnaires in the period of time stipulated, the research assistant collected all material. Data was collected either by a teacher or a research assistant. The instructions to the students, enclosed in the material provided, were read aloud to the class. Data was collected between April 26 and May 21, 1999.

Questionnaire and data processing

The Italian questionnaire included all ESPAD core questions. No module or own questions were included. The questionnaire was translated into Ital-

ian and then again into English to crosscheck the consistency of the translation. The questionnaire was not piloted.

When data was entered into the computer a random quality check was performed. Of the total number of questionnaires 100 questionnaires were randomly extracted. This procedure was repeated tenfold up to 1,000 questionnaires and typing errors were corrected. On average, typing errors were less than 2%. The criterion for invalidation of single questionnaires was reported use of the fictitious drug relevin. A total number of 149 such questionnaires were excluded. The sample was supposed to be self-weighted.

School and student co-operation

No major problem was reported regarding school and student co-operation. Comments made by the students regarded three main issues: Difficulties in completion of the questionnaire, devaluation (but also appreciation) of the study being carried out, and request for information on substances, especially on relevin. The response rate was 91%.

Reliability and validity

The largest inconsistency rate between two questions in a single administration was found for the questions on tranquillisers or sedatives (7%), been drunk and cannabis use (5% both). For smoking cigarettes it was 3%, amphetamines use and inhalants use 2% and for remaining variables it was 1% or less.

According to the tables, the proportion of unanswered lifetime prevalence questions was extremely low. The highest figures are to be found in relation to smoking cigarettes (1%), tranquillisers or sedatives use (0.4%), use of ecstasy and anabolic steroids and taking drugs by injection (0.2% each). The missing data rates were even lower on the 12 months and 30 days prevalence variables. However, the reported average number of unanswered questions was 12%, which on the other hand is rather high. There was no explanation to why this happened. Considering the low proportions reported above, however, there has to be some other questions to which very few students responded.

The rate of inconsistent answering on self-reported lifetime, 12 months and 30 days prevalence questions was 10% for alcoholic beverages, 3% for "been drunk" and 1% for cannabis use. The lowest rate was to be found in relation to inhalants use (0.3%).

The results on the "honesty questions" show that a majority of the students would admit the use of cannabis or heroin if they had done so. Rather few indicated that they would definitely not admit use of marijuana or hashish (3%) and somewhat more students would refuse to report heroin use (6%). For both variables the proportions were slightly higher among boys.

Methodological considerations

The sample seems to be adequately drawn and the response rate was rather high. The gender distribution is somewhat unequal, but was supposed to reflect the distribution in the target population. The unexplained discrepancy between the missing data rates and the reported average of unanswered questions is confusing. The decision to let reported use of the dummy drug relevin be the criterion for invalidation of questionnaires was a departure from the recommended ESPAD methodology. Since the eliminated questionnaires represent 3.5% of the total number, the logical conclusion is that 3.5% of the students had reported use of relevin. This is, in comparison with other ESPAD countries, a high percentage.

Other variables give evidence of good data quality, however, since the inconsistency rates between two variables in a single administration were modest as is also, with the exception of alcohol related questions, the inconsistency rates between lifetime, 12 months and 30 days prevalence. Moreover, the risk of under-reporting should be relatively low since rather few students reported that they would definitely not admit cannabis or heroin use.

Latvia

Responsible for the Latvian ESPAD study was Mr. Andris Gailitis at the Latvian State Narcology Center. Latvia collected data also in the 1995 ESPAD study.

Population

The target population consists of all students in Latvian schools born in 1983, including Russian speaking students. In 1999 86% of young people born in 1983 were at school.

Sample and representativeness

Two types of schools were represented in the study. One was secondary (comprehensive) schools (with day and evening students) and the other trade/industrial schools, all together 703 schools. Of the 601 secondary schools 396 were Latvian speaking, 115 Russian speaking while both languages were used in 90 schools.

Participating grades were 9 and 10 in secondary schools and grade one in trade/industrial schools.

306 schools were excluded from the sampling frame either because no 1983 born students attended or that the number of 1983 born students was very small. The remaining 397 schools contained 97% of all students born in 1983.

A proportional stratified sample was used. The country was divided in four geographical stratas; Riga, six other large cities, smaller cities and rural areas. In the first step 217 schools were randomly sampled proportional to the size of each strata. In the second step one class was randomly selected in each school. It was calculated that these classes should contain 2,608 students born in 1983.

Data are weighted to compensate for a lower response rate among boys. In the Latvian country report it is said that the sample is considered representative for all students in Latvia born in 1983.

Field procedure

When the 217 schools were sampled the research institute contacted the directors of the schools and explained about the study. Information was gathered about the number of classes in grades 9, 10 and 1, the number of 1983 born students in each class, the language spoken (Latvian or Russian) and a name of a contact person.

Questionnaires, envelopes and classroom reports were distributed to the data collection leaders. They informed the students about the study, after which the questionnaires were answered in the classrooms under the same conditions as a written test. The students put their questionnaires in individual envelopes, which they sealed. The questionnaires and classroom reports were returned to the research institute where they were checked.

Data were collected in March, April and May, which gives an average age of 15.3 years. Data collection leaders were teachers (70), university students (38) and staff members at the research institute (5). Russian speaking students answered a questionnaire in Russian. All students in selected classes (about 5000) participated. However, the analysis only includes the students born in 1983. The average time to answer the questionnaire was 41 minutes.

Questionnaire and data processing

All ESPAD core questions were included except the two questions about the consumption of cider and alcopops. These beverages are only very rarely used in Latvia. In addition to this three questions were included from the Psychosocial module, one from the Integration module and one of the optional ESPAD questions. No country specific questions were asked.

The questions were translated from English to Latvian and Russian by Latvian researchers. No pre-test was done. Two questions (Q18 and 20) caused some troubles in the translation. In the scrutinising process 103 questionnaires were excluded.

School and student co-operation

One out of the 217 sampled schools refused to participate. In the next step, when classes had been sampled, 17 refused to participate. Five schools collected data but the questionnaires did not reach the research institute. None of the classes that did not participate were replaced by other classes. Thus, of the originally planned 217 classes data were received from 194 classes.

Information about the student co-operation is based on data about all participating students, i.e. also those students who were not born in 1983. 16% of the students were absent, which is considered to be normal. About four fifth of the students who were not at school, were ill or absent because of other “just causes”. No present student refused to participate in the study.

Classroom reports were answered by 186 out of the 194 survey leaders. 64% did not report any disturbances and 31% that disturbances were found

only among few students. The most important disturbance was giggles or eye makings, which was reported by one fourth of the data collection leaders. Loud comments were reported by 7% of the survey leaders. According to extra information written on some classroom reports it seems that verbal disturbances mainly occurred in schools in other cities than Riga.

Some data collection leaders reported that the questionnaire was too long, which made some students losing their concentration at the end of the questionnaire.

Nearly all survey leaders (98%) reported that "all", "nearly all" or "a majority" of the students were interested in the study (90% answered "all" or "nearly all" students). The figures were also very high on the question whether the students worked seriously (98 and 95% respectively).

Reliability and validity

The inconsistency rates between two questions in a single administration was highest for been drunk (11%). It was lower for cigarettes, cannabis and inhalants (3–5%) as well as tranquillisers, other illicit drugs and anabolic steroids (0–2%).

Missing data rates were low or very low for drug related questions (varying between 0 and 4%). As a whole, the proportion of unanswered questions was rather low (3%). The rates of inconsistent answers to questions of use in lifetime, last 12 months and last 30 days were quite low; around 2% on alcohol questions and 0–1% on the questions about cannabis and inhalants.

For cannabis as well as heroin about 10% of the students answered "definitely not" on the question "If you had used marijuana or hashish, do you think you would have said so in this questionnaire" (and a corresponding question about heroin). 7% reported that they had heard about the dummy drug relevin and 1.4% answered that they had used it.

Methodological considerations

The sample was drawn as a proportional stratified two step random sample of classes, with one class in each sampled school. As a whole the sampling procedure seems to have functioned well, even though classes with very few 1983 born students were excluded.

One sampled school and 17 sampled classes refused to participate. In addition to this data from five classes did not reach the research institute. Thus, data are missing from 23 out of 217 planned classes, which is rather high.

The student co-operation seems to be good. No student refused to participate and the number of eliminated questionnaires (103) is not remarkable. Disturbances were reported from a little more than one third of the classes. Most of the disturbances seem to have been rather minor. However, some survey leader, mainly in large cities outside Riga, reported verbal disturbances. As a whole these disturbances seem to have been rather limited since 90% of the survey leaders reported that all or nearly all students worked seriously.

Most reliability and validity measures do not indicate any major problems.

In the 1995 ESPAD study Latvia reported some major problems with the data collection (data were missing from 102 out of 200 classes and 21% of the questionnaires were eliminated). These two major complications made it doubtful to assume that data were representative for all 1979 born students. For these reasons data from Latvia were reported separately in the 1995 ESPAD report.

Compared to 1995 the Latvian study has functioned much better this time. From a methodological perspective, Latvian ESPAD 99 data seem to be rather comparable with data from other ESPAD countries.

Lithuania

Responsible for the Lithuanian ESPAD study was Dr. Aleksandra G Davidaviciene at the Institute of Pedagogics, Ministry of Education and Science. Lithuania also participated in the 1995 ESPAD study.

Population

The target population consists of all students in Lithuania born in 1983. In the Spring of 1999 about 99% of the 1983 birth cohort was at school.

Sample and representativeness

Students born in 1983 were found in grades 9 and 10 (or grades 1 and 2 at gymnasiums) of academic schools and grade 1 of vocational schools. All schools in the country were stratified according to type of education (academic or vocational), teaching language (Lithuanian, Russian or Polish) and geographic location (urban or rural).

The sample was a proportional stratified cluster sample. In each strata a systematic sample of classes was done. In the first step schools were selected and in the second classes. It was thought that about 60% of all 1983 born students in academic schools should be in grade 9 and about 40% in grade 10. However, in the contacts with the headmasters it was realised that the proportion was the opposite. To "compensate" for this one extra grade 9 class was sampled in the 34 largest schools.

The sample was proportional, which means that it was selfweighted . The sample was representative for all Lithuanian students born in 1983.

Field procedure

The headmasters of chosen schools were informed about the study. Data were collected by teachers under the same conditions as a written test. The students were informed according to the standard ESPAD instructions. They put their questionnaires in individual envelopes, which were returned to the research institute together with the classroom reports.

Only students born in 1983 were invited to take part in the study. The average time to answer the questionnaire was 50 minutes. Data were collected during the second and third weeks of March, which gives an estimated average age of 15.2 years.

Questionnaire and data processing

All ESPAD questions were asked except the two about the consumption of cider and alcopops since these beverages are not available in Lithuania. The questionnaire also included two questions from the Mainstream module, the Rosenberg self-esteem scale, the Deviance module and one of the optional questions. No own questions were added to the questionnaire. In questions 11–13 the consumption was measured by grams instead of centilitres.

The questionnaire was translated from English to Lithuanian and back translated. Even though some schools teach in Russian or Polish all students answered a Lithuanian questionnaire (simply because this was preferred by the students). Some corrections were done by an interpreter. The questionnaire was piloted in some schools in Klaipeda. The main purpose of the pilot study was to see whether students were willing to answer a sensitive question about suicide. No problems occurred and the question was kept. Data are not weighted.

School and student co-operation

The school co-operation was very good. No schools or classes refused to participate.

No present student refused to answer the questionnaire. The response rate was 92%. Of the absent students about two thirds were home because of illness. Another 22% were absent for personal or "other reasons". All together, 91% of the absent students were not at school because of "just causes".

In the scrutinising process 38 questionnaires were rejected because the respondents were not born in 1983. No questionnaires were skipped from students belonging to the target group.

A large majority of the data collection leaders (88%) did not report any disturbances during the data collection, the rest (12%) mentioned disturbances from only a few students. The most important disturbance was giggles or eye makings, which were reported from 5% of all classes.

In all participating classes the survey leaders reported that "all", "nearly all" or "a majority" of the students were interested in the survey (96% answered "all" or "nearly all"). The figures were about the same on the similar question whether the students worked seriously (100 and 98% respectively).

Reliability and validity

The inconsistency rate for two questions in a single administration was highest for the variables been drunk (7%) and cigarettes (4%) while it was 0–1% for other drug variables.

Missing data rates on some drug related questions were very low (0%) and the figure was the same for the questionnaire as a whole. The rate of inconsistent answers to questions about lifetime, last 12 months and last 30 days was low for all four variables (0%).

For both cannabis and heroin 12% of the students answered that they would definitely not have admitted possible use. On the same question 10% of the students answered that they already had said that they had used cannabis. This figure is close to the answer on the lifetime prevalence question (12%). Some few students (2%) reported that they had heard about the dummy drug relevin. However, no one reported that they had used it.

Methodological considerations

The conclusions of the Lithuanian study are easy to do. The sampling process functioned well. No schools, classes or students refused to participate. No major problems were reported in the data collection and the same is true about the reliability and validity measures. The only measure for which the figures were a little high were about the unwillingness to admit cannabis or heroin use. The figures (12%) are higher than in many other countries but not extremely high. It is also worth noticing that the corresponding figures were even higher in ESPAD 95.

The Lithuanian study seems to have been done without any important methodological problems.

Malta

The project co-ordinator for the ESPAD study in Malta was Dr. Richard Muscat, from the Research Team within the national drug agency, *sedqa* (Agency Against Drug and Alcohol Abuse). Malta also participated in the 1995 ESPAD study.

Population

The population consisted of all students born in 1983 who at the time of the survey attended one of the three types of schools: Secondary Schools, Junior Lyceum, and Trade Schools. All members of this age cohort were required to be at one of the above educational establishments (private or public) as prescribed by Maltese law. There were 69 such schools comprising of 42 Secondary Schools, 18 Junior Lyceum, and 9 Trade Schools.

Sample and representativeness

A class list was collected from all the three types of schools which cater for students born in 1983. As the total number of students born in 1983 was approximately 5,500 and most of them (approx. 95%) were in the fifth grade (or equivalent) half of them would be necessary for the ESPAD project sample. However, since the population is small by comparison it was decided that all students in all fifth grade classes would be included in the survey. Due to the size of the Maltese islands and the homogeneity of the population, there were no reasons to consider regional/geographical or ethnic factors.

Field procedure

The first contact was made with every chosen school by a letter from the Guidance and Counselling Services of the Department of Education (Ministry of Education). Following a positive reply from each of the schools, the ESPAD local consortium organised a meeting with the respective councillors that had been allotted the mentioned schools, during which, all participating schools were asked to send a representative for briefing. A final meeting was held a day before the actual survey day, where the councillors briefed the teachers involved with each class.

Teachers collected the data, following the clear instructions issued with the packs containing the questionnaires. Each school was also provided with a number of English versions of the questionnaire for non-Maltese speaking students. When all the students completed the questionnaire, each student placed the questionnaire on a table at the far end of the room face down. A student then finally placed all the questionnaires in an envelope provided and sealed it, together with the class-report and thereafter deposited it at the office of the head of school. These, in turn, were handed to the guidance councillor and deposited at Head Office in Floriana. The data collection was conducted during one day in all schools; January 20, 1999.

Questionnaire and data processing

All core segments of the questionnaire were included in the Maltese version, except for questions on “magic mushrooms” and cider which were omitted. As regards the optional segments the D module (deviance) and parts of C module (psychosocial) were included. No other questions were included.

A few cultural adaptations of the questionnaire were made e.g. in relation to the exam marks/ grades to reflect the local grading system and in relation to the question about parents education. No pre-testing was done in view of earlier experience e.g. the 1995 ESPAD study.

School and student co-operation

Since the Malta consortium for the ESPAD survey

also included the Guidance and Counselling Services within the Education Department, all the local schools providing secondary-level education collaborated willingly towards the success of the project. Most schools had already collaborated in the 1995 study and the PRIDE student survey in 1991 and therefore they had the necessary experience when handling these types of studies. No refusals from any of the schools was registered. Only 2 students refused to participate.

The response rate as a whole was 77%, about 80% in Junior Lyceums and Secondary Schools, but only 56% in the Trade schools. There were no important gender differences in absenteeism in the former two school types, but in the trade schools where the girls are in an absolute minority (1 in 20) only 50% of them were present on data collection day.

Reliability and validity

The reliability as measured by the inconsistency rate between two questions in a single administration appeared to be overall of a high standard. The highest rate of inconsistency was found in relation to the variable "been drunk" and the use of inhalants (both 6%). For cigarette smoking it was 4% and for use of cannabis and tranquillisers or sedatives it was 2%. For the other variables it was 1% or less.

The missing data rates on drug questions was rather low. For the lifetime variables it was highest on any alcoholic beverage (3%), but for most other variables it was 1% or less. For some questions the missing data rate was higher on 12 months and 30 days prevalence questions, as in many other ESPAD countries, but the differences were very small. The average number of unanswered questions was 1% which was a very low figure.

The rate of inconsistent answering between lifetime, 12 months and 30 days prevalence questions was 5% on any alcoholic beverage, 3% on "been drunk", 1% on inhalants and 0,3% on cannabis questions. The rates increased when only the users were considered: 5, 6, 4 and 5% respectively.

On the "honesty questions" the students were asked if they would have admitted use of cannabis or heroin, had they done so. The proportion who answered "I already said that I have used it" was very similar to the proportion who reported such use on the drug questions, both regarding cannabis and heroin. However, a very large proportion answered that they "definitely not" would have admitted such use, and the figures were high both on cannabis and heroin. About 15% would not admit cannabis use and about 17% would not admit heroin use. The proportions were higher among boys than among girls.

About 8% claimed that they had heard about the dummy drug relevin, but hardly anybody reported that they had used it.

Methodological considerations

The decision to include all student instead of drawing a sample was probably well-founded. Insecurity regarding the representativeness due to sampling errors was thus avoided. However, students from Trade schools were less represented as a result of the low response rate, especially among the girls. However, the Trade schools student population is of the order of 15% of the secondary school population and of this total less than one in 20 are girls (4%).

Both reliability and validity appear to be appropriate, while the rather low inconsistency rates and low missing data rates. However, a very high proportion of students indicated that they wouldn't admit drug use, which would infer that the students were reluctant to answer honestly. Moreover, this question of underreporting must be considered, especially among boys. It has been suggested that the limited geographical area produces perceptual constraints on the concept of anonymity and thus makes underreporting in drug survey's if this ilk more common. The ESPAD data does not support this theory, however, since other small areas (islands) do not show similar figures.

The Netherlands

Responsible for the Dutch ESPAD study was Wil de Zwart at the Trimbos institute. It was done in co-operation with the Community Health Services.

School surveys have been done in the Netherlands every fourth year since 1984 among students aged 10 and up. However, it was the first time that the Netherlands participated in the ESPAD study. It became possible after a decision to do the study

that originally was planned for 2000 one year earlier. Dutch school surveys include students aged 12–18 in schools of regular education. However, the data in this report are only calculated on the target population described in the next section.

Population

The population consists of students born between July 1, 1983 and June 30, 1984 in 23 out of 51 Community Health Services in all types of regular secondary schools. Excluded are classes of special education schools, truancy projects and schools of vocational education (for students aged 16 and over). According to information per January 1, 1999 it has been calculated that about 85% of young persons born between July 1, 1983–June 30, 1984 attended a Dutch school at the time of the data collection.

One reason to choose this target population, which differs from the one used in other ESPAD countries, is that the data collection in the Netherlands was done in October–December 1999, i.e. about 6 months later than in most other countries. The redefinition of the target population means that the average age of the Dutch ESPAD students is similar to the average age in a large majority of the ESPAD countries. Another reason to chose this differently defined target population was that the sample was extended in grades 4 and 5 to make it more representative for students born between July 1, 1983 and June 30, 1984.

Sample and representativeness

In 1997 there were 702 schools of regular secondary education in the Netherlands. The country has 51 Community Health Services, each one with their own Youth Health Care Department (YHCD). All regions were invited to participate in the study and 23 of them were willing to do so. From the Central Bureau of Statistics data were available about the number of students in each Health region by age, gender and school type. By using this information the number of classes was calculated proportional to the number of students in participating regions by type of school. The sample of the national survey in all grades of secondary schools (students aged 12 years and over) consisted of 280 classes. Furthermore, 39 extra classes in grade 4 and 13 in grade 5 were sampled in order to have enough respondents for the ESPAD sample. Besides, seven Community Health Services oversampled their part in the national survey in order to carry out regional analyses. In total, data from 13,500 respondents of secondary schools were collected. Selection of respondents by date of birth resulted in 2,619 "ESPAD students", recruited from 376 classes.

Each participating YHCD got a list of the number of classes (by school type and grade) that should participate in the study. The YHCD's invited schools in their region to participate. This was done by contacting the directors of schools by telephone. They did not contact all schools, but schools from different parts of the region. Hence, if a school refused to participate another school was invited. If a director was positive about participating he/she was informed about what kind(s) of class(es) that should participate from that school. The selection of classes (according to the given criteria) was done by the directors. The number of school directors in participating regions that did not want to take part in the study is not known.

In the country report it is mentioned that it is very difficult to determine the representation of the sample by grade and type of education since the distribution of these variables among the general population are not known for the target group born the last half of 1983 and the first of 1984. However, since the Dutch sample as a whole (ages 12–18) is representative by grade, gender and type of education, it is assumed that this also is true for the "ESPAD-sample".

Data were weighted for the variables type of school, grade and region.

Field procedure

The material was sent from the Trimbos institute to the YHCDs. For each class there was an envelope with questionnaires and stickers to seal them after completion, a written instruction for the data collection leader and a class comment form. The YHCDs organised the data collection, which was administrated in the classrooms either by a research assistant or a school nurse. The teachers were usually absent during the data collection or sitting in the back of the classroom.

After completion the questionnaires and the comment forms were sent back to the Trimbos institute. The data collection took place in October to December 1999, the majority answered the questionnaire in November, which gives an average age of 15.4 years.

Questionnaire and data processing

The Dutch questionnaire was a mix of the ESPAD questionnaire and questions used in earlier national

school surveys. It contained 98 out of the 194 core questions of the ESPAD questionnaire. Instead of asking about the last 30 days it was asked about the last 4 weeks. The question on amount of alcohol drunk at the last drinking occasion was rephrased to glasses, since this is the mostly used unit in the Netherlands. The same holds true for the question about the number of drinks needed to get drunk.

No module questions were asked. The questionnaire contained 31 national questions, mainly about the use of illegal drugs.

The ESPAD questions were translated from English to Dutch by the research team. No back-translation was done.

The questionnaires were sorted at the Trimbos institute and sent to a data-entry service. After that the entered data were checked and unlikely answers and outliers were compared with the answers in the questionnaires.

School and student co-operation

Out of 51 Community Health Services 28 did not want or were not able to participate in the Dutch ESPAD study. Since schools and classes were not randomly selected it is not possible to calculate the number of selected schools and classes that did not participate. Since the goal of the responsible person in a health region was to find classes of different categories he/she did not take any notice about how many of the contacted school directors that did not want their school to participate. Classes that took part in the data collection were appointed by a representative of the school. Thus, it is not relevant to do any calculations about refusing classes.

By mistake an old version of the classroom report was used in the Netherlands. In many cases classroom reports were only incompletely answered. One reason for this was that the data collection leaders did not know the students, which made it difficult to answer some of the questions.

When discussing student co-operation it is not possible to separate information about students in the ESPAD target population from data about students from all participating grades in the Dutch study. All together 13,540 students aged 12–18 participated. 20 students present in the classroom were not willing to participate in the study. The response rate was 94%. Among all participating students 187 questionnaires were excluded from further analysis. The average time to answer the questionnaire was 35 minutes.

Student co-operation was judged to be positive. 40% of the data collection leaders reported some kinds of disturbance during the data collection (unfortunately information is not available whether this only occurred among a few students or not). Kind of disturbances were only answered by 180 out of 238 data collection leaders with reported disturbances. In a little more than half of the answers giggles or eyes makings to classmate was reported as the most important disturbance. Since quite many of the survey leaders did not answer the question about the kind of disturbances it is not relevant to calculate the proportion of all participating classes that experienced different kinds of disturbances.

The data collection leaders were not asked separate questions about the students interest in the survey and whether they were judged to work seriously. On the "combined" question 97% of the data collection leaders reported that "all", "nearly all" or "a majority" of the students were interested in the survey and worked seriously (88% answered "all" or "nearly all" students).

Reliability and validity

The inconsistency rate measured by two questions in a single administration was only measured for some variables, including cigarettes, been drunk, cannabis and a limited number of other illicit drugs. The figure was highest for the variable been drunk (12%), lower for cigarettes and cannabis (4% each) and lowest for other illicit drugs (1%).

Validity measured by missing data rates was a bit higher for alcohol related variables and cannabis (4–5%) compared with other variables. Unfortunately the proportion of unanswered questions in the questionnaire as a whole is not available.

The inconsistency rate between lifetime, 12 months and last 30 days prevalence rate are a little higher for alcohol variables (2%) than for cannabis (0%). However, compared to other countries the value of the alcohol related variables are not high.

On the "unwillingness question" 4% of the students answered that they would not have admitted cannabis use (the similar question about heroin was not asked). On the same question 24% answered that they had already said that they had used it which is a bit lower than the reported use (29%). The question about possible use of the dummy drug relevin was not asked.

Methodological considerations

The different definition of the target population resulted in an average age (15.4), which is very close to the average age in most other ESPAD

countries. A comparison of some answers given by students born between July 1, 1983–June 30, 1984 and those born in 1983 shows very similar drug habits (table O). There are only some minor differences and they are in the expected direction (i.e. slightly higher figures for students born in 1983 that, in average, are 6 months older). Bearing in mind these minor differences the definition used in the Dutch study seems to be the most appropriate one for "ESPAD comparisons".

The questionnaire used in the Netherlands was a mix between the ESPAD questionnaire (about half of the ESPAD questions were asked) and the questionnaire used in earlier Dutch school surveys. Thus the context in which the questions were answered was not the same in the Netherlands as in other ESPAD countries.

Another difference about the questionnaire is that three questions were differently phrased (quantity of wine and spirits drunk at the last drinking occasion and the number of drinks needed to get drunk), which makes it impossible to make comparisons with data from other ESPAD countries.

For pragmatic reasons it was not possible to follow the ESPAD guidelines about sampling. Instead a kind of quota sampling was used.

Because of the special sampling procedure it is not possible to know how many schools or classes that refused to participate. Only 20 students (out of 13,540 in the survey as a whole) refused to answer the questionnaire. Quite many data collection leaders skipped some questions in the classroom report. However, nearly all answered that "all", "nearly all" or "a majority" of the students were interested in the survey and worked seriously.

Some validity and reliability measures are not available. However, those measured do not indicate any important disadvantages.

Since it was not possible to draw the Dutch sample according to the ESPAD guidelines and since it was only possible to ask about half of the ESPAD questions, which probably have influenced the context in which the questions were answered, data from the Netherlands are presented separately in the result tables.

Table O. Drug habits among students in the Netherlands born January 1–December 31, 1983 (1983) and July 1, 1983–June 30, 1994 (1983–84). Percentages.

	Boys		Girls		All students	
Time of birth	1983–84	1983	1983–84	1983	1983–84	1983
Cigarettes						
Smoked 40+ times in lifetime	30	33	29	33	30	33
11+ cigarettes per day last 30 days	10	13	10	11	10	12
Alcohol						
Any alcoholic beverage 6+ times during last 30 days	34	41	24	29	29	35
Been drunk 3+ times during last 30 days	13	19	7	8	11	14
Other drugs, lifetime prevalence						
Marijuana or hashish	32	37	24	27	28	32
Amphetamines	3	5	2	4	2	4
Ecstasy	5	6	3	4	4	5
Cocain	4	6	2	3	3	5
Heroin	1	1	0	1	1	1
Magic mushrooms	6	8	3	3	5	6

Norway

Astrid Skretting, National Institute for Alcohol and Drug Research was responsible for the Norwegian study. Annual surveys about the use of alcohol and other drugs among young people are done in Oslo since 1968 and on a nation wide base since 1990. Data are collected via mailed questionnaires. Norway participated in the 1995 ESPAD data collection but does not have any tradition of regular school surveys.

Population

The target population consists of all students in grade ten in secondary (compulsory) school in Norway born in 1983. About 98% of the students in grade ten were estimated to be born in 1983. When calculating the results students not born in 1983 were excluded.

Sample and representativeness

The main educational institutions are secondary compulsory public schools in Norway. The sampling method used was a stratified random one step cluster sample. The whole country was divided into 87 strata – according to a combination of county and kind of municipality.

The number of classes drawn was 243. The sample of classes/students included in the study is estimated to be a representative nation-wide sample of students in grade 10.

Field procedure

Via letters brought home by the students the parents were informed in advance about the study and had a possibility to refuse their child to participate. However, very few students were absent for that reason.

The questionnaires and teachers' instructions were sent to the schools sampled to be included in the survey. The completed questionnaires were collected in individual envelopes by a teacher, who sent them back to the institute, which conducted the data collection. Data were then scanned into a computer. Data were collected in March, which gives an average age of 15.2 years.

Questionnaire and data processing

All core questions in the ESPAD questionnaire, except one about the use of cider, were asked as well as the questions of the Integration and Deviance modules. An additional own question was asked about alcopops. On one core question (Q34d) an old version of the wording was used.

The questionnaire was translated by the Norwegian ESPAD researcher. It was not translated back and was not piloted.

School and student co-operation

Of the 243 sampled classes 32 did not agree to be included in the survey. They were not replaced. Three of the 211 classes that agreed to participate did not do so. The 35 abstaining schools are spread all over Norway.

The response rate was 90%. Explicit information about possible students that refused to participate is not available. However, no data collection leader reported any refusals. Very few questionnaires were skipped during the scrutinising process (0.6%).

Nearly all data collection leaders returned the classroom report. However, more than one forth (about 28%) had missing values on the questions about possible disturbances and the attitudes of the students to the survey. Of those who answered 87% did not mention any disturbances during the data collection.

In nearly all (99%) classroom reports in which there were answers to the questions about the students interest in the survey it was mentioned that "all", "nearly all" or "a majority" of the students were interested. (96% answered "all" or "nearly all"). The figures were about the same on the similar question whether the students worked seriously (100 and 99% respectively).

Reliability and validity

Reliability as measured by consistency between two questions within a single administration showed that the rate of inconsistency is highest for cigarette smoking (4%). For questions on alcohol, inhalants and illicit drugs the inconsistency rate is less (0–3%).

Missing data rates on drug questions vary between 4 and 8%, with the exception of cigarettes where the figure is lower (1%). Looking at the questionnaire as a whole, 4% of the questions were not answered.

The rate of inconsistent answers to questions about lifetime, last 12 months and last 30 days was low for all variables (0–1%). The proportion who would definitely not admit cannabis use was about 3% and the same was true for heroin. The proportion who answered to that question that "I already

said that I have used it" (i.e. cannabis) was well in line with the prevalence figure.

Nine per cent of the Norwegian students answered that they had heard of the dummy drug relevin. However, only 0.4% said that they had used it.

Methodological considerations

The sample seems to be adequately drawn to be representative for 1983 born students attending grade 10. The parents were informed about the study in advance, which might have created discussions before the data collection either between the students or at home between parents and the students. If such discussions have occurred one cannot exclude that they may have negatively influenced the willingness to give true answers. However, since the study was done anonymously and since there is no information available from the data collection leaders that the validity might have been negatively affected by possible discussions of that kind, it seems reasonable to assume that the contacts with the parents have not caused any major problems in comparisons with other ESPAD countries.

Compared to other ESPAD countries quite many of the sampled classes (14%) did not participate in the data collection. However, they are spread all over the country and there are no indications that the classes that not participated were special in one way or the other.

Student co-operation seems to be good. A rather high proportion of the data collection leaders (about 28%) left questions unanswered in the classroom report. However, the results are convincing and there are no indications of any important problems during the data collection.

The proportion of unanswered questions about illegal substances (5–8%) is higher than in nearly all other ESPAD countries. Besides this, the Norwegian figures of the reliability and validity measures do not indicate any methodological problems. As a whole the results seem to be representative and comparable with other ESPAD data. However, the rather high proportion of unanswered questions about illegal substances might indicate that they are underreported to a slightly higher degree than in some other ESPAD countries.

Poland

Janusz Sieroslawski, sociologist, Institute of Psychiatry and Neurology, Warsaw was responsible for the Polish study. No country report was provided for the Polish study, why the presentation below is limited to what is known from the Polish project plan. Poland also participated in the 1995 ESPAD study.

Population

The population consists of students born in 1983 attending first grade of post-primary education. It was assumed that 95% of this age cohort would be in school in March/April 1999. They constitute 95% of all 620,000 students in first grade.

Sample and representativeness

Lists of schools were obtained from the Central Statistical Office. They contained information regarding the number of classes in each school. In Poland there are approximately 7,500 secondary schools of three types: Academic, vocational (4–5 years) and vocational (3 years). The sample size was set to 200 classes (approximately 5,000 students) to be able to analyse data in relation to school-type, big and small towns and areas with severe and less severe drug problems.

The sampling unit was class. The sampling frame constituted of lists where the name of the schools appeared as many times as the number of classes within each school. The sample was drawn as a stratified (by school type) systematic random sample with a probability proportional to school size. In addition, extra classes were drawn from Warsaw and Gdansk and a few other towns, which wanted to have data for their own regions. For this reason data were weighted.

Field procedures

The head masters were contacted by a letter with information about the survey and its purpose. The time of data collection was negotiated with the headmaster in each school. Administration and data collection was performed by research assistants, who were specially trained for this task at training meetings. The assistants were told to collect data under conditions similar to a written test. Instruc-

tions to the students were read aloud in each class and each student could also read it before starting answering the questionnaire. No teacher was allowed to stay in the classroom while the survey was done. The classroom report was filled out by the research assistants. All material was taken to the research institute by the research assistants.

Questionnaire and data processing

The ESPAD core questionnaire was translated into Polish including two extra questions on 30 days and 12 months prevalence of use of amphetamines, LSD or other hallucinogens, cocaine, crack, ecstasy and heroin. For logical reasons in relation to the students, it was decided that these questions should be inserted in the drug use section of the questionnaire. In addition a question on the students exposure of drug offers was added in the end of the questionnaire. The questionnaire was piloted in 12 classes representing different school-types. Data was processed at the Institute of Psychiatry and Neurology using the SPSS statistical package.

Methodological considerations

Poland only provided results tables of the 1999 ESPAD study. The non-existent country report is a serious problem. All measures aimed at checking the validity and reliability of the data are missing. This became a fact too late in the production of the 1999 ESPAD report, since the promised report never arrived. For this reason it was too late to withdraw the Polish data from the tables and recalculate the averages in the results tables.

The only criterion of a good data quality is Poland's participation with valid data in the 1995 ESPAD study. There may be reasons to believe that the 1999 study resulted in data of the same quality as in 1995. However, this uncertainty about the data quality should be kept in mind when interpreting the Polish data.

Portugal

Mrs. Louisa Machado Rodrigues, Mrs. Carla Antures and Mrs. Elsa Lavado were responsible for the Portugese study. The responsible national body was GPCCD (Gabinete de Planeamento e de Coordenação de Combate à Droga) until 1999 and after that IPDT (Instituto Português da Droga e da Toxicodependência). Portugal also participated in the 1995 ESPAD study.

Population

The population consists of all students in grades 8–10 in compulsory and secondary state schools born in 1983. Students in private schools did not participate in the study. About 97% of all 1983 born persons were at school in 1999. Participating grades included 83% of all students born in 1983. Compared to the ESPAD 95 study this is an increase of 23 percentage point. The reason for this increase is that students in grades 8 and 9 did not participate in the first study when students from grades 10–12 were included. However, in practice students in the ESPAD 95 target population were "almost exclusively" found in the 10^{th} grade.

The population is limited to students in continental Portugal. In 1999 data were also collected in the autonomic region of the Azores. However, these students are not included in this report.

Sample and representativeness

The sample size was determined by the need to get a sufficient number of students born in 1983.The sample was drawn from the national list of schools as a randomised stratified cluster sample including all types of students in the referred grades (strata).

Using the average number of students by class, the number of schools and classes to be drawn were estimated. To find a number of approximately 3,500 students born in 1983 it was estimated that a sample of about 11,500 students in grades 8–10 was necessary.

The "base" of this calculation was the fact that about 2,100 grade 10 students participated in 1995. To make comparisons with the first study, 2,100 grade 10 students were desirable also in 1999. To get a representative sample of 1983 born students in grade 8, 9 and 10 it was calculated that 500 students from grade 8 and 853 from grade 9 also should participate, i.e. all together 3,453 students. Assuming that 12% of the students would be absent, a gross sample of 3,867 students born in 1983 was calculated. In the first step 107 schools out of 1,059 were randomly selected and in the second 641 classes. These classes contained about 11,500 students out of which 11,409 participated. 3,659 were born in 1983.

The sample is representative for male and female students in grades 8, 9 and 10 in state schools in continental Portugal born in 1983. These grades "covered" 83% of all 1983 born students. (The sample is also representative for students in grade 10 who were born in 1983.) It is not representative for students in private schools (7% of all students), students in professional secondary schools or students below grade 8 in state compulsory schools. (In practice almost no students born in 1983 can to be found in grade 11.)

Field procedure

The data collection was organised by the head masters of the selected schools after training meetings at which the co-ordinators of the project gave all the methodological information needed. They also met with the teachers in charge to prepare them for the data collection. The teachers were given a written protocol to follow in their classes.

Each student received an envelope to put the questionnaire into and seal. When the data collection was finished the teachers went to the school head office with the material. It was then delivered, together with the classroom reports, to IPDT where it was scrutinised.

All present students in selected classes answered the questionnaire. However, this report only includes data from students born in 1983. Data were collected in March, which gives a calculated average of age of 15.2 years. The average time to answer the questionnaire was 39 minutes.

Questionnaire and data processing

The Portuguese questionnaire included all ESPAD core questions (except about cider consumption) as well as the integration module and seven own questions. Questions that were not included in 1995 were translated from English to Portuguese and then back translated. No major problems were found in this process. The questionnaire was pretested in one class without any considerable problems.

Data were "weighted" by randomly selecting 41 students that were excluded before the data processing. This was done to get the correct proportion of 1983 born students from grades 8, 9 and 10 respectively.

School and student co-operation

No school refused to participate. For unknown reasons data are missing from two classes.

Data from the classroom reports refer to all students in grades 8–10 and not only to students born in 1983. The response rate was 95%. No student refused to participate. About half of the teachers reported some kind of disturbances during the data collection. However, in a large majority of these classes (81%) this was only reported about a few students. The most frequent disturbances were giggles or eyes making to class mates (38% of all classes) and "loud comments" (20%).

A large majority of the data collection leaders reported that "all" or "nearly all" students were interested in the study (89%) and worked seriously (87%). Only 9 forms were reported to be invalid.

Reliability and validity

The inconsistency rates between two questions (lifetime prevalence and age of first use) within a single administration are very low on illicit drug use (0–2%). Somewhat higher rates were found for substances with the highest lifetime prevalence rates. These are related to the questions on drunkenness and cigarette smoking, which show a proportion of inconsistent answers of about 5%. Girls tend to give somewhat more consistent answers than boys do.

Validity measured as missing data rates reveals highest rates on questions related to alcohol use (3–6%) and somewhat lower for inhalants and cannabis (1–5%). For all other drugs the figure is about 1%. Looking at the questionnaire as a whole, about 2% of the questions were not answered.

The internal consistency among logically related questions is given by the rates of inconsistent answering among the selfreported questions of use in lifetime, last 12 months and last 30 days. Available data show that the proportion of all respondents giving logically consistent answers across the three time periods usually is above 95%. As for the reliability and missing data rates, the highest inconsistency among all students is in the case of alcoholic beverages (4–7%), while it is only 0–1% for inhalants and cannabis.

On the "honesty" questions 4% said that they definitely not would have admitted any use of marijuana or hashish while the figure was higher for heroin (11%). The proportion that answered "I already said that I have used it" is 10% for cannabis, which is close to the reported prevalence rate. Only a few students (0.5%) reported having used the dummy drug relevin.

Methodological considerations

The sampling procedure and sampling frame is well described. It seems as if the results are repre-

sentative for students born in 1983 attending any of the grades 8–10 in secondary state schools. These grades "cover" 83% of all 1983 born students. The results are not representative, however, for 1983 born students below grade 8 in state schools or grades 7–12 in private schools.

In 1999 the sample is more representative than in 1995 since this time grades 8–10 participated and in 1995 students from grades 10–12. This change of grades means that 83% of the target population was included in 1999 compared to 60% in 1995. In the first ESPAD study nearly all participating 1979 born students were found in grade 10. Hence, when Portuguese students are compared to other European students in 1999 data from grades 8–10 are used. However, when changes between 1995 and 1999 are in focus only data from grade 10 students are included. In practice this use of data from different grades in different comparisons probably means very little; on some basic variables there are no significant differences in the use of drugs among grade 10 students compared to students in grades 8–10 (table P).

Both the reliability and validity of the survey seem to be rather good. Nearly half of the teachers reported some kind of disturbances during the data collection, which is a rather high figure. However, most of the disturbances seem to be rather minor since a very large majority of the data collection leaders reported that the students were interested and worked seriously.

The reliability and validity measures are similar in 1995 and 1999, which indicates that no dramatic changes have occurred. However, the proportion of students who gave the answer that they are unwilling to admit heroin use on the "honesty" question has increased (from 2 to 11%). The same is true when the figure of those who answered that "I already said I have used it" is compared to the reported figure. These changes indicate that an underestimation of heroin use (and other less accepted illegal drugs) might have increased a little.

As a whole, from a methodological point of view the study seems to have functioned well. However, it should be observed that data only are representative for 1983 born students in grades 8–10 in state schools.

Table P. Portugal: Drug habits in grades 8–10 and 10. Entries are percentages.

	Boys		Girls		All students	
	Grade 8–10	Grade 10	Grade 8–10	Grade 10	Grade 8–10	Grade 10
Cigarettes						
Smoked 40+ times in lifetime	18	16	15	14	17	15
11+ cigarettes per day last 30 days	4	3	3	3	3	3
Alcohol						
Any alcoholic beverage 6+ times during last 30 days	18	18	9	9	13	12
Binge drinking 3+ times during last 30 days	11	9	4	3	7	6
Been drunk 3+ times during last 30 days	6	5	3	2	4	4
Other drugs, lifetime prevalence						
Any illicit drug use*	16	15	9	8	12	11
Any illicit drug use other than marijuana and hashish	8	6	4	4	6	4
Marijuana or hashish	12	12	7	7	9	9
Amphetamines	5	4	2	2	3	3
LSD or other hallucinogens	1	1	1	1	1	1
Ecstasy	3	2	2	1	2	2
Alcohol together with pills	4	4	6	6	5	5
Inhalants	4	4	3	2	3	3

* Only narcotic drugs.

Romania

Responsible for the Romanian ESPAD study were Dr Silvia Florescu, Dr Mioara Predescu and Dr Vlad Romano, Institute of Health Services Management. The 1999 ESPAD study was the first national school survey in Romania.

Population

The target population consists of all students in Romania born in 1983. The proportion of all children born this year who were at school in 1999 is not known.

Sample and representativeness

Grades 9 and 10 in all kinds of schools were included in the study. The sample was a proportional stratified cluster sample. In the first step schools were proportionally sampled in each strata and in the second step one class was randomly selected in each school. This second step was done by the schools, which were instructed to put one ticket per class in a box and then chose one randomly. All together 140 schools (and classes) were sampled.

The proportion of all 1983 born students that were to be found in the two participating grades is not known. The sample is self-weighted.

Field procedure

After an introduction data were collected by research assistants. Teachers were usually not present in the classroom. The questionnaires were gathered in individual envelopes. The research assistants returned the questionnaires to the research institute.

The average time to complete the questionnaire was 105 minutes. Data were collected during the last two weeks of May, which gives an average age of 15.4 years.

Questionnaire and data processing

With some minor exceptions all ESPAD core questions were asked. The questionnaire also contained the questions of the Integration, Psychosocial and Deviance modules. No own questions were asked.

The translation was made by a team of doctors, researchers and philologists. The questionnaire was pre-tested in two schools in Bucharest, which resulted in some minor changes. Data were not weighted.

School and student co-operation

No schools or classes refused to participate. However, in two of the selected classes students were not at school at the time of the data collection. These two classes were randomly replaced. In five classes the data collection leader could not be trusted and the five classes were eliminated from the study. None of them were replaced. Another class was excluded for technical reasons.

All students in a sampled class answered the questionnaire, i.e. also students not born in 1983. However, these students were not excluded in the analysis of the data.

The response rate was 92%. No present student refused to participate. The proportion of questionnaires excluded in the scrutinising process was 2.5%.

According to the data collection leaders, no disturbances were reported in 92% of the classes. Disturbances (mainly giggles or eye makings) were reported by “a few students” in 8% of the classes.

In nearly all participating classes (98%) the data collection leaders reported that “all”, “nearly all” or “a majority” of the students were interested in the study (95% answered “all” or “nearly all”). The corresponding figures were even higher on the similar question whether the students worked seriously (100% in both cases).

Reliability and validity

The inconsistency rate between two questions in a single administration was highest for cigarettes (6%). The corresponding figure was lower for the variables been drunk and tranquillisers or sedatives (4%) and even lower for other drug related variables (0–2%).

Missing data rates on some drug related questions were low (1–3%). Information is not available about the proportion of unanswered questions in the questionnaire as a whole.

The rates of inconsistent answers to questions about use in lifetime, last 12 months and last 30 days was highest for the variable alcohol (8%) followed by been drunk (4%). The corresponding figure for cannabis and inhalants was 0%.

About 8% of the students answered that they would not have admitted use of cannabis or heroin. On the same question 3% said they had already answered that they had used cannabis while the reported figure was a bit lower (1%). 7% answered that they had heard of the dummy drug relevin. However, only 0.6% said that they had used it.

Methodological considerations

The sample was drawn as a proportional stratified two step sample of 140 schools with one randomly selected class in each school. The sampling of the class in a chosen school was done by the school. Even though they were instructed how to do it in a correct way, it is an uncertainty that the research team did not have full control over the whole sampling procedure. However, there are no indications that the schools did not follow the instructions. Hence, there are reasons to assume that the sampling process have functioned without any major problems.

Students not born in 1983 were not excluded from the analysis, which makes Romanian data not directly comparable with data from other ESPAD countries.

The number of non-participating (and replaced) classes is small (2). One data collection leader could not be trusted, which made it necessary to skip data from five classes. This is of course not good, but since the number of eliminated classes was small there is no reason to believe that the results of the Romanian study have been negatively influenced in any important way.

Information is not available about the proportion of unanswered questions in the questionnaire as a whole. However, since only few students refused to answer questions about their drug consumption, there is reason to assume that the proportion of unanswered questions in the questionnaire as a whole is not large enough to jeopardise the Romanian data.

The student co-operation is good. No students refused to participate and about 2.5% of the questionnaires were eliminated (besides those from the five eliminated classes).

The questionnaire contained quite many questions, which probably contributed to the longest average time to complete the questionnaire (105 minutes) among all ESPAD countries. However, nearly no survey leaders reported any disturbances during the data collection, which indicates that the long average time did not irritate the students.

The proportion of students giving an inconsistent answer on two questions on drunkenness is high (21%), which indicates some carefulness when interpreting data about drunkenness. However, most important from a methodological perspective is that students not born in 1983 have not been excluded in the analysis. Consequently, Romanian data are not directly comparable with data from other ESPAD countries.

Russia

Responsible for the Russian ESPAD study was Dr. Eugenia Koshkina at the Research Institute on Addictions. As a part of the first ESPAD study in 1995 data were collected in the European part of Russia by another researcher. However, data from that study were never published.

Population

The target population consists of 1983 born students in Moscow. One reason to limit the study to Moscow was that Russia is so huge that it is difficult to do a nation-wide study. It was judged preferable to do a first survey in a geographical area that was manageable. Experiences gained this way will be used for a geographically more expanded survey in the next ESPAD study.

Students born in 1983 were found in grades 9 and 10 in general schools, gymnasiums and lyceums, first year of primary technical education schools, first year of secondary professional education schools and first year of colleges for nurses. Of all persons born in 1983 94% attended a school at the time of the data collection.

Sample and representativeness

The only type of school with 1983 born students that was excluded from the study was private schools. The total number of such students was about 600, which is equivalent to about 0.5% of all Moscow students born in 1983.

The total number of Moscow schools with students belonging to the target population was 1,463. In each of the school types a proportional sample was drawn of all together 250 schools. It was assumed that the average number of students in each class was 20. Consequently, it was calculated that about 5,000 students should participate in the study. This was considered “enough” to get 2,800 participating 1983 born students, which was the goal.

In each school one class was randomly sampled.

204 out of the 250 classes were in the category "general schools, gymnasiums and lyceums", which contained both grade 9 and grade 10 classes. In each second school a grade 9 class was sampled and in each second a grade 10 class.

In four out of the 250 schools there were no students born in 1983, which gives a net sample of 246 schools. Of these schools 3 refused to co-operate. The number of students was a little higher than calculated and when data were collected in 231 classes the total number of students was nearly 5,000 and the number of 1983 born students close to 3,000. It was then decided to stop the data collection and skip the remaining 12 schools. The number of participating students in each school type was proportional to the number of schools.

The 12 schools that were excluded from the study at the end of the data collection did not differ in any special way from participating schools. They just "happened" to be the schools that should have been the last to be visited.

The sample is selfweighted. It is representative for all students in Moscow born in 1983 (with the exception of the few students in private schools).

Field procedure

Moscow is divided in 10 districts and each district had it's own co-ordinator from the research institute. They delivered a letter from the Moscow Education Committee to the District Education Committees and were in contact with the directors of the sampled schools. Data were collected by the co-ordinators and research assistants.

The survey leaders brought the questionnaires and the individual envelopes to the schools. They informed the students about the study and after the data collection they completed the classroom report with the assistance of the teacher. In about half of the classes the teacher remained in the classroom during the data collection. However, he/she did not take any active part in the study.

After the data collection the district co-ordinators brought the material to the research institute. Data were collected in March and April, which gives an average age of 15.3 years.

Questionnaire and data processing

The Russian questionnaire consisted of all ESPAD core questions. No country specific, optional or module questions were added. However, since cider hardly does exist in Russia, the questionnaire contained a question about champagne (sparkling wine) instead of cider. Champagne is a beverage traditionally served in Russia for celebration and is often the first alcoholic beverage a young person is allowed to drink by its parents.

Since the concept alcopops is hardly known in Russia the question about the consumption was formulated a little differently: "" alcoholic beverages with gas (like gin-tonic, rum-cola, etc.)". (The same formulation was also used in Ukraine.)

The questionnaire was translated to Russian by researchers at the institute responsible for the study. It was not back translated. Instead it was distributed to other ESPAD countries where Russian is used. Since there were no comments about the translation from the other countries it was conducted that there were no problems. The questionnaire was pre-tested in two classes without any reported problems.

Data were checked after the data entry. From students born in 1983 109 questionnaires were randomly selected and the entered data checked by 2 researchers. 92 mistakes in the entering were found and corrected, which means that some kind of mistake was found in about 0.5% of the variables.

The sample was selfweighted, which means that no weighting of the results was necessary.

School and student co-operation

Only three schools refused to co-operate. All sampled classes, except the 12 that were excluded by the responsible researchers, participated in the study.

Of all students in selected classes only four refused to answer the questionnaire. The response rate among all participating students, i.e. not only among those born in 1983, was 84%. The questionnaires of 11 students were skipped during the scrutinising process. The average time to complete the questionnaire was 39 minutes.

The information from the classroom reports is relevant for all participating students and not only for those born in 1983. In 57% of the classes some kind of disturbance was reported. In nearly all these classes (55% of all classes) whispering and eye makings were reported. Loud comments were observed in 39% of all classes. When some kind of disturbance was reported this usually happened only among some students.

A very large majority of the data collection leaders (96%) reported that "all", "nearly all" or a "majority" of the students were interested in the study (86% answered "all" or "nearly all"). The figures were equally high on the question whether the students worked seriously; 97% answered "all", "nearly all" or a "majority" and 87% "all" or

"nearly all". No serious problems are mentioned on the classroom reports.

In the country report it was summarised that the student comprehension was good although the discipline during the data collection was not perfect.

Reliability and validity

The inconsistency rate within a single administration was rather high for the variable "been drunk" (13%). It was lower for tranquillisers or sedatives, inhalants, cigarettes and cannabis (3–5%) and even lower for other illegal drugs and anabolic steroids (1%).

Validity measured as missing data rates is a bit higher for alcohol related variables (4–5%) compared with all other drugs (1–2%). Looking at the questionnaire as a whole 1% of the questions were not answered.

The inconsistency rates between lifetime, last 12 months and last 30 days prevalence are a little higher for alcohol variables (2–3%) compared to the nearly non-existent inconsistency (0%) for cannabis and inhalants. For both cannabis and heroin 4% of the students answered on "the willingness questions" that they would not have admitted use of these drugs. 17% of the students answered on the same question that they had already said they had used it, which is slightly lower than the reported value (22%). Nearly no students reported that they had used the dummy drug relevin.

Methodological considerations

The sampling procedure seems to be adequately performed. From a statistical point of view it would have been preferred not to exclude that last 12 schools that should have been visited. However, since it is reported that the sampled classes in these schools more or less randomly "happened" to be at the end of the data collection list, there is good reason to assume that the 12 excluded classes have not influenced the conclusion that the results are representative for all 1983 born students in Moscow (with the minor exception of the few students in private schools).

No major problems are reported from the field procedure. Three schools (out of 246) refused to participate, which must be seen as an "acceptable" outcome. Nearly no students refused to take part in the study and very few questionnaires were excluded. According to the data collection leaders no major problems were reported. Thus, the school and student co-operations seem to be good.

The response rate (84%) is slightly lower than in most other countries. However, according to the Russian researchers this is a "normal" proportion of absent students. The reliability and validity measures do not indicate any important methodological difficulties. The overall impression is that the Russian study seems to have been accomplished without any major problems.

The Slovak Republic

Dr. Alojz Nociar, Board of Ministers for Drug Dependencies and Drug Control, General Secretariat, Bratislava was responsible for the ESPAD study in the Slovak Republic. The Slovak Republic also participated in the 1995 ESPAD study.

Population

The population studied was all students in grades 1–4 in secondary schools who were born in 1981 through 1984, but only those born in 1983 were included in the ESPAD study. As school attendance is compulsory in the Slovak Republic until grade 2, almost all of the students born in 1983 were in some type of secondary school (approx. 98%) either in first or second grades.

Sample and representativeness

There are three types of secondary schools in the Slovak Republic: Secondary grammar schools, technical colleges and vocational schools. The sample was drawn from a comprehensive list of schools, classes and students, provided by the Institute for Prognoses of Education system. From gymnasiums 48 classes (746 students) were drawn, from technical colleges 63 classes (971) and from vocational schools 51 classes (725). Each class had the same probability to be drawn. The sample was considered to be representative for the population of secondary school students born in 1983 in all three types of schools in the Slovak Republic.

Field procedure

The Ministry of Education gave its permission for the study to be conducted and provided a letter of recommendation to the schools. The assistants who were to collect the data were employees at the Department for Children and Adolescents or at the Department for Health Education from the network of 38 regional State Health Institutes. They were trained by the help of written instructions. Teachers were not involved or present at the data collection. Data collection period was March 22–26, 1999.

Questionnaire and data processing

The questionnaire included all core questions except Q13 (regarding alcopops), which were not considered relevant for Slovakia. One full module (A, Integration) and the major part of another (C, Psycho-social) were added. Country specific questions on smoking, both own and parental smoking habits, and an alcohol tolerance scale were added after the module questions. In addition, two questions on 12 months and 30 days prevalence of drug use were included in the context of other drug questions. The questionnaire was piloted in two classes in January. According to these results Q5 (school performance) was modified in order to be better understood by the students.

The questionnaires were scrutinised and those obviously not seriously answered or with missing data on gender were excluded. Data were considered to be self-weighted.

School and student co-operation

No schools and no students refused to participate in the study. According to the classroom reports the students were interested in the survey and no specific problems were reported. Among comments made by the students some expressed fatigue from "too many questionnaires in school".

Reliability and validity

The inconsistency rate within a single administration was fairly low. The highest proportions were found in relation to ever been drunk (5.2%), ever smoked (3.6%), use of tranquillisers or sedatives (2.8%) and use of inhalants (1.9%). For cannabis, LSD, ecstasy, heroin and anabolic steroids the inconsistency rate was around 1%. For all other drugs it was less than 1%, and for the dummy drug relevin it was 0.

Missing data rates were low in general. For lifetime use of any alcoholic beverage it was 3.3%, for all other substances it was 1% or less. Overall, the missing data rates are somewhat higher for 12 months and 30 days than for lifetime prevalence.

Average number of unanswered questions was 3%. Looking more in detail reveals that for core questions the average was 2%, module questions 3% and own questions 15% (students were encouraged to skip if they had never smoked or been drinking). There was hardly any gender difference in this respect.

The rate of inconsistent answering between lifetime, last 12 months and last 30 days prevalence questions was fairly low, but higher for questions in relation to alcohol (any alcoholic beverage 3.6% and "been drunk" 2.8%) than for other drugs (less than 1% for use of cannabis or inhalants).

Most students said that they would admit use of marijuana or hashish, if they had done so. Only 3% said that they would "definitely not" have admitted any cannabis use. For heroin use the proportion was broadly the same (4%). Girls tended to be more honest than boys. No one among boys reported any use of the dummy drug relevin and only 0.1% of girls.

Methodological considerations

The decision to include two grades into the sample was well founded and the fact that 98% of the age cohort is expected to be in some secondary education, makes the coverage of the target population very good. The sampling procedure seems also to have functioned very well, resulting in a nationally representative sample.

Also the reliability and validity seem to be satisfactory. Very few students were reluctant to admit any use of illicit drugs and no one claimed to have used the dummy drug relevin.

Slovenia

Responsible for the Slovenian study was Mrs. Eva Stergar, at the Institute of Public Health of the Republic of Slovenia in Ljubljana. Slovenia also participated in the 1995 ESPAD study.

Population

The target population consists of all secondary students in grade 1 born in 1983. It was estimated that about 90% of the age-cohort attended any secondary education in spring 1999. The majority (83%) were to be found in the first grade. There were 170 secondary schools in Slovenia at the beginning of school year 1998/99. Traditionally, secondary education is offered in four types of schools: Grammar schools, 4-year technical schools, 3 year vocational schools, and 2,5-year vocational schools.

Sample and representativeness

The sample was drawn as a stratified random sample. A total number of 127 classes from 104 secondary schools were sampled.

Since in Slovenia there are no class registers to be used as a basis for the sampling procedure, classes had to be identified through personal contacts with school staff or by mail. Data on 1st year classes (number of students, number of boys, class label, type of programme etc.) was collected from all secondary school during autumn 1998. Letters presenting the ESPAD project and the purpose of asking for this information were sent to all secondary schools. These data formed the base of the sample.

After determining the sample size, classes were chosen as a random systematic sample from each of the 4 lists (school type). The probability for each class to be drawn was proportional to class size. The sample was considered to be nationally representative of grade 1 students born in 1983.

Field procedure

As mentioned above, all schools were contacted already in autumn 1998 when data on number of classes and students was collected. In February 1999 the chosen schools were approached by a letter explaining the survey and emphasising the European dimension of the research project. The Ministry of Education and Sports provided a letter of recommendation to the schools to participate in the study, which was enclosed.

Data collectors were school councillors who were remunerated for their extra work. Each data collector was contacted personally during the last week of February and the first week of March. They also received a letter enclosed with the material (questionnaires, envelopes, classroom reports etc). It included all particulars about the survey and instructions for how to behave during data collection. The questionnaires were mailed back to the Institute after completion.

Questionnaire and data processing

All core questions were included in the Slovenian questionnaire, except the one regarding cider which is not available in Slovenia. The modules C (psycho-social) and D (deviance) were also included plus 8 questions concerning nicotine dependence (Fagerström tolerance test).

The questionnaire was translated by the Slovenian co-ordinator, using appropriate parts of the 1995 version. Small adaptations to the national context were made. It was piloted on one class of lower vocational education. The completed questionnaires were scrutinised and minor corrections were made. Data was considered to be self-weighted.

School and student co-operation

All schools and classes co-operated willingly. Only 12 students refused to participate, of which 8 were in the same class. In the scrutinising phase 48 questionnaires (1.5%) were excluded because of obviously bad data.

The response rate ranged from 85.7% (lower vocational education) to 94.1% (grammar schools). The absolute majority of the absent students were ill at the time of data collection. The average time to complete the questionnaire was 43 minutes.

Reliability and validity

The inconsistency rates within a single administration are rather low in general, but somewhat higher on drunkenness experience (9%) and use of tranquillisers or sedatives (5%). For cannabis and other illicit drugs it is low (2% or less).

The proportion of unanswered questions was overall rather low and highest in relation to alcohol (4% on lifetime alcohol use and drunkenness). For cannabis use it was 3% and other illicit drugs 1% or less. The rates of inconsistent answering were also quite low, the highest in relation to alcohol (5%) and the lowest in relation to cannabis (0%).

The proportion of students who would “defi-

nitely not" admit use of cannabis was 2% and the corresponding figure for heroin was about the same (3%). The proportion of students who answered that they already had said they had used it was very close to the lifetime prevalence figures. Only 0.2% reported that they had used the dummy drug relevin.

Methodological considerations

The quality of the Slovenian study seems to be very good. A strong effort was made to overcome the lacking information on schools and classes that was available at the time of the 1995 study. The method of gathering data on classes and students from each school made it possible to draw a random nationally representative sample of classes.

A disadvantage is the fact that only grade 1 could be included in the sample, but since the absolute majority of the target age group are found in that grade the representativeness is fairly satisfying.

Overall, the reliability and validity measures indicate good and valid data. Very few students were reluctant to admit illicit drug use.

Sweden

Responsible for the Swedish survey were Barbro Andersson, research associate, and Dr. Björn Hibell, Director at the Swedish Council for Information on Alcohol and Other Drugs, CAN, Stockholm.

Population

The population consists of all grade nine students born in 1983 in compulsory school in Sweden. It was estimated that about 95% of the grade nine students were born in 1983.

Sample and representativeness

The sample was drawn as a stratified random cluster sample of schools and classes with a probability proportional to school size. Since only information about the number of classes in each school was available, it was necessary to draw a systematic random number of schools in the first step. This step was performed by Statistics Sweden. To draw a random sample of classes within the selected schools, a random method based on the alphabet and the class teachers last name was used.

A sample comprising 200 schools was drawn from national lists of nine grade education. No school contributed to the sample with more than one class. The sample was considered to be nationally representative of grade nine students born in 1983.

Field procedure

Statistics Sweden provided lists of schools including addresses, phone and fax numbers. An introductory letter was sent to all head masters, presenting the project and explaining how to identify the selected class. The head master was also asked not to inform the students about the survey in advance, to avoid discussion that could lead to biased data. He/she was also asked to schedule the data collection for one class period, following the same conditions as for a written test.

All material for the survey were mailed to the selected schools. It included questionnaires, individual envelopes for the students to put their answered form into, as well as written instructions to the teacher responsible for the data collection. After completion the questionnaires were packed in a large envelope and mailed back to the researchers.

Questionnaire and data processing

The questionnaire included all core questions. It was discovered, however, that the student grading system was newly changed into a format that could not be grouped into high, medium and low level performance (question number 5). By that time it was too late to reprint the questionnaire. A handwritten comment on the envelope pointed to this fact and asked the students to disregard the question. Two modules were included, A (integration) and D (deviance). The questionnaire was not piloted.

School and student co-operation

Both the schools and the students co-operated willingly. There were no open refusals, but there is a number of classes, which for different reasons have fallen out of the survey. This happens every year within the series of annual surveys 19 classes (9.5%) were not able to perform the study due to other obligations at the time of data collection.

Mostly it had to do with obligatory periods of vocational training already scheduled for the school year. However, in a few cases no explanation was given, why it might be an open question whether it was forgotten about or if it was a passive refusal.

No student refused to answer the questionnaire. Only 17 questionnaires were excluded because of obviously bad and unusable data.

The response rate was 87%. The majority of absent students were ill on the day of data collection. In the annual Swedish school surveys the response rate range between 86 and 90%.

Reliability and validity

Reliability as measured by the inconsistency rate between two questions in a single administration was rather good. The highest percentage was observed in relation to alcohol and tobacco (3%), for inhalants and tranquillisers/sedatives it was 2 and for all other drugs it was 1% or less.

Missing data rates on lifetime questions were 2% for alcohol related questions and 1% for all others. Taking into account the missing on 12 months and 30 days prevalence questions increases the figures somewhat however. The average number of unanswered questions was 2% for the whole questionnaire.

Validity as measured by rates of inconsistent answering was very good; about 2% for alcohol related questions and 0% for other drugs. Only 0.4% reported to have been using the dummy drug relevin. Rather high proportions, however, would not admit drug use, the percentages was quite similar for cannabis (6%) and heroin (7%). Boys were somewhat more reluctant than the girls. The percentage who answered "I already said that I have used it" was somewhat higher than the prevalence rates.

Methodological consideration

The sampling procedure was supposed to give a representative sample from the target population. However, the lost possibility to draw classes directly from lists with a probability proportional to class size is a drawback compared to the situation in ESPAD 1995. As it is, only the schools are drawn with a proportional probability, but all classes have the same weight in the sampling procedure. The random feature in the sampling of classes seems, however, to have functioned quite well.

The reliability and validity of the survey is considered to be satisfactory. There is a certain reluctance towards admitting drug use, but comparing the results with the 1995 study shows that this is not an increasing problem – the figures were higher in the former study.

Ukraine

Responsible for the study in Ukraine was Dr. Olga Balakireva at the Ukrainian Institute of Social Research in Kiev. The previous nation wide school survey in Ukraine was the 1995 ESPAD study.

Population

The target population consists of all students in Ukraine born in 1983. Of all persons born this year 80–85% are estimated to have been at school at the time of the data collection.

Sample and representativeness

All kinds of schools were included in the sample. Students born in 1983 were found in seven categories of schools. All 26 regional areas ("oblasts") were included. The sample was a two step stratified cluster sample. In the first step schools were randomly chosen and in the second one class per school. The sample is representative for all Ukrainian students born in 1983.

The stratified sample was not proportional which means that the sampling process made it necessary to weight the data.

Field procedure

The Institute of Social Research has access to a regional network of research groups, which were responsible for the data collection. The regional organisers met with the head of the Public Education Management of each "oblast" to get his/her approval to do the survey. Contacts were also taken with the principals of the selected schools and the teachers of the selected classes.

Data were collected in the classrooms by a research assistant, who was introduced to the class by the teacher. After that the teacher left the class-

room. The students put their questionnaires in individual envelopes, which were gathered in a common "class envelope". They were distributed to the regional organiser who sent them to the research institute, where the envelopes were opened.

All students in selected classes answered the questionnaires. 2,994 out of 5,637 participating students were born in 1983. Data in the ESPAD report are limited to the 1983 born students.

Data were collected in April, which gives an estimated average age of 15.3 years.

Questionnaire and data processing

All core questions were asked as well as the questions of the Integration and Mainstream modules. Two own questions were added to the questionnaire.

By mistake one question (Q A3) was wrongly translated. Since cider is not available in Ukraine Q12 asked about the consumption of champagne instead of cider, which obviously makes it impossible to compare with other ESPAD data. Since the concept alcopops does not exist in Ukraine examples such as "gin and tonic" and "rum and cola" were given instead. Since these kinds of mixed drinks are available in Ukraine, this way of translating probably makes it possible to compare with other countries (even though some uncertainty still exists).

The Russian as well as the English versions of the questionnaire were translated to Ukrainian and compared. No pilot study was done.

In the scrutinising process 1% of the questionnaires were skipped. Data were weighted.

507 questionnaires were randomly selected to check the quality of the data entry. Only 0.08% of the entered variables were incorrectly entered.

School and student co-operation

Out of 295 selected schools 8 did not participate for different reasons (the most common was that the students were out of schools to get experiences from different workplaces). These schools were replaced by randomly selected schools.

The response rate in participating classes was 81%. This relatively low figure is partly explained by the fact that an influenza epidemic occurred in Ukraine at the time of the data collection. No present student is reported to have refused to answer the questionnaire.

Information about the student co-operation is found on data about all students, i.e. not only on those born in 1983.

Of all data collections leaders 42% reported that they did not notice any disturbances during the data collection, while 46% answered that this happened among a few students. No information is available about the kind of disturbances.

Nearly all survey leaders (99%) reported that "all", "nearly all" or "a majority" of the students were interested in the study (91% answered "all" or "nearly all"). The corresponding figures on the question whether the students worked seriously were 98 and 88% respectively.

It is mentioned in the Ukrainian country report that some students did not know some words and concepts. However, these kinds of questions were asked by less than 1% of the students.

Reliability and validity

Reliability measured by inconsistency rates between two questions in a single administration was highest for the variables been drunk (14%) and cannabis (11%). It was low for cigarettes (7%) and inhalants (5%) and even lower for anabolic steroids, other illicit drugs and tranquillisers and sedatives (1–2%).

The proportion of unanswered questions about different drugs vary between 1 and 5%. Of all questions asked 3% were left unanswered. The inconsistency rate between lifetime, last 12 months and last 30 days was rather high for alcohol and been drunk (8%) but lower for inhalants and cannabis (1–2%).

For cannabis as well as heroin about 11% of the students answered "definitely not" on the question "If you had used marihuana or hashish, do you think you would have said so in the questionnaire" (and a corresponding question about heroin). On the "willingness question" 12% answered that they had already said that they had used cannabis, which is less than the reported proportion (20%).

Six per cent answered that they had heard about the dummy drug relevin. However, only 0.3 % said that they had used it.

Methodological considerations

The stratified cluster sample seems to have been adequately done. The number of not participating (and replaced) schools was low.

No present student refused to answer the questionnaire and the number of eliminated questionnaires is low. A rather high proportion of the data collection leaders (58%) reported some kind of disturbances during the data collection. However, in a large majority of these cases this only hap-

pened among few students. As a whole, these disturbances seem to have been rather limited since about 90% of the survey leaders reported that all or nearly all students worked seriously.

When compared to other countries some reliability measures indicate rather high inconsistency rates for some drug related variables (been drunk and cannabis). It is also worth notifying that the consistency was rather low when comparing the proportion of students reporting drug use on the "willingness question" (12%) compared to the prevalence question (20%).

On most validity measures the Ukrainian figures are rather, but not extremely, high compared to other countries. However, rather many (8%) gave inconsistent answers to questions about the prevalence of cannabis.

In the 1995 ESPAD study Ukraine was one of the countries that seemed to have had some more methodological problems than most other countries. However, all major changes between 1995 and 1999 (except one) are in the direction of improved quality. The proportion of inconsistent answers about the variable been drunk (reliability) has decreased from 21 to 14%. The trends are the same about the proportion of unanswered questions about alcohol (from 12 to 5%), the proportion of unanswered questions in the questionnaire as a whole (from 7 to 3%) and the proportion of eliminated questionnaires (from 7.1 to 1.0%). The only value that has changed "in the wrong direction" is the response rate, which has decreased from 93 to 81%. However, this relatively low figure is probably explained by an influenza epidemic at the time of the data collection.

The reliability and validity seem to have increased between 1995 and 1999, which make comparisons with other countries less uncertain in the last study. Even though the quality has improved there are still some reliability figures that are rather high in Ukraine, which leaves an uncertainty that is a bit higher than for most other countries. However, it seems unlikely that there are any major problems this time when Ukrainian data are compared with data from other ESPAD countries.

The United Kingdom

Dr. Patrick Miller and Dr. Martin Plant, Alcohol & Health Research Centre, City Hospital, Edinburgh were responsible for the ESPAD study in the United Kingdom. The country also participated in ESPAD 95.

Population

The population consists of all students born in 1983 in England, Scotland, Wales and Northern Ireland. It is expected that at least 90% of all persons born in 1983 were in school at the time of the survey.

Sample and representativeness

Excluding "special needs" schools the total numbers of schools were 3,757 in England, 410 in Scotland, 250 in Wales and 238 in Northern Ireland. Money was available to include approximately 225 classes. It was decided to attempt to obtain a sample with about 25 Welsh schools and about 70 in each of the other countries. Given previous experience of refusals 91 schools were sampled in England, 94 in Scotland, 83 in Northern Ireland and 34 in Wales. Within each country the schools were sampled with a probability proportional to the size of the schools.

In a second step one class per school was randomly sampled by the research team, using lists of classes within each school containing students born in 1983.

The sample was selfweighted within each of the four countries, which made it necessary to weight the data to calculate results covering the United Kingdom as a whole.

Field procedure

A local organiser was appointed by the schools to be responsible for the data collection within that school. The local organiser also distributed information to the parents including a request for permission for their child to participate.

Data were collected between March and May 1999, which gives an average age of 15.3 years. The questions were answered under examination conditions under the supervision of the local organiser. Each student got an individual envelope. The average time to complete the questionnaire was 40 minutes.

All students in the sampled class answered the

questionnaire. However, only those born in 1983 are included in the analysis, which means 2,641 out of 4,444 students.

Questionnaire and data processing

The questionnaire used contained the core section common to all the ESPAD countries, the three optional modules "Integration", "Mainstream" and "Psycho-social measures" and also additional questions concerning religious affiliation and number of really close friends. It was pre-tested with mixed ability students in a school in Edinburgh in February 1999. This pre-test did not reveal any problems with the instrument.

During the coding process, data which seemed obviously unlikely or inconsistent were removed. This resulted in the removal and discarding of 24 questionnaires. At a later stage in the process a computer program was devised incorporating checks for such problems. On this basis a further five questionnaires were removed. Several checks were run on the data set to locate out of range values, investigate logical inconsistencies and report the number of missing values. Few mistakes were found.

When calculating the results for the United Kingdom as a whole data were weighted.

School and student co-operation

Out of 302 sampled schools 79 did not participate. The most common reason given for school refusals was that the school had taken part in a great many other research projects. The refusing schools were not replaced. Comparisons were made between the participating and refusing schools on type of school and area in which the school was situated. There appeared to be no clearly discernible differences. The UK researchers conclude that "there is no reason to suppose that the samples would not be representative of the country from which it was drawn."

Information about student co-operation is formed from information about all participating students, i.e. not exclusively on those born in 1983. No student present on the day refused to participate. The response rate was 86%. Non-participants include students whose parents would not allow participation (1%), sick students (8%), students absent with permission (3%) and students absent without permission (2%). About 2% of the students failed to complete the questionnaire, mainly due to lack of sufficient time. The proportion of unusable questionnaires was 0.6%.

According to the survey leaders, no disturbances during the data collection were reported in 90% of the classes. When this happened it only involved a few students. Giggles or making eyes to classmates and "other comments" were each reported in 5% of the participating classes.

In all participating classes (100%) the survey leaders reported that "all", "nearly all" or "a majority" of the students were interested in the survey and worked seriously (94% answered "all" or "nearly all").

Reliability and validity

The inconsistency rate between two questions in a single administration was highest for cannabis (5%) followed by the variable inhalants and been drunk (3–4%). It was even lower (1–2%) for other substances.

Missing data rates on some drug related questions were highest for the variables alcohol consumer and been drunk (3–5%) and 0–1% for other drugs. Looking at the questionnaire as a whole, 2% of the questions were not answered.

The rates of inconsistent answers to questions about use in lifetime, last 12 months and last 30 days were low (1–2%) for all four drug related variables.

For cannabis 4% of the students answered "definitely not" on the question "If you had used marihuana or hashish, do you think you would have said so in the questionnaire?". The corresponding figure for heroin was 7%. On this "willingness question" 30% answered that they had already answered that they had used cannabis, which is slightly less than the reported proportion (35%).

Seventeen per cent answered that they had heard about the dummy drug relevin. However, only 0.2% reported that they had used it.

Methodological considerations

The stratified sample seems to have functioned without any problems. However, one out of four schools refused to participate, which is a rather high figure. Non-participating schools were compared with participating schools. No important differences were found. Together with the fact that reasons for school refusals usually were "relevant" this indicates that there is no reason to suppose that the sample would not be representative for 1983 born UK students.

In 1999 classes were the final sampling unit while whole schools were sampled in the first ESPAD study. This has most probably reduced the

cluster effect but has, on the other hand, reduced the number of participating students (belonging to the ESPAD target population) from about 7,700 to about 2,600. This has resulted in that the individual UK countries, in contrast to the 1995 study, are not reported separately in this report.

No student who was present refused to participate, the number of eliminated questionnaires is low, very few survey leaders reported any disturbances and nearly all answered that the students worked seriously. All this indicates that the student co-operation was good.

None of the reliability and validity measures indicate any major methodological problems in the UK data collection. As a whole data seem to be representative and comparable with other ESPAD data.

USA (Not an ESPAD country)

The data presented here for the United States come from a long-term series of annual national surveys that are part of the "Monitoring the Future" project (Lloyd D. Johnston, Principal Investigator; Jerald G. Bachman, Patrick O'Malley, and John Schulenberg, co-principal investigators). This research series is funded under research grants from the U.S. National Institute on Drug Abuse and conducted at the Institute for Social Research of the University of Michigan. The findings presented here were provided by Dr. Johnston.

Surveys on nationally representative samples of twelfth graders have been carried out each year since 1975. Beginning in 1991, surveys on nationally representative samples of eighth- and tenth-grade students also have been conducted annually.

Population

For this report, only the data for students who were in tenth grade in the spring of 1999 is presented. Most of the students in this grade are 15 or 16 years of age.

Sample and representativeness

In 1999, the tenth graders included in the study comprised about 13885 students in 140 schools nationwide (117 public and 23 private schools), selected to provide an accurate representative cross-section of all tenth-grade students in the coterminous 48 states of the United States.

A multi-stage random sampling procedure is used for securing the nationwide sample of the tenth-grade students each year. Stage 1 is the selection of particular geographic areas, stage 2 the selection (with probability proportionate to size) of one or more schools in each area containing a tenth grade, and stage 3 the selection of students within each school. Within each school, up to about 350 tenth graders may be included. In schools with a small number of tenth graders, the usual procedure is to include all of them in the data collection. In larger schools, a subset of tenth graders is selected either by randomly sampling entire classrooms or by some other random method that is judged to be unbiased.

Field procedures

Prior to the administration of the survey, either active or passive parental permission is required, depending on individual school requirements. Approximately two weeks before the administration, letters are sent to the student's parents to inform them of the study and request permission for their child to participate.

About ten days before the administration, the students are given flyers explaining the study, telling them their participation is voluntary, and that the project has a special government grant of confidentiality that protects all information gathered in the study. The actual questionnaire administration is conducted by the local Institute for Social Research representatives and their assistants, following standardized procedures detailed in a project instruction manual. The questionnaires are administered in classrooms during a normal class period whenever possible; however, circumstances in some schools require the use of larger group administrations. Teachers introduce the interviewer and remain in the room to ensure an orderly atmosphere. They are asked not to walk around the room. Most respondents can finish within a normal 45-minute class period; for those who cannot, and effort is made to provide a few minutes of additional time. The data collection period was February 15–May 30, 1999.

Questionnaire and data processing

A great many of the "core segment" ESPAD questionnaires were included in the Monitoring the Future questionnaire, but a number of questions were not.

Because many questions are needed to cover all of the topic areas in the study, much of the questionnaire content intended for tenth graders is divided into four different questionnaire forms that are distributed to participants in an ordered sequence that ensures four virtually identical random subsamples. About one-third of each questionnaire form consists of key or "core" variables that are common to all forms. All demographic variables, and nearly all of the drug use variables included in this report, are contained in this core set of measures. Questions on other topics tend to be contained in two forms only, and are thus usually based on one-half as many cases (approximately 6,900).

After the administration of the surveys in the classrooms, the interviewers forward the completed questionnaires to a contractor, where they are optically scanned. The data are then checked for accuracy, processed and cleaned using SAS statistical and data management software. Processing and cleaning steps include: consistency and wild-code checking, assignment of missing data codes, addition of weight and school information, creation of permanent recoded variables, and creation of a clean data disc for analysis.

Weights are added to the data to improve the accuracy of estimates by correction for unequal probabilities of selection that arise in the multi-stage sampling procedures.

School and student co-operation

Schools are invited to participate in the study for a two-year period. With very few exceptions, each school from the original sample participating in the first year has agreed to participate for the second. Each year thus far, from 58% to 80% of the schools invited to participate initially have agreed to do so; for each school refusal, a similar school (in terms of size, geographic area, urbanicity, etc.) is recruited as a replacement.

In 1999, completed questionnaires were obtained from 85% of all sampled students in tenth grade. The single most important reason that students are missed is absence from class at the time of data collection. The proportion of explicit refusals amounts to less than 1% of the students. Student comprehension is judged to be very high, based on pilot tests, questionnaire completion rates, and low rates of internal inconsistencies.

Reliability and validity

Even taking into account the clustered nature of these school-based samples, it was found that drug use estimates based on the total sample of tenth graders each year have confidence intervals that average about ±1%. Confidence intervals on lifetime prevalence for tenth graders vary from ±2.0% to ±0.3%, depending on the drug. Confidence intervals for past twelve months, past 30 days, and daily use are smaller. This means that, had it been possible to invite all schools and all tenth-grade students in the 48 coterminous states to participate, the results from such a massive survey should be within about one percentage point of the present findings for most drugs at least 95 times out of 100. This was considered to be a high level of sampling accuracy, permitting the detection of fairly small changes from one year to the next.

The question always arises whether sensitive behaviors like drug use are honestly reported. Like most studies dealing with sensitive behaviors, there is no direct, totally objective validation of the present measures; however, the considerable amount of inferential evidence that exists from the study of twelfth graders strongly suggests that the self-report questions produce largely valid data (O'Malley, Bachman and Johnston, 1983; Johnston and O'Malley, 1985).

First, using a three-wave panel design, it was established that the various measures of self-reported drug use have a high degree of reliabilitya necessary condition of validity. In essence, this means that respondents were highly consistent in their self-reported behaviors over a three- to four-year interval. Second, a high degree of consistency was found among logically related measures of use within the same questionnaire administration. Third, the proportion of seniors reporting some illicit drug use by senior year has reached two-thirds of all respondents in peak years and as high as 80% in some follow-up years, which constitutes *prima facie* evidence that the degree of underreporting must be very limited. Fourth, the seniors' reports of use by their unnamed friendsabout whom they would presumably have less reason to distorthas been highly consistent with self-reported use in the aggregate in terms of both prevalence and trends in prevalence. Fifth, it was found that self-reported drug use relates in consistent and expected ways to a number of other attitudes, behaviors, beliefs, and social situationsin other words,

there is strong evidence of "construct validity." Sixth, the missing data rates for the self-reported use questions are only very slightly higher than for the preceding nonsensitive questions, in spite of the explicit instruction to respondents to leave blank those drug use questions they felt they could not answer honestly. And seventh, the great majority of respondents, when asked, say they would answer such questions honestly if they were users.

This is not to argue that self-reported measures of drug use are valid in all cases. The researchers tried to create a situation and set of procedures in which students feel that their confidentiality will be protected. They also tried to present a convincing case as to why such research is needed. The evidence suggests that a high level of validity has been obtained. Nevertheless, insofar as there exists any remaining reporting bias, the estimates are believed to be in the direction of underreporting. Thus, the estimates are believed to be lower than their true values, even for the obtained samples, but not substantially so.

Methodological considerations

There is no reason to believe that the sample is biased. However, it should be noted that the population consists of all students in grade 10. Most of them are 15–16 years old, which means that a large majority were born in 1983, but not all of them, which yields some very modest degree of noncomparability with the regular ESPAD countries.

Another difference, compared with most but not all other countries, was that the students in the USA knew about the study in advance. Since the reliability and validity are rather high, and students in the USA are rather used to participating in different kinds of studies, and the data were collected anonymously, it seems reasonable to think that this fact has not created any major problems in comparison with other countries.

An "advantage" from the ESPAD perspective is that the most important drug use questions are the same in the USA as in Europe. As mentioned, the reliability and validity seem to be high. It is assumed, however, that any remaining bias is in the direction of underreporting.

With the above-mentioned remarks in mind, there are reasons to believe that the results from the USA are rather comparable to data from the regular ESPAD countries.

Further Information

More detailed findings may be found in Johnston, L.D., O'Malley, P.M., and Bachman, J.G. (2000) *Monitoring the Future national survey results on drug use, 1975–1999, Volume I: Secondary school students and Volume II: College students and young adults.* (NIH Publication Numbers 00-4802 and 00-4803, respectively), Bethesda, MD: National Institute on Drug Abuse. The study's Web site address is http://www.MonitoringTheFuture.org.

Tables

Table 1a. Frequency of lifetime use of cigarettes. Boys.

	Number of occasions used in lifetime							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Bulgaria	27	16	9	5	5	4	35	1
Croatia	30	15	8	5	6	5	31	2
Cyprus	40	17	6	3	6	3	26	0
Czech Republic	18	18	8	6	6	5	39	1
Denmark	28	14	10	7	6	4	31	1
Estonia	16	16	9	9	7	5	38	0
Faroe Islands	14	11	9	8	9	3	47	..
Finland	23	11	7	6	6	6	41	0
France	31	..	..	..	..	..	..	1
FYROM	40	17	9	5	4	3	22	1
Greece	41	15	4	3	5	4	28	0
Greenland	17	9	12	9	10	4	41	4
Hungary	28	19	5	5	7	5	31	1
Iceland	46	12	6	4	5	4	24	1
Ireland	32	15	5	5	6	6	31	1
Italy	38	14	5	7	10	4	22	1
Latvia	17	14	9	8	9	5	38	1
Lithuania	15	12	7	5	8	9	46	0
Malta	45	11	6	5	6	6	20	1
Norway	31	14	9	4	7	5	31	1
Poland	25	17	8	6	7	6	32	0
Portugal	41	18	8	4	6	5	18	1
Romania	33	20	10	5	5	4	23	1
Russia	22	11	6	4	5	5	46	0
Slovak Republic	24	14	8	6	7	6	35	0
Slovenia	34	18	7	5	6	5	25	0
Sweden	33	15	8	5	7	6	26	1
Ukraine	20	14	7	6	7	6	39	2
United Kingdom	40	14	8	5	6	3	24	1
The Netherlands	39	15	5	3	5	3	30	1
USA [a)]	43	24	14	8	12	..	..	..

a) Categorized by: Never, 1–2, Occationally but not regularly, Regularly in the past and Regularly now.

Table 1b. Frequency of lifetime use of cigarettes. Girls.

	Number of occasions used in lifetime							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Bulgaria	27	14	8	5	5	4	38	2
Croatia	31	17	8	6	7	6	25	1
Cyprus	57	17	9	4	3	2	8	0
Czech Republic	24	17	9	6	6	5	34	1
Denmark	26	11	8	6	8	8	32	1
Estonia	35	20	9	8	7	4	18	1
Faroe Islands	19	10	11	8	8	5	40	..
Finland	27	9	6	5	8	7	38	0
France	26	..	..	..	..	..	..	1
FYROM	45	18	8	4	5	2	18	2
Greece	41	13	6	5	5	4	27	0
Greenland	11	8	9	4	9	4	55	5
Hungary	30	20	7	6	7	6	25	1
Iceland	43	11	6	5	6	5	26	1
Ireland	23	14	8	7	7	7	36	1
Italy	34	10	7	7	7	8	28	0
Latvia	29	17	10	7	8	6	23	0
Lithuania	32	14	9	7	8	7	23	0
Malta	42	11	7	6	8	6	21	1
Norway	28	11	7	7	7	7	34	1
Poland	38	17	8	6	6	5	20	0
Portugal	41	21	8	6	5	5	15	0
Romania	49	19	9	6	4	3	10	0
Russia	29	11	6	5	5	6	38	1
Slovak Republic	32	17	8	5	7	6	26	0
Slovenia	37	15	8	4	6	5	26	1
Sweden	33	13	8	6	9	6	25	0
Ukraine	41	16	9	5	6	6	18	1
United Kingdom	30	17	8	5	6	6	28	1
The Netherlands	33	15	7	5	6	5	29	1
USA [a)]	43	23	14	8	13	..	..	..

a) Categorized by: Never, 1–2, Occationally but not regularly, Regularly in the past and Regularly now.

Table 1c. Frequency of lifetime use of cigarettes. All students.

	Number of occasions used in lifetime							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Bulgaria	27	15	8	5	5	4	36	1
Croatia	31	16	8	6	6	6	28	2
Cyprus	50	17	8	4	4	2	16	0
Czech Republic	21	17	9	6	6	5	36	1
Denmark	27	12	9	7	7	7	32	1
Estonia	26	18	9	9	7	5	27	1
Faroe Islands	16	10	10	8	9	4	43	..
Finland	25	10	7	5	7	7	39	0
France	28	..	..	..	..	..	..	1
FYROM	42	17	9	5	5	3	20	1
Greece	41	14	5	4	5	4	27	0
Greenland	14	8	10	6	9	4	50	4
Hungary	28	20	6	6	7	6	28	1
Iceland	44	11	6	4	5	5	25	1
Ireland	27	15	6	6	7	6	34	1
Italy	36	12	6	7	8	7	25	1
Latvia	23	16	9	7	9	6	30	1
Lithuania	23	13	8	6	8	8	35	0
Malta	43	11	7	6	7	6	20	1
Norway	29	13	8	5	7	6	33	1
Poland	32	17	8	6	6	5	26	0
Portugal	41	19	8	5	6	5	17	1
Romania	43	20	9	5	4	3	15	1
Russia	26	11	6	5	5	5	42	1
Slovak Republic	28	15	8	5	7	6	30	0
Slovenia	36	16	7	5	6	5	26	0
Sweden	33	14	8	6	8	6	25	1
Ukraine	31	15	8	6	6	6	29	1
United Kingdom	35	16	8	5	6	5	26	1
The Netherlands	36	15	6	4	5	4	30	1
USA [a)]	42	23	14	8	12	..	..	..

a) Categorized by: Never, 1–2, Occationally but not regularly, Regularly in the past and Regularly now.

Table 2a. Cigarette smoking during the last 30 days. Boys.

	Number of cigarettes per day in last 30 days						No answer %
	0	<1	1–5	6–10	11–20	21+	
Bulgaria	52	12	15	13	6	4	0
Croatia	60	10	8	9	7	6	1
Cyprus	75	5	6	5	6	4	0
Czech Republic	54	14	12	10	6	4	0
Denmark	66	11	4	8	9	2	1
Estonia	59	11	11	10	4	5	0
Faroe Islands	58	13	9	11	6	3	..
Finland	56	14	10	9	9	3	0
France	59	11	13	10	4	3	1
FYROM	62	12	8	8	6	3	..
Greece	66	11	6	5	8	5	0
Greenland	38	8	21	19	6	8	3
Hungary	63	11	12	9	5	2	1
Iceland	74	9	4	5	6	2	1
Ireland	68	9	6	8	7	2	1
Italy	63	18	9	7	2	1	1
Latvia	52	9	20	11	4	4	0
Lithuania	51	9	5	17	11	8	0
Malta	71	15	5	3	3	2	0
Norway	64	15	9	7	5	1	1
Poland	61	11	9	10	4	4	0
Portugal	69	14	9	5	3	1	0
Romania	69	11	12	4	2	2	2
Russia	52	7	16	13	6	7	1
Slovak Republic	60	13	12	6	3	6	0
Slovenia	72	5	10	7	5	1	0
Sweden	71	17	6	4	2	1	1
Ukraine	50	14	17	10	4	5	0
United Kingdom	69	10	7	8	5	1	0
The Netherlands	67	9	6	6	7	3	0
USA	75	10	8	4	2	1	..

Table 2b. Cigarette smoking during the last 30 days. Girls.

	Number of cigarettes per day in last 30 days						No answer %
	0	<1	1–5	6–10	11–20	21+	
Bulgaria	49	11	17	13	8	3	0
Croatia	64	11	9	6	5	5	1
Cyprus	91	2	4	1	1	1	0
Czech Republic	57	14	13	11	4	2	0
Denmark	59	16	10	8	7	1	0
Estonia	76	10	8	3	2	2	0
Faroe Islands	59	15	9	10	7	0	..
Finland	57	18	10	9	5	2	0
France	53	15	17	10	4	2	1
FYROM	65	12	11	7	4	2	..
Greece	64	13	8	6	6	3	1
Greenland	29	11	33	18	4	6	1
Hungary	65	13	12	6	3	1	1
Iceland	70	11	8	7	4	1	1
Ireland	58	14	12	10	5	1	1
Italy	57	17	11	9	5	1	1
Latvia	66	8	18	4	2	2	0
Lithuania	70	10	6	10	3	2	0
Malta	66	18	8	4	2	1	0
Norway	56	18	13	9	3	1	1
Poland	72	11	10	4	2	1	0
Portugal	70	15	8	4	2	1	1
Romania	80	10	7	2	0	1	1
Russia	58	12	15	8	4	3	0
Slovak Republic	66	14	10	5	2	5	0
Slovenia	70	5	12	7	4	2	0
Sweden	68	17	8	5	2	1	1
Ukraine	71	14	9	4	1	1	0
United Kingdom	63	11	10	12	4	0	0
The Netherlands	61	10	12	7	7	3	0
USA	74	10	9	5	2	1	..

Table 2c. Cigarette smoking during the last 30 days. All students.

	Number of cigarettes per day in last 30 days						No answer %
	0	<1	1–5	6–10	11–20	21+	
Bulgaria	50	11	16	13	7	3	0
Croatia	62	10	8	8	6	5	1
Cyprus	84	3	5	3	3	2	0
Czech Republic	56	14	12	10	5	3	0
Denmark	62	14	7	8	8	1	1
Estonia	68	10	9	6	3	3	0
Faroe Islands	59	13	9	11	6	2	..
Finland	57	16	10	9	7	2	0
France	56	13	15	10	4	2	1
FYROM	63	12	10	7	5	3	0
Greece	65	12	7	6	7	4	0
Greenland	33	10	27	18	5	7	2
Hungary	64	12	12	7	4	1	1
Iceland	72	10	6	6	5	2	1
Ireland	63	12	9	9	6	1	1
Italy	60	17	10	8	4	1	1
Latvia	60	9	19	8	3	3	0
Lithuania	60	9	5	13	7	5	0
Malta	68	17	7	3	3	2	0
Norway	60	16	11	8	4	1	1
Poland	67	11	10	7	3	2	0
Portugal	69	15	9	4	2	1	0
Romania	76	11	9	3	1	2	1
Russia	55	10	15	10	5	5	0
Slovak Republic	63	14	11	6	2	5	0
Slovenia	71	5	11	7	5	2	0
Sweden	70	17	7	4	2	1	1
Ukraine	60	14	13	7	2	3	0
United Kingdom	66	11	8	10	5	1	0
The Netherlands	64	10	9	7	7	3	0
USA	83	9	5	2	1	1	..

Table 3. Age at first use of cigarettes. Percentages answering 13 years or younger.

	Boys		Girls		All students	
	First cigarette	Daily smoking	First cigarette	Daily smoking	First cigarette	Daily smoking
Bulgaria	44	11	35	8	39	9
Croatia	45	14	34	8	40	11
Cyprus	32	8	16	3	23	5
Czech Republic	59	12	45	9	51	11
Denmark	46	12	45	12	45	12
Estonia	60	12	36	4	46	8
Faroe Islands	71	16	58	10	64	13
Finland	57	17	47	14	52	15
France	50	14	53	14	51	14
FYROM	26	6	15	3	20	4
Greece	23	5	17	3	19	3
Greenland	52	9	60	20	56	14
Hungary	48	11	42	8	45	9
Iceland	35	9	31	9	33	9
Ireland	51	17	55	19	53	18
Italy	27	5	22	7	24	6
Latvia	68	13	46	6	57	9
Lithuania	65	17	35	6	50	11
Malta	35	9	38	10	37	10
Norway	46	11	44	10	45	11
Poland	48	10	29	3	38	6
Portugal A2	43	9	37	8	40	8
Romania	42	7	21	2	29	4
Russia	56	18	45	15	51	16
Slovak Republic	56	12	36	7	45	10
Slovenia	39	5	33	5	36	5
Sweden	48	9	45	10	47	10
Ukraine	54	15	29	5	42	10
United Kingdom	42	16	53	24	48	20
The Netherlands	47	15	49	12	48	13
USA	..	..	..	..	36	7

Table 4a. Frequency of lifetime use of any alcoholic beverage. Boys.

	Number of occasions in lifetime							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Bulgaria	12	15	14	11	16	11	21	7
Croatia	11	16	15	10	13	11	24	4
Cyprus	10	10	9	9	16	16	32	2
Czech Republic	2	4	7	8	14	14	51	2
Denmark	2	2	3	5	8	14	66	3
Estonia	4	11	11	14	18	15	27	2
Faroe Islands	12	14	13	11	12	10	29	..
Finland	9	10	13	12	18	17	21	0
France	14	9	12	10	15	13	28	4
FYROM	27	16	15	10	12	7	14	..
Greece	2	5	4	7	12	16	54	2
Greenland	18	10	16	9	24	10	13	11
Hungary	10	16	14	13	17	14	17	4
Iceland	21	17	14	10	12	10	15	2
Ireland	8	8	8	9	11	15	41	2
Italy	14	9	9	11	16	17	23	0
Latvia	5	10	15	14	18	14	24	3
Lithuania	3	7	13	13	19	16	29	0
Malta	5	7	9	10	13	13	44	2
Norway	16	14	13	12	16	11	18	2
Poland	7	10	11	10	14	13	35	1
Portugal	21	12	12	11	12	11	21	6
Romania	11	10	11	12	16	13	27	3
Russia	8	11	10	9	14	14	34	4
Slovak Republic	4	9	10	13	19	15	31	2
Slovenia	9	12	12	12	14	13	29	2
Sweden	10	13	14	11	18	12	23	2
Ukraine	14	13	14	13	17	12	18	5
United Kingdom	6	3	6	8	11	16	51	4
The Netherlands	15	5	7	4	12	11	46	4
USA	30	10	10	10	11	9	21	..

Table 4b. Frequency of lifetime use of any alcoholic beverage. Girls.

	Number of occasions in lifetime							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Bulgaria	15	16	18	14	16	10	12	6
Croatia	15	22	18	14	13	8	10	3
Cyprus	17	18	14	13	15	12	12	3
Czech Republic	2	6	10	13	19	19	32	3
Denmark	3	3	5	5	13	18	53	3
Estonia	5	11	15	16	22	14	17	3
Faroe Islands	16	11	14	11	14	18	17	..
Finland	9	8	13	13	19	19	19	0
France	15	15	14	14	18	12	13	2
FYROM	37	26	15	7	7	4	5	..
Greece	3	8	9	12	17	19	33	1
Greenland	17	11	11	15	15	15	15	11
Hungary	9	18	18	18	17	10	9	3
Iceland	21	18	15	11	11	11	14	2
Ireland	8	5	7	9	14	17	39	2
Italy	16	19	20	12	12	7	13	0
Latvia	3	13	16	17	20	15	17	3
Lithuania	4	10	16	17	22	14	17	0
Malta	7	8	10	11	18	17	29	3
Norway	13	11	15	15	19	14	13	3
Poland	12	15	15	13	16	12	18	1
Portugal	23	18	13	14	12	9	10	5
Romania	18	19	16	14	15	9	11	6
Russia	5	9	11	12	18	19	26	3
Slovak Republic	5	10	13	14	19	16	23	4
Slovenia	9	17	16	15	17	9	16	2
Sweden	10	11	14	14	20	16	15	2
Ukraine	11	14	13	15	18	12	18	5
United Kingdom	6	6	6	7	17	15	43	6
The Netherlands	18	3	9	7	20	15	28	3
USA	29	12	14	12	13	9	12	..

Table 4c. Frequency of lifetime use of any alcoholic beverage. All students.

	Number of occasions in lifetime							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Bulgaria	14	16	16	13	16	10	16	6
Croatia	13	19	16	12	13	10	18	4
Cyprus	14	14	12	11	15	14	21	2
Czech Republic	2	5	9	11	17	17	41	2
Denmark	2	2	4	5	11	16	59	3
Estonia	5	11	13	15	20	15	21	3
Faroe Islands	14	12	13	11	13	14	23	..
Finland	9	9	13	12	18	18	20	0
France	15	12	13	12	16	13	20	3
FYROM	32	21	15	9	10	5	9	2
Greece	2	7	7	10	15	18	42	2
Greenland	17	10	14	12	20	13	14	11
Hungary	9	17	16	16	17	12	13	3
Iceland	21	18	15	10	12	10	14	2
Ireland	8	7	8	9	13	16	40	2
Italy	15	15	16	12	14	11	17	0
Latvia	4	11	16	15	19	15	20	3
Lithuania	4	8	14	15	20	15	23	0
Malta	6	7	9	11	15	15	36	3
Norway	15	13	14	13	17	13	16	2
Poland	10	12	13	12	15	12	26	1
Portugal	22	15	13	13	12	10	15	6
Romania	15	15	14	13	15	10	18	5
Russia	6	10	10	10	16	17	30	3
Slovak Republic	4	9	12	14	19	15	27	3
Slovenia	9	14	14	13	16	11	23	2
Sweden	10	12	14	13	19	14	19	2
Ukraine	12	13	13	14	18	12	18	5
United Kingdom	6	5	6	7	14	16	47	5
The Netherlands	17	4	7	6	16	13	37	3
USA	29	11	12	11	12	9	16	..

Table 5a. Frequency of use of any alcoholic beverage during the last 12 months. Boys.

	Number of occasions in last 12 months							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Bulgaria	16	25	16	16	13	7	7	7
Croatia	23	22	13	11	12	8	10	9
Cyprus	16	16	12	15	17	13	11	4
Czech Republic	5	12	14	14	17	13	26	3
Denmark	3	4	8	8	18	21	39	5
Estonia	12	21	19	15	16	8	9	5
Faroe Islands	24	17	12	9	17	11	12	..
Finland	16	18	18	14	18	11	6	3
France	21	16	16	14	17	9	8	6
FYROM	35	22	14	11	8	4	6	6
Greece	5	11	10	13	20	19	21	2
Greenland	21	19	19	16	15	7	3	16
Hungary	21	23	18	13	13	6	6	4
Iceland	31	22	15	11	12	7	4	6
Ireland	11	11	11	10	18	15	24	3
Italy	20	13	14	19	17	8	9	0
Latvia	12	25	19	14	14	9	6	4
Lithuania	8	16	20	19	17	13	7	0
Malta	9	12	12	12	16	14	24	3
Norway	25	19	15	15	13	9	6	7
Poland	14	16	14	15	14	11	15	2
Portugal	25	20	14	12	12	7	9	6
Romania	15	20	17	15	13	9	12	2
Russia	15	18	12	12	17	11	13	7
Slovak Republic	9	21	19	16	14	10	11	4
Slovenia	16	21	14	14	14	9	12	5
Sweden	18	21	18	13	16	9	6	5
Ukraine	21	24	19	13	12	6	4	5
United Kingdom	8	10	10	12	19	18	23	4
The Netherlands	18	8	7	9	21	12	25	6
USA	37	17	12	10	11	6	8	..

Table 5b. Frequency of use of any alcoholic beverage during the last 12 months. Girls.

	Number of occasions in last 12 months							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Bulgaria	19	30	19	13	11	6	3	6
Croatia	32	27	16	11	8	4	3	8
Cyprus	25	26	17	12	12	6	3	3
Czech Republic	6	17	19	17	19	10	12	3
Denmark	4	6	10	12	23	23	21	4
Estonia	11	24	22	18	15	7	4	6
Faroe Islands	27	18	12	12	18	8	6	..
Finland	13	17	19	18	19	11	4	3
France	24	22	19	15	13	5	2	3
FYROM	50	26	10	7	3	2	2	4
Greece	8	16	14	17	19	16	10	2
Greenland	17	22	19	13	16	8	7	12
Hungary	19	32	21	12	10	4	2	4
Iceland	31	21	15	12	12	8	3	5
Ireland	11	10	11	12	17	19	20	3
Italy	28	28	14	13	9	5	4	0
Latvia	12	26	20	18	13	7	4	5
Lithuania	10	22	25	20	13	8	3	0
Malta	9	14	16	17	17	14	13	3
Norway	19	17	18	18	17	8	3	8
Poland	22	21	20	14	13	7	5	2
Portugal	27	28	18	11	9	5	3	6
Romania	25	31	19	12	8	3	3	4
Russia	11	21	18	14	17	10	8	5
Slovak Republic	11	25	21	15	15	8	6	4
Slovenia	18	26	17	15	11	8	4	4
Sweden	16	19	19	18	17	7	4	6
Ukraine	16	25	22	15	12	6	4	6
United Kingdom	9	13	13	14	21	14	16	6
The Netherlands	20	13	14	9	18	14	12	6
USA	36	20	15	11	9	5	3	..

Table 5c. Frequency of use of any alcoholic beverage during the last 12 months. All students.

	Number of occasions in last 12 months							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Bulgaria	18	28	18	14	12	6	5	6
Croatia	27	25	14	11	10	6	7	8
Cyprus	21	21	15	14	14	9	7	3
Czech Republic	6	14	16	16	18	11	19	3
Denmark	4	5	9	10	21	22	29	4
Estonia	11	22	21	16	15	8	6	5
Faroe Islands	25	18	12	10	17	9	9	..
Finland	14	17	18	16	19	11	5	3
France	23	19	17	15	15	7	5	5
FYROM	43	24	12	9	6	3	4	5
Greece	6	14	12	16	20	17	15	2
Greenland	19	20	19	14	15	7	5	14
Hungary	20	28	20	13	11	5	4	4
Iceland	31	21	15	11	12	7	3	6
Ireland	11	11	11	11	17	17	22	3
Italy	25	22	14	15	12	6	6	0
Latvia	12	26	20	16	14	8	5	4
Lithuania	9	19	22	20	15	11	5	0
Malta	9	13	14	15	17	14	18	3
Norway	22	18	16	16	15	9	4	8
Poland	18	19	17	14	14	9	10	2
Portugal	26	24	16	12	10	6	6	6
Romania	21	26	18	13	10	6	6	3
Russia	13	20	15	13	17	10	11	6
Slovak Republic	10	23	20	16	14	9	8	4
Slovenia	17	23	15	15	13	9	8	5
Sweden	17	20	18	16	16	8	5	5
Ukraine	19	25	21	14	12	6	4	6
United Kingdom	9	11	12	13	20	16	20	5
The Netherlands	19	10	10	9	19	13	18	6
USA	36	19	14	11	10	5	6	..

Table 6a. Frequency of use of any alcoholic beverage during the last 30 days. Boys.

	Number of occasions in last 30 days							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Bulgaria	40	31	16	7	4	1	1	7
Croatia	47	23	14	7	5	2	2	8
Cyprus	29	25	19	14	9	3	2	3
Czech Republic	20	25	21	14	12	6	3	2
Denmark	12	21	25	20	14	6	3	6
Estonia	36	33	17	9	4	1	0	5
Faroe Islands	48	31	15	3	1	1	1	..
Finland	41	35	17	5	1	0	1	3
France	37	23	18	10	7	2	3	5
FYROM	55	23	11	6	3	1	2	5
Greece	18	23	22	18	13	4	2	2
Greenland	39	39	16	2	2	2	0	15
Hungary	46	28	13	6	4	1	1	3
Iceland	56	29	11	3	1	0	0	6
Ireland	27	21	20	13	10	5	3	5
Italy	37	24	18	8	7	3	2	0
Latvia	41	31	18	7	3	1	0	4
Lithuania	24	33	20	13	7	2	0	0
Malta	23	20	18	14	13	7	5	2
Norway	49	30	13	6	2	0	1	7
Poland	33	24	19	13	8	2	2	4
Portugal	45	24	13	8	5	2	2	8
Romania	34	38	14	8	4	1	2	2
Russia	37	25	17	10	8	2	1	7
Slovak Republic	37	28	17	9	6	2	1	3
Slovenia	35	28	17	9	6	2	2	5
Sweden	45	32	15	6	2	0	0	6
Ukraine	47	32	12	5	3	1	1	6
United Kingdom	22	20	25	15	10	5	2	4
The Netherlands	31	13	21	10	13	6	5	5
USA	58	18	11	6	4	1	2	..

Table 6b. Frequency of use of any alcoholic beverage during the last 30 days. Girls.

	Number of occasions in last 30 days							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Bulgaria	46	32	13	6	3	1	0	7
Croatia	64	20	10	3	2	1	0	6
Cyprus	47	30	13	6	3	1	0	3
Czech Republic	25	34	23	10	5	2	1	2
Denmark	17	27	27	16	10	2	1	5
Estonia	40	37	16	5	2	1	0	5
Faroe Islands	55	27	13	3	2	0	0	..
Finland	37	43	16	3	1	0	0	3
France	43	30	15	7	4	1	0	4
FYROM	72	18	5	3	1	0	0	4
Greece	27	30	20	13	7	3	1	2
Greenland	43	33	17	5	1	1	1	16
Hungary	52	31	11	4	2	0	0	4
Iceland	57	27	12	3	1	0	0	6
Ireland	25	22	21	16	11	3	2	5
Italy	52	27	10	7	2	1	1	0
Latvia	42	37	13	6	2	0	0	4
Lithuania	29	40	19	6	5	1	0	0
Malta	26	25	20	13	11	4	1	2
Norway	41	36	17	5	1	0	0	9
Poland	46	29	14	6	3	1	1	4
Portugal	57	24	10	5	3	1	0	7
Romania	52	37	8	2	1	0	0	1
Russia	37	32	16	9	4	1	0	4
Slovak Republic	43	31	14	7	4	1	0	4
Slovenia	42	33	14	7	3	1	1	4
Sweden	44	37	13	5	1	0	0	6
Ukraine	41	36	14	6	3	1	0	6
United Kingdom	25	24	21	17	7	5	1	5
The Netherlands	37	19	19	8	12	3	1	6
USA	62	21	9	5	3	1	0	..

Table 6c. Frequency of use of any alcoholic beverage during the last 30 days. All students.

	Number of occasions in last 30 days							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Bulgaria	43	32	14	6	3	1	1	7
Croatia	54	22	12	5	4	1	1	8
Cyprus	39	28	15	9	5	2	1	3
Czech Republic	23	30	22	12	8	4	2	2
Denmark	15	24	26	18	12	4	2	5
Estonia	38	35	17	7	3	1	0	5
Faroe Islands	52	29	14	3	2	1	1	..
Finland	39	39	16	4	1	0	0	3
France	40	27	17	8	5	2	1	5
FYROM	64	20	8	4	2	0	1	5
Greece	23	27	21	15	9	3	1	2
Greenland	41	36	17	3	2	1	0	15
Hungary	49	30	12	5	3	1	1	4
Iceland	57	28	11	3	1	0	0	6
Ireland	26	22	21	15	10	4	2	5
Italy	46	26	13	8	4	2	1	0
Latvia	42	34	15	6	2	0	0	4
Lithuania	27	37	19	10	6	2	0	0
Malta	25	23	19	13	12	5	3	2
Norway	45	33	15	5	2	0	1	8
Poland	39	27	16	9	5	2	1	4
Portugal	51	24	12	6	4	1	1	7
Romania	45	38	10	4	2	1	1	2
Russia	37	29	17	9	6	1	1	6
Slovak Republic	40	30	15	8	5	1	1	4
Slovenia	38	31	16	8	5	2	1	5
Sweden	44	35	14	5	2	0	0	6
Ukraine	44	34	13	6	3	1	1	6
United Kingdom	24	22	23	16	9	5	2	4
The Netherlands	34	16	20	9	12	5	3	6
USA	60	20	10	6	3	1	1	..

Table 7a. Frequency of beer drinking during the last 30 days. Boys.

	Number of occasions in last 30 days							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Bulgaria	30	32	16	11	7	2	2	2
Croatia	46	23	13	7	6	2	3	3
Cyprus	29	30	18	10	8	2	3	2
Czech Republic	23	20	20	14	13	6	6	1
Denmark	15	20	23	17	14	6	4	2
Estonia	32	30	18	9	7	2	2	1
Faroe Islands	50	18	13	8	6	2	4	..
Finland	49	30	12	5	3	1	1	2
France	46	22	15	7	5	2	3	3
FYROM	51	24	9	6	5	1	4	2
Greece	26	26	20	13	9	3	3	2
Greenland	37	18	11	12	12	8	3	6
Hungary	62	21	9	4	3	1	1	3
Iceland	51	30	11	4	3	1	1	2
Ireland	36	23	14	12	9	4	3	3
Italy	30	26	18	9	11	3	4	0
Latvia	33	28	18	10	7	3	3	2
Lithuania	33	31	18	10	6	2	0	0
Malta	33	21	16	11	9	5	4	2
Norway	54	27	11	5	2	1	1	8
Poland	40	22	14	12	8	3	2	3
Portugal	55	18	11	7	5	2	3	2
Romania	34	37	16	7	4	2	1	1
Russia	33	20	17	12	10	4	5	1
Slovak Republic	47	23	14	6	6	3	2	2
Slovenia	39	25	15	8	7	3	3	1
Sweden	44	29	15	5	4	2	2	3
Ukraine	40	31	12	7	5	3	2	5
United Kingdom	28	24	20	11	10	4	2	3
The Netherlands	..	..	..	..	..	..	..	..
USA	65	14	8	6	4	2	2	..

Table 7b. Frequency of beer drinking during the last 30 days. Girls.

	Number of occasions in last 30 days							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Bulgaria	51	31	11	4	2	1	1	3
Croatia	70	19	6	3	1	1	0	2
Cyprus	53	30	11	3	2	1	1	1
Czech Republic	49	27	13	6	4	1	1	2
Denmark	28	30	20	14	6	1	1	3
Estonia	60	26	8	4	2	0	0	2
Faroe Islands	59	23	10	4	4	1	0	..
Finland	66	23	8	2	1	0	0	2
France	62	22	10	3	2	1	0	2
FYROM	77	17	3	2	1	0	0	3
Greece	46	29	14	7	3	1	0	3
Greenland	35	21	13	11	10	4	5	5
Hungary	80	16	3	1	1	0	0	2
Iceland	56	28	10	3	1	1	1	2
Ireland	50	21	14	7	5	2	1	3
Italy	52	27	12	6	3	1	0	0
Latvia	55	27	10	5	2	1	0	4
Lithuania	52	29	11	4	3	1	0	0
Malta	59	21	11	4	3	1	1	3
Norway	53	32	11	2	1	1	0	11
Poland	55	25	12	4	1	1	1	3
Portugal	70	18	7	2	2	1	0	2
Romania	52	35	9	2	1	0	0	1
Russia	45	24	14	7	6	2	2	2
Slovak Republic	70	19	6	3	1	1	0	3
Slovenia	65	22	8	3	2	1	0	1
Sweden	55	30	9	3	2	1	0	3
Ukraine	56	29	8	4	2	1	1	6
United Kingdom	53	22	12	7	4	2	1	3
The Netherlands	..	..	..	..	..	..	..	..
USA	76	12	6	3	2	1	0	..

Table 7c. Frequency of beer drinking during the last 30 days. All students.

	Number of occasions in last 30 days							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Bulgaria	41	31	13	7	4	1	2	2
Croatia	57	21	10	5	4	2	2	3
Cyprus	43	30	14	6	4	1	2	2
Czech Republic	37	23	16	10	8	3	3	2
Denmark	22	25	21	16	10	4	2	3
Estonia	47	28	13	6	4	1	1	2
Faroe Islands	54	21	11	6	5	1	2	..
Finland	57	26	10	4	2	1	0	2
France	54	22	12	5	4	2	2	3
FYROM	64	20	6	4	3	1	2	2
Greece	37	28	17	9	6	2	1	2
Greenland	36	20	12	12	11	6	4	6
Hungary	71	18	6	3	2	0	1	2
Iceland	54	29	10	3	2	1	1	2
Ireland	43	22	14	9	7	3	2	3
Italy	43	27	14	7	6	2	2	0
Latvia	44	27	14	7	5	2	2	3
Lithuania	42	30	15	7	4	2	0	0
Malta	47	21	13	7	6	3	2	2
Norway	54	30	11	4	1	1	0	9
Poland	47	24	13	8	5	2	0	3
Portugal	63	18	9	4	3	1	1	2
Romania	45	36	12	4	2	1	1	1
Russia	39	22	16	10	8	3	3	2
Slovak Republic	59	21	10	4	4	2	1	3
Slovenia	51	23	12	6	5	2	2	1
Sweden	49	30	12	4	3	1	1	3
Ukraine	48	30	10	5	4	2	1	5
United Kingdom	41	23	16	9	7	3	2	3
The Netherlands	..	..	..	..	..	..	..	..
USA	71	13	7	4	3	1	1	..

Table 8a. Frequency of wine drinking during the last 30 days. Boys.

	Number of occasions in last 30 days							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Bulgaria	59	26	8	4	2	1	1	6
Croatia	63	20	8	4	2	1	2	5
Cyprus	66	22	7	3	1	0	1	6
Czech Republic	55	28	10	4	2	1	1	3
Denmark	63	26	7	3	1	0	0	13
Estonia	56	31	8	3	1	1	1	3
Faroe Islands	73	20	4	1	2	0	0	..
Finland	74	21	4	1	0	0	0	5
France	65	20	8	4	2	0	1	6
FYROM	61	23	8	3	3	1	1	5
Greece	47	30	13	4	3	2	1	5
Greenland	86	9	3	1	1	0	0	16
Hungary	62	22	8	4	2	1	1	3
Iceland	82	13	3	1	1	0	0	8
Ireland	76	18	3	2	1	0	1	3
Italy	46	25	15	8	4	1	1	0
Latvia	60	27	8	3	1	0	0	5
Lithuania	41	43	10	3	1	1	0	0
Malta	28	31	20	10	6	3	3	2
Norway	75	19	4	2	0	0	1	15
Poland	70	18	6	3	2	0	1	4
Portugal	82	12	3	1	1	1	0	4
Romania	46	34	11	4	3	1	1	2
Russia	70	21	6	1	1	0	0	9
Slovak Republic	49	31	12	4	2	1	1	3
Slovenia	49	27	14	4	4	2	2	3
Sweden	73	19	4	3	1	0	0	7
Ukraine	57	29	8	3	2	1	1	9
United Kingdom	62	26	9	2	1	0	0	7
The Netherlands	..	..	..	..	..	..	..	..

Table 8b. Frequency of wine drinking during the last 30 days. Girls.

	Number of occasions in last 30 days							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Bulgaria	64	26	7	2	1	0	1	5
Croatia	71	20	6	1	1	0	0	3
Cyprus	74	20	4	1	0	0	0	3
Czech Republic	43	37	13	5	2	1	0	2
Denmark	52	34	9	3	2	0	0	8
Estonia	43	43	10	3	1	0	0	2
Faroe Islands	74	22	3	0	0	0	0	..
Finland	68	27	4	1	1	0	0	3
France	75	16	5	2	1	0	0	4
FYROM	75	18	4	2	0	1	0	4
Greece	61	28	6	2	2	1	0	4
Greenland	83	13	3	1	1	0	0	14
Hungary	73	19	5	2	1	0	0	2
Iceland	81	16	2	1	0	0	0	4
Ireland	68	24	5	2	1	0	0	3
Italy	65	23	7	3	1	1	1	0
Latvia	47	38	10	4	1	0	0	2
Lithuania	38	47	11	3	1	0	0	0
Malta	35	33	19	8	4	1	1	2
Norway	65	28	6	1	1	0	0	17
Poland	83	14	3	1	0	0	0	4
Portugal	87	10	2	1	0	0	0	4
Romania	60	31	7	2	1	0	1	2
Russia	55	34	7	2	2	0	0	4
Slovak Republic	47	34	12	4	2	1	0	2
Slovenia	52	28	12	5	2	1	1	1
Sweden	63	28	6	1	1	0	0	4
Ukraine	45	39	11	3	2	0	0	6
United Kingdom	48	31	13	5	3	0	0	6
The Netherlands	..	..	..	..	..	..	..	..

Table 8c. Frequency of wine drinking during the last 30 days. All students.

	Number of occasions in last 30 days							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Bulgaria	61	26	7	3	2	1	1	5
Croatia	67	20	7	3	2	1	1	4
Cyprus	71	21	5	2	1	0	0	4
Czech Republic	49	33	11	4	2	1	0	2
Denmark	57	30	8	3	2	0	0	11
Estonia	49	38	9	3	1	0	0	2
Faroe Islands	74	21	3	1	1	0	0	..
Finland	71	24	4	1	0	0	0	4
France	70	18	7	3	1	0	1	5
FYROM	68	20	6	2	2	1	1	4
Greece	55	28	9	3	3	1	1	5
Greenland	85	11	3	1	1	0	0	15
Hungary	68	21	7	3	1	1	1	3
Iceland	81	15	3	1	0	0	0	7
Ireland	72	21	4	2	1	0	1	3
Italy	57	24	10	5	2	1	1	0
Latvia	53	33	9	3	1	0	0	4
Lithuania	40	45	11	3	1	0	0	0
Malta	32	32	19	9	5	2	2	2
Norway	70	23	5	1	0	0	0	16
Poland	76	16	5	2	1	0	0	4
Portugal	85	11	2	1	1	0	0	4
Romania	54	32	8	3	2	1	1	2
Russia	62	28	7	2	1	0	0	6
Slovak Republic	48	33	12	4	2	1	1	2
Slovenia	50	27	13	4	3	1	1	2
Sweden	68	24	5	2	1	0	0	6
Ukraine	51	34	10	3	2	0	1	5
United Kingdom	55	28	11	3	2	0	0	7
The Netherlands	..	..	..	..	..	..	..	..

Table 9a. Frequency of drinking spirits during the last 30 days. Boys.

	Number of occasions in last 30 days							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Bulgaria	53	25	9	5	4	2	3	5
Croatia	69	15	7	4	2	1	1	5
Cyprus	46	25	12	7	5	2	3	4
Czech Republic	43	27	14	8	4	2	3	2
Denmark	25	35	20	12	6	2	1	3
Estonia	66	23	6	3	1	1	0	3
Faroe Islands	50	24	10	7	5	3	2	..
Finland	56	33	7	2	1	0	0	4
France	52	22	11	7	4	2	2	3
FYROM	68	15	8	4	2	1	3	4
Greece	41	25	16	8	6	2	3	1
Greenland	47	33	11	5	4	1	0	10
Hungary	57	25	8	5	3	1	1	2
Iceland	62	24	8	3	1	1	1	2
Ireland	51	25	12	7	4	1	2	4
Italy	56	23	11	6	1	2	1	0
Latvia	60	24	9	4	2	0	1	5
Lithuania	57	31	8	3	2	1	0	0
Malta	36	21	15	9	9	5	5	1
Norway	51	29	10	5	3	1	1	8
Poland	66	21	6	3	3	1	0	4
Portugal	53	24	10	6	4	2	2	2
Romania	76	17	4	1	1	0	1	2
Russia	65	20	7	3	2	1	1	7
Slovak Republic	56	22	9	7	4	1	1	3
Slovenia	55	24	9	5	3	1	2	2
Sweden	51	28	12	4	3	1	2	4
Ukraine	56	27	9	4	2	1	2	8
United Kingdom	48	26	12	8	4	2	0	5
The Netherlands	..	..	..	..	..	..	..	..

Table 9b. Frequency of drinking spirits during the last 30 days. Girls.

	Number of occasions in last 30 days							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Bulgaria	53	26	9	6	4	1	1	3
Croatia	70	17	6	3	2	1	0	3
Cyprus	60	22	9	4	2	1	1	2
Czech Republic	45	28	16	6	3	1	1	2
Denmark	25	36	21	11	5	1	1	2
Estonia	76	18	4	1	1	0	0	4
Faroe Islands	60	20	12	3	3	2	0	..
Finland	59	33	6	2	0	0	0	3
France	54	28	10	6	2	1	0	2
FYROM	73	17	6	2	1	1	1	4
Greece	45	30	13	7	3	1	1	0
Greenland	49	30	13	5	2	1	1	8
Hungary	55	28	11	4	2	0	0	1
Iceland	65	22	9	2	1	1	0	2
Ireland	36	22	19	12	7	3	1	4
Italy	68	20	8	4	1	1	0	0
Latvia	66	24	8	3	1	0	0	5
Lithuania	68	26	4	1	1	0	0	0
Malta	32	23	19	11	10	3	2	1
Norway	47	35	12	4	2	0	0	10
Poland	85	11	2	1	1	0	0	4
Portugal	58	26	9	4	2	1	0	2
Romania	82	13	4	1	0	0	0	2
Russia	67	21	7	3	2	0	0	4
Slovak Republic	60	24	9	5	2	0	0	3
Slovenia	46	31	13	6	3	1	1	1
Sweden	51	31	11	5	2	0	0	3
Ukraine	62	24	9	3	1	1	0	9
United Kingdom	36	25	18	12	6	3	1	2
The Netherlands	..	..	..	..	..	..	..	..

Table 9c. Frequency of drinking spirits during the last 30 days. All students.

	Number of occasions in last 30 days							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Bulgaria	53	25	9	6	4	1	2	4
Croatia	70	16	7	4	2	1	1	4
Cyprus	54	23	11	6	4	1	2	3
Czech Republic	44	28	15	7	3	1	2	2
Denmark	25	36	20	11	6	2	1	3
Estonia	72	20	5	2	1	0	0	3
Faroe Islands	55	22	11	5	4	2	1	..
Finland	57	33	6	2	1	0	0	4
France	53	25	11	7	3	1	1	3
FYROM	70	16	7	3	1	1	2	4
Greece	43	28	14	7	4	2	2	1
Greenland	48	32	12	5	3	1	0	9
Hungary	56	27	10	4	3	1	1	2
Iceland	63	23	8	3	1	1	0	3
Ireland	43	23	15	9	6	2	2	4
Italy	63	21	9	4	1	1	0	0
Latvia	63	24	8	3	1	0	0	5
Lithuania	62	28	6	2	1	1	0	0
Malta	34	22	17	10	10	4	3	1
Norway	49	32	11	5	2	1	1	9
Poland	75	15	4	2	2	1	0	4
Portugal	56	25	10	5	3	1	1	2
Romania	80	14	4	1	1	0	0	2
Russia	66	20	7	3	2	1	1	6
Slovak Republic	58	23	9	6	3	1	1	3
Slovenia	51	28	11	6	3	1	1	1
Sweden	51	29	11	4	3	1	1	3
Ukraine	59	25	9	4	2	1	1	8
United Kingdom	42	26	15	10	5	2	0	3
The Netherlands	..	..	..	..	..	..	..	..

Table 10a. Quantities of beer consumed on the last alcohol drinking occasion. Boys.

	Centilitres of beer					
	Never drink beer	0	< 50	50–100	101–200	201+
Bulgaria	20	19	24	25	7	5
Croatia	26	14	28	17	8	7
Cyprus	16	15	28	26	9	7
Czech Republic	13	8	12	27	21	19
Denmark	9	8	11	15	23	35
Estonia	11	15	24	31	12	7
Faroe Islands	30	9	12	14	15	19
Finland	26	22	11	7	6	28
France	33	15	16	17	10	8
FYROM	39	16	17	17	6	5
Greece	11	24	22	28	10	5
Greenland	20	12	12	12	15	27
Hungary	44	16	20	13	5	3
Iceland	26	12	13	17	14	19
Ireland	20	11	6	14	17	33
Italy	22	11	31	27	6	3
Latvia	21	15	26	24	9	5
Lithuania	14	14	27	27	12	5
Malta	24	17	12	24	12	11
Norway	23	25	11	12	11	19
Poland	8	13	22	28	16	12
Portugal	36	14	21	17	6	6
Romania	16	15	39	24	4	2
Russia	23	13	20	32	9	4
Slovak Republic	28	20	23	20	5	4
Slovenia	26	14	24	22	7	6
Sweden	25	19	12	12	11	22
Ukraine	26	32	25	13	2	1
United Kingdom	17	13	7	20	17	27
The Netherlands	..	..	..	..	..	..

Table 10b. Quantities of beer consumed on the last alcohol drinking occasion. Girls.

	Centilitres of beer					
	Never drink beer	0	< 50	50–100	101–200	201+
Bulgaria	39	29	22	8	1	1
Croatia	41	26	24	7	2	1
Cyprus	31	21	34	11	2	1
Czech Republic	33	25	20	15	6	2
Denmark	17	20	17	18	22	7
Estonia	28	33	24	13	3	0
Faroe Islands	38	19	13	16	9	4
Finland	45	29	8	5	6	7
France	45	20	16	13	4	2
FYROM	60	18	15	5	2	0
Greece	18	34	27	17	3	1
Greenland	17	15	13	18	20	19
Hungary	62	24	11	2	1	0
Iceland	30	15	18	17	13	7
Ireland	36	18	18	14	14	12
Italy	38	17	31	11	1	1
Latvia	46	23	19	10	2	0
Lithuania	31	25	27	12	3	1
Malta	41	29	14	11	4	2
Norway	22	34	13	13	12	7
Poland	20	19	31	21	7	2
Portugal	52	17	18	9	2	1
Romania	33	26	36	5	0	0
Russia	36	20	23	17	3	1
Slovak Republic	49	25	18	7	1	0
Slovenia	43	29	18	7	2	1
Sweden	34	29	13	11	7	5
Ukraine	42	34	17	6	1	0
United Kingdom	35	26	10	14	9	7
The Netherlands	..	..	..	..	..	..

Table 10c. Quantities of beer consumed on the last alcohol drinking occasion. All students.

	Centilitres of beer					
	Never drink beer	0	< 50	50–100	101–200	201+
Bulgaria	31	25	23	16	4	3
Croatia	32	19	26	13	5	4
Cyprus	24	18	31	17	6	4
Czech Republic	24	17	16	21	13	10
Denmark	13	14	14	16	22	20
Estonia	20	25	24	21	7	3
Faroe Islands	34	14	13	15	12	12
Finland	36	25	9	6	6	17
France	39	18	16	15	7	5
FYROM	50	17	16	11	4	3
Greece	15	30	25	21	6	3
Greenland	19	14	13	15	18	23
Hungary	53	20	16	8	3	1
Iceland	28	14	16	17	13	13
Ireland	28	15	15	14	15	22
Italy	32	14	31	18	3	2
Latvia	34	19	22	17	5	3
Lithuania	22	20	27	20	8	3
Malta	33	23	13	17	8	6
Norway	22	30	12	12	11	13
Poland	15	16	27	24	12	7
Portugal	44	16	20	13	4	3
Romania	26	22	37	12	2	1
Russia	30	17	21	24	6	3
Slovak Republic	39	23	20	13	3	2
Slovenia	34	21	22	15	5	4
Sweden	30	24	12	12	9	13
Ukraine	34	33	21	9	1	1
United Kingdom	26	19	8	17	13	17
The Netherlands	..	..	..	..	..	..

Table 11a. Quantities of cider consumed on the last alcohol drinking occasion [a]. Boys.

	Centilitres of cider					
	Never drink cider	0	< 50	50–100	101–200	201+
Croatia	86	11	1	1	0	1
Estonia	51	32	10	5	1	1
Finland	25	37	14	9	7	9
Iceland	64	24	7	3	1	1
Ireland	46	21	6	10	8	10
Romania	27	36	34	3	1	0
Sweden	31	42	10	8	6	3
United Kingdom	52	27	6	11	3	2

a) For countries which included this question.

Table 11b. Quantities of cider consumed on the last alcohol drinking occasion [a]. Girls.

	Centilitres of cider					
	Never drink cider	0	< 50	50–100	101–200	201+
Croatia	85	14	1	0	0	0
Estonia	53	36	9	3	0	0
Finland	14	29	22	18	13	4
Iceland	60	30	6	3	1	0
Ireland	49	22	5	12	9	4
Romania	27	43	29	1	0	0
Sweden	24	41	14	13	6	2
United Kingdom	49	26	7	12	4	2

a) For countries which included this question.

Table 11c. Quantities of cider consumed on the last alcohol drinking occasion [a]. All students.

	Centilitres of cider					
	Never drink cider	0	< 50	50–100	101–200	201+
Croatia	85	13	1	0	0	0
Estonia	52	34	9	4	0	1
Finland	19	33	18	14	10	7
Iceland	62	27	7	3	1	1
Ireland	47	21	6	11	8	7
Romania	27	40	31	1	0	0
Sweden	27	42	12	11	6	2
United Kingdom	51	26	6	11	4	2

a) For countries which included this question.

Table 12a. Quantities of alcopop consumed on the last alcohol drinking occasion [a]. Boys.

	Centilitres of alcopop					
	Never drink alcopop	0	< 50	50–100	101–200	201+
Croatia	60	17	13	6	2	2
Denmark	65	22	6	5	2	1
Estonia	20	52	15	10	2	1
Finland [b]	38	46	6	4	2	4
Iceland	46	32	9	8	2	3
Ireland	71	18	4	4	2	2
Malta	65	16	6	8	3	2
Norway	52	35	5	5	2	1
Portugal	64	16	10	7	2	2
Romania	84	9	5	2	0	0
Russia [c]	38	35	16	8	2	1
Slovenia	53	21	17	7	2	1
Sweden	47	41	6	4	1	2
Ukraine [c]	54	30	9	6	1	1
United Kingdom	53	22	4	12	6	3

a) For countries which included this question.
b) In Finland long drink.
c) In Russia and Ukraine ”alcoholic beverages with gas like gin-tonic, rum-cola etc.”.

Table 12b. Quantities of alcopop consumed on the last alcohol drinking occasion [a] . Girls.

	Centilitres of alcopop					
	Never drink alcopop	0	< 50	50–100	101–200	201+
Croatia	52	19	22	6	2	0
Denmark	62	27	6	4	1	0
Estonia	21	48	20	10	2	0
Finland [b]	29	49	10	7	4	1
Iceland	40	36	11	8	4	2
Ireland	53	26	4	9	5	2
Malta	65	20	7	6	2	1
Norway	41	41	8	8	2	1
Portugal	69	14	12	4	1	1
Romania	88	8	4	0	..	0
Russia [c]	31	39	18	10	1	1
Slovenia	51	29	17	3	1	0
Sweden	36	50	7	5	2	1
Ukraine [c]	45	35	12	7	1	0
United Kingdom	32	24	8	19	9	7

a) For countries which included this question.
b) In Finland long drink.
c) In Russia and Ukraine ”alcoholic beverages with gas like gin-tonic, rum-cola etc.”.

Table 12c. Quantities of alcopop consumed on the last alcohol drinking occasion [a]. All students.

	Centilitres of alcopop					
	Never drink alcopop	0	< 50	50–100	101–200	201+
Croatia	57	18	17	6	2	1
Denmark	63	25	6	5	2	0
Estonia	20	50	18	10	2	1
Finland [b]	34	48	8	5	3	2
Iceland	43	34	10	8	3	2
Ireland	62	22	4	7	3	2
Malta	65	18	7	7	2	1
Norway	47	38	6	7	2	1
Portugal	67	15	11	6	1	1
Romania	86	8	4	1	0	0
Russia [c]	34	37	17	9	2	1
Slovenia	52	25	17	5	1	1
Sweden	41	45	7	4	2	1
Ukraine [c]	50	33	11	6	1	1
United Kingdom	43	23	6	15	7	5

a)Forcountrieswhichincludedthisquestion.

b)InFinlandlongdrink.

c)InRussiaandUkraine"alcoholicbeverageswithgaslikegin-tonic,rum-colaetc.".

Table 13a. Quantities of wine consumed on the last alcohol drinking occasion. Boys.

	Centilitres of wine					
	Never drink wine	0	< 10	10–20	37	75+
Bulgaria	39	26	16	12	4	3
Croatia	40	14	17	17	6	7
Cyprus	44	19	21	11	3	3
Czech Republic	26	33	10	19	7	5
Denmark	44	26	8	15	4	3
Estonia	10	42	20	20	7	2
Faroe Islands	59	19	11	9	2	1
Finland	40	37	8	5	2	7
France	52	17	15	12	2	1
FYROM	49	12	14	13	7	6
Greece	26	33	16	18	4	3
Greenland	63	19	6	9	4	2
Hungary	38	16	17	16	7	6
Iceland	54	30	8	6	1	1
Ireland	63	21	7	6	2	2
Italy	34	19	22	19	4	4
Latvia	40	28	13	13	4	2
Lithuania	14	22	24	26	11	4
Malta	20	19	24	24	8	6
Norway	30	42	13	8	3	4
Poland	40	29	8	10	8	7
Portugal	70	10	10	7	2	2
Romania	20	19	28	25	5	3
Russia	38	40	10	7	3	1
Slovak Republic	22	25	16	21	11	5
Slovenia	32	13	16	21	10	8
Sweden	47	35	8	6	3	2
Ukraine	29	37	19	12	3	2
United Kingdom	42	30	9	13	4	3
The Netherlands	..	..	..	..	..	..

Table 13b. Quantities of wine consumed on the last alcohol drinking occasion. Girls.

	Centilitres of wine					
	Never drink wine	0	< 10	10–20	37	75+
Bulgaria	36	33	19	10	2	1
Croatia	42	15	23	14	4	2
Cyprus	50	19	21	8	1	1
Czech Republic	16	31	17	26	8	3
Denmark	33	26	11	17	9	4
Estonia	7	27	34	26	6	1
Faroe Islands	60	18	15	5	1	1
Finland	29	43	9	7	6	6
France	65	14	14	6	1	1
FYROM	58	14	16	10	2	0
Greece	31	35	18	13	2	1
Greenland	65	19	7	6	1	1
Hungary	45	20	21	10	3	2
Iceland	48	33	10	7	1	0
Ireland	51	28	8	8	5	2
Italy	54	16	18	10	2	1
Latvia	23	25	25	23	4	1
Lithuania	10	12	38	31	7	2
Malta	22	19	29	23	5	2
Norway	24	43	15	11	4	4
Poland	38	32	13	11	4	2
Portugal	76	10	9	4	1	1
Romania	30	21	39	8	1	0
Russia	22	40	19	14	3	1
Slovak Republic	18	20	23	29	8	3
Slovenia	29	12	21	22	11	5
Sweden	33	37	14	10	5	2
Ukraine	19	35	28	15	3	0
United Kingdom	27	32	12	19	6	6
The Netherlands	..	..	..	..	..	..

Table 13c. Quantities of wine consumed on the last alcohol drinking occasion. All students.

	Centilitres of wine					
	Never drink wine	0	< 10	10–20	37	75+
Bulgaria	37	30	17	11	3	2
Croatia	41	15	19	15	5	5
Cyprus	47	19	21	9	2	1
Czech Republic	21	32	14	22	8	4
Denmark	38	26	10	16	7	4
Estonia	8	34	28	23	6	2
Faroe Islands	59	18	13	7	2	1
Finland	35	40	9	6	4	6
France	58	16	15	9	2	1
FYROM	53	13	15	12	5	3
Greece	29	34	17	15	3	2
Greenland	64	19	6	7	2	1
Hungary	41	18	19	13	5	4
Iceland	51	31	9	7	1	1
Ireland	57	25	7	7	3	2
Italy	46	17	20	13	3	2
Latvia	31	26	19	18	4	1
Lithuania	12	17	31	28	9	3
Malta	21	19	27	23	7	4
Norway	27	42	14	9	4	4
Poland	39	30	11	10	6	4
Portugal	73	10	9	5	1	1
Romania	26	20	35	15	3	1
Russia	30	40	15	11	3	1
Slovak Republic	20	22	20	25	10	4
Slovenia	31	13	18	22	11	6
Sweden	40	36	11	8	4	2
Ukraine	24	36	23	13	3	1
United Kingdom	34	31	10	16	5	4
The Netherlands	..	..	..	..	..	..

Table 14a. Quantities of spirits consumed on the last alcohol drinking occasion. Boys.

	Centilitres of spirits					
	Never drink spirits	0	< 5	5–10	11–25	30+
Bulgaria	43	18	13	16	7	3
Croatia	50	17	13	10	5	4
Cyprus	40	11	18	19	7	5
Czech Republic	23	27	12	19	13	7
Denmark	8	23	13	27	19	11
Estonia	22	35	13	13	11	7
Faroe Islands	31	9	11	17	15	18
Finland	27	33	9	10	10	11
France	39	15	13	17	9	7
FYROM	56	16	11	10	5	4
Greece	24	18	13	27	13	5
Greenland	29	17	10	17	14	12
Hungary	40	14	18	17	8	3
Iceland	38	14	11	14	13	10
Ireland	35	21	7	17	12	7
Italy	47	16	20	8	6	4
Latvia	36	24	10	14	12	5
Lithuania	34	23	11	12	10	10
Malta	27	11	12	23	16	12
Norway	31	18	11	13	13	14
Poland	34	23	8	9	12	15
Portugal	40	11	19	18	8	4
Romania	64	10	16	7	2	1
Russia	41	21	7	12	12	7
Slovak Republic	34	25	13	13	8	6
Slovenia	42	19	16	13	6	4
Sweden	30	22	11	15	11	11
Ukraine	36	15	15	17	12	5
United Kingdom	34	25	9	16	10	7
The Netherlands	..	..	..	..	..	..

Table 14b. Quantities of spirits consumed on the last alcohol drinking occasion. Girls.

	Centilitres of spirits					
	Never drink spirits	0	< 5	5–10	11–25	30+
Bulgaria	41	19	19	16	4	1
Croatia	47	18	18	11	4	2
Cyprus	53	12	17	13	4	1
Czech Republic	27	27	17	17	9	3
Denmark	9	19	18	28	19	7
Estonia	32	35	15	11	6	2
Faroe Islands	35	11	16	17	15	6
Finland	30	36	12	10	9	3
France	41	15	16	18	7	3
FYROM	63	13	12	9	3	0
Greece	22	18	20	29	9	3
Greenland	27	17	20	18	12	7
Hungary	34	12	30	16	6	2
Iceland	38	14	12	15	14	7
Ireland	23	16	8	21	22	11
Italy	52	15	18	11	3	1
Latvia	39	29	13	12	6	1
Lithuania	49	19	13	10	6	3
Malta	19	9	17	29	18	7
Norway	29	20	12	15	15	9
Poland	51	21	8	9	5	6
Portugal	42	10	25	16	5	1
Romania	80	7	10	2	0	0
Russia	39	23	11	13	9	5
Slovak Republic	42	22	16	12	6	2
Slovenia	33	17	24	16	7	3
Sweden	31	26	14	14	11	5
Ukraine	40	19	17	16	7	2
United Kingdom	24	22	9	20	17	8
The Netherlands	..	..	..	..	..	..

Table 14c. Quantities of spirits consumed on the last alcohol drinking occasion. All students.

	Centilitres of spirits					
	Never drink spirits	0	< 5	5–10	11–25	30+
Bulgaria	42	19	16	16	6	2
Croatia	49	18	15	10	5	3
Cyprus	47	12	17	16	5	3
Czech Republic	25	27	15	18	11	5
Denmark	8	21	16	27	19	9
Estonia	27	35	14	12	8	4
Faroe Islands	33	10	14	17	15	12
Finland	29	35	11	10	9	7
France	40	15	14	17	8	5
FYROM	60	14	11	9	4	2
Greece	23	18	17	28	11	4
Greenland	27	17	15	18	13	10
Hungary	37	13	24	16	7	3
Iceland	38	14	12	15	14	9
Ireland	29	18	7	19	17	9
Italy	50	15	19	10	4	2
Latvia	37	26	12	13	9	3
Lithuania	41	21	12	11	8	7
Malta	23	10	15	26	17	9
Norway	30	19	11	14	14	12
Poland	43	22	8	9	8	11
Portugal	41	11	22	17	6	3
Romania	74	8	13	4	1	0
Russia	40	22	9	13	10	6
Slovak Republic	38	24	15	13	7	4
Slovenia	38	18	20	15	6	4
Sweden	30	24	13	15	11	8
Ukraine	38	17	16	17	9	3
United Kingdom	29	23	9	18	14	8
The Netherlands	..	..	..	..	..	..

Table 15a. Alcohol consumption on the last drinking occasion. Boys.

	Proportion of students who had beer, wine or spirits to drink on the last drinking occasion			Proportion of students who consumed certain quantities of beer, wine or spirits on the last drinking occasion		
	Beer	Wine	Spirits	Beer, 101 cl or more	Wine, 37 cl or more	Spirits, 11 cl or more
Bulgaria	61	35	39	12	7	10
Croatia	60	47	32	15	13	9
Cyprus	70	38	49	16	6	12
Czech Republic	79	41	51	40	12	20
Denmark	84	30	69	58	7	30
Estonia	74	49	44	19	9	18
Faroe Islands	60	23	61	34	3	33
Finland	52	22	40	34	9	21
France	51	30	46	18	3	16
FYROM	45	40	30	11	13	9
Greece	65	41	58	15	7	18
Greenland	66	21	53	42	6	26
Hungary	41	46	46	8	13	11
Iceland	63	16	48	33	2	23
Ireland	70	17	43	50	4	19
Italy	67	49	38	9	8	10
Latvia	64	32	41	14	6	17
Lithuania	71	65	43	17	15	20
Malta	59	62	63	23	14	28
Norway	53	28	51	30	7	27
Poland	78	33	44	28	15	27
Portugal	50	21	53	12	4	13
Romania	69	61	26	6	8	3
Russia	65	21	38	13	4	19
Slovakia	52	53	40	9	16	14
Slovenia	59	55	39	13	18	10
Sweden	57	19	48	33	5	22
Ukraine	41	36	49	3	5	17
United Kingdom	71	29	42	44	7	17
Average	62	37	46	23	8	18
The Netherlands	..	..	..	..	..	..

Table 15b. Alcohol consumption on the last drinking occasion. Girls.

	Proportion of students who had beer, wine or spirits to drink on the last drinking occasion			Proportion of students who consumed certain quantities of beer, wine or spirits on the last drinking occasion		
	Beer	Wine	Spirits	Beer, 101 cl or more	Wine, 37 cl or more	Spirits, 11 cl or more
Bulgaria	32	32	40	2	3	5
Croatia	34	43	35	3	6	6
Cyprus	48	31	35	3	2	5
Czech Republic	43	54	46	8	11	12
Denmark	63	41	72	29	13	26
Estonia	40	67	34	3	7	8
Faroe Islands	42	22	54	13	2	21
Finland	26	28	34	13	12	12
France	35	22	44	6	2	10
FYROM	22	28	24	2	2	3
Greece	48	34	61	4	3	12
Greenland	70	15	57	39	2	19
Hungary	14	36	54	1	5	8
Iceland	55	18	48	20	1	21
Ireland	58	23	62	26	7	33
Italy	44	31	33	2	3	4
Latvia	31	53	32	2	5	7
Lithuania	43	78	32	4	9	9
Malta	31	59	71	6	7	25
Norway	45	34	51	19	8	24
Poland	61	30	28	9	6	11
Portugal	30	15	47	3	2	6
Romania	41	48	12	0	1	0
Russia	44	37	38	4	4	14
Slovakia	26	63	36	1	11	8
Slovenia	28	59	50	3	16	10
Sweden	36	31	44	12	7	16
Ukraine	24	46	42	1	3	9
United Kingdom	40	43	54	16	12	25
Average	40	39	44	9	6	13
The Netherlands	..	..	..	..	..	..

Table 15c. Alcohol consumption on the last drinking occasion. All students.

	Proportion of students who had beer, wine or spirits to drink on the last drinking occasion			Proportion of students who consumed certain quantities of beer, wine or spirits on the last drinking occasion		
	Beer	Wine	Spirits	Beer, 101 cl or more	Wine, 37 cl or more	Spirits, 11 cl or more
Bulgaria	44	33	39	7	5	8
Croatia	49	44	33	9	10	8
Cyprus	58	34	41	10	3	8
Czech Reppublic	59	47	48	23	12	16
Denmark	73	36	71	42	11	28
Estonia	55	58	62	10	8	12
Faroe Islands	52	23	57	24	3	27
Finland	39	25	36	23	10	16
France	43	26	45	12	3	13
FYROM	37	34	26	7	8	6
Greece	55	37	59	9	5	15
Greenland	67	17	56	41	3	23
Hungary	27	41	50	4	9	10
Iceland	58	18	58	26	2	23
Ireland	57	18	53	37	5	26
Italy	54	37	35	5	5	6
Latvia	47	43	37	8	5	12
Lithuania	58	71	38	11	12	15
Malta	44	60	67	14	11	26
Norway	48	31	51	24	8	26
Poland	70	31	36	19	10	19
Portugal	40	17	48	7	2	9
Romania	52	54	18	3	4	1
Russia	53	30	38	9	4	16
Slovakia	38	58	62	5	14	11
Slovenia	45	56	44	9	17	10
Sweden	46	24	46	22	6	19
Ukraine	23	40	45	2	4	12
United Kingdom	55	35	48	30	9	22
Average	50	37	46	16	7	15
The Netherlands	..	..	..	..	..	..

Table 16a. Estimated average consumption [a] of beer, wine and spirits, in cl 100% alcohol, on the last drinking occasion. Boys.

	Beer	Wine	Spirits	Total	% beer	% wine	% spirits
Bulgaria	2.8	1.1	2.6	6.5	44	16	40
Croatia	3.1	2.0	2.6	7.5	41	24	35
Cyprus	3.2	1.2	3.1	7.3	43	14	42
Czech Republic	5.3	1.4	3.2	9.8	54	13	32
Denmark	6.5	1.3	3.9	11.5	56	10	34
Estonia	3.4	1.0	2.7	7.1	49	13	39
Faroe Islands	5.4	0.9	5.5	11.7	46	7	47
Finland	5.0	1.3	3.4	9.5	52	13	35
France	3.6	0.9	3.5	8.0	45	11	44
FYROM	3.0	2.1	2.7	7.5	39	25	36
Greece	2.9	1.1	3.3	7.1	41	14	46
Greenland	5.7	1.3	4.4	11.2	51	10	39
Hungary	2.5	1.8	2.7	6.8	37	24	39
Iceland	5.0	0.6	4.3	9.8	51	5	44
Ireland	6.4	1.0	3.6	10.9	59	8	33
Italy	2.8	1.4	2.5	6.5	42	19	39
Latvia	3.0	1.0	3.1	7.0	43	13	43
Lithuania	3.2	1.5	3.6	8.3	39	17	44
Malta	4.0	1.7	4.6	10.1	40	15	45
Norway	4.3	0.9	4.5	9.6	44	9	47
Poland	4.1	1.8	4.5	10.2	40	16	44
Portugal	3.1	1.3	3.0	7.3	42	17	41
Romania	2.2	1.3	1.8	5.2	44	22	34
Russia	3.2	0.6	3.6	7.4	44	8	49
Slovak Republic	2.5	1.7	2.8	6.8	37	22	41
Slovenia	3.1	2.2	2.5	7.6	41	26	33
Sweden	4.8	0.8	3.8	9.3	51	8	41
Ukraine	1.4	0.8	3.3	5.5	26	13	60
United Kingdom	5.7	1.1	3.2	10.0	58	10	32
Average	3.8	1.3	3.4	8.4	45	15	41
The Netherlands	..	..	..	..	..	..	..

a) Assuming an alcohol content of 5% for beer. 11% for wine. and 40% for spirits.

Table 16b. Estimated average consumption [a] of beer. wine and spirits, in cl 100% alcohol, on the last drinking occasion. Girls.

	Beer	Wine	Spirits	Total	% beer	% wine	% spirits
Bulgaria	1.2	0.7	1.8	3.7	34	17	50
Croatia	1.4	1.2	2.0	4.4	31	24	45
Cyprus	1.6	0.7	2.1	4.3	37	16	48
Czech Republic	2.2	1.3	2.3	5.6	38	21	41
Denmark	3.9	1.5	3.5	8.8	44	16	40
Estonia	1.4	1.0	1.7	4.0	35	23	42
Faroe Islands	3.0	0.7	3.8	7.5	40	9	51
Finland	2.6	1.2	2.0	5.8	45	19	36
France	2.2	0.8	2.7	5.6	39	14	48
FYROM	1.3	0.8	1.6	3.7	36	20	45
Greece	1.6	0.7	2.6	4.8	33	13	54
Greenland	5.0	0.8	3.3	9.0	56	8	37
Hungary	0.8	1.0	2.2	3.9	19	24	57
Iceland	3.6	0.4	3.9	7.9	46	5	49
Ireland	4.0	1.1	4.6	9.6	41	10	48
Italy	1.6	0.9	1.8	4.2	38	20	42
Latvia	1.4	1.0	1.7	4.0	35	22	43
Lithuania	1.6	1.3	2.4	5.2	31	23	46
Malta	1.8	1.2	4.0	6.8	27	15	58
Norway	2.9	1.0	3.8	7.6	38	12	51
Poland	2.4	0.9	2.9	6.1	39	14	47
Portugal	1.7	1.0	2.1	4.7	37	18	45
Romania	1.0	0.6	0.8	2.3	41	22	37
Russia	2.0	0.7	2.9	5.5	36	12	53
Slovak Republic	1.1	1.4	2.1	4.5	25	29	46
Slovenia	1.2	1.8	2.4	5.3	23	32	46
Sweden	2.5	0.9	2.8	6.1	41	13	46
Ukraine	0.9	0.6	2.3	3.8	24	16	61
United Kingdom	3.1	1.5	3.8	8.2	37	17	46
Average	2.1	1.0	2.6	5.6	36	17	47
The Netherlands	..	..	..	..	..	..	..

a) Assuming an alcohol content of 5% for beer, 11% for wine, and 40% for spirits.

Table 16c. Estimated average consumption [a] of beer, wine and spirits, in cl 100% alcohol, on the last drinking occasion. All students.

	Beer	Wine	Spirits	Total	% beer	% wine	% spirits
Bulgaria	2.1	0.9	2.2	5.1	41	16	43
Croatia	2.4	1.6	2.3	6.2	39	24	37
Cyprus	2.5	0.8	2.6	5.8	43	13	45
Czech Republic	3.9	1.4	2.7	7.8	49	16	35
Denmark	5.2	1.5	3.7	10.2	50	13	36
Estonia	2.4	1.0	2.1	5.4	44	17	39
Faroe Islands	4.3	0.9	4.7	9.7	44	8	48
Finland	4.0	1.3	2.7	7.8	51	15	35
France	2.9	0.9	3.1	6.9	43	12	45
FYROM	2.4	1.5	2.3	6.0	39	23	38
Greece	2.2	0.9	2.9	5.9	37	14	50
Greenland	5.3	0.9	3.9	10.0	53	8	39
Hungary	1.8	1.4	2.4	5.5	32	24	44
Iceland	4.3	0.6	4.2	9.0	48	6	46
Ireland	5.0	1.0	4.2	10.1	49	9	42
Italy	2.2	1.1	2.0	5.2	42	19	39
Latvia	2.4	1.0	2.4	5.7	42	15	42
Lithuania	2.6	1.4	3.2	7.0	36	18	45
Malta	3.0	1.4	4.2	8.5	35	15	49
Norway	3.5	1.0	4.3	8.7	40	10	49
Poland	3.3	1.3	3.9	8.4	39	14	46
Portugal	2.4	1.0	2.6	5.9	41	15	44
Romania	1.6	0.9	1.2	3.6	44	22	34
Russia	2.7	0.7	3.2	6.5	41	9	49
Slovak Republic	1.9	1.6	2.4	5.7	45	20	34
Slovenia	2.3	2.1	2.5	6.6	35	28	37
Sweden	3.7	0.9	3.3	7.7	48	10	42
Ukraine	1.2	0.7	2.7	4.6	26	14	59
United Kingdom	4.6	1.3	3.6	9.4	49	12	38
Average	3.1	1.1	3.0	7.1	42	15	42
The Netherlands	..	..	..	..	..	..	..

a) Assuming an alcohol content of 5% for beer, 11% for wine, and 40% for spirits.

Table 17a. Estimated average consumption of beer, wine, spirits, alcopops and cider in cl 100% alcohol, on the last drinking occasion. Boys.

	Beer	Wine	Spirits	Alco-pops	Cider	Total	% beer	% wine	% spirits	% alco-pops	% cider
Bulgaria	2.8	1.1	2.6	..	..	6.5	43	17	40	..	..
Croatia	3.1	2.0	2.6	1.7	1.1	10.5	30	19	25	16	10
Cyprus	3.2	1.2	3.1	..	..	7.5	43	16	41	..	..
Czech Rep.	5.3	1.4	3.2	..	..	9.9	54	14	32	..	..
Denmark	6.5	1.3	3.9	1.3	..	13.0	50	10	30	10	..
Estonia	3.4	1.0	2.7	0.9	1.0	9.1	38	11	30	10	11
Faroe Isl.	5.4	0.9	5.5	..	..	11.8	46	8	47	..	..
Finland	5.0	1.3	3.4	1.1	2.5	13.2	38	10	25	8	19
France	3.6	0.9	3.5	..	..	8.0	45	11	44	..	..
FYROM	3.0	2.1	2.7	..	..	7.8	38	27	35	..	..
Greece	2.9	1.1	3.3	..	..	7.3	40	15	45	..	..
Greenland	5.7	1.3	4.4	..	..	11.4	50	11	38	..	..
Hungary	2.5	1.8	2.7	..	..	6.9	36	26	38	..	..
Iceland	5.0	0.6	4.3	1.4	1.0	12.3	41	5	35	11	8
Ireland	6.4	1.0	3.6	1.7	3.7	16.4	39	6	22	10	23
Italy	2.8	1.4	2.5	..	..	6.7	41	21	38	..	..
Latvia	3.0	1.0	3.1	..	..	7.1	43	14	43	..	..
Lithuania	3.2	1.5	3.6	..	..	8.4	39	18	43	..	..
Malta	4.0	1.7	4.6	2.1	..	12.4	32	14	37	17	..
Norway	4.3	0.9	4.5	0.9	..	10.6	40	9	43	9	..
Poland	4.1	1.8	4.5	..	..	10.4	39	17	43	..	..
Portugal	3.1	1.3	3.0	1.8	..	9.1	33	14	33	20	..
Romania	2.2	1.3	1.8	0.8	0.8	6.9	33	19	25	12	12
Russia [a)]	3.2	0.6	3.6	1.1	..	8.6	38	7	42	13	..
Slovak Rep.	2.5	1.7	2.8	..	..	7.0	36	24	40	..	..
Slovenia	3.1	2.2	2.5	1.3	..	9.1	34	24	28	14	..
Sweden	4.8	0.8	3.8	0.8	1.7	11.9	40	7	32	7	14
Ukraine [a)]	1.4	0.8	3.3	1.0	..	6.6	22	12	51	15	..
U.K.	5.7	1.1	3.2	2.4	1.9	14.3	40	8	22	17	13
Average	3.8	1.3	3.4	1.4	1.7	9.7	39	14	36	13	14

a) In Russia and Ukraine: "Alcoholic beverages with gas like gin-tonic, rum-cola etc.".

Table 17b. Estimated average consumption of beer, wine, spirits, alcopops and cider in cl 100% alcohol, on the last drinking occasion. Girls.

	Beer	Wine	Spirits	Alco-pops	Cider	Total	% beer	% wine	% spirits	% alco-pops	% cider
Bulgaria	1.2	0.7	1.8	..	..	3.8	33	19	49	..	..
Croatia	1.4	1.2	2.0	1.2	0.1	5.8	23	21	34	21	2
Cyprus	1.6	0.7	2.1	..	..	4.3	36	16	47	..	..
Czech Rep.	2.2	1.3	2.3	..	..	5.8	37	23	40	..	..
Denmark	3.9	1.5	3.5	0.7	..	9.6	40	16	37	7	..
Estonia	1.4	1.0	1.7	0.9	0.5	5.5	25	18	31	16	9
Faroe Isl.	3.0	0.7	3.8	..	..	7.5	40	9	51	..	..
Finland	2.6	1.2	2.0	0.9	2.7	9.5	28	13	22	10	29
France	2.2	0.8	2.7	..	..	5.6	39	14	48	..	..
FYROM	1.3	0.8	1.6	..	..	3.8	35	21	44	..	..
Greece	1.6	0.7	2.6	..	..	4.9	32	14	54	..	..
Greenland	5.0	0.8	3.3	..	..	9.1	55	9	36	..	..
Hungary	0.8	1.0	2.2	..	..	3.9	19	25	56	..	..
Iceland	3.6	0.4	3.9	1.4	0.7	10.0	36	4	39	14	7
Ireland	4.0	1.1	4.6	1.9	3.1	14.7	27	7	32	13	21
Italy	1.6	0.9	1.8	..	..	4.3	38	21	41	..	..
Latvia	1.4	1.0	1.7	..	..	4.1	34	24	41	..	..
Lithuania	1.6	1.3	2.4	..	..	5.3	31	24	45	..	..
Malta	1.8	1.2	4.0	1.4	..	8.4	22	14	47	17	..
Norway	2.9	1.0	3.8	1.0	..	8.7	33	11	44	11	..
Poland	2.4	0.9	2.9	..	..	6.2	38	15	47	..	..
Portugal	1.7	1.0	2.1	1.3	..	6.2	28	16	35	21	..
Romania	1.0	0.6	0.8	0.4	0.5	3.3	29	18	26	12	15
Russia [a)]	2.0	0.7	2.9	1.0	..	6.5	30	11	44	15	..
Slovak Rep.	1.1	1.4	2.1	..	..	4.6	24	31	45	..	..
Slovenia	1.2	1.8	2.4	0.7	..	6.1	20	30	39	11	..
Sweden	2.5	0.9	2.8	0.7	1.7	8.6	29	11	33	8	20
Ukraine [a)]	0.9	0.6	2.3	0.8	..	4.6	19	13	50	18	..
U.K.	3.1	1.5	3.8	2.9	2.0	13.3	23	11	29	22	15
Average	2.1	1.0	2.6	1.1	1.4	6.7	31	17	41	14	15

a) In Russia and Ukraine: "Alcoholic beverages with gas like gin-tonic, rum-cola etc.".

Table 17c. Estimated average consumption of beer, wine, spirits, alcopops and cider in cl 100% alcohol, on the last drinking occasion. All students.

	Beer	Wine	Spirits	Alco-pops	Cider	Total	% beer	% wine	% spirits	% alco-pops	% cider
Bulgaria	2.1	0.9	2.2	..	..	5.2	40	17	43	..	..
Croatia	2.4	1.6	2.3	1.4	0.1	7.8	31	21	30	18	1
Cyprus	2.5	0.8	2.6	..	..	5.9	42	14	44	..	..
Czech Rep.	3.9	1.4	2.7	..	..	8.0	48	18	34	..	..
Denmark	5.2	1.5	3.7	1.0	..	11.4	45	13	33	9	..
Estonia	2.4	1.0	2.1	0.9	0.8	7.2	33	14	30	12	11
Faroe Isl.	4.3	0.9	4.7	..	..	9.9	44	9	47	..	..
Finland	4.0	1.3	2.7	1.0	2.7	11.7	34	11	23	9	23
France	2.9	0.9	3.1	..	..	6.9	42	13	45	..	..
FYROM	2.4	1.5	2.3	..	..	6.2	39	24	37	..	..
Greece	2.2	0.9	2.9	..	..	6.0	36	15	49	..	..
Greenland	5.3	0.9	3.9	..	..	10.1	53	9	38	..	..
Hungary	1.8	1.4	2.4	..	..	5.6	32	25	43	..	..
Iceland	4.3	0.6	4.2	1.3	1.0	11.3	38	5	37	11	9
Ireland	5.0	1.0	4.2	1.7	3.4	15.3	33	7	27	11	22
Italy	2.2	1.1	2.0	..	..	5.3	41	21	38	..	..
Latvia	2.4	1.0	2.4	..	..	5.8	41	17	41	..	..
Lithuania	2.6	1.4	3.2	..	..	7.1	36	20	44	..	..
Malta	3.0	1.4	4.2	1.5	..	10.1	30	14	42	15	..
Norway	3.5	1.0	4.3	1.0	..	9.8	36	10	44	10	..
Poland	3.3	1.3	3.9	..	..	8.5	39	15	46	..	..
Portugal	2.4	1.0	2.6	1.4	..	7.4	32	14	35	19	..
Romania	1.6	0.9	1.2	0.6	0.6	4.9	32	18	25	12	12
Russia [a)]	2.7	0.7	3.2	1.1	..	7.7	35	9	42	14	..
Slovak Rep.	3.2	1.6	2.4	..	..	7.2	44	22	34	..	..
Slovenia	2.3	2.1	2.5	1.0	..	7.9	30	27	31	13	..
Sweden	3.7	0.9	3.3	0.7	1.7	10.3	36	9	32	7	17
Ukraine [a)]	1.2	0.7	2.7	0.9	..	5.5	22	13	49	16	0
U.K.	4.6	1.3	3.6	2.7	2.0	14.2	32	9	25	19	14
Average	3.1	1.1	3.0	1.2	1.5	8.3	37	15	37	13	12

a) In Russia and Ukraine: "Alcoholic beverages with gas like gin-tonic, rum-cola etc.".

Table 18a. Lifetime frequency of being drunk. Boys.

	Number of occasions in lifetime							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Bulgaria	36	22	14	9	7	5	6	4
Croatia	38	26	13	6	7	4	7	2
Cyprus	56	26	8	5	2	1	2	3
Czech Republic	19	18	15	12	14	9	14	1
Denmark	9	10	11	10	14	17	30	2
Estonia	25	22	14	9	11	8	11	1
Faroe Islands	38	13	7	5	11	12	14	..
Finland	25	11	10	11	14	13	16	0
France	49	22	10	6	6	4	3	2
FYROM	47	22	11	8	7	3	4	3
Greece	39	29	12	8	6	2	4	0
Greenland	27	12	14	7	19	10	11	14
Hungary	42	19	14	8	7	5	6	2
Iceland	37	14	11	8	10	9	12	2
Ireland	27	14	10	10	12	9	19	3
Italy	51	25	12	4	3	2	2	0
Latvia	26	22	17	11	9	6	9	1
Lithuania	19	21	17	12	11	8	12	0
Malta	48	23	13	6	5	2	3	1
Norway	39	14	11	9	10	8	10	3
Poland	35	16	15	10	9	7	9	0
Portugal	58	18	9	5	4	2	3	4
Romania	37	33	17	6	3	2	2	2
Russia	32	24	15	9	8	4	8	2
Slovak Republic	33	22	16	8	8	5	7	1
Slovenia	28	22	14	11	10	6	9	1
Sweden	30	15	12	8	12	10	13	2
Ukraine	30	23	14	9	8	7	9	4
United Kingdom	22	14	12	8	11	13	20	3
The Netherlands	37	17	17	8	10	4	8	2
USA	51	14	9	6	7	6	8	..

Table 18b. Lifetime frequency of being drunk. Girls.

	Number of occasions in lifetime							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Bulgaria	48	25	14	6	4	2	2	4
Croatia	56	26	9	4	3	1	2	2
Cyprus	76	18	4	1	1	0	0	3
Czech Republic	30	25	19	9	8	4	4	1
Denmark	12	13	12	12	17	16	18	3
Estonia	39	27	13	8	6	3	3	1
Faroe Islands	41	18	9	11	10	6	6	..
Finland	24	12	11	11	15	15	12	0
France	58	21	11	5	3	1	1	1
FYROM	68	18	7	3	2	1	1	2
Greece	44	32	12	5	4	2	1	1
Greenland	20	14	14	18	13	12	10	14
Hungary	55	23	11	5	3	1	1	1
Iceland	37	16	10	8	10	9	10	2
Ireland	28	14	12	11	13	12	6	3
Italy	59	24	8	6	2	1	1	0
Latvia	34	30	17	7	6	3	3	1
Lithuania	35	29	16	8	6	3	3	0
Malta	57	22	11	4	3	1	1	1
Norway	34	15	12	11	13	9	7	3
Poland	47	24	12	5	7	3	3	0
Portugal	68	16	8	3	3	1	1	3
Romania	70	23	5	2	1	0	0	1
Russia	37	26	17	7	5	4	5	1
Slovak Republic	41	25	14	7	6	4	4	1
Slovenia	39	22	14	9	8	5	3	1
Sweden	32	16	14	10	12	8	8	1
Ukraine	33	27	14	9	6	5	5	3
United Kingdom	26	13	11	10	13	10	17	1
The Netherlands	43	23	15	7	8	2	3	2
USA	52	18	10	6	6	4	4	..

Table 18c. Lifetime frequency of being drunk. All students.

	Number of occasions in lifetime							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Bulgaria	43	24	14	7	5	4	4	4
Croatia	46	26	11	5	5	3	4	2
Cyprus	68	21	6	3	2	1	1	3
Czech Republic	25	22	17	10	11	7	9	1
Denmark	11	12	11	11	16	17	24	2
Estonia	33	25	13	9	8	5	7	1
Faroe Islands	39	16	8	8	11	9	10	..
Finland	24	12	11	11	15	14	14	0
France	54	21	11	5	5	2	2	2
FYROM	58	20	9	5	4	2	3	2
Greece	42	31	12	7	5	2	2	1
Greenland	24	13	14	13	16	11	11	14
Hungary	49	21	12	7	5	3	4	1
Iceland	37	15	10	8	10	9	11	2
Ireland	28	14	11	10	12	10	15	3
Italy	56	24	10	5	2	1	1	0
Latvia	30	26	17	9	8	5	5	1
Lithuania	26	25	17	10	9	6	7	0
Malta	53	22	12	5	4	2	2	1
Norway	36	14	11	10	12	8	8	3
Poland	41	20	14	8	8	5	6	0
Portugal	64	17	8	4	4	2	2	3
Romania	58	28	8	3	2	1	1	2
Russia	34	25	16	8	6	4	6	1
Slovak Republic	37	23	15	8	7	5	5	1
Slovenia	33	22	14	10	9	6	7	1
Sweden	31	16	13	9	12	9	10	2
Ukraine	31	25	14	9	7	6	7	3
United Kingdom	24	14	12	9	12	11	18	2
The Netherlands	40	20	16	7	9	3	5	2
USA	51	16	9	6	6	5	6	..

Table 19a. Frequency of being drunk last 12 months. Boys.

	Number of occasions in last 12 months							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Bulgaria	45	26	12	7	5	3	2	6
Croatia	53	24	9	6	4	3	2	7
Cyprus	69	21	6	2	2	1	1	4
Czech Republic	28	26	16	12	11	4	4	3
Denmark	11	17	14	15	17	15	11	4
Estonia	37	25	13	10	8	3	4	5
Faroe Islands	42	16	6	8	17	6	5	..
Finland	29	15	14	14	15	9	5	6
France	60	23	8	5	3	2	1	6
FYROM	58	22	8	5	3	1	2	5
Greece	54	29	9	4	2	1	1	1
Greenland	28	17	20	14	12	4	4	15
Hungary	52	23	11	6	5	2	2	5
Iceland	44	16	12	9	10	6	3	4
Ireland	31	17	12	12	11	9	8	4
Italy	61	26	7	2	2	1	1	0
Latvia	41	29	11	8	6	2	3	2
Lithuania	32	29	15	9	9	4	2	0
Malta	57	25	8	4	3	1	1	2
Norway	45	16	12	10	8	6	3	5
Poland	43	23	13	8	6	3	4	2
Portugal	65	19	7	3	3	1	2	6
Romania	57	28	7	4	2	1	1	3
Russia	46	28	10	6	5	3	2	7
Slovak Republic	45	27	11	8	5	3	1	3
Slovenia	39	24	14	8	7	4	3	6
Sweden	36	19	14	11	12	6	3	7
Ukraine	39	27	13	9	6	4	2	7
United Kingdom	30	19	13	9	14	9	7	3
The Netherlands	42	23	14	8	8	4	2	6
USA	58	16	9	6	6	3	4	..

Table 19b. Frequency of being drunk last 12 months. Girls.

	Number of occasions in last 12 months							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Bulgaria	57	27	8	4	3	1	1	6
Croatia	69	20	5	2	2	1	0	5
Cyprus	81	16	2	1	0	0	0	3
Czech Republic	42	31	12	7	6	2	1	3
Denmark	16	20	16	15	19	11	5	2
Estonia	50	27	10	6	4	2	1	5
Faroe Islands	45	22	14	9	4	3	3	..
Finland	26	17	16	14	16	9	3	4
France	68	23	6	2	1	0	0	4
FYROM	77	16	4	2	1	0	1	3
Greece	60	27	7	3	1	0	0	1
Greenland	21	27	20	17	8	4	3	12
Hungary	64	23	7	3	1	1	0	4
Iceland	43	17	12	10	10	5	3	3
Ireland	30	18	14	13	13	8	4	4
Italy	73	18	7	1	1	0	0	0
Latvia	50	29	11	5	4	1	1	3
Lithuania	48	32	10	6	3	1	1	0
Malta	65	23	6	3	2	1	0	2
Norway	39	18	14	14	10	5	1	6
Poland	58	23	9	6	3	1	1	2
Portugal	73	18	6	3	1	0	0	8
Romania	80	17	3	1	0	0	0	4
Russia	52	27	9	5	4	2	1	4
Slovak Republic	54	24	11	6	3	1	1	3
Slovenia	49	24	12	6	6	2	1	4
Sweden	36	21	15	13	10	4	2	6
Ukraine	46	27	11	6	6	2	1	4
United Kingdom	32	19	14	10	10	10	6	4
The Netherlands	49	25	12	6	6	1	1	4
USA	61	19	8	5	4	2	1	..

Table 19c. Frequency of being drunk last 12 months. All students.

	Number of occasions in last 12 months							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Bulgaria	52	27	10	5	4	2	1	6
Croatia	60	22	7	4	3	2	1	6
Cyprus	76	18	3	1	1	0	0	4
Czech Republic	36	28	14	9	8	3	3	3
Denmark	14	18	15	15	18	13	8	3
Estonia	45	27	11	8	6	2	2	5
Faroe Islands	44	19	10	9	10	4	4	..
Finland	27	16	15	14	16	9	4	5
France	64	23	7	4	2	1	0	5
FYROM	68	19	6	3	2	1	1	4
Greece	58	28	8	4	2	1	1	1
Greenland	25	22	20	16	10	4	3	14
Hungary	58	23	9	5	3	2	1	4
Iceland	44	17	12	10	10	6	3	4
Ireland	31	18	13	13	12	9	6	4
Italy	68	21	7	1	1	0	1	0
Latvia	46	29	11	6	5	2	2	3
Lithuania	40	30	13	8	6	2	1	0
Malta	61	24	7	3	2	1	1	2
Norway	42	17	13	12	9	5	2	5
Poland	51	23	11	7	4	2	3	2
Portugal	70	18	6	3	2	1	1	7
Romania	71	21	4	2	1	1	1	3
Russia	49	27	9	6	4	3	2	5
Slovak Republic	49	26	11	7	4	2	1	3
Slovenia	44	24	13	8	7	3	2	5
Sweden	36	20	14	12	11	5	2	6
Ukraine	43	27	12	7	6	3	2	5
United Kingdom	31	19	13	10	12	10	6	4
The Netherlands	46	24	13	7	6	2	1	5
USA	59	18	9	5	5	2	2	..

Table 20a. Frequency of being drunk last 30 days. Boys.

	Number of occasions in last 30 days							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Bulgaria	68	21	7	2	1	1	1	7
Croatia	76	14	5	2	1	0	1	8
Cyprus	85	11	2	1	1	0	1	5
Czech Republic	54	28	12	4	2	0	0	3
Denmark	31	33	24	9	2	1	0	4
Estonia	62	25	7	3	2	0	0	5
Faroe Islands	61	27	8	3	1	1	0	..
Finland	49	31	15	3	1	0	0	6
France	78	15	5	1	1	0	0	7
FYROM	77	14	5	2	1	0	1	5
Greece	83	13	2	1	1	0	0	1
Greenland	47	30	18	4	1	1	1	16
Hungary	74	17	6	2	1	0	0	4
Iceland	65	23	10	2	0	0	0	4
Ireland	51	22	15	7	3	1	1	5
Italy	82	13	2	2	0	0	1	0
Latvia	67	22	7	4	1	0	0	3
Lithuania	59	29	8	3	1	0	0	0
Malta	78	16	4	1	1	0	0	2
Norway	63	24	9	4	1	0	0	5
Poland	62	23	8	3	2	0	1	4
Portugal	82	12	3	1	1	0	1	7
Romania	82	13	3	2	0			2
Russia	72	20	4	2	1	0	0	8
Slovak Republic	71	19	6	2	1	1	0	3
Slovenia	62	25	7	4	1	1	0	6
Sweden	56	28	11	3	1	0	0	7
Ukraine	62	25	8	3	1	1	1	7
United Kingdom	51	27	11	6	4	2	0	3
The Netherlands	63	24	11	1	1	0	0	6
USA	75	14	6	4	2	1	0	..

Table 20b. Frequency of being drunk last 30 days. Girls.

	Number of occasions in last 30 days							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Bulgaria	80	16	3	1	0	0	0	7
Croatia	88	9	2	1	0	0	0	5
Cyprus	93	5	1	0	0	0	0	5
Czech Republic	69	22	6	2	1	0	0	3
Denmark	41	34	18	6	2	0	0	3
Estonia	74	20	4	1	1	0	0	5
Faroe Islands	72	22	6	0	0	0	0	..
Finland	49	34	13	3	1	0	0	4
France	85	11	2	1	1	0		4
FYROM	89	9	2	0	0		0	3
Greece	86	11	2	1	0	0	0	1
Greenland	44	39	9	6	0	1	1	14
Hungary	84	13	2	1	0	0	0	4
Iceland	65	23	9	2	1	0	0	3
Ireland	50	28	14	6	2	1	0	5
Italy	89	9	1	1	0	0		0
Latvia	78	18	3	1	0			3
Lithuania	75	19	5	1	0	0	0	0
Malta	84	13	2	1	1	0	0	2
Norway	59	28	10	2	1	0	0	5
Poland	78	16	4	1	0	0	1	4
Portugal	89	9	2	0	0	0	0	9
Romania	94	5	0	0	0		1	3
Russia	79	14	5	1	1	0	0	4
Slovak Republic	76	18	4	2	0	0	0	3
Slovenia	69	22	6	2	1	0		4
Sweden	60	29	8	3	0		0	6
Ukraine	68	23	6	3	1	0	0	3
United Kingdom	49	24	14	6	4	1	0	4
The Netherlands	73	20	5	2	0	0	0	5
USA	80	13	4	2	1	0	0	..

Table 20c. Frequency of being drunk last 30 days. All students.

	Number of occasions in last 30 days							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Bulgaria	74	18	5	2	1	0	0	7
Croatia	81	12	4	2	1	0	0	7
Cyprus	90	8	1	1	1	0	0	5
Czech Republic	62	25	9	3	1	0	0	3
Denmark	36	33	21	7	2	0	0	3
Estonia	69	23	5	2	1	0	0	5
Faroe Islands	66	24	7	1	1	0	0	..
Finland	49	33	14	3	1	0	0	5
France	82	13	4	1	1	0	0	5
FYROM	83	12	3	1	1	0	0	4
Greece	85	12	2	1	0	0	0	1
Greenland	46	35	13	5	0	1	0	15
Hungary	79	15	4	2	1	0	0	4
Iceland	65	23	9	2	1	0	0	4
Ireland	50	25	15	6	2	1	0	5
Italy	86	11	2	1	0	0	0	0
Latvia	73	20	5	2	0	0	0	3
Lithuania	67	25	6	2	1	0	0	0
Malta	81	14	3	1	1	0	0	2
Norway	61	26	10	3	1	0	0	5
Poland	70	19	6	2	1	0	1	4
Portugal	86	10	2	1	1	0	0	8
Romania	90	8	1	1	0		0	3
Russia	76	17	5	2	1	0	0	6
Slovak Republic	74	18	5	2	1	1	0	3
Slovenia	65	24	7	3	1	0	0	5
Sweden	58	29	10	3	1	0	0	7
Ukraine	65	24	7	3	1	0	0	5
United Kingdom	50	25	13	6	4	1	0	4
The Netherlands	68	22	8	2	1	0	0	5
USA	91	6	2	1	1	0	0	..

Table 21a. Frequency of drinking five or more drinks in a row. Boys.

	Number of occasions in last 30 days				
	0	1–2	3–5	6–9	10+
Bulgaria	57	27	10	3	2
Croatia	62	23	8	4	3
Cyprus	49	32	11	4	3
Czech Republic	46	30	15	6	4
Denmark	28	35	24	9	4
Estonia	45	38	11	4	3
Faroe Islands	60	20	13	1	7
Finland	47	32	13	4	4
France	60	24	9	4	3
FYROM	62	25	8	3	3
Greece	59	28	8	3	2
Greenland	40	35	12	7	6
Hungary	71	12	9	6	3
Iceland	69	13	8	6	4
Ireland	43	26	17	10	5
Italy	..	..	..	..	..
Latvia	49	33	13	4	2
Lithuania	53	35	8	3	1
Malta	44	30	14	6	5
Norway	50	24	12	8	6
Poland	44	16	14	15	12
Portugal	71	18	6	2	2
Romania	62	30	5	2	1
Russia	54	26	12	4	4
Slovak Republic	62	27	6	4	2
Slovenia	49	22	12	11	6
Sweden	53	26	12	4	6
Ukraine	59	30	9	2	1
United Kingdom	43	24	19	8	6
The Netherlands	..	..	..	..	..
USA [a)]	70	17	8	3	3

a) Over last two weeks.

Table 21b. Frequency of drinking five or more drinks in a row. Girls.

	Number of occasions in last 30 days				
	0	1–2	3–5	6–9	10+
Bulgaria	75	19	4	1	1
Croatia	76	17	5	1	1
Cyprus	73	21	4	1	1
Czech Republic	66	24	8	2	1
Denmark	44	34	15	5	2
Estonia	59	30	8	3	1
Faroe Islands	71	20	6	2	0
Finland	57	30	10	3	2
France	75	18	5	1	1
FYROM	81	15	3	1	0
Greece	76	18	4	1	0
Greenland	41	36	11	4	7
Hungary	82	10	4	3	1
Iceland	74	11	7	6	2
Ireland	44	25	18	9	5
Italy	..	..	..	..	..
Latvia	60	30	7	1	1
Lithuania	74	21	4	1	0
Malta	58	24	12	4	2
Norway	49	28	14	6	3
Poland	63	15	10	9	4
Portugal	82	15	2	1	1
Romania	81	17	1	1	0
Russia	65	23	8	2	2
Slovak Republic	75	19	4	2	1
Slovenia	58	23	9	8	2
Sweden	62	26	8	2	3
Ukraine	71	21	5	2	1
United Kingdom	45	28	16	7	4
The Netherlands	..	..	..	..	..
USA [a)]	78	15	5	2	1

a) Over last two weeks.

Table 21c. Frequency of drinking five or more drinks in a row. All students.

	Number of occasions in last 30 days				
	0	1–2	3–5	6–9	10+
Bulgaria	67	23	7	2	2
Croatia	69	20	7	3	2
Cyprus	62	26	7	3	2
Czech Republic	57	27	11	4	2
Denmark	36	35	20	7	3
Estonia	53	33	9	3	2
Faroe Islands	66	20	9	2	4
Finland	52	31	11	4	3
France	67	21	7	3	2
FYROM	72	19	5	2	2
Greece	69	22	6	2	1
Greenland	41	36	12	6	7
Hungary	77	11	6	4	2
Iceland	72	12	8	6	3
Ireland	43	26	17	9	5
Italy	..	..	..	..	..
Latvia	55	32	10	2	2
Lithuania	64	28	6	2	1
Malta	52	26	13	5	4
Norway	50	26	13	7	4
Poland	54	15	12	11	8
Portugal	77	16	4	1	1
Romania	73	22	3	1	1
Russia	60	25	10	3	3
Slovak Republic	69	22	5	2	1
Slovenia	53	23	11	10	4
Sweden	57	26	10	3	4
Ukraine	65	26	7	2	1
United Kingdom	44	26	18	7	5
The Netherlands	..	..	..	..	..
USA [a)]	74	16	6	2	2

a) Over last two weeks.

Table 22. Age at time of first use of alcohol (at least one glass). Percentages answering 13 years or younger.

	Boys				Girls				All students			
	Beer	Wine	Spirits	Been drunk	Beer	Wine	Spirits	Been drunk	Beer	Wine	Spirits	Been drunk
Bulgaria	62	57	30	19	53	50	26	11	58	53	28	15
Croatia	58	53	28	25	46	41	19	12	53	47	24	19
Cyprus	69	51	31	10	51	36	16	5	59	43	23	7
Czech Republic	62	58	36	20	48	47	23	12	54	52	29	16
Denmark	82	71	64	48	72	61	52	37	76	66	58	42
Estonia	60	63	30	26	40	56	16	14	49	59	22	19
Faroe Islands	50	33	28	18	34	23	20	11	40	28	24	15
Finland	67	55	35	34	50	47	25	33	58	51	30	33
France	53	59	30	15	42	40	24	10	48	46	27	12
FYROM	45	38	20	12	29	24	8	3	37	31	14	8
Greece	68	67	29	11	51	51	19	6	58	58	23	9
Greenland	61	39	27	37	48	28	20	32	54	34	23	35
Hungary	47	49	25	13	38	38	22	7	43	44	23	10
Iceland	41	35	22	19	31	27	17	16	36	31	20	17
Ireland	55	48	36	28	44	50	29	21	49	49	32	25
Italy	63	61	27	8	44	46	22	7	51	52	24	7
Latvia	80	60	31	23	68	50	16	11	74	55	23	16
Lithuania	68	64	35	22	56	55	19	9	62	60	27	16
Malta	64	72	45	17	55	65	47	11	59	68	46	14
Norway	43	32	23	19	34	27	17	15	38	30	20	17
Poland	62	39	26	15	39	24	13	6	51	31	20	11
Portugal	52	35	32	14	40	26	25	9	45	30	28	12
Romania	46	62	23	32	18	37	9	15	29	47	15	22
Russia	65	50	30	35	53	47	26	30	59	49	27	33
Slovak Republic	55	62	36	18	47	53	22	11	51	56	29	14
Slovenia	66	64	35	22	54	55	26	12	61	60	30	17
Sweden	58	40	32	26	46	35	24	22	52	37	28	24
Ukraine	66	52	31	26	57	49	21	18	61	50	26	22
United Kingdom	68	70	44	40	56	72	42	36	65	71	43	38
Average	60	53	32	22	46	43	23	15	53	48	27	19
The Netherlands	54	35	30	16	42	36	26	13	48	35	28	15

Table 23a. Drinking places on the last drinking day. Percentages among boys.

	At home	At some-one else's home	Street, park, beach	Bar, pub	Disco	Rest-aurant	Other place(s)	Never been drinking
Bulgaria	22	19	6	14	29	6	1	14
Croatia	23	17	11	27	19	3	11	12
Cyprus	38	25	9	36	52	18	8	14
Czech Republic	22	17	13	39	24	15	14	4
Denmark	20	65	11	6	17	2	20	2
Estonia	22	26	36	10	17	1	15	5
Faroe Islands	9	29	12	3	25	1	10	16
Finland	24	40	24	5	15	2	13	9
France	23	23	10	9	6	4	7	19
FYROM	14	10	6	21	13	5	11	29
Greece	23	12	3	29	25	7	35	6
Greenland	16	53	11	2	6	2	15	12
Hungary	22	16	6	24	25	4	9	14
Iceland	14	42	22	2	11	2	9	20
Ireland	15	16	15	36	18	3	6	9
Italy	27	14	15	28	9	12	10	13
Latvia	21	26	29	13	21	1	8	11
Lithuania	25	40	16	16	20	4	11	5
Malta	21	4	2	17	16	6	5	7
Norway	19	52	24	4	12	2	8	16
Poland	17	24	33	21	25	4	17	9
Portugal	19	14	6	28	14	5	6	17
Romania	15	8	2	6	7	1	3	59
Russia	24	30	33	7	11	2	12	8
Slovak Republic	25	17	11	27	14	7	16	8
Slovenia	18	12	14	34	18	3	12	10
Sweden	20	48	16	4	10	2	9	15
Ukraine	24	36	22	12	13	2	10	12
United Kingdom	33	31	18	21	11	..	9	6
Average	21	26	15	17	17	5	11	13
The Netherlands	21	18	8	17	20	2	13	17

Table 23b. Drinking places on the last drinking day. Percentages among girls.

	At home	At some-one else's home	Street, park, beach	Bar, pub	Disco	Rest-aurant	Other place(s)	Never been drinking
Bulgaria	25	22	4	11	26	7	1	17
Croatia	24	18	6	24	18	2	7	16
Cyprus	37	20	3	24	41	16	4	20
Czech Republic	26	18	9	27	31	13	12	5
Denmark	21	65	8	5	19	2	17	4
Estonia	34	31	17	13	16	2	13	5
Faroe Islands	12	35	14	4	21	2	16	18
Finland	25	43	27	5	17	2	15	9
France	23	24	5	8	10	4	7	20
FYROM	15	8	2	22	9	3	6	40
Greece	21	11	3	22	32	6	34	6
Greenland	17	49	8	3	3	3	19	13
Hungary	31	17	3	15	26	5	9	13
Iceland	14	47	16	3	14	1	9	20
Ireland	12	15	9	43	29	5	6	8
Italy	21	17	7	28	11	6	5	20
Latvia	31	28	15	10	20	3	7	10
Lithuania	33	46	6	11	14	4	7	7
Malta	21	3	1	13	19	5	5	8
Norway	17	62	21	4	13	2	9	13
Poland	21	27	19	17	24	3	11	13
Portugal	20	12	3	27	17	4	5	19
Romania	13	4	1	2	3	1	1	75
Russia	31	38	21	8	11	2	10	6
Slovak Republic	33	19	6	23	21	6	13	8
Slovenia	18	12	14	29	20	2	10	12
Sweden	20	50	14	5	11	2	10	14
Ukraine	26	43	18	9	11	2	7	10
United Kingdom	27	28	14	28	12	..	8	7
Average	23	28	10	15	18	4	10	15
The Netherlands	24	18	3	17	24	3	9	20

Table 23c. Drinking places on the last drinking day. Percentages among all students.

	At home	At some-one else's home	Street, park, beach	Bar, pub	Disco	Rest-aurant	Other place(s)	Never been drinking
Bulgaria	24	20	5	13	28	7	1	15
Croatia	23	17	9	26	18	3	9	14
Cyprus	37	22	5	29	46	17	6	17
Czech Republic	24	17	11	33	28	14	13	4
Denmark	20	65	10	5	18	2	18	3
Estonia	28	29	26	12	17	2	14	5
Faroe Islands	10	32	13	4	23	2	13	17
Finland	25	41	26	5	16	2	14	9
France	23	23	8	8	8	4	7	20
FYROM	15	9	4	21	11	4	8	35
Greece	22	11	3	25	29	6	34	6
Greenland	16	51	9	2	4	2	17	12
Hungary	26	17	5	19	26	5	9	13
Iceland	14	44	19	2	12	1	9	20
Ireland	13	15	12	39	24	4	6	9
Italy	24	16	10	28	10	9	7	17
Latvia	26	27	22	12	20	2	8	10
Lithuania	29	43	12	13	17	4	9	6
Malta	21	3	2	15	18	5	5	7
Norway	18	57	22	4	13	2	8	15
Poland	19	26	26	19	24	4	14	11
Portugal	19	13	5	28	16	4	5	18
Romania	14	6	1	4	5	1	2	69
Russia	28	34	27	8	11	2	11	7
Slovak Republic	29	18	8	25	18	6	14	8
Slovenia	18	12	14	32	19	2	11	11
Sweden	20	49	15	5	11	2	9	14
Ukraine	25	40	20	10	12	12	9	11
United Kingdom	30	29	16	25	12	..	9	7
Average	22	27	13	16	18	5	10	14
The Netherlands	22	18	6	17	22	2	11	18

Table 24a. Expected personal consequencies of alcohol consumption.
Percentages among boys answering "Very likely" or "Likely".

	"Positive" consequences						"Negative" consequences						
	Feel relaxed	Feel Happy	Feel more friendly and out-going	Have a lot of fun	Forget my prob-lems	*Aver-age*	Feel sick	Get a hang-over	Not be able to stop drinking	Harm my health	Do some thing I would regret	Get into trouble with the police	*Aver-age*
Bulgaria	51	50	58	69	45	55	45	45	19	46	46	27	38
Croatia	42	37	58	60	42	48	57	57	23	73	48	59	53
Cyprus	43	47	55	75	44	53	35	59	19	37	38	15	34
Czech Republic	62	34	65	77	44	56	33	44	9	22	22	9	23
Denmark	60	89	79	94	55	75	16	48	16	15	44	10	25
Estonia	51	34	50	75	45	51	..	26	9	55	21	11	20
Faroe Islands	44	84	84	83	62	71	50	60	32	64	74	31	52
Finland	..	..	..	..	..		..	..	..	..	..	..	
France	13	32	30	58	35	34	38	48	19	29	32	25	32
FYROM	56	43	62	61	49	54	58	53	32	76	43	43	51
Greece	53	60	66	72	45	59	23	41	13	37	31	6	25
Greenland	26	51	47	61	24	42	8	36	10	30	31	8	21
Hungary	48	39	50	58	38	46	17	40	9	53	20	13	25
Iceland	30	62	49	74	45	52	20	55	17	39	49	30	35
Ireland	74	83	82	83	52	75	28	35	14	25	38	14	26
Italy	34	40	40	45	36	39	47	53	20	58	43	18	40
Latvia	60	33	55	73	43	53	34	41	12	63	35	21	34
Lithuania	48	29	48	26	40	38	18	33	6	55	25	26	27
Malta	34	47	52	47	39	44	41	25	22	42	32	17	30
Norway	51	76	49	79	47	60	42	49	12	24	42	17	31
Poland	47	40	55	62	45	50	29	49	12	44	30	15	30
Portugal	30	44	48	60	49	46	40	55	26	71	53	31	46
Romania	27	24	41	49	30	34	64	37	15	61	45	38	43
Russia	67	61	64	55	43	58	29	37	11	40	28	16	27
Slovak Republic	47	28	42	56	39	42	17	39	12	42	31	19	27
Slovenia	43	39	58	63	51	51	49	52	16	70	36	26	42
Sweden	57	77	65	77	53	66	31	44	13	35	38	9	28
Ukraine	46	46	49	62	31	47	28	29	8	38	20	9	22
United Kingdom	68	77	77	82	54	72	27	36	17	31	41	17	28
The Netherlands	..	..	..	..	..	..	..	..	..	..	..	..	..

Table 24b. Expected personal consequencies of alcohol consumption.
Percentages among girls answering “Very likely” or “Likely”.

	“Positive” consequences						“Negative” consequences						
	Feel relaxed	Feel Happy	Feel more friendly and out-going	Have a lot of fun	Forget my prob-lems	*Aver-age*	Feel sick	Get a hang-over	Not be able to stop drinking	Harm my health	Do some thing I would regret	Get into trouble with the police	*Aver-age*
Bulgaria	50	53	60	72	50	57	52	53	17	47	52	18	40
Croatia	38	30	54	48	34	41	66	63	22	79	48	56	56
Cyprus	46	49	58	72	44	54	53	56	16	40	41	8	36
Czech Republic	66	34	65	80	46	58	39	41	8	25	31	7	25
Denmark	61	90	82	95	54	76	25	55	11	20	49	3	27
Estonia	46	33	46	74	37	47	..	20	8	57	24	6	19
Faroe Islands	45	87	83	79	62	71	50	53	26	72	78	23	50
Finland	..	..	..	..	..		..	..	..	..	..	..	
France	9	29	34	56	33	32	47	55	19	32	40	29	37
FYROM	51	36	58	54	42	48	69	57	30	85	50	49	57
Greece	57	70	74	75	44	64	36	58	14	41	42	4	33
Greenland	30	52	46	60	21	42	9	41	10	39	39	5	24
Hungary	49	34	43	51	29	41	22	40	7	49	20	6	24
Iceland	27	63	52	75	41	52	25	55	16	39	55	18	35
Ireland	75	84	82	84	45	74	29	38	13	27	41	8	26
Italy	27	50	49	51	47	45	59	71	18	63	53	17	47
Latvia	67	33	58	73	44	55	36	35	6	67	38	9	32
Lithuania	43	20	45	14	33	31	22	32	5	65	30	18	29
Malta	34	50	57	46	37	45	51	26	23	51	38	19	35
Norway	43	81	58	82	45	62	44	53	10	21	46	12	31
Poland	43	37	52	59	42	47	40	49	10	50	37	13	33
Portugal	26	46	58	58	44	46	46	61	26	76	58	26	49
Romania	20	20	37	42	29	30	78	45	16	74	54	40	51
Russia	69	69	63	57	38	59	30	45	10	37	32	4	26
Slovak Republic	46	26	45	54	37	42	20	40	11	43	36	17	28
Slovenia	51	36	57	60	53	51	61	62	15	77	48	21	47
Sweden	56	82	70	77	53	68	40	44	13	38	44	4	31
Ukraine	53	57	51	75	34	54	31	41	8	40	25	3	25
United Kingdom	68	83	79	85	54	74	30	35	17	29	41	12	27
The Netherlands	..	..	..	..	..	..	..	..	..	..	..	..	..

Table 24c. Expected personal consequencies of alcohol consumption.
Percentages among all students answering “Very likely” or “Likely”.

	“Positive” consequences						“Negative” consequences						
	Feel relaxed	Feel Happy	Feel more friendly and out-going	Have a lot of fun	Forget my prob-lems	*Aver-age*	Feel sick	Get a hang-over	Not be able to stop drinking	Harm my health	Do some thing I would regret	Get into trouble with the police	*Aver-age*
Bulgaria	51	52	59	70	47	56	49	49	18	47	49	22	39
Croatia	40	34	56	54	38	44	61	60	22	76	48	58	54
Cyprus	45	48	56	73	44	53	45	53	17	38	40	11	34
Czech Republic	64	34	65	79	45	57	36	42	8	24	27	8	24
Denmark	61	90	81	95	54	76	21	52	13	18	47	6	26
Estonia	48	33	47	75	40	49	..	23	8	56	23	8	20
Faroe Islands	44	85	84	81	62	71	50	56	29	68	76	27	51
Finland	..	..	..	..	..		..	..	..	..	..	..	
France	11	30	32	57	34	33	42	51	19	31	35	27	34
FYROM	54	40	60	57	46	51	64	55	31	81	47	46	54
Greece	55	66	71	73	44	62	30	51	14	39	37	5	29
Greenland	28	51	46	61	22	42	9	39	10	35	35	6	22
Hungary	48	36	46	54	34	44	20	40	8	51	20	9	25
Iceland	28	62	50	75	43	52	23	55	17	39	52	24	35
Ireland	74	83	82	82	48	74	29	37	13	26	39	11	26
Italy	30	46	45	48	42	42	54	64	19	61	49	18	44
Latvia	63	33	57	73	43	54	35	38	9	65	36	15	33
Lithuania	46	26	47	20	37	35	20	33	6	60	28	22	28
Malta	34	48	55	46	38	44	46	25	22	47	35	18	32
Norway	47	79	53	80	46	61	43	51	11	22	44	15	31
Poland	45	38	53	61	44	48	35	49	11	47	33	14	32
Portugal	28	45	53	59	46	46	43	58	26	74	56	28	48
Romania	23	21	39	45	29	31	73	42	15	69	51	39	48
Russia	68	66	63	56	40	59	30	41	10	38	30	10	27
Slovak Republic	46	27	44	55	38	42	19	40	11	42	34	18	27
Slovenia	47	38	57	61	52	51	54	57	16	73	41	24	44
Sweden	57	79	67	77	53	67	36	44	13	37	41	7	30
Ukraine	49	52	50	69	32	50	30	35	8	39	23	6	24
United Kingdom	68	80	78	83	54	73	28	36	17	30	41	14	28
The Netherlands	..	..	..	..	..	..	..	..	..	..	..	..	..

Table 25a:1. Experienced problems caused by own alcohol use [a]. Boys (continues..)

	Individual problems						Relationship problems				
	Performed poorly at school or work	Damage to objects or clothing	Loss of money or other valuable items	Accident or injury	Hospitalised or admitted to an emergency room	*Average*	Quarrel or argument	Problems in relationships with friends	Problems in relationships with parents	Problems in relationships with teachers	*Average*
Bulgaria	3	10	8	8	2	6	13	5	7	3	7
Croatia	1	7	3	4	2	3	10	3	5	1	5
Cyprus	1	5	5	5	2	4	6	4	4	2	4
Czech Republic	6	19	9	8	1	9	15	6	9	2	8
Denmark	9	30	15	10	7	14	21	13	17	3	14
Estonia	2	15	8	6	1	6	13	4	9	4	8
Faroe Islands	6	15	12	5	2	8	12	3	12	3	8
Finland	3	19	12	9	2	9	22	6	11	1	10
France	2	7	3	5	1	4	9	5	5	1	5
FYROM	2	7	4	4	2	4	9	4	5	2	5
Greece	1	4	2	2	1	2	2	2	2	1	2
Greenland	7	7	12	6	3	7	11	6	11	2	8
Hungary	2	9	5	3	1	4	7	2	3	1	4
Iceland	1	9	6	5	2	5	9	5	10	1	6
Ireland	6	24	19	11	2	12	16	9	11	2	10
Italy	0	6	3	3	1	3	8	2	1	1	3
Latvia	5	19	11	7	1	9	11	7	15	7	10
Lithuania	7	27	15	14	2	13	29	13	22	7	18
Malta	2	7	6	2	1	4	7	4	5	1	4
Norway	3	22	13	4	2	9	19	5	12	1	9
Poland	6	12	7	2	1	6	13	7	12	4	9
Portugal	2	6	4	2	2	3	5	3	3	1	3
Romania	3	7	5	6	2	5	10	5	4	3	6
Russia	6	19	12	9	1	9	18	7	15	4	11
Slovak Republic	9	16	9	8	1	9	22	7	11	3	11
Slovenia	5	14	6	7	1	7	16	5	9	2	8
Sweden	3	19	13	7	2	9	15	4	6	2	7
Ukraine	4	12	7	5	1	6	14	7	9	9	10
United Kingdom	3	21	15	12	3	11	15	7	7	2	8
Average	4	13	8	6	2	7	13	5	8	3	7
The Netherlands	2	6	4	3	..	4	5	2	5	1	3

a) Students indicating “once” more.

Table 25a:2. Experienced problems caused by own alcohol use [a]. Boys (continued)**.**

	Sexual experiences			Delinquency problems			
	Engaged in sex you regretted the next day	Engaged in unprotected sex	*Average*	Scuffle or fight	Victimized by robbery or theft	Trouble with police	*Average*
Bulgaria	7	6	7	11	2	4	6
Croatia	3	3	3	7	1	4	4
Cyprus	2	3	3	6	2	2	3
Czech Republic	9	5	7	10	1	5	5
Denmark	11	8	10	18	2	10	10
Estonia	5	4	5	7	1	4	4
Faroe Islands	5	4	5	7	3	3	4
Finland	7	5	6	15	1	6	7
France	6	3	5	8	1	3	4
FYROM	4	5	5	7	1	2	3
Greece	4	2	3	2	1	1	1
Greenland	14	11	13	11	3	4	6
Hungary	3	3	3	6	1	2	3
Iceland	8	5	7	8	3	11	7
Ireland	.	.	.	14	3	10	9
Italy	2	1	2	4	0	1	2
Latvia	6	6	6	13	2	7	7
Lithuania	10	10	10	23	4	11	13
Malta	4	3	4	4	1	2	2
Norway	8	7	8	11	1	6	6
Poland	7	7	7	12	2	6	7
Portugal	4	2	3	4	1	2	2
Romania	3	3	3	9	2	3	5
Russia	6	8	7	18	3	10	10
Slovak Republic	6	4	5	12	2	5	6
Slovenia	4	3	3	10	1	4	5
Sweden	13	8	11	14	2	6	7
Ukraine	6	4	5	15	2	5	7
United Kingdom	8	6	7	12	2	12	9
Average	6	5	6	12	2	6	6
The Netherlands	..	..	..	..	..	..	..

a) Students indicating “once” more.

Table 25b:1. Experienced problems caused by own alcohol use [a]. Girls (continues..)

	Individual problems						Relationship problems				
	Performed poorly at school or work	Damage to objects or clothing	Loss of money or other valuable items	Accident or injury	Hospitalised or admitted to an emergency room	*Average*	Quarrel or argument	Problems in relationships with friends	Problems in relationships with parents	Problems in relationships with teachers	*Average*
Bulgaria	2	7	4	5	1	4	7	6	5	2	5
Croatia	1	4	1	2	1	2	6	4	4	1	4
Cyprus	0	2	1	1	0	1	5	2	2	0	2
Czech Republic	3	13	5	5	1	5	7	4	6	1	5
Denmark	7	30	14	6	4	12	26	22	17	2	17
Estonia	2	10	4	3	1	4	5	3	5	1	4
Faroe Islands	6	12	14	4	2	8	12	5	10	0	7
Finland	4	25	17	12	4	12	20	16	16	1	13
France	1	4	2	2	1	2	6	5	5	1	4
FYROM	0	2	1	1	1	1	2	2	2	0	2
Greece	1	2	1	1	0	1	1	1	2	0	1
Greenland	6	6	10	4	3	6	27	8	17	3	14
Hungary	1	4	2	2	0	2	3	3	2	1	2
Iceland	2	10	7	4	2	5	8	7	12	1	7
Ireland	5	26	23	10	2	13	17	11	12	2	11
Italy	0	4	1	1	0	1	6	4	3	0	3
Latvia	3	14	7	5	1	6	5	6	9	4	6
Lithuania	6	17	7	6	1	7	16	14	15	3	12
Malta	1	4	4	2	1	2	3	3	3	1	3
Norway	3	29	17	4	2	11	19	11	18	2	13
Poland	3	6	3	0	1	3	8	5	6	1	5
Portugal	1	3	2	2	1	2	4	3	2	1	3
Romania	1	2	2	2	1	2	4	2	3	1	3
Russia	5	16	8	7	2	8	13	7	11	2	8
Slovak Republic	0	9	6	4	0	4	12	6	7	2	7
Slovenia	3	11	5	5	1	5	9	5	6	1	5
Sweden	3	19	13	6	2	9	17	7	6	1	8
Ukraine	3	10	5	2	0	4	9	6	7	1	6
United Kingdom	3	26	19	14	2	13	17	10	10	2	10
Average	3	11	7	4	1	5	10	6	8	1	6
The Netherlands	1	3	3	2	..	2	1	1	2	0	1

a) Students indicating “once” more.

Table 25b:2. Experienced problems caused by own alcohol use [a]. Girls (continued)**.**

	Sexual experiences			Delinquency problems			
	Engaged in sex you regretted the next day	Engaged in unprotected sex	*Average*	Scuffle or fight	Victimized by robbery or theft	Trouble with police	*Average*
Bulgaria	3	3	3	3	1	1	2
Croatia	2	2	2	2	1	1	1
Cyprus	1	0	1	1	0	0	0
Czech Republic	9	4	7	2	1	2	2
Denmark	11	7	9	8	3	3	5
Estonia	4	3	4	2	0	2	1
Faroe Islands	7	7	7	1	1	0	1
Finland	9	7	8	9	1	6	5
France	3	2	3	3	1	1	2
FYROM	1	0	1	1	0	0	0
Greece	1	0	1	0	0	0	0
Greenland	24	22	23	15	4	3	7
Hungary	2	1	2	1	0	0	1
Iceland	12	6	9	3	3	7	4
Ireland	..	..	..	9	2	5	5
Italy	1	2	2	2	0	0	1
Latvia	5	3	4	3	0	2	2
Lithuania	6	4	5	6	2	3	4
Malta	2	1	2	3	1	1	2
Norway	9	6	8	7	2	4	4
Poland	3	2	3	3	0	1	1
Portugal	1	0	1	1	0	0	0
Romania	1	1	1	3	1	1	2
Russia	7	6	7	9	1	4	5
Slovak Republic	5	3	4	2	0	1	1
Slovenia	3	2	2	2	0	2	1
Sweden	13	7	10	9	2	3	5
Ukraine	4	3	4	6	1	5	4
United Kingdom	11	9	10	8	1	8	6
Average	6	4	5	4	1	2	3
The Netherlands	..	..	..	1	0	1	1

a) Students indicating “once” more.

Table 25c:1. Experienced problems caused by own alcohol use [a]. All students (continues..)

	Individual problems						Relationship problems				
	Performed poorly at school or work	Damage to objects or clothing	Loss of money or other valuable items	Accident or injury	Hospitalised or admitted to an emergency room	*Average*	Quarrel or argument	Problems in relationships with friends	Problems in relationships with parents	Problems in relationships with teachers	*Average*
Bulgaria	3	8	6	6	2	5	10	6	6	2	6
Croatia	1	6	3	3	1	3		4	5	1	5
Cyprus	1	3	3	3	1	2	6	3	3	1	3
Czech Republic	5	16	7	6	1	7	10	5	7	2	6
Denmark	8	30	14	8	5	13	23	18	17	3	15
Estonia	2	12	6	4	1	5	9	3	7	2	5
Faroe Islands	6	13	13	4	2	8	12	4	11	1	7
Finland	3	22	15	10	3	11	21	11	14	1	12
France	1	5	3	4	1	3	8	5	5	1	5
FYROM	1	4	2	3	1	2	6	3	3	1	3
Greece	1	3	2	2	1	2	1	1	2	0	1
Greenland	6	7	11	5	3	6	17	7	14	2	10
Hungary	2	7	3	2	1	3	5	2	3	1	3
Iceland	2	10	6	4	2	5	8	6	11	1	7
Ireland	6	25	21	10	2	13	16	10	12	2	10
Italy	0	5	1	2	0	2	7	3	2	1	3
Latvia	4	16	9	6	1	7	8	6	12	6	8
Lithuania	7	22	11	10	2	10	23	13	19	5	15
Malta	1	5	5	2	1	3	5	3	4	1	3
Norway	3	25	15	4	2	10	19	8	15	2	11
Poland	4	9	5	1	1	4	10	6	9	3	7
Portugal	2	4	3	2	1	2	5	3	3	1	3
Romania	2	4	3	4	1	3	6	3	3	1	3
Russia	5	17	10	8	2	8	16	7	13	3	10
Slovak Republic	6	12	7	6	1	6	17	7	9	2	9
Slovenia	4	13	6	6	1	6	13	5	8	2	7
Sweden	3	19	13	7	2	9	16	6	6	1	7
Ukraine	3	11	6	4	1	5	12	6	8	2	7
United Kingdom	3	24	17	13	3	12	16	8	8	2	9
Average	3	13	8	5	2	6	12	6	8	2	7
The Netherlands	2	5	3	3	..	4	3	2	4	1	3

a) Students indicating “once” more.

Table 25c:2. Experienced problems caused by own alcohol use [a]. All students (continued)**.**

	Sexual experiences			Delinquency problems			
	Engaged in sex you regretted the next day	Engaged in unprotected sex	*Average*	Scuffle or fight	Victimized by robbery or theft	Trouble with police	*Average*
Bulgaria	5	4	5	7	1	2	3
Croatia	3	2	3	5	1	3	3
Cyprus	2	2	2	4	1	1	2
Czech Republic	9	5	7	6	1	3	3
Denmark	11	8	10	13	2	6	7
Estonia	4	3	4	4	1	3	3
Faroe Islands	6	6	6	4	2	2	3
Finland	8	6	7	12	1	6	6
France	4	3	4	5	1	2	3
FYROM	2	3	3	4	1	1	2
Greece	2	1	2	1	0	0	0
Greenland	19	16	18	13	3	4	7
Hungary	3	2	2	4	1	1	2
Iceland	10	6	8	5	3	9	6
Ireland	..	..		11	2	8	7
Italy	1	2	2	2	0	1	1
Latvia	6	4	5	8	1	4	4
Lithuania	8	7	8	15	3	7	8
Malta	3	2	3	3	1	1	2
Norway	8	7	8	9	2	5	5
Poland	5	4	5	8	1	4	4
Portugal	2	1	2	2	1	1	1
Romania	2	2	2	5	1	1	2
Russia	7	7	7	13	2	7	7
Slovak Republic	6	3	5	7	1	3	4
Slovenia	3	2	3	6	1	3	3
Sweden	13	7	10	11	2	5	6
Ukraine	5	4	5	10	1	3	5
United Kingdom	10	7	9	12	2	10	8
Average	6	5	5	7	1	4	4
The Netherlands	..	..	..	3	1	2	2

a) Students indicating “once” more.

Table 26a. Students who have heard of different drugs. Percentages among boys.

	Tranquil-lisers or sedatives	Marijuana or hashish	LSD	Ampheta-mines	Crack	Cocaine	Heroin	Ecstasy	Metha-done	*Aver-age*
Bulgaria	36	84	17	42	20	86	85	34	19	47
Croatia	63	91	56	24	64	90	91	63	27	63
Cyprus	58	93	46	26	50	92	92	66	21	60
Czech Republic	65	97	91	94	55	93	94	74	39	78
Denmark	84	95	78	91	76	91	90	89	74	85
Estonia	15	92	74	79	46	92	92	71	18	64
Faroe Islands	80	91	49	62	69	88	89	62	22	68
Finland	85	89	84	86	71	87	87	74	23	76
France	65	94	55	81	82	90	90	84	32	75
FYROM	49	82	29	17	46	82	79	46	36	52
Greece	90	91	74	52	68	91	91	90	45	77
Greenland	46	73	15	34	21	63	55	14	9	37
Hungary	90	94	91	74	41	94	95	95	34	79
Iceland	65	80	73	75	70	73	73	74	26	68
Ireland	76	90	84	67	88	89	88	88	75	83
Italy	86	98	62	86	85	98	97	89	60	85
Latvia	30	93	58	51	24	93	92	58	18	57
Lithuania	56	89	49	51	43	88	87	84	37	65
Malta	90	95	73	61	58	94	95	94	34	77
Norway	59	94	78	92	83	92	92	91	73	84
Poland	63	82	58	82	27	80	79	60	17	61
Portugal	82	87	35	81	53	92	90	76	68	74
Romania	40	79	11	18	13	83	85	13	13	39
Russia	42	93	80	27	54	92	93	71	30	65
Slovak Republic	75	97	74	72	44	94	95	74	20	72
Slovenia	45	94	69	23	58	91	92	85	56	68
Sweden	79	96	93	96	89	95	96	92	50	87
Ukraine	30	77	29	32	24	77	76	35	10	43
United Kingdom	80	97	91	89	93	93	94	93	65	88
Average	63	90	61	61	56	88	88	70	36	
The Netherlands	67	86	55	43	68	81	81	79	46	67

Table 26b. Students who have heard of different drugs. Percentages among girls.

	Tranquil-lisers or sedatives	Marijuana or hashish	LSD	Ampheta-mines	Crack	Cocaine	Heroin	Ecstasy	Metha-done	*Aver-age*
Bulgaria	50	92	16	50	19	94	94	47	19	53
Croatia	78	97	63	24	66	97	96	72	30	69
Cyprus	74	97	34	27	48	97	98	94	22	66
Czech Republic	81	99	93	97	47	97	98	81	40	81
Denmark	89	96	73	93	72	93	93	91	70	86
Estonia	16	95	67	76	33	96	96	79	18	64
Faroe Islands	89	94	60	62	74	93	93	75	21	73
Finland	91	92	88	89	65	90	91	81	32	80
France	79	96	56	82	87	95	93	85	29	78
FYROM	61	88	33	17	42	86	84	52	41	56
Greece	97	96	71	52	68	96	97	96	34	79
Greenland	56	79	11	20	18	72	58	13	8	37
Hungary	94	96	93	77	34	98	98	96	39	80
Iceland	76	87	83	85	75	84	84	84	26	76
Ireland	88	93	89	63	93	93	94	94	82	88
Italy	90	98	66	86	71	98	97	93	59	84
Latvia	35	92	46	38	19	96	93	65	15	55
Lithuania	66	83	33	39	28	92	88	81	35	61
Malta	94	97	62	56	50	97	97	98	26	75
Norway	59	97	74	95	84	96	97	95	67	85
Poland	69	89	54	87	19	89	89	69	11	64
Portugal	93	87	32	82	44	97	94	77	64	74
Romania	50	75	8	17	11	88	86	11	9	39
Russia	43	97	71	21	47	97	97	77	27	64
Slovak Republic	85	99	72	70	29	97	97	83	18	72
Slovenia	58	98	80	21	62	96	96	91	54	73
Sweden	88	99	90	97	88	98	98	94	52	89
Ukraine	27	80	19	24	18	83	81	36	7	42
United Kingdom	82	96	92	91	94	95	95	94	75	90
Average	71	93	60	60	52	93	92	76	35	
The Netherlands	78	88	60	34	63	84	85	82	43	69

Table 26c. Students who have heard of different drugs. Percentages among all students.

	Tranquil-lisers or sedatives	Marijuana or hashish	LSD	Ampheta-mines	Crack	Cocaine	Heroin	Ecstasy	Metha-done	*Aver-age*
Bulgaria	44	89	17	47	19	91	90	41	19	51
Croatia	70	93	59	24	65	94	67	28	24	58
Cyprus	68	95	39	27	49	95	95	65	22	62
Czech Republic	73	98	92	95	51	95	96	78	40	80
Denmark	87	96	75	92	73	92	92	90	72	85
Estonia	16	93	70	77	40	94	94	76	18	64
Faroe Islands	85	92	54	62	71	91	91	69	21	71
Finland	88	91	86	87	68	89	89	77	28	78
France	72	95	56	81	84	93	91	84	31	76
FYROM	55	85	31	17	44	84	82	49	38	54
Greece	94	94	72	52	68	94	94	94	39	78
Greenland	52	76	13	27	19	68	56	14	8	37
Hungary	90	95	92	76	38	96	96	96	36	79
Iceland	71	83	78	80	72	79	79	79	26	72
Ireland	82	92	86	65	91	91	91	91	79	85
Italy	88	98	65	86	77	98	97	92	59	84
Latvia	33	93	52	44	22	94	93	62	17	57
Lithuania	61	86	41	45	35	90	88	82	36	63
Malta	92	96	67	58	54	96	96	96	29	76
Norway	57	95	76	93	83	94	94	93	70	84
Poland	66	86	56	85	23	85	85	65	14	63
Portugal	88	87	33	81	48	95	92	77	66	74
Romania	46	77	9	17	12	86	85	12	11	39
Russia	43	95	75	24	50	95	95	74	28	64
Slovak Republic	80	98	73	71	36	96	96	79	19	72
Slovenia	50	96	74	22	60	93	94	88	55	70
Sweden	83	97	91	96	89	97	97	93	51	88
Ukraine	28	78	24	28	21	80	79	35	9	42
United Kingdom	81	96	91	90	93	94	94	94	70	89
Average	67	91	60	60	54	91	89	71	36	
The Netherlands	72	87	60	38	66	82	83	80	44	68

Table 27a. Frequency of lifetime use of any illicit drug. Percentages among boys.

	Number of occasions in lifetime						
	0	1–2	3–5	6–9	10–19	20–39	40+
Bulgaria	85	7	3	1	2	1	2
Croatia	81	8	3	2	2	1	4
Cyprus	94	4	1	1	1	0	1
Czech Republic	60	12	7	3	5	4	9
Denmark	69	10	7	3	4	3	4
Estonia	79	8	4	3	2	1	4
Faroe Islands	91	5	2	0	1	0	0
Finland	89	5	3	1	1	1	1
France	62	9	7	4	4	4	11
FYROM	88	6	2	2	1	1	2
Greece	87	4	2	2	1	1	4
Greenland	79	8	5	3	1	1	3
Hungary	83	7	3	2	2	1	2
Iceland	82	7	3	2	2	2	2
Ireland	65	10	5	4	5	3	10
Italy	71	9	4	5	4	2	7
Latvia	74	9	6	4	3	2	3
Lithuania	79	5	6	4	3	1	2
Malta	91	6	1	0	1	0	1
Norway	85	5	3	1	2	2	3
Poland	77	7	4	4	2	2	4
Portugal	84	5	4	2	2	1	3
Romania	89	6	2	1	1	1	1
Russia	74	11	5	4	2	2	2
Slovak Republic	76	10	5	4	2	2	2
Slovenia	72	8	5	3	2	3	6
Sweden	89	5	2	2	1	1	1
Ukraine	73	11	5	3	4	2	2
United Kingdom	61	8	7	7	5	3	10
The Netherlands	..	..	..	..	..	..	..

Table 27b. Frequency of lifetime use of any illicit drug. Percentages among girls.

	Number of occasions in lifetime						
	0	1–2	3–5	6–9	10–19	20–39	40+
Bulgaria	88	5	3	1	1	1	2
Croatia	86	7	2	1	1	1	1
Cyprus	98	1	0	0	0	0	0
Czech Republic	70	10	6	4	3	3	4
Denmark	80	7	6	2	2	2	2
Estonia	88	5	3	1	1	1	1
Faroe Islands	94	2	2	1	0	0	0
Finland	90	4	2	1	1	0	1
France	68	8	8	4	4	3	5
FYROM	93	4	1	1	0	1	1
Greece	93	3	1	1	1	0	1
Greenland	79	7	5	3	5	1	1
Hungary	92	4	1	1	1	1	1
Iceland	87	5	2	2	2	2	1
Ireland	71	10	5	3	3	2	5
Italy	76	9	4	1	3	2	4
Latvia	82	7	4	3	2	1	1
Lithuania	90	3	3	2	0	1	0
Malta	92	5	1	1	1	0	1
Norway	89	4	2	1	1	1	2
Poland	87	5	3	2	1	0	2
Portugal	91	3	2	2	1	0	1
Romania	89	6	1	1	1	1	1
Russia	78	8	4	4	2	1	2
Slovak Republic	83	7	3	3	1	1	1
Slovenia	77	7	5	3	3	2	3
Sweden	94	3	2	1	0	0	0
Ukraine	86	7	3	2	1	1	1
United Kingdom	67	9	5	4	6	5	5
The Netherlands	..	..	..	..	..	..	..

Table 27c. Frequency of lifetime use of any illicit drug. Percentages among all students.

	Number of occasions in lifetime						
	0	1–2	3–5	6–9	10–19	20–39	40+
Bulgaria	86	6	3	1	1	1	2
Croatia	83	8	3	1	2	1	2
Cyprus	97	2	1	0	0	0	0
Czech Republic	65	11	6	4	4	3	7
Denmark	75	8	6	3	3	2	3
Estonia	84	6	3	2	2	1	2
Faroe Islands	92	4	2	1	1	0	0
Finland	90	4	3	1	1	1	1
France	65	9	7	4	4	4	8
FYROM	90	5	1	1	1	1	1
Greece	90	5	1	1	1	1	1
Greenland	79	7	5	3	3	1	2
Hungary	88	5	2	2	1	1	2
Iceland	84	6	3	2	2	1	2
Ireland	68	10	5	3	4	2	7
Italy	74	9	4	3	4	2	5
Latvia	78	8	5	3	2	1	2
Lithuania	85	4	5	3	2	1	1
Malta	92	6	1	1	1	0	1
Norway	87	5	2	1	1	1	2
Poland	82	6	4	3	2	1	3
Portugal	88	4	3	2	2	1	2
Romania	89	6	2	1	1	1	1
Russia	76	9	5	4	2	2	2
Slovak Republic	80	9	4	3	2	1	2
Slovenia	74	8	5	3	3	3	5
Sweden	91	4	2	1	1	1	0
Ukraine	79	9	4	3	3	2	2
United Kingdom	64	9	6	5	5	4	8
The Netherlands	..	..	..	..	..	..	..

Table 28a. Frequency of lifetime use of marijuana or hashish. Percentages among boys.

	Number of occasions used in lifetime							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Bulgaria	86	7	2	1	1	1	1	1
Croatia	82	8	3	1	1	1	4	1
Cyprus	95	3	1	0	0	1	1	2
Czech Republic	60	13	7	3	5	3	8	1
Denmark	70	11	5	3	4	3	4	2
Estonia	82	8	3	2	2	1	3	2
Faroe Islands	92	5	0	0	1	0	0	..
Finland	90	5	3	1	1	1	1	1
France	62	10	6	4	4	4	11	1
FYROM	90	5	2	1	0	0	1	1
Greece	89	4	1	1	1	1	4	0
Greenland	77	9	5	2	2	1	4	10
Hungary	84	1	3	2	1	1	2	1
Iceland	82	8	3	2	2	2	2	1
Ireland	65	11	4	4	6	3	7	1
Italy	72	8	4	4	4	2	7	0
Latvia	78	10	5	3	1	1	2	1
Lithuania	83	6	7	1	1	1	1	0
Malta	93	4	1	1	1	0	1	1
Norway	86	7	2	1	1	2	2	4
Poland	81	6	4	2	2	2	3	0
Portugal	88	4	3	1	2	1	2	2
Romania	98	2	1	..	0	..	0	1
Russia	75	12	5	2	2	2	1	1
Slovak Republic	76	11	5	3	3	1	2	1
Slovenia	73	8	5	2	2	3	6	1
Sweden	89	6	2	1	1	0	0	1
Ukraine	74	11	5	3	4	2	2	2
United Kingdom	61	10	6	6	4	3	9	1
The Netherlands	68	7	5	2	5	2	10	2
USA	57	10	5	4	5	4	16	..

Table 28b. Frequency of lifetime use of marijuana or hashish. Percentages among girls.

	Number of occasions used in lifetime							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Bulgaria	89	5	2	1	1	1	1	1
Croatia	87	6	2	1	1	1	1	1
Cyprus	99	1	0	0	0	0	0	1
Czech Republic	70	11	6	4	3	3	4	1
Denmark	80	8	5	1	2	2	2	1
Estonia	92	4	1	1	1	1	0	1
Faroe Islands	94	4	1	0	0	0	0	..
Finland	91	5	2	1	1	0	1	0
France	68	9	7	4	4	3	5	1
FYROM	94	4	1	1	0	1	0	1
Greece	93	3	1	1	1	1	1	0
Greenland	77	8	5	5	4	1	1	8
Hungary	93	4	1	1	1	0	1	0
Iceland	87	5	3	2	2	1	1	1
Ireland	71	11	5	4	4	2	3	1
Italy	77	9	3	1	4	3	4	0
Latvia	88	6	3	1	1	1	0	0
Lithuania	94	3	2	0	0	0	0	0
Malta	93	4	1	1	1	0	1	1
Norway	90	5	1	1	1	1	1	5
Poland	90	5	2	1	1	0	1	0
Portugal	93	3	1	1	1	0	1	1
Romania	99	1	–	0	0	0	–	2
Russia	80	9	5	2	2	1	1	0
Slovak Republic	85	7	3	2	1	1	1	1
Slovenia	77	8	5	2	3	2	3	0
Sweden	94	4	1	0	0	0	0	0
Ukraine	87	7	2	2	1	1	1	1
United Kingdom	68	10	4	4	5	5	4	0
The Netherlands	76	7	6	3	3	2	3	2
USA	62	11	6	4	5	4	9	..

Table 28c. Frequency of lifetime use of marijuana or hashish. Percentages among all students.

	Number of occasions used in lifetime							No answer %
	0	1–2	3–5	6–9	10–19	20–39	40+	
Bulgaria	88	6	2	1	1	1	1	1
Croatia	84	7	2	1	1	1	2	1
Cyprus	98	2	0	0	0	0	0	1
Czech Republic	65	12	6	3	4	3	6	1
Denmark	76	9	5	2	3	2	3	2
Estonia	87	6	2	1	1	1	2	1
Faroe Islands	93	4	1	0	1	0	0	·
Finland	90	5	2	1	1	0	1	1
France	65	9	6	4	4	3	8	1
FYROM	92	4	1	1	0	1	1	1
Greece	91	3	1	1	1	1	2	0
Greenland	77	8	5	3	3	1	2	9
Hungary	89	6	2	1	1	1	1	1
Iceland	85	7	3	2	2	1	1	1
Ireland	68	11	5	4	5	3	5	1
Italy	75	9	3	3	4	2	5	0
Latvia	83	8	4	2	1	1	1	0
Lithuania	88	5	5	1	1	1	1	0
Malta	93	4	1	1	1	0	1	1
Norway	88	6	2	1	1	1	2	5
Poland	86	5	3	1	1	1	2	0
Portugal	92	4	1	1	0	0	1	2
Romania	99	1	0	0	0	0	0	2
Russia	78	10	5	2	2	1	1	0
Slovak Republic	81	9	4	2	2	1	1	1
Slovenia	75	8	5	2	2	2	5	0
Sweden	92	5	1	1	0	0	0	1
Ukraine	80	9	3	2	2	2	1	1
United Kingdom	65	10	5	5	5	4	7	1
The Netherlands	72	7	6	3	4	2	6	1
USA	59	10	5	4	5	4	13	..

Table 29a. Frequency of use of marijuana or hashish during the last 12 months and the last 30 days. Percentages among boys.

	Number of occasions								
	Last 12 months					Last 30 days			
	0	1–2	3–5	6–9	10+	0	1–2	3–5	6+
Bulgaria	90	5	1	1	2	95	3	1	1
Croatia	86	5	2	1	5	93	3	1	3
Cyprus	97	2	1	0	1	98	1	0	1
Czech Republic	68	11	5	4	11	80	9	5	6
Denmark	77	10	4	4	5	89	7	2	2
Estonia	87	6	2	2	4	93	3	1	3
Faroe Islands	95	4	1	0	1	98	1	0	1
Finland	91	4	2	1	2	97	2	0	1
France	67	9	5	4	15	75	9	4	12
FYROM	92	4	2	1	2	96	2	0	1
Greece	90	4	1	1	4	93	3	1	3
Greenland	84	6	4	2	4	88	7	1	5
Hungary	88	6	2	1	3	95	3	0	2
Iceland	87	6	3	2	3	95	3	1	1
Ireland	69	10	5	5	11	82	7	4	7
Italy	77	5	4	5	9	83	5	7	4
Latvia	85	9	3	2	3	92	5	1	1
Lithuania	85	10	3	1	2	94	5	1	1
Malta	95	3	1	0	1	97	2	0	1
Norway	90	4	2	1	3	95	2	1	2
Poland	84	6	3	2	5	90	4	3	4
Portugal	88	5	3	2	4	93	3	1	3
Romania	99	1	0	..	0	98	2	1	0
Russia	85	9	2	2	2	95	3	1	0
Slovak Republic	82	9	4	2	3	92	5	2	2
Slovenia	77	8	4	2	8	86	7	2	5
Sweden	92	4	1	1	1	97	2	0	0
Ukraine	82	8	4	3	4	93	4	1	2
United Kingdom	68	10	5	5	12	82	8	3	8
The Netherlands	72	7	4	2	14	82	6	3	9
USA	66	9	5	4	17	78	6	4	12

Table 29b. Frequency of use of marijuana or hashish during the last 12 months and the last 30 days. Percentages among girls.

	Number of occasions								
	Last 12 months					Last 30 days			
	0	1–2	3–5	6–9	10+	0	1–2	3–5	6+
Bulgaria	93	4	1	1	2	97	2	1	1
Croatia	90	5	2	1	2	95	3	1	1
Cyprus	100	0	0	0	0	100	0	0	0
Czech Republic	77	9	5	3	6	87	7	3	3
Denmark	86	6	3	2	4	94	4	1	1
Estonia	94	4	1	1	1	97	2	1	1
Faroe Islands	96	3	1	0	1	100	1	0	0
Finland	93	4	1	1	1	98	1	0	0
France	72	9	6	4	9	81	9	4	6
FYROM	96	2	1	0	1	98	1	1	1
Greece	95	2	1	1	1	98	1	0	1
Greenland	85	7	3	2	4	92	7	1	2
Hungary	95	3	1	0	1	98	2	0	0
Iceland	91	5	2	1	2	97	3	1	0
Ireland	78	9	5	3	5	89	6	2	4
Italy	81	8	3	2	7	88	6	2	4
Latvia	93	4	1	1	1	97	2	0	0
Lithuania	96	4	0	0	0	98	2	0	0
Malta	95	3	1	1	1	98	2	0	0
Norway	92	3	1	1	2	97	2	1	1
Poland	92	4	2	1	2	96	2	1	2
Portugal	94	3	1	1	1	97	2	1	1
Romania	100	0	0	..	0	99	1		0
Russia	87	6	3	1	2	95	3	1	0
Slovak Republic	88	6	3	1	2	95	3	1	1
Slovenia	77	8	4	2	8	89	6	3	3
Sweden	96	3	0	0	0	99	1	0	0
Ukraine	92	4	2	1	1	97	2	0	0
United Kingdom	74	10	5	4	8	85	6	4	4
The Netherlands	81	8	4	2	5	90	5	3	2
USA	70	9	5	4	11	83	7	3	6

Table 29c. Frequency of use of marijuana or hashish during the last 12 months and the last 30 days. Percentages among all students.

	Number of occasions								
	Last 12 months					Last 30 days			
	0	1–2	3–5	6–9	10+	0	1–2	3–5	6+
Bulgaria	92	4	1	1	2	96	2	1	1
Croatia	88	5	2	1	4	94	3	1	2
Cyprus	98	1	0	0	0	99	0	0	0
Czech Republic	73	10	4	4	9	84	8	4	5
Denmark	81	8	4	3	5	92	5	2	1
Estonia	91	5	1	1	2	95	2	1	1
the Netherlands	95	3	1	0	0	99	1	0	0
Finland	92	4	1	1	2	98	2	0	1
France	69	9	6	4	12	78	9	4	9
FYROM	94	3	1	0	1	97	2	0	1
Greece	93	3	1	1	3	96	2	1	2
Greenland	84	7	4	2	4	90	7	1	2
Hungary	92	4	2	0	2	96	3	0	1
Iceland	89	5	2	2	2	96	3	1	1
Ireland	74	10	5	4	8	85	7	3	5
Italy	80	7	3	3	7	86	6	4	4
Latvia	89	6	2	1	2	95	4	1	1
Lithuania	90	7	2	1	1	96	3	1	1
Malta	95	3	1	1	1	97	2	0	0
Norway	91	4	2	1	3	96	2	1	1
Poland	88	5	3	1	2	93	3	2	2
Portugal	91	4	2	1	2	95	3	1	2
Romania	99	1	0	..	0	99	1	0	0
Russia	86	8	3	2	2	95	3	1	0
Slovak Republic	85	7	4	2	2	94	4	1	1
Slovenia	79	8	4	2	7	87	6	2	4
Sweden	94	4	1	1	1	98	2	0	0
Ukraine	87	6	3	2	2	95	3	1	1
United Kingdom	71	10	5	4	10	84	7	3	6
The Netherlands	77	8	4	2	9	86	6	3	5
USA	68	9	5	4	14	81	7	4	9

Table 30a. Frequency of lifetime use of any illicit drug other than marijuana or hashish. Percentages among boys.

	Number of occasions in lifetime						
	0	1–2	3–5	6–9	10–19	20–39	40+
Bulgaria	95	2	1	0	1	0	1
Croatia	94	3	1	0	1	0	1
Cyprus	96	2	1	1	1	0	1
Czech Republic	90	4	2	2	1	1	1
Denmark	91	4	2	1	1	1	0
Estonia	89	5	2	1	1	1	1
Faroe Islands	97	1	0	0	0	0	0
Finland	99	1	0	0	0	0	0
France	94	3	1	0	1	0	1
FYROM	95	2	1	0	0	0	1
Greece	94	2	1	1	1	1	1
Greenland	95	2	1	0	0	0	0
Hungary	94	2	2	1	0	0	1
Iceland	95	3	1	1	1	0	0
Ireland	89	4	2	1	1	1	2
Italy	91	7	1	1	0	0	0
Latvia	88	6	3	2	1	0	1
Lithuania	89	3	4	2	1	0	1
Malta	97	2	0	0	0	0	0
Norway	93	2	1	1	1	1	2
Poland	85	6	3	2	1	1	2
Portugal	92	4	1	1	0	0	1
Romania	99	5	2	1	1	1	1
Russia	93	4	1	1	1	0	0
Slovak Republic	94	3	1	1	1	0	1
Slovenia	93	3	2	1	1	0	1
Sweden	96	2	1	0	0	0	0
Ukraine	95	3	1	0	1	0	0
United Kingdom	87	6	2	2	1	1	2
The Netherlands	..	..	..	..	..	..	..

Table 30b. Frequency of lifetime use of any illicit drug other than marijuana or hashish. Percentages among girls.

	Number of occasions in lifetime						
	0	1–2	3–5	6–9	10–19	20–39	40+
Bulgaria	95	2	1	1	0	0	1
Croatia	95	3	0	1	0	0	0
Cyprus	99	1	0	0	0	0	0
Czech Republic	92	4	2	1	1	1	1
Denmark	95	2	1	1	1	0	1
Estonia	93	4	1	1	0	0	0
Faroe Islands	97	2	0	0	0	0	0
Finland	97	2	1	0	0	0	0
France	95	2	1	0	0	0	1
FYROM	98	1	1	0	0	0	0
Greece	98	1	0	0	0	0	1
Greenland	96	1	1	2	0	0	0
Hungary	96	2	1	1	0	0	1
Iceland	96	2	1	1	1	0	0
Ireland	92	3	1	1	1	1	1
Italy	93	5	1	0	0	0	0
Latvia	90	5	2	1	1	1	1
Lithuania	94	2	3	1	1	0	0
Malta	97	2	0	0	0	0	0
Norway	95	2	1	0	0	0	1
Poland	92	4	2	1	1	0	1
Portugal	96	2	1	1	0	0	0
Romania	99	6	1	1	0	1	1
Russia	90	5	2	1	0	1	1
Slovak Republic	95	3	1	1	0	0	0
Slovenia	93	3	2	1	1	0	0
Sweden	98	1	0	0	0	0	0
Ukraine	97	1	1	0	0	0	0
United Kingdom	89	5	2	2	1	1	1
The Netherlands	..	..	..	..	..	..	..

Table 30c. Frequency of lifetime use of any illicit drug other than marijuana or hashish. Percentages among all students.

	Number of occasions in lifetime						
	0	1–2	3–5	6–9	10–19	20–39	40+
Bulgaria	95	2	1	1	0	0	1
Croatia	94	3	1	0	0	0	0
Cyprus	98	2	0	0	0	0	0
Czech Republic	91	4	2	2	1	1	1
Denmark	93	3	2	1	1	0	0
Estonia	91	4	2	1	1	0	1
Faroe Islands	97	2	0	0	0	0	0
Finland	98	1	1	0	0	0	0
France	95	3	1	0	1	0	1
FYROM	97	1	1	0	0	0	1
Greece	96	2	1	0	0	0	1
Greenland	96	1	1	1	0	0	0
Hungary	95	2	1	1	0	0	1
Iceland	95	2	1	1	1	0	0
Ireland	91	3	1	1	1	1	2
Italy	92	6	1	1	0	0	0
Latvia	89	5	2	1	1	0	1
Lithuania	91	3	4	2	1	0	0
Malta	97	2	0	0	0	0	0
Norway	94	2	1	1	1	0	1
Poland	89	5	2	2	1	0	1
Portugal	94	3	1	1	0	0	1
Romania	99	5	1	1	0	1	1
Russia	91	4	2	1	0	0	1
Slovak Republic	95	3	1	1	1	0	0
Slovenia	93	3	2	1	1	0	0
Sweden	97	1	1	0	0	0	0
Ukraine	96	2	1	0	0	0	0
United Kingdom	88	5	2	2	1	1	1
The Netherlands	..	..	..	..	..	..	..

Table 31a. Lifetime experience of different illicit drugs. Percentages among boys.

	Ampheta-mines	LSD or other hallucino-gens	Crack	Cocaine	Ecstasy	Heroin by smoking	Heroin other than by smoking	Any drug by injec-tion	Any illicit drug other than mariju-ana/hashish
Bulgaria	2	1	1	2	2	3	1	1	5
Croatia	2	3	2	1	4	4	1	1	6
Cyprus	2	2	2	2	2	3	2	2	5
Czech Republic	5	7	1	1	4	3	1	1	10
Denmark	6	1	1	1	4	1	1	0	9
Estonia	8	3	1	2	4	..	2	1	11
Faroe Islands	1	0	1	1	1	1	1	1	3
Finland	1	1	0	0	1	0	0	0	1
France	3	2	2	2	4	..	1	1	6
FYROM	0	1	1	3	1	3	1	1	5
Greece	2	3	1	3	4	3	1	1	6
Greenland	2	0	0	0	0	3	1	0	5
Hungary	3	4	2	1	4	2	1	1	6
Iceland	4	1	1	2	1	1	1	1	5
Ireland	4	7	2	3	6	3	1	2	11
Italy	3	2	2	3	3	5	1	0	9
Latvia	5	4	1	3	8	6	4	1	12
Lithuania	2	2	1	1	6	5	1	1	12
Malta	2	1	1	1	3	1	0	0	3
Norway	3	2	2	2	3	2	4	1	7
Poland	8	5	1	2	3	7	2	1	15
Portugal	5	1	1	1	3	3	1	1	8
Romania	0	0	–	1	0	8	1	0	9
Russia	1	3	0	1	3	3	2	2	7
Slovak Republic	1	4	1	1	2	3	0	1	6
Slovenia	1	3	1	1	4	2	1	0	7
Sweden	2	2	1	1	2	2	1	1	4
Ukraine	2	3	0	1	3	3	1	1	5
United Kingdom	8	5	1	3	3	3	0	1	13
Average	3	3	1	2	3	3	1	1	7
The Netherlands	3	..	..	4	5	1	..	..	..
USA	14	..	4	..	..	2	2	2	..

Table 31b. Lifetime experience of different illicit drugs. Percentages among girls.

	Ampheta-mines	LSD or other hallucino-gens	Crack	Cocaine	Ecstasy	Heroin by smoking	Heroin other than by smoking	Any drug by injec-tion	Any illicit drug other than mariju-ana/hashish
Bulgaria	1	1	1	1	1	3	1	0	5
Croatia	1	1	1	1	2	5	1	0	5
Cyprus	0	0	0	0	0	1	0	0	1
Czech Republic	6	5	0	1	3	3	1	2	8
Denmark	3	1	1	1	2	1	1	0	5
Estonia	6	1	1	2	3	..	1	1	7
Faroe Islands	0	1	0	0	0	1	0	0	3
Finland	1	1	0	1	1	1	0	0	3
France	2	1	2	2	2	..	1	1	5
FYROM	1	0	0	0	1	2	0	0	2
Greece	1	1	0	1	1	1	0	1	2
Greenland	0	0	0	3	0	3	1	0	4
Hungary	2	3	0	1	3	1	1	0	4
Iceland	3	1	1	2	1	1	1	1	4
Ireland	2	4	1	2	4	2	0	1	8
Italy	2	2	1	2	1	4	0	0	8
Latvia	3	3	0	1	5	6	1	1	10
Lithuania	1	1	0	1	2	3	0	0	7
Malta	1	1	1	1	2	1	0	0	3
Norway	2	1	1	1	2	1	2	0	5
Poland	5	2	1	1	2	4	1	1	8
Portugal	2	1	0	0	2	2	1	0	4
Romania	0	0	0	1	0	9	1	0	9
Russia	1	4	0	1	2	5	3	2	10
Slovak Republic	1	2	0	0	1	2	0	0	5
Slovenia	1	2	1	2	4	2	1	0	7
Sweden	1	1	0	1	1	1	0	1	2
Ukraine	0	3	0	1	1	2	0	0	3
United Kingdom	7	3	2	4	3	3	1	1	11
Average	2	2	1	1	2	3	1	0	5
The Netherlands	2	..	..	2	3	0	..	..	..
USA	17	..	4	..	..	2	1	2	..

Table 31c. Lifetime experience of different illicit drugs. Percentages among all students.

	Ampheta-mines	LSD or other hallucino-gens	Crack	Cocaine	Ecstasy	Heroin by smoking	Heroin other than by smoking	Any drug by injec-tion	Any illicit drug other than mariju-ana/hashish
Bulgaria	1	1	1	1	1	3	1	1	5
Croatia	2	2	1	1	3	4	1	1	6
Cyprus	1	1	1	1	1	2	1	1	3
Czech Republic	5	5	1	1	4	3	1	1	9
Denmark	4	1	1	1	3	1	1	0	7
Estonia	7	2	1	2	3	..	1	1	9
Faroe Islands	1	1	0	1	1	1	1	1	3
Finland	1	1	0	1	1	1	0	0	2
France	2	1	2	2	3	1	..	1	6
FYROM	0	1	0	1	1	2	1	0	3
Greece	1	2	1	1	2	2	1	1	4
Greenland	1	0	0	2	0	3	1	1	4
Hungary	2	3	1	1	3	1	1	1	5
Iceland	4	1	0	2	1	1	1	1	5
Ireland	3	5	2	2	5	2	1	1	9
Italy	2	2	1	2	2	4	0	0	8
Latvia	4	3	1	2	6	7	2	1	11
Lithuania	2	1	0	1	4	4	1	1	9
Malta	1	1	1	1	2	1	0	0	3
Norway	3	2	1	1	3	2	3	1	6
Poland	7	4	1	2	3	5	1	1	11
Portugal	3	1	1	1	2	3	1	0	6
Romania	0	0	0	1	0	8	1	0	9
Russia	1	4	0	1	2	4	3	2	9
Slovak Republic	1	3	1	0	2	2	0	0	5
Slovenia	1	2	1	1	4	2	1	0	7
Sweden	1	1	1	1	1	1	1	1	3
Ukraine	1	2	0	1	2	2	1	1	4
United Kingdom	8	5	2	3	3	3	0	1	13
Average	2	2	1	1	2	3	1	1	6
The Netherlands	2	..	..	3	4	1	..	..	..
USA	16	10	4	8	6	2	1	2	..

Table 32a. Lifetime use of tranquillisers or sedatives; anabolic steroids; alcohol together with pills. Percentages among boys.

	Tranquillisers or sedatives by prescription	Tranquillisers or sedatives without prescription	Anabolic steroids	Alcohol together with pills
Bulgaria	3	3	4	3
Croatia	17	6	4	9
Cyprus	8	6	5	4
Czech Republic	24	14	3	9
Denmark	8	5	1	11
Estonia	3	2	2	3
Faroe Islands	5	5	0	9
Finland	5	3	1	7
France	17	10	1	6
FYROM	6	4	1	4
Greece	4	5	3	4
Greenland	6	3	2	3
Hungary	8	7	3	7
Iceland	12	10	1	8
Ireland	13	5	3	9
Italy	7	5	0	3
Latvia	5	3	1	7
Lithuania	12	8	1	7
Malta	9	5	2	9
Norway	15	4	2	6
Poland	10	13	6	8
Portugal	11	6	2	4
Romania	7	3	1	4
Russia	5	4	2	5
Slovak Republic	13	5	3	7
Slovenia	7	7	3	7
Sweden	9	5	2	9
Ukraine	4	3	2	3
United Kingdom	8	6	2	9
Average	9	6	2	6
The Netherlands	..	..	..	..
USA	..	..	4	..

Table 32b. Lifetime use of tranquillisers or sedatives; anabolic steroids; alcohol together with pills. Percentages among girls.

	Tranquillisers or sedatives by prescription	Tranquillisers or sedatives without prescription	Anabolic steroids	Alcohol together with pills
Bulgaria	4	4	1	5
Croatia	19	9	2	11
Cyprus	6	5	1	2
Czech Republic	29	21	1	19
Denmark	6	5	0	19
Estonia	3	1	1	5
Faroe Islands	4	2	0	12
Finland	6	9	0	19
France	20	14	1	9
FYROM	6	9	0	4
Greece	4	5	1	4
Greenland	4	2	1	1
Hungary	11	13	2	8
Iceland	10	10	0	13
Ireland	9	4	2	14
Italy	12	8	1	3
Latvia	6	4	0	7
Lithuania	17	17	0	6
Malta	9	5	1	14
Norway	13	3	0	10
Poland	16	24	1	12
Portugal	16	9	0	6
Romania	11	7	0	4
Russia	7	9	1	9
Slovak Republic	18	9	0	13
Slovenia	8	9	2	12
Sweden	7	6	0	18
Ukraine	4	2	0	3
United Kingdom	9	3	2	13
Average	10	8	1	10
The Netherlands	..	..	..	..
USA	..	..	1	..

Table 32c. Lifetime use of tranquillisers or sedatives; anabolic steroids; alcohol together with pills. Percentages among all students.

	Tranquillisers or sedatives by prescription	Tranquillisers or sedatives without prescription	Anabolic steroids	Alcohol together with pills
Bulgaria	4	4	2	4
Croatia	18	8	3	10
Cyprus	7	6	2	3
Czech Republic	26	18	2	14
Denmark	7	5	1	15
Estonia	3	2	1	4
Faroe Islands	7	3	0	11
Finland	5	6	0	13
France	18	12	1	8
FYROM	6	7	1	4
Greece	4	5	2	4
Greenland	5	3	2	2
Hungary	9	10	2	8
Iceland	11	10	1	10
Ireland	11	5	2	11
Italy	10	7	0	3
Latvia	6	3	1	7
Lithuania	15	12	1	7
Malta	9	5	1	12
Norway	14	4	1	8
Poland	13	18	3	10
Portugal	14	8	1	5
Romania	10	5	0	4
Russia	6	6	1	7
Slovak Republic	15	7	1	11
Slovenia	8	8	2	9
Sweden	8	6	1	14
Ukraine	4	3	1	3
United Kingdom	8	4	2	11
Average	10	7	1	8
The Netherlands	..	..	..	..
USA	..	8	3	..

Table 33a. Frequency of use of inhalants during the lifetime, the last 12 months and the last 30 days. Percentages among boys.

	Number of occasions							
	Lifetime					Last 12 months		Last 30 days
	0	1–2	3–5	6–9	10+	1–2	3+	1+
Bulgaria	96	2	1	0	0	1	1	2
Croatia	85	8	2	1	4	4	3	3
Cyprus	..	..	..	..	..	..	..	..
Czech Republic	92	6	1	0	1	3	1	1
Denmark	93	4	2	0	1	3	2	1
Estonia	92	5	1	1	1	2	1	2
Faroe Islands	93	4	0	1	1	2	1	2
Finland	95	3	1	1	1	1	1	1
France	88	7	2	1	2	3	3	3
FYROM	95	4	1	0	1	2	1	2
Greece	82	8	3	2	5	7	5	6
Greenland	79	7	3	4	7	6	8	5
Hungary	94	4	1	1	1	2	1	2
Iceland	87	6	2	1	3	3	4	3
Ireland	78	12	4	2	5	7	5	5
Italy	93	5	0	1	0	3	2	4
Latvia	93	6	0	1	1	2	0	1
Lithuania	87	5	5	1	2	5	3	3
Malta	85	9	2	2	3	6	4	5
Norway	94	3	1	1	2	2	2	2
Poland	90	7	1	1	0	2	2	2
Portugal	96	3	1	0	1	1	1	1
Romania	98	2	0	0	0	1	0	2
Russia	89	7	2	1	2	1	1	1
Slovak Republic	92	4	2	1	2	2	2	2
Slovenia	85	10	2	1	2	5	3	3
Sweden	91	5	1	1	2	2	2	2
Ukraine	91	5	2	1	2	3	2	2
United Kingdom	86	8	3	1	2	4	2	4
Average	90	6	2	1	2	3	2	3
The Netherlands	..	..	..	..	..	..	..	..
USA	83	10	4	1	2	5	3	3

Table 33b. Frequency of use of inhalants during the lifetime, the last 12 months and the last 30 days. Percentages among girls.

	Number of occasions							
	Lifetime					Last 12 months		Last 30 days
	0	1–2	3–5	6–9	10+	1–2	3+	1+
Bulgaria	98	1	0	0	0	1	0	0
Croatia	88	7	2	1	2	4	2	3
Cyprus	..	..	..	..	..	..	..	..
Czech Republic	94	5	1	0	1	2	1	1
Denmark	92	4	2	1	2	3	2	1
Estonia	94	5	1	0	0	2	1	1
Faroe Islands	97	3	0	0	0	1	0	0
Finland	94	5	1	0	1	2	1	1
France	91	6	1	1	1	3	1	2
FYROM	96	2	1	0	1	1	1	1
Greece	88	7	2	1	2	4	3	4
Greenland	83	7	5	2	4	5	4	5
Hungary	97	1	1	0	1	1	1	1
Iceland	92	5	1	1	1	3	2	2
Ireland	79	11	4	2	4	6	4	3
Italy	95	3	1	0	1	2	2	3
Latvia	96	3	0	0	0	1	1	1
Lithuania	94	3	2	0	0	2	1	1
Malta	83	9	3	2	3	6	5	6
Norway	95	3	1	0	1	2	1	1
Poland	93	5	1	1	1	3	1	1
Portugal	97	2	0	0	1	1	1	1
Romania	99	1	0	0	0	0	0	1
Russia	92	5	2	1	0	1	0	0
Slovak Republic	94	5	1	0	1	3	1	1
Slovenia	87	9	2	1	1	4	2	3
Sweden	92	6	1	0	1	2	1	1
Ukraine	93	5	1	1	1	2	1	3
United Kingdom	83	8	4	2	3	4	4	4
Average	92	5	1	1	1	3	2	2
The Netherlands	..	..	..	..	..	..	..	..
USA	83	10	3	2	2	4	3	2

Table 33c. Frequency of use of inhalants during the lifetime, the last 12 months and the last 30 days. Percentages among all students.

	Number of occasions							
	Lifetime					Last 12 months		Last 30 days
	0	1–2	3–5	6–9	10+	1–2	3+	1+
Bulgaria	97	2	1	0	0	1	1	1
Croatia	87	7	2	1	3	4	3	3
Cyprus	..	..	..	..	..	..	..	..
Czech Republic	93	5	1	0	1	2	1	1
Denmark	93	4	2	1	1	3	2	1
Estonia	93	5	1	1	1	2	1	1
Faroe Islands	95	4	0	1	0	1	1	1
Finland	95	4	1	0	1	2	1	1
France	89	7	2	1	2	3	2	3
FYROM	96	3	1	0	1	1	1	1
Greece	86	7	3	1	3	5	4	5
Greenland	81	7	4	3	5	5	6	4
Hungary	96	3	1	1	1	1	1	1
Iceland	89	6	2	1	2	3	3	2
Ireland	78	11	4	2	4	7	5	4
Italy	94	4	1	1	1	2	2	3
Latvia	94	4	0	0	1	1	0	1
Lithuania	90	4	4	1	1	4	2	2
Malta	84	9	3	2	3	6	5	6
Norway	94	3	1	1	1	2	1	2
Poland	91	6	1	1	1	3	2	1
Portugal	97	2	1	0	1	1	1	1
Romania	99	1	0	0	0	0	0	1
Russia	91	6	2	1	1	1	0	1
Slovak Republic	93	4	1	0	1	3	1	2
Slovenia	86	10	2	1	2	5	3	3
Sweden	92	5	1	1	1	2	2	2
Ukraine	92	5	1	1	2	3	2	2
United Kingdom	85	8	4	1	3	4	3	4
Average	91	5	2	1	2	3	2	2
The Netherlands	..	..	..	..	..	..	..	..
USA	83	10	3	2	2	4	3	3

Table 34a. First drug used. Percentages among boys.

	Never used any	Tranquil-lizers or sedatives	Mariju-ana or hashish	LSD	Amphe-tamines	Crack	Cocaine	Heroin	Ecstasy	Don't know
Bulgaria	87	1	10	..	0	..	0	1	0	1
Croatia	81	1	15	0	0	0	0	0	0	1
Cyprus	93	2	2	0	0	0	1	0	1	1
Czech Republic	59	1	37	0	0	0	0	0	0	1
Denmark	68	2	27	0	2	0	0	0	0	2
Estonia	77	0	16	0	0	0	0	0	0	1
Faroe Islands	86	2	6	0	0	0	0	0	0	0
Finland	88	1	10	0	0	0	0	0	0	0
France	55	3	38	..	0	0	..	..	0	1
FYROM	88	0	9	..	..	..	0	1	0	1
Greece	85	2	11	0	0	0	0	0	1	1
Greenland	71	2	23	0	1	0	0	1	0	2
Hungary	82	1	11	0	1	0	0	0	1	0
Iceland	78	4	16	0	0	0	0	0	0	0
Ireland	64	1	33	0	0	0	0	0	0	1
Italy	72	0	24	0	..	1	0	1	0	1
Latvia	75	1	16	1	1	..	0	1	3	3
Lithuania	73	5	11	1	0	0	0	1	3	4
Malta	90	1	5	0	1	0	0	0	1	0
Norway	84	1	13	0	1	0	0	0	1	1
Poland	73	6	14	1	2	0	0	0	1	2
Portugal	82	1	14	0	1	0	0	0	1	1
Romania	95	0	2	0	..	0	0	0	0	1
Russia	78	1	17	1	0	0	..	1	0	1
Slovak Republic	75	0	22	0	0	0	0	1	0	0
Slovenia	72	1	26	0	0	0	0	0	1	1
Sweden	88	1	9	0	0	..	0	0	0	1
Ukraine	80	1	15	1	0	0	0	0	1	3
United Kingdom	61	0	36	0	0	0	0	1	1	1
Average	78	1	17	0	0	0	0	0	1	1
The Netherlands	..	..	..	..	..	..	..	..	..	..

Table 34b. First drug used. Percentages among girls.

	Never used any	Tranquil-lizers or sedatives	Mariju-ana or hashish	LSD	Amphe-tamines	Crack	Cocaine	Heroin	Ecstasy	Don't know
Bulgaria	90	2	6	..	0	0	..	1	0	1
Croatia	85	3	10	0	0	0	0	0	0	2
Cyprus	98	2	0	0	0	0	0	0	0	0
Czech Republic	64	7	26	0	1	0	0	0	0	1
Denmark	77	2	18	0	0	0	0	0	0	1
Estonia	87	0	5	0	4	0	0	0	0	2
Faroe Islands	91	2	4	0	0	0	0	0	0	0
Finland	86	5	7	0	0	0	0	0	0	1
France	61	4	31	..	..	..	0	..	0	0
FYROM	92	2	5	..	..	0	..	0	0	0
Greece	90	3	6	0	0	0	0	0	0	1
Greenland	72	1	23	0	0	0	0	1	0	3
Hungary	87	3	4	0	1	0	0	0	1	0
Iceland	82	5	11	0	1	0	0	0	0	1
Ireland	70	1	27	0	0	0	..	0	0	0
Italy	75	2	21	..	0	..	..	0	..	1
Latvia	85	1	8	0	1	..	0	1	2	2
Lithuania	76	15	4	0	0	0	0	1	1	2
Malta	91	2	5	0	0	0	0	0	1	1
Norway	88	1	9	0	0	0	0	0	0	1
Poland	74	16	6	0	2	0	0	0	0	2
Portugal	88	3	8	0	1	0	0	0	0	0
Romania	96	2	1	..	0	0	0	0	..	0
Russia	78	4	13	1	0	..	0	1	0	2
Slovak Republic	82	3	13	0	0	0	0	0	0	1
Slovenia	75	3	21	..	0	..	0	0	1	0
Sweden	91	3	5	..	0	0	0	0	0	1
Ukraine	91	1	6	0	0	0	0	0	1	1
United Kingdom	67	1	29	0	1	0	1	0	0	1
Average	82	3	11	0	0	0	0	0	0	1
The Netherlands	..	..	..	..	..	..	..	..	..	..

Table 34c. First drug used. Percentages among all students.

	Never used any	Tranquil-lizers or sedatives	Mariju-ana or hashish	LSD	Amphe-tamines	Crack	Cocaine	Heroin	Ecstasy	Don't know
Bulgaria	89	2	8	..	0	..	0	1	0	1
Croatia	83	2	13	0	0	0	0	0	0	1
Cyprus	96	2	1	0	0	0	0	0	0	1
Czech Republic	62	4	31	0	1	0	0	0	0	1
Denmark	73	2	23	0	1	0	0	0	0	1
Estonia	82	0	10	0	3	0	0	0	0	1
Faroe Islands	89	2	5	0	0	0	0	0	0	0
Finland	87	3	8	0	0	0	0	0	0	1
France	58	4	34	..	0	0	0	..	0	1
FYROM	90	2	7	..	..	0	0	1	0	1
Greece	88	2	8	0	0	0	0	0	0	1
Greenland	71	2	23	0	0	0	0	1	0	2
Hungary	85	2	8	0	1	0	0	0	1	0
Iceland	80	4	14	0	0	0	0	0	0	0
Ireland	67	1	30	0	0	0	0	0	0	0
Italy	74	1	22	0	0	1	1	0	0	1
Latvia	80	1	12	0	1	..	0	1	3	2
Lithuania	74	10	8	1	0	0	0	1	2	3
Malta	90	2	5	0	0	0	0	0	1	1
Norway	86	1	11	0	0	0	0	0	1	1
Poland	74	11	10	0	2	0	0	0	1	2
Portugal	85	2	11	0	1	0	0	0	1	1
Romania	95	1	1	0	0	0	0	0	0	0
Russia	78	3	15	1	0	0	0	1	0	1
Slovak Republic	79	2	18	0	0	0	0	1	0	0
Slovenia	73	2	24	0	0	0	0	0	1	0
Sweden	89	2	7	0	0	0	0	0	0	1
Ukraine	85	1	11	0	0	0	0	0	1	2
United Kingdom	64	0	32	0	1	0	0	1	0	1
Average	80	3	14	0	0	0	0	0	0	1
The Netherlands	..	..	..	..	..	..	..	..	..	..

Table 35a. How the first used drug was obtained. Percentages among boys.

	Never used any illicit drug	Given by older brother or sister	Given by older friend	Given by friend of the same age or younger	Given by some-one else	Shared in a group	Bought from a friend	Bought from some-one else	Other way
Bulgaria	87	0	4	3	1	1	1	1	1
Croatia	82	0	3	4	0	7	2	1	1
Cyprus	93	0	1	1	0	1	0	1	3
Czech Republic	59	1	8	12	1	14	1	1	3
Denmark	69	1	8	9	1	3	3	3	3
Estonia	78	1	5	5	1	6	2	2	1
Faroe Islands	86	2	6	0	0	0	0	0	0
Finland	89	1	3	2	1	2	1	1	1
France	57	1	7	9	0	16	2	1	7
FYROM	89	0	2	3	0	1	1	1	2
Greece	85	1	4	3	1	3	1	1	3
Greenland	73	2	8	3	0	8	3	1	2
Hungary	82	0	4	3	1	6	1	1	2
Iceland	79	1	4	5	1	3	3	2	3
Ireland	65	1	6	8	1	12	2	2	2
Italy	70	0	7	10	0	11	1	1	2
Latvia	75	0	5	3	0	8	2	5	2
Lithuania	73	1	5	6	1	5	4	3	4
Malta	90	0	2	1	0	2	1	0	2
Norway	85	0	3	3	1	2	2	1	2
Poland	74	1	4	3	1	7	4	1	5
Portugal	82	0	3	2	0	9	2	1	1
Romania	95	0	1	1	1	1	1	0	2
Russia	77	1	5	4	0	10	1	2	0
Slovak Republic	75	1	5	8	1	5	3	0	2
Slovenia	72	1	5	5	1	11	1	1	2
Sweden	88	0	3	2	1	3	1	0	2
Ukraine	80	1	4	4	1	8	1	1	1
United Kingdom	61	2	8	9	1	13	3	2	2
Average	78	1	5	5	1	6	2	1	2
The Netherlands	..	..	..	..	..	..	..	..	..

Table 35b. How the first used drug was obtained. Percentages among girls.

	Never used any illicit drug	Given by older brother or sister	Given by older friend	Given by friend of the same age or younger	Given by some-one else	Shared in a group	Bought from a friend	Bought from some-one else	Other way
Bulgaria	90	0	3	3	0	2	0	1	1
Croatia	85	0	3	2	0	5	1	0	3
Cyprus	98	0	0	0	0	0	0	0	2
Czech Republic	64	1	10	6	0	10	0	0	8
Denmark	78	1	5	6	1	4	2	1	3
Estonia	87	0	4	2	1	5	1	0	1
Faroe Islands	91	2	4	0	0	0	0	0	0
Finland	86	1	3	2	1	2	1	1	3
France	63	1	5	5	0	18	1	0	6
FYROM	92	0	3	2	0	0	0	0	2
Greece	91	0	3	2	0	1	0	0	3
Greenland	76	0	8	1	1	13	1	1	2
Hungary	88	0	2	1	1	3	1	0	4
Iceland	83	0	4	3	1	2	1	1	5
Ireland	71	1	6	6	1	12	1	1	2
Italy	74	0	8	4	0	10	1	0	2
Latvia	85	0	4	2	1	6	1	1	1
Lithuania	76	0	4	3	0	4	1	1	11
Malta	91	0	3	1	0	2	1	0	3
Norway	88	1	3	2	1	2	1	0	1
Poland	75	1	3	1	0	6	1	0	14
Portugal	88	0	3	1	0	5	1	0	2
Romania	97	0	1	0	0	0	1	0	2
Russia	79	1	5	3	0	11	0	0	1
Slovak Republic	83	1	6	3	0	4	1	0	3
Slovenia	75	1	6	3	0	10	2	1	3
Sweden	91	0	3	1	1	1	0	0	3
Ukraine	91	1	3	2	0	4	0	0	1
United Kingdom	68	1	10	5	0	12	1	1	3
Average	83	0	4	2	0	5	1	0	3
The Netherlands	..	..	..	..	..	..	..	..	..

Table 35c. How the first used drug was obtained. Percentages among all students.

	Never used any illicit drug	Given by older brother or sister	Given by older friend	Given by friend of the same age or younger	Given by some-one else	Shared in a group	Bought from a friend	Bought from some-one else	Other way
Bulgaria	89	0	3	3	1	1	1	1	1
Croatia	83	0	3	3	0	6	1	1	2
Cyprus	96	0	1	0	0	1	0	0	2
Czech Republic	62	1	9	9	1	12	1	0	6
Denmark	74	1	7	8	1	4	2	2	3
Estonia	83	1	4	3	1	5	1	1	1
Faroe Islands	89	2	5	0	0	0	0	0	0
Finland	88	1	3	2	1	2	1	1	2
France	60	1	6	7	0	17	2	1	6
FYROM	91	0	2	2	0	1	1	1	2
Greece	88	0	3	3	0	2	1	0	3
Greenland	75	1	8	2	1	11	2	1	2
Hungary	85	0	3	2	1	5	1	0	3
Iceland	81	1	4	4	1	2	2	2	4
Ireland	68	1	6	7	1	12	2	2	2
Italy	73	0	8	7	0	10	1	1	2
Latvia	80	0	4	3	0	7	2	3	1
Lithuania	74	0	4	4	1	4	3	2	7
Malta	91	0	2	1	0	2	1	0	2
Norway	86	0	3	3	1	2	2	1	2
Poland	75	1	3	2	0	6	2	0	9
Portugal	85	0	3	2	0	7	1	0	2
Romania	96	0	1	0	0	1	1	0	2
Russia	78	1	5	4	0	10	0	1	1
Slovak Republic	79	1	6	5	0	5	2	0	2
Slovenia	73	1	6	4	1	11	2	1	3
Sweden	89	0	3	2	1	2	1	0	3
Ukraine	85	1	3	3	1	6	0	1	1
United Kingdom	64	2	9	7	1	12	2	2	3
Average	81	1	4	4	0	6	1	1	3
The Netherlands	..	..	..	..	..	..	..	..	..

Table 36a. Reasons for first drug use. Percentages among boys who have used drugs.[a)]

	Wanted to feel high	Did not want to stand out of the group	Had nothing to do	Was curious	Wanted to forget my problems	Other reasons	Don't re-member
Bulgaria	8	6	4	75	6	2	3
Croatia	27	12	7	61	8	5	6
Cyprus	20	14	5	44	13	13	14
Czech Republic	23	6	5	66	4	10	8
Denmark	34	4	2	74	5	49	3
Estonia	16	10	8	71	4	5	4
Faroe Islands	8	0	4	42	2	6	25
Finland	30	4	9	58	8	10	3
France	30	9	13	66	12	7	7
FYROM	20	17	4	55	13	14	7
Greece	15	3	3	65	16	11	2
Greenland	15	4	15	56	7	4	11
Hungary	29	11	3	60	9	12	7
Iceland	38	4	5	44	4	8	8
Ireland	24	6	8	67	4	6	3
Italy	29	5	3	77	12	5	2
Latvia	17	8	10	63	6	3	10
Lithuania	25	24	6	68	9	8	3
Malta	19	5	6	38	10	13	8
Norway	32	10	8	63	10	32	6
Poland	19	9	9	66	9	13	9
Portugal	28	9	6	67	13	4	5
Romania	19	6	4	54	10	10	10
Russia	26	4	13	57	4	4	9
Slovak Republic	34	11	9	66	6	8	5
Slovenia	25	3	4	70	5	5	5
Sweden	26	6	11	66	8	14	4
Ukraine	31	10	12	49	7	3	5
United Kingdom	30	10	8	65	7	6	5
Average	24	8	7	61	8	10	7
The Netherlands	..	..	..	..	..	..	..

a) More than one answer allowed.

Table 36b. Reasons for first drug use. Percentages among girls who have used drugs.[a)]

	Wanted to feel high	Did not want to stand out of the group	Had nothing to do	Was curious	Wanted to forget my problems	Other reasons	Don't re-member
Bulgaria	9	7	4	77	18	3	1
Croatia	26	8	3	58	19	11	6
Cyprus	30	3	0	21	21	21	9
Czech Republic	21	6	4	62	12	15	7
Denmark	25	4	1	75	11	52	0
Estonia	16	4	6	80	8	13	2
Faroe Islands	9	4	0	37	12	21	12
Finland	25	1	7	62	17	17	5
France	29	12	6	76	20	10	5
FYROM	14	9	8	51	14	18	14
Greece	15	3	7	52	16	19	3
Greenland	19	15	4	46	12	12	12
Hungary	18	5	3	46	19	26	4
Iceland	28	4	4	49	13	8	17
Ireland	17	3	6	76	7	4	4
Italy	19	4	6	57	19	10	7
Latvia	10	7	7	71	5	4	8
Lithuania	10	19	5	46	30	28	4
Malta	17	6	6	38	18	12	2
Norway	31	14	7	84	18	52	5
Poland	7	3	3	48	17	31	10
Portugal	20	2	2	59	24	8	7
Romania	9	6	3	37	23	17	11
Russia	18	0	14	64	9	5	9
Slovak Republic	38	10	10	67	18	12	5
Slovenia	24	4	2	66	18	8	6
Sweden	23	3	3	53	11	19	5
Ukraine	13	7	10	65	15	6	6
United Kingdom	20	8	9	72	12	9	7
Average	19	6	5	58	16	16	7
The Netherlands	..	..	..	..	..	..	..

a) More than one answer allowed.

Table 36c. Reasons for first drug use. Percentages among all students who have used drugs.[a)]

	Wanted to feel high	Did not want to stand out of the group	Had nothing to do	Was curious	Wanted to forget my problems	Other reasons	Don't remember
Bulgaria	9	7	4	76	12	23	2
Croatia	27	10	5	60	13	8	6
Cyprus	23	9	4	36	15	15	13
Czech Republic	21	6	4	64	8	13	8
Denmark	30	4	2	75	8	50	2
Estonia	19	7	7	75	6	9	3
Faroe Islands	8	1	3	41	6	11	21
Finland	27	2	8	60	13	14	5
France	30	10	10	70	16	8	6
FYROM	18	14	6	54	13	17	10
Greece	15	3	5	59	16	15	2
Greenland	15	12	8	50	8	8	12
Hungary	25	8	3	54	13	17	6
Iceland	33	4	4	46	9	8	11
Ireland	20	5	7	71	5	5	3
Italy	23	4	5	65	16	8	5
Latvia	14	7	9	66	6	3	9
Lithuania	19	22	6	58	19	17	3
Malta	18	6	6	38	14	13	5
Norway	32	12	9	71	14	40	6
Poland	13	6	6	55	13	23	10
Portugal	25	6	5	63	18	7	6
Romania	13	5	3	45	18	13	10
Russia	22	4	13	57	9	4	9
Slovak Republic	36	11	9	66	12	9	5
Slovenia	25	3	3	69	10	6	5
Sweden	25	5	8	60	12	16	4
Ukraine	25	9	12	54	9	4	5
United Kingdom	26	9	9	68	10	7	6
Average	22	7	6	59	12	14	7
The Netherlands	..	..	..	..	..	..	..

a) More than one answer allowed.

Table 37. Age at time of first use of different substances (marijuana or hashish, LSD, ecstasy, tranquillisers or sedatives, inhalants). Percentages answering 13 years or younger.

	Boys					Girls					All students				
	Marijuana or hashish	LSD	XTC	Tranquillisers or sedatives	Inhalants	Marijuana or hashish	LSD	XTC	Tranquillisers or sedatives	Inhalants	Marijuana or hashish	LSD	XTC	Tranquillisers or sedatives	Inhalants
Bulgaria	2	1	1	1	1	1	0	0	1	1	2	1	1	1	1
Croatia	3	0	1	1	4	1	0	0	1	5	2	0	1	1	5
Cyprus	1	0	0	1	..	0	0	0	1	..	1	0	0	2	..
Czech Republic	4	1	0	3	2	4	0	0	4	1	1	1	0	3	2
Denmark	6	0	0	2	2	4	0	0	1	2	5	0	0	1	2
Estonia	3	1	1	1	2	1	0	0	0	2	2	1	0	0	3
Faroe Islands	2	0	0	2	1	0	0	0	2	1	1	0	0	2	1
Finland	1	0	0	1	2	1	0	0	1	2	1	0	0	1	2
France	9	1	1	4	5	6	0	0	4	3	7	0	1	4	4
FYROM	1	0	0	1	1	0	..	0	1	1	1	0	0	1	1
Greece	2	0	0	1	7	1	0	0	1	4	1	0	0	1	5
Greenland	3	1	1	3	7	4	0	0	1	3	4	0	0	1	5
Hungary	1	1	1	2	2	0	0	0	1	1	1	1	1	1	1
Iceland	3	..	..	2	4	2	..	..	2	3	3	..	..	2	3
Ireland	9	2	1	1	8	5	1	0	1	8	7	1	0	1	8
Italy	3	0	1	1	0	3	0	0	3	0	3	0	0	2	0
Latvia	3	1	2	1	2	1	1	1	1	1	2	1	1	1	1
Lithuania	1	0	0	1	2	0	0	0	4	1	1	0	0	3	2
Malta	2	0	0	1	6	1	0	0	1	7	1	0	0	1	7
Norway	3	1	1	1	4	1	0	0	1	2	2	0	0	1	3
Poland	2	0	0	2	1	1	0	0	4	1	1	0	0	3	1
Portugal	3	1	1	2	3	2	0	0	3	2	2	0	1	3	3
Romania	0	0	0	1	1	0	0	0	1	0	0	0	0	1	0
Russia	5	1	0	1	4	4	0	0	1	3	4	1	0	1	4
Slovak Republic	2	0	0	1	2	2	0	0	2	1	2	0	0	2	2
Slovenia	4	1	1	1	5	3	0	0	2	6	4	0	0	2	5
Sweden	2	0	1	1	5	0	.	0	1	5	1	0	0	1	5
Ukraine	4	0	1	1	1	1	0	0	1	1	2	0	0	1	1
United Kingdom	14	2	0	2	7	14	1	1	1	9	14	2	1	2	8
Average	3	1	1	1	3	2	0	0	2	3	3	0	0	2	3
The Netherlands	11	..	1	..	..	7	..	0	..	..	9	..	1	..	..
USA	..	..	..	..	..	..	..	..	..	..	13	1	..	1	10

Table 38a. Places where marijuana or hashish easily can be bought. Percentages among boys.[a)]

	Don't know of any such place	Street, park etc.	School	Disco, bar etc.	House of a dealer	Other places
Bulgaria	68	19	10	16	7	2
Croatia	52	22	12	23	15	6
Cyprus	58	11	10	31	17	7
Czech Republic	22	31	28	52	15	18
Denmark	25	34	14	49	40	29
Estonia	53	13	11	23	24	9
Faroe Islands	..	..	..	..	..	..
Finland	48	29	8	18	18	8
France	36	26	37	21	38	8
FYROM	68	14	5	16	10	6
Greece	33	38	17	38	15	9
Greenland	65	22	2	7	10	9
Hungary	54	8	8	31	11	10
Iceland	47	17	11	21	28	8
Ireland	24	36	28	43	26	8
Italy	34	34	37	37	24	10
Latvia	63	9	4	12	20	5
Lithuania	63	12	7	22	12	5
Malta	53	6	1	20	5	6
Norway	36	44	20	29	32	15
Poland	50	23	24	28	21	6
Portugal	45	21	16	28	17	6
Romania	80	4	4	12	3	1
Russia	65	11	2	14	7	9
Slovak Republic	35	25	22	45	16	10
Slovenia	36	34	26	32	20	9
Sweden	57	18	12	12	14	12
Ukraine	78	8	4	8	9	5
United Kingdom	29	33	28	34	43	12
Average	44	19	13	23	17	8
The Netherlands	..	..	..	..	..	..

a) More than one answer allowed.

Table 38b. Places where marijuana or hashish easily can be bought. Percentages among girls.[a)]

	Don't know of any such place	Street, park etc.	School	Disco, bar etc.	House of a dealer	Other places
Bulgaria	62	20	11	24	8	3
Croatia	45	25	10	35	21	6
Cyprus	62	10	9	33	17	4
Czech Republic	16	33	24	67	18	18
Denmark	27	30	12	59	42	28
Estonia	51	14	11	35	19	7
Faroe Islands	..	..	..	..	..	..
Finland	38	38	11	28	24	13
France	34	21	39	28	37	9
FYROM	73	11	5	18	10	4
Greece	35	34	19	47	21	6
Greenland	71	14	1	4	11	11
Hungary	48	7	6	40	12	10
Iceland	48	18	11	27	29	9
Ireland	19	44	17	53	28	8
Italy	35	31	28	43	21	8
Latvia	69	6	2	13	12	6
Lithuania	71	8	4	21	8	4
Malta	45	6	1	20	7	4
Norway	32	52	21	37	39	19
Poland	53	19	23	31	16	4
Portugal	55	13	9	26	11	4
Romania	87	2	2	9	2	0
Russia	63	7	2	17	6	11
Slovak Republic	36	22	15	51	15	7
Slovenia	28	42	24	45	19	9
Sweden	58	19	12	15	14	14
Ukraine	85	4	1	6	5	4
United Kingdom	30	30	26	39	46	10
Average	44	19	11	28	17	8
The Netherlands	..	..	..	..	..	..

a) More than one answer allowed.

Table 38c. Places where marijuana or hashish easily can be bought. Percentages among all students.[a)]

	Don't know of any such place	Street, park etc.	School	Disco, bar etc.	House of a dealer	Other places
Bulgaria	65	19	11	20	8	3
Croatia	49	23	11	28	18	6
Cyprus	60	10	10	32	17	5
Czech Republic	19	32	26	60	17	18
Denmark	26	32	13	54	41	28
Estonia	52	13	11	29	21	8
Faroe Islands	..	..	..	..	..	..
Finland	43	33	10	23	21	11
France	35	24	38	24	38	8
FYROM	70	13	5	17	10	5
Greece	35	36	18	43	19	8
Greenland	68	18	1	5	10	10
Hungary	51	8	7	36	11	10
Iceland	47	18	11	24	29	9
Ireland	22	40	23	48	27	8
Italy	35	32	32	40	22	9
Latvia	66	7	3	13	15	5
Lithuania	67	10	6	22	10	5
Malta	49	6	1	20	6	5
Norway	34	48	20	33	36	17
Poland	51	21	24	29	18	5
Portugal	50	17	12	27	14	5
Romania	84	3	3	10	2	1
Russia	64	9	2	16	6	10
Slovak Republic	35	23	18	48	15	8
Slovenia	32	38	25	38	20	9
Sweden	58	19	12	14	14	13
Ukraine	82	6	3	7	7	4
United Kingdom	29	31	27	36	45	11
Average	44	19	12	26	17	8
The Netherlands	..	..	..	..	..	..

a) More than one answer allowed.

Table 39a. Lifetime abstinence from various substances. Boys.

	Cigar-ettes	Alcohol	Illicit drugs*	Tranquil-lisers or sedatives	Inhal-ants	a)	b)	c)	d)
Bulgaria	27	12	85	97	96	6	6	6	6
Croatia	30	11	81	94	85	7	7	7	7
Cyprus	40	10	94	94	..	7	6	6	..
Czech Republic	18	2	60	86	92	1	1	1	1
Denmark	28	2	69	95	93	1	1	1	1
Estonia	16	4	79	98	92	..	..	..	..
Faroe Islands	14	12	91	95	93	4	4	4	4
Finland	23	9	89	97	95	6	6	6	6
France	31	14	62	90	88	9	9	8	8
FYROM	40	27	88	96	95	16	15	15	15
Greece	41	2	87	95	82	1	1	1	1
Greenland	17	18	79	97	79	5	5	5	5
Hungary	28	10	83	93	94	6	6	6	6
Iceland	46	21	81	90	87	19	19	18	18
Ireland	32	8	57	95	78	6	6	6	6
Italy	38	14	71	95	93	8	8	8	8
Latvia	17	5	74	97	93	3	3	3	3
Lithuania	15	3	79	92	87	2	2	2	2
Malta	45	5	91	95	85	4	4	4	4
Norway	31	16	83	96	94	11	10	10	10
Poland	25	7	77	87	90	5	5	5	5
Portugal	41	21	84	95	96	15	15	14	14
Romania	33	11	87	97	100	8	8	8	8
Russia	22	8	74	96	89	5	5	5	5
Slovak Republic	24	4	76	95	92	2	2	2	2
Slovenia	34	9	72	93	85	10	9	8	6
Sweden	33	10	89	95	91	8	8	7	7
Ukraine	20	14	73	97	91	7	6	6	6
United Kingdom	40	6	60	95	86	4	4	4	4
Average	29	10	78	94	90	7	6	6	6
The Netherlands	39	15	..	..	..	11	..	..	..

* Illicit drugs include marijuana or hashish, LSD, amphetamines, crack, cocaine, heroin and ecstasy.

a) Cigarettes and alcohol.
b) Cigarettes and alcohol and illicit drugs.
c) Cigarettes and alcohol and illicit drugs and tranquillisers or sedatives.
d) Cigarettes and alcohol and illicit drugs and tranquillisers or sedatives and inhalants.

Table 39b. Lifetime abstinence from various substances. Girls.

	Cigar-ettes	Alcohol	Illicit drugs*	Tranquil-lisers or sedatives	Inhal-ants	a)	b)	c)	d)
Bulgaria	27	15	88	96	98	8	8	8	8
Croatia	31	15	86	91	88	10	10	10	10
Cyprus	57	17	98	95	..	13	12	12	..
Czech Republic	24	2	70	79	94	1	1	1	1
Denmark	26	3	80	95	92	2	2	2	2
Estonia	35	5	88	99	94	..	..	..	..
Faroe Islands	19	16	94	98	95	7	7	7	7
Finland	27	9	91	92	94	7	7	7	7
France	26	15	68	86	91	9	9	9	9
FYROM	45	37	93	91	96	23	23	23	22
Greece	41	3	93	95	88	2	2	2	2
Greenland	11	17	79	98	83	4	4	4	3
Hungary	29	9	92	87	97	7	6	6	6
Iceland	43	21	87	90	92	18	18	18	18
Ireland	23	8	62	96	79	6	5	5	5
Italy	34	16	76	92	95	9	9	9	9
Latvia	29	3	82	96	96	3	3	3	3
Lithuania	32	4	90	83	94	3	3	3	3
Malta	42	7	92	95	83	5	5	5	5
Norway	28	13	87	97	95	10	9	9	9
Poland	38	12	87	76	93	10	10	10	9
Portugal	41	23	91	91	97	16	16	15	15
Romania	49	18	86	93	100	14	12	12	12
Russia	29	5	78	91	92	6	16	4	4
Slovak Republic	32	5	83	92	94	3	3	3	3
Slovenia	37	9	77	91	87	10	10	10	7
Sweden	33	10	94	94	92	8	8	8	8
Ukraine	41	11	86	98	93	8	8	8	7
United Kingdom	30	6	67	97	83	5	5	4	4
Average	33	12	84	92	92	8	8	8	7
The Netherlands	33	19	..	..	..	13	..	..	..

* Illicit drugs include marijuana or hashish, LSD, amphetamines, crack, cocaine, heroin and ecstasy.

a) Cigarettes and alcohol.
b) Cigarettes and alcohol and illicit drugs.
c) Cigarettes and alcohol and illicit drugs and tranquillisers or sedatives.
d) Cigarettes and alcohol and illicit drugs and tranquillisers or sedatives and inhalants.

Table 39c. Lifetime abstinence from various substances. All students.

	Cigar-ettes	Alcohol	Illicit drugs*	Tranquil-lisers or sedatives	Inhal-ants	a)	b)	c)	d)
Bulgaria	27	14	86	96	97	7	7	7	7
Croatia	31	13	83	92	87	8	8	8	8
Cyprus	50	14	97	95	..	10	10	10	..
Czech Republic	21	2	65	82	93	1	1	1	1
Denmark	27	2	75	95	93	2	2	2	2
Estonia	26	5	84	99	93	..	..	..	..
Faroe Islands	16	14	92	96	95	6	6	5	5
Finland	25	9	90	94	95	7	7	7	7
France	28	15	65	88	89	9	9	9	9
FYROM	42	32	90	93	96	20	20	19	19
Greece	41	2	90	95	86	2	2	2	2
Greenland	14	17	79	95	81	5	5	4	4
Hungary	28	9	88	90	96	6	6	6	6
Iceland	44	21	84	90	89	19	19	18	18
Ireland	27	8	60	95	78	6	6	6	6
Italy	36	15	74	93	94	9	9	9	9
Latvia	23	4	78	97	94	3	3	3	3
Lithuania	23	4	85	88	90	3	3	3	3
Malta	43	6	92	95	84	5	5	5	4
Norway	29	15	85	97	94	11	10	10	10
Poland	32	10	82	82	91	8	8	7	7
Portugal	41	22	88	92	97	16	15	15	15
Romania	43	15	87	95	100	12	10	10	10
Russia	26	6	76	94	91	5	4	4	4
Slovak Republic	28	4	80	93	93	3	3	3	3
Slovenia	36	9	74	92	86	10	10	9	7
Sweden	33	10	91	94	92	8	8	8	8
Ukraine	31	12	79	97	92	8	7	7	7
United Kingdom	35	6	64	96	85	4	4	4	4
Average	31	11	81	93	91	8	7	7	7
The Netherlands	36	17	..	..	..	12	..	..	..

* Illicit drugs include marijuana or hashish, LSD, amphetamines, crack, cocaine, heroin and ecstasy.

a) Cigarettes and alcohol.
b) Cigarettes and alcohol and illicit drugs.
c) Cigarettes and alcohol and illicit drugs and tranquillisers or sedatives.
d) Cigarettes and alcohol and illicit drugs and tranquillisers or sedatives and inhalants.

Table 40a. Perceived availability of substances. Percentages among boys answering “Very easy” or “Fairly easy”.

	Beer	Wine	Spirits	Inhal-ants	Anabo-lic ste-roids	Mari-juana or hash-ish	Am-pheta-mines	LSD or other hallucin-ogens	Crack	Coca-ine	Ecst-asy	Heroin	Magic mush-rooms	Tran-quil-lizers or se-datives
Bulgaria	90	86	77	22	22	24	12	10	7	9	11	10	7	11
Croatia	91	88	79	42	11	30	14	14	10	11	17	12	8	22
Cyprus	92	89	86	65	23	11	7	7	6	8	8	7	7	30
Czech Republic	97	96	86	55	16	53	17	21	9	10	17	11	24	29
Denmark	99	99	97	60	19	60	32	21	19	19	32	18	18	26
Estonia	90	81	62	24	12	25	17	17	10	11	17	12	..	11
Faroe Islands	92	76	78	44	3	16	5	4	6	5	5	5	10	16
Finland	91	82	67	51	6	20	7	6	5	5	6	5	8	17
France	82	80	68	34	7	47	11	10	11	11	14	10	14	28
FYROM	73	71	63	16	8	24	8	9	7	8	11	8	5	16
Greece	97	96	95	64	35	38	19	19	14	18	24	19	11	47
Greenland	48	36	38	25	3	13	1	1	1	2	1	1	1	7
Hungary	94	93	84	51	15	23	14	17	10	10	24	10	8	37
Iceland	91	85	80	65	9	38	20	15	11	14	19	12	30	34
Ireland	90	85	91	59	18	57	25	27	19	18	38	18	39	18
Italy	93	94	84	25	17	50	20	21	13	15	20	13	16	24
Latvia	25	84	69	38	10	21	14	14	7	8	19	9	9	11
Lithuania	90	78	61	35	12	18	9	9	6	7	15	7	6	26
Malta	87	86	76	28	11	12	9	6	7	7	15	7	..	21
Norway	92	82	75	52	17	37	18	16	13	15	22	15	..	19
Poland	92	83	73	48	32	34	28	22	14	17	21	18	26	36
Portugal	91	88	80	29	14	30	21	15	14	15	23	16	11	21
Romania	78	73	56	7	6	6	5	4	4	4	4	4	4	8
Russia	90	82	74	34	13	23	12	16	9	10	15	13	10	13
Slovak Republic	93	90	79	44	19	46	14	15	8	11	16	13	9	15
Slovenia	93	92	85	65	19	49	17	25	16	16	30	17	17	30
Sweden	91	78	77	53	18	25	14	14	10	11	13	11	15	24
Ukraine	77	70	60	20	6	14	4	4	3	3	4	4	4	4
United Kingdom	88	83	78	48	18	54	21	24	20	19	28	17	30	20
Average	86	83	75	41	14	31	14	14	10	11	17	11	13	21
The Netherlands	92	87	80	..	13	48	13	16	16	18	27	16	27	34
USA	——	87	——	..	36	80	38	34	35	35	..	23	..	26

Table 40b. Perceived availability of substances. Percentages among girls answering “Very easy” or “Fairly easy”.

	Beer	Wine	Spirits	Inhal-ants	Anabo-lic ste-roids	Mari-juana or hash-ish	Am-pheta-mines	LSD or other hallucin-ogens	Crack	Coca-ine	Ecst-asy	Heroin	Magic mush-rooms	Tran-quil-lizers or se-datives
Bulgaria	91	89	80	21	11	21	12	9	6	7	11	8	5	12
Croatia	90	87	76	44	10	27	15	15	10	11	16	11	8	30
Cyprus	94	90	85	65	13	7	5	4	5	5	4	5	4	36
Czech Republic	98	96	84	39	10	48	16	20	7	8	19	9	18	41
Denmark	98	97	95	55	14	53	26	19	14	17	30	17	12	28
Estonia	87	76	49	23	8	15	14	12	8	9	15	9	..	8
Faroe Islands	90	76	76	44	5	18	10	8	7	8	8	9	8	19
Finland	86	81	62	54	4	21	9	8	6	7	9	8	6	27
France	77	73	61	33	6	42	9	7	8	8	11	7	9	33
FYROM	71	70	62	17	7	21	9	8	6	8	10	7	6	19
Greece	99	97	93	53	19	28	11	14	9	15	18	14	7	46
Greenland	46	30	37	19	2	13	2	2	2	3	2	2	3	5
Hungary	90	90	79	50	8	16	13	15	8	8	24	9	5	43
Iceland	90	82	76	57	7	37	22	18	12	15	18	14	26	40
Ireland	90	87	83	66	20	60	30	33	26	25	33	24	38	25
Italy	94	90	81	16	4	38	7	8	4	8	14	7	4	25
Latvia	27	83	63	36	4	16	10	9	4	6	15	7	5	8
Lithuania	91	77	54	32	5	12	6	6	4	6	11	5	3	33
Malta	85	86	77	28	7	11	6	5	5	6	13	7	..	21
Norway	91	82	72	46	12	39	18	16	13	14	22	15	..	22
Poland	90	77	61	45	16	26	26	18	13	16	19	17	19	44
Portugal	93	88	79	24	10	22	17	12	10	13	19	13	9	25
Romania	67	62	47	4	2	4	3	2	2	3	2	3	2	8
Russia	90	81	69	36	7	21	9	12	5	8	13	13	6	13
Slovak Republic	89	88	72	31	9	35	11	12	7	9	15	10	7	20
Slovenia	93	92	85	68	16	45	18	24	16	17	29	18	16	37
Sweden	91	79	74	56	13	27	14	16	12	12	15	12	14	30
Ukraine	75	68	54	14	2	8	3	3	2	3	4	3	3	4
United Kingdom	82	79	73	49	18	51	23	23	20	21	28	20	29	23
Average	85	81	71	39	9	27	13	12	9	10	15	10	10	25
The Netherlands	87	82	75	..	5	34	6	8	7	10	15	8	17	32
USA	——	89	——	..	36	77	44	35	38	38	..	25	..	28

Table 40c. Perceived availability of substances. Percentages among all students answering “Very easy” or “Fairly easy”.

	Beer	Wine	Spirits	Inhal-ants	Anabo-lic ste-roids	Mari-juana or hash-ish	Am-pheta-mines	LSD or other hallucin-ogens	Crack	Coca-ine	Ecst-asy	Heroin	Magic mush-rooms	Tran-quil-lizers or se-datives
Bulgaria	91	87	79	21	16	22	12	9	7	8	11	9	6	11
Croatia	90	88	78	43	11	29	14	14	10	11	16	12	8	26
Cyprus	93	90	85	65	17	9	6	5	5	6	6	6	5	33
Czech Republic	98	96	85	47	12	50	17	20	8	9	18	10	21	35
Denmark	99	98	96	57	16	57	29	20	17	18	31	18	15	27
Estonia	89	78	55	24	10	19	15	14	7	10	16	10	..	9
Faroe Islands	91	76	77	44	4	17	7	6	6	6	6	7	9	17
Finland	89	82	65	53	5	20	8	7	5	6	8	6	7	22
France	80	76	64	33	6	44	10	9	10	10	13	9	12	30
FYROM	72	70	62	16	7	23	8	9	7	8	10	8	6	17
Greece	98	97	94	58	26	33	15	16	11	16	21	16	9	47
Greenland	47	33	38	22	2	13	1	1	1	2	1	2	2	6
Hungary	92	91	81	50	11	19	13	16	9	9	24	9	6	40
Iceland	91	83	78	61	8	38	21	16	11	14	19	13	28	37
Ireland	90	86	83	63	19	59	28	30	23	21	35	21	38	21
Italy	94	92	82	20	10	43	13	13	8	10	16	9	9	24
Latvia	26	84	66	37	7	18	12	11	5	7	17	8	7	9
Lithuania	90	78	58	34	9	15	7	8	5	6	13	6	5	29
Malta	86	86	76	28	9	11	7	6	6	7	14	7	..	21
Norway	91	82	73	49	15	38	18	16	13	15	22	15	..	21
Poland	91	80	67	46	24	30	27	20	14	17	20	17	22	40
Portugal	92	88	80	26	12	26	19	13	12	14	21	14	10	23
Romania	72	66	51	5	4	5	4	3	3	3	3	3	3	8
Russia	90	81	71	35	10	22	11	14	7	9	14	13	8	13
Slovak Republic	91	89	76	37	14	40	12	13	8	10	15	11	8	18
Slovenia	93	92	85	66	18	47	17	24	16	16	30	17	17	33
Sweden	91	78	76	54	16	26	14	15	11	12	14	11	15	27
Ukraine	76	69	57	17	4	11	3	4	2	3	4	3	3	4
United Kingdom	85	81	76	48	18	52	22	23	20	20	28	18	29	21
Average	85	82	73	40	12	29	13	13	9	10	16	11	12	23
The Netherlands	90	85	77	..	9	41	10	12	11	14	21	12	22	33
USA	——	88	——	..	36	78	41	34	37	37	..	24	..	27

Table 41a. Perceived risk of substance use. Percentages among boys answering "Great risk".

	One or more packs of cigarettes per day	Five+ drinks each weekend	Marijuana or hashish		LSD		Amphetamines		Cocaine or crack		Ecstasy		Inhalants	
			Once or twice	Regularly	Once or twice	Regularly	Once or twice	Regularly	Once or twice	Regularly	Once or twice	Regularly	Once or twice	Regularly
Bulgaria	65	35	56	79	61	76	57	75	64	81	57	75	58	76
Croatia	54	37	47	73	55	74	51	70	61	77	55	74	50	71
Cyprus	55	33	47	84	51	78	45	72	48	84	44	78	27	61
Czech Republic	59	24	21	56	35	77	41	81	47	84	38	72	50	84
Denmark	66	15	26	73	47	84	46	84	54	88	51	85	47	85
Estonia	61	33	52	79	57	80	55	80	62	82	56	78	57	78
Faroe Islands	84	40	56	83	55	82	52	82	55	84	57	83	56	86
Finland	54	28	45	82	64	91	61	89	65	91	60	88	53	89
France	69	57	20	53	..	..	..	..	54	83	48	79	43	72
FYROM	59	47	63	78	70	78	69	76	72	80	67	77	66	76
Greece	60	33	35	79	..	83	39	75	54	90	44	86	36	74
Greenland	44	20	42	52	42	49	41	49	43	50	41	44	42	55
Hungary	76	52	51	85	52	84	51	82	60	87	49	80	49	83
Iceland	69	32	37	82	75	90	61	89	67	90	75	91	54	85
Ireland	65	16	31	59	60	82	59	78	67	87	75	87	54	77
Italy	58	35	40	80	52	85	53	83	63	89	56	85	54	80
Latvia	67	48	43	79	48	77	47	76	56	81	44	72	52	81
Lithuania	71	35	58	77	63	78	61	76	64	78	57	78	59	79
Malta	66	31	58	84	63	85	57	80	65	86	65	86	51	73
Norway	50	..	30	75	45	78	43	80	47	81	48	81	42	82
Poland	68	37	50	77	54	79	53	81	61	83	53	76	58	79
Portugal	69	49	64	83	68	82	65	82	75	86	64	83	64	79
Romania	83	35	82	93	85	94	81	93	82	94	83	93	80	92
Russia	36	34	34	65	42	70	44	68	..	75	43	70	45	72
Slovak Republic	67	42	37	79	56	86	55	85	66	90	52	82	51	89
Slovenia	47	32	33	64	41	74	37	66	48	80	37	73	30	63
Sweden	63	40	45	84	51	85	52	86	54	86	52	85	47	81
Ukraine	38	39	35	63	38	61	37	58	42	66	38	61	39	63
United Kingdom	63	16	22	54	49	76	48	72	61	83	68	85	56	81
Average	62	34	43	74	55	79	52	77	59	83	54	79	51	77
The Netherlands	..	..	..	..	..	..	..	..	..	..	..	..	..	..
USA [a)]	..	46	19	60	45	72	..	..	61	80	..	..	51	75

a) Only marijuana (not hashish), only crack (not cocaine), crack occasionally (instead of regularly).

Table 41b. Perceived risk of substance use. Percentages among girls answering "Great risk".

	One or more packs of cigarettes per day	Five+ drinks each weekend	Marijuana or hashish		LSD		Amphetamines		Cocaine or crack		Ecstasy		Inhalants	
			Once or twice	Regularly	Once or twice	Regularly	Once or twice	Regularly	Once or twice	Regularly	Once or twice	Regularly	Once or twice	Regularly
Bulgaria	70	40	54	86	55	82	51	81	58	88	50	81	52	83
Croatia	64	45	46	81	53	81	50	78	58	84	54	82	43	77
Cyprus	68	46	48	92	53	81	44	75	48	88	46	83	23	64
Czech Republic	66	31	18	64	28	83	32	86	38	88	27	75	40	88
Denmark	73	18	23	75	38	85	38	84	44	88	43	88	35	84
Estonia	74	40	49	87	51	87	48	85	55	88	49	84	50	83
Faroe Islands	84	44	48	89	52	88	45	87	47	91	51	93	47	93
Finland	66	42	34	86	49	92	46	92	50	92	44	89	36	89
France	74	64	21	66	..	..	..	..	46	88	44	86	37	77
FYROM	71	57	66	86	70	84	70	83	74	87	68	84	65	82
Greece	71	35	37	86	..	87	37	77	49	92	43	90	32	78
Greenland	41	14	41	51	37	43	37	44	39	45	39	45	43	50
Hungary	84	61	55	93	48	91	50	89	59	94	47	88	47	87
Iceland	75	35	43	92	75	95	62	94	63	94	75	96	49	89
Ireland	68	20	32	67	64	88	64	82	69	91	82	94	56	80
Italy	59	33	35	75	54	85	49	85	61	90	52	90	53	81
Latvia	74	56	45	86	49	84	48	82	57	87	44	80	48	84
Lithuania	82	42	64	84	62	83	62	81	62	84	58	83	58	85
Malta	75	40	56	88	56	88	55	87	57	90	63	92	43	77
Norway	56	..	27	83	40	84	37	86	41	88	45	89	34	85
Poland	78	54	52	89	54	88	53	89	58	91	53	89	52	87
Portugal	77	56	65	89	64	86	61	86	73	93	60	88	60	84
Romania	81	42	78	94	82	94	75	91	78	93	79	93	77	95
Russia	39	40	28	71	34	69	35	71	..	81	32	71	34	75
Slovak Republic	71	52	40	85	47	87	46	86	60	93	44	82	44	91
Slovenia	54	40	27	72	33	80	27	71	39	84	31	79	20	63
Sweden	75	48	43	93	50	93	51	93	54	94	51	93	43	85
Ukraine	41	41	40	73	39	67	38	67	40	74	37	69	39	69
United Kingdom	60	18	25	57	53	80	48	77	58	85	74	90	53	82
Average	68	40	43	81	51	83	49	82	55	87	51	84	45	81
The Netherlands	..	..	..	..	..	..	..	..	..	..	..	..	..	..
USA [a)]	..	58	19	72	45	77	..	..	55	79	..	..	46	78

a) Only marijuana (not hashish), only crack (not cocaine), crack occasionally (instead of regularly).

Table 41c. Perceived risk of substance use. Percentages among all students answering "Great risk".

	One or more packs of cigarettes per day	Five+ drinks each weekend	Marijuana or hashish		LSD		Amphetamines		Cocaine or crack		Ecstasy		Inhalants	
			Once or twice	Regularly	Once or twice	Regularly	Once or twice	Regularly	Once or twice	Regularly	Once or twice	Regularly	Once or twice	Regularly
Bulgaria	67	37	55	83	58	79	54	78	60	85	53	79	55	80
Croatia	58	40	46	76	54	77	50	73	59	80	54	78	46	73
Cyprus	63	41	48	88	52	80	44	73	48	86	45	81	25	63
Czech Republic	63	28	19	60	32	80	36	84	43	86	32	74	44	86
Denmark	70	17	24	74	42	84	42	84	48	88	47	87	41	85
Estonia	68	37	50	84	53	84	51	83	58	86	52	81	53	81
Faroe Islands	84	42	52	86	53	85	48	85	51	87	54	88	51	90
Finland	60	35	39	84	56	92	54	91	58	91	52	88	45	89
France	71	60	21	60	..	..	..	..	50	85	46	82	40	75
FYROM	65	53	64	82	70	81	70	79	73	84	68	81	66	79
Greece	66	34	36	83	..	85	38	76	51	91	43	88	34	76
Greenland	43	17	41	52	39	46	39	46	41	48	40	45	43	52
Hungary	80	56	53	89	50	88	51	85	59	91	48	84	48	85
Iceland	72	34	40	87	75	93	62	92	65	92	75	93	52	87
Ireland	67	18	32	63	63	85	62	80	68	89	79	90	55	79
Italy	58	34	37	77	53	85	50	84	62	90	54	88	54	81
Latvia	71	52	44	83	49	81	48	79	57	84	44	76	50	82
Lithuania	76	38	61	81	63	80	62	78	63	81	57	81	59	82
Malta	71	36	57	89	59	86	56	84	61	88	64	89	47	75
Norway	53	..	28	78	43	81	40	83	44	84	47	85	38	84
Poland	73	46	51	83	54	84	53	85	59	87	53	83	54	83
Portugal	73	53	65	86	66	84	63	84	74	90	62	86	62	81
Romania	82	39	79	94	83	94	78	92	80	93	81	93	78	94
Russia	37	37	31	68	38	69	39	70	..	78	37	71	39	73
Slovak Republic	69	47	39	82	51	87	50	85	63	91	47	82	47	90
Slovenia	50	36	30	68	37	77	32	68	44	82	34	76	25	63
Sweden	69	44	44	89	50	89	52	90	54	90	51	89	45	83
Ukraine	39	40	38	68	38	64	38	62	41	70	38	65	39	66
United Kingdom	62	17	23	56	51	78	48	75	60	84	71	87	55	81
Average	65	38	43	78	53	81	50	80	57	85	53	82	48	79
The Netherlands	..	..	..	..	..	..	..	..	..	..	..	..	..	..
USA [a)]	..	52	19	66	45	74	..	..	58	79	..	..	48	76

a) Only marijuana (not hashish), only crack (not cocaine), crack occasionally (instead of regularly).

Table 42a. Disapproval of different substance use. Percentages among boys who "Disapprove" or "Strongly disapprove" the use of different drugs.

	10 or more cigarettes a day	Getting drunk once a week	Marijuana or hashish once or twice	LSD once or twice	Heroin once or twice	Tranquillizers or sedatives once or twice	Amphetamines once or twice	Crack once or twice	Cocaine once or twice	Ecstasy once or twice	Inhalants once or twice
Bulgaria	60	62	79	86	87	85	86	87	87	85	86
Croatia	50	57	67	79	82	79	79	81	82	77	73
Cyprus	49	64	63	62	65	59	58	61	64	63	46
Czech Republic	43	42	45	69	77	63	74	73	76	68	78
Denmark	62	26	64	90	94	89	87	92	93	91	92
Estonia	52	62	67	74	77	74	72	75	76	72	76
Faroe Islands	52	65	78	81	83	77	82	82	83	83	81
Finland	47	41	73	87	90	86	89	90	90	87	86
France	35	57	39	70	74	63	70	72	74	70	67
FYROM	62	71	79	85	85	84	84	84	84	83	83
Greece	42	71	56	70	79	56	67	74	75	71	57
Greenland	69	40	78	73	73	70	70	70	73	68	72
Hungary	70	69	79	85	90	83	85	87	89	85	85
Iceland	..	..	..	..	..	..	..	..	..	..	..
Ireland	52	43	55	81	87	86	82	86	85	84	80
Italy	60	77	73	84	89	85	88	88	87	86	84
Latvia	66	70	67	78	81	81	79	79	80	75	83
Lithuania	77	71	78	86	86	83	86	88	87	83	87
Malta	74	84	81	86	88	85	84	86	87	83	83
Norway	52	51	73	84	86	82	84	84	85	83	83
Poland	53	59	65	72	74	64	70	72	75	70	77
Portugal	67	72	74	81	83	80	79	82	83	78	78
Romania	72	72	87	89	..	89	88	89	90	90	90
Russia	39	55	55	64	70	65	66	67	70	64	69
Slovak Republic	70	75	72	90	93	91	92	93	93	88	90
Slovenia	32	40	44	57	61	55	55	58	61	53	47
Sweden	67	47	74	80	83	78	82	82	83	82	79
Ukraine	38	48	52	58	60	58	57	58	59	56	58
United Kingdom	59	36	51	79	87	83	82	85	84	83	82
Average	59	60	67	78	81	78	78	80	81	77	78
The Netherlands	..	..	..	..	..	..	..	..	..	..	..
USA	..	65	54	76	89	..	..	87	85	..	87

Table 42b. Disapproval of different substance use. Percentages among girls who "Disapprove" or "Strongly disapprove" the use of different drugs.

	10 or more cigarettes a day	Getting drunk once a week	Marijuana or hashish once or twice	LSD once or twice	Heroin once or twice	Tranquillizers or sedatives once or twice	Amphetamines once or twice	Crack once or twice	Cocaine once or twice	Ecstasy once or twice	Inhalants once or twice
Bulgaria	61	67	86	92	93	90	91	92	93	90	93
Croatia	58	69	70	81	84	78	81	83	84	80	73
Cyprus	56	67	64	64	66	60	60	63	66	64	47
Czech Republic	42	56	46	69	78	51	73	74	77	67	75
Denmark	63	37	69	90	93	90	91	92	94	90	91
Estonia	70	75	75	79	81	79	77	80	81	78	81
Faroe Islands	52	72	82	83	86	84	86	85	87	87	87
Finland	53	49	68	83	84	77	84	83	84	81	77
France	38	73	45	76	79	63	74	77	79	75	71
FYROM	72	81	86	91	92	89	91	91	92	90	89
Greece	42	77	58	69	80	48	65	74	77	71	57
Greenland	76	35	83	75	76	72	74	74	76	74	80
Hungary	75	76	84	88	93	83	89	90	93	87	89
Iceland	..	..	..	..	..	..	..	..	..	..	..
Ireland	54	46	59	88	92	89	88	91	90	89	83
Italy	60	81	77	85	88	84	85	88	88	88	86
Latvia	79	79	75	84	87	86	84	86	87	81	88
Lithuania	88	81	89	92	91	78	90	93	92	88	92
Malta	77	88	87	89	90	87	89	89	90	87	84
Norway	57	56	77	89	91	86	88	90	91	88	87
Poland	57	71	70	75	79	55	74	76	78	76	77
Portugal	76	80	83	87	90	83	84	87	90	84	83
Romania	80	74	89	90	..	86	89	90	92	91	93
Russia	45	63	54	63	69	63	65	65	69	63	68
Slovak Republic	78	83	78	90	96	81	93	93	95	88	91
Slovenia	33	48	44	56	60	50	52	56	60	52	44
Sweden	72	61	82	88	89	85	89	89	89	88	85
Ukraine	53	54	63	69	71	68	67	68	71	67	67
United Kingdom	52	35	53	81	89	82	82	86	85	86	82
Average	61	65	71	81	84	76	81	82	84	80	79
The Netherlands	..	..	..	..	..	..	..	..	..	..	..
USA	..	75	59	79	91	..	..	89	87	..	90

Table 42c. Disapproval of different substance use. Percentages among all students who "Disapprove" or "Strongly disapprove" the use of different drugs.

	10 or more cigarettes a day	Getting drunk once a week	Marijuana or hashish once or twice	LSD once or twice	Heroin once or twice	Tranquillizers or sedatives once or twice	Amphetamines once or twice	Crack once or twice	Cocaine once or twice	Ecstasy once or twice	Inhalants once or twice
Bulgaria	60	65	83	89	90	88	89	90	90	88	90
Croatia	54	62	69	80	83	79	80	82	83	79	73
Cyprus	53	65	64	63	66	59	59	62	65	64	47
Czech Republic	42	49	46	69	77	57	74	74	77	67	76
Denmark	63	32	66	90	93	89	89	92	93	90	91
Estonia	62	70	71	77	79	76	75	78	79	75	79
Faroe Islands	52	68	80	82	84	80	84	83	85	85	84
Finland	50	45	70	85	87	82	87	86	87	84	82
France	37	65	42	73	77	63	72	75	76	73	69
FYROM	67	76	83	88	88	86	88	88	88	86	86
Greece	42	74	57	69	80	51	66	74	76	71	57
Greenland	72	37	80	74	75	71	72	72	75	71	76
Hungary	72	72	82	86	91	83	87	89	91	86	87
Iceland	..	..	..	..	..	..	..	..	..	..	..
Ireland	56	44	57	85	89	87	85	88	88	87	81
Italy	60	80	75	84	88	85	86	88	87	87	86
Latvia	73	75	71	81	84	84	82	82	84	78	85
Lithuania	82	76	84	89	88	81	88	90	90	85	90
Malta	75	86	84	88	89	86	87	88	88	86	83
Norway	55	53	75	86	89	84	86	87	88	86	85
Poland	55	65	68	74	76	60	72	74	76	73	77
Portugal	72	77	79	84	87	82	82	85	87	81	81
Romania	77	73	88	90	..	87	89	89	91	90	92
Russia	42	59	55	64	69	64	65	66	69	64	69
Slovak Republic	74	79	75	90	94	90	92	93	94	88	91
Slovenia	32	44	44	57	61	53	53	57	61	53	46
Sweden	69	54	78	84	86	82	86	86	86	85	82
Ukraine	45	51	57	63	76	63	62	63	65	61	63
United Kingdom	56	36	52	80	88	83	82	90	84	85	82
Average	59	62	69	79	83	76	79	81	82	79	78
The Netherlands	..	..	..	..	..	..	..	..	..	..	..
USA	..	70	56	78	90	..	..	88	86	..	88

Table 43. Perceived cigarettes and alcohol use among friends. Percentages among boys, girls and all students.

	Most or all friends								
	Boys			Girls			All students		
	Smoke cigar-ettes	Drink alco-holic be-verages	Get drunk at least once a week	Smoke cigar-ettes	Drink alco-holic be-verages	Get drunk at least once a week	Smoke cigar-ettes	Drink alco-holic be-verages	Get drunk at least once a week
Bulgaria	64	62	20	80	69	23	72	66	22
Croatia	57	52	22	62	45	14	59	48	19
Cyprus	37	44	..	32	40	..	34	42	..
Czech Republic	53	69	19	59	64	14	56	66	16
Denmark	35	93	41	47	94	36	41	94	38
Estonia	44	55	15	39	54	13	42	54	14
Faroe Islands	41	46	36	45	59	41	44	54	39
Finland	..	..	..	..	..	..	..	..	..
France	46	35	7	56	33	4	51	34	6
FYROM	43	41	17	54	37	12	49	39	14
Greece	44	63	6	52	60	5	49	61	5
Greenland	39	43	13	40	40	13	40	43	13
Hungary	29	23	6	33	24	5	31	24	6
Iceland	22	54	9	28	60	11	25	57	10
Ireland	31	80	27	39	81	27	35	81	27
Italy	60	52	13	76	60	18	70	56	16
Latvia	56	60	14	57	63	14	57	62	14
Lithuania	54	53	13	45	49	9	50	51	11
Malta	47	66	10	56	64	9	52	65	9
Norway	32	56	14	45	69	15	38	62	14
Poland	30	39	9	34	40	7	32	40	8
Portugal	27	37	6	34	38	5	31	38	6
Romania	43	37	8	43	26	6	43	30	6
Russia	62	62	13	65	65	12	64	63	12
Slovak Republic	29	27	8	33	28	8	31	28	8
Slovenia	42	52	18	50	50	16	45	51	17
Sweden	21	62	17	29	65	15	25	65	16
Ukraine	58	53	11	56	60	13	57	56	12
United Kingdom	36	79	36	46	77	39	41	79	37
Average	42	53	16	48	54	15	45	54	15
The Netherlands	32	62	10	39	60	11	35	61	11
USA	25	49	23	28	52	22	26	50	23

Table 44a. Perceived drug use among friends. Percentages among boys.

	Some, most or all friends										
	Smoke marijuana or hashish	Take LSD or other hallucinogens	Take amphetamines	Take tranquillizers or sedatives	Take cocaine or crack	Take ecstasy	Take heroin	Take inhalants	Take "magic mushrooms"	Take alcohol together with pills	Take anabolic steroids
Bulgaria	11	3	3	3	2	3	3	3	2	4	7
Croatia	19	5	4	5	4	7	4	11	3	10	4
Cyprus	3	2	2	3	2	2	2	9	2	2	4
Czech Republic	12	2	1	2	1	1	1	1	3	4	1
Denmark	20	2	4	2	1	4	1	3	2	8	1
Estonia	14	6	8	3	3	5	3	3		3	2
Faroe Islands	1	1	1	1	0	1	0	0	0	0	1
Finland	..	..	..	..	..	..	..	..	..	..	..
France	33	..	..	3	3	2	2	3	..	3	1
FYROM	11	3	3	4	3	3	3	3	2	3	3
Greece	12	3	3	5	4	5	3	6	2	5	3
Greenland	9	3	3	2	3	2	2	6	2	2	2
Hungary	2	2	1	2	1	2	1	2	1	1	1
Iceland	10	1	2	3	1	1	1	5	5	7	1
Ireland	27	6	4	2	3	..	3	8	8	9	3
Italy	37	8	5	5	9	9	6	7	5	10	4
Latvia	15	7	6	4	3	8	4	3	3	7	3
Lithuania	9	4	3	5	2	6	3	6	2	5	3
Malta	3	1	1	1	1	3	1	3	.	3	2
Norway	10	2	2	3	2	3	2	4	2	6	3
Poland	10	4	5	4	3	3	3	4	6	10	4
Portugal	17	3	4	3	3	6	3	4	3	5	2
Romania	2	2	..	2	1	2	1	1	1	1	1
Russia	4	1	1	1	1	1	1	1	1	1	1
Slovak Republic	8	1	1	1	1	2	1	2	1	2	1
Slovenia	25	4	9	4	3	6	3	7	4	7	2
Sweden	6	3	3	3	3	2	2	4	3	6	3
Ukraine	14	3	3	3	2	2	2	4	2	3	2
United Kingdom	37	7	6	4	5	6	3	6	8	11	2
Average	14	3	3	3	3	4	2	4	3	5	2
The Netherlands	20	..	1	1	2	2	1	..	4	..	..
USA	45	..	..	..	4	..	3	6	..	..	..

Table 44b. Perceived drug use among friends. Percentages among girls.

	Some, most or all friends										
	Smoke marijuana or hashish	Take LSD or other hallucinogens	Take amphetamines	Take tranquillizers or sedatives	Take cocaine or crack	Take ecstasy	Take heroin	Take inhalants	Take "magic mushrooms"	Take alcohol together with pills	Take anabolic steroids
Bulgaria	11	3	3	4	3	3	3	3	2	5	3
Croatia	18	5	4	8	3	5	4	11	2	13	2
Cyprus	1	0	0	1	0	0	0	9	0	1	1
Czech Republic	10	1	1	1	0	1	0	1	2	6	1
Denmark	26	3	6	2	2	4	2	8	2	14	2
Estonia	11	5	8	2	4	5	3	2		5	2
Faroe Islands	4	1	1	1	0	0	1	1	1	1	1
Finland	..	..	..	..	..	..	..	..	..	..	..
France	35	..	..	2	3	2	2	3	..	3	1
FYROM	9	3	3	5	3	4	3	4	3	4	3
Greece	10	2	1	3	2	2	1	5	1	3	1
Greenland	10	1	1	1	2	1	1	2	1	1	1
Hungary	2	1	1	2	0	1	0	1	0	1	0
Iceland	12	2	3	4	1	1	1	4	4	10	0
Ireland	22	5	5	2	2	..	2	7	7	10	2
Italy	49	9	5	6	5	9	4	8	2	13	3
Latvia	10	4	4	3	2	5	3	2	1	5	1
Lithuania	5	2	2	7	2	4	2	3	1	5	2
Malta	3	1	1	1	1	3	1	2	.	3	1
Norway	13	1	2	2	1	2	1	3	1	8	1
Poland	5	2	3	4	1	2	1	3	2	5	2
Portugal	16	3	4	4	3	6	3	4	2	5	2
Romania	2	1	..	1	1	1	1	1	1	1	1
Russia	4	1	0	1	0	0	2	0	0	1	0
Slovak Republic	8	1	0	2	0	1	1	2	0	4	1
Slovenia	26	5	5	5	3	7	3	7	3	10	1
Sweden	6	2	2	2	4	2	2	3	2	8	1
Ukraine	11	2	2	2	2	3	2	3	1	3	1
United Kingdom	31	5	5	4	3	5	3	6	7	13	3
Average	13	3	3	3	2	3	2	4	2	6	1
The Netherlands	14	..	1	1	1	2	1	..	2	..	..
USA	44	..	..	..	6	..	3	6	..	..	..

Table 44c. Perceived drug use among friends. Percentages among all students.

	Some, most or all friends										
	Smoke marijuana or hashish	Take LSD or other hallucinogens	Take amphetamines	Take tranquillizers or sedatives	Take cocaine or crack	Take ecstasy	Take heroin	Take inhalants	Take "magic mushrooms"	Take alcohol together with pills	Take anabolic steroids
Bulgaria	11	3	3	4	3	3	3	3	2	4	5
Croatia	19	5	4	6	4	6	4	11	2	12	3
Cyprus	2	1	1	2	1	1	1	9	1	1	2
Czech Republic	11	2	1	1	1	1	1	1	3	5	1
Denmark	23	2	5	2	2	4	2	6	2	11	1
Estonia	12	5	8	3	4	5	3	3		4	2
Faroe Islands	3	1	1	1	0	0	0	1	1	1	1
Finland	..	..	..	..	..	..	..	..	..	..	..
France	34	..	..	2	3	2	2	3	..	3	1
FYROM	10	3	3	5	3	3	3	4	2	4	3
Greece	10	3	2	4	3	3	2	5	1	4	2
Greenland	11	2	2	2	3	2	2	5	2	2	2
Hungary	2	1	1	2	1	1	1	1	1	1	1
Iceland	11	1	3	4	1	1	1	4	4	8	1
Ireland	24	5	5	2	2	..	2	7	7	9	2
Italy	44	9	5	6	7	9	5	7	3	12	3
Latvia	12	5	5	3	3	7	4	3	2	6	2
Lithuania	7	3	3	6	2	5	2	4	1	5	2
Malta	3	1	1	1	1	3	1	2	·	3	1
Norway	11	2	2	2	1	2	1	3	2	7	2
Poland	8	3	4	4	2	2	2	3	4	8	3
Portugal	16	3	4	4	3	6	3	4	2	5	2
Romania	2	1	..	1	1	1	1	1	1	1	1
Russia	4	1	1	1	1	1	1	0	0	1	1
Slovak Republic	8	1	1	1	0	1	1	2	1	3	1
Slovenia	26	5	4	10	3	6	3	7		8	2
Sweden	6	2	2	2	2	2	2	4	3	7	2
Ukraine	12	3	2	2	2	2	2	3	1	3	2
United Kingdom	34	6	5	4	4	5	3	6	7	12	2
Average	13	3	3	3	2	3	2	4	2	5	2
The Netherlands	17	..	1	1	2	2	1	..	3	..	..
USA	45	..	..	..	5	..	3	6	..	..	..

Table 45a. Cigarette, alcohol and drug consumption among elder siblings.[a] Percentages among boys answering "Seldom", "Sometimes" or "Often".

	Smoke cigarettes	Drink alcoholic beverages	Ever get drunk	Smoke marijuana or hashish	Take tranquillizers or sedatives wihtout a doctors perscription	Take ecstasy
Bulgaria	51	61	32	3	2	2
Croatia	41	50	29	6	1	1
Cyprus	30	52	25	3	2	2
Czech Republic	44	76	57	15	3	2
Denmark	47	88	83	..	3	2
Estonia	37	70	45	4	1	2
Faroe Islands	52	60	50	5	2	2
Finland	54	85	72	4	1	1
France	53	64	32	21	4	1
FYROM	31	34	16	2	1	1
Greece	46	75	37	6	3	2
Greenland	60	67	68	0	1	0
Hungary	52	69	36	5	3	4
Iceland	45	81	72	7	3	2
Ireland	41	68	60	17	2	5
Italy	31	29	16	5	2	13
Latvia	36	62	33	4	1	2
Lithuania	37	54	37	3	2	1
Malta	26	46	26	3	3	2
Norway	51	79	69	7	4	3
Poland	40	55	48	7	5	3
Portugal	49	71	41	9	3	3
Romania	29	32	22	2	1	1
Russia	49	60	17	9	4	4
Slovak Republic	42	66	52	10	1	1
Slovenia	40	65	41	8	2	2
Sweden	41	76	65	4	4	2
Ukraine	40	59	24	6	1	1
United Kingdom	47	81	72	24	6	6
Average	41	61	43	7	2	2
The Netherlands	..	..	..	..	..	..

a) Among students who have elder siblings.

Table 45b. Cigarette, alcohol and drug consumption among elder siblings.[a] Percentages among girls answering "Seldom", "Sometimes" or "Often".

	Smoke cigarettes	Drink alcoholic beverages	Ever get drunk	Smoke marijuana or hashish	Take tranquillizers or sedatives wihtout a doctors perscription	Take ecstasy
Bulgaria	53	68	35	3	1	1
Croatia	48	57	33	7	2	2
Cyprus	39	62	29	1	2	1
Czech Republic	53	85	62	17	6	3
Denmark	54	91	88	..	4	4
Estonia	46	77	49	4	1	2
Faroe Islands	63	73	66	5	2	2
Finland	57	87	75	5	1	0
France	61	72	35	26	5	2
FYROM	44	46	22	3	2	1
Greece	51	84	45	4	1	1
Greenland	69	73	71	0	0	0
Hungary	56	76	35	4	3	2
Iceland	53	88	79	7	2	1
Ireland	48	77	64	19	3	4
Italy	31	36	17	4	0	14
Latvia	39	55	34	3	1	2
Lithuania	36	55	35	2	3	1
Malta	35	54	31	3	2	2
Norway	58	86	74	9	4	3
Poland	41	59	54	4	5	2
Portugal	51	75	37	6	3	2
Romania	33	32	26	1	2	1
Russia	57	68	21	8	4	3
Slovak Republic	51	76	59	9	2	1
Slovenia	46	71	47	9	4	2
Sweden	50	84	70	4	2	1
Ukraine	47	72	31	5	1	2
United Kingdom	49	82	71	22	5	6
Average	47	67	46	6	2	2
The Netherlands	..	..	..	..	..	..

a) Among students who have elder siblings.

Table 45c. Cigarette, alcohol and drug consumption among elder siblings.[a] Percentages among all students answering "Seldom", "Sometimes" or "Often".

	Smoke cigarettes	Drink alcoholic beverages	Ever get drunk	Smoke marijuana or hashish	Take tranquillizers or sedatives wihtout a doctors perscription	Take ecstasy
Bulgaria	52	65	34	3	1	1
Croatia	44	53	31	6	2	2
Cyprus	35	58	27	2	2	1
Czech Republic	49	81	59	16	5	2
Denmark	50	90	85	..	3	3
Estonia	42	74	47	4	1	2
Faroe Islands	57	66	58	5	2	2
Finland	56	86	73	4	1	1
France	57	68	34	23	4	1
FYROM	38	40	19	2	1	1
Greece	49	80	42	5	2	1
Greenland	65	70	69	0	0	0
Hungary	53	72	36	5	4	3
Iceland	49	85	75	7	3	1
Ireland	45	70	62	18	3	4
Italy	31	33	17	4	1	13
Latvia	38	58	33	3	1	2
Lithuania	36	55	36	2	3	1
Malta	31	50	29	3	2	2
Norway	54	82	71	8	4	3
Poland	40	57	51	6	5	3
Portugal	50	73	39	7	3	3
Romania	32	32	24	1	1	1
Russia	53	64	19	8	4	4
Slovak Republic	47	71	55	9	1	1
Slovenia	43	68	44	8	3	2
Sweden	45	80	67	4	2	1
Ukraine	43	65	27	6	1	1
United Kingdom	48	81	72	23	6	6
Average	44	64	44	6	2	2
The Netherlands	..	..	..	..	..	..

a) Among students who have elder siblings.

Table 46a. Leisure time activities. Percentages among boys reporting participation in each activity once a month or more often.

	Ride around on a moped or motorcycle just for fun	Play on slot-machines	Play compu-ter games	Actively participate in sports, athletics or exercising	Read books for enjoy-ment (not schoolbooks)	Go out with friends in the evening (to a disco, cafe, party etc)	Other hobbies (play instrument, sing, draw, write etc)
Bulgaria	38	11	63	90	46	83	38
Croatia	34	9	62	82	30	95	41
Cyprus	86	..	95	93	56	94	49
Czech Republic	43	4	70	82	34	63	41
Denmark	40	..	93	88	27	83	61
Estonia	..	5	83	92	49	69	63
Faroe Islands	41	1	88	84	22	71	34
Finland	50	72	92	91	35	78	48
France	49	..	89	87	40	57	45
FYROM	50	12	70	81	45	85	51
Greece	49	12	68	87	31	93	52
Greenland	23	89	74	65	40	79	61
Hungary	33	14	78	83	45	67	59
Iceland	..	..	..	..	..	..	..
Ireland	15	15	85	93	41	85	60
Italy	48	28	89	89	33	85	59
Latvia	45	18	77	91	52	73	48
Lithuania	28	20	69	87	39	78	39
Malta	7	11	84	75	52	85	65
Norway	38	58	90	79	25	84	51
Poland	47	17	78	79	25	71	44
Portugal	29	11	85	86	49	67	56
Romania	12	19	61	88	55	65	57
Russia	16	10	85	93	60	71	50
Slovak Republic	23	6	68	91	34	70	46
Slovenia	50	9	80	82	27	68	42
Sweden	47	17	93	92	41	78	48
Ukraine	36	9	60	93	55	72	40
United Kingdom	15	30	90	94	46	81	64
Average	37	20	79	86	40	77	50
The Netherlands	..	..	..	..	..	..	..
USA	84	..	..	84	..	82	..

Table 46b. Leisure time activities. Percentages among girls reporting participation in each activity once a month or more often.

	Ride around on a moped or motorcycle just for fun	Play on slot-machines	Play compu-ter games	Actively participate in sports, athletics or exercising	Read books for enjoy-ment (not schoolbooks)	Go out with friends in the evening (to a disco, cafe, party etc)	Other hobbies (play instrument, sing, draw, write etc)
Bulgaria	12	2	33	78	67	85	62
Croatia	13	2	45	68	46	74	59
Cyprus	42	..	77	72	67	89	71
Czech Republic	17	1	42	75	70	68	71
Denmark	12	..	75	86	60	85	70
Estonia	..	2	54	91	65	79	65
Faroe Islands	16	0	60	88	42	82	57
Finland	10	23	61	92	68	88	80
France	25	..	63	74	55	54	66
FYROM	22	3	50	62	57	82	66
Greece	33	4	35	61	40	88	51
Greenland	16	84	75	48	75	83	56
Hungary	6	4	63	77	62	73	70
Iceland	..	..	..	..	..	..	..
Ireland	8	6	51	87	56	93	79
Italy	37	8	61	70	45	80	74
Latvia	6	3	47	88	74	84	75
Lithuania	4	6	43	86	58	82	67
Malta	2	3	63	51	66	90	72
Norway	12	20	53	80	52	93	61
Poland	12	3	52	72	52	77	62
Portugal	9	5	65	62	67	59	72
Romania	4	2	33	84	66	72	68
Russia	6	4	62	89	68	80	59
Slovak Republic	3	1	41	91	58	74	55
Slovenia	18	2	58	73	48	73	65
Sweden	14	2	61	94	64	88	66
Ukraine	10	2	32	88	66	80	50
United Kingdom	4	17	65	88	56	86	75
Average	14	8	54	78	60	80	66
The Netherlands	..	..	..	..	..	..	..
USA	80	..	..	77	..	80	..

Table 46c. Leisure time activities. Percentages among all students reporting participation in each activity once a month or more often.

	Ride around on a moped or motorcycle just for fun	Play on slot-machines	Play compu-ter games	Actively participate in sports, athletics or exercising	Read books for enjoy-ment (not schoolbooks)	Go out with friends in the evening (to a disco, cafe, party etc)	Other hobbies (play instrument, sing, draw, write etc)
Bulgaria	24	6	46	83	57	84	51
Croatia	24	6	54	73	37	73	49
Cyprus	61	..	85	78	62	91	62
Czech Republic	29	3	56	78	53	66	57
Denmark	25	..	84	87	45	84	65
Estonia	..	4	67	92	58	74	64
Faroe Islands	28	0	75	86	32	77	46
Finland	30	47	76	91	52	83	64
France	37	..	76	81	47	55	55
FYROM	36	7	60	71	52	84	59
Greece	40	8	48	72	36	90	52
Greenland	19	87	75	56	71	81	59
Hungary	20	9	71	80	53	70	64
Iceland	..	..	..	..	..	..	..
Ireland	11	10	68	90	49	89	70
Italy	42	16	72	77	40	82	68
Latvia	25	11	61	89	64	78	62
Lithuania	16	13	57	87	48	80	52
Malta	5	7	73	62	59	88	69
Norway	26	40	72	80	38	88	56
Poland	29	10	65	76	39	74	53
Portugal	18	8	74	73	58	63	65
Romania	7	9	44	85	62	68	64
Russia	11	7	73	91	64	76	54
Slovak Republic	12	3	54	91	47	72	51
Slovenia	35	5	70	78	36	70	52
Sweden	31	10	77	93	53	83	57
Ukraine	23	6	46	91	60	76	45
United Kingdom	10	24	80	91	51	84	70
Average	25	14	66	81	51	78	58
The Netherlands	..	..	..	..	..	..	..
USA	82	..	..	80	..	79	..

Table 47. Missed schooldays during the last 30 days because of illness. Percentages among boys, girls and all students.

	Boys			Girls			All students		
	0	1–2	3+	0	1–2	3+	0	1–2	3+
Bulgaria	58	19	23	58	17	25	58	18	24
Croatia	48	18	34	46	17	37	47	18	36
Cyprus	58	35	7	53	41	6	55	39	7
Czech Republic	58	20	22	55	19	26	56	19	24
Denmark	64	23	13	53	28	19	58	26	16
Estonia	65	23	12	56	28	16	60	26	14
Faroe Islands	71	14	15	60	28	12	66	21	13
Finland	56	27	17	51	27	22	53	27	20
France	63	24	14	57	27	16	60	25	15
FYROM	59	30	11	59	29	12	59	30	11
Greece	81	16	3	74	22	4	77	20	3
Greenland	60	25	15	55	30	15	57	28	15
Hungary	59	13	28	56	14	30	58	13	29
Iceland	55	26	19	48	30	23	51	28	21
Ireland	54	27	19	42	33	25	48	30	22
Italy	52	29	19	55	24	21	54	26	20
Latvia	59	17	24	51	21	28	55	19	26
Lithuania	53	16	31	50	18	32	52	17	31
Malta	52	29	19	52	30	17	52	29	18
Norway	66	23	11	56	29	16	61	26	13
Poland	65	10	26	65	8	27	65	9	26
Portugal	70	20	10	64	27	9	67	24	9
Romania	54	24	22	53	24	23	54	24	23
Russia	56	14	30	50	19	31	53	17	31
Slovak Republic	56	17	28	51	20	30	53	18	29
Slovenia	57	19	25	56	18	25	57	19	25
Sweden	54	27	19	42	29	29	48	28	24
Ukraine	53	19	27	52	19	29	53	19	28
United Kingdom	57	27	16	49	25	26	53	26	21
The Netherlands	66	24	8	55	31	12	61	27	12
USA	63	26	12	51	32	16	57	29	14

Table 48. Missed schooldays during the last 30 days because of truancy. Percentages among boys, girls and all students.

	Boys			Girls			All students		
	0	1–2	3+	0	1–2	3+	0	1–2	3+
Bulgaria	64	26	10	63	26	11	64	26	11
Croatia	75	19	7	77	18	5	76	18	6
Cyprus	65	26	9	78	20	3	72	22	6
Czech Republic	77	18	6	71	22	7	74	20	7
Denmark	79	16	5	79	18	3	79	17	4
Estonia	62	34	4	50	46	5	55	41	4
Faroe Islands	62	27	11	75	20	5	69	23	8
Finland	75	18	7	71	21	8	73	20	7
France	85	11	5	84	13	3	84	12	4
FYROM	74	21	6	80	16	4	77	18	4
Greece	67	28	5	68	28	4	68	28	5
Greenland	71	19	11	81	12	7	76	15	9
Hungary	84	12	4	87	11	2	86	11	3
Iceland	85	11	4	89	8	3	87	10	3
Ireland	75	16	10	78	14	7	77	15	8
Italy	58	30	12	59	28	13	59	29	12
Latvia	64	24	18	67	24	15	66	24	16
Lithuania	56	27	17	69	22	9	62	25	13
Malta	84	13	3	88	10	2	86	11	3
Norway	84	11	5	79	16	5	82	13	5
Poland	55	18	28	61	18	21	58	18	24
Portugal	82	13	5	81	15	4	82	14	4
Romania	36	32	10	64	26	6	64	29	8
Russia	66	22	12	62	23	15	64	22	14
Slovak Republic	73	20	7	72	23	5	72	22	6
Slovenia	74	19	7	78	16	6	76	18	6
Sweden	81	14	5	72	21	7	77	18	6
Ukraine	59	25	16	65	24	11	62	25	14
United Kingdom	83	12	6	80	15	6	81	13	6
The Netherlands	88	9	4	89	7	4	88	7	4
USA	82	13	6	84	11	5	83	12	5

Table 49. Missed schooldays during the last 30 days because of other reasons. Percentages among boys, girls and all students.

	Boys			Girls			All students		
	0	1–2	3+	0	1–2	3+	0	1–2	3+
Bulgaria	61	28	11	62	28	10	62	28	10
Croatia	72	21	7	75	21	4	73	21	6
Cyprus	69	28	4	73	24	3	71	26	3
Czech Republic	63	29	9	59	32	9	61	30	9
Denmark	77	16	7	70	22	8	74	19	7
Estonia	46	47	7	58	37	5	52	41	6
Faroe Islands	81	16	3	67	24	9	74	20	6
Finland	74	19	6	66	26	7	70	23	7
France	76	17	7	75	19	6	76	18	6
FYROM	68	26	6	78	18	4	73	22	5
Greece	74	23	3	75	23	2	75	23	3
Greenland	70	18	12	62	25	13	66	22	13
Hungary	70	24	6	73	23	4	72	23	5
Iceland	72	21	7	66	26	8	69	23	8
Ireland	55	28	16	44	34	22	50	31	19
Italy	54	33	12	56	33	12	55	33	12
Latvia	54	34	12	53	37	10	54	36	11
Lithuania	55	31	14	56	31	13	55	31	14
Malta	61	29	10	54	38	8	57	34	9
Norway	76	18	5	70	24	6	74	21	6
Poland	60	18	23	55	21	24	57	19	24
Portugal	78	18	4	74	23	4	76	20	4
Romania	70	23	7	75	21	4	73	22	5
Russia	62	27	12	59	30	11	60	28	12
Slovak Republic	69	25	6	68	26	6	68	25	6
Slovenia	71	21	8	73	20	7	72	21	7
Sweden	72	22	6	64	28	8	68	25	7
Ukraine	47	35	18	40	41	19	44	38	19
United Kingdom	74	19	7	65	27	8	69	23	7
The Netherlands	77	17	4	73	23	4	75	20	5
USA	68	23	9	61	30	9	64	27	9

Table 50. "Do your parents know where you spend Saturday evenings?" Percentages among boys, girls and all students.

	Boys				Girls				All students			
	Always	Quite often	Some-times	Usually don't know	Always	Quite often	Some-times	Usually don't know	Always	Quite often	Some-times	Usually don't know
Bulgaria	58	18	16	9	64	17	14	6	61	17	15	7
Croatia	54	26	13	6	58	27	11	4	56	26	12	5
Cyprus	57	24	14	6	74	17	7	2	67	20	10	4
Czech Republic	44	40	11	4	59	31	7	3	52	36	9	3
Denmark	54	39	6	1	63	32	5	1	59	35	5	1
Estonia	15	42	38	6	23	47	27	4	19	44	32	5
Faroe Islands	42	37	14	7	56	32	10	3	49	34	12	5
Finland	34	43	15	8	34	44	15	7	34	44	15	7
France	66	20	10	5	75	15	7	3	71	17	8	4
FYROM	54	19	19	8	66	18	13	3	61	18	16	5
Greece	48	28	15	9	61	24	11	4	56	26	13	6
Greenland	50	32	14	4	54	22	21	3	52	27	18	4
Hungary	68	24	6	2	75	21	4	1	72	22	5	2
Iceland	..	..	..	..	..	..	..	..	..	..	..	..
Ireland	40	32	18	9	52	28	15	4	47	30	16	7
Italy	..	..	..	..	..	..	..	..	..	..	..	..
Latvia	40	30	20	9	53	29	13	5	47	29	17	7
Lithuania	38	34	19	9	55	30	11	5	46	32	15	7
Malta	62	28	8	3	67	26	6	2	64	27	7	2
Norway	34	49	14	4	38	49	11	2	36	49	13	3
Poland	42	38	13	7	54	34	9	3	48	36	11	5
Portugal	65	26	7	3	76	17	5	2	72	20	6	2
Romania	51	28	16	6	70	20	7	3	63	23	11	4
Russia	35	33	24	8	41	35	19	5	38	34	22	6
Slovak Republic	50	30	14	6	58	26	11	5	54	28	13	5
Slovenia	58	24	11	7	64	22	10	5	61	23	11	6
Sweden	36	47	14	4	46	42	8	4	41	45	11	4
Ukraine	45	25	25	6	50	29	18	3	47	27	22	4
United Kingdom	44	31	15	10	54	23	15	7	49	27	15	9
Average	48	31	15	6	57	28	11	4	53	29	13	5
The Netherlands	..	..	..	..	..	..	..	..	..	..	..	..

ESPAD

The European School Survey Project on Alcohol and Other Drugs

STUDENT QUESTIONNAIRE

Before you start, please read this

This questionnaire is part of an international study on alcohol, drugs and tobacco use among students your age. The survey is performed this year in more than 25 European countries. The Swedish Council for Information on Alcohol and Other Drugs, CAN, SWEDEN initiated the project, and it is supported by the Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group) at the Council of Europe. This is the second study. The first one was done in 1995.

In your country the survey is made by ..... The results will be presented in a national report as well as in an international comparison of the results from all participating countries. The report will not include any results of single classes.

Your class has been randomly selected to take part in this study. You are one out of about 2.800 students in ....., participating in the study.

This is an anonymous questionnaire - it will not include your name or any other information, which would identify you individually. When you have finished the questionnaire, please put it in the enclosed envelope and seal it yourself. Do not write your name on that either. Your teacher/survey administrator will collect the envelopes after completion.

If the study is to be successful, it is important that you answer each question as thoughtfully and frankly as possible. Remember your answers are totally confidential.

The study is completely voluntary. If there is any question, which you would find objectionable for any reason, just leave it blank.

This is not a test. There are no right or wrong answers. If you do not find an answer that fits exactly, mark the one that comes closest. Please, mark the appropriate answer to each question by making an "X" in the box.

We hope you will find the questionnaire interesting. If you have a question, please raise your hand and your teacher/survey administrator will assist you.

Thank you in advance for your participation.

Please begin.

BEFORE BEGINNING BE SURE TO READ THE INSTRUCTIONS ON THE COVER.
Please mark your answer to each question by making an "X" in the appropriate box.

The first questions ask for some background information about yourself and the kinds of things you might do.

1. What is your sex?

1 ☐ Male

2 ☐ Female

2. When were you born?

Year 19 ☐☐

3. How often (if at all) do you do each of the following?
Mark one box for each line.

	Never	A few times a year	Once or twice a month	At least once a week	Almost every day
a) Ride around on a moped or motorcycle just for fun	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b) Play computer games	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c) Actively participate in sports, athletics or exercising	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d) Read books for enjoyment (do not count schoolbooks)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
e) Go out in the evening (to a disco, cafe, party etc)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
f) Other hobbies (play an instrument, sing, draw, write etc)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
g) Play on slot machines (the kind in which you may win money)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

4. During the LAST 30 DAYS how many whole days of school have you missed?
Mark one box for each line.

	None	1 day	2 days	3-4 days	5-6 days	7 days or more
a) Because of illness	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
b) Because you skipped or "cut"	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
c) For other reasons	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

5. Which of the following best describes your average grade in the end of the last term?

1 ☐ A (93-100)

2 ☐ A- (90-92)

3 ☐ B+ (87-89)

4 ☐ B (83-86)

5 ☐ B- (80-82)

6 ☐ C+ (77-79)

7 ☐ C (78-76)

8 ☐ C- (70-72)

The next major section of this questionnaire deals with cigarettes, alcohol and various other drugs. There is a lot of talk these days about these subjects, but very little accurate information. Therefore, we still have a lot to learn about the actual experiences and attitudes of people your age.

We hope that you can answer all questions, but if you find one, which you feel you cannot answer honestly, we would prefer that you leave it blank.

Your answers will not be made known to anyone, they will never be connected with your name or your class.

The following questions are about CIGARETTE SMOKING.

6. On how many occasions (if any) during your lifetime have you smoked cigarettes?

Number of occasions

0	1-2	3-5	6-9	10-19	20-39	40 or more
☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7

7. How frequently have you smoked cigarettes during the LAST 30 DAYS?

1 ☐ Not at all
2 ☐ Less than 1 cigarette per week
3 ☐ Less than 1 cigarette per day
4 ☐ 1-5 cigarettes per day
5 ☐ 6-10 cigarettes per day
6 ☐ 11-20 cigarettes per day
7 ☐ More than 20 cigarettes per day

The next questions are about ALCOHOLIC BEVERAGES – including beer, wine and spirits.

8. On how many occasions (if any) have you had any alcoholic beverage to drink?
Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) In your lifetime	☐	☐	☐	☐	☐	☐	☐
b) During the last 12 months	☐	☐	☐	☐	☐	☐	☐
c) During the last 30 days	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

9. Do you think you will be drinking alcohol when you are twenty-five?

1 ☐ No
2 ☐ Yes
3 ☐ I don't know

10. Think back over the LAST 30 DAYS. On how many occasions (if any) have you had any of the following to drink?
Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) Beer (do not include low alcohol beer)	☐	☐	☐	☐	☐	☐	☐
b) Wine	☐	☐	☐	☐	☐	☐	☐
c) Spirits (whisky, cognac, shot drinks etc) (also include spirits mixed with soft drinks)	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

11. The last time you had an alcoholic drink, did you drink any beer/lager/stout? If so, how much? (Do not include low alcohol beer).

1 ☐ I never drink beer

2 ☐ I did not drink beer on my last drinking occasion

3 ☐ Less than a regular bottle or can (<50 cl)

4 ☐ 1-2 regular bottles or cans (50-100 cl)

5 ☐ 3-4 regular bottles or cans (101-200 cl)

6 ☐ 5 or more regular bottles or cans (>200 cl)

12. The last time you had an alcoholic drink, did you drink any cider? If so, how much? (Do not include low alcohol cider).

1 ☐ I never drink cider

2 ☐ I did not drink cider on my last drinking occasion

3 ☐ Less than a regular bottle or can (<50 cl)

4 ☐ 1-2 regular bottles or cans (50-100 cl)

5 ☐ 3-4 regular bottles or cans (101-200 cl)

6 ☐ 5 or more regular bottles or cans (>200 cl)

13. The last time you had an alcoholic drink, did you drink any alcopop? If so, how much?

1 ☐ I never drink alcopops

2 ☐ I did not drink alcopops on my last drinking occasion

3 ☐ Less than a regular bottle or can (<50 cl)

4 ☐ 1-2 regular bottles or cans (50-100 cl)

5 ☐ 3-4 regular bottles or cans (101-200 cl)

6 ☐ 5 or more regular bottles or cans (>200 cl)

14. The last time you had an alcoholic drink, did you drink any wine? If so, how much?

1 ☐ I never drink wine

2 ☐ I did not drink wine on my last drinking occasion

3 ☐ Less than a glass (<10 cl)

4 ☐ 1-2 glasses (10-20 cl)

5 ☐ Half a bottle (37 cl)

6 ☐ A bottle or more (≥75 cl)

15. The last time you had an alcoholic drink, did you drink any spirits? If so, how much?

1 ☐ I never drink spirits

2 ☐ I did not drink spirits on my last drinking occasion

3 ☐ Less than a drink (<5 cl)

4 ☐ 1-2 drinks (5-10 cl)

5 ☐ 3-5 drinks (11-25 cl)

6 ☐ 6 drinks or more (≥30 cl)

16. Think of the last day on which you drank alcohol. Where were you when you drank?
Mark all that apply.

1☐ I never drink alcohol
1☐ At home
1☐ At someone else's home
1☐ Out on the street, in a park, beach or other open area
1☐ At a bar or a pub
1☐ In a disco
1☐ In a restaurant
1☐ Other places (please describe) ……

17. Think back over the LAST 30 DAYS. How many times (if any) have you had five or more drinks in a row? (A "drink" is a glass of wine (ca 10 cl), a bottle or can of beer (ca 50 cl), a shot glass of spirits (ca 5 cl) or a mixed drink.)

1☐ None
2☐ 1
3☐ 2
4☐ 3-5
5☐ 6-9
6☐ 10 or more times

18. How likely is it that each of the following things would happen to you personally, if you drink alcohol?
Mark one box for each line.

	Very likely	Likely	Unsure	Unlikely	Very unlikely
a) Feel relaxed	☐	☐	☐	☐	☐
b) Get into trouble with police	☐	☐	☐	☐	☐
c) Harm my health	☐	☐	☐	☐	☐
d) Feel happy	☐	☐	☐	☐	☐
e) Forget my problems	☐	☐	☐	☐	☐
f) Not be able to stop drinking	☐	☐	☐	☐	☐
g) Get a hangover	☐	☐	☐	☐	☐
h) Feel more friendly and outgoing	☐	☐	☐	☐	☐
i) Do something I would regret	☐	☐	☐	☐	☐
j) Have a lot of fun	☐	☐	☐	☐	☐
k) Feel sick	☐	☐	☐	☐	☐
	1	2	3	4	5

19. On how many occasions (if any) have you been drunk from drinking alcoholic beverages?
Mark one box for each line.

	Number of occasions 0	1-2	3-5	6-9	10-19	20-39	40 or more
a) In your lifetime	☐	☐	☐	☐	☐	☐	☐
b) During the last 12 months	☐	☐	☐	☐	☐	☐	☐
c) During the last 30 days	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

20. Please indicate on this scale from 1 to 10 how drunk you would say you were the last time you were drunk.

Somewhat merry only — Heavily intoxicated to the point of beeing unable to stand on my feet

01	02	03	04	05	06	07	08	09	10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

11 ☐ I have never been drunk

21. How many drinks do you usually need to get drunk? (A ”drink” is a glass of wine (ca 10 cl), a bottle or can of beer (ca 50 cl), a shot glass of spirits (ca 5 cl) or a mixed drink.)

01 ☐ I never drink alcohol
02 ☐ I have never been drunk
03 ☐ 1-2 drinks
04 ☐ 3-4 drinks
05 ☐ 5-6 drinks
06 ☐ 7-8 drinks
07 ☐ 9-10 drinks
08 ☐ 11-12 drinks
09 ☐ 13 drinks or more

The next questions ask about some other drugs.

22. Have you ever heard of any of the following drugs?
Mark one box for each line.

	Yes	No
a) Tranquillisers or sedatives (give names that apply)	☐	☐
b) Marijuana or hashish	☐	☐
c) LSD	☐	☐
d) Amphetamines	☐	☐
e) Crack	☐	☐
f) Cocaine	☐	☐
g) Relevin	☐	☐
h) Heroin	☐	☐
i) Ecstasy	☐	☐
j) Methadone	☐	☐
k) ”Magic mushrooms”	☐	☐
	1	2

23. Have you ever wanted to try any of the drugs mentioned in question 23?

1 ☐ Yes
2 ☐ No

24. On how many occasions (if any) have you used marijuana (grass, pot) or hashish (hash, hash oil)?
Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) In your lifetime	☐	☐	☐	☐	☐	☐	☐
b) During the last 12 months	☐	☐	☐	☐	☐	☐	☐
c) During the last 30 days	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

25. On how many occasions (if any) have you sniffed a substance (glue, aerosols etc) to get high?
Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) In your lifetime	☐	☐	☐	☐	☐	☐	☐
b) During the last 12 months	☐	☐	☐	☐	☐	☐	☐
c) During the last 30 days	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

Tranquillisers and sedatives, like …. (give examples that are appropriate) are sometimes prescribed by doctors to help people to calm down, get to sleep or to relax. Pharmacies are not supposed to sell them without a prescription.

26. Have you ever taken tranquillisers or sedatives because <u>a doctor</u> told you to take them?

1 ☐ No, never

2 ☐ Yes, but for less than 3 weeks

3 ☐ Yes, for 3 weeks or more

27. On how many occasions in your lifetime (if any) have you used any of the following drugs?
Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) Tranquillisers or sedatives (without a doctor's prescription)	☐	☐	☐	☐	☐	☐	☐
b) Amphetamines	☐	☐	☐	☐	☐	☐	☐
c) LSD or some other hallucinogens	☐	☐	☐	☐	☐	☐	☐
d) Crack	☐	☐	☐	☐	☐	☐	☐
e) Cocaine	☐	☐	☐	☐	☐	☐	☐
f) Relevin	☐	☐	☐	☐	☐	☐	☐
g) Heroin (by smoking)	☐	☐	☐	☐	☐	☐	☐
h) Heroin (other than by smoking)	☐	☐	☐	☐	☐	☐	☐
i) Ecstasy	☐	☐	☐	☐	☐	☐	☐
j) "Magic mushrooms"	☐	☐	☐	☐	☐	☐	☐
k) Drugs by injection with a needle (like heroin, cocaine, amphetamine)	☐	☐	☐	☐	☐	☐	☐
l) Alcohol together with pills	☐	☐	☐	☐	☐	☐	☐
m) Alcohol and marijuana/hashish at the same time	☐	☐	☐	☐	☐	☐	☐
n) Anabolic steroids	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

28. When (if ever) did you FIRST do each of the following things?
Mark one box for each line.

	Never	11 years old or less	12 years old	13 years old	14 years old	15 years old	16 years old
a) Drink beer (at least one glass)	☐	☐	☐	☐	☐	☐	☐
b) Drink wine (at least one glass)	☐	☐	☐	☐	☐	☐	☐
c) Drink spirits (at least one glass)	☐	☐	☐	☐	☐	☐	☐
d) Get drunk on alcohol	☐	☐	☐	☐	☐	☐	☐
e) Smoke your first cigarette	☐	☐	☐	☐	☐	☐	☐
f) Smoke cigarettes on a daily basis	☐	☐	☐	☐	☐	☐	☐
g) Try amphetamines	☐	☐	☐	☐	☐	☐	☐
h) Try tranquillisers or sedatives (without a doctor's prescription)	☐	☐	☐	☐	☐	☐	☐
i) Try marijuana or hashish	☐	☐	☐	☐	☐	☐	☐
j) Try LSD or other hallucinogen	☐	☐	☐	☐	☐	☐	☐
k) Try crack	☐	☐	☐	☐	☐	☐	☐
l) Try cocaine	☐	☐	☐	☐	☐	☐	☐
m) Try relevin	☐	☐	☐	☐	☐	☐	☐
n) Try ecstasy	☐	☐	☐	☐	☐	☐	☐
o) Try heroin	☐	☐	☐	☐	☐	☐	☐
p) Try "magic mushrooms"	☐	☐	☐	☐	☐	☐	☐
q) Try inhalants (glue, etc) to get high	☐	☐	☐	☐	☐	☐	☐
r) Try alcohol together with pills	☐	☐	☐	☐	☐	☐	☐
s) Try anabolic steroids	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

We want to find out how people begin to take drugs. We want you to think back to the very first occasion (if any) on which you took any of them and tell us about it. (Let us say again that any information you choose to give us about this will be very strictly confidential to the researchers. Your name is not on this questionnaire and nobody will attempt to find it out).

29. What was the FIRST drug (if any) that you have ever tried?

01 ☐ I have never tried any of the substances listed below

02 ☐ Tranquillisers or sedatives without a doctor's prescription

03 ☐ Marijuana or hashish

04 ☐ LSD

05 ☐ Amphetamines

06 ☐ Crack

07 ☐ Cocaine

08 ☐ Relevin

09 ☐ Heroin

10 ☐ Ecstasy

11 ☐ "Magic mushrooms"

12 ☐ I don't know what it was

30. How did you get this substance?

01 ☐ I have never used any of the substances listed in question 29

02 ☐ Given to me by an older brother or sister

03 ☐ Given to me by a friend, a boy or a girl, older than me

04 ☐ Given to me by a friend my own age or younger

05 ☐ Given to me by someone I have heard about but did not know personally

06 ☐ Given to me by a stranger

07 ☐ It was shared around a group of friends

08 ☐ Bought from a friend

09 ☐ Bought from someone I have heard about but did not know personally

10 ☐ Bought from a stranger

11 ☐ Given to me by one of my parents

12 ☐ Took it at home without my parents permission

13 ☐ None of these (please describe briefly how you did get it)…….

……

31. Which was the reason(s) for you to try this drug?

Mark all that apply.

1 ☐ I have never used any of the substances listed in question 29

1 ☐ I wanted to feel high

1 ☐ I did not want to stand out from the group

1 ☐ I had nothing to do

1 ☐ I was curious

1 ☐ I wanted to forget my problems

1 ☐ Other reason(s), please specify.....…….....

1 ☐ Don't remember

32. In which of the following places do you think you could easily buy marijuana or hashish if you wanted to?

Mark all that apply.

1 ☐ I don’t know of any such place

1 ☐ Street, park etc

1 ☐ School

1 ☐ Disco, bar etc

1 ☐ House of a dealer

1 ☐ Other(s), please specify .....…….....

33. Individuals differ in whether or not they disapprove of people doing certain things. DO YOU DISAPPROVE of people doing each of the following?
Mark one box for each line.

	Don't disapprove	Disapprove	Strongly disapprove	Don't know
a) Smoking cigarettes occasionally	☐	☐	☐	☐
b) Smoking 10 or more cigarettes a day	☐	☐	☐	☐
c) Drinking 1 or 2 drinks of an alcoholic beverage a few times a year (beer, wine, spirits)	☐	☐	☐	☐
d) Having one or two drinks several times a week	☐	☐	☐	☐
e) Getting drunk once a week	☐	☐	☐	☐
f) Trying marijuana or hashish (cannabis pot, grass) once or twice	☐	☐	☐	☐
g) Smoking marijuana or hashish occasionally	☐	☐	☐	☐
h) Smoking marijuana or hashish regularly	☐	☐	☐	☐
i) Trying LSD or some other hallucinogen once or twice	☐	☐	☐	☐
j) Trying heroin (smack, horse) once or twice	☐	☐	☐	☐
k) Trying tranquillisers or sedatives (without a doctors prescription) once or twice	☐	☐	☐	☐
l) Trying an amphetamine (upper, pep pill, bennie, speed) once or twice	☐	☐	☐	☐
m) Trying crack once or twice	☐	☐	☐	☐
n) Trying cocaine once or twice	☐	☐	☐	☐
o) Trying ecstasy once or twice	☐	☐	☐	☐
p) Trying inhalants (glue etc) once or twice	☐	☐	☐	☐
	1	2	3	4

34. How much do you think PEOPLE RISK harming themselves (physically or in other ways), if they…..
Mark one box for each line.

	No risk	Slight risk	Moderate risk	Great risk	Don't know
a) smoke cigarettes occasionally	☐	☐	☐	☐	☐
b) smoke one or more packs of cigarettes per day	☐	☐	☐	☐	☐
c) have one or two drinks nearly every day	☐	☐	☐	☐	☐
d) have four or five drinks nearly every day	☐	☐	☐	☐	☐
e) have five or more drinks each weekend	☐	☐	☐	☐	☐
f) try marijuana or hashish (cannabis, pot, grass) once or twice	☐	☐	☐	☐	☐
g) smoke marijuana or hashish occasionally	☐	☐	☐	☐	☐
h) smoke marijuana or hashish regularly	☐	☐	☐	☐	☐
i) try LSD once or twice	☐	☐	☐	☐	☐
j) take LSD regularly	☐	☐	☐	☐	☐
k) try an amphetamine (uppers, pep pills, bennie, speed) once or twice	☐	☐	☐	☐	☐
l) take amphetamines regularly	☐	☐	☐	☐	☐
m) try cocaine or crack once or twice	☐	☐	☐	☐	☐
n) take cocaine or crack regularly	☐	☐	☐	☐	☐
o) try ecstasy once or twice	☐	☐	☐	☐	☐
p) take ecstasy regularly	☐	☐	☐	☐	☐
q) try inhalants (glue etc) once or twice	☐	☐	☐	☐	☐
r) take inhalants (glue etc) regularly	☐	☐	☐	☐	☐
	1	2	3	4	5

35. How difficult do you think it would be for you to get each of the following, if you wanted?
Mark one box for each line.

	Impossible	Very difficult	Fairly difficult	Fairly easy	Very easy	Don't know
a) Cigarettes	☐	☐	☐	☐	☐	☐
b) Beer	☐	☐	☐	☐	☐	☐
c) Wine	☐	☐	☐	☐	☐	☐
d) Liquor	☐	☐	☐	☐	☐	☐
e) Marijuana or hashish (cannabis, pot, grass)	☐	☐	☐	☐	☐	☐
f) LSD or some other hallucinogen	☐	☐	☐	☐	☐	☐
g) Amphetamines (uppers, pep pills, bennies, speed)	☐	☐	☐	☐	☐	☐
h) Tranquillisers or sedatives	☐	☐	☐	☐	☐	☐
i) Crack	☐	☐	☐	☐	☐	☐
j) Cocaine	☐	☐	☐	☐	☐	☐
k) Ecstasy	☐	☐	☐	☐	☐	☐
l) Heroin (smack, horse)	☐	☐	☐	☐	☐	☐
m) "Magic mushrooms"	☐	☐	☐	☐	☐	☐
n) Inhalants (glue etc)	☐	☐	☐	☐	☐	☐
o) Anabolic steroids	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6

36. How many of your friends would you estimate .....
Mark one box for each line.

	None	A few	Some	Most	All
a) smoke cigarettes	☐	☐	☐	☐	☐
b) drink alcoholic beverages (beer, wine, spirits)	☐	☐	☐	☐	☐
c) get drunk at least once a week	☐	☐	☐	☐	☐
d) smoke marijuana (pot, grass) or hashish	☐	☐	☐	☐	☐
e) take LSD or some other hallucinogen	☐	☐	☐	☐	☐
f) take amphetamines (uppers, pep pills, bennies, speed)	☐	☐	☐	☐	☐
g) take tranquillisers or sedatives (without a doctor's prescription)	☐	☐	☐	☐	☐
h) take cocaine or crack	☐	☐	☐	☐	☐
i) take ecstasy	☐	☐	☐	☐	☐
j) take heroin	☐	☐	☐	☐	☐
k) take inhalants (glue etc)	☐	☐	☐	☐	☐
l) take "magic mushrooms"	☐	☐	☐	☐	☐
m) take alcohol together with pills	☐	☐	☐	☐	☐
n) take anabolic steroids	☐	☐	☐	☐	☐
	1	2	3	4	5

37. Have you ever had any of the following problems?
Mark all that apply for each line.

	Never	Yes, because of my alcohol use	Yes, because of my drug use	Yes for reasons other than alcohol or drug use
a) Quarrel or argument	☐	☐	☐	☐
b) Scuffle or fight	☐	☐	☐	☐
c) Accident or injury	☐	☐	☐	☐
d) Loss of money or other valuable items	☐	☐	☐	☐
e) Damage to objects or clothing	☐	☐	☐	☐
f) Problems in your relationship with your parents	☐	☐	☐	☐
g) Problems in your relationship with your friends	☐	☐	☐	☐
h) Problems in your relationship with your teachers	☐	☐	☐	☐
i) Performed poorly at school or work	☐	☐	☐	☐
j) Victimized by robbery or theft	☐	☐	☐	☐
k) Trouble with police	☐	☐	☐	☐
l) Hospitalised or admitted to an emergency room	☐	☐	☐	☐
m) Engaged in sex you regretted the next day	☐	☐	☐	☐
n) Engaged in unprotected sex	☐	☐	☐	☐
	1	1	1	1

38. Does any of your siblings ……?
Mark one box for each line.

	Yes	No	Don't know	Don't have any elder siblings
a) smoke cigarettes	☐	☐	☐	☐
b) drink alcoholic beverages (beer, wine, spirits)	☐	☐	☐	☐
c) ever get drunk	☐	☐	☐	☐
d) smoke marijuana or hashish (pot, grass)	☐	☐	☐	☐
e) take tranquillisers or sedatives (without a doctor's prescription)	☐	☐	☐	☐
f) take ecstasy	☐	☐	☐	☐
	1	2	3	4

The next questions ask about your parents. If mostly foster parents raised you, stepparents, or others answer for them. For example, if you have both a stepfather and a natural father, answer for the one that was the most important in raising you.

39. What is the highest level of schooling your father completed?

1 ☐ Completed primary school or less
2 ☐ Some secondary school
3 ☐ Completed secondary school
4 ☐ Some college or university
5 ☐ Completed college or university
6 ☐ Don't know, or does not apply

40. What is the highest level of schooling your mother completed?

1 ☐ Completed primary school or less
2 ☐ Some secondary school
3 ☐ Completed secondary school
4 ☐ Some college or university
5 ☐ Completed college or university
6 ☐ Don't know, or does not apply

41. How well off is your family compared to other families in your country?

1 ☐ Very much better off
2 ☐ Much better off
3 ☐ Better off
4 ☐ About the same
5 ☐ Less well off
6 ☐ Much less well off
7 ☐ Very much less well off

42. Which of the following people live in the same household with you?
Mark all that apply.

1 ☐ I live alone
1 ☐ Father
1 ☐ Stepfather
1 ☐ Mother
1 ☐ Stepmother
1 ☐ Brother(s) and/or sister(s)
1 ☐ Grandparent(s)
1 ☐ Other relative(s)
1 ☐ Non-relative(s)

43. How satisfied are you usually with.....

	Very satisfied	Satisfied	Neither satisfied or not satisfied	Not so satisfied	Not at all satisfied
a) your relationship to your mother?	☐	☐	☐	☐	☐
b) your relationship to your father?	☐	☐	☐	☐	☐
c) your relationship to your friends?	☐	☐	☐	☐	☐
	1	2	3	4	5

44. Do your parents know where you spend Saturday nights?

1 ☐ Know always
2 ☐ Know quite often
3 ☐ Know sometimes
4 ☐ Usually don't know

45. If you have ever used marijuana or hashish, do you think that you would have said so in this questionnaire?

1 ☐ I already said that I have used it
2 ☐ Definitely yes
3 ☐ Probably yes
4 ☐ Probably not
5 ☐ Definitely not

46. If you have ever used heroin, do you think that you would have said so in this questionnaire?

1 ☐ I already said that I have used it
2 ☐ Definitely yes
3 ☐ Probably yes
4 ☐ Probably not
5 ☐ Definitely not

The next section includes questions about your parents' thoughts about alcohol and drug use.

A1. If you wanted to smoke (or already do), do you think your father and mother would allow you to do so?
Mark one box for each line.

	Would allow (allows me) to smoke	Would not (does not) allow smoking at home	Would not (does not) allow smoking at all	Don't know
a) Father	☐	☐	☐	☐
b) Mother	☐	☐	☐	☐
	1	2	3	4

A2. If you wanted to drink (or already do), do you think your father and mother would allow you to do so?
Mark one box for each line.

	Would allow (allows me) to drink	Would only allow (allows only) on special occasions	Would (does) not allow me to drink at all	Don't know
a) Father	☐	☐	☐	☐
b) Mother	☐	☐	☐	☐
	1	2	3	4

A3. What do you think your parent's reaction would be if you do the following things?
Mark one box for each line.

	They would not allow it	They would dis-courage it	They would not mind	They would approve of it	Don't know
a) Get drunk	☐	☐	☐	☐	☐
b) Use marijuana/hashish	☐	☐	☐	☐	☐
c) Use ecstasy	☐	☐	☐	☐	☐
d) Play a slot machine	☐	☐	☐	☐	☐
	1	2	3	4	5

A4. How satisfied are you usually with .....
Mark one box for each line.

	Very satisfied	Satis fied	Neither satisfied or not satisfied	Not so satisfied	Not at all satisfied
a) the financial situation of your family?	☐	☐	☐	☐	☐
b) your health?	☐	☐	☐	☐	☐
c) yourself?	☐	☐	☐	☐	☐
	1	2	3	4	5

A5. How often do the following statements apply to you?
Mark one box for each line.

	Almost always	Often	Some-times	Seldom	Almost never
a) My parents set definite rules about what I can do at home	☐	☐	☐	☐	☐
b) My parents set definite rules about what I can do outside the home	☐	☐	☐	☐	☐
c) My parents know whom I am with in the evenings	☐	☐	☐	☐	☐
d) My parents know where I am in the evenings	☐	☐	☐	☐	☐
e) I can easily get warmth and caring from my mother and/or father	☐	☐	☐	☐	☐
f) I can easily get mental support from my mother and/or father	☐	☐	☐	☐	☐
g) I can easily borrow money from my mother and/or father	☐	☐	☐	☐	☐
h) I can easily get money as a gift from my mother and/or father	☐	☐	☐	☐	☐
i) I can easily get warmth and caring from my best friend	☐	☐	☐	☐	☐
j) I can easily get mental support from my best friend	☐	☐	☐	☐	☐
	1	2	3	4	5

A6/ B1. How much money do you usually spend a week for your personal needs, and where do you get them from?

	Currency
Paid job	_____
Parents or other relatives	_____
Other sources	_____

The following questions are about yourself and things you might do.

B2. What chores are you expected to perform at home?

01 ☐ To do my school home work well
02 ☐ To do shopping
03 ☐ To take care of younger sisters/brothers
04 ☐ To take care of pets
05 ☐ To cook
06 ☐ To clean the house/apartment
07 ☐ To do laundry
08 ☐ To wash dishes
09 ☐ To work on the household plot of land (garden) or take care of farm animals
10 ☐ To care about elder family members
11 ☐ To earn money
12 ☐ To do sports
13 ☐ To take out the trash
14 ☐ I don't have any of these obligations

B3. How much TV or video do you estimate you watch on an average weekday?

1 ☐ None
2 ☐ Half-hour or less
3 ☐ About 1 hour
4 ☐ About 2 hours
5 ☐ About 3 hours
6 ☐ About 4 hours
7 ☐ 5 hours or more

B4. How good do you think you are at schoolwork, compared to other people your age?

1 ☐ Excellent, I am probably one of the very best
2 ☐ Well above average
3 ☐ Above average
4 ☐ Average
5 ☐ Below average
6 ☐ Well below average
7 ☐ Poor, I am probably one of the worst

The following section is about what you think of yourself.

C1. Below is a list of statements dealing with your general feelings about yourself.
Mark one box for each line to indicate if you agree or disagree.

	Strongly agree	Agree	Disagree	Strongly disagree
a) On the whole, I am satisfied with myself	☐	☐	☐	☐
b) At times I think I am no good at all	☐	☐	☐	☐
c) I feel that I have a number of good qualities	☐	☐	☐	☐
d) I am able to do things as well as most other people	☐	☐	☐	☐
e) I feel I do not have much to be proud of	☐	☐	☐	☐
f) I certainly feel useless at times	☐	☐	☐	☐
g) I feel that I'm a person of worth, at least on an equal plane with others	☐	☐	☐	☐
h) I wish I could have more respect for myself	☐	☐	☐	☐
i) All in all, I am inclined to feel that I am a failure	☐	☐	☐	☐
j) I take a positive attitude toward myself	☐	☐	☐	☐
	1	2	3	4

C2. During the LAST 7 DAYS, how often ……
Mark one box for each line.

	Rarely or never	Some-times	Several times	Most of the times
a) have you lost your appetite, you did not want to eat	☐	☐	☐	☐
b) have you had difficulty in concentrating on what you want to do	☐	☐	☐	☐
c) have you felt depressed	☐	☐	☐	☐
d) have you felt that you had to put great effort and pressure to do the things you had to do	☐	☐	☐	☐
e) have you felt sad	☐	☐	☐	☐
f) you could not do your work (at home, at work, at school)	☐	☐	☐	☐
	1	2	3	4

C3. How much do you agree or disagree with the following statements?
Mark one box for each line.

	Totally agree	Rather agree	Don't know	Rather disagree	Totally disagree
a) You can break most rules if they don't seem to apply	☐	☐	☐	☐	☐
b) I follow whatever rules I want to follow	☐	☐	☐	☐	☐
c) In fact there are very few ru les absolute in life	☐	☐	☐	☐	☐
d) It is difficult to trust anything, because everything changes	☐	☐	☐	☐	☐
e) In fact nobody knows what is expected of him/her in life	☐	☐	☐	☐	☐
f) You can never be certain of anything in life	☐	☐	☐	☐	☐
	1	2	3	4	5

The following questions concern behaviours, which may be against some social rules or the law. We hope that you will answer all the questions. Nevertheless, if you come across a question, which you cannot answer honestly, we prefer that you leave it unanswered. Remember that your answers are anonymous.

C4. During the LAST 12 MONTHS, how often have you .....
Mark one box for each line.

	Not at all	Once	Twice	3-4 times	5 or more times
a) hit one of your teachers	☐	☐	☐	☐	☐
b) gotten mixed into a fight at school or at work	☐	☐	☐	☐	☐
c) taken part in a fight where a group of your friends were against another group	☐	☐	☐	☐	☐
d) hurt somebody badly enough to need bandages or a doctor	☐	☐	☐	☐	☐
e) used any kind of weapon to get something from a person	☐	☐	☐	☐	☐
f) taken something not belonging to you, worth over (the equivalent of) $ 10	☐	☐	☐	☐	☐
g) taken something from a shop without paying for it	☐	☐	☐	☐	☐
h) set fire to somebody else's property on purpose	☐	☐	☐	☐	☐
i) damaged school property on purpose	☐	☐	☐	☐	☐
j) gotten into trouble with the police for something you did	☐	☐	☐	☐	☐
	1	2	3	4	5

The following questions concern behaviours, which may be against some social rules or the law. We hope that you will answer all the questions. Nevertheless, if you come across a question, which you cannot answer honestly, we prefer that you leave it unanswered. Remember that your answers are anonymous.

D1. During the LAST 12 MONTHS, how often have you .....
Mark one box for each line.

	Never	Once	Twice	3-4 times	5 or more times
a) participated in a group bullying an individual	☐	☐	☐	☐	☐
b) participated in a group physically hurting an individual	☐	☐	☐	☐	☐
c) participated in a group starting a fight with another group	☐	☐	☐	☐	☐
d) started a fight with another individual	☐	☐	☐	☐	☐
e) stolen something worth £10 or more	☐	☐	☐	☐	☐
f) broken into a place to steal	☐	☐	☐	☐	☐
g) damaged public or private property on purpose	☐	☐	☐	☐	☐
h) sold stolen goods	☐	☐	☐	☐	☐
	1	2	3	4	5

D2. During the LAST 12 MONTHS, how often have you .....
Mark one box for each line.

	Never	Once	Twice	3-4 times	5 or more times
a) been individually bullied by a whole group of people	☐	☐	☐	☐	☐
b) been physically hurt by a whole group of people	☐	☐	☐	☐	☐
c) been in a group that was attacked by another group	☐	☐	☐	☐	☐
d) had someone start a fight with you individually	☐	☐	☐	☐	☐
e) had something worth £10 or more stolen from you	☐	☐	☐	☐	☐
f) had someone break into your home to steal something	☐	☐	☐	☐	☐
g) had someone damage your belongings on purpose	☐	☐	☐	☐	☐
h) bought stolen goods	☐	☐	☐	☐	☐
	1	2	3	4	5

The last section of the questionnaire includes some questions about alcohol.

E1. Now think back over the LAST 30 DAYS. On how many occasions (if any) have you had any <u>home made</u> or <u>smuggled</u> alcohol to drink?
Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) Home made beer	☐	☐	☐	☐	☐	☐	☐
b) Home made wine	☐	☐	☐	☐	☐	☐	☐
c) Home made spirits	☐	☐	☐	☐	☐	☐	☐
d) Smuggled beer	☐	☐	☐	☐	☐	☐	☐
e) Smuggled wine	☐	☐	☐	☐	☐	☐	☐
f) Smuggled spirits	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

E2. How important would you say each of the following reasons are for not drinking alcohol?
Mark one box for each line.

	Very important	Rather important	Not very important	Unim-portant	Do not know
a) Drinking is bad for one's health	☐	☐	☐	☐	☐
b) Drinking costs too much	☐	☐	☐	☐	☐
c) Religious reasons	☐	☐	☐	☐	☐
d) Not to lose control in an unpleasant way	☐	☐	☐	☐	☐
e) It is hard to stop drinking once you start the habit	☐	☐	☐	☐	☐
f) Parents disapproval of drinking	☐	☐	☐	☐	☐
g) Drinking makes you put on weight	☐	☐	☐	☐	☐
h) Drinking may have destroyed somebody that you know well	☐	☐	☐	☐	☐
i) Alcohol tastes horrible	☐	☐	☐	☐	☐
j) Drinking may cause negative effects, e.g. hangovers, dizziness and vomiting	☐	☐	☐	☐	☐
k) Drinking is too likely to lead to crime and violence	☐	☐	☐	☐	☐
l) Drinking might be against one's principles	☐	☐	☐	☐	☐
m) Drinking is too likely to lead to serious accidents	☐	☐	☐	☐	☐
n) Drinking is too likely to have bad effects on family life	☐	☐	☐	☐	☐
	1	2	3	4	5

E3. Has any of the following even happened to you?
Mark one box for each line.

	Not at all	Once	Twice	3-4 times	5 or more times
a) Run away from home for more than one day	☐	☐	☐	☐	☐
b) Thought of harming yourself	☐	☐	☐	☐	☐
c) Attempted suicide	☐	☐	☐	☐	☐
	1	2	3	4	5

CLASS ROOM REPORT

(Please return enclosed with the completed questionnaires)

ESPAD 99 – The European School Survey Project on Alcohol and Other Drugs

City/Municipality …… County ……

School:		
Class:		**Date:**
	Boys	Girls
Present students (number)		
Absent students (number)		
Totals		

Reasons for absence:	Boys	Girls		Boys	Girls
Illness (number)			Absence without permission (number)		
Permission (number)			Do not know (number)		
Other reason (number)			**Totals**		

1. Did you notice any disturbances during completion of the forms?

☐ No

☐ Yes, from a few students
☐ Yes, from less than half of the students
☐ Yes, from about half of the students
☐ Yes, from more than half of the students

→

What kinds of disturbances?
☐ Giggles of eye makings to the classmates
☐ Loud comments such as ……
……..
☐ Other kinds of comments such as ……...
……

2. Did you find the students interested in the survey?

☐ Yes, all of them
☐ Nearly all of them
☐ A majority of them
☐ About half of them
☐ Less than half of them
☐ Nearly no one of them
☐ No one

Please turn and continue with questions 3-5.

3. Did you find that the students worked seriously?

- ☐ Yes, all of them
- ☐ Nearly all of them
- ☐ A majority of them
- ☐ About half of them
- ☐ Less than half of them
- ☐ Nearly no one of them
- ☐ No one

4. Which was the average time for the class to complete the questionnaire?

About …….. minutes.

5. Personal comments:

Name (block letters please)
Teacher/survey leader