

The 2007 ESPAD Report

Substance Use Among Students in 35 European Countries





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The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)
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Preface

This is the report from the fourth data collection of the European School Survey Project on Alcohol and Other Drugs (ESPAD). In it data on more than 100,000 European students are presented in a large number of diagrams, maps and tables. Independent researchers in 35 European countries have collaborated on planning, methodological discussions, data collections and reporting of national results. This is the first ESPAD report to be based on a common database, administrated by ESPAD database manager Thoroddur Bjarnason, to which all participating countries sent their national datasets.

The first ESPAD report, with data from 1995, included information from 26 countries, while this fourth report contains results from 35 countries. With the addition of five countries which gathered data in 2008, ESPAD is now established in 40 countries and covers most of the European continent. Over the years ESPAD has become an increasingly important source of information on young people's substance use.

The ESPAD project was initiated in 1993 by the Swedish Council for Information on Alcohol and Other Drugs (CAN) as a follow up of a test of a European school survey questionnaire funded by the Pompidou Group at the Council of Europe in a pilot study in 1986–88, which concluded that the validity and reliability of the questionnaire were high. In the light of this experience and the Swedish expertise in school surveys, CAN started the collaborative project in contacting researchers in a large number of European countries who were invited to a first meeting at the Council of Europe in Strasbourg. The meeting was hosted and supported by the Pompidou Group who also suggested names of many of the participants. The cooperation has continued since then and the Pompidou Group has funded the participation of researchers from the Central and Eastern Europe in the annual Project meetings and some Regional seminars.

ESPAD also has an established contact with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in Lisbon. The cooperation has deepened during later years and has included support for data analysis and reporting. EMCDDA has also contributed to the production of this report and is assuring the multilingual dissemination of ESPAD results.

Work on this report would not have been possible without financial support from the Swedish Government and the Swedish National Institute of Public Health, both of which have contributed to the coordination of the project as well as to the production of this report. We are also grateful for the support received from EMCDDA and the Pompidou Group.

An extensive project with data from 35 countries would of course not have been possible without the self-sacrificing work of all our ESPAD colleagues. We very much appreciate their support and qualified contribution to the development of the project but also the friendly and collaborative atmosphere that characterises our contacts, meetings and seminars.

A large number of people in every country have made an important contribution to this report. We would like to express our gratitude to all of you that made this report possible, including teachers, research assistants and others who collected data, and not least to the huge number of students across Europe who, by participating in the 2007 data collection, helped us to arrive at a better understanding of young people's substance use.

Stockholm, February 2009

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Contents

Summary	9	Key results 2007 country by country	99
Methodology and data quality	10	Trends 1995–2007	119
Cigarettes	10	Changes in cigarette smoking	120
Alcohol	11	Changes in alcohol consumption	121
Illicit drugs	13	Changes in illicit drug use	138
Other substances	13	Changes in the use of other substances	146
Final remarks	14	Changes in lifetime abstinence from various substances	160
Acknowledgements	17	Final remarks on trends in 1995–2007	160
Introduction	19	The ESPAD Cannabis Module	163
Background to the ESPAD project	20	Introduction	164
Purpose of the project	21	Cannabis-related problems	164
The use of surveys	21	Methods	164
National project plans and regional seminars	22	Results	165
Participants and ownership	22	Discussion	168
Participating countries	23	References	170
The structure of the 2007 ESPAD report	23	The ESPAD Psychosocial Module	171
Errata	23	Introduction	172
References	23	Methods	173
Study design and procedures	25	Results	175
Target population	26	Conclusions	180
Data collection instrument	26	References	180
Sampling procedure	27	Appendix I – Acknowledgements	185
Field procedure	27	Appendix II – Sampling and data collection in participating countries	189
Data delivery, data cleaning and the ESPAD 07 database	27	Appendix III – Tables	267
References	28	Appendix IV – Student questionnaire	383
Methodological considerations	29		
Introduction	30		
Comparability with earlier surveys	31		
Representativeness	35		
Reliability	42		
Validity	45		
Comparisons with other survey data	53		
Conclusions	54		
References	58		
The situation in 2007	59		
Cigarettes	60		
Alcohol	64		
Use of illicit drugs	82		
Cannabis	88		
Use of various substances	94		
Perceived risks of legal and illegal substance use	95		
Lifetime abstinence from various substances	96		
Statistical associations between use of different substances	97		
References	98		

TABLES

Summary Table	12	Table P	55	Figure 2a–b	63
Selected key results by country. ESPAD 2007.		Drunkenness in the ESPAD and HBSC surveys. Students who have ever been drunk (ESPAD) or have been drunk at least twice (HBSC). Percentages among boys and girls, r_{xy} and Spearman's rank correlation coefficient (r_{rank}).		Cigarette use during the last 30 days. 2007. Percentages.	
Table A	22	Table Q	56	Figure 3a–b	65
Participating ESPAD countries 1995–2007.		Lifetime use of cannabis in the ESPAD and HBSC surveys. Percentages among boys and girls, r_{xy} and Spearman's rank correlation coefficient (r_{rank}).		Alcohol use during the last 12 months. 2007. Percentages.	
Table B	31	Table R	57	Figure 4a–b	67
Ethical considerations. ESPAD 2007.		12 months prevalence of cannabis use in the ESPAD and HBSC surveys. Percentages among boys and girls, r_{xy} and Spearman's rank correlation coefficient (r_{rank}).		Alcohol use during the last 30 days. 2007. Percentages.	
Table C	33	Table S	62	Figure 5a–b	69
Non response rates before the logical substitution of missing values and the substitution impact (reduction). ESPAD 2007.		Statistical correlations (Pearson) on an aggregate country level between smoking related variables. 34 ESPAD countries. 2007.		Estimated average alcohol consumption during the latest alcohol-drinking day. 2007. Centilitres of 100% alcohol.	
Table D	34	Table T	66	Figure 6a–b	72
Changes in lifetime prevalence (LTP) of different substances due to data cleaning. Percentages. ESPAD 2007.		Statistical correlations (Pearson) on an aggregate country level between variables related to alcohol use. 33 ESPAD countries. 2007.		Dominant beverage during the latest alcohol-drinking day. Proportion of total volume (in 100% alcohol). 2007.	
Table E	36	Table U	70	Figure 7a–b	73
Characteristics of the national samples. ESPAD 2007.		Statistical correlations (Pearson) on an aggregate country level between variables related to alcohol use. 30 ESPAD countries. 2007.		Having been drunk during the last 12 months. 2007. Percentages.	
Table F	37	Table V	74	Figure 8a–b	75
Characteristics of the data collection. ESPAD 2007.		Statistical correlations (Pearson) on an aggregate country level between different measures of drunkenness-oriented drinking. 26–33 ESPAD countries. 2007.		Having been drunk during the last 30 days. 2007. Percentages.	
Table G	39	Table X	82	Figure 9a–b	76
Non participating schools and classes and overall response rates. Percentages. ESPAD 2007.		Statistical correlations (Pearson) on an aggregate country level between different alcohol measures. 26–32 ESPAD countries. 2007.		Having had five or more drinks on one occasion during the last 30 days. 2007. Percentages.	
Table H	41	Table Y	88	Figure 10	78
Refusals, discarded questionnaires and number of valid questionnaires from 1991 born students. ESPAD 2007.		Statistical correlations (Pearson) on an aggregate country level between various variables relating to use of illicit drugs. 34 ESPAD countries. 2007.		Expected positive and negative consequences of alcohol consumption. Number of statements for which the percentage of all students deeming a positive or negative consequence to be “likely” or “very likely” to appear exceeds the average for all countries.	
Table I	43	Table Z	97	Figure 11	80
Some aspects of reliability. Inconsistency between two questions in a single administration. Students reporting lifetime substance use on one question but not on another. Percentages and quotient. ESPAD 2007.		Statistical correlations (Pearson) on an aggregate country level between seven measures of substance use. 31–34 ESPAD countries. 2007.		Experienced problems caused by personal alcohol use. Number of variables within each “problem group” for which a country's percentage exceeds the average for all countries. All students. 2007. Number of problems.	
Table J	46	Table CM-1	165	Figure 12	80
Opinions of survey leaders. Percentages. ESPAD 2007.		The Cannabis Abuse Screening Test (CAST; Beck & Legleye, 2003).		Proportion of students reporting having experienced any of the following problems because of personal use of alcohol or illicit drugs. All students. 2007. Percentages.	
Table K	48	Table PM-1	180	Figure 13a–b	83
Number of used items and average completion time. ESPAD 2007.		Odds ratios (with 95% confidence intervals) of psychosocial factors related to substance use.		Perceived availability of cannabis. Students answering that marijuana or hashish would be “fairly easy” or “very easy” to obtain. 2007. Percentages.	
Table L	50			Figure 14a–b	85
Some aspects of validity: Inconsistent answers, unwillingness to admit drug use and reported use of the dummy drug “relewin”. Percentages. ESPAD 2007.				Lifetime use of any illicit drug. 2007. Percentages.	
Table M	53			Figure 15a–b	86
Alcohol and drug use in Norway. Frequency of lifetime, last 12 months and last 30 days use. Data from ESPAD and a national survey in 2007. Percentages among all respondents.				Lifetime use of marijuana or hashish. 2007. Percentages.	
Table N	54			Figure 16a–b	87
Alcohol and drug use in Sweden. Frequency of lifetime and last 30 days use. Data from ESPAD and the annual Swedish school survey in 2007 in grade 9. Percentages among boys and girls.				Use of marijuana or hashish last 30 days. 2007. Percentages.	
Table O	55			Figure 17a–b	89
Alcohol use in the ESPAD and HBSC surveys. Students answering 3 times or more often during the last 30 days (ESPAD) or at least weekly (HBSC). Percentages among boys and girls, r_{xy} and Spearman's rank correlation coefficient (r_{rank}).				Lifetime use of illicit drugs other than marijuana or hashish. 2007. Percentages.	
				Figure 18a–b	91
				Lifetime use of tranquilisers or sedatives without a prescription. 2007. Percentages.	
				Figure 19a–b	92
				Lifetime use of alcohol together with pills in order to get high. 2007. Percentages.	

FIGURES

Summary Figure	15
Trends in 16 substance use measures, by gender. 1995–2007. Average percentages for the 17–20 countries providing trend data for each variable. Use of any alcoholic beverage during the last 12 months by gender. 1995–2007. Percentages. Averages for 19 countries.	
Figure 1a–b	61
Perceived availability of cigarettes. Students replying that cigarettes are “fairly easy” or “very easy” to obtain. 2007. Percentages.	

Figure 20a–b	93	Figure 26d	127	Figure 31a	142
Lifetime use of inhalants. 2007. Percentages.		Use of any alcoholic beverage during the last 30 days by gender. 1995–2007. Percentages. Averages for 19 countries.		Changes between 2003 and 2007 in lifetime use of marijuana or hashish. All students. Percentages.	
Figure 21	95	Figure 27a	132	Figure 31b	142
Age of onset for various substances and combinations of substances. Proportion answering at the age of 13 or younger. All students. 2007. Percentages.		Changes between 2003 and 2007 in beer consumption during the last 30 days. All students. Percentages.		Lifetime use of marijuana or hashish by gender. 1995–2007. Percentages. Countries sorted by rank for all students in 2007.	
Figure 22	97	Figure 27b	132	Figure 31c	143
Lifetime abstinence from various substances. All students. 2007. Percentages.		Beer consumption during the last 30 days by gender. 1995–2007. Percentages. Countries sorted by rank for all students in 2007.		Lifetime use of marijuana or hashish by country. 1995–2007. Percentages.	
Figure 23a	122	Figure 27c	133	Figure 31d	139
Changes between 2003 and 2007 in cigarette use during the last 30 days. All students. Percentages.		Beer consumption during the last 30 days by country. 1995–2007. Percentages.		Lifetime use of marijuana or hashish by gender. 1995–2007. Percentages. Averages for 20 countries.	
Figure 23b	122	Figure 27d	127	Figure 32a	144
Cigarette use during the last 30 days by gender. 1995–2007. Percentages. Data sorted by all students 2007.		Beer consumption during the last 30 days by gender. 1995–2007. Percentages. Averages for 20 countries.		Changes between 2003 and 2007 in the use of marijuana or hashish during the last 30 days. All students. Percentages.	
Figure 23c	123	Figure 28a	134	Figure 32b	144
Cigarette use during the last 30 days by country. 1995–2007. Percentages.		Changes between 2003 and 2007 in wine consumption during the last 30 days. All students. Percentages.		Use of marijuana or hashish during the last 30 days. 1995–2007. Percentages. Countries sorted by rank for all students in 2007.	
Figure 23d	121	Figure 28b	134	Figure 32c	145
Cigarette use during the last 30 days by gender. 1995–2007. Percentages. Averages for 20 countries.		Wine consumption during the last 30 days by gender. 1995–2007. Percentages. Countries sorted by rank for all students in 2007.		Use of marijuana or hashish during the last 30 days by country. 1995–2007. Percentages.	
Figure 24a	124	Figure 28c	135	Figure 32d	139
Changes between 2003 and 2007 in daily cigarette use at the age of 13 or younger. All students. Percentages.		Wine consumption during the last 30 days by country. 1995–2007. Percentages.		Use of marijuana or hashish during last 30 days by gender. 1995–2007. Percentages. Averages for 19 countries.	
Figure 24b	124	Figure 28d	127	Figure 33a	148
Daily cigarette use at the age of 13 or younger by gender. 1995–2007. Percentages. Countries sorted by rank for all students in 2007.		Wine consumption during the last 30 days by gender. 1995–2007. Percentages. Averages for 20 countries.		Cannabis use at the age of 13 or younger. All students. Percentages.	
Figure 24c	125	Figure 29a	136	Figure 33b	148
Daily cigarette use at the age of 13 or younger by country. 1995–2007. Percentages.		Changes between 2003 and 2007 in the proportion reporting having had five or more drinks on one occasion during the last 30 days. All students. Percentages.		Cannabis use at the age of 13 or younger. Percentages. Countries sorted by rank for all students in 2007.	
Figure 24d	121	Figure 29b	136	Figure 33c	149
Daily cigarette use at the age of 13 or younger by gender. 1995–2007. Percentages. Averages for 20 countries.		Proportion reporting having had five or more drinks on one occasion during the last 30 days by gender. 1995–2007. Percentages. Countries sorted by rank for all students in 2007.		Cannabis use at the age of 13 or younger by country. 1995–2007. Percentages.	
Figure 25a	128	Figure 29c	137	Figure 33d	139
Changes between 2003 and 2007 in use of any alcoholic beverage during the last 12 months. All students. Percentages.		Proportion reporting having had five or more drinks on one occasion during the last 30 days by country. 1995–2007. Percentages.		Cannabis use at the age of 13 or younger by gender. 1995–2007. Percentages. Averages for 19 countries.	
Figure 25b	128	Figure 29d	138	Figure 34a	150
Use of any alcoholic beverage during the last 12 months by gender. 1995–2007. Percentages. Data sorted by all students 2007.		Proportion reporting having had five or more drinks on one occasion during the last 30 days, by gender. 1995–2007. Percentages. Averages for 17 countries.		Changes between 2003 and 2007 in lifetime use of any illicit drug other than marijuana or hashish. All students. Percentages.	
Figure 25c	129	Figure 30a	140	Figure 34b	150
Use of any alcoholic beverage during the last 12 months by country. 1995–2007. Percentages.		Changes between 2003 and 2007 in lifetime use of any illicit drug. All students. Percentages.		Lifetime use of any illicit drug other than marijuana or hashish by gender. 1995–2007. Percentages. Countries sorted by rank for all students in 2007.	
Figure 25d	126	Figure 30b	140	Figure 34c	151
Use of any alcoholic beverage during the last 12 months by gender. 1995–2007. Percentages. Averages for 19 countries.		Lifetime use of any illicit drug by gender. 1995–2007. Percentages. Data sorted by all students 2007.		Lifetime use of any illicit drug other than marijuana or hashish by country. 1995–2007. Percentages.	
Figure 26a	130	Figure 30c	141	Figure 34d	146
Changes between 2003 and 2007 in use of any alcoholic beverage during the last 30 days. All students. Percentages.		Lifetime use of any illicit drug by country. 1995–2007. Percentages.		Lifetime use of any illicit drug other than marijuana or hashish by gender. 1995–2007. Percentages. Averages for 20 countries.	
Figure 26b	130	Figure 30d	138	Figure 35a	152
Use of any alcoholic beverage during the last 30 days by gender. 1995–2007. Percentages. Data sorted by all students 2007.		Lifetime use of any illicit drug by gender. 1995–2007. Percentages. Averages for 20 countries.		Changes between 2003 and 2007 in lifetime use of tranquilisers or sedatives without a doctor's prescription. All students. Percentages.	
Figure 26c	131			Figure 35b	152
Use of any alcoholic beverage during the last 30 days by country. 1995–2007. Percentages.				Lifetime use of tranquilisers or sedatives without a doctor's prescription by gender. 1995–2007. Percentages. Countries sorted by rank for all students in 2007.	

Figure 35c	153	Figure CM-5	167	Figure PM-12	179
Lifetime use of tranquillisers or sedatives without a doctor's prescription by country. 1995–2007. Percentages.		Mean answers to CAST item 4: Intervention of friends or family.		Percentage of students reporting runaway from home, suicide attempts and self-harm thoughts by frequency of lifetime use of illicit drugs other than cannabis.	
Figure 35d	146	Figure CM-6	167	Figure PM-13	181
Lifetime use of tranquillisers or sedatives without a doctor's prescription by gender. 1995–2007. Percentages. Averages for 20 countries.		Mean answers to CAST item 5: Unsuccessful quit attempts.		Number of psychosocial risk factors by intensity of daily smoking, and by frequency of drinking in the last 30 days, drunkenness episodes in the last 12 months, cannabis use in the last 12 months, and lifetime use of illicit drugs other than cannabis.	
Figure 36a	154	Figure CM-7	168		
Lifetime use of alcohol together with pills. All students. Percentages.		Mean answers to CAST item 6: Problems because of cannabis use.			
Figure 36b	154	Figure CM-8	168		
Lifetime use of alcohol together with pills by gender. 1995–2007. Percentages. Countries sorted by rank for all students in 2007.		CAST sum scores for boys and girls.			
Figure 36c	155	Figure CM-9	168		
Lifetime use of alcohol together with pills by country. 1995–2007. Percentages.		CAST sum scores across countries			
Figure 36d	147	Figure CM-10	169		
Lifetime use of alcohol together with pills by gender. 1995–2007. Percentages. Averages for 17 countries.		Proportion of high-risk users (reference group: 12 months users with complete CAST scale answered).			
Figure 37a	156	Figure CM-11	169		
Changes between 2003 and 2007 in lifetime use of inhalants All students. Percentages.		Proportion of high-risk users (reference group: total sample).			
Figure 37b	156	Figure PM-1	176		
Lifetime use of inhalants by gender. 1995–2007. Percentages. Data sorted by all students 2007.		Mean scores of the Psychosocial Module scales in the participating countries (by gender).			
Figure 37c	157	Figure PM-2	177		
Lifetime use of inhalants by country. 1995–2007. Percentages.		Percentage of students in participating countries reporting runaway from home, self-harm thoughts and suicide attempts at least once in lifetime (by gender).			
Figure 37d	147	Figure PM-3	178		
Lifetime use of inhalants by gender. 1995–2007. Percentages. Averages for 18 countries.		Percentage of students exceeding the cut-off points in psychosocial scales by intensity of daily smoking.			
Figure 38a	158	Figure PM-4	178		
Lifetime abstinence from tobacco, alcohol, inhalants, tranquillisers or sedatives and illicit drugs. All students. Percentages.		Percentage of students exceeding the cut-off points in psychosocial scales by frequency of drinking in the last 30 days.			
Figure 38b	158	Figure PM-5	178		
Lifetime abstinence from tobacco, alcohol, inhalants, tranquillisers or sedatives and illicit drugs. 1995–2007. Percentages. Data sorted by all students 2007.		Percentage of students exceeding the cut-off points in psychosocial scales by frequency of drunkenness episodes in the last 12 months.			
Figure 38c	159	Figure PM-6	178		
Lifetime abstinence from tobacco, alcohol, inhalants, tranquillisers or sedatives and illicit drugs by country. 1995–2007. Percentages.		Percentage of students exceeding the cut-off points in psychosocial scales by frequency of cannabis use in the last 12 months.			
Figure 38d	160	Figure PM-7	178		
Lifetime abstinence from tobacco, alcohol, inhalants, tranquillisers or sedatives and illicit drugs. 1995–2007. Percentages. Averages for 17 countries.		Percentage of students exceeding the cut-off points in psychosocial scales by frequency of lifetime use of illicit drugs other than cannabis.			
Figure CM-1	166	Figure PM-8	179		
Cannabis 12 months prevalence rates across countries.		Percentage of students reporting runaway from home, suicide attempts and self-harm thoughts by intensity of daily smoking.			
Figure CM-2	166	Figure PM-9	179		
Mean answers to CAST item 1: Use before midday.		Percentage of students reporting runaway from home, suicide attempts and self-harm thoughts by frequency of drinking in the last 30 days.			
Figure CM-3	166	Figure PM-10	179		
Mean answers to CAST item 2: Use when being alone.		Percentage of students reporting runaway from home, suicide attempts and self-harm thoughts by frequency of drunkenness episodes in the last 12 months.			
Figure CM-4	167	Figure PM-11	179		
Mean answers to CAST item 3: Memory problems.		Percentage of students reporting runaway from home, suicide attempts and self-harm thoughts by frequency of cannabis use in the last 12 months.			



Summary

Summary

The main purpose of the European School Survey Project on Alcohol and Other Drugs (ESPAD) is to collect comparable data on substance use among 15–16 year-old European students in order to monitor trends within as well as between countries. So far four data collection waves have been conducted within the ESPAD project. The first study was held in 26 countries in 1995, while the 2007 data collection was performed in 35 countries. This summary presents key results from the 2007 survey as well as findings regarding the long-term trends. An initial section gives a short overview of the methodology.

Independent research teams in the participating countries form the basis of the collaborative project. In the 2007 ESPAD data collection more than 100,000 students took part from the following countries: Armenia, Austria, Belgium (Flanders), Bulgaria, Croatia, Cyprus, the Czech Republic, Denmark, Estonia, the Faroe Islands, Finland, France, Germany (7 Bundesländer), Greece, Hungary, Iceland, Ireland, the Isle of Man, Italy, Latvia, Lithuania, Malta, Monaco, the Netherlands, Norway, Poland, Portugal, Romania, Russian Federation, the Slovak Republic, Slovenia, Sweden, Switzerland, Ukraine and the United Kingdom.

METHODOLOGY AND DATA QUALITY

As in previous ESPAD studies, to provide as comparable data as possible, the surveys were conducted according to a standardised methodology and with a common questionnaire. Data were mainly collected during spring 2007 and the target population was students born in 1991, with a mean age of 15.8 years at the time of data collection.

Data were collected by group-administered questionnaires. The students answered the questionnaires anonymously in the classroom with teachers or research assistants functioning as survey leaders. With two exceptions the class-samples are nationally representative: in Germany the study was performed in 7 out of 16 federal states (Bundesländer) while the Belgian data collection was restricted to the Dutch speaking part (Flanders).

The content of the international report is based on standardised country reports and datasets delivered to the coordinators and the database manager. A few countries have experienced modest problems of a methodological kind, but these are not of the magnitude to seriously threaten the comparability of the results, and the overall validity is deemed high for most countries. The national cultural context in which the students have answered the questions has, however, most certainly varied.

Country sample sizes were close to or above the recommended number of 2,400 apart from the smaller countries, where fewer, but all relevant, students were surveyed. However, a combination of a small gross sample and a high school-dropout

level in Denmark led to a net sample which was too small to be considered fully representative, and thereby fully comparable.

Small differences in point estimates between countries or over time should be interpreted with caution. As a rule of thumb, however, given the size of the national samples and the sampling methods employed, differences of more than a few percentage points can quite confidently be considered significant.

CIGARETTES

A small number of questions regarding cigarette smoking are given at the beginning of the questionnaire. On average, in the 2007 survey, 58% of the students in participating countries reported having tried smoking cigarettes at least once and 29% had used cigarettes during the past 30 days. Two percent of all students had smoked at least a packet of cigarettes per day during the past 30 days.

The ranking orders of countries for lifetime and relatively recent use (past 30 days) are more or less the same. High-prevalence countries for cigarette use past 30 days are Austria, Bulgaria, the Czech Republic and Latvia (40–45%) and low-prevalence countries are Armenia, Iceland, Norway and Portugal (7–19%). There is no obvious geographical pattern at hand, but students in central and eastern European countries are often among those reporting higher rates of smoking.

In countries where more students smoke, one is also more likely to find students reporting that cigarettes are easily obtainable. An early smoking debut (age 13 or younger) is also associated, at the country level, with high levels of use in the past month. On average, 7% of the students said that they had been smoking cigarettes on a daily basis at the age of 13 or younger. Daily cigarette use at this early age is most common among students in the Czech Republic, Estonia, Latvia and the Slovak Republic (prevalence rates of about 13%) and least common among students in Greece and Romania (around 3%).

At the aggregate country level, the gender differences in 2007 are negligible for smoking in the past 30 days. However, in individual countries great differences may be observable. For example, boys were 16 percentage points above girls in Armenia and conversely, girls were 19 percentage points above boys in Monaco.

Over time, a slight decrease in the past 30 days' smoking may be noticed, the total average prevalence rate having dropped by four percentage points between 1995 and 2007 in ESPAD countries with comparable data for all four waves. If the comparison is confined to the period between 1999 and 2007, the drop in relatively recent smoking is seven percentage points. A small overall gender gap (4 percentage points) was noticed in 1995 but this gap had vanished in 2007.

Only four countries give contrary image regarding the long-term downward trend in recent smoking, displaying higher levels in 2007 than in 1995. In all those countries, however, the actual increases took place already between 1995 and 1999 and the situation has been relatively stable thereafter. Hence, the overall picture of the trend in past 30 days smoking in the ESPAD countries is one of a decrease, or at least of a stabilized situation.

ALCOHOL

In all ESPAD countries at least two thirds of the students have drunk alcohol at least once during their lifetime, with an ESPAD average close to 90% in the 2007 survey. The corresponding average figures for the past 12 months and the past 30 days are 82 and 61% respectively. These figures were relatively unchanged from 1995 to 2007 for lifetime and past 12 months prevalences, while past 30 days figures increased until 2003 before they dropped a little in 2007, especially among boys. Between the last two surveys there was also a clear decrease in the average proportion of students that had been drinking beer and/or wine during the past 30 days.

The average figures above are of course based on very divergent country figures. For example, alcohol use during the past 30 days was reported by 80% of the students in Austria and Denmark (limited comparability) but only by 31% in Iceland and 35% in Armenia.

The figures for lifetime, past 12 months and past 30 days prevalences are about the same for boys and girls. However, when it comes to higher frequencies in the respective time frame (40, 20 and 10 times) the proportions are usually higher among boys. These high frequencies are mainly reported by students in Austria and Germany (7 Bundesländer), while the Nordic countries Finland, Iceland, Norway and Sweden belong to those with only very few students who drink this often.

The total amount of alcohol consumed during the last drinking day is usually low in countries where the students drink often, for example in Greece, and the other way around for countries with low consumption frequencies. Countries with such a pattern include the Nordic countries Finland, Iceland, Norway and Sweden. However, there are exceptions to this pattern and they include Denmark (limited comparability) and Austria in which the students report high frequencies as well as large quantities consumed. In the countries with the largest average quantities, Denmark (limited comparability) and the Isle of Man, the quantities for an average student is about 3–4 times higher than in the countries with the lowest average consumption (Armenia and Cyprus).

In nearly all countries boys drink larger quantities than girls. The most pronounced contrast to this is Iceland, where girls report larger quantities than boys. In a large majority of the countries, beer is the dominant beverage among boys while spirits is the most important beverage among girls in a little more than half of the countries.

All in all, beer is the dominant beverage, accounting for some 40% of the amount consumed (in 100% alcohol) on the last drinking day, and followed by 30% for spirits and 13% for wine. Beer is even more dominant among boys, accounting for

about half their total consumption on the last drinking day. Girls have a more evenly distributed pattern, with spirits as the most important type, constituting about one third of the total consumption.

On the country level there is a strong positive relationship between reported alcohol consumption for the last drinking day and the perceived level of intoxication on that day. Thus, in countries where students reported that they consumed larger quantities of alcohol they also reported higher levels of intoxication.

On average, half of the ESPAD students have been intoxicated at least once during their lifetime, to the point of staggering when walking, having slurred speech or throwing up. For 39% of the students this had happened during the past 12 months and for 18% during the past 30 days. There were gender differences in the frequencies of drunkenness within countries, with higher figures for boys in some countries and for girls in others, while on the average ESPAD level there were no gender differences.

Countries with many students that have been drunk during the past 12 months usually have high figures for drunkenness during the past 30 days. Countries in which many students report drunkenness this often include Denmark (limited comparability), the Isle of Man, the United Kingdom and Austria, with figures from 49 to 31% for past 30 days drunkenness. Countries on the other end of the scale include Armenia (2%) and Cyprus (9%).

Another way of measuring drunkenness has been to ask how often the students had been consuming five drinks or more per occasion. This measure of “heavy episodic drinking” shows to some extent a different pattern than the question about intoxication. Some countries score high on both measures, for example Denmark (limited comparability), the Isle of Man and the United Kingdom. However, there are countries in which many students report heavy episodic drinking during the past 30 days, while they were rather low on the ranking list for drunkenness for the same period. Examples of such countries include Malta, Portugal, Estonia and Latvia.

On average 43% of the ESPAD students reported heavy episodic drinking during the past 30 days, and this was more common among boys (47%) than among girls (39%). Boys also dominated in a large majority of the countries. In some few the figures were about the same, but there are also countries in which more girls than boys stated this. The most striking example is Norway in which 42% of the girls and 35% of the boys reported heavy episodic drinking during the past 30 days.

On average, heavy episodic drinking during the past 30 days increased between 1995 and 1999, but also between 2003 and 2007. In the latter period this is especially true among girls, with an increase from 35 to 42%. In 1995 heavy episodic drinking was on average much more common among boys than girls, but this gap had diminished substantially in 2007. Countries with a continuing upward trend between all four data collections include Croatia, the Czech Republic, Malta, Portugal and the Slovak Republic.

Increases in the recent period are found in more than half of the countries. The most pronounced increase between 2003 and 2007 is found in Portugal, where the proportion of stu-

Summary Table. Selected key results by country. (Percentages if not otherwise indicated.) ESPAD 2007.

	Cigarette use past 30 days	Alcohol use past 12 months	Drunk past 12 months	Alcohol volume (cl 100%) latest drinking day	Cannabis lifetime use	Any illicit drug other than cannabis lifetime use ^{a)}	Inhalants lifetime use ^{b)}	Tranq/ sedatives non-prescr. use lifetime	Alcohol together with pills lifetime use ^{c)}
Armenia	7	66	8	1.6	3	2	5	0	1
Austria	45	92	56	5.5	17	11	14	2	12
Belgium (Flanders)	23	83	29	4.3	24	9	8	9	4
Bulgaria	40	83	45	3.5	22	9	3	3	3
Croatia	38	84	43	5.2	18	4	11	5	8
Cyprus	23	79	18	2.1	5	5	16	7	3
Czech Republic	41	93	48	4.5	45	9	7	9	18
Estonia	29	87	42	5.1	26	9	9	7	5
Faroe Islands	33	.	41	..	6	1	8	3	6
Finland	30	77	45	5.7	8	3	10	7	9
France	30	81	36	3.6	31	11	12	15	6
Germany (7 Bundesl.)	33	91	50	5.1	20	8	11	3	7
Greece	22	87	26	3.1	6	5	9	4	3
Hungary	33	84	42	4.0	13	7	8	9	12
Iceland	16	56	..	4.1	9	5	4	7	4
Ireland	23	78	47	..	20	10	15	3	7
Isle of Man	24	93	61	7.3	34	16	17	7	12
Italy	37	81	27	3.6	23	9	5	10	4
Latvia	41	89	45	..	18	11	13	4	8
Lithuania	34	87	43	4.0	18	7	3	16	5
Malta	26	87	38	3.9	13	9	16	5	11
Monaco	25	87	35	2.5	28	10	8	12	5
Netherlands	30	84	36	4.9	28	7	6	7	4
Norway	19	66	40	5.9	6	3	7	4	4
Poland	21	78	31	3.9	16	7	6	18	5
Portugal	19	79	26	..	13	6	4	6	3
Romania	25	74	26	2.5	4	3	4	4	4
Russia	35	77	40	2.8	19	5	7	2	4
Slovak Republic	37	88	50	4.2	32	9	13	5	12
Slovenia	29	87	43	4.5	22	8	16	5	4
Sweden	21	71	37	5.2	7	4	9	7	7
Switzerland	29	85	41	3.9	33	7	9	8	6
Ukraine	31	83	32	2.8	14	4	3	4	1
United Kingdom	22	88	57	6.2	29	9	9	2	7
Average (unw.)	29	82	39	4.2	19	7	9	6	6
Denmark ^{d)}	32	94	73	7.5	25	10	6	5	6

^{a)} "Any illicit drug other than cannabis" includes ecstasy, amphetamines, LSD or other hallucinogens, crack, cocaine and heroin.

^{b)} Inhalants: "... (glue etc) in order to get high".

^{c)} "In order to get high" except for Cyprus ("to feel differently") and Romania ("to feel better").

^{d)} Denmark: limited comparability.

dents reporting heavy episodic drinking during the past 30 days increased from 25 to 56%, i.e. by 31 percentage points. Other countries with large increases include Poland (which returned close to the 1999 level after a drop in 2003) (16 percentage points), France (15), Croatia (14) and Bulgaria (12).

A number of students reported problems during the past 12 months related to their alcohol consumption. On the average level 15% answered that they had experienced serious problems with parents and the figure was about the same (13%) for

"performed poorly at school or work", "serious problems with friends" and "physical fights". Countries in which many students reported problems related to their alcohol consumption include Bulgaria, the Isle of Man, the United Kingdom and Latvia. On the country level there is a positive correlation between problems experienced and intoxication during the past 30 days.

Most alcohol-related problems are on average more common among boys. This is most pronounced in the case of "physical

“trouble with the police”. However, for some of the problems the averages are about the same and for one (“serious problems with friends”) it is even slightly higher among girls.

ILLICIT DRUGS

One-third of the students in the ESPAD countries find cannabis readily available. Boys consider cannabis slightly more easily obtainable than girls do, though the gender difference is fairly small. Amphetamines and ecstasy are not considered as readily available as cannabis.

On average, 23% of the boys and 17% of the girls have tried illicit drugs at least once during their lifetime according to the 2007 survey. The term “any illicit drug” includes cannabis, amphetamines, cocaine, crack, ecstasy, LSD and heroin. Reported use of illicit drugs varies considerably across the countries. In the Czech Republic, almost half (46%) of the students report such use and relatively many students (roughly a third) did so also in France, the Isle of Man, the Slovak Republic and Switzerland. Only around 6% reported illicit drug use in Cyprus, the Faroe Islands, Norway and Romania. Lower prevalence rates are often found among the Nordic countries and in eastern Europe.

The vast majority of the students who have tried illicit drugs have used cannabis. Lifetime cannabis use was reported by 19% of the students while 7% had tried one or more of the other drugs included in the index. Ecstasy, cocaine and amphetamines follows in a split second place (3% each) and less commonly reported were LSD, crack and heroin (1–2%). Bulgaria, Estonia, the Isle of Man, Latvia and the Slovak Republic are among the top-five countries regarding lifetime ecstasy use in 2007 (prevalence rates around 6–7%).

Other drugs inquired about, but not included in the illicit drugs-index, are magic mushrooms, GHB and anabolic steroids. Lifetime use of magic mushrooms was reported by 3% while GHB and steroids were mentioned by 1%, which is of the same magnitude as reported experience of intravenous drug use.

Since cannabis is being the most frequently used illicit drug, it is worthwhile taking a closer look at this substance. Use of cannabis in the past 12 months was reported by 14% of all students while use in the past 30 days was stated by 9% of the boys and 6% of the girls (7% mean). In the two top-prevalence countries (the Czech Republic and the Isle of Man) one in six students reported cannabis use in the past 30 days, indicating more regular cannabis consumption in those countries. Only 1–2% in Armenia, the Faroe Islands, Finland, Norway, Romania and Sweden reported such recent use. High-prevalence countries are most often found in western Europe.

In most countries, but not all, more boys than girls have used cannabis in the past 30 days, especially in high-prevalence countries. Countries where many students report past 30 days cannabis use are in many cases the same ones where many students report having had the opportunity to try cannabis, but without doing so.

The relatively high prevalence rates of cannabis use among young people in Europe raises the question of its potential negative consequences for the individual and the society. By analysing the optional CAST-scale module the risk of cannabis-

related problems was estimated in the 17 ESPAD countries providing such data. Overall, one out of seven past-year cannabis users (14%) was classified as having a high risk of developing cannabis-related problems, and the average prevalence of high-risk users across countries was 2%. Country specific differences in the risk of harm from cannabis were found, and the percentage of high-risk users in a population corresponds to the cannabis use prevalence rates in the single countries. In other words, at population level the prevalence of high-risk users increases with the prevalence of cannabis use.

In those ESPAD countries with comparable data for all four waves, 12% of the students reported lifetime prevalence of illicit drugs in 1995 and this figure rose to 21% in 2003. However, the 2007 results indicate that the upward trend in illicit drug use has come to a halt since only 18% of the students reported such experiences this year. This development is practically the same for both genders, and the girls are constantly about five percentage points below the boys.

Even though the overall trend between 2003 and 2007 is downward, a handful of countries display increases for 2007. In Estonia and the Slovak Republic there are continuous increases between all four measure points (1995–2007), while the Czech Republic, Lithuania and Malta also display an overall upward trend when the period is considered all in all.

No country displays a continuous decrease, but Ireland and the United Kingdom drop substantially in illicit drug use when the whole period is considered (14 percentage points down roughly), while there is also a minor decrease in the Faroe Islands (6 percentage points down 1995–2007). It could be noted that even though Estonia and the United Kingdom are on the same prevalence level in 2007 (about 28%), they have reached that point from opposite directions; an increase from 8% in 1995 in the case of Estonia and a decrease from 42% in that of the United Kingdom.

Since there is a high co-variation between illicit drug use and cannabis use on the country level, quite naturally the development for lifetime cannabis use is more or less the same as described for all illicit drugs above. Boys display slightly higher rates of relatively recent cannabis use and the gender gap does not change over the period in question.

The overall impression is that the increase in illicit drug use between 1995 and 2003 noted among the ESPAD countries has at least come to a halt, if not a decrease, especially considering that there are no increases in any country for recent use of cannabis between 2003 and 2007.

OTHER SUBSTANCES

Non-prescribed lifetime use of tranquillisers or sedatives is most commonly reported in Poland, Lithuania, France and Monaco – where about 15% of the students indicated such use in the 2007 survey – while the lowest levels are reported by students from Armenia, Austria, Russia and the United Kingdom (0–2%). On average, slightly more girls than boys report non-prescribed use of these drugs (8% versus 5%) and in the top eight countries, twice as many girls as boys did so. In about half of the countries there is no gender difference to speak of how-

ever. The overall trend is fairly stable between 1995 and 2007, and this is true looking at the genders separately, as well as for individual countries.

Having used alcohol together with pills (“medicaments”) in order to get high was reported by 6% on average in 2007. Slightly more girls than boys did so (8 versus 5%). This variable shows some similarities with the other one concerning use of pharmaceutical drugs mentioned above. Firstly, the proportion of students stating lifetime prevalence for these two variables is more or less of the same magnitude. Secondly, this behaviour is fairly stable over time, at least on average in those countries with data available for all four waves (with the exception of upward trends found in the Czech Republic and the Slovak Republic and downward trends in Finland, Sweden and the United Kingdom). Third and finally, this is another of the very few variables where the girls are in a constant majority over time. During 1995–2007 the girls are about four percentage points above the boys. Top-prevalence country for lifetime alcohol use together with pills in 2007 is the Czech Republic (18%) and particularly low levels are notable for Armenia and Ukraine (1%).

Students from Cyprus, the Isle of Man, Malta and Slovenia report the highest lifetime prevalence of inhalants in 2007 (16%), while only 3% mention this in Bulgaria, Lithuania and Ukraine. The average for lifetime use of inhalants for all ESPAD countries is 9% and there are no gender differences on the aggregate level. The rates for use in the past 12 months and in the past 30 days follow that for lifetime use relatively well across countries. No typical geographic pattern is observed – the highest rates of inhalant use are reported from different parts of Europe. The lifetime prevalence figures remain relatively stable over the period 1995–2007 among countries with data for all four waves. The biggest drops have taken place in Lithuania and the United Kingdom (about 12 percentage points down) and an opposite development is notable for Finland and the Slovak Republic (6 points up).

FINAL REMARKS

It is well known that, on the individual level, there is often a relationship between the use of different substances. In the 2007 data, there are apparent associations between the use of different substances at the aggregate country level, and it can be concluded that in countries where many students report recent (past 30 days) alcohol use and intoxication, more students are likely to report experience of illicit drugs, inhalants and use of alcohol together with pills, and vice versa. Non-prescribed use of tranquillisers or sedatives however shows no correlations on the aggregate country level with use of the substances just mentioned.

Nine key variables were selected to give an overview of the 2007 results per country: consumption of any alcoholic beverage during the past 12 months, having been drunk during the past 12 months, alcohol volume (100% alc.) consumed on the latest drinking day, cigarette smoking during the past 30 days, lifetime use of marijuana or hashish (cannabis), lifetime use of any illicit drug other than cannabis, lifetime use of inhalants,

lifetime use of non-prescribed tranquillisers or sedatives and lifetime use of alcohol together with pills in order to get high.

Individual country prevalence rates for the key-variables are compared to the all countries averages. The countries that score above or around average for most of the nine measures are Austria, the Czech Republic, Denmark (limited comparability), Germany (7 Bundesländer), the Isle of Man, the Slovak Republic and the United Kingdom. The countries with results mostly around or below average are Armenia, Cyprus, Greece, Iceland, Portugal and Romania. The Faroe Islands could also be included in the list, even though it lacks information for two of the variables.

Two geographically distant countries, Armenia and the Isle of Man, are the ones most distant regarding substance use. For all key variables compared, Armenian students report levels well below average while the Isle of Man students are well above average for all measures but two. For instance, roughly ten times more students in the Isle of Man report drunkenness in the past 12 months, lifetime cannabis use or use of any other drug than cannabis, compared to Armenian students.

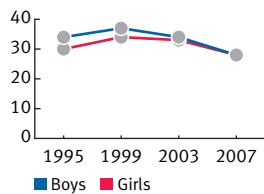
Five out of the seven countries mentioned above for scoring high on the key-variables are bordering each other and are located relatively centrally in Europe. The other two, the Isle of Man and the United Kingdom, are bordering each other and not that distant from the other high-prevalence countries. Six countries (or seven if the Faroe Islands are included) were mentioned above for displaying low prevalence rates on the key-variables. Those countries do not cluster. On the contrary; they are located relatively distant from each other and spread throughout Europe. With the exception of Romania, the low-prevalence countries are located on the borders of the European continent.

The overall substance-use trends for all the countries with data from all four waves display a slightly different development depending on the variable in focus. A decrease for cigarette use in the past 30 days is observable for the whole period. The gender difference was four percentage points in 1995, but this small gap has completely vanished in 2007.

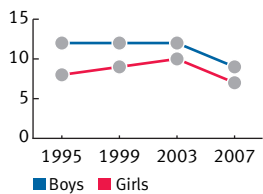
The upward trend between 1995 and 2003 in lifetime use of illicit drugs – predominantly cannabis – has come to a halt; the 2007 figure is three percentage points below that for 2003. Alcohol use in the past 12 months, non-prescribed lifetime use of tranquillisers or sedatives, lifetime use of alcohol together with pills and lifetime use of inhalants display hardly any changes at all over all four waves. No changes in gender differences are apparent for illicit drugs or the other substances mentioned.

An upward trend is notable, however, for heavy episodic drinking throughout 1995–2007 (9 percentage points increase), mostly explained by the increasing prevalence rates reported among girls in a number of countries. Most measures on substance use show a recent (2003–2007) stable or slightly downward trend on average, except for heavy episodic drinking.

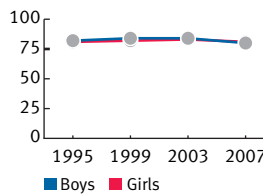
Hence, the overall impression of the long-term changes in substance use among the ESPAD students, based on countries with such data, is one of an improved situation, apart from the heavy episodic drinking measure that display an increase throughout the period.



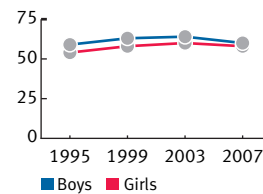
Cigarette use during the last 30 days by gender. 1995–2007. Percentages. Averages for 20 countries.



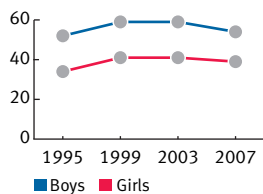
Daily cigarette use at the age of 13 or younger by gender. 1995–2007. Percentages. Averages for 20 countries.



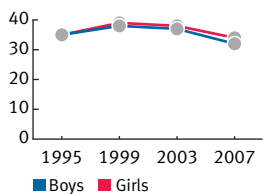
Use of any alcoholic beverage during the last 12 months by gender. 1995–2007. Percentages. Averages for 19 countries.



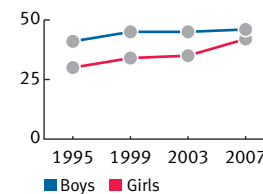
Use of any alcoholic beverage during the last 30 days by gender. 1995–2007. Percentages. Averages for 19 countries.



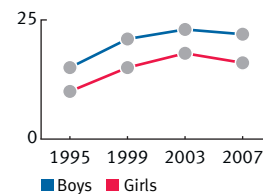
Beer consumption during the last 30 days by gender. 1995–2007. Percentages. Averages for 20 countries.



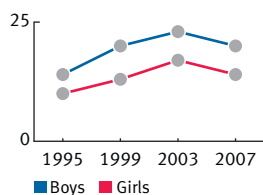
Wine consumption during the last 30 days by gender. 1995–2007. Percentages. Averages for 20 countries.



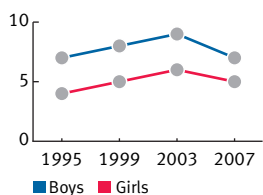
Proportion reporting having had five or more drinks on one occasion during the last 30 days, by gender. 1995–2007. Percentages. Averages for 17 countries.



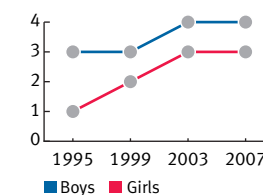
Lifetime use of any illicit drug by gender. 1995–2007. Percentages. Averages for 20 countries.



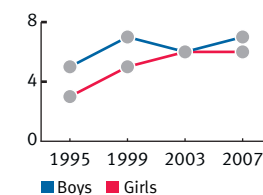
Lifetime use of marijuana or hashish by gender. 1995–2007. Percentages. Averages for 20 countries.



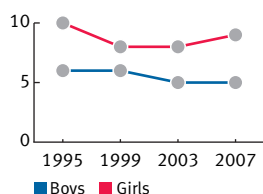
Use of marijuana or hashish during last 30 days by gender. 1995–2007. Percentages. Averages for 19 countries.



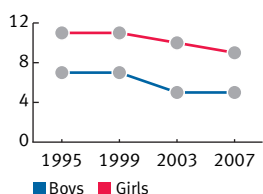
Cannabis use at the age of 13 or younger by gender. 1995–2007. Percentages. Averages for 19 countries.



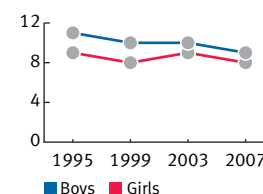
Lifetime use of any illicit drug other than marijuana or hashish by gender. 1995–2007. Percentages. Averages for 20 countries.



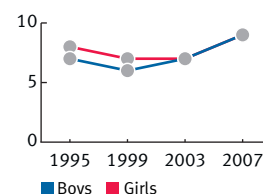
Lifetime use of tranquilisers or sedatives without a doctor's prescription by gender. 1995–2007. Percentages. Averages for 20 countries.



Lifetime use of alcohol together with pills by gender. 1995–2007. Percentages. Averages for 17 countries.



Lifetime use of inhalants by gender. 1995–2007. Percentages. Averages for 18 countries.



Lifetime abstinence from tobacco, alcohol, inhalants, tranquilisers or sedatives and illicit drugs. 1995–2007. Percentages. Averages for 17 countries.

Summary Figure. Trends in 16 substance use measures, by gender. 1995–2007. Average percentages for the 17–20 countries providing trend data for each variable.

Trends in individual countries may however diverge from the overall impression. Regarding recent changes, students in Belgium (Flanders), Iceland, Ireland, Switzerland and the United Kingdom often tend to report decreased levels of substance use for many of the variables. Countries with more recent increases are Latvia and the Slovak Republic. A more mixed development is apparent in France, Portugal and Slovenia, where the alcohol variables show upward trends concurrently several drops for other substances such as illicit drug use. A contrary situation is noted for Lithuania and Russia (Moscow), where alcohol and cigarette use is declining at the same time as illicit drug use is rising.

Some long-term country trends could also be mentioned. For instance, an example of a country for which most substance-use measures show no increases at all across all four surveys is the United Kingdom. Actually, for most variables compared, British students show a decrease or at worst a stabilised situation. Examples of other countries with at least an overall stable situation, and for many variables a decreasing trend throughout the period, are Finland, Iceland, Ireland and Sweden.

Countries displaying rather more upward than downward long-term trends are the Czech and Slovak Republics. To some extent, this is also the case for Estonia and Lithuania, even though the figures from the latest wave in 2007 sometimes point to a stabilised situation (but not to a return to the lower levels seen in the 1990s). Countries showing long-term decreases in substance use are often located in western Europe and countries displaying increases are often found in eastern Europe. This is particularly true for recent increases between 2003 and 2007.

To sum up, trend developments over the 12 years of the ESPAD project indicate a fall in smoking in a majority of the countries. The situation is more or less unchanged as regards alcohol use in the past 12 months and the past 30 days. On the other hand, heavy episodic drinking shows a small but continuous increase throughout the period. Use of illicit drugs is still dominated by cannabis use. Four out of the six countries that had the highest prevalence for cannabis in 2003 show a decline in 2007, and not a single country displays an increase for recent (past 30 days) use of cannabis. The overall impression regarding illicit drug use is that the upward trend between 1995 and 2003 now has come to a halt, with a slightly lower figure in 2007 than in 2003.

The fourth ESPAD data collection in 2007 gave a lot of new and important information about changes in students' substance use. The more data collections that follow in the future, the more clearly the trends will be pictured. We are already looking forward to the next survey, to see whether the trend shift in illicit drug use and the drop in cigarette consumption will continue and whether heavy episodic drinking will continue to be more common. The next data collection will be of interest not only for this reason but also because it will be the first follow-up study of the new countries (Armenia and Monaco) as well as for the five new countries that participated in the extra data collection in 2008. We hope that still more European countries will join in the next survey, in addition to the over 40 countries that are part of the ESPAD project already.

Acknowledgements

The planning and implementation of the ESPAD 2007 project has been a collaborative effort by the research teams in each of the 35 participating countries. The importance of the researchers and their supporting institutions cannot be overestimated. The project has no money for the participating countries, but relies on the possibility of each Principal Investigator to raise money within his or her country.

The Swedish Government and the Swedish National Institute of Public Health have supported the coordination of the work. These grants have also covered some of the costs of meetings and of producing this report.

The Pompidou Group at the Council of Europe supported the project from the first Project meeting in 1994. In particular the support of the Pompidou Group has enabled researchers from eastern and central parts of Europe to participate in Project meetings and Regional seminars. Special thanks are due to Christopher Luckett and Florence Mabileau-Whomsley at the Pompidou Group for their much-appreciated assistance and support.

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in Lisbon has supported data analysis and reporting and also contributed to the production of this report. We are very grateful for this support as well as for fruitful cooperation with Paul Griffith, Deborah Olzewski, Rosemary de Sousa and Julian Vincente.

The ESPAD project has been coordinated by Björn Hibell and Ulf Guttormsson, Sweden. A Steering Committee, nominated by the ESPAD researchers at Project meetings, has collaborated with the coordinators. All important decisions related to the planning of ESPAD meetings and the 2007 survey have been taken in cooperation with the Steering Committee. The committee members have also actively taken part in the production of this report. Besides the coordinators the members of the Steering Committee include Salme Ahlström (Finland), Olga Balakireva (Ukraine), Thoroddur Bjarnason (Iceland), Anna Kokkevi (Greece) and Ludwig Kraus (Germany).

In addition to the results of the ESPAD 2007 survey, some comparable data from the Monitoring the Future Project in USA and from a Spanish school survey, kindly provided by Lloyd Johnston, USA and Josep M Suelves, Spain, have been included in this report.

This is the first ESPAD report that has been produced by using a common database. The ESPAD 07 database has been produced by the ESPAD database manager Thoroddur Bjarnason.

Each country has been represented in the project by a Principal Investigator, who is also a contributing author of this report (see title page). There are, however, a number of persons who have done important work with the 2007 ESPAD study. They are presented in Appendix I together with funding agencies and supportive organisations.



Introduction

Introduction

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

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

The European Council has endorsed an EU Drugs Strategy for the period 2005–2012. One of the major aims is “to achieve a high level of health protection, well-being and social cohesion by complementing the Member States' action in preventing and reducing drug use, dependence and drug-related harms to health and society”. The goals of the first four years have been specific in the EU Drugs Action Plan (2005–2008). The ultimate aim of the Action Plan is “to significantly reduce the prevalence of drug use among the population and to reduce the social harm and health damage caused by the use of and trade in illicit drugs. It aims to provide a framework for a balanced approach to reducing both supply and demand through a number of specific actions”.

The Action Plan includes 46 objectives, including

- Provide reliable and comparable data on key epidemiological indicators.
- Provide reliable information on the drug situation.
- Develop clear information on emerging trends and patterns of drug use and drug markets.

The European Union has established the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in Lisbon. The centre is responsible for providing the EU and its Member States with a factual overview of European drug problems and a common information framework to support the drug debate. The tasks of EMCDDA include: collecting and analysing existing data, improving data comparison methods, disseminating data and cooperating with European and international organisations and with third countries. In this capacity EMCDDA is one of the main contributors of data for the evaluation of the EU Drugs Action Plan.

As a continuation of two regional action plans (1992–1999 and 2000–2005) the WHO European Region has adopted a “Framework for alcohol policy in the WHO European Region”.

This builds on the 1995 European Charter on Alcohol, one of whose principles and goals is that “all children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption and, to the extent possible, from the promotion of alcoholic beverages”. The framework emphasises that certain sectors of society should be alcohol free, in particular that “there should be no alcohol consumption during childhood and adolescence in the environment surrounding young people”. It also stresses the importance of “keeping childhood alcohol free and delaying the onset of drinking”.

The core mission of the Pompidou Group at the Council of Europe is to contribute to the development of effective and evidence-based drug policies in its member states. It seeks to link policy, practice and science and it focuses particularly on the realities of the implementation of drug programmes.

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

There is a growing concern among policy makers and other decision makers about the negative effects of young peoples' consumption of different substances. Informed and well-supported decisions demand comprehensive information, which is a key mission for the ESPAD project. With four data collections in 1995, 1999, 2003 and 2007, the ESPAD project provides a reliable overview of trends in licit and illicit drug use among European adolescents between 1995 and 2007 as well as a comprehensive picture of young peoples' use of tobacco, alcohol, cannabis and other substances in Europe.

BACKGROUND TO THE ESPAD PROJECT

Substance use among young people is of great concern in most countries and many studies have been undertaken in a bid to improve our understanding of consumption patterns. Traditionally, in spite of the significant number of studies conducted in many countries, it long remained difficult to obtain a comprehensive picture and, what is more to the point, to compare the levels of alcohol and drug use prevalence in different countries. This was mainly because the different studies involved different age groups that were studied with different questionnaires and at different times, i.e. too many disparate factors made comparisons difficult.

During the 1980's a subgroup of collaborating investigators was formed within the Pompidou Expert Committee on Drug

Epidemiology, Council of Europe, to develop a standardised school survey questionnaire and methodology. The purpose and rationale for the work was to produce a standard survey instrument, which would permit different countries to compare alcohol and drug use in student populations. The common questionnaire was used by eight countries in a pilot study. Unfortunately the studies differed in sample size, representativeness and range of ages studied and they were not performed simultaneously. Due to these differences, data were not directly comparable. However, the survey instrument proved to be valid and reliable (Johnston et al. 1994).

Another study, focusing primarily on the health behaviour of children in Europe (aged 11, 13 and 15), was initiated by a small group of researchers at the beginning of the 1980s. The project was adopted by WHO and now has an increasing number of countries involved. Surveys have been conducted since 1983/84 and the seventh data collection was carried out in 2005/2006. However, the focus of these studies is mainly on health issues, although in later studies a few questions were asked about smoking, alcohol consumption and cannabis use (Currie et al. 2008).

In the 1980's only some few countries conducted school surveys on a more or less regular basis. However, the long series of annual school surveys in Sweden since 1971 is unique. Over the years there was a growing interest in comparing the results from the Swedish school surveys with comparable data from other countries.

In the light of the experiences described above, the Swedish Council for Information on Alcohol and Other Drugs (CAN), which has been responsible for the annual Swedish school surveys since 1985, 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 drug use in association with the Pompidou Group. These contacts resulted in the first ESPAD study, involving 26 European countries, in 1995. The second and third were conducted in 1999 and 2003.

PURPOSE OF THE PROJECT

A main purpose of the ESPAD project is to collect comparable data on substance use among 15–16 year old students in as many European countries as possible. The target group is students that will become 16 during the year of the data collection, which in 2007 was students born in 1991. The studies are conducted as school surveys by researchers in each participating country, during the same period of time and with a common methodology. By adopting the ESPAD protocol, comprehensive and comparable data on alcohol, tobacco and drug use among European students are produced.

Another important goal of this project is to monitor trends in substance use among students in Europe and to compare trends between countries and between groups of countries. The knowledge thus gained will be important in the future, when changes in one part of Europe may serve as a possible forecast for other countries where changes have not yet appeared. Such trends may also provide a basis for future prevention initiatives.

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

A fourth goal is that ESPAD data should be used in public debate and as a basis for policy measures and preventive activities targeting young people.

The surveys are planned to be repeated every fourth year, thus providing long-term data on changes in substance use among young people. The collected data should also be analysed in depth for a better understanding of young peoples' alcohol and drug behaviour. European countries that are not yet involved in the ESPAD project are welcome to join the next wave that is planned for in 2011, to make the coverage across Europe as complete as possible.

THE USE OF SURVEYS

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

A problem with surveys is that they usually fail to reach some segments of the population, including problematic user populations, homeless persons or dropouts from school. The latter are a group of young persons known to be vulnerable to alcohol and drug use. There are, however, other techniques available for measuring substance use among these populations, e.g. snowball sampling, analysis of first treatment demand rates or estimates based on capture-recapture methods.

The rationale for school surveys is that students represent age groups when onset of different substances is likely to occur and therefore important to monitor. Another reason is ease of accessibility; students are as such within the school system, which reduces the costs.

When students are the target group, it is a well accepted method to use group-administered questionnaires in a classroom setting where data are collected under the same conditions as a written test. Experience of using school surveys to collect information on substance use certainly differs between countries. However, when students are the population selected for study, there are usually no other realistic ways of collecting data than using group administered questionnaires in the schools (usually in the classrooms).

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

NATIONAL PROJECT PLANS AND REGIONAL SEMINARS

Prior to a survey each country produces a national project plan, following a standardised outline, describing the target population's distribution over the grades in school and the proportion of students expected to be enrolled in school (Hibell and Andersson 2006). The plans for sampling and field procedures should also be described in detail.

In an effort to standardise the methodology, regional seminars are held with small groups of researchers, the purpose being to maximise the standardisation of the data collection procedure and to discuss and suggest which of the sampling procedures are most appropriate for different countries with different conditions in terms of available school statistics. The seminars per se also function as training courses for less experienced participants.

PARTICIPANTS AND OWNERSHIP

ESPAD is an independent research project owned by its researchers. The main researcher in each participating country is appointed by ESPAD and is entitled Principal Investigator (PI) (Table A). The PI raises funds in his or her country and participates in ESPAD and Project meetings independently and at his/her own expense. Data collected in the project are owned by each country independently. The PI is responsible for the use of his/her national dataset.

Coordinating body for the ESPAD project is the Swedish Council for Information on Alcohol and Other Drugs (CAN). The coordination of the latest wave, 2004–2008, was financed by the Swedish government and the Swedish National Institute of Public Health.

Table A. Participating ESPAD countries 1995–2007.

Country	Principal investigator	1995	1999	2003	2007
Armenia	Artak Musheghyan	.	.	.	Yes
Austria	Karl Bohrn, Alfred Uhl	.	.	Yes	Yes
Belgium	Patrick Lambrecht	.	.	Yes	Flanders
Bulgaria	Anina Chileva	.	Yes	Yes	Yes
Croatia	Marina Kuzman	Yes	Yes	Yes	Yes
Cyprus	Kyriakos Veresies	Yes	Yes	Yes	Yes
Czech Republic	Ladislav Csëmy	Yes	Yes	Yes	Yes
Denmark	Svend Sabroe	Yes	Yes	Yes	Yes
Estonia	Airi-Alina Allaste	Yes	Yes	Yes	Yes
Faroe Islands	Pál Weihe	Yes	Yes	Yes	Yes
Finland	Salme Ahlström	Yes	Yes	Yes	Yes
France	Marie Choquet, Stéphane Legleye	.	Yes	Yes	Yes
F.Y.R.O.M	Silvana Onceva	.	Yes	.	.
Germany	Ludwig Kraus	.	.	6 Bundesl.	7 Bundesl.
Greece	Anna Kokkevi	.	Yes	Yes	Yes
Greenland		.	Yes	Yes	.
Hungary	Zsuzsanna Elekes	Yes	Yes	Yes	Yes
Iceland	Thoroddur Bjarnason	Yes	Yes	Yes	Yes
Ireland	Mark Morgan	Yes	Yes	Yes	Yes
Isle of Man	Andreea Steriu	.	.	Yes	Yes
Italy	Sabrina Molinaro	Yes	Yes	Yes	Yes
Latvia	Marcis Trapencieris	Yes	Yes	Yes	Yes
Lithuania	Tadas Tamosiunas	Yes	Yes	Yes	Yes
Malta	Sharon Arpa	Yes	Yes	Yes	Yes
Monaco	Stanislas Spilka, Stéphane Legleye	.	.	.	Yes
Netherlands	Karin Monshouwer	.	Yes	Yes	Yes
Norway	Astrid Skretting	Yes	Yes	Yes	Yes
Poland	Janusz Sieroslowski	Yes	Yes	Yes	Yes
Portugal	Fernanda Feijão	Yes	Yes	Yes	Yes
Romania	Silvia Florescu	.	Yes	Yes	Yes
Russia	Eugenia Koshkina	.	Moscow	Moscow	Yes
Slovak Republic	Alojz Nociar	Yes	Yes	Yes	Yes
Slovenia	Eva Stergar	Yes	Yes	Yes	Yes
Sweden	Björn Hibell	Yes	Yes	Yes	Yes
Switzerland	Gerhard Gmel	.	.	Yes	Yes
Turkey	Nesrin Dilbaz	Istanbul	.	6 cities	.
Ukraine	Olga Balakireva	Yes	Yes	Yes	Yes
United Kingdom	Martin Plant	Yes	Yes	Yes	Yes

PARTICIPATING COUNTRIES

About 30 countries were involved in the planning process of the 1995 ESPAD study. Unfortunately a few of them were unable to raise the funding needed for data collection and thus the 1995 ESPAD Report included information gathered from 26 countries (Hibell et al 1997). In the second round of data collection held in 1999 data was collected in 30 countries (Hibell et al 2000) and in 2003 the number had increased to 35 (Hibell et al 2004).

As shown in Table A, the number of participating countries was 35 also in the 2007 data collection. New countries in the latest survey were Armenia and Monaco. It was also the first time that ESPAD covered the whole Russian Federation, the 1999 and 2003 data collections having been limited to Moscow. The number of German Bundesländer participating increased from six in 2003 to seven in 2007 (out of 16). Contrary to 2003, when the whole of Belgium took part, the 2007 survey only included the Dutch speaking part of the country (Flanders).

Besides the 35 ESPAD countries, this report also includes data from Spain and USA.

An extra ESPAD data collection was done in 2008 with students in Bosnia and Herzegovina (with separate data collection in the Federation of Bosnia and Herzegovina and Republic of Srpska), the Former Yugoslav Republic of Macedonia, Moldova, Montenegro and Serbia.

THE STRUCTURE OF THE 2007 ESPAD REPORT

The structure of this report follows to a large extent the structure of previous ESPAD reports. One difference is that two of the ESPAD modules are analysed in separate chapters.

The first chapter is a summary of some of the main findings. The overview includes information about a few key variables related to the consumption of alcohol, tobacco and cannabis as well as inhalants, tranquillisers and sedatives and alcohol together with pills.

After the introductory chapter follows an overview of the study design and procedures. As mentioned earlier, a major strategy of the ESPAD project has of course been to standardise the procedures as much as possible, including the target population, the questionnaire, the sampling procedure and the way in which data were collected. A complement to this overview can be found in Appendix II, in which the sampling and field procedures are presented and commented on country by country.

The methodological chapter includes a fairly extensive discussion of data cleaning, representativeness, reliability, validity and comparisons with other survey data. It ends with some general conclusions as well as country-specific conclusions.

Major results from the 2007 data collection are presented in the first result chapter. As in previous reports, it includes maps that illustrate differences between high and low prevalence countries for a large number of variables. The maps are complemented by bar graphs that “rank” all countries with information available.

Key results for individual countries about the situation in 2007 are gathered in a separate chapter. It includes a country-by-country overview in which some major findings of each

country are compared with the averages of 34 ESPAD countries.

Changes between the four data collections in 1995, 1999, 2003 and 2007 are presented in another result chapter. This is the only part of the report that includes data from previous surveys. To give an overview of major changes from 2003 to 2007 in the countries that participated in both studies, the chapter includes a large number of graphs and diagrams. In addition to this there are diagrams that provide information on trends between all four data collections country by country. To improve the service to the readers, trends data are for the first time also available in table form (tables 45–69 in Appendix III).

The last two chapters have separate authors and include analysis of two of the four ESPAD modules. They are the psychosocial and cannabis modules. Since the modules are optional the analyses in the module chapters only include data from a limited number of countries.

The tables of the methodological chapter and a few others are presented in the text and are identified by letters. However, the tables that are the basis of the graphs and the text in the result chapters are numbered and found in Appendix II.

ERRATA

One aim in producing this report has of course been for all figures, tables, maps, graphs and diagrams to include correct information and for all words to be proper and correctly spelled. However, we hope for understanding that however careful we have tried to be, there are sure to be mistakes which will not become evident until after the report is printed.

Our aim is to make all corrections as quickly as possible but also to make them as available as possible. To approach this we will continuously update an errata list at the web page of the ESPAD project, www.espad.org.

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Study design and procedures

Study design and procedures

TARGET POPULATION

The target population for the ESPAD project is students who will be 16 years old in the data collection year, i.e. they should all be born in a specific calendar year (Hibell et al 2006). The fourth data collection in 2007 targeted students born in 1991. The main idea behind the choice of this age group for the study is that the students should to a large extent still be available in schools, but not too young to lack any experience of substance use.

The mean age of the students surveyed has been about the same in all four data collections. In 2007 the approximate mean age was 15.8 years.

There are, however, differences between countries as to how well the samples represent the birth cohort. In some countries schooling is compulsory until the age of 16 years, while in others students begin secondary school at this age or leave for other training or for work. Available information about the proportion of the actual birth cohort still in school shows that there are some differences between countries in this respect (Table E in the chapter “Methodological considerations”). On average 93% of the 1991 birth cohort was to be found at school at the time of the data collection and it was 85% or more in nearly all countries. The lower this proportion, the less representative are the results for the 1991 birth cohort.

In some countries nearly all students born in 1991 are covered by the sampling frame and in others students in one or more grades or school types were excluded for pragmatic reasons. Table E shows that in nearly all countries 85% or more of the target population are found in the sampled grades. The lower this proportion, the less representative are the results for students born in 1991 and in principle they are limited to students in participating grades who were born in 1991.

DATA COLLECTION INSTRUMENT

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

The first ESPAD questionnaire was developed from the battery of questions tested by the Pompidou School Survey Subgroup. However, every question was discussed and agreed upon by the large group of collaborating investigators. A very large part of the first questionnaire was retained in the 1999 and 2003 surveys, while a review was carried out prior to the 2007 data collection.

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 IV. In addition to this each country was free to add questions of special interest, provided those questions were not of a kind that would affect the students' willingness to respond and did not overload the questionnaire.

Each country is expected to translate the questionnaire into its own language(s) and thereby adjust the wordings to make the questions as appropriate as possible in the cultural context. Drug street names etc. should be adjusted to what is common in the country concerned. Once the translation was ready, it should be back-translated into English again, so that deviations from the original would 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 much time the students needed to complete the questionnaire. In the 2007 survey little more than half the countries carried out a pilot study (Table F). However, countries that did not do so this time had tested the questionnaire prior to earlier surveys.

Since only minor changes had been made to the questionnaire between the 1995 and 2003 data collections, it was decided to review the questionnaire prior to the 2007 survey. The reviewing group consisted of Björn Hibell, Thoroddur Bjarnason, Ludwig Kraus, Patrick Lamprecht, Leena Metso and Alfred Uhl. The group reported back to the Project meeting in Helsinki in 2006. The meeting adopted quite a number of changes, and to test their possible effects it was decided to test the new questionnaire in eight countries during the autumn of 2006. Comments on the changes and the outcome of the questionnaire test can be found in the chapter “Methodological considerations”.

The 2007 questionnaire includes four modules: Integration (A), Psychosocial (B), Deviance (C) and Cannabis (D). The first three were also used in earlier data collections while the CAST scale in module D about cannabis related problems was used for the first time in 2007. Results from the B and D modules are presented in separate chapters of this report.

Table K in the chapter “Methodological considerations” shows the number of core, optional and own questions included in different countries' questionnaires. For each question every subquestion is counted as one variable.

All countries asked all, or nearly all, core questions. Nearly all countries included one or more modules as well as several questions from the optional part. Most countries also included own national questions.

In order to minimize misunderstandings related to the trans-

formation of the ESPAD master questionnaire for use in the participating countries, the ESPAD guidelines included a paper about coding guidelines and comments to the ESPAD 07 questionnaire (Hibell and Guttormsson 2006). Despite all efforts to standardise the data collection instrument, some discrepancies are inevitable. However, it may not be too optimistic to think that the discrepancies in the questionnaires have had only a very limited negative effect on the comparability of the findings from different countries. In the few cases when discrepancies are important enough to make a question not comparable, this will be commented in the result chapters.

SAMPLING PROCEDURE

The sample size and sampling procedures have been discussed at several ESPAD Project meetings. It has become clear that the ESPAD countries are very different in terms of what kinds of school statistics are available. Some countries have 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, is known. The sample should consist of randomly selected classes. This can be achieved in many ways, some of which are described in the ESPAD sampling paper (Bjarnason 2006).

It is recommended that, with some minor exceptions, each country, regardless of size, should draw a sample of about 2,800 students as a minimum. This was calculated to give about 2,400 answered questionnaires, which allows for breakdowns by sex plus another variable. However, in a few countries a smaller number of students participated, simply because the number of students born in 1991 was less than 2,800.

The target population was very differently distributed over school types and grades in different countries. At regional seminars, solutions to the sampling problems were discussed and suggested. In some countries the vast majority of the age group was found in one grade only and in others in two or more. Whenever possible it is recommended to include all grades with students born in 1991. However, in some countries the grade with the highest proportion of students born in 1991 was, for pragmatic reasons, the only one chosen. The number of participating grades and the proportion of 1991 born students attending participating grades and school types can be found in table E in the chapter “Methodological considerations”.

FIELD PROCEDURE

In line with the sampling process and the data collection instrument, the field procedures should also be standardised as much as possible (Hibell et al 2006). However, due to cultural differences there are of course many factors which make it difficult to follow exactly the same protocol in every country.

The recommended data collection period was March–April 2007. Most countries adhered to these dates, but the length of the period varied quite a lot, from one day only to about 2–3 months in some countries (table F in the chapter “Method-

ological considerations”). For practical reasons the time of the data collection was different from the planned period in a few countries, including Belgium (Flanders) (October) and the Netherlands (October–November).

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

The heads of the participating schools were contacted and informed of the planned study. They were 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 has been directed towards this issue. It was thought that in many countries teachers would not be trusted by the students and therefore cause biased data. The solution to this problem was that in countries where it was judged possible to use teachers this ought to be done, while in others research assistants were used. The crux was not whether a teacher or a research assistant was present, but whether they were trusted by the students. In a methodological study by Bjarnason (1995) no significant differences were found between teachers’ or research assistants’ modes of questionnaire administration. These findings suggest that, in some countries at least, the effect of administration mode is negligible.

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

The information to the survey leaders included a written instruction, describing how to perform the data collection. The voluntary and anonymous character of the study was stressed and the survey leader should refrain from walking around in the classroom while the forms were completed.

A standardised classroom report was used. On this form the survey leader gave information about the average time needed to complete the questionnaires, the number of absent and present students, the reasons for absence and other important information about the situation in the classroom. The classroom report also contained information about whether the students were interested in the study and worked seriously.

DATA DELIVERY, DATA CLEANING AND THE ESPAD 07 DATABASE

After data were collected the questionnaires were sent to the responsible national institute, which allotted each question-

naire an ID code. Before data were entered the questionnaires were checked to find out whether they obviously were not truthfully answered. Apart from these obviously incorrect questionnaires, all forms were to be included in the national dataset.

In more than 60% of the countries data were entered manually while the rest used a scanner (table F in the chapter “Methodological considerations”). Some countries ran a quality check on the data entry and in all cases the quality was high.

In the first three data collections the international ESPAD report was produced by data provided by each country in standardised Country reports. In 2007 this was the case also for the parts describing the data collection as well as the basis of the methodological chapter. To get standardised Country reports they should be written in line with the ESPAD protocol (Hibell and Guttormsson 2007).

However, the result part of the 2007 report has been produced with data from a common ESPAD database, to which all countries were obliged to send their national datasets. The ESPAD 07 database has been produced by the ESPAD database manager Thoroddur Bjarnason.

There are several advantages in using a common database compared to standardised national tables. One is greater flexibility as to which data that should be included in the international report. Another advantage is that all variables can easily be defined in exactly the same way and a third that all data are cleaned in the same computerised way.

To facilitate the production of the ESPAD 07 database instructions were given about the construction of the national datasets (Bjarnason 2007). It includes information about all necessary preparations of the national data files as well as a coding overview of all variables in the questionnaire.

When a dataset was cleaned and checked by the database manager it was sent to the Principal investigator (PI) for control and comments. When the communication with the PI was finished, the national dataset was ready to be merged to the ESPAD database.

At the ESPAD Project meeting in Pisa 2007 a working group was appointed to decide how the database should be cleaned. The group consisted of Thoroddur Bjarnason, Ulf Guttormsson, Ludwig Kraus and Patrick Miller. Details about the data cleaning process will be described in the next chapter.

The production of the ESPAD 07 database took longer than planned. One reason was that some countries (and in the end one country) were late delivering the national data set. Another reason was that quite a number of datasets included data that were not coded in line with the guidelines. However, these disadvantages, which delayed the production of the international ESPAD report, are as a whole smaller than the advantage to have access to a high quality database for the production of the ESPAD report as well as for further analysis by ESPAD researchers.

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Methodological considerations

Methodological considerations

INTRODUCTION

The 2007 ESPAD project is based on 35 national surveys united by a common project plan and methodological guidelines. This chapter provides a brief overview of the issues of representativeness, reliability and validity in the 2007 ESPAD project. It ends with a short summary of the most important methodological issues to be considered.

The first ESPAD survey in 1995 was the first school survey on alcohol and drug use in several of the participating countries. In the fourth ESPAD study in 2007, increased experience and a long co-operation have contributed to a more robust and standardised methodology. However, there are still some discrepancies and areas of concern that need to be addressed, but it should be stressed that overall the ESPAD project has accomplished a high degree of representativeness, reliability and validity.

The ESPAD project relies on experiences from more than 35 years of school surveys in Sweden, a pilot study with a questionnaire test initiated by the Pompidou Group (Johnston et al. 1994) as well as knowledge gained by individual researchers from all over Europe in earlier ESPAD data collections over the past twelve years. Many of the questions in the ESPAD questionnaire originate from the Pompidou pilot study and the Monitoring the Future Project (Johnston et al 2007) in the USA.

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

In preparation for the ESPAD 1999 data collection a methodological study was conducted to better ascertain the role of cultural context in different countries (Hibell et al 2000). Data were collected in countries from different parts of Europe. Two countries were included from northern Europe (Denmark and Sweden), two from the Mediterranean (Cyprus and Malta) while three were situated in the central and eastern parts of Europe (Lithuania, the Slovak Republic and Ukraine).

The study indicated that the reliability as well as the validity was high in all seven countries, even though some minor differences were indicated. With a few modifications, the survey leader questionnaire (the classroom report) of the methodology study was used in later ESPAD data collections.

The result tables of this report are numbered and presented in Appendix III. The tables of the methodological chapter are presented in the text and are identified with letters. Also graphs in this chapter are marked with letters.

In the tables the following symbols are used:

- 0 A percentage below 0.5.
- No percentage (the frequency was zero).
- No such data exists.
- .. Data exists but has been assessed not comparable or found inaccessible.

CHANGES OVER TIME

One of the important long-term goals of the ESPAD project is to track changes in adolescent substance use over time. While cultural context may affect the validity of responses to formally standardised measures, changes in such responses over time may be relatively less affected by context. In other words, even if the proportion using a particular drug are not fully comparable between two countries, the increase or decrease within those two countries could still be compared.

It should be noted that the ESPAD survey is repeated every four years. In this report changes between 1995 and 2007 are shown country by country in simple graphs in which a straight line is drawn between the dots of each of the four data collections. However, four years is a relatively long period during which many changes might have occurred. In other words, the four-year lines may mask considerable annual fluctuations.

A NOTE ON STATISTICAL SIGNIFICANCE

As will be discussed in detail below, the sampling procedures in the ESPAD survey differ between countries. This affects the precision of the estimates in each country but should in principle not bias the point estimate itself (Bjarnason 2006).

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

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

It is important to note that a certain difference in a particular variable between two surveys may be significant in one country but not so in another. Differences have to be tested separately

from each country's results to make it possible to decide whether a difference is significant or not. However, to be able to do so it is necessary to have access to both data sets and to use a statistical programme that accounts for cluster effects. These kind of data are available for 2007 but not from earlier surveys. As a consequence, also the trends analyses in this report are done without statistical tests.

ETHICAL CONSIDERATIONS

The ESPAD guidelines emphasize that ESPAD surveys should be confidential and anonymous. It is also important that students should be informed that it was voluntary to answer the questionnaire. In addition, it is the responsibility of each research team to adhere to national laws, rules and guidelines concerning research ethics.

In all countries students and schools were informed that participation in the survey was voluntary (Table B). Further, the approval of an ethics committee was obtained in nine countries

and permission from a ministry in eight. Some form of parental consent was used in 12 countries.

COMPARABILITY WITH EARLIER SURVEYS

The questionnaire that was used in 2007 was slightly changed compared with the form used in the three previous surveys. This section presents the results of a methodological study conducted in 2006 where the effects of these changes on comparability were tested with a split-half methodology in eight countries.

An advantage of merging all national data sets to one common data base for the production of the 2007 report is that data in all tables can be produced in exactly the same way. Another example is that data can be cleaned in a standardised way in all national data sets. The effects of this cleaning are presented in the last part of this section.

Table B. Ethical considerations. ESPAD 2007.

Country	Ethical considerations
Armenia	Schools and students informed.
Austria	Schools and students informed.
Belgium (Flanders)	Schools and students informed.
Bulgaria	Permission from the Ministry of Education and Science. Schools and students informed.
Croatia	Accepted by ethics committee. Schools and students informed.
Cyprus	Schools and students informed.
Czech Republic	Schools and students informed.
Denmark	Schools and students informed.
Estonia	Parental consent obtained on schools initiative. Schools and students informed.
Faroe Islands	Accepted by ethics committee. Schools and students informed.
Finland	Schools and students informed.
France	Passive parental consent. Schools and students informed.
Germany (7 Bundesl.)	Accepted by ethics committee. Parental consent. Schools and students informed.
Greece	Permission from the Ministry of Education. Accepted by ethics committee. Passive parental consent. Schools and students informed.
Hungary	Parental consent obtained on school director request. Schools and students informed.
Iceland	Parental consent. Schools and students informed.
Ireland	Accepted by ethics committee. Schools and students informed.
Isle of Man	Accepted by ethics committee. Parental consent. Schools and students informed.
Italy	Schools and students informed.
Latvia	Schools and students informed.
Lithuania	Permission from the Ministry of Education and Science. Schools and students informed.
Malta	Schools and students informed.
Monaco	Passive parental consent. Schools and students informed.
Netherlands	Passive parental consent. Schools and students informed.
Norway	Parental consent. Schools and students informed.
Poland	Schools and students informed.
Portugal	Permission from the Ministry of Education. Parental consent on request. Schools and students informed.
Romania	Permission from the Ministry of Education, Research and Youth. Schools and students informed.
Russia	Accepted by ethics committee. Permission from the Government of Moscow. Schools and students informed.
Slovak Republic	Permission from the Department for regional schools. Schools and students informed.
Slovenia	Schools and students informed.
Sweden	Schools and students informed.
Switzerland	Accepted by ethics committee. Schools and students informed.
Ukraine	Permission from Ministry of Education and Science. Schools and students informed.
United Kingdom	Accepted by ethics committee. Parental consent. Schools and students informed.

THE ESPAD QUESTIONNAIRE TEST

The core of the ESPAD questionnaire used in the first ESPAD survey in 1995 remained almost unchanged in the 1999 and 2003 data collections. In preparation for the 2007 survey a working group consisting of Björn Hibell, Thoroddur Bjarnason, Ludwig Kraus, Patrick Lambrecht, Leena Metso and Alfred Uhl was appointed to review this instrument and make suggestions for improvements. The main objectives were to make the questionnaire easier for students to follow, reduce the feeling of redundant questions and solve specific methodological problems with the questionnaire that had arisen in previous surveys.

The working group proposed several changes to the structure of the questionnaire as well as in the formulation of some questions. The major structural change is that two very long questions about the availability of a large number of substances and the age of onset have been divided into shorter questions asked in a sectional format with tobacco as one section, alcohol as the second, cannabis as the third and other illegal substances as the fourth. Another structural change is that the very long list of drugs used in some questions was reduced to the most commonly used drugs.

In addition to these changes the new questionnaire includes a few reformulated as well as some new questions. One of the reformulated questions was a measure of the amount of alcohol consumed during the last drinking day (Q14), which included a filter question to reduce the risk of misunderstanding when estimating the amounts consumed. Another example is the intoxication scale (Q14f) which now is related to the last drinking day and with another example of the highest point of the scale. A third example is the drunkenness frequency question (Q18), which now includes examples of what drunkenness might be. Yet an example is the question about heavy episodic drinking (5+drinks) (Q17) in which cider and alcopops were included in the 2007 questionnaire and "...in a row" changed to "... on one occasion".

Changes to an established instrument such as the ESPAD questionnaire must be done with considerable caution. There is a risk that the questions that have been changed will yield different results and comparability may be lost. In addition, changing the structure of the instrument could affect responses to key monitoring questions that have remained unchanged from the beginning of the ESPAD project.

A methodological study based on a split-half methodology was conducted in 2006 in order to evaluate the comparability of estimates based on the old and the new versions of the questionnaire (Hibell and Bjarnason 2008). This study was implemented in eight countries in different parts of Europe, including Bulgaria, the Czech Republic, France, Greece, Latvia, Russia, Sweden and the United Kingdom. In each country the two version of the questionnaire (2003 questionnaire and 2007 questionnaire) were randomly distributed to a sample of students. In addition, students were asked to evaluate the questionnaire after completion. The significance of differences in point estimates between the two questionnaires were then calculated to estimate the effects of the two different forms.

The main results can be summarised as follows:

- The new questionnaire appears to function at least as well as the old questionnaire.
- Estimates of age of onset for different substances were not affected by changes to instrument and are fully comparable to earlier surveys.
- Estimates of the availability of different substances changed significantly when the availability question had been divided into different sections. These estimates cannot be compared to earlier surveys
- Key indicators of smoking, frequency of alcohol consumption as well as cannabis and inhalants use were not affected by changes to the instrument. They are fully comparable to earlier surveys.
- Changes in the formulation of the question about heavy episodic drinking (5+ drinks) did not result in any significant differences. These estimates are fully comparable to earlier surveys.
- The inclusion of definitions of drunkenness significantly changed estimates of frequency of drunkenness and perceived drunkenness on last occasion. These estimates are not comparable to earlier surveys.
- The inclusion of alcopops as a separate item significantly lowered the estimated frequency of spirits consumption during the last 30 days. These estimates are not comparable to earlier surveys.
- The inclusion of a filter question when estimating the total amount of alcohol consumed during the last drinking day significantly impacts the reported consumption of different beverages. These estimates are not comparable to earlier surveys.
- Overall, the revisions to the instrument did not affect the key indicators used to track changes in adolescent substance use over time. The estimates that were significantly affected were primarily those based on problematic measures that had been purposely changed in order to obtain better estimates.

HEAVY EPISODIC DRINKING – A TEST OF A CHANGED WORDING

As mentioned in the previous section the question about heavy episodic drinking (5+ drinks) was changed in the 2007 questionnaire. In the new version (Q17) cider and alcopops were added. Another change was that "... in a row" was changed to "... on one occasion". The latter is seen as more precise than "... in a row", since this could mean that the drinking session lasted for several hours, or even included two drinking sessions during the same day.

The ESPAD 07 questionnaire contained an optional question at the very end of the questionnaire which included the old version of the question (QR2). Ten countries used this question.

The distribution of the responses to the two questions is very similar in all 10 countries. The correlation is also high when the answers are compared on the individual level with a correlation coefficient (r_{xy}) in the ten countries varying between 0.60 and 0.77, which all are significant on the 0.01 level. The correlation coefficients are about the same for boys and girls.

Hence, the two versions of the question about heavy episod-

ic drinking (5+ drinks) are highly correlated and give to a large extent the same answers, which leads to the same conclusion as in the previous section that estimates in 2007 are comparable with earlier surveys.

STANDARDISED DATA CLEANING

In earlier data collection waves the research team in each country was responsible for cleaning the national datasets according to ESPAD guidelines and providing standardised tables with key results for the production of the ESPAD reports. In 2007, the national research teams submitted their raw data to the ESPAD databank in Iceland where the data were centrally cleaned and merged into a joint database. The cleaning procedure was specified by an ad hoc working group (Thoroddur Bjarnason, Ulf Guttormsson, Ludwig Kraus and Patrick Miller) appointed by the 2006 ESPAD Project meeting in Pisa.

The national research teams were asked to discard only those questionnaires that by face value could be considered totally unusable (with drawings, rude language, almost blank etc). According to table H all countries discarded at least a few questionnaires before the data entry process, but in most cases less than 0.5% of the received questionnaires. However, ten countries removed 1% of the questionnaires and one (Italy) as many as 3%. In these countries the cleaning process is therefore not fully standardized.

The standard cleaning process primarily involved the deletion of unusable cases on one hand and the logical substitution of missing values on the other. All cases with missing information on the key demographic variables of age or gender were excluded from the database. Across all ESPAD countries, an average of 1% of the questionnaires was removed because of missing data on age or gender (Table H). A relatively high pro-

Table C. Non response rates before the logical substitution of missing values and the substitution impact (reduction). ESPAD 2007.

Country	Cigarettes		Alcohol LTP		Been drunk LTP		Cannabis LTP		Ecstasy LTP		Inhalants LTP		Tranq. or sed. (non medical) use LTP		Non response average all core questions		
	Before cleaning	Reduction	Before cleaning	Reduction	Before cleaning	Reduction	Before cleaning	Reduction	Before cleaning	Reduction	Before cleaning	Reduction	Before cleaning	Reduction	Before cleaning	After	Reduction
Armenia	0.6	0.3	1.9	0.1	0.8	0.1	0.4	0.3	1.4	1.1	0.4	0.1	0.5	0.2	4.0	2.7	1.3
Austria	0.2	0.0	1.6	0.0	1.2	0.0	0.3	0.0	0.3	0.2	0.3	0.1	0.3	0.2	1.3	0.9	0.4
Belgium (Flanders)	0.6	0.0	1.5	0.1	0.5	0.1	0.6	0.1	0.4	0.4	0.5	0.4	0.8	0.0	1.6	1.2	0.4
Bulgaria	0.8	0.3	3.4	0.1	4.0	0.2	1.3	0.4	0.7	0.3	0.7	0.4	0.7	0.2	2.1	1.8	0.3
Croatia	0.4	0.1	1.1	0.1	0.9	0.0	0.9	0.0	0.4	0.1	0.4	0.0	0.3	0.0	1.4	1.1	0.3
Cyprus	0.7	0.2	3.1	0.1	1.9	0.1	0.9	0.2	0.8	0.5	0.6	0.2	0.4	0.1	2.2	1.5	0.6
Czech Republic	0.5	0.0	1.9	0.0	0.7	0.0	0.7	0.0	0.3	0.2	0.3	0.2	0.2	0.1	1.4	1.2	0.2
Denmark	0.5	0.0	1.1	0.0	1.5	0.0	1.3	0.1	0.8	0.8	0.3	0.1	1.0	0.7	1.6	1.3	0.4
Estonia	0.7	0.0	1.1	0.0	1.2	0.0	0.6	0.2	0.3	0.1	0.2	0.0	0.5	0.1	1.2	1.1	0.0
Faroe Islands	0.5	0.2	.	.	0.7	0.0	0.7	0.2	0.7	0.5	0.9	0.7	0.5	0.0	2.4	1.8	0.6
Finland	0.1	0.0	0.6	0.0	0.6	0.1	0.3	0.0	0.3	0.2	0.3	0.2	3.3	3.1	1.3	0.7	0.5
France	0.2	0.0	0.7	0.0	0.5	0.0	0.5	0.3	0.5	0.0	0.4	0.0	0.4	0.0	1.3	1.1	0.2
Germany (7 Bundesl.)	0.1	0.0	0.7	0.0	0.4	0.0	0.6	0.0	0.6	0.3	0.0	0.0	0.4	0.1	1.1	0.7	0.4
Greece	0.1	0.0	0.5	0.0	0.9	0.0	0.4	0.1	0.2	0.2	0.3	0.2	0.4	0.1	1.6	1.1	0.5
Hungary	0.6	0.0	1.6	0.1	4.9	0.1	0.6	0.1	0.7	0.5	1.0	0.7	0.7	0.5	2.5	2.0	0.4
Iceland	0.4	0.1	0.7	0.1	.	.	0.6	0.1	0.4	0.1	0.5	0.2	0.4	0.2	1.4	1.1	0.3
Ireland	0.4	0.1	2.8	0.2	2.2	0.1	1.0	0.2	0.9	0.3	0.9	0.3	0.8	0.2	3.0	2.6	0.4
Isle of Man	0.0	0.0	1.6	0.0	1.4	0.1	0.1	0.0	0.5	0.3	0.1	0.0	0.4	0.1	1.4	1.1	0.3
Italy	1.2	0.4	2.0	0.2	1.2	0.2	1.1	0.5	1.0	0.2	1.7	0.7	1.7	0.4	3.3	2.7	0.5
Latvia	0.4	0.0	1.4	0.0	1.3	0.0	0.7	0.4	0.3	0.2	0.2	0.2	0.1	0.1	2.1	1.1	1.0
Lithuania	0.6	0.0	1.5	0.0	1.4	0.0	0.2	0.0	0.2	0.0	0.3	0.0	0.2	0.0	1.3	1.3	0.0
Malta	0.2	0.0	1.1	0.0	0.8	0.0	0.4	0.2	0.2	0.1	0.3	0.1	0.2	0.1	1.4	1.1	0.4
Monaco	0.0	0.0	1.8	0.3	0.3	0.0	0.8	0.3	0.5	0.0	0.5	0.0	0.0	0.0	0.9	0.7	0.2
Netherlands	0.3	0.1	2.8	0.0	0.2	0.0	0.4	0.2	0.3	0.3	0.2	0.2	0.0	0.0	1.2	0.9	0.3
Norway	1.1	0.5	2.2	0.3	2.1	0.9	1.8	0.7	3.2	1.3	3.2	1.3	4.0	1.9	4.3	3.3	0.9
Poland	0.4	0.0	0.9	0.1	0.7	0.0	0.1	0.0	0.4	0.2	0.3	0.0	0.4	0.0	1.5	1.1	0.4
Portugal	0.4	0.1	3.2	0.1	2.4	0.1	1.0	0.3	1.0	0.5	0.8	0.4	0.9	0.4	1.8	1.3	0.5
Romania	0.2	0.0	1.8	0.2	1.7	0.2	0.5	0.1	0.7	0.5	0.5	0.5	0.4	0.3	2.7	1.7	0.9
Russia	0.8	0.1	2.5	0.1	2.0	0.2	1.0	0.3	0.9	0.5	0.5	0.2	0.5	0.1	2.3	2.0	0.3
Slovak Republic	0.4	0.0	2.2	0.0	1.8	0.0	0.9	0.0	0.4	0.3	0.4	0.2	0.5	0.4	1.6	1.2	0.4
Slovenia	0.2	0.0	1.5	0.0	0.7	0.1	0.2	0.0	0.1	0.1	0.1	0.1	0.2	0.1	1.0	0.6	0.4
Sweden	0.4	0.0	2.1	0.1	1.4	0.1	0.6	0.3	0.6	0.5	0.6	0.4	0.8	0.7	2.3	1.8	0.6
Switzerland	1.4	0.4	1.0	0.2	1.3	0.1	1.3	0.3	1.4	1.1	1.8	0.7	2.2	1.4	2.3	1.9	0.4
Ukraine	1.5	0.4	2.8	0.0	1.6	0.0	1.1	0.2	1.0	0.8	0.7	0.5	0.4	0.0	2.5	2.2	0.3
United Kingdom	0.3	0.1	2.2	0.1	1.6	0.0	0.6	0.0	0.2	0.1	0.5	0.2	0.3	0.1	2.3	1.8	0.5
Average (unw.)	0.5	0.1	1.7	0.1	1.4	0.1	0.7	0.2	0.6	0.4	0.6	0.3	0.7	0.3	2.1	1.6	0.5

portion of the Faroese (7%) as well as the Bulgarian, Cypriot, Greek and Swedish (3–4%) questionnaires were removed. It is not clear why these countries score higher than others but poor layout design or greater concern about anonymity issues could have played a role.

The other major reason for questionnaire exclusion is poor data quality. All questionnaires with responses to less than half of the core items were discarded, as were questionnaires where students had apparently responded with repetitive marking of extreme values throughout the questionnaire. Between 0% and 2% of the questionnaires were discarded either due to low completion rate or because of too many repetitive extreme responses (average for all countries was 1%).

In total 2% of all received questionnaires were discarded from the ESPAD 07 database. A very small fraction was discarded by manual scrutinisation, about 1% due to missing data on age or gender and another 1% because of poor data quality. Rather many questionnaires, between 5 and 7%, were dropped for Bulgaria, Cyprus, Faroe Islands, Greece and Italy.

In the second phase of data cleaning missing values were logically substituted in a relatively conservative fashion. In cases where students had indicated that they had never used a specific substance and subsequently did not respond to questions about the frequency of such use, missing values were substituted with a zero. No substitution was made if students indicated use on some items but no use on others.

Table C presents information about the non-response rates before the logical substitution of missing responses on lifetime prevalence and the impact of the substitution on prevalence rates.

For the seven lifetime variables in the table the average reduction of the non response rates varies from 0.1 to 0.4%. With some few exceptions the reduction for all seven variables was limited. The highest figure is found in Finland where the non-response for tranquillisers and sedatives without a doctor's prescription was reduced by 3.1 percentage points. Next in size is

1.9 in Norway and 1.4 in Switzerland for the same question, followed by 1.3 percentage points in Norway for ecstasy and inhalants.

For all core variables the average proportion of unanswered questions was 2.1% before the cleaning and 1.6% after cleaning, i.e. a reduction of 0.5 percentage points. The reduction varies from 0 percentage point in Lithuania to 1.3 in Armenia.

The impact of different steps of the cleaning process on eight core prevalence measures is shown in table D. The number of respondents was reduced from 107.793 to 105.824 when students with no response for gender or year of birth were omitted. However, this only affected lifetime prevalence figures to a very small extent, the largest being a reduction in the proportion of students that has used cannabis from 18.3 to 18.1%.

Only 276 forms were omitted because less than half of the questions had been answered and this reduction is too small to have any impact on the lifetime prevalence results. Discarding 720 questionnaires because of repetitive answering patterns also resulted in trivial changes of estimates of prevalence. For example the proportion of students that had used the dummy drug relevin (or equivalent) decreased from 1.1 to 0.7% and the proportion that had used ecstasy dropped from 3.6 to 3.2%.

The logical substitution of missing values in the final 07 database also had only a marginal influence on the lifetime prevalence figures presented in the Table D.

Overall, the cleaning process led to a 0.1–0.5 percentage point drop in prevalences for the variables in table D. In relative terms, the changes were smallest for high prevalence variables (cigarette use, alcohol use and drunkenness) and more important for less common behaviours like the use of cannabis (from 18.3 to 17.7%), inhalants (from 9.2 to 8.7%) and ecstasy (from 3.6 to 3.2%). In addition to this the proportion of students that claimed to have used the dummy drug relevin (or equivalent) dropped from 1.1 to 0.7%. Speaking in relative terms, this is the biggest drop (by a third) and the single step explaining the

Table D. Changes in lifetime prevalence (LTP) of different substances due to data cleaning.^{a)} Percentages. ESPAD 2007.

	Cigarettes LTP	Alcohol LTP	Been drunk LTP	Ecstasy LTP	Cannabis LTP	Inhalants LTP	Tranq. or sed. (non medical use) LTP	Relevin LTP (or equivalent) ^{b)}
Raw "1991" (incl. missing birth year) n= 107,793	58.2	88.7	48.0	18.3	3.6	9.2	6.8	1.1
Missing gender and age removed n= 105,824	58.1	88.7	47.9	18.1	3.6	9.1	6.7	1.1
More than 50% non-response removed = 105,548	58.2	88.7	47.9	18.1	3.6	9.1	6.7	1.1
Repetitive response patterns removed n= 104,828 (FINAL NUMBER)	57.9	88.7	47.6	17.7	3.2	8.8	6.4	0.7
Logical substitution of missing values = 104,828 (FINAL DATA SET)	57.8	88.6	47.5	17.7	3.2	8.7	6.4	0.7

^{a)} Contributing data from Germany, Italy and Latvia is unweighted since those weights only are available for cleaned/final data sets.

^{b)} National alternatives instead of "relevin" were used in Belgium (Flanders), Czech Republic, Estonia, Italy, Netherlands, France, Monaco, Slovak Republic and Switzerland.

decrease was discarding questionnaires with repetitive answering patterns.

As a whole the standardised data cleaning process did not have much of an influence on the lifetime prevalence figures. Since decimals are not given in the international ESPAD report, prevalence estimates are altered by one percentage point at the most.

REPRESENTATIVENESS

In principle, data can never be representative of any groups other than those included in the sampling frame. In ESPAD, the issue of representativeness is linked to several aspects, including possible sampling problems, grades or school categories excluded and the level of interest shown by schools and students for participating in data collection.

NATIONAL SAMPLES

The target population of the ESPAD study is defined as the national population of students whose 16th birthday is in the calendar year of the survey. The objective of performing a national survey was reached in 33 of the 35 countries in 2007. In Germany, data collection was limited to the 7 out of 16 federal states (Bundesländer) that agreed to participate, which is one more than in 2003. They were Bavaria, Brandenburg, Berlin, Hesse, Mecklenburg-Western Pomerania and Thuringia. The total population of these Bundesländer is about 28.6 million, out of 82.5 million in the whole of Germany, i.e. 35% of the national population. In Belgium, only the Dutch-speaking part (Flanders), representing about 58% of the population, took part in data collection. This was a change compared with 2003, when the whole country was included. While the results obtained for these countries may to some degree reflect the situation in the country as a whole, they are representative only of the population from which the samples were drawn.

REPRESENTATIVENESS OF THE SAMPLES

Sampling in the ESPAD project is based on the class (i.e. a group of students who attend most lessons together) as the final sampling unit (Bjarnason 2006). This procedure is vastly more economical than sampling individual students, and it also has some desirable methodological properties. In particular, the sampling of entire classes can be expected to increase students' confidence in their anonymity. Sampling individual students and asking them to fill in a questionnaire individually, by contrast, could affect the truthfulness of their answers and therefore bias the results of the study.

In countries where sampling was complicated, it was recommended that those responsible for the survey should seek the cooperation of an experienced sociologist or statistician.

An overview of the sampling procedure in each country is provided in Table E. Further information can be found in Appendix II, in which each country's sampling procedure is described. The number of students born in 1991 in the Faroe Islands, Iceland, the Isle of Man, Malta and Monaco was similar to the number of students to be sampled according to the ESPAD guidelines (Bjarnason 2006). In these countries, therefore,

all students were surveyed. A similar procedure was chosen in Cyprus, where all students in one grade participated (while students born in 1991 who were enrolled in other grades were excluded).

In all other countries, the class was the final sampling unit. In some countries, the class was the only sampling unit, i.e. samples of classes were drawn from comprehensive lists of classes. In most of the countries, however, the class was the last unit in a multi-stage stratified sampling process where schools were sampled before the final sampling of classes was performed. In many countries, the schools sampled were asked to provide lists of classes to enable the final sample of classes to be drawn.

Some countries have not considered what might be called the "problem of small and large schools and classes". In some countries, all schools/classes had the same probability of being sampled, regardless of the size of each class and school. In practice, this means that students belonging to small classes or attending small schools are over-represented in the samples. If students in these classes or schools have different substance-use habits from students in large classes or schools, the data are not entirely representative of the population. In many countries where this problem might have arisen, however, a stratified sample was used and it seems reasonable to assume that the sizes of schools and classes are rather similar within strata. Furthermore, class size is rather standardised in many countries. On the whole, the "problem of small and large schools and classes" is not considered a major problem in the context of the overall ESPAD project.

In countries where non-proportionate stratification was used for sampling, the data have been weighted. If data had been available in Romania to allow weighting for the country as a whole, this would have been preferred. However, weighting was possible only for a sub-sample of schools. Still, since this weighting did not indicate any major differences it seems reasonable to assume that weighting at the country level would also not have resulted in any important differences (see Appendix II).

Lack of data about school (and class) size has complicated the sampling procedure in some countries. In spite of this, and as commented in Appendix II, there is reason to assume that sampling was carried out in the best possible way and that sampling problems have not affected the outcome of any survey in such a negative way that the possibility to make comparisons with other countries is jeopardised.

REPRESENTATIVENESS OF PARTICIPATING GRADES

The target population of the ESPAD project is students whose 16th birthday falls during the year of data collection. For the 2007 study, this means that they should be born in 1991. Further, if possible, data were to be collected in March or April, which was the case in a large majority of the countries (Table F).

In some countries nearly all students born in 1991 were enrolled in a single grade, while in other countries large proportions of them were to be found in two or more grades. The recommendation given for the latter case, subject to the availability of the necessary resources, was to include as many grades

as possible that included students born in 1991, or at least each grade that included 10% or more of the target population. If only one of these grades could be included, it should of course be the grade with the largest proportion of students born in 1991. In countries where not all grades with students in the target age group were included in the data collection, the sample is representative only of students found in the grades chosen.

In about two-thirds of the countries, 90% or more of the students born in 1991 were in the grades studied (Table E). In addition, the proportion was also rather high (85–89%) in another 20% of the countries. In a few countries, however, the corre-

sponding figure was lower, including Armenia, Malta, Romania and Switzerland, where only 80–83% of students born in 1991 were found in grades that participated in the data collection. It is, of course, not possible to know how the results in countries where the smallest proportion of the 1991 cohort has been studied would have been affected if all relevant grades/school types had been included. This uncertainty should be kept in mind when reading the results and comparing countries.

The definition of the ESPAD target population excludes individuals who are no longer enrolled in school. It should thus be kept in mind that the student populations are not coextensive with the birth cohorts, and that those who have left school are

Table E. Characteristics of the national samples. ESPAD 2007.

Country	Geographical coverage	Sampling unit(s)	Sample type	Proportion of 1991 cohort still in school	Grade(s) included	Number of grades	Student representativeness ^{a)}
Armenia	National	Schools, classes	Stratified random	>90	9	1	82
Austria	National	Schools, classes	Stratified random	>90	9–10	2	86
Belgium (Flanders)	Flandern	Schools, classes	Stratified random	99	8–11	4	94
Bulgaria	National	Classes	Systematic random	78	9–10	2	88
Croatia	National	Classes	Systematic random	95	1–2	2	97
Cyprus	National	No sample	Total	..	1	1	..
Czech Republic	National	Schools, classes	Stratified random	97	9, 1	2	99
Denmark	National	Schools (classes)	Stratified random	98	9	1	85
Estonia	National	Schools, classes	Systematic random	90	8–10	3	85
Faroe Islands	National	No sample	Total	93	9	1	88
Finland	National	Schools, classes	Stratified random	100	9	1	94
France	National ^{b)}	Schools, classes	Stratified random	98	8–11	4	99
Germany (7 Bundesl.)	7 Bundesl.	Classes	Stratified systematic	92	9–10	2	85
Greece	National ^{c)}	Schools, classes	Stratified random	>90	gymn 3, lyc 1–3	4	~100
Hungary	National	Classes	Stratified random	99	8–10	3	95
Iceland	National	No sample	Total	99	10	1	98
Ireland	National	Schools, classes	Stratified random	93	3–5	3	94
Isle of Man	National	No sample	Total	82	10–11	2	100
Italy	National	Schools, classes	Stratified random	88	1–3	3	99
Latvia	National	Classes	Stratified random	91	7–10	4	92
Lithuania	National	Schools, classes	Stratified random	96	8–10	3	98
Malta	National	No sample	Total	95	11 (form 5)	1	80
Monaco	National	No sample	Total	98	8–12	5	100
Netherlands	National	Schools, classes	Stratified random	91	3–4	2	94
Norway	National	Schools, groups ^{d)}	Stratified random	~100	10	1	~100
Poland	National	Classes	Systematic random	95	gymn 3	1	92
Portugal	National ^{e)}	Classes	Stratified random	80	7–10	4	85
Romania	National	Schools, classes	Stratified random	87	9–10	2	83
Russia	National	Schools, classes	Stratified random	96	9–10 (incl 1)	2	96
Slovak Republic	National	Schools, classes	Stratified random	95	9, 1 (2–4)	2 (5)	98
Slovenia	National	Classes	Systematic random	96	1	1	88
Sweden	National	Schools, classes	Systematic random	98	9	1	94
Switzerland	National	Classes	Stratified random	98	8–9, 1	3	81
Ukraine	National	Classes	Stratified random	93	9–10 (incl 1)	2	95
United Kingdom	National	Schools, classes	Proportionate random	~90	4–6	3	100
Average (unw.)	.	.	.	93	.	2	92

^{a)} Proportion of the students born in 1991 covered by the sampled grades.

^{b)} Students from DOM-TOM territories (overseas departments and territories like the West Indies, Guyana, and Bourbon Island) not included.

^{c)} Students living on smaller islands not included (about 6% of the initial target population).

^{d)} The class concept do no longer exist in Norway.

^{e)} The Azores and Madeira Islands excluded (about 5% of initial target population).

more likely to have used various substances and to use them more frequently than students. However, in about 85% of the countries with available information, 90% or more of the birth cohort was enrolled in school (Table E). The most important exceptions include Bulgaria, the Isle of Man and Portugal, where only about 80% of those born in 1991 were still attending school at the time of data collection.

Even though the ESPAD target population includes students only, it could be worth pointing out that the numerical difference between participating students and the birth cohort is especially large in countries where many of those born in 1991 no longer attend school and where a large proportion of the stu-

dents are not to be found in grades or school categories included in the data collection. The proportion of the birth cohort “covered” by students in participating grades ranges from 68% in Portugal, 69% in Bulgaria and 72% in Romania to 97% in France and Iceland, 98% in Monaco and about 100% in Norway.

In nearly all countries, students born in other years than 1991 who belonged to sampled classes usually also answered the questionnaire. However, the results presented in this report reflect only the answers of students born in 1991. As regards the non-ESPAD countries, it should be noted that the results from the United States are based on students in tenth grade,

Table F. Characteristics of the data collection. ESPAD 2007.

Country	Pre test	Data collection period	Approx. mean age ^{a)}	Survey leader	Individual envelopes	Data entry	Data weighted
Armenia	Yes	April 16–May 5	15.8	Research ass.	No ^{b)}	Manual	No
Austria	No	March–June	15.8	Teachers	No ^{b)}	Manual	No
Belgium (Flanders)	No	October	15.8	Teach., research ass.	Yes	Manual	No
Bulgaria	Yes	June 6–18	15.9	Agency	Yes	Manual	No
Croatia	No	April 1–15	15.8	School staff	Yes	Manual	No
Cyprus	Yes	May 3	15.8	Research ass.	No	Manual	No
Czech Republic	Yes	March 10–April 4	15.7	Agency	Yes	Manual	No
Denmark	No	March–May	15.8	Teachers	Yes	Manual	No
Estonia	Yes	March	15.7	Research ass.	Yes	Manual	No
Faroe Islands	No	March(May) ^{c)}	15.7	Medical staff	No ^{b)}	Scanning	No
Finland	No	March (April)	15.7	Teachers	Yes	Scanning	No
France	Yes	April 23–June 1	15.9	Agency	No ^{d)}	Scanning	Yes
Germany (7 Bundesl.)	No	April 16–27	15.8	Teachers	No ^{b)}	Manual	Yes
Greece	Yes	Feb–March	15.7	Research ass.	Yes	Scanning	No
Hungary	Yes	March 5–24	15.7	Agency	No ^{b)}	Manual	Yes
Iceland	No	February-March	15.7	Teachers ^{e)}	Yes	Scanning	No
Ireland	No	May	15.9	Teachers	Yes	Manual	No
Isle of Man	No	March 15–30	15.7	Research ass.	Yes	Scanning	No
Italy	No	April	15.8	School staff	Yes	Manual	Yes
Latvia	Yes	April/May	15.8	Research ass.	Yes	Manual	Yes
Lithuania	No	April 16–May 11	15.8	Research ass.	Yes	Manual	No
Malta	Yes	January (–March)	15.6	Teachers	No ^{f)}	Scanning	No
Monaco	Yes	April 4	15.8	School staff	Yes	Scanning	No
Netherlands	No	October–November	15.8	Research ass.	No ^{b)}	Scanning	Yes
Norway	No	March–April	15.8	Teachers	Yes	Scanning	Yes
Poland	Yes	May–June	15.9	Research ass.	Yes	Manual	No
Portugal	Yes	May 7–11	15.9	Teacher	Yes	Scanning	No
Romania	Yes	May 21–June 7	15.9	Research ass.	Yes	Manual	Yes
Russia	No	April–May	15.8	Research ass.	Yes	Manual	Yes
Slovak Republic	Yes	March 19–23	15.7	Health staff	Yes	Manual	No
Slovenia	Yes	April 2–6	15.8	School staff	Yes	Manual	No
Sweden	Yes	March 1–30	15.7	Teacher	Yes	Scanning	No
Switzerland	No	March 27–June 14	15.8	Teacher	Yes	Scanning	No
Ukraine	Yes	May 10–25	15.9	Research ass.	Yes	Manual	Yes
United Kingdom	Yes	March–July	15.9	Teachers	Yes	Manual	No
Average (unw.)	.	.	15.8	.	.	.	.

^{a)} A calculated figure based on the period of the data collection.

^{b)} Joint box, envelope etc.

^{c)} In 2 classes data were collected in May.

^{d)} Individual stickers for sealing and a joint envelope.

^{e)} Research assistants collected data in 3 schools.

^{f)} Each student put the questionnaire face down on a desk.

not students born in 1991. However, a large majority of the American tenth-graders surveyed were born in 1991, such that the degree of non-comparability with the ESPAD countries is only moderate. The data from the Spanish school survey, which are also included in some tables, are based on students born from 1 July 1990 to 30 June 1991, which yields a similar average age as in the ESPAD countries, given that the Spanish data collection took place in the autumn of 2006.

In some countries (the Czech Republic, Ireland and the Slovak Republic), the number of grades included in the data collection was higher in 2007 than in 2003, which has increased the representativeness of the participating grades. The opposite is the case for Cyprus, where data in 2007 were gathered from students in grade 1 only – not also from those in grade 2, which was included in 2003. Unfortunately, there is no information available about the proportion of students born in 1991 who were missed through the choice not to include grade 2.

To sum up, the representativeness of participating grades was higher in some countries in 2007 than in 2003. In countries where not all relevant grades were included, the sample is representative only of students born in 1991 who are enrolled in participating grades and attend schools belonging to participating categories. This is particularly relevant for Armenia, Malta, Romania and Switzerland.

DATA COLLECTION AND AVERAGE AGE

With the exception of Belgium (Flanders) and the Netherlands, data were collected during the first half of 2007, with a majority of data-collection exercises conducted in the period from March to May (Table F). The Dutch ESPAD researchers did not find it possible to collect data during the spring since doing so would most probably have resulted in substantially more refusals from schools and classes. Instead the questionnaires were administered in October and November, which is the traditional time to collect data through school surveys in the Netherlands. When the Belgian research team received final confirmation of financial support for their data collection, it was no longer possible to prepare and conduct the data collection during the spring semester, which made it necessary to wait until October.

Based on the time of data collection, an approximate average age of the students has been estimated for each country (Table F). In all but one of the 35 ESPAD countries, the average age is between 15.7 and 15.9 years, which is the same range as in earlier ESPAD data collections. The only (minor) exception is Malta, where the average age is 15.6 years. The target population was redefined in Belgium to be students born between July 1991 and June 1992, and in the Netherlands to be students born between 1 August 1991 and 31 July 1992. In both countries, this gave an average age of 15.8 years, i.e. in the same range as in nearly all other participating countries.

The ESPAD guidelines contained no recommendation as to whether teachers or research assistants should be responsible for data collection in the classrooms. Instead, the recommendation was to use the category of survey leaders whom the students trusted more. In about half of the countries, teachers or other school staff administered the data collection, while re-

search assistants or other categories of people not belonging to the staff of the schools did so in the other half (Table F).

To stress the anonymity and confidentiality of the survey, the ESPAD guidelines recommended the use of individual envelopes that each student could put his/her questionnaire in and then seal. Individual envelopes were used in about three-fourths of the countries (Table F). In the remaining countries, other measures were taken which were judged to fulfil the same purpose. Examples include the use of large class envelopes which were sealed in front of the students or a closed box into which the students put their forms.

The data-collection procedure seems to have functioned well in all countries and there are no indications that the data collection has included any major methodological problems that might jeopardise comparisons between countries. Even though the average ages in Belgium (Flanders) and the Netherlands were the same as in other ESPAD countries, however, it is worth keeping in mind that about half of the Flemish and the Dutch target populations (those born during the second half of 1991) have experienced one more summer than students in all other countries; young people are particularly likely to try various substances for the first time or use them more extensively during summers than in other periods of the year.

SCHOOL COOPERATION

The proportions of non-participating schools and classes are shown in Table G. As mentioned above, the class was the (final) sampling unit of the study. In most countries, however, a multi-stage sample was drawn, meaning that schools were usually sampled in the step before classes were. The proportions of refusing schools and classes differ significantly among the ESPAD countries. In more than half of the countries, all or nearly all sampled schools and classes took part in the survey, while the non-participation rate for schools or classes was 40% or more in six countries. The highest proportions of refusing schools were found in Denmark (58%), the United Kingdom (51%), Belgium (Flanders) (46%), Austria and the Netherlands (45% each) and Norway (42%). In all of these countries except Belgium (Flanders), the non-participation rate is higher than it was in 2003.

Refusal by schools is thus a large, and growing, problem in six countries while schools not wanting to take part is not a problem at all in nearly all other countries.

In some countries, including Armenia, Austria, Bulgaria, Finland, Germany, Greece, Italy, Lithuania, Romania and Switzerland, non-participating schools or classes were replaced by other randomly selected schools/classes. This was also done in the Monitoring the Future survey in the United States. To maintain representativeness, this procedure presupposes that the replaced schools and classes are equivalent to those refusing to participate. However, it cannot be excluded that some schools/classes might have refused owing to supposed “bad drug habits” among their students.

In nearly all countries, school cooperation is reported to have been very good. In countries with few non-participating schools or classes, the main reasons given for not taking part were usually different factors related to schoolwork, examina-

tions or other reasons that can be considered random occurrences. For countries where few schools or classes did not take part in the data collection, there is thus reason to assume that the behaviour of the non-participating schools and classes did not influence the representativeness of the sample actually surveyed.

In the six countries mentioned above with many non-participating schools, a recurring reason given is that schools are asked to take part in so many school surveys that they simply do not have the time to participate in all of them.

When Austrian schools explained refusals, the reasons most frequently mentioned were the heavy workload of the school administration and/or the teachers as well as the fact that

classes were already engaged in external projects or had already participated in surveys. The Austrian ESPAD team comments that, while they have not carried out any systematic follow-up and thus do not have a complete picture of the schools that refused and those that participated, there are good reasons to believe that school refusals should not produce a serious bias. Even though this might in fact be likely, it should be noted that this conclusion is not based on systematic follow-up but rather on an uncertain assumption.

The low number of participating schools in Belgium is normal. The major reasons are to do with the autonomy of local school heads and with the fact that Belgian schools are overloaded with school surveys. All sampled Belgian schools were

Table G. Non participating schools and classes and overall response rates ^{a)}. Percentages. ESPAD 2007.

Country	Non-participating		Response rates ^{a)}		
	Schools	Classes	Boys	Girls	All
Armenia	1 ^{b)}	1 ^{b)}	74	83	79
Austria	45 ^{b)}	37 ^{b)}	91	92	91
Belgium (Flanders)	46	.	95	95	95
Bulgaria	0 ^{b)}	0	85	86	86
Croatia	0	1	88	90	89
Cyprus	0	0	..	..	..
Czech Republic	0	0	89	90	89
Denmark	58	54	88	88	87
Estonia	9	10	.	.	79
Faroe Islands	0	0	80	83	82
Finland	1 ^{b)}	1 ^{b)}	91	91	91
France	1	2	88	91	90
Germany (7 Bundesl.)	9 ^{b)}	10 ^{b)}	..	..	88
Greece	11 ^{b)}	12 ^{b)}	90	92	91
Hungary	5	6	90	89	89
Iceland	2	3	80	81	81
Ireland	22	24	..	..	94
Isle of Man	0	0	82	84	83
Italy	1 ^{b)}	1	87	89	88
Latvia	8	7	82	83	83
Lithuania	1 ^{b)}	1 ^{b)}	84	88	86
Malta	0	1	81	86	84
Monaco	0	0	95	88	90
Netherlands	45	2	92	94	93
Norway	42	42 ^{c)}	89	89	89
Poland	0	7 ^{b)}	83	85	84
Portugal	0	5	..	..	96
Romania	0 ^{b)}	2 ^{b)}	81	86	84
Russia	4	–	80	81	80
Slovak Republic	1	0	92	86	89
Slovenia	0	0	86	87	86
Sweden	13	13	84	83	84
Switzerland	5 ^{b)}	12	95	94	94
Ukraine	2	2	79	85	82
United Kingdom	51	60	84	84	84
Average (unw.)	11	10	86	87	87

^{a)} All students in participating classes regardless of birth year.

^{b)} Replacements were made.

^{c)} Refers to student groups and not to classes.

asked to provide school data on a special form. An analysis of these forms does not indicate any major difference between participating and non-participating schools. However, since this conclusion is not based on systematic follow-up, there remains some uncertainty.

The most common explanation given by Danish schools for their unwillingness to take part in data collection was that schools receive many inquiries to participate in lifestyle surveys. The research team made phone calls to some schools that did not answer the inquiry as to whether they agreed to participate. Based on these phone calls and the fact that no school mentioned alcohol or drug consumption as a reason to refuse, it is stated in the Danish Country Report that there are “no indications that non-participating schools should be associated with a different level of alcohol consumption or drug use”. Even so, the large proportion of non-participating schools remains a concern.

In the Netherlands, participating and non-participating schools were compared for school size and proportion of immigrant students. No significant differences were found. While it may seem reasonable to conclude from this that the data remain representative, the large proportion of schools that did not wish to participate is worth keeping in mind.

The Norwegian ESPAD researcher commented that the large, and increasing, number of refusing schools was mainly caused by two facts: schools receive a significant number of requests to participate in school surveys, and data collection in many schools was supposed to take place quite late in the school year (April), at a time when there is much focus on exams. Against this background it was judged that students in non-participating schools do not differ significantly from participating students as regards their alcohol and drug habits. However, since this conclusion is not based on systematic follow-up, the high proportion of schools that did not take part ought to be kept in mind.

In the United Kingdom, the most common reasons given for school refusals were that the school had taken part in other research projects and that staff or students were already overloaded with these commitments. There were no discernible differences in the types of schools cooperating and not cooperating, respectively. The UK research team summarises that there is no reason to think that the sample surveyed has been biased by non-participation. However, the large proportion of schools that did not participate is a worrying factor which makes this assumption somewhat uncertain.

To sum up, in a large majority of the ESPAD countries, few or very few of the sampled schools refused to participate. In six countries, however, more than 40% of the schools did not want to take part. All of these countries are in the western parts of Europe, where the use of school surveys is the most widespread. These high drop-out rates call representativeness into question. In their country reports, all of the countries concerned concluded that there is reason to believe that there are no significant differences between students from participating and non-participating schools. It should be noted, however, that these conclusions are in no case based on systematic follow-up studies, which creates some uncertainty about representa-

tiveness in Austria, Belgium, Denmark, the Netherlands, Norway and the United Kingdom.

PARTICIPATING STUDENTS

To ensure that a satisfactory level of precision can be obtained for the estimates for various sub-groups of the population, the ESPAD guidelines recommend a net sample of 2,400 participating students in each country (Bjarnason 2006). Assuming that 10% of students will be absent and that some selected classes will be unable to participate, a sample size of 2,800 students is recommended. For countries where the target cohort is smaller than about 30,000 people, however, it is indicated that it could be advisable to reduce the sample size by a factor $(1-sf)$, where sf (the sampling fraction) equals sample size divided by cohort size.

In small countries with fewer than 2,800 students in the target population, the total population was included in the data collection. This was the case in the three countries with the smallest sample sizes: Monaco (393 students with valid questionnaires), the Faroe Islands (552) and the Isle of Man (740) (Table H). In other ESPAD countries, the size of the net sample ranges from 877 (Denmark), 1,889 (Belgium (Flanders)) and 2,091 (the Netherlands) to 6,341 (Cyprus) and 9,981 (Italy). (In the United States, about 16,000 students took part in the study.) With the exception of Denmark's 877 students, the number of participating students is satisfactory for international comparisons between countries.

With some very few exceptions the results for all students presented in this report are not weighted by gender. In other words, in countries where the proportions of boys and girls are not equal, the results are slightly skewed towards the patterns found in the majority gender. In most of the countries, however, the distribution by sex was close to even. In two countries (Armenia and Romania), the difference between the sexes was more than 10 percentage points (i.e. both sexes were outside the range of 45–55%).

In Armenia, 42% of the participants were boys. However, since the gender distribution in the total student population is also a bit skewed, with 44% boys, the proportion of participating boys actually mirrors that of the target population very well.

In Romania, 44% of the students who answered the questionnaire were boys, which is why the data from Romania were weighted.

RESPONSE RATES

The response rates for the various countries are shown in Table G. The response rate is defined as the proportion of students who completed the questionnaire out of all students in participating classes. The difference between the two numbers thus represents students in participating classes who were ill or absent for other reasons on the day of the survey. Students in non-participating schools or classes are not included among non-respondents. They are shown separately in the same table, and this issue is discussed in the section above about school cooperation.

The response rates in participating classes are good or very good in nearly all countries. The average is 87%, and in 21 of the 34 countries with available information 85% or more of the stu-

dents in participating classes answered the questionnaire. There were only two countries (Armenia and Estonia) with a response rate below 80%; in both of these countries the rate was 79%.

Information about the response rate is not available from Cyprus. However, given that it was 88% in 2003, there are reasons to assume that it was acceptably high in 2007 as well.

In all countries that provided information on non-participation, the main reason for students not to take part was that they were ill or absent for other apparently random reasons. No country reported any major methodological problems in connection with absent students.

Student refusal to participate was at a very low level in near-

ly all countries. With very few exceptions, none or only very few of the students refused to participate in the survey. The highest figures were found in the Isle of Man and the United Kingdom, where 2% did not take part (Table H).

Few countries asked for parental consent; when this happened, no more than 1% of the students were denied participation (Table H).

Given the high response rates in nearly all countries, together with the low figures for parental and student refusals and the clarifying reports about the reasons for not participating, there is no indication of any major methodological problems associated with response rates.

Table H. Refusals, discarded questionnaires and number of valid questionnaires from 1991 born students. ESPAD 2007.

Country	Refusals ^{a)}		Discarded questionnaires ^{a)}				Valid questionnaires (n)		
	Parental refusal (%)	Student refusal (%)	By manual scrutinisation (%)	Missing age or gender (%)	Poor data quality ^{b)} (%)	Total (%)	Boys	Girls	All
Armenia	.	0	0	0	2	2	1 713	2 342	4 055
Austria	.	0	0	1	1	2	1 384	1 187	2 571
Belgium (Flanders)	.	0	1	1	0	3	969	920	1 889
Bulgaria	.	–	0	3	2	5	1 203	1 150	2 353
Croatia	.	0	0	0	1	1	1 554	1 454	3 008
Cyprus	.	0	1	3	2	6	3 080	3 260	6 340
Czech Republic	.	0	0	0	0	1	1 852	2 049	3 901
Denmark	.	–	1	0	0	1	409	468	877
Estonia	.	0	0	0	0	1	1 186	1 186	2 372
Faroe Islands	.	–	0	7	0	7	261	291	552
Finland	.	–	0	1	0	2	2 297	2 691	4 988
France	1	0	0	1	1	2	1 490	1 426	2 916
Germany (7 Bundesl.)		3 ^{c)}	0	1	0	1	2 402	2 609	5 011
Greece	1	0	0	4	1	5	1 433	1 627	3 060
Hungary	.	0	0	1	0	2	1 356	1 461	2 817
Iceland	0	0	0	2	1	3	1 797	1 713	3 510
Ireland	.	0	0	0	1	1	1 003	1 218	2 221
Isle of Man	1	2	1	0	1	1	370	370	740
Italy	.	–	3	2	1	6	5 335	4 646	9 981
Latvia	.	–	1	0	1	2	1 119	1 156	2 275
Lithuania	.	0	1	0	0	1	1 172	1 239	2 411
Malta	.	0	0	0	1	1	1 722	1 946	3 668
Monaco	1	0	0	1	1	1	201	192	393
Netherlands	.	0	1	0	0	1	994	1 097	2 091
Norway	..	..	0	2	2	4	1 778	1 704	3 482
Poland	.	–	0	0	1	1	988	1 132	2 120
Portugal	1	1	1	0	1	1	1 471	1 670	3 141
Romania	.	0	0	0	1	1	1 009	1 280	2 289
Russia	.	0	0	0	1	1	1 983	1 956	3 939
Slovak Republic	.	0	1	1	1	3	1 218	1 250	2 468
Slovenia	0	0	0	1	1	2	1 582	1 503	3 085
Sweden	.	0	0	3	1	4	1 550	1 629	3 179
Switzerland	.	1	1	2	1	4	1 254	1 245	2 499
Ukraine	.	0	0	0	1	1	1 110	1 337	2 447
United Kingdom	1	2	1	1	1	3	1 004	1 175	2 179
Average (unw.) (%) / Total (n)	1	0	0	1	1	2	51 249	53 579	104 828

^{a)} In all participating classes regardless of birthyear. Data delivered only for 1991 born students from Belgium (Flanders), Croatia, Cyprus, Czech Republic, Estonia, Finland, Ireland, Isle of Man, Italy, Lithuania, Portugal, Romania, Russia and United Kingdom.

^{b)} More than 50% non response or repetitive answering patterns. Standardised SPSS syntax used.

^{c)} Parental and student refusals can not be separated.

Absent students are somewhat more prone to be involved in the use of various substances than students who are consistently at school (Grube and Morgan 1989, Andersson and Hibell 1995). A follow-up study of students in Sweden shows that absent students had tried alcohol and illegal substances more often than those present at the regular data collection (Andersson and Hibell 1995). Because of the relatively small number of absent students, the response rates for the target population as a whole were unchanged or changed only by one percentage point if absent students were included. In the school surveys in the United States, the corresponding average figure has been estimated at 1.4 percentage points (Johnston et al. 2004). The difference in substance use between present and absent students may of course vary across countries, and the effect of such differences is dependent on the response rate. In the ESPAD context, however, the level of alcohol and drug involvement among absent students is not a major methodological problem when students in different countries are compared.

SUMMARY AND CONCLUSIONS

The ESPAD target population is students who will turn 16 during the year of data collection. To summarise the issues related to representativeness, it can be concluded that the average age of participating students across countries was 15.8 years, that the samples were representative and that the number of participating students, with one exception, was in line with the ESPAD protocol. In nearly all countries, a very large majority of those born in 1991 were enrolled in school (usually 90% or more).

In a large majority of the countries, the proportion of students born in 1991 who were to be found in participating school categories/grades was high (usually 90% or more, with 81% the lowest figure). In countries where not all relevant grades were included, the sample is representative only of students born in 1991 enrolled in participating grades and school categories. The proportion of students born in 1991 who were enrolled in participating grades and school categories in Cyprus is not reported. However, this proportion was relatively low in 2003 at 74%, and since grade 2 was not included in 2007 as it was in 2003, the estimated coverage rate must be even lower. It is thus important to keep in mind that the Cypriot data are representative only of students born in 1991 and enrolled in grade 1.

In countries where a relatively small proportion of the 1991 birth cohort was enrolled in school and a relatively small proportion of the students born in 1991 were enrolled in participating grades, the proportion of the birth cohort “covered” by students in participating grades is obviously low. This is especially the case in Bulgaria, Portugal and Romania, where only about 70% of the birth cohort is “covered”.

Data were collected on national samples in all countries except Germany, with 7 out of 16 Bundesländer participating, and Belgium, where data collection was limited to the Dutch-speaking areas (Flanders). In the Czech Republic, Ireland and the Slovak Republic, the number of participating grades is higher in 2007 than it was in 2003, which has increased representativeness.

School cooperation was satisfactory in most countries, even

though some countries reported problems with schools that had already been asked to participate in too many school surveys. In six countries, 40% or more of the sampled schools or classes did not participate in the survey.

The representativeness of the data is somewhat uncertain for some countries. Austria, Belgium (Flanders), Denmark, the Netherlands, Norway and the United Kingdom have a large proportion of non-participating schools (ranging between 42% and 58%), which is why some caution is recommended when their results are compared with data from other ESPAD countries.

The number of students submitting valid questionnaires in Denmark (877) was much lower than the recommended number (2,400). Because of this, and because 58% of the sampled schools refused to participate, it has been concluded that the data from Denmark are so uncertain that their comparability with those from other countries is questionable. To highlight this fact, results from Denmark have been placed at the bottom of the result tables. The Danish results are also not included in the calculation of different ESPAD averages. Another consequence is that Denmark has been excluded from the trend chapter and that Danish data are marked in a special way in the graphs of the chapter about the situation in 2007.

RELIABILITY

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

Data from a few questions in the ESPAD questionnaire have been used to measure reliability. Two measures will be discussed here. One is the inconsistency between two sets of questions measuring lifetime prevalence for different drugs. The other is the quotient between the proportion of students who replied to the “honesty question” that they had “already said” that they had used cannabis and the proportion who actually gave this answer.

In the ESPAD methodological study of 1998, students in seven countries were asked to complete a questionnaire relating to their use of alcohol and drugs on two separate occasions with 3–5 days in between (Hibell et al. 2000). Since the studies were completely anonymous it was not possible to carry out a test–retest study limited only to individuals who participated in both data collections. No significant differences in consumption patterns were found between the two data collections in any of the countries. This was true for alcohol consumption as well as drug prevalence, which suggests that reliability was very high in all seven ESPAD countries. Similar results with no significant differences were also reported from two repeated studies in Iceland and Hungary (Hibell et al. 1997).

INCONSISTENCY IN RELATION TO LIFETIME USE

For many drugs, the questionnaire contained questions about lifetime use. A later set of questions dealt with age at first use of various drugs. These questions included the response alternative “never”, which makes it possible to compare rates of lifetime prevalence for each drug according to these two sets of questions.

Table I includes information on the proportion of students reporting drug use on one question but not on the other, i.e. giving inconsistent answers. The lowest inconsistency figures were found for cannabis and ecstasy use, with averages of 1% each. In nearly all countries, the inconsistency rates are 0% or 1%, meaning that 99–100% gave consistent answers in relation to their consumption of these substances.

The average inconsistency figures are also low (2%) for cigarette consumption and use of tranquillisers and sedatives without a doctor's prescription. For both variables, only about one in ten countries had a figure that was 4% or higher.

The highest inconsistency average (4%) is found for in-

halants; in four out of ten countries, 4% of students or more had given inconsistent answers. Inhalants are also the substance with the highest individual inconsistency rates observed. The top country is Cyprus (with 10%), followed by Latvia, the Slovak Republic and Slovenia with 7% each.

On the whole, the inconsistency rates are lower in 2007 than in earlier surveys. One reason is most probably that the questions about lifetime prevalence and age of onset were, on average, closer to each other in the 2007 questionnaire, so that students answering the question about age of onset were probably more likely to "remember" that, one or two questions before, they had admitted that they had used the drug in question.

Table I. Some aspects of reliability. Inconsistency between two questions in a single administration. Students reporting lifetime substance use on one question but not on another. Percentages^{a)} and quotient. ESPAD 2007.

Country	Inconsistencies (%)					Cannabis honesty quotient ^{b)}
	Cigarettes	Cannabis	Ecstasy	Inhalants	Tranq. or sedatives (non medical use)	
Armenia	3	0	1	2	0	1.1
Austria	2	1	1	5	1	0.7
Belgium (Flanders)	1	0	2	3	2	0.6
Bulgaria	3	1	2	2	1	1.0
Croatia	3	1	1	5	2	0.8
Cyprus	2	1	2	10	3	1.5
Czech Republic	2	1	2	4	3	0.7
Denmark	1	1	3	4	1	0.8
Estonia	2	1	1	3	2	0.8
Faroe Islands	3	0	0	3	1	1.2
Finland	1	0	0	2	1	0.8
France	2	1	.	.	.	0.8
Germany (7 Bundesl.)	1	1	1	3	1	0.8
Greece	2	1	1	4	2	1.2
Hungary	2	1	2	2	3	0.8
Iceland	2	0	1	2	2	1.1
Ireland	2	1	1	5	2	0.9
Isle of Man	2	0	2	4	2	0.9
Italy	2	1	1	2	8	0.7
Latvia	2	1	2	7	3	0.8
Lithuania	4	2	1	2	7	0.8
Malta	1	0	1	4	1	0.8
Monaco	2	1	.	.	.	0.9
Netherlands	1	1	1	1	2	0.8
Norway	2	0	0	3	1	1.1
Poland	1	1	1	4	4	1.0
Portugal	1	1	1	2	2	0.8
Romania	4	0	1	2	1	1.5
Russia	2	1	1	5	1	0.6
Slovak Republic	5	1	2	7	3	0.7
Slovenia	2	1	1	7	2	0.9
Sweden	1	0	1	2	2	1.0
Switzerland	3	2	1	3	2	0.6
Ukraine	5	2	2	2	3	0.6
United Kingdom	2	1	1	3	1	0.8
Average (unw.)	2	1	1	4	2	0.9

^{a)} One question is the self-reported lifetime prevalence question for the substance, while the second is about age at first use.

^{b)} Quotient (a/b) of the proportion of a) students stating "I have already said that I have used it" when queried if they would have admitted cannabis use in the questionnaire (Q44) and b) the proportion of students having reported lifetime prevalence of cannabis (Q24a).

With the exception of inhalants, there are very few cases where the inconsistency rate is above 3%. It should be remembered, moreover, that there are some discrepancies between the two questions which might contribute to inconsistency. One is the fact that the question about age at first use did not include a category corresponding to “I do not remember” on the question about lifetime prevalence. A student who does not remember could conceivably decide to answer “never” instead of “guessing” an age, especially if he or she has used the substance only once or a few times.

Yet another factor might be that students were ambivalent when answering the question about age at first use of a drug. If a student had used a drug only once or twice and did not define himself or herself as a “user”, it may therefore not have seemed appropriate to give an age when he or she “first” used it (which may have come across as synonymous with the age at which he or she “started”). These students may have answered “never” since they think of their consumption as an experiment rather than actual use.

There are reasons to believe that this factor is more relevant for inhalants than for other substances. This might be, in part, because use of inhalants is seen as more stigmatised than use of other substances, as indicated by the fact that figures for the lifetime prevalence of inhalants decrease by increasing age in many surveys i.e. some respondents who reply at an early age that they have used inhalants no longer admit to this when they have grown older.

Most substances included in the questionnaire are probably familiar to the students. This would mean that, if they encounter a question about a substance which they have already been asked about in the questionnaire, they would “define” this substance in the same way in all questions. One exception to this rule, however, might be inhalants, a category which includes a great many different agents that can be inhaled. If all relevant agents are not given as examples in the two questions that are compared, there is a risk that the students’ frame of reference will not be the same when they answer the two questions.

There may also be other factors that complicate the interpretation of inconsistency rates. One is that the inconsistency rate may be affected by the prevalence rate. In other words, there are more students who can report their use inconsistently when there are more users in a country.

It could also be argued that a given inconsistency figure (e.g. 1%) is more “serious” in Country A where 5% admit to drug use than in Country B where 50% do so. In Country A the inconsistency rate in this example is 20% of the prevalence rate, but in Country B it is only 2%. The importance of the relative levels of the inconsistency and prevalence rates can be illustrated by the cannabis figures. In a majority of the countries, the inconsistency figure is between 0% and 1%. The Cypriot inconsistency rate of 1% might be seen as high considering that only 5% answered that they had used cannabis. The prevalence figure of 5% for Cyprus could thus be seen as uncertain. However, in the ESPAD context, when data are compared with those from other countries, it is not of “vital importance” whether the “true figure” is 4, 5 or 6%, if the “true figures” in other countries are (much) above this level. In the ESPAD context, Cyprus is still a

country where only few students have used cannabis.

Inconsistency figures for all variables are low in nearly all countries, indicating high reliability. No country scores high for more than one variable, and high scores are uncommon. Cyprus scores high for inhalants (10% inconsistency rate), and rather high figures (7%) are also found in Latvia, the Slovak Republic and Slovenia. The only other high figures are found for tranquilisers and sedatives without a doctor’s prescription: 8% in Italy and 7% in Malta.

AN INCONSISTENCY QUOTIENT

The other measure of reliability is the quotient between the proportions giving certain answers to two questions. One of these questions relates to willingness to admit to use of marijuana or hashish (the “honesty question” Q44). The students were asked, “If you had ever used marijuana or hashish, do you think you would have said so in this questionnaire?”. Answers to this question could also be used to measure validity, and it is discussed from that perspective in the next section. However, one of the response alternatives was “I already said I have used it”, and the proportion choosing this alternative was compared with the proportion who reported cannabis use on the question explicitly referring to lifetime prevalence (Q24a).

Table I presents quotients 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 for both measures. The quotient is above 1.0 if more students answered that they had already said they had used the drug than actually reported this on the direct question. Conversely, the quotient is below 1.0 if fewer students indicated that they had already admitted to drug use than actually did admit to it on the direct question.

The quotient is 1.0 ± 0.2 in 25 out of the 35 participating countries. It was above 1.2 in Cyprus and Romania (both 1.5) and below 0.8 in Belgium (Flanders), Russia, Switzerland and Ukraine (all 0.6) and Austria, the Czech Republic, Italy and the Slovak Republic (all 0.7). For Cyprus and Romania, the high quotient values are in part due to low prevalence figures. Only 4–5% reported cannabis use on the lifetime-prevalence question in those two countries, which implies that a high quotient value can be “caused” by rather few individuals.

When interpreting low quotients, it is important to remember that Q44 does not ask directly about cannabis use, but about willingness to report possible use. As mentioned above, the quotient has the proportion choosing the first answer category (“already said so”) as its numerator. However, there is another answer category on this question, “definitely yes”, which would in a sense also be a correct (truthful) answer from a student who had previously admitted to cannabis use. If the proportion of students who replied “already did” or “definitely yes” to the “honesty question” is divided by the proportion of students who replied “yes” to the explicit question about lifetime prevalence, the quotient in fact changes to 0.8–1.0 for all four countries whose quotient is 0.6 on the other measure.

Adding to this the fact that the “honesty question” might seem confusing to some students and thus somewhat difficult to understand and answer, it appears possible to conclude that

this quotient does not give any clear indication of any major reliability problem in relation to the lifetime prevalence of cannabis.

SUMMARY

In the 1998 ESPAD methodological study, reliability was high in all seven participating countries. In the 2007 ESPAD study, inconsistency rates are satisfactory in nearly all countries for most measured variables. No country scores high on more than a single variable. The conclusion that reliability is satisfactory on the whole is also supported by the fact that the “cannabis inconsistency” quotient does not indicate any important methodological problems.

The few countries that have a rather high inconsistency figure for a single variable include Cyprus (inhalants), Italy (tranquillisers or sedatives without a doctor’s prescription) and Lithuania (tranquillisers or sedatives without a doctor’s prescription). However, it seems reasonable to assume that data for the question about lifetime prevalence are less affected than those for the question about age of onset.

VALIDITY

The validity of answers is a major concern in survey research, particularly in surveys of sensitive behaviours such as substance use. In ESPAD terms, validity could be said to be the degree to which the ESPAD survey (including methods of data collection) measures those aspects of students’ consumption of different substances that we intend 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. Hair analysis has also been used to validate survey data on drug use. However, Harrison (1997) has argued that most research into the validation of self-reported data has focused on criminal-justice and treatment populations and is thus of limited use when it comes to determining the accuracy of reported drug use in general population surveys such as household and school surveys.

Despite concerns over the generalisability of the results of most validation studies, Harrison (1997) emphasises 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 ones. A second conclusion is that respondents are most willing to report lifetime use and least willing to report use in the very recent past. Third, self-administered questionnaires tend to produce more valid data than interviews in which the respondents are required to give a verbal response.

In a review of studies of drug use, Morgan (1997) concludes that self-report methods are as reliable and valid for substance use as for most other forms of behaviour. There are inconsistencies in such reports from time to time, such as denial of pre-

viously admitted use in longitudinal studies, but such phenomena occur with other behaviours as well. The addition of special conditions to enhance validity (such as the bogus pipeline) does not enhance validity over and above the extent to which they may strengthen anonymity and confidentiality. Morgan also concludes that when discrepancies occur between self-reports and other indices (physiological, collateral reports), it cannot be assumed that the self-reports are necessarily the less valid measure. Finally, self-reports have the greatest claim to construct validity, i.e. the measures relate in predicted ways to other outcomes and to antecedent factors.

In a methodological study of the reporting of risk behaviours, Brener et al. (2006) found that, compared with students who completed the questionnaire at home, students who did so at school reported a significantly higher level for 30 of the 55 risk behaviours studied. The variables that showed significant differences included measures of alcohol and drug use, and the results indicate that school surveys yield more valid data than questionnaires answered in a home setting.

In a discussion on validity in American school surveys, Johnston and O’Malley (1985) also conclude, on the basis of considerable inferential evidence, that self-report questions produce largely valid data.

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

STUDENT COOPERATION

The primary prerequisites for obtaining any data at all are that students in selected classes actually receive the questionnaire, and that they are willing to fill it in. The first prerequisite is not met if the school or the teacher refuses to cooperate. If students do receive the questionnaire, they must have enough time to complete it, understand the questions and be willing to answer the questions honestly.

Participation in the study, of course, was voluntary. However, in nearly all countries no or very few students were reported to have refused to participate (Table H). On the contrary, in many countries the classroom reports state that many students were very interested in answering the questionnaire.

In a few countries it was necessary to obtain parental permission before students were allowed to participate in the project. Countries where parental permission was used include France, Germany (7 Bundesländer), Greece, Iceland, the Isle of Man, Monaco, Norway, Portugal, Slovenia and the United Kingdom. However, in all countries concerned, very few parents refused their child permission to take part in the study (Table H). Hence, parents refusing to allow their children to participate in the ESPAD study are only a very limited problem.

Each completed questionnaire was visually inspected before the data were entered into the national databases. In addi-

tion, and as described above, all data were cleaned in a standardised way before the national data sets were merged into the common database. With very few exceptions, only a small fraction of all questionnaires were excluded during the cleaning process: on average, 2% of the questionnaires were excluded for that reason (Table H). However, a few countries reported higher proportions of eliminated questionnaires, including the Faroe Islands (7%), Cyprus and Italy (6% each) and Bulgaria and Germany (7 Bundesländer) (5% each).

The survey leaders were asked to fill in classroom reports

about any disturbances during data collection, the students' interest in the survey, the extent to which the students worked seriously and problems that the students may have had in understanding the questions. On average, 62% of the survey leaders reported that there were no disturbances during data collection; in 10 of the 35 countries, 70% or more gave this answer (Table J). The highest figures were found in Armenia (100%), Ireland (90%) and Romania (88%), and the lowest in Greece and Slovenia (42% each), the Slovak Republic (43%), the Isle of Man 45%) and Cyprus (49%). The highest propor-

Table J. Opinions of survey leaders ^{a)}. Percentages. ESPAD 2007.

Country	Proportions of classes with reported disturbances during the survey			Kind of disturbances reported			Student co-operation		Classes with students that found the form difficult ^{b)}
	No disturbances at all	From a few students	More than a few students	Giggles or eye makings	Loud comments	Other comments	All/nearly all interested	All/nearly all worked seriously	
Armenia	100	0	0	.	.	.	95	92	3
Austria	71	27	2	24	11	0	65	76	4
Belgium (Flanders)	75	20	5	15	15	6	79	90	21 ^{c)}
Bulgaria	68	29	3	22	12	5	81	91	4
Croatia	59	38	3	24	15	1	84	78	5
Cyprus	49	24	27	18	22	11	52	..	12
Czech Republic	54	36	10	34	10	1	87	84	.
Denmark	65	30	5	15	11	24	92	97	.
Estonia	36	53	11	60	15	1	69	72	3
Faroe Islands	85	15	0	15	0	0	100	100	0
Finland	65	31	3	12	13	29	87	96	.
France	62	27	11	32	10	9	70	79	6
Germany (7 Bundesl.)	76	21	3	9	10	9	66	77	3
Greece	42	38	20	52	15	2	73	73	3
Hungary	66	26	8	26	6	2	87	90	9
Iceland	82	13	5	10	5	1	.	.	.
Ireland	90	7	3	7	2	1	86	85	7
Isle of Man	45	36	6	34	21	6	77	68	9
Italy	53	41	6	30	21	6	70	78	18
Latvia	57	34	9	39	14	5	78	79	6
Lithuania	63	32	5	23	11	2	84	84	18
Malta	62	36	2	24	7	10	82	89	7
Monaco	69	28	3	28	10	13	72	92	0
Netherlands	57	28	16	17	14	31	.	93	.
Norway	71	13	16	6	10	3	87	94	.
Poland	53	36	11	32	47	15	80	73	13
Portugal	74	23	3	21	6	5	64	91	4
Romania	88	9	3	8	3	2	88	88	0
Russia	50	37	14	47	14	3	84	79	5
Slovak Republic	43	45	12	43	17	9	81	81	7
Slovenia	42	51	7	35	11	13	61	76	13
Sweden	53	41	6	27	20	19	80	91	5
Switzerland	65	32	3	28	11	6	79	94	.
Ukraine	45	45	10	42	8	11	84	88	5
United Kingdom	50	46	4	35	30	13	74	91	14
Average (unw.)	62	30	7	26	13	8	79	85	7

^{a)} Calculated on all participating classes.

^{b)} Proportion of survey leaders answering "Rather difficult" and "Very difficult".

^{c)} This figure includes information also from grades with very few ESPAD students. Most of the classes in which the questionnaire was judged to be difficult include students below the age of the ESPAD students.

tions reporting disturbances from more than a few students are found in Cyprus (27%) and Greece (20%). In most countries, giggling or making eyes were the most commonly reported types of disturbances.

It should be noted that research assistants or survey leaders other than teachers were responsible for data collection in all countries where widespread disturbances were reported. Since these people may not be used to the “normal level of disturbance” in a classroom, they are probably more sensitive than teachers to different kinds of disturbances and thus likely to report them to a higher degree.

In most of the countries, a large majority of the survey leaders (80–100%) reported that “all” or “nearly all” students were interested in the study (Table J). The smallest proportions are found in Cyprus (52%) and Slovenia (61%).

The figures are similar or slightly higher for the question of whether the students worked seriously. In nearly two-thirds of the countries (64%), 80% or more of the survey leaders answered that “all” or “nearly all” students worked seriously (Table J). No country had a very low figure.

In a few countries, more than 10% of the survey leaders reported that they thought that students found the questionnaire difficult to answer. The highest proportions are found in Belgium (Flanders) (21%) and in Italy and Lithuania (18% each) (Table J). It should be noted that the high figure reported from Belgium (Flanders) also includes information from classes in rather low grades where very few students in the ESPAD target group were to be found, which makes it relevant to assume that the corresponding figure for the ESPAD target population only is considerably lower.

Unfortunately, data from the new question of whether students might have found the form difficult to answer are missing in six countries. Owing to a mistake, all three questions about student cooperation and possible problems in answering the form are missing in Iceland. However, there are no other indications from the present study or from the 2003 survey that student cooperation should not be satisfactory in Iceland.

In summary, no countries reported problems with many students refusing to participate. The proportion of eliminated questionnaires was low in nearly all countries, with 2% on average. When disturbances did occur, they rarely involved more than a few students. And even if fairly high levels of disturbances were reported from some countries, they seem very seldom to have had a negative effect on student cooperation. In fact, most survey leaders reported that the students were interested in the study and worked seriously. Student cooperation thus seems to have been good or very good in nearly all participating countries.

Even though overall student cooperation seems to have been satisfactory, however, some remarks need to be made in this respect. The proportion of discarded questionnaires was highest in the Faroe Islands at 7%. There are no other indications of questionable student cooperation in that country, but even so such a high figure may have influenced the distribution of the answers to some questions.

Rather many questionnaires were also removed from the database in Cyprus (6%). In addition, Cyprus had the largest

proportion of survey leaders reporting disturbances during data collection from more than a few students as well as the lowest proportion reporting that all or nearly all students were interested in the survey. Taken together, this indicates that the level of student cooperation may have been slightly lower in Cyprus than in most other countries.

A third country with rather a large number of discarded questionnaires is Italy (6%). Given that as many as 18% of the Italian survey leaders thought that students found it difficult to answer the form, such difficulties may have contributed to the large share of discarded questionnaires.

STUDENT COMPREHENSION

The number of questions included in the questionnaire varies somewhat across countries. The average number of items was 279, with 204 (Portugal) as the lowest and 425 (Cyprus) as the highest (Table K). Naturally, the length of the questionnaire has a direct effect on the time taken to complete it. In addition, differences in students’ experience of participating in studies of this type would also affect the time they needed to complete the questionnaire. For these and other reasons, it is not surprising that the time taken to complete the questionnaire varied across countries.

The average time to complete the questionnaire was 42 minutes. The national averages ranged between 30 and 45 minutes in most countries (Table K). The highest figure (60 minutes) was reported from Romania. Rather a long time was also spent in Cyprus (57 minutes) and in Greece and Malta (both 55 minutes). No countries reported that students refused to complete the questionnaire because of its length. On the other hand, one type of comment mentioned rather often was that the questionnaire was perceived as long and repetitive.

Overall, student comprehension seems to have been satisfactory in all participating countries. However, the longer the time needed to fill in the questionnaire, the greater the risk that some students might grow tired towards the end and start giving unreliable answers. Even though this might have happened in some countries, however, it is important to keep in mind that the ESPAD core questions, which are the basis for this report, were always at the beginning of the questionnaire and were thus less affected by possible problems related to the length of the questionnaire.

ANONYMITY

For answers in surveys related to illegal behaviour, such as drug use, to be valid, the respondents must be confident that reporting such behaviour will not entail any negative consequences for them. It is therefore important for the students to perceive the survey as anonymous. Several measures were taken to ensure the perceived as well as the actual anonymity of the ESPAD survey.

The ESPAD protocol recommends distributing an individual envelope to each student that he or she can seal after having answered the questionnaire and put it in the envelope. In 26 ESPAD countries, such individual envelopes were used (Table F). Countries that did not use individual envelopes used other methods to ensure that the students felt that their anonymity was safeguarded. These methods included a closed box and a

large envelope for the entire class, often sealed in front of the class before being transported to the research institute.

It is also important for students to be confident that the survey leaders will not look at their answers. The survey leader could be either a teacher or a research assistant. In some countries with long traditions of school surveys, students are used to teachers taking responsibility for data collection. In other countries, the questionnaire was administered by research assistants or other persons not affiliated to the school. The decision as to the most suitable type of data-collection leader was taken by each country independently. The basis for these decisions should, of course, be that the person most trusted by the students should be chosen.

In a methodological study in Iceland, Bjarnason (1995) found no significant differences in either reported prevalence or reported frequency of drug use between randomly selected classes responding to the ESPAD questionnaire administered by their teachers and randomly selected classes that had the questionnaire administered to them by research assistants. These findings suggest that, at least in some countries, the mode of administration does not significantly affect the results of school surveys on substance use. It can thus be inferred that results obtained by a teacher-administrator are fully comparable with results obtained by research assistants in countries where that mode of administration may be a more sensible choice.

Table K. Number of used items and average completion time. ESPAD 2007.

Country	Main		Modules					Total number of items	Average completion time (min)
	Core (174)	Optional (16)	Name ^{a)}	Number (72)	Optional (80)	Recommended (4)	Own		
Armenia	171	7	A+B	54	54	0	1	287	52
Austria	174	8	(B)+C+D	25	10	0	12	229	33
Belgium (Flanders)	174	9	(B)+(D)	38	0	4	143	368	45
Bulgaria	174	12	A+B+C+D	72	78	4	0	340	47
Croatia	174	7	A+B	47	28	0	0	256	45
Cyprus	173	13	A+B+C+D	72	80	4	83	425	57
Czech Republic	174	8	D	9	40	0	0	231	40
Denmark	174	8	A	12	48	0	27	269	37
Estonia	174	18	(A)	3	40	0	5	240	31
Faroe Islands	174	0	A+B+C	63	79	4	21	341	39
Finland	174	15	.	7	26	0	33	255	31
France	174	14	D	9	18	0	87	302	45
Germany (7 Bundesl.)	174	8	(B)+C+D	25	10	0	34	251	40
Greece	174	8	(A)+B+D	47	0	0	54	283	55
Hungary	174	10	(B)	25	24	3	23	259	38
Iceland	157	11	C	41	1	0	62	272	.
Ireland	170	15	.	25	8	4	16	238	38
Isle of Man	174	14	A+B+C+D	72	69	4	7	340	43
Italy	174	8	A+D	21	67	0	0	270	50
Latvia	174	15	(A)+B+D	55	2	4	83	333	41
Lithuania	174	16	A+C	28	35	4	6	263	38
Malta	174	14	D	17	23	4	24	256	55
Monaco	174	14	D	9	18	0	87	302	39
Netherlands	174	8	(D)	1	8	0	54	245	35
Norway	174	15	.	0	8	0	24	221	30
Poland	174	9	A+C+D	37	17	4	4	245	35
Portugal	174	8	.	0	0	0	22	204	42
Romania	174	14	B+C	51	54	4	0	297	60
Russia	174	9	(A)+C	20	14	0	0	217	36
Slovak Republic	174	16	A+B+D	63	0	0	43	296	48
Slovenia	174	8	A+B	47	0	4	0	233	35
Sweden	174	14	A+C	28	24	4	0	244	29
Switzerland	174	7	(C)	8	0	0	73	262	38
Ukraine	174	9	A+(B)+(D)	14	65	4	16	282	45
United Kingdom	174	14	A+B+C+D	72	69	0	76	405	39
Average (unw.)	.	.	.	.	.	.	.	279	42

a) Brackets indicates that one or several items of the module was not used.

In about half of the ESPAD countries, teachers or other members of school staff were survey leaders, while the other half chose research assistants or other people from outside the school (Table F). The survey leaders were asked to stress the issue of anonymity and to refrain from walking around in the classroom while the questionnaires were being completed. The students were instructed, verbally and in writing on the first page of the questionnaire, that they should not put their names on the questionnaires or the envelopes.

No country reported any serious doubts about the anonymity aspect. Overall, the issue of anonymity seems to have been handled satisfactorily in all participating countries.

RATES OF MISSING DATA

In the instructions given to the students, it was stressed that it was important for them to answer each question as thoughtfully and frankly as possible. Since participation in the study was voluntary, however, they were also told that they could skip any questions they found objectionable for any reason. Rates of missing data for drug questions can thus be seen as an indicator of the respondents' willingness to report drug use. Of special interest are possible differences in rates of missing data between different drugs and between drug questions and other questions.

For the core questions taken together, the proportion of unanswered questions is low in most countries. After the data-cleaning process described above, the average proportion of unanswered core questions is 1.6% (Table C). It was above 2.5% in only four countries, with 3.3% in Norway followed by 2.7% in Armenia and Italy and 2.6% in Ireland.

The proportion of unanswered questions is low for all substances in Table C. After data cleaning, the average proportion of non-responses about lifetime prevalence ranges between 0.2% (ecstasy) and 1.6% (alcohol consumption).

There are no extremely high numbers as regards unanswered questions about lifetime prevalence in any country. Norway is slightly above average for four out of the seven variables in Table C, but the figure is in no case above 2.1%. The situation is the same in Ireland, with four rather high lifetime variables but none that is extremely high (2.6% at most).

The highest single figures are found for the lifetime prevalence of drunkenness, with 4.8% unanswered questions in Hungary and 3.8% in Bulgaria. These rates may seem rather high, but it is important to remember that the lifetime prevalence of having been drunk is above 50% in both of these countries, meaning that the non-response rate may in fact not be all that high in relative terms.

Non-response rates are presented in all tables included in the chapter about substance use in 2007. With a few exceptions, these figures are all low.

To sum up, few students left questions unanswered. Non-response is therefore not judged to be an important methodological problem in the ESPAD 07 data collection.

LOGICAL CONSISTENCY

A measure closely related to the inconsistency measures discussed in the reliability section is that of logical consistency. In

the ESPAD project, this is relevant for substance questions measuring prevalence in three time frames: students' lifetime, the past 12 months and the past 30 days. Logically, the figure for prevalence in the past 12 months cannot exceed lifetime prevalence, and last 30 days prevalence cannot exceed last 12 months or lifetime prevalence.

Table L includes information on the proportion of inconsistent answers relating to these three time frames for five variables: alcohol use (any alcoholic beverage), having been drunk, cannabis use, ecstasy use and use of inhalants. In nearly all countries and for all five variables, the reported proportions of inconsistent answers are very low. In other words, the proportion giving logically consistent answers across the three time frames is very high, usually 98% or more.

Fairly high proportions of inconsistent answers are found only in a few countries. To a large extent, they relate to alcohol consumption. Inconsistent answers about alcohol consumption are reported mainly from Cyprus (11%) and from Bulgaria, Portugal and Romania (9% each).

With a few exceptions, logical consistency seems to be high.

FAKING GOOD

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

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

Nearly all students in the seven countries said that they replied honestly to the questions relating to their alcohol and drug habits. With a few exceptions, 95% or more of the students in all countries said that they did so.

Students were a little more sceptical about the honesty of their classmates, but the large majority nevertheless thought that "all" or "most" of their classmates gave honest answers. About 85% or more of the students believed that all or most of their classmates gave honest answers to the questions about their consumption of the various substances.

At the end of the core part of the questionnaire used in the ESPAD 07 study, students were asked a question on their hypothetical willingness to admit to substance use. The wording was, "If you had ever used marijuana or hashish, do you think that you would have said so in this questionnaire?" The response alternatives were "I already said that I have used it", "definitely yes", "probably yes", "probably not" and "definitely not".

The proportions of students reporting that they would defi-

ninitely not report drug use are shown in Table L. In two-thirds of the countries with available information, 7% or less answered that they were definitely unwilling to admit to cannabis consumption if they had used that drug. The highest figure is reported from Lithuania (17%), followed by Croatia and Latvia (14% each) – countries that also had high figures in the 2003 survey.

A high proportion of students answering that they would not be willing to admit to cannabis use might signal problems with

validity, but this is not necessarily the case. In fact, students who have never used drugs tend in many cases to be rather strongly opposed to their use, and this opposition may in part be reflected in their answers to this question (in the sense that students who have never used drugs and would never dream of doing so might be rather prone to state that they would not admit to drug use). To the extent that the responses to this question reflect the opinions of the population of non-users of drugs, the result will yield a pessimistic view of the actual will-

Table L. Some aspects of validity: Inconsistent answers, unwillingness to admit drug use and reported use of the dummy drug “releVIN”. Percentages. ESPAD 2007.

Country	Inconsistent answers ^{a)}					Unwillingness to admit cannabis use ^{b)}	Reported “releVIN” use
	Alcohol	Been drunk	Cannabis	Ecstasy	Inhalants		
Armenia	7	2	0	0	1	4	0.3
Austria	3	2	0	1	1	9	0.5
Belgium (Flanders)	3	2	0	0	0	6	0.4 ^{c)}
Bulgaria	9	6	1	1	1	12	1.2
Croatia	2	2	0	0	0	14	0.8
Cyprus	11	6	2	2	3	9	1.7
Czech Republic	3	3	1	0	0	5	0.3 ^{c)}
Denmark	1	1	0	0	0	3	0.7
Estonia	2	2	0	0	0	6	0.4 ^{c)}
Faroe Islands	0	1	0	0	0	2	0.4
Finland	1	0	0	0	0	3	0.4
France	5	2	1	0	0	6	1.4 ^{c)}
Germany (7 Bundesl.)	2	2	0	0	0	5	0.4
Greece	8	4	1	1	1	11	1.0
Hungary	6	3	1	0	0	6	0.5
Iceland	2	0	0	0	0	5	0.8
Ireland	2	2	1	0	1	9	0.7
Isle of Man	2	2	0	1	0	7	1.9
Italy	5	1	1	0	0	8	1.5 ^{c)}
Latvia	4	4	1	1	1	14	0.8
Lithuania	5	3	1	1	0	17	0.8
Malta	6	3	0	0	1	9	0.5
Monaco	3	2	1	0	0	3	0.8 ^{c)}
Netherlands	2	1	1	0	0	6	0.4 ^{c)}
Norway	1	1	0	0	0	5	0.6
Poland	3	2	1	0	0	4	1.3
Portugal	9	4	1	0	1	5	0.6
Romania	9	4	0	0	0	10	0.1
Russia	5	3	0	0	0	8	0.2
Slovak Republic	3	4	1	0	0	7	0.5 ^{c)}
Slovenia	3	3	1	0	1	3	0.8
Sweden	1	1	0	0	0	7	0.6
Switzerland	3	1	1	0	0	5	0.4 ^{c)}
Ukraine	0	0	0	0	0	11	0.2
United Kingdom	2	2	1	0	0	9	0.4
Average (unw.)	4	2	1	0	0	7	0.7

^{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” to the question “If you had ever used marijuana or hashish (cannabis), do you think that you would have said so in this questionnaire?”.

^{c)} National option instead of “releVIN”.

ingness of the drug-using population to report their use of different substances.

It should also be borne in mind that the question is hypothetical. If a student really tries cannabis in the future, he or she might be willing to admit to that in a survey even if he or she gave a negative answer in the ESPAD 07 questionnaire.

Combining these two arguments gives rise to a third reflection. If, in the future, a student decides to try an illegal drug for the first time, the very reasons that caused him or her to try the drug might also entail a changed willingness to admit to that use.

The question on hypothetical willingness to report cannabis use may be most useful in a cross-cultural context. In countries where a high proportion would definitely not admit to such use, many adolescents apparently consider it so shameful that they could not even hypothetically imagine reporting it. The figures for unwillingness to admit to cannabis use are rather high in some countries but much lower in others, indicating that the level of under-reporting may differ somewhat across countries.

It can be concluded that self-report surveys most likely underestimate the prevalence of drug use and that under-reporting probably differs somewhat across countries. It also seems reasonable to assume that under-reporting differs to some extent between drugs. There is, however, no reason to believe that such differences would undermine the overall conclusions of the study.

FAKING BAD

In addition to the risk of under-reporting in drug surveys, the tendency of some adolescents to pretend they have used drugs can also pose a threat to validity. To test this, the non-existent dummy drug “relewin” was included among real drugs in the questionnaire (some countries used another name for the dummy drug). Very few students reported that they had used the dummy drug. The average was 0.7%, and the rate was 1.4% or more in only four countries (Table L).

Very few students thus answered that they have used the dummy drug “relewin”, which could be seen as a clear indicator that students do not routinely exaggerate their drug experience. It therefore seems reasonable to assume that high prevalence rates of drug use are in practice nearly unaffected by a possible general tendency to exaggerate drug use. However, these results also underline the need for caution in interpreting the prevalence of less common drugs such as heroin and LSD. For each country, the proportion reporting use of the non-existent drug “relewin” could be used as a baseline for plausibility. If, say, 0.9% of students in a given country claim to have used a non-existing drug, the first 0.9% of students reporting use of a given real drug should be interpreted with caution.

CONSTRUCT VALIDITY

The use of existing theories, results from earlier studies and logical inference makes it possible to evaluate the extent to which variables are related to one another in a valid fashion. Such “construct validity” was discussed rather extensively in the Pampidou Group’s six-country pilot study which provided

the basis for the ESPAD questionnaire. The conclusion drawn was that “there is considerable evidence of construct validity in the current data sets” (Johnston et al. 1994).

For instance, it is logical to expect the perceived availability of cannabis to be high in countries with high proportions of students using cannabis. This was tested on the ESPAD 03 data; the relationship found was very strong ($r_{xy}=0.85$), indicating high validity (Hibell and Andersson 2008).

Another example is the relationship between the perceived riskiness of cannabis use and cannabis consumption. The Monitoring the Future study in the United States has demonstrated a strong relationship between these two variables over time, which has been interpreted as reflecting a causal connection (Johnston et al. 2007). In an ESPAD context, this implies that in countries with a large proportion of cannabis users, few students should find it risky to use cannabis, and the other way around in low-prevalence countries. ESPAD 03 data showed a strong negative ($r_{xy}=-0.76$) relationship between risk perception and consumption, again indicating high validity (Hibell and Andersson 2008).

VALIDITY OF THE QUESTIONNAIRE

The comparability of the actual questionnaire across countries is of vital importance in any multi-national survey project. Establishing the equivalence of the translations of questions into the various languages is therefore an important aspect of establishing validity. The ESPAD master questionnaire is written in English. In non-English-speaking countries, the questionnaire was supposed to be translated into the local language(s) and then back-translated into English by another translator, whereupon the original version and the back-translated version were to be compared for anomalies.

However, the equivalence of questionnaires is not only a matter of literal translation equivalence. It is also a matter of equivalence of understanding, meaning that each question should be “understood” in the same way in all countries, irrespective of the original wording of the master questionnaire. When necessary, the questions have been “culturally adjusted” to suit the situation in individual countries. For instance, the drugs listed and the slang words for drugs used in the questionnaire should be adjusted to the situation in each single country. If this is not done correctly, comparability with other countries may be undermined.

With some exceptions, no country reported any major problems with the translation of the questionnaire. On the whole, it seems reasonable to assume that the translation of the questionnaire is not a major methodological problem and does not jeopardise the possibility to compare results between the ESPAD countries. The few cases where major problems were identified are commented on in the result chapters.

CULTURAL CONTEXT

Standardisation of the various steps of the data-collection procedure was the method adopted by the ESPAD project in order to provide, to the largest extent possible, a suitable framework for comparability between countries. This included the target

population, the questionnaire and the methods for collecting and processing data, all of which have been described in earlier sections. However, as already stressed in the introduction to this chapter, it has not been possible to standardise every detail. This holds true for the cultural contexts in which the students have provided their replies.

The role of cultural context will be discussed from two perspectives. One concerns whether the questions are understood or perceived in the same way in all countries, and the other concerns students' willingness to give true/valid answers.

To allow comparisons between countries, it is necessary that students answer the same questions. All countries included (nearly) all core questions while the module and optional questions of the ESPAD questionnaire were used by some to a varying extent.

In the section entitled "Validity of the questionnaire", it was described how the questionnaires were translated and "culturally adjusted". No major problems were reported from this process.

However, even if no single researcher noticed any "problems" in his or her own country, i.e. cases where questions were not technically correct, this does not give sufficient grounds for automatically assuming that students in different countries did not perceive questions any differently. Does, for example, the word "inhalant", even if exemplified, mean the same thing to a Ukrainian, a Norwegian and an Italian student? Can it be excluded that "being drunk" may mean different things to students in Iceland, Hungary and Portugal, respectively?

It is apparently not possible to ascertain with complete certainty whether students in different countries have understood the questions in the same way. On the other hand, for most variables the differences between high- and low-prevalence countries are considerable; it therefore seems very unlikely that any differences in the understanding or perception of some questions or concepts would make a major contribution to "explaining" these differences.

Earlier in this section, different indices relating to the cultural context have been dealt with. Student cooperation, rates of missing data and reported willingness to answer honestly differ somewhat between countries, suggesting that the cultural context in which the questions have been answered may vary between countries. For each of these indicators, however, only rather few countries seem to differ in any major way from any of the others.

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

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

Similar issues may also be relevant in relation to the fact that drugs and drug use are often mentioned in the media and discussed at school in some countries but not in others.

Some ESPAD countries have a long tradition of conducting school surveys, while ESPAD 07 was the first such study ever in others. These differences in traditions and, consequently, in students' experience of surveys could in principle affect students' willingness to answer honestly; there might be differences between countries in this respect.

One of the conclusions drawn in the methodological discussions in the ESPAD 95 report (Hibell et al. 1997) was that the cultural context in which the students had answered the questions most probably differed between countries and that it could not be excluded that these differences might have had a differential impact on willingness to answer honestly.

Obtaining better insights into the effects of cultural context was one of the reasons for conducting the ESPAD methodology project in 1998 (Hibell et al. 2000). The answers obtained from students about their own honesty and the expected honesty of their classmates, as well as data from survey leaders, clearly indicated high reliability and high validity in the seven participating countries. It could not be excluded, however, that validity may have been slightly lower in one or two of the seven participating countries (Cyprus, Denmark, Lithuania, Malta, Ukraine, the Slovak Republic and Sweden – i.e. countries in different parts of Europe).

The cultural context in which the students answered the questions most probably differed among the seven countries. However, it does not seem plausible to assume that validity differed very much. One reason for this finding, indicated by the methodological study, might be that the students really were confident that anonymity and confidentiality would be respected.

Even if some doubts remain as to the effect of cultural context on validity, especially in countries that did not participate in the methodological study, it does not seem likely that the "true" answer in a low-prevalence country (e.g. where 3% admitted to cannabis use) should be more than twice as high (i.e. above 6–7%), nor that the "true" figure in a high-prevalence country (e.g. 30%) should be outside the $\pm 5\%$ range (i.e. 25–35%). Thus, the potential effect of cultural context on validity would most probably not prevent a low-prevalence country from remaining a low-prevalence country "in reality", nor a high-prevalence country from remaining a high-prevalence country "in reality", even if the exact difference between the two countries is not known for certain. However, it may be difficult to draw any firm conclusions about the significance of small differences in prevalence figures between countries.

SUMMARY

The analysis of available information strongly suggests that the validity of the ESPAD studies is high in most countries. The indicators analysed include student cooperation, student comprehension, anonymity, reported use of the dummy drug, rates of missing data, logical consistency and construct validity. The main threats to validity relate to reported lack of willingness to answer honestly as well as to the cultural context.

Validity problems are encountered in a limited number of

countries. Some rather minor validity problems are indicated in a few countries. However, it should be noted that only two of these countries exhibit problems for more than one of the validity measures. Countries about which some critical remarks have been made include Cyprus (many discarded questionnaires, much disturbance during data collection, less interested students), Croatia (many who would not admit to cannabis consumption), the Faroe Islands (many discarded questionnaires), Italy (many discarded questionnaires and many students who found the questionnaire difficult), Latvia (many who would not admit to cannabis consumption) and Lithuania (many who would not admit to cannabis consumption and many who found the questionnaire difficult to answer).

The importance of the cultural context should not be underestimated, but responses by students and survey leaders in the ESPAD methodology project indicated that the students usually gave rather honest answers. These conclusions are also supported in the present study by the very large proportion of survey leaders who reported that the students were interested in the study and worked seriously. Any validity problems seem to be limited in scope and to affect only a few countries – and, if so, to a rather limited extent.

COMPARISONS WITH OTHER SURVEY DATA

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

It could be questioned whether comparison with data from other studies is a measure of validity. Even if the results of two surveys are similar, it could be argued that this is not sufficient proof of validity. However, the general consensus is that school surveys usually do provide rather valid results, which is why comparisons with other data could provide further valuable insights as to the validity of the ESPAD project, at least in countries with comparable data.

Comparable data are available from Sweden and Norway as well as from the cross-national Study of Health Behaviour in School-aged Children (HBSC) (Currie et al. 2008).

The data of the studies used for purposes of comparison were not always collected in the same way, using the same questions or focusing on exactly the same age groups. The most important methodological differences are mentioned in the tables (M–P) or commented in the text below. Again, these differences stress the importance of focusing on magnitudes rather than on exact figures.

In Norway, the figures for most variables are similar in ESPAD and a national study (Table M). The proportion who said that they had used any alcohol in their lifetime was slightly higher in the ESPAD study than in the national survey, which used mailed questionnaires. However, the latter survey specified a lower limit of at least a bottle of beer or 10 cl of wine or

2.5 cl of spirits, while the ESPAD questionnaire did not indicate any minimum quantities, meaning that the difference between the two studies seems reasonable.

For all other variables, the figures are remarkably similar, including for measures related to the three different time frames: students' lifetimes (intoxication, use of cannabis, use of amphetamines and use of inhalants), the past 12 months (intoxication, use of cannabis and use of inhalants) and the past 30 days (any alcohol and cigarette smoking).

A comparison of data from the annual Swedish school survey with the Swedish ESPAD data indicates very small differences (Table N) as regards cigarette use, drunkenness, drug use and use of anabolic steroids. The only variable for which there is a more obvious difference is inhalants. One probable reason for this discrepancy is that the questions asked are worded in rather different ways.

In the 1995 ESPAD report, comparisons between ESPAD data and data from national surveys were presented for England, Hungary, Iceland and Scotland (Hibell et al. 1997). None of them showed any important differences, and this was also the case for data from the Netherlands presented in the 2003 ESPAD report (Hibell et al. 2004).

Many countries that participate in the ESPAD project are also involved in the HBSC study. Comparable information was available for alcohol consumption and drunkenness. In many participating countries, the HBSC study also included questions about the use of cannabis.

Table M. Alcohol and drug use in Norway. Frequency of lifetime, last 12 months and last 30 days use. Data from ESPAD and a national survey in 2007. Percentages among all respondents ^{a)}.

	ESPAD 15–16 years	National survey ^{b)} 15–16 years
Lifetime		
Any alcohol	77	61 ^{c)}
Intoxicated	46	46
Cannabis	6	4
Amphetamines	1	1
Inhalants	7	4
Last 12 months		
Intoxicated	40	42 (last 6 months)
Cannabis	4	3 (last 6 months)
Inhalants	4	2 (last 6 months)
Last 30 days		
Any alcohol	42	40
Smoke cigarettes	19	15 (smoke tobacco)
Number of respondents	3 482	1 349

^{a)} Percentages are based on respondents answering respective question.

^{b)} Data were collected by mailed surveys with a response rate of about 40%.

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

Source: Skretting (2000, 2009).

The latest round of data collection for the HBSC study was conducted in 2005–2006, the goal being to obtain study populations whose mean ages were 11.5, 13.5 and 15.5 years. Comparisons with the ESPAD study are therefore necessarily limited to the oldest age group in the HBSC survey. Table 3 of the HBSC report (Currie et al. 2008) shows that the mean ages in the oldest age group ranged from 15.2 to 16.0 years while the corresponding range in ESPAD is 15.6–15.9. Since a difference of only a few months might indeed have an impact on experience with various substances, comparisons between the HBSC and ESPAD studies have been limited to countries in which the differences in mean age are not larger than ± 0.2 years.

There are some differences between the two surveys in how alcohol consumption and drunkenness were measured. In ESPAD the figures for alcohol consumption show the proportion of boys and girls who had used alcohol 3 or more times during the past 30 days, while the HBSC survey measured the proportion who drink alcohol at least once a week. ESPAD data for drunkenness show the proportion who have ever been “intoxicated from drinking alcoholic beverages, for example staggering when walking, not being able to speak properly, throwing up or not remembering what happened” (Q18) while HBSC reports the proportion who have been “drunk” at least twice. Possible differences in the measures of lifetime and 12 months prevalence of cannabis use are less obvious between the two surveys.

The relationship is rather strong on the alcohol-use variable, with $r_{xy}=0.74$ for boys and $r_{xy}=0.72$ for girls, and with a Spearman’s rank correlation (r_{rank}) of 0.73 and 0.77, respectively (Table O). The correlation coefficients are similar though slightly higher for drunkenness (Table P).

Both cannabis variables show very high correlations between the ESPAD and HBSC surveys. For lifetime use of cannabis, r_{xy} was 0.91 and r_{rank} 0.86 for boys, and about the same for girls (0.86 and 0.88, respectively) (Table Q). The figures are in the same order of magnitude for data on the last 12

months prevalence of cannabis, with r_{xy} of 0.90 for boys and 0.85 for girls, and r_{rank} of 0.87 and 0.93, respectively (Table R).

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

Even if ESPAD data thus appear to be “validated” by data from other studies, however, this applies only to the countries directly involved. Even so, it does not seem unrealistic to assume that the situation is more or less the same in the other ESPAD countries as well.

CONCLUSIONS

The above methodological discussion on representativeness, reliability, validity and on comparisons with other survey data is rather extensive. The most salient conclusions are therefore listed below (not in order of importance).

GENERAL CONCLUSIONS

- The overall impression is that, taken together, the methodological problems are small or limited in the 2007 ESPAD data collection.
- With one exception, no country experienced so serious methodological problems that the comparability of its results with data from other countries was called into question.
- The figures for drug use probably represent an underestimate to some extent, and the level of under-reporting appears to differ somewhat between countries. However, it is not likely that the relative ranking of high- and low-prevalence countries could be called into question on the basis of differences in under-reporting between countries.
- Despite some differences in cultural context, the validity of the ESPAD survey is assumed to be high.
- The report does not provide confidence intervals for individual figures. It is therefore important to use caution when in-

Table N. Alcohol and drug use in Sweden. Frequency of lifetime and last 30 days use. Data from ESPAD and the annual Swedish school survey in 2007 in grade 9. Percentages among boys and girls^{a)}.

	Boys		Girls	
	ESPAD	Annual school survey 2007	ESPAD	Annual school survey 2007
Lifetime				
Cigarette use	48	53	53	57
Been drunk	41	47	48	54
Been drunk at the age of 13 or younger	14	11	13	14
Used any illicit drug	10	6	7	5
Used cannabis	9	5	6	4
Used inhalants	9	5	9	4
Used anabolic steroids	1	2	1	1
Last 30 days				
Used cannabis	3	2	1	1
Number of respondents	1 592	2 752	1 640	2 550

^{a)} Percentages are based on students answering respective question.

Source: Fender and Hvitfeldt (2008).

interpreting differences between point estimates.

- Individual countries suffer from methodological problems that should be taken into account when analysing their figures. These problems are briefly reviewed below.
- The magnitude of the figures for various kinds of drug use in different ESPAD countries probably reflects country differences

quite well, especially as between distinct groups of countries with different overall levels of experience of drug use.

- It is more important to concentrate on the magnitudes of the estimates than on single figures, both when analysing data in single countries and when interpreting trends and differences between countries.

Table O. Alcohol use in the ESPAD and HBSC surveys. Students answering 3 times or more often during the last 30 days (ESPAD) or at least weekly (HBSC). Percentages among boys and girls ^{a)}, r_{xy} and Spearman's rank correlation coefficient (r_{rank}).

Country	Boys		Girls	
	ESPAD 3+ times last 30 days	HBSC 1+ times a week	ESPAD 3+ times last 30 days	HBSC 1+ times a week
Malta	56	51	47	39
Greece	50	42	34	24
Italy	47	47	33	30
Croatia	45	44	34	29
Slovenia	41	36	32	21
Lithuania	37	25	30	20
Poland	36	17	24	7
Latvia	34	31	28	24
Ukraine	32	59	29	47
Hungary	32	35	27	24
Estonia	29	27	27	17
Russia	27	27	24	21
Sweden	17	15	18	9
Finland	16	12	18	8
Iceland	11	15	13	11
	$r_{xy} = 0.74$ $r_{\text{rank}} = 0.73$		$r_{xy} = 0.72$ $r_{\text{rank}} = 0.77$	

^{a)} Percentages are based on students answering respective question.

Table P. Drunkenness in the ESPAD and HBSC surveys. Students who have ever been drunk (ESPAD) or have been drunk at least twice (HBSC). Percentages among boys and girls ^{a)}, r_{xy} and Spearman's rank correlation coefficient (r_{rank}).

Country	Boys		Girls	
	ESPAD Ever been drunk	HBSC Drunk 2+ times	ESPAD Ever been drunk	HBSC Drunk 2+ times
Latvia	70	50	60	39
Lithuania	64	57	61	50
Croatia	63	48	50	29
Russia	62	38	58	32
Estonia	57	57	53	42
Slovenia	57	43	53	27
Hungary	55	40	52	32
Ukraine	54	42	48	28
Finland	48	47	55	44
Poland	48	42	41	27
Malta	46	18	44	15
Sweden	41	26	48	26
Italy	39	22	37	18
Greece	39	21	34	17
	$r_{xy} = 0.78$ $r_{\text{rank}} = 0.78$		$r_{xy} = 0.78$ $r_{\text{rank}} = 0.80$	

^{a)} Percentages are based on students answering respective question.

- Small discrepancies between countries should be considered carefully. They may not reflect valid differences.

COUNTRY-SPECIFIC CONCLUSIONS

- The participating grade in Armenia included only 82% of all students born in 1991. The data are thus representative only of students born in 1991 attending grade 9.
- In Austria, rather a large proportion of schools (45%) did not participate, indicating some uncertainty.
- In Belgium (Flanders), data collection was limited to students in the Dutch-speaking part (Flanders), while the whole country was included in the 2003 sampling frame. Comparisons in the trends chapter are therefore limited to students from Flanders. A large number of Belgian schools refused to participate (46%), which calls for some caution.
- The proportion enrolled in school of those born in 1991 was rather low in Bulgaria (78%) and only 69% of the birth cohort was “covered” by students in participating grades.
- A relatively large proportion in Croatia answered that they were unwilling to report possible use of cannabis (14%).
- It is not clear how many of the students born in 1991 in Cyprus were enrolled in the participating grade. In 2003, when students in grades 1 and 2 participated, “coverage” was 74%. Coverage should be lower this time, which clearly indicates that the data are representative only of students born in 1991 enrolled in grade 1.

The inconsistency figure for inhalants was high. The length of the questionnaire, the frequency of disturbances and other “negative” reports from data collection (including a low number of interested students) and the relatively large number of discarded questionnaires together point to some limitations in validity. Taken together, this indicates that data quality

might be a little lower than in other countries, which is why comparisons with data from other ESPAD countries should be made with some caution.

- Between the 2003 and 2007 studies, the proportion of the target population in the Czech Republic that was included in participating grades increased from 68% to 99%, which should be kept in mind when comparisons are made between data from 2003 and 2007.
- A large proportion of the sampled schools in Denmark refused to participate (58%). For this reason, and given that only 877 students born in 1991 answered the questionnaire, it was decided that the Danish data cannot be deemed comparable with data from other countries. To stress this in the report, Danish data have been placed at the bottom of the result tables and Denmark has been excluded from the trends chapter.
- A large proportion of the students in the Faroe Islands (7%) did not answer the questions about year of birth and/or gender and are thus excluded from the database. No other reliability or validity measure indicates any methodological problem but this high figure is even so worth keeping in mind.
- The survey in Germany (7 Bundesländer) is not representative of the whole country but only of the 7 (out of 16) Bundesländer that participated. Comparisons in the trends chapter are limited to the 6 Bundesländer that took part in the 2003 survey as well.
- The proportion of non-participating schools in Ireland increased from 10% to 22% between the 2003 and 2007 data collections, which sends a warning for the future even though non-participation is not seen as a problem of major concern this time. The proportion of students born in 1991 covered by the participating grades increased from 67% in 2003 to 94% in 2007 as a result of students not only from

Table Q. Lifetime use of cannabis in the ESPAD and HBSC surveys. Percentages among boys and girls ^{a)}, r_{xy} and Spearman’s rank correlation coefficient (r_{rank}).

Country	Boys		Girls	
	ESPAD	HBSC	ESPAD	HBSC
Estonia	33	31	19	19
Italy	26	25	21	17
Russia	25	17	12	13
Slovenia	24	21	20	14
Latvia	24	28	13	16
Lithuania	24	20	13	10
Poland	22	24	11	13
Croatia	21	17	16	11
Ukraine	19	22	8	10
Hungary	16	14	11	10
Malta	15	14	11	11
Iceland	10	11	8	9
Greece	10	6	3	2
Sweden	9	5	6	4
Finland	8	10	7	5

$r_{xy} = 0.91$
 $r_{rank} = 0.86$

$r_{xy} = 0.86$
 $r_{rank} = 0.88$

^{a)} Percentages are based on students answering respective question.

grade 5 but also from grades 3 and 4 being included. A test on some key variables indicated that there were no significant differences between students born in 1991 enrolled in grade 5 and such students in grades 3–5, meaning that the Irish data from 2003 and 2007 can be expected to be comparable.

- Rather a large proportion of students in Italy (8%) gave inconsistent answers to questions about their use of tranquilisers and sedatives without a doctor's prescription. Many survey leaders (18%) thought that students found the questionnaire difficult, the proportion of discarded questionnaires was high (6%) and the average proportion of unanswered core questions was also high (2.7%). Taken together, this indicates that Italian students may have been less interested than students from other ESPAD countries in answering the questions.
- Compared with other countries, a rather large proportion of students in Latvia reported that they would be unwilling to report possible use of cannabis (14%).
- In Lithuania rather a large share (7%) gave inconsistent answers to the question about consumption of tranquilisers and sedatives without a doctor's prescription. Many survey leaders (18%) thought that students found it difficult to answer the questionnaire and many students (17%) answered that they would not admit to cannabis use. These circumstances might be worth keeping in mind even though they are not assumed to jeopardise comparability with data from other countries.
- The participating grade in Malta included only 80% of all students born in 1991. Hence, the data are representative only of students born in 1991 and attending grade 5.
- Rather a large proportion of schools in the Netherlands

(45%) refused to participate, indicating some uncertainty.

- Rather a large proportion of schools in Norway (42%) did not participate, which raises some uncertainty. The average proportion of unanswered core questions (3.3%) is the highest among all countries, which might indicate a somewhat higher level of under-reporting than in many other ESPAD countries.
 - In Portugal only 80% of those born in 1991 were enrolled in school. With 85% of the students found in participating grades, the proportion of the birth cohort "covered" by these students is only 68%.
 - The first sample in Romania consisted of 551 schools; from this sub-sample, schools were sampled for participation in the survey. Data were weighted for the sub-sample but, owing to a lack of available information, they were not weighted at the national level. However, since the differences between the weighted and unweighted data were small or non-existing, it seems reasonable to assume that weighting at the level of the country as a whole would not have changed the results to any important degree.
- It is worth keeping in mind that the two participating grades include only 83% of the students born in 1991, which makes the data representative only of students in grades 9 and 10, and that students in participating grades "cover" only 72% of the 1991 birth cohort.
- In earlier data collections in Russia, the survey was limited to students in Moscow. In 2007 the whole Russian Federation was included in the sampling frame. However, comparisons in the trends chapter are limited to students from Moscow.
 - In the Slovak Republic, students from grade 9 were included in the 2007 data collection. This was not the case in 2003, and it increased the proportion of the target population

Table R. 12 months prevalence of cannabis use in the ESPAD and HBSC surveys. Percentages among boys and girls ^{a)}, r_{xy} and Spearman's rank correlation coefficient (r_{rank}).

Country	Boys		Girls	
	ESPAD	HBSC	ESPAD	HBSC
Estonia	24	23	13	14
Italy	22	19	17	14
Slovenia	18	14	17	10
Poland	16	18	8	9
Russia	16	10	7	7
Croatia	15	12	12	9
Latvia	15	17	8	9
Lithuania	15	10	8	6
Malta	12	10	9	11
Hungary	12	10	8	8
Ukraine	10	11	5	5
Greece	8	4	3	2
Iceland	7	8	6	6
Finland	6	6	6	4
Sweden	6	4	4	2

$r_{xy} = 0.90$
 $r_{\text{rank}} = 0.87$

$r_{xy} = 0.85$
 $r_{\text{rank}} = 0.93$

^{a)} Percentages are based on students answering respective question.

found in participating grades from 67% to 98%, which might entail some slight limitations when data from the two surveys are compared.

- The participating grades in Switzerland included only 81% of all students born in 1991. Hence, the data are representative only of students born in 1991 and attending any of the three grades that took part in data collection.
- A large proportion of sampled schools in the United Kingdom (51%) did not participate, which calls for some caution.

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The situation in 2007

The situation in 2007

This chapter presents the results of the 2007 survey, mainly following the same structure as can be found in earlier reports. A total of 35 countries and regions have contributed data to the 2007 ESPAD Database.

There are a great many different factors that may contribute to the varying levels of substance use reported across the ESPAD countries. The consumption level among adults and their attitudes towards the substance in question can be one factor that affects use among teenagers. So may the magnitude of information and preventive efforts. Availability, not only in physical terms but also in financial terms, is another factor. Other, less substance-related, factors sometimes mentioned in this respect include the general level of health awareness in a population and the social and economic structures and conditions of individual societies.

The correlations between the above factors and differences in levels of use and experience in various countries will not be addressed in this chapter. The following text simply aims to give a descriptive picture of prevalence estimates in various countries, to make comparisons between countries and groups of countries and, finally, to present results in regard to gender distributions. The first section of the chapter deals with the results regarding tobacco, the next one presents data on alcohol, and then follows a section dealing with illicit substances as well as licit substances other than tobacco and alcohol. This order of presentation more or less follows the order of the questions in the questionnaire. A short final section deals with all substances together.

Each variable is presented with reference to the relevant table in the table section (Appendix III) and each table refers to the relevant question(s) in the student questionnaire (Appendix IV). In addition, several variables are also illustrated with maps and bar charts in the text. The maps present prevalence rates in five groups; the cut-off points for the group intervals have been chosen simply to fit the emerging pattern, with the aim of giving a picture which is as comprehensive as possible. In order to enhance the visibility of the five-colour coding, small countries have been enlarged in the maps.

The geographical distributions presented in the maps are based on average results for all students while gender distributions are illustrated in the bar charts. The order of countries in the bar charts is determined by the results for all students (and percentages for all students are given within brackets in the figures).

When available, corresponding figures from two non-ESPAD countries, the United States and Spain, are also presented in

tables, maps and bar charts. The US figures come from the 2007 version of “Monitoring the Future” study, from which many of the ESPAD questions were originally taken. It should be noted that data from the United States relate to students in grade 10, in which the large majority of the students, but not all, were born in 1991. The Spanish data are retrieved from a national survey carried out in 2006/2007 and calculated for the same age group as the ESPAD target group.

Since Spain and the United States are not members of the ESPAD project, and their data are not collected according to the same protocol or using identical questionnaires, their results cannot be considered fully comparable with data from the ESPAD countries. To illustrate this fact, data from these two countries are presented separately at the bottom of the tables and with a lined pattern in the maps.

The ESPAD countries Belgium, Denmark and Germany also have a lined pattern in the maps. This is because the data for Belgium (Flanders only) and Germany (seven Bundesländer only) are not representative at the national level and because data collection in Denmark did not entirely comply with the ESPAD protocol. When averages for all countries are presented in the tables, Denmark, Spain and the United States are not included.¹⁾

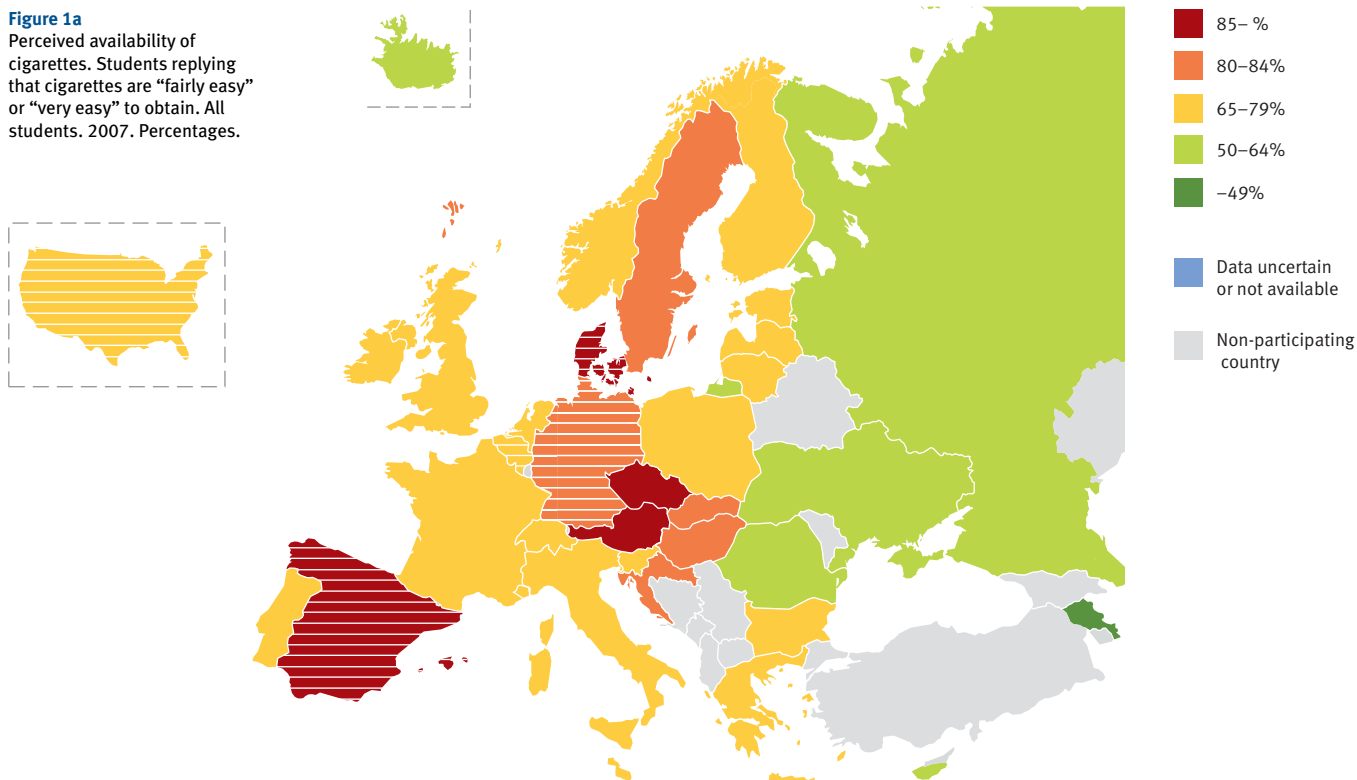
To obtain an idea of the extent of more regular use, it is common to ask if respondents have engaged in a certain behaviour recently, quite often during the past thirty days. The thinking behind such questions is that something that has taken place recently is more likely to occur on a more regular basis as well. Even though this may work well for adults, it could be questioned to what extent it does for 15–16-year-olds, given that they are in their teens and in the midst of gaining experience of various substances. Some caution is therefore called for when interpreting the results from 30-days-prevalence questions, to avoid an exaggerated picture of regular use. To help avoid such exaggerated ideas, 30-days-prevalence will not be labelled “regular use” in this report – a term which is otherwise quite common, at least when adult populations are being surveyed. Similarly, use in the past 12 months will not be referred to as “recent use”.

CIGARETTES

In this section, practically all of the variables relating to cigarette smoking are presented. The exceptions are the questions about perceived risk from smoking, since the results from them

¹⁾ The averages presented in the tables are not weighted according to population size; each country has the same weight and contributes equally to the arithmetic mean value. Hence, the averages do not represent any total figures for European students. All percentages in this report are calculated based only on valid responses for each variable. Internal non-response rates are given separately in the tables.

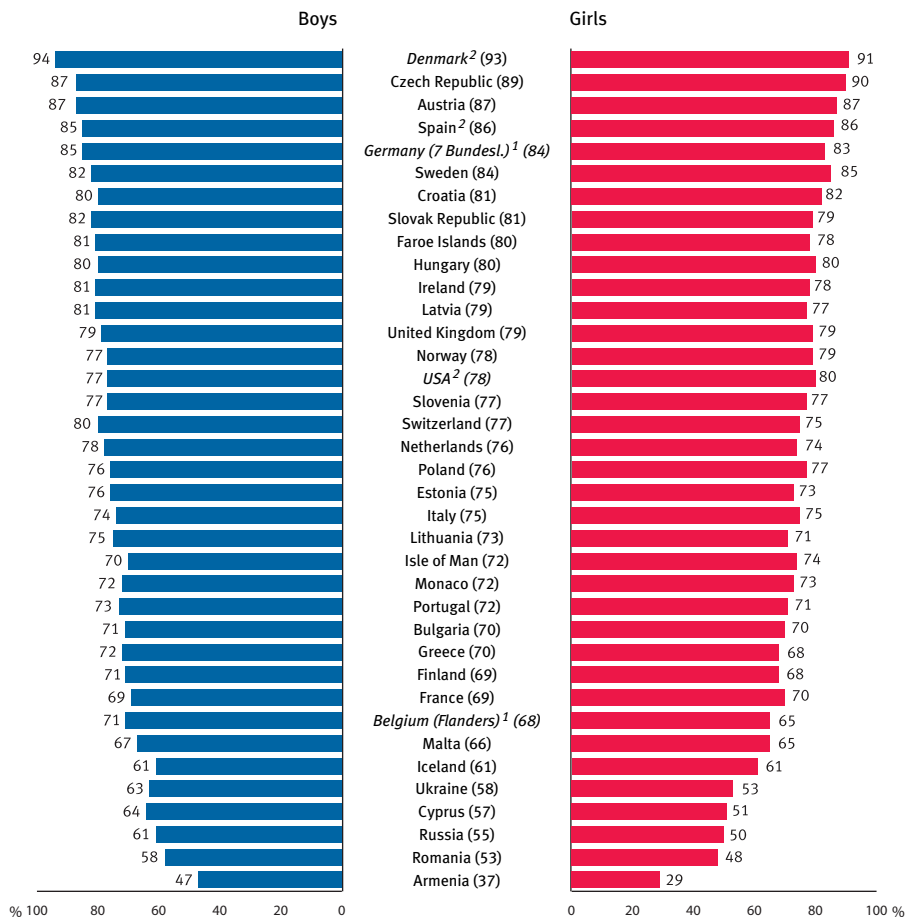
Figure 1a
Perceived availability of cigarettes. Students replying that cigarettes are “fairly easy” or “very easy” to obtain. All students. 2007. Percentages.



1) Belgium and Germany: Limited geographical coverage.

2) Denmark, Spain and USA: Limited comparability.

Figure 1b
Perceived availability of cigarettes. Students replying that cigarettes are “fairly easy” or “very easy” to obtain by gender. 2007. Percentages.



should be compared with those for the other substances to make better sense. Results relating to perceived risk will be presented at the end of this chapter.

PERCEIVED AVAILABILITY OF CIGARETTES

(Table 1, Figures 1a–b)

The students were asked to indicate how difficult it would be for them to get hold of cigarettes if they wanted to. The response categories were: “impossible”, “very difficult”, “fairly difficult”, “fairly easy”, “very easy” and “don’t know”. The results presented in the tables section and discussed in this section are those for students who replied “very easy” or “fairly easy” (these categories are merged).

On average, almost three quarters (72%) of students in the participating countries replied that they find it fairly or very easy to get hold of cigarettes if they want to. Students from Denmark (limited comp.) were the ones who found it the easiest to acquire cigarettes (93%), closely followed by Czech students (89%). Levels of 80% and above are found in seven other countries; several of them border on or are located close to the Czech Republic (Austria, Germany (7 Bundesl.), the Slovak Republic, Croatia and Hungary) while the other two (Sweden and the Faroe Islands) are Nordic countries like Denmark.

One of the non-ESPAD countries, Spain, displays a relatively high level of reported availability (86%) while the other, the United States (78%), is closer to the ESPAD average (72%).

A particularly low figure for perceived availability was reported for the Armenian students (37%). Low figures (around 55%) were also reported from Cyprus, Ukraine, Russia and Romania. All of these countries are located in the eastern part of Europe. However, it is not possible to say that there is any typical geographical clustering across Europe regarding reported availability – several of the countries with high availability are also located in eastern Europe.

The gender differences as regards finding cigarettes easily available are more or less negligible at the aggregate level (74% for boys versus 71% for girls). In five countries, however, there is a difference of 10 percentage points or more between the sexes, and all of them are among the countries reporting the lowest overall figures for availability (Ukraine, Cyprus, Russia, Romania and Armenia).

Data on the perceived availability of alcoholic beverages and various licit and illicit drugs will be presented later on in this chapter. It could be worth mentioning at this stage that, at the aggregate country level, only beer is considered to be more easily available than cigarettes. Such a comparison is of questionable relevance, however, since the availability questions are asked separately for different substances, meaning that the students were not able to weigh their responses for the various substances.

It is reasonable that a number of factors should determine perceptions in a given country of the availability of different types of goods, in this case cigarettes: the number of places where the commodity can be purchased, opening hours, and not least age limits.²⁾ This, however, cannot explain gender differences within a country, unless females actually experience greater difficulty than boys obtaining cigarettes in those countries. Another influencing factor, however, could be the actual level of use of cigarettes in each gender group, which will be presented in the following section.

LIFETIME USE OF CIGARETTES

(Tables 2a–b)

Lifetime-prevalence rates of cigarette smoking range between 24% and 80%. In 28 out of the 37 countries compared, more than half of the students had tried smoking at least once. The highest lifetime prevalence of cigarette smoking is found in Latvia (80%), the Czech Republic (78%), Austria (75%) and Estonia (75%).

The lowest figures, on the other hand, are found in Armenia (24%), Iceland and the United States (around 36% each; the United States is not an ESPAD country). These rates are well below the average of 58% for all ESPAD countries. Roughly one quarter reported that they had smoked on 20 occasions or more. On the whole, experience of smoking seems somewhat less prevalent among Mediterranean countries, while countries in eastern and central Europe often report higher figures.

In most countries, girls are in the majority as regards lifetime prevalence of cigarette smoking. Especially in Monaco, the Isle of Man, the United Kingdom and Spain (not an ESPAD country), girls were in a clear majority. In ten countries the gender distribution was more or less equal. The greatest gender differ-

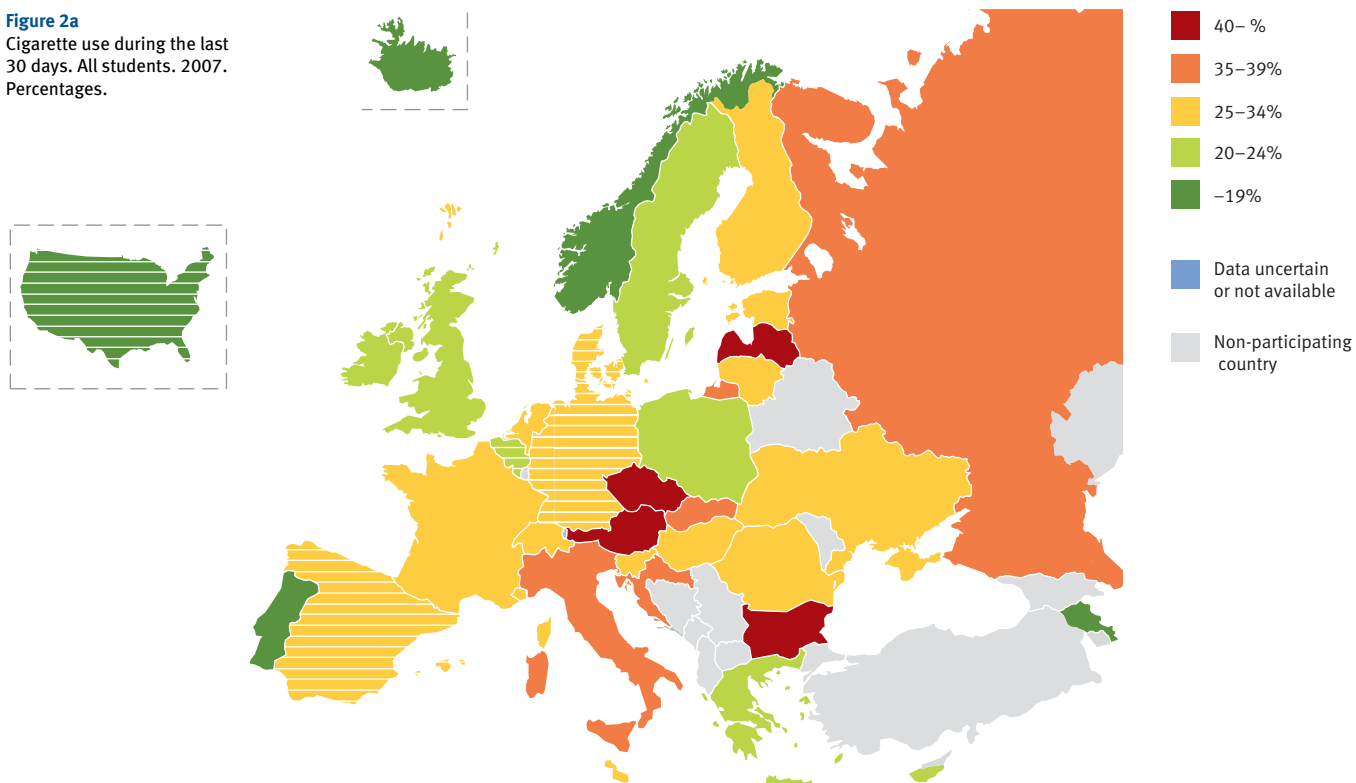
Table S. Statistical correlations (Pearson) on an aggregate country level between smoking related variables. 34 ESPAD countries. 2007.

	Perceived easy availability of cigarettes	Lifetime use of cigarettes	Last 30 days use of cigarettes	Tried cigarettes at 13 or younger	Daily smoking at 13 or younger
Perceived easy availability of cigarettes	–	0.64**	0.55**	0.59**	0.52**
Lifetime use of cigarettes		–	0.90**	0.92**	0.78**
Last 30 days use of cigarettes			–	0.74**	0.65**
Tried cigarettes at 13 or younger				–	0.86**
Daily smoking at 13 or younger					–

** Correlation significant at the 0.01 level.

²⁾ It may also be that the price (“affordability”), even of cigarettes, subconsciously influences students’ answers.

Figure 2a
Cigarette use during the last 30 days. All students. 2007.
Percentages.



¹⁾ Belgium and Germany: Limited geographical coverage.

²⁾ Denmark, Spain and USA: Limited comparability.

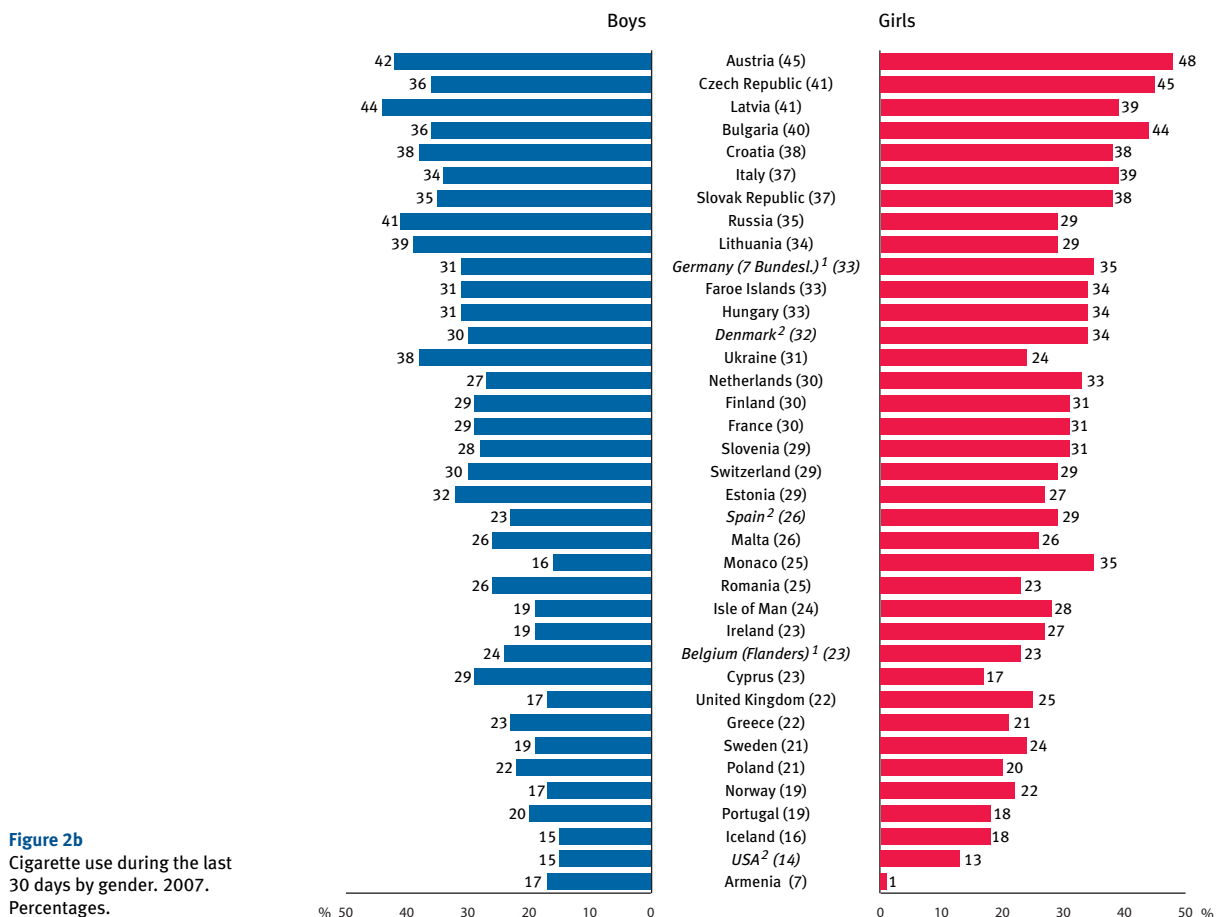


Figure 2b
Cigarette use during the last 30 days by gender. 2007.
Percentages.

ences with boys in the majority are found in Armenia, Russia, Ukraine, Cyprus and Romania – and four out of these five countries, where fewer girls than boys had tried smoking, were countries reporting gender differences regarding perceived availability (with girls finding cigarettes less available than boys did). This indicates that personal and peer experiences of use might influence perceived availability.

Roughly 80% of the girls had tried smoking in the Czech Republic, as had some 82% of the boys in Latvia and Estonia. These were the highest prevalence rates found per gender. The lowest smoking prevalence among girls is found in Armenia (8%) and among boys in the United States (not an ESPAD country) and Iceland (both 35%). The figure for Armenian girls was exceptionally low by comparison.

LAST 30 DAYS USE OF CIGARETTES

(Tables 3a–b, Figures 2a–b)

According to Table S there is a strong statistical correlation between lifetime use and last 30 days use of cigarettes throughout the ESPAD countries for all students ($r=0.90$)³. This means that countries with high prevalence rates for having tried cigarettes are likely also to display high figures for cigarette use during the past 30 days.

On average, 29% of the students in the ESPAD countries had used cigarettes during the past 30 days. The highest percentage of students reporting this is found in Austria (45%), followed by the Czech Republic, Latvia and Bulgaria (about 40%). Countries with a reported 30 days prevalence below 20% include Norway, Portugal, Iceland and Armenia. Only 7% of the Armenian students had smoked during the past 30 days.

Top smoking countries for boys are Latvia, Austria and Russia (around 42%) and for girls Austria, the Czech Republic and Bulgaria (around 46%). The geographical pattern is not totally clear but students in central and eastern European countries are often among those reporting higher rates of smoking in the past 30 days.

Girls reported a higher 30-days prevalence for smoking than boys in a majority of the countries, and gender differences in individual countries are more marked for smoking in the past month than for lifetime prevalence.

The majority of the students reporting cigarette use in the past 30 days had smoked 5 cigarettes or less per day on average. However, 2% of all students had smoked at least a packet (20 cigarettes) a day during the past 30 days. In Bulgaria, Croatia and Latvia, one in twenty students had done so.

AGE OF ONSET FOR CIGARETTE USE

(Table 4)

Young people may have tried occasionally to smoke early in life, and some of those who try it progress to habitual smoking while others do not. The proportion of students who had tried cigarettes at the age of 13 or younger varies considerably across countries, from around 58% in the Czech Republic,

Estonia and Latvia to some 15% in Armenia, Greece and the United States (not an ESPAD country). In contrast to the smoking related variables presented earlier, there is a noticeable gender difference at the level of the average for all countries: 38% of the boys but 33% of the girls report an early smoking debut. Only in a few countries were girls in the majority on this count.

The proportion of students who smoked on a daily basis at the age of 13 or younger is relatively high (compared with the 7% average) in the Czech Republic, Estonia, Latvia and the Slovak Republic at about 13% and relatively low in Armenia, Greece and the United States (not an ESPAD country) at 2%.

Since the percentages are rather small, gender differences are not all that pronounced, but there are more countries with boys in the majority than the other way around. Top-score countries for boys (around 16%) are the same as for the total, adding Russia. For girls, the Czech and Slovak Republics display high levels, now together with Ireland, the Isle of Man, the Faroe Islands, Germany (7 Bundesl.) and the United Kingdom (11%). Daily smoking at an early age seems more common in northern countries than in Mediterranean ones.

According to Table S, there is a positive correlation at the country level between an early (age 13 or younger) reported onset for daily cigarette use and having used cigarettes during last 30 days.

CIGARETTES – A SUMMARY

To sum up, on average 58% of the students had tried cigarettes at least once and 29% had used cigarettes during last 30 days. At the aggregate country level, the gender differences are negligible. However, girls reported more use than boys in a majority of countries, even if there are countries with an opposite pattern. There is a strong statistical correlation between lifetime use and use in the past 30 days. Weaker, but still significant, correlations can be seen between lifetime and last-month use, on the one hand, and the perception as to how easily obtainable cigarettes are, on the other. An early smoking debut (age 13 or younger) is also correlated, at the country level, with high levels of use in the past month. On average, 7% of the students said that they started smoking daily at 13 or before. Two percent of all students had smoked at least a packet of cigarettes per day during the past 30 days.

ALCOHOL

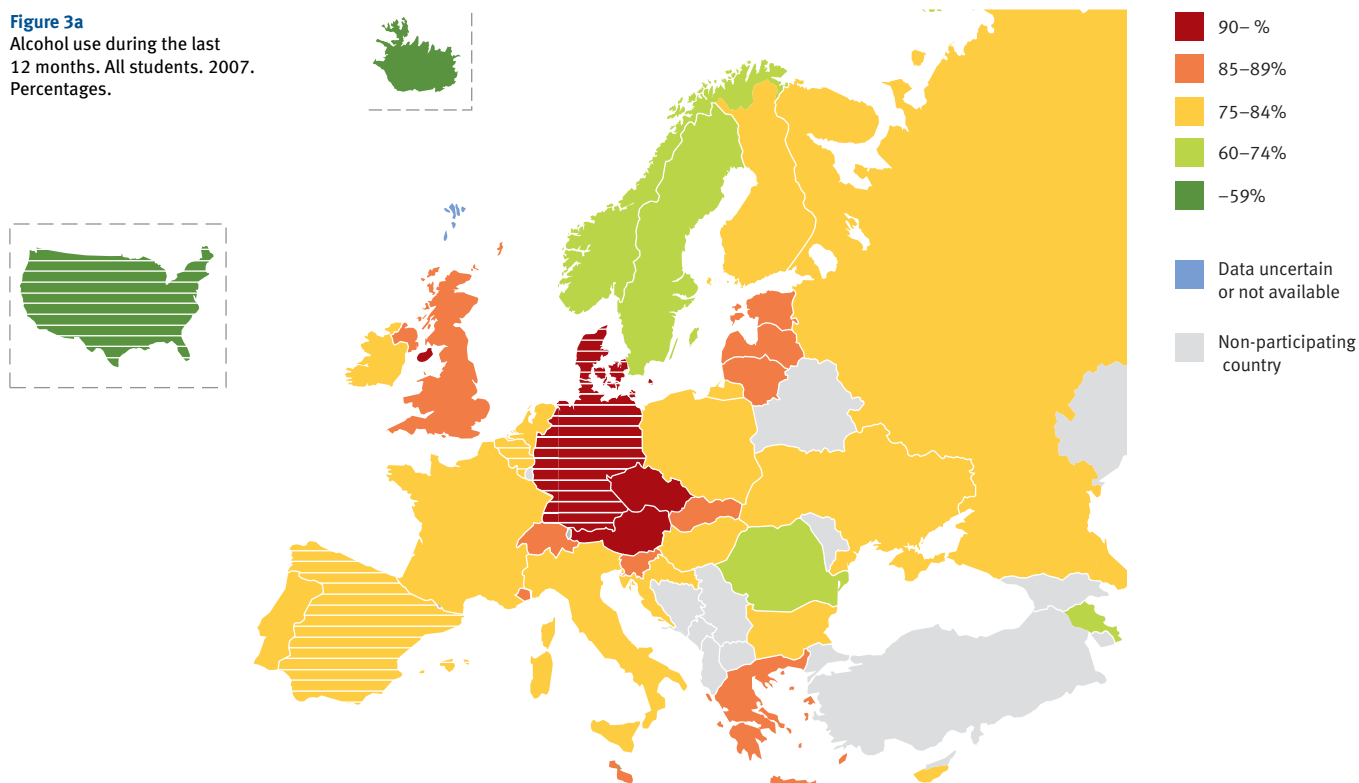
PERCEIVED AVAILABILITY OF ALCOHOLIC BEVERAGES

(Table 5)

The students were asked how difficult they would find it to get hold of beer, wine and spirits if they wanted to. The countries were also encouraged to add the optional alternatives of cider and alcopops to the questionnaire if they were relevant considering the national alcohol market and the drinking patterns of the students.

³ The correlations are computed at the aggregate country level using average values from all ESPAD countries except Denmark (owing to problems with limited comparability). Spain and the United States are not included in the calculations since they are not ESPAD countries.

Figure 3a
Alcohol use during the last 12 months. All students. 2007. Percentages.



¹⁾ Belgium and Germany: Limited geographical coverage.

²⁾ Denmark, Spain and USA: Limited comparability.

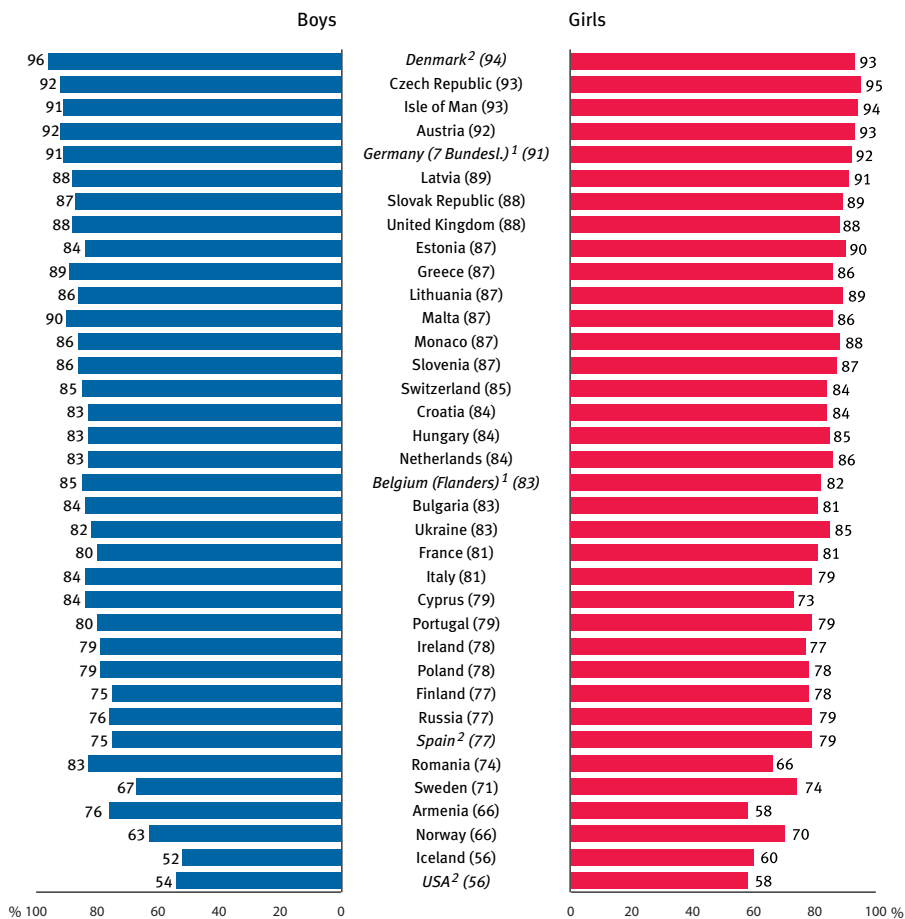


Figure 3b
Alcohol use during the last 12 months by gender. 2007. Percentages.

Almost four in five students (78%) stated that beer would be “fairly easy” or “very easy” to get hold of if they wanted to do so (range: 50–95%). The corresponding figure for wine is 70% (54–85%) and that for spirits is 56% (36–84%). For both alcopops and cider, the proportion finding them easy to obtain was 68%. It should be noted, however, that these averages are based on a lower number of countries than those for beer, wine and spirits since some countries decided not to include cider and/or alcopops in their questionnaire.

At the level of country averages there were hardly any gender differences to speak of. In Armenia and Romania, boys clearly find all of the beverages easier to obtain than girls do. A reversed pattern could be observed in Iceland and Sweden, but the gender differences were less considerable in those countries. On the whole, most alcoholic beverages were perceived to be relatively easily available in most countries and gender differences were relatively uncommon.

LIFETIME AND LAST 12 MONTHS USE OF ALCOHOL

(Tables 6a–7b, Figures 3a–b)

In all ESPAD countries, at least two thirds of the students have drunk alcohol at least once during their lifetime. The ESPAD average is close to 90% (range: 66–97%). The United States (not an ESPAD country), however, is below the ESPAD range at 62%. The highest rates of lifetime alcohol prevalence (above 95%) are found in Austria, the Czech Republic, the Isle of Man, Latvia and Denmark (limited comp.), and the lowest ones in Armenia, Iceland and Norway (below 80%).

Those who have tried alcohol at least once are not all particularly experienced consumers or regular drinkers: an average of 21% have tried alcohol only on 1–5 occasions while, on the other hand, 27% have done so on 40 occasions or more. In the latter group, gender differences are more pronounced – 32% of the boys report use on 40 or more occasions but only 22% of the girls. There is no country where more girls than boys report this level of consumption frequency.

Not all students who have tried alcohol have used it during the past 12 months, even if many have. Only in 5 out of 34 countries did more than 90% indicate alcohol use during the past 12 months (compared with 18 countries scoring 90% or more for lifetime prevalence). They are Austria, the Czech Republic, Denmark (limited comp.) and Germany (7 Bundesl.) – these four making up a geographical cluster – with the Isle of Man on the side. A particularly low figure is reported by Icelandic students (56%). Still, this actually means that a ma-

ajority of the students in all countries used alcohol at least once during the past 12 months. Norwegian and Armenian students also reported relatively low levels of alcohol use during the past year (66%).

Again, gender differences become more apparent when the frequency of use is considered. On average, 14% of the boys and 8% of the girls reported drinking 40 times or more during the 12 months prior to the survey. Roughly one-third of the boys in Austria and Denmark (limited comp.) reported this, while only some 4% of the boys in the other Nordic countries (i.e. Iceland, Norway, Finland and Sweden – the Faroe Islands provided no data on this variable) did so. Armenia and the United States (not an ESPAD country) were at the same low level. The girls more or less follow the same country pattern; there was no country with more girls than boys reporting this high frequency of alcohol use.

LAST 30 DAYS USE OF ALCOHOL

Any alcoholic beverage

(Tables 8a–b, Figures 4a–b)

In all, 61% of the students in the ESPAD countries had been drinking alcohol during the 30 days immediately prior to the survey. In Austria, the Czech Republic, Denmark (limited comp.), the Isle of Man and Germany (7 Bundesl.), the vast majority (75–80%) had done so. Particularly low prevalence rates were reported from Armenia, the United States (not an ESPAD country) and Iceland, where roughly one-third reported alcohol use in the past 30 days. The Nordic countries of Finland, Norway and Sweden also display relatively low rates (around 45%). Apparently, according to Table T, there is relatively strong co-variation between the various alcohol-use variables. In countries where many students have tried alcohol at least once, students are also more likely to report having drunk alcohol in the past 30 days.

Just as for lifetime use and use in the past 12 months, the average gender differences for alcohol use in the past 30 days were rather small even if boys in many countries were more likely to report drinking in the past month than girls were. The biggest gap between the sexes is found for Romania (26 percentage points in favour of boys), with relatively wide gaps for Armenia and Cyprus as well. In five countries there was a gender difference of 3–7 percentage points in favour of girls. These are low- or medium-prevalence countries located in northern Europe (Estonia, Finland, Iceland, Norway and Sweden).

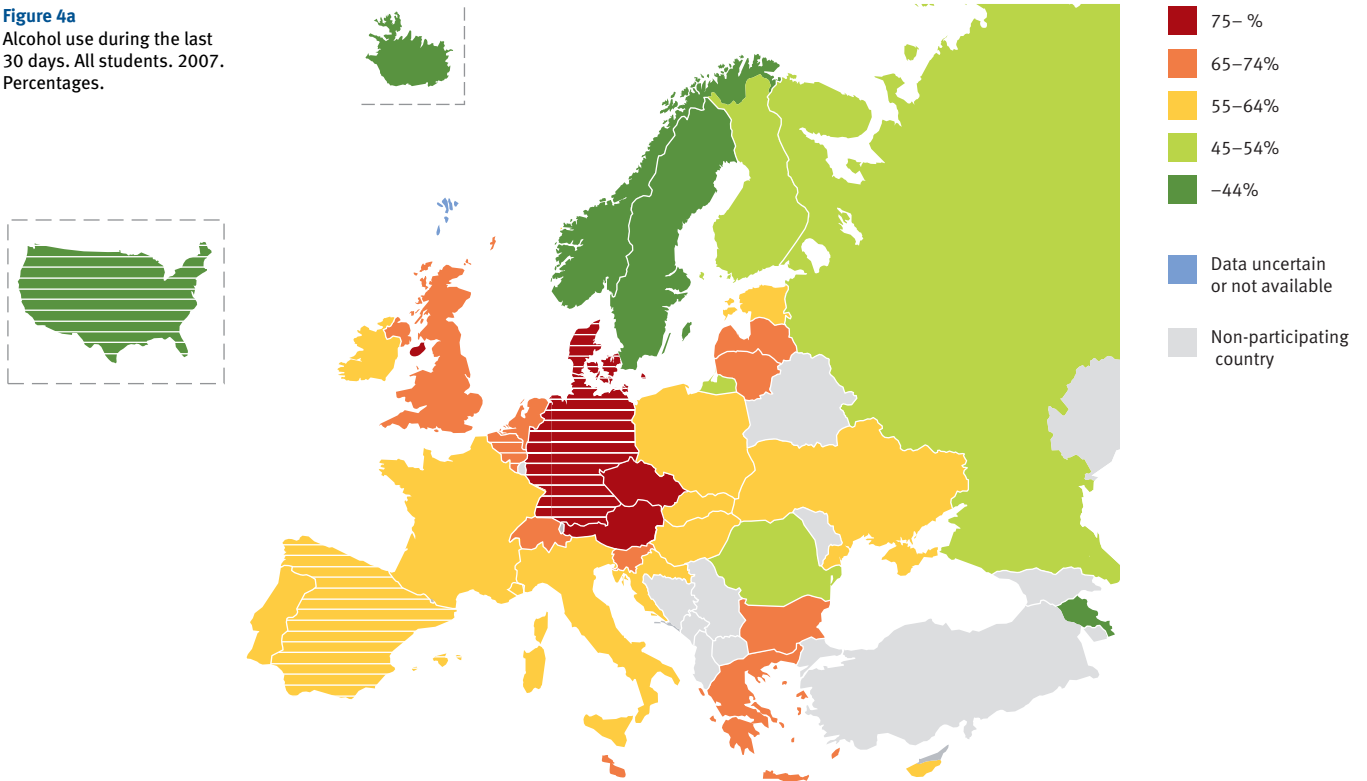
Both recent and relatively frequent alcohol use is exhibited

Table T. Statistical correlations (Pearson) on an aggregate country level between variables related to alcohol use. 33 ESPAD countries. 2007.

	Lifetime use of alcohol	Last 12 months use of alcohol	Last 30 days use of alcohol
Lifetime use of alcohol	–	0.97**	0.86**
Last 12 months use of alcohol		–	0.93**
Last 30 days use of alcohol			–

** Correlation significant at the 0.01 level.

Figure 4a
Alcohol use during the last 30 days. All students. 2007. Percentages.



1) Belgium and Germany: Limited geographical coverage.

2) Denmark, Spain and USA: Limited comparability.

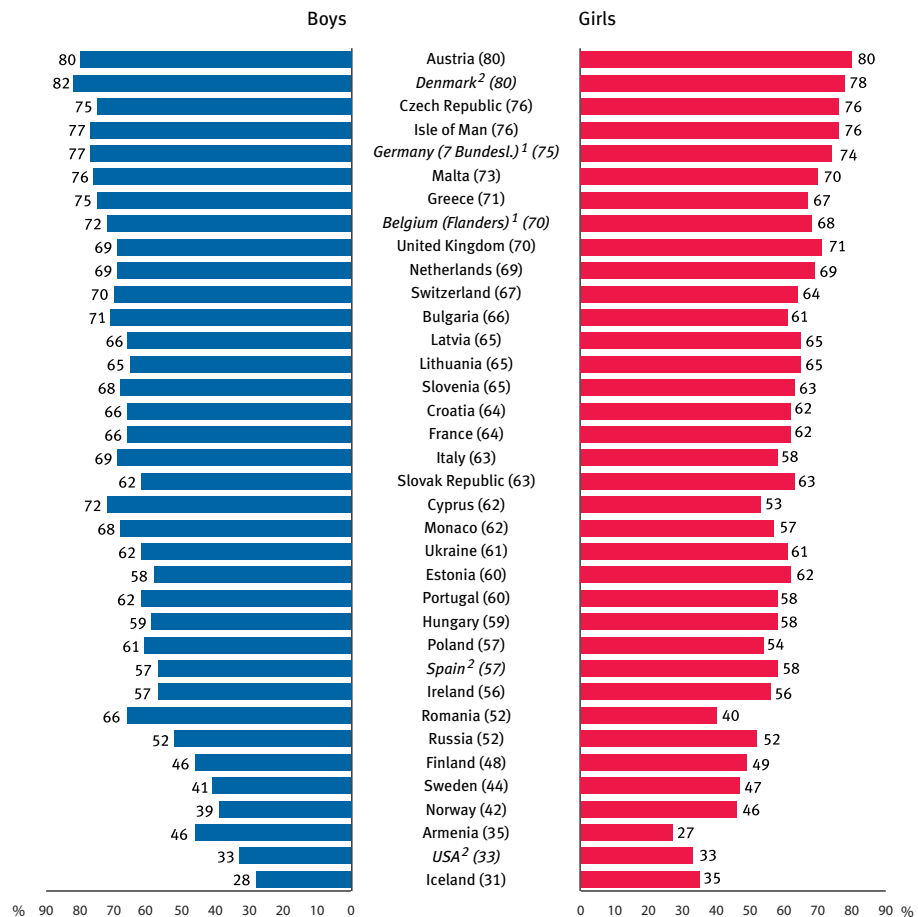


Figure 4b
Alcohol use during the last 30 days by gender. 2007. Percentages.

by those students who report use of alcohol on 10 occasions or more during the last 30 days. This behaviour was particularly common among students from Austria (30%), the Netherlands (24%) and Malta (21%). In some other countries, recent drinking of this magnitude is hardly reported at all. In Armenia, Finland, Iceland, Norway, Spain (not an ESPAD country) and Sweden, the relevant prevalence rate was only 1–2%. Overall, boys were almost twice as likely as girls to report this level of frequent drinking.

Types of beverage used in the last 30 days

(Tables 9a–b)

The students were asked if they had drunk beer, wine and spirits during the last 30 days; most countries also included the optional question on alcopops while some included that on cider. The most commonly reported type of beverage was beer (49%), followed by spirits (40%), wine and alcopops (35% each) and finally cider (28%).

Countries scoring particularly high on beer use in the last 30 days were Bulgaria, the Czech Republic, Germany (7 Bundesl.) and Ukraine, with some two thirds of the students reporting that they had drunk beer in the past month. Cider was the most prevalent in Lithuania (60%), followed by the other two Baltic states of Estonia and Latvia as well as Sweden, at roughly 40%. Austria, Cyprus, Denmark (limited comp.) and the Netherlands are among the countries where alcopops were the most frequently reported. Cider and alcopops seem to be particularly uncommon in Poland, at least among the countries that decided to include questions on these types of beverage.

Wine drinking in the past 30 days was reported by 60% of the students from Malta while roughly half of those from Armenia, Austria, Hungary and the Slovak Republic reported this. With the exception of Denmark (limited comp.), only around 15% of the students from the Nordic countries reported wine drinking in the past month. As regards use of spirits in the past month, the rate was around 60% in Austria, Denmark (limited comp.) and Malta but only around 20% in Armenia, Russia and Ukraine.

Gender differences are more apparent for two beverages: beer was, on average, far more commonly reported by boys (58% versus 40%) while alcopops were more common among girls (37% versus 33%).

LATEST ALCOHOL-DRINKING DAY

(Tables 10a–18, Figures 5a–6b)

Besides questions on alcohol consumption during specific time periods there is also a set of questions dealing with the latest day on which alcohol was used. The students are asked to report how large quantities, of various beverages, they consumed on the last day on which they drank any alcohol. The format of the response categories was based on fixed quantities relevant

to each beverage type in terms of centilitres. Since container sizes (cans, bottles and glasses) differ between countries, each national ESPAD Principal Investigator adjusted the examples illustrating the response categories to fit the volumes targeted in the best possible way. The questions also include the response categories “I never drink beer/cider/alcopops/wine/spirits” and “I did not drink beer/cider/alcopops/wine/spirits on the last day that I drank alcohol”. Countries in which cider or alcopops are virtually non-existent did not include those beverages⁴⁾.

For the calculations of total alcohol consumption on the latest drinking day, the mid-point of the range for each response category is used, except that the lowest value is used for the last, open-ended category. This results in a conservative estimate, since many of the students in this last category may have consumed even larger quantities. Countries where large proportions of students indicate the highest category are more often found among those with the largest calculated total quantities. In practice, this means that the differences between high-consumption countries and others are most likely underestimated.

Summing up the reported volumes of each beverage yields a measure of the total amount of alcohol consumed on the last drinking day. For a few countries, the volumes indicated by the response categories have been deemed to deviate too much from the master questionnaire to allow comparisons. This might be the case for one or several beverages, but in all such cases no results are presented, neither per beverage nor for total consumption.

To make sure that the students would report amounts only for the latest drinking day (and not amounts for the latest occasion on which they drank each individual beverage), there was an initial filter question where students were told to list all beverages used on their last drinking occasion. This filter has been applied to the data presented in the following, such that those students who stated a quantity of a certain beverage without stating on the filter question that they had drunk that particular beverage on their latest drinking day have been eliminated.⁵⁾

It must be stressed that calculations of this kind are always uncertain and based on a great many assumptions. It is therefore important not to exaggerate the importance of the differences among 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 reflect true differences given that the calculations are carried out in the same way for all countries.

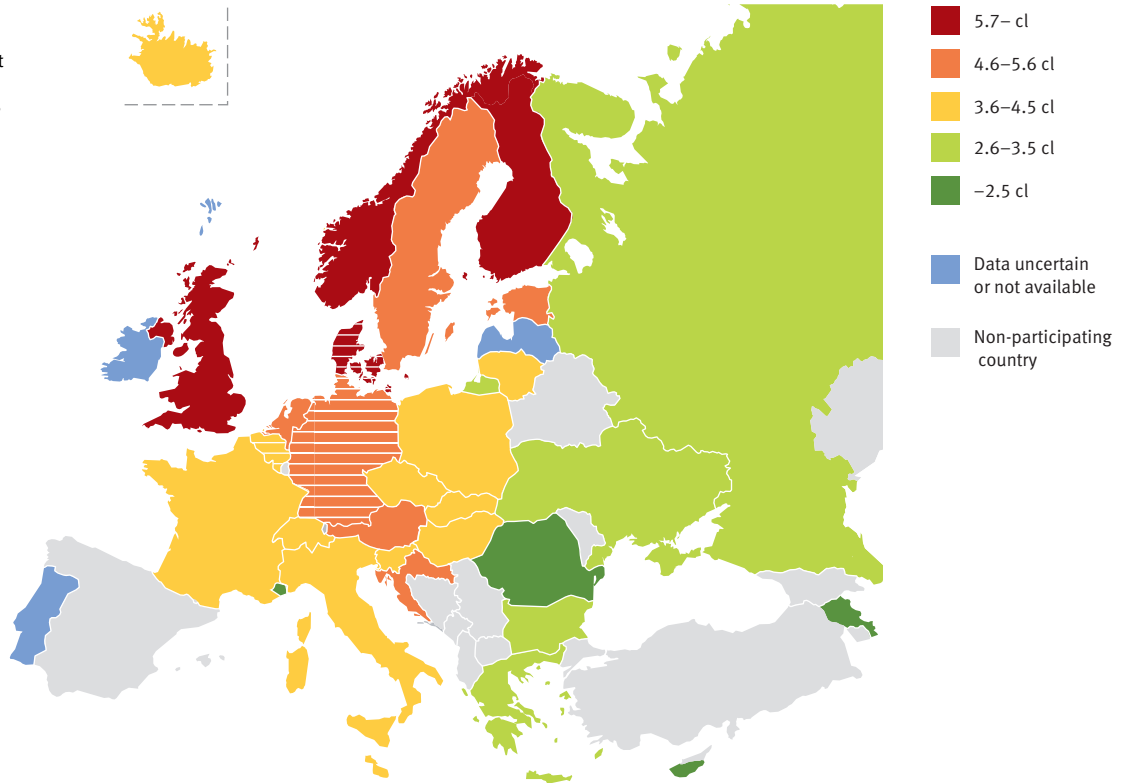
Non-consumers

A total of 14% of the students stated that they never drink alcohol at all, when asked about consumption on their latest drinking day. Iceland displays the highest proportion of non-con-

⁴⁾ Russia decided to include the country-own option “champagne” since it was believed that Russian students not would report this beverage under the wine category. In the analyses, Russian champagne consumption has been added to the one of wine, using the same assumed alcohol content level (12%).

⁵⁾ A split-half questionnaire test, comparing the old and the new form, revealed that the presence of the filter question helped the students to focus better on their latest drinking day, which led to lower consumption rates. When the filter was applied to eliminate inconsistent data, the consumption rates went down even more. No filter was used in previous ESPAD questionnaires, which makes the results from the different waves incomparable (see the methodology chapter).

Figure 5a
 Estimated average alcohol consumption during the latest alcohol-drinking day. All students. 2007. Centilitres of 100% alcohol.



¹⁾ Belgium and Germany: Limited geographical coverage.
²⁾ Denmark: Limited comparability.

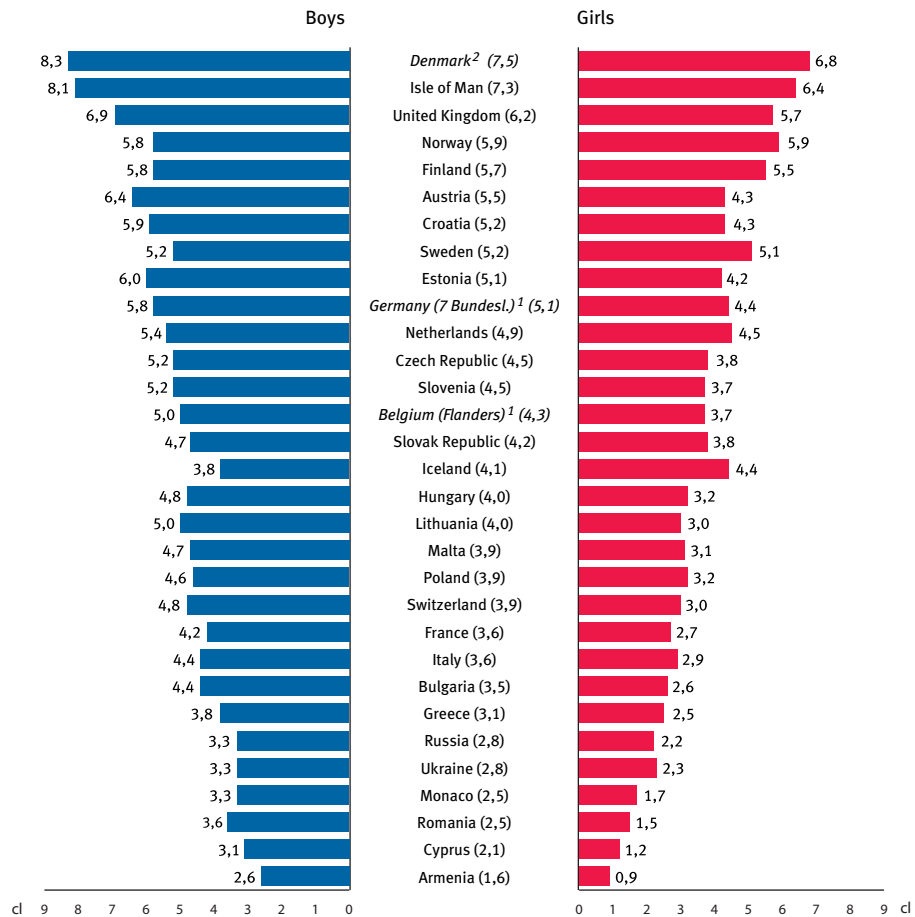


Figure 5b
 Estimated average alcohol consumption during the latest alcohol-drinking day by gender. 2007. Centilitres of 100% alcohol.

Table U. Statistical correlations (Pearson) on an aggregate country level between variables related to alcohol use. 30 ESPAD countries. 2007.

	Last 30 days use of alcohol	Alcohol volume last drinking day	Intoxication rate last drinking day
Last 30 days use of alcohol	–	0.27	0.09
Alcohol volume last drinking day		–	0.88**
Intoxication rate last drinking day			–

** Correlation significant at the 0.01 level.

sumers (37%), followed by the Faroe Islands, Norway and Sweden (roughly 25% each). The lowest shares of non-consumers – around 5% – are found in Austria, Denmark (limited comp.), Estonia and the Isle of Man.

On the aggregate country level, there are no differences between the sexes. Gender differences within countries are also often relatively small, with the exception of Armenia and Romania, where girls are 15 percentage points above boys as regards abstinence from alcohol.

Roughly 30% claimed never to drink beer, some 40% never used any alcopops, wine or spirits, and 50% never drank cider. It should be noted that students claiming never to drink alcohol at present may have used alcohol in the past without considering themselves current users.

Estimated average consumption on the latest drinking day

When the students were asked what beverages they used on their latest drinking day, beer was mentioned by 43%, spirits by 30%, and wine, alcopops and cider by roughly one fifth each. These results reflect the same order of beverages as for reported use in the last 30 days.

An attempt to estimate the total alcohol volume consumed on the latest drinking day is made in the following. The calculations are based on the volumes per beverage type and the alcohol content of the respective beverages, and the results are expressed in centilitres of pure (100%) alcohol. The average alcohol content of different beverages varies across European countries, and the results depend on assumed levels of content. The average alcohol content of alcopops is here set at 4.5%, that of beer and cider at 5%, that of wine at 12% and that of spirits at 38%. The results of the calculations are presented as averages for all students, with non-consumers set to zero, both per beverage and for the total.⁶⁾

On average, the students reported having consumed alcoholic beverages corresponding to 4.2 centilitres of pure alcohol on their latest drinking day.⁷⁾ Reconverted into a specific beverage, this corresponds, for example, to about 11 centilitres of spirits (2–3 drinks) or close to one litre of beer. In terms of weight, 4.2 centilitres of pure alcohol corresponds to 33 grams of pure alcohol.

Consumed volumes almost twice the average were reported

by students in Denmark (limited comp.) and the Isle of Man (about 7.5 cl of pure alcohol). The United Kingdom, Norway, Austria and Finland also display relatively high levels for the latest drinking day (5.5–5.9 cl). Sweden, too, scores relatively high (5.2 cl), meaning that the Nordic countries come across as high-consumption countries in terms of volumes consumed on the latest drinking day (data for the Faroe Islands are missing).

Low levels on the latest drinking day – below 2.5 cl – are found for Monaco, Romania, Cyprus and Armenia, with a particularly low volume in the latter country (1.6 cl). In other words, students in the top countries, on average, had consumed three times as much as students in the countries with the lowest consumption level. Students in Bulgaria, Greece, Russia and Ukraine report relatively low levels (around 3 cl). This means that countries where students had a relatively low alcohol consumption on their latest drinking day are mainly located in east-europe or in the Mediterranean region.

There is only one country where girls report larger alcohol volumes on their latest drinking day than boys do, and that is Iceland. In three more countries – Finland, Norway and Sweden – gender differences are more or less negligible. All four of these countries are Nordic. If these four countries are disregarded, girls typically report consuming about one-third less than boys. Relatively small gender differences, however, are also found in Denmark (limited comp.), the Netherlands, the Slovak Republic and the United Kingdom, where girls' consumption is 18% lower than boys'.

Countries with relatively large gender differences often score below average on total consumption while countries with smaller gender differences, such as those just mentioned, are most often above that average. Even if the girls in Monaco, Romania, Cyprus and Armenia were to drink as much as the boys do, those countries would still remain among those with relatively low levels of consumption on the latest drinking day.

Considering that consumption of a given amount of alcohol produces a higher average blood-alcohol level in women than in men, the gender pattern found in the four Nordic countries might raise some concern about the female drinking habits there. However, even though girls drank more alcohol than boys did in Iceland, there are in fact countries where girls consume larger amounts, since the overall rate is about average in Iceland.

⁶⁾ In all, 7% of all students are not included in the calculation of consumed volumes. These students gave either inconsistent answers or no answers at all in relation to one or more drink categories.

⁷⁾ Only countries with a complete set of beverages contribute to this all-country average.

The highest volumes for girls were reported from Denmark (limited comp.) and the Isle of Man (around 6.5 cl 100% alcohol). Both of these countries also contribute top values for boys (8.2 cl). The alcohol volume reported by Danish girls was actually larger than that reported by boys in any other country except the United Kingdom.

On the aggregate country level there is obviously no correlation between alcohol use in the past 30 days and the amount of alcohol consumed on the latest drinking occasion (Table U). This means that there is no (statistical) association between countries where students drink more often and countries where students consumed larger amounts on their latest drinking day. One interpretation of this is that countries where alcohol drinking is more likely to have occurred recently are those where students normally drink smaller amounts per drinking day.

A typical example of such a country would be Greece, where 71% of the students had used alcohol in the past 30 days (ESPAD average 61%) and the volume consumed on the latest drinking day is 3.1 cl (ESPAD average 4.2 cl). Another example is Malta (73% and 3.9 cl). Typical countries representing an opposite pattern are Finland and Norway, where around 45% had used alcohol in the past 30 days and the volume drunk on the latest drinking day was around 5.8 cl.

Level of drunkenness on the latest drinking day

(Table 18)

Apart from being asked about the amount of alcohol they consumed on their latest drinking day, the students were also asked to indicate on a ten-point scale how drunk they felt on that day. Response category “1” means “not drunk at all” while “10” corresponds to “heavily intoxicated”, which was exemplified by having experienced memory gaps.

Results for the self-estimated level of drunkenness are presented only for students who responded with a value between 1 and 10. Those stating that they do not drink alcohol at all are thus excluded from the analysis. According to Table U, there is a strong association on the aggregate country level between reported amounts of alcohol consumed on the latest drinking day and the perceived level of intoxication ($r=0.88$). Thus, in countries where students report a larger amount of alcohol consumed on their latest drinking day, students are also more likely to report higher levels of intoxication on their latest drinking day.

The highest average intoxication scores were reported by students from the Faroe Islands (5.4). Sweden, Ireland, the United Kingdom, the Isle of Man and Norway also display relatively high values (4.0–4.4). The average was 3.3, and the lowest level of intoxication – 1.6 points – was reported by Armenian students, indicating that most of them hardly felt any effects of alcohol at all on their latest drinking occasion. Greece and Portugal also display relatively low scores (slightly above 2).

In the six countries with the highest scores, between one-third and half of the students indicated an intoxication level in

the upper half of the scale (between 6 and 10). On the other hand, only around 10% of the students in countries with the lowest intoxication scores used that part of the scale.

Among the top six countries, with the exception of the Faroe Islands, there were hardly any differences in reported intoxication levels between boys and girls. In a few of those countries, girls even reported slightly higher scores than the boys did. This is not surprising given the relative amounts reported as consumed on the latest drinking occasion in those countries.

The biggest gap between the sexes in reported intoxication (a full scale point) is found in Bulgaria and Romania; both of these countries had an overall level which was below the average for all countries. There is a tendency for a higher intoxication score for a country to go hand in hand with a smaller gender gap in reported intoxication.

Beverages used on the latest drinking day

(Tables 10a–18, Figures 6a–b)

As mentioned previously, average consumption on the last drinking day was 4.2 centilitres of pure (100%) alcohol. Forty percent of that amount was reported to derive from beer drinking. The second-most important beverage type is spirits, which contribute 30% of total alcohol consumption. Wine and alcopops contribute 13% and 11%, respectively, while cider makes up only 6% of aggregate average consumption.⁸⁾ This means that beer and spirits are the two most important beverages at the aggregate level for the ESPAD countries. There are, however, rather large differences between countries in the breakdown of beverages consumed on the latest drinking occasion.

In 21 out of 31 possible countries, beer is the dominant beverage on the latest day of alcohol consumption. Countries with a particularly large share for beer are Poland, Romania and Bulgaria, where roughly two-thirds of the consumption on the latest drinking day stemmed from beer use (in 100% alcohol). Beer seems to be of the least importance to consumption on the latest drinking day for students from Malta and Estonia, where one fifth of the total alcohol consumed came from beer.

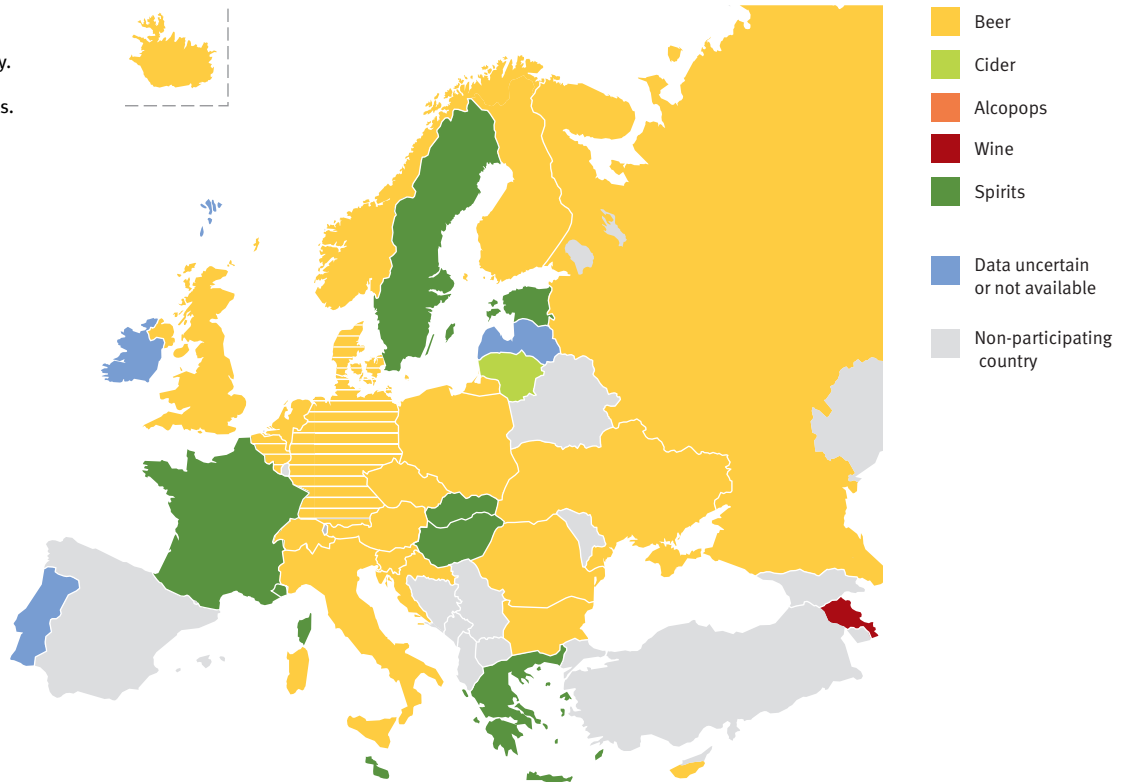
Beer makes up about half of the boys' total consumption but only one fourth of that of the girls. Only in 6 (out of the 31 comparable) countries is a beverage other than beer more important among boys. Conversely, beer is dominant among girls in only 11 countries.

For girls, spirits are typically the dominant beverage as regards alcohol consumption on their latest drinking day; this is the most common beverage type in 17 of the 31 countries. In Monaco and Malta, about 55% of the girls' total alcohol consumption comes from spirits (again, measured in pure alcohol). Spirits are the least important in Romania, Belgium (Flanders) and Russia, where roughly 13% of total consumption comes from that type of beverage.

Wine is the dominant beverage in only one country: Armenia, where 43% of total consumption comes from wine. This is a far higher proportion than the next two countries in

⁸⁾ Only countries with valid data for all relevant beverage categories are included in the calculations. When the average contribution of the various beverages to total consumption is calculated, cider and alcopops are set to zero in countries where no questions about them were asked in the questionnaire.

Figure 6a
Dominant beverage during the latest alcohol-drinking day. Proportion of total volume (in 100% alcohol). All students. 2007.



1) Belgium and Germany: Limited geographical coverage.

2) Denmark: Limited comparability.

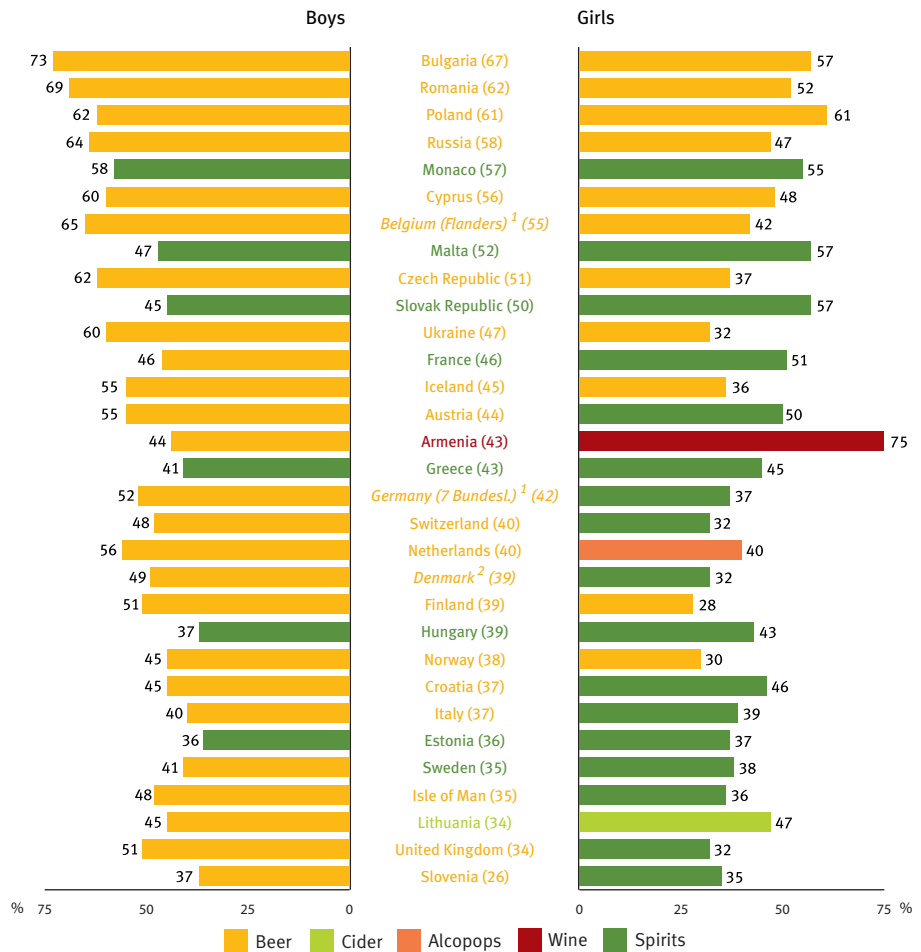
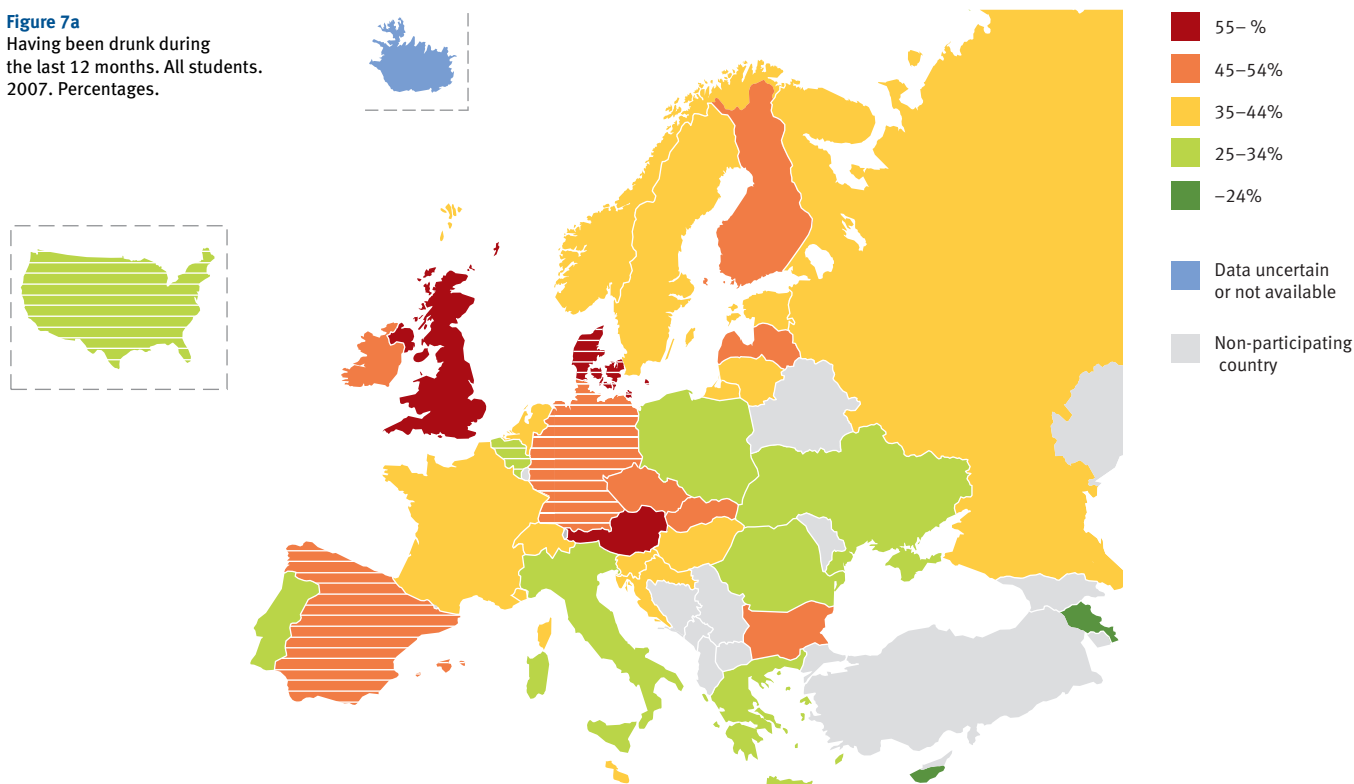


Figure 6b
Dominant beverage during the latest alcohol-drinking day by gender. Proportion of total volume (in 100% alcohol). 2007.

Figure 7a
Having been drunk during the last 12 months. All students. 2007. Percentages.



1) Belgium and Germany: Limited geographical coverage.

2) Denmark, Spain and USA: Limited comparability.

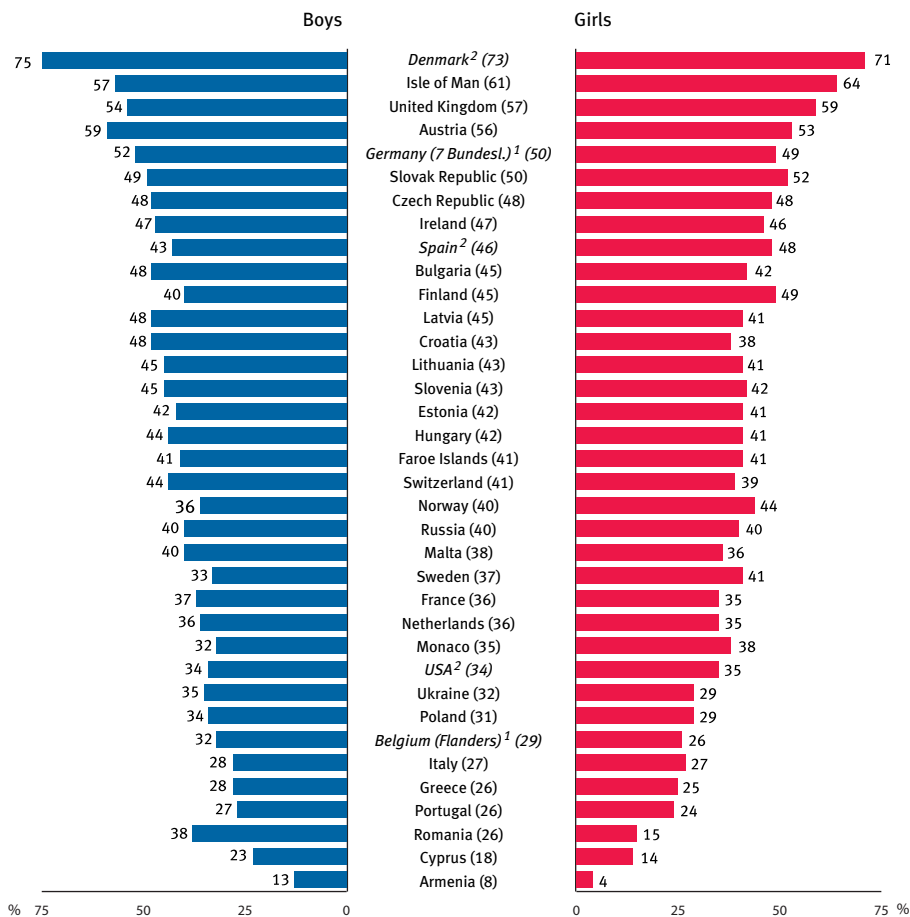


Figure 7b
Having been drunk during the last 12 months by gender. 2007. Percentages.

rank, Hungary and Croatia, where 25% of consumption originates from wine. Wine consumption seems to be particularly rare among students from Iceland, Norway, Lithuania, Sweden and Finland, where only about 5% of the volume consumed on the latest drinking day comes from wine.

On average, 10% of the boys' and 15% of the girls' alcohol consumption originates from wine. In Armenia, 75% of the girls' consumption came from wine. Only for beer consumption among boys in Bulgaria and Romania can a similarly predominant share (about 70%) be found.

Like wine, cider is the dominant beverage in only one country, namely Lithuania, where cider contributes one-third of total alcohol consumption and is the most common beverage among girls. Cider questions were optional and used only by countries finding them relevant considering the market situation and the drinking patterns of the students – mainly Baltic and Nordic countries. As mentioned above, when total average proportions were calculated, countries asking no cider questions were given the value zero for cider, resulting in cider contributing 6% of total consumption on the aggregate level. If only countries using cider questions are analysed, however, this proportion rises to 12%.

The contribution of alcopops to total consumption in Poland, the Slovak Republic, Romania, Bulgaria, Lithuania and Croatia is more or less negligible (around 3%). This type of beverage is far more common in Switzerland and Denmark (limited comp.), with a quarter of the consumption originating from alcopop use. The most dominating position for this drink category is however noticeable in the Netherlands, with 31% of the total consumption coming from alcopop use and the highest proportion per gender is found among Dutch girls (40%).

It is obvious that the drinking pattern of girls is spread across more types of beverage than that of boys. About half of the boys' consumption comes from a single beverage, namely beer. The most dominant beverage for girls (spirits) contributes only one-third of total consumption.

DRUNKENNESS

Lifetime and last 12 months intoxication

(Tables 19a–20b, Figures 7a–b)

The students were asked to indicate how many times they had been intoxicated from alcohol drinking during their lifetime, in

the past 12 months and in the past 30 days, respectively. A number of examples of what “being intoxicated” may mean were given in the questionnaire, for instance staggering when walking, slurred speech or throwing up. In other words, a relatively high level of intoxication is suggested.

On average, half of the students in the ESPAD countries reported that they had been intoxicated in this sense at least once during their lifetime. Particularly low proportions (around 20%) in Armenia and Cyprus reported this to have occurred. On the other hand, four out of five students had been this drunk in Denmark (limited comp.), and two thirds in Latvia, the United Kingdom, Austria and the Isle of Man.

Many students who have been intoxicated have rather limited experience of the phenomenon. Others, however, get drunk more frequently. Countries with the highest percentages of students indicating that they have been drunk 10 times or more include Denmark (30%, limited comp.), the Isle of Man (22%) and the United Kingdom (23%). In Armenia, Cyprus, Portugal, Romania, Greece, Italy and Belgium (Flanders), less than 5% had been intoxicated that many times in their life.

In a majority of countries, more boys than girls report intoxication experience. The differences are normally rather small, though. The largest gender differences are found in Romania, where half of the boys but only one fifth of the girls had been intoxicated. The only country with an apparent opposite pattern was Monaco, where 40% of the boys and 54% of the girls reported intoxication experience.

On average, 39% reported that they had been intoxicated during the last 12 months. Among Danish students, 73% reported intoxication during that period; and levels were also high (50% or above) in the Isle of Man, the United Kingdom, Austria, Germany (7 Bundesl.) and the Slovak Republic. Apart from Spain (not an ESPAD country), no Mediterranean countries are among the countries with high prevalence figures. The lowest rates are found in Armenia (8%) and Cyprus (18%). According to the correlations presented in Table V, higher levels of more recent intoxication are likely to be found in countries where a large proportion of students had been intoxicated at least once in their lifetime.

In most countries the boys are in the majority as regards intoxication in the past 12 months. The largest gender difference is again noted for Romania, where the figure for boys is more

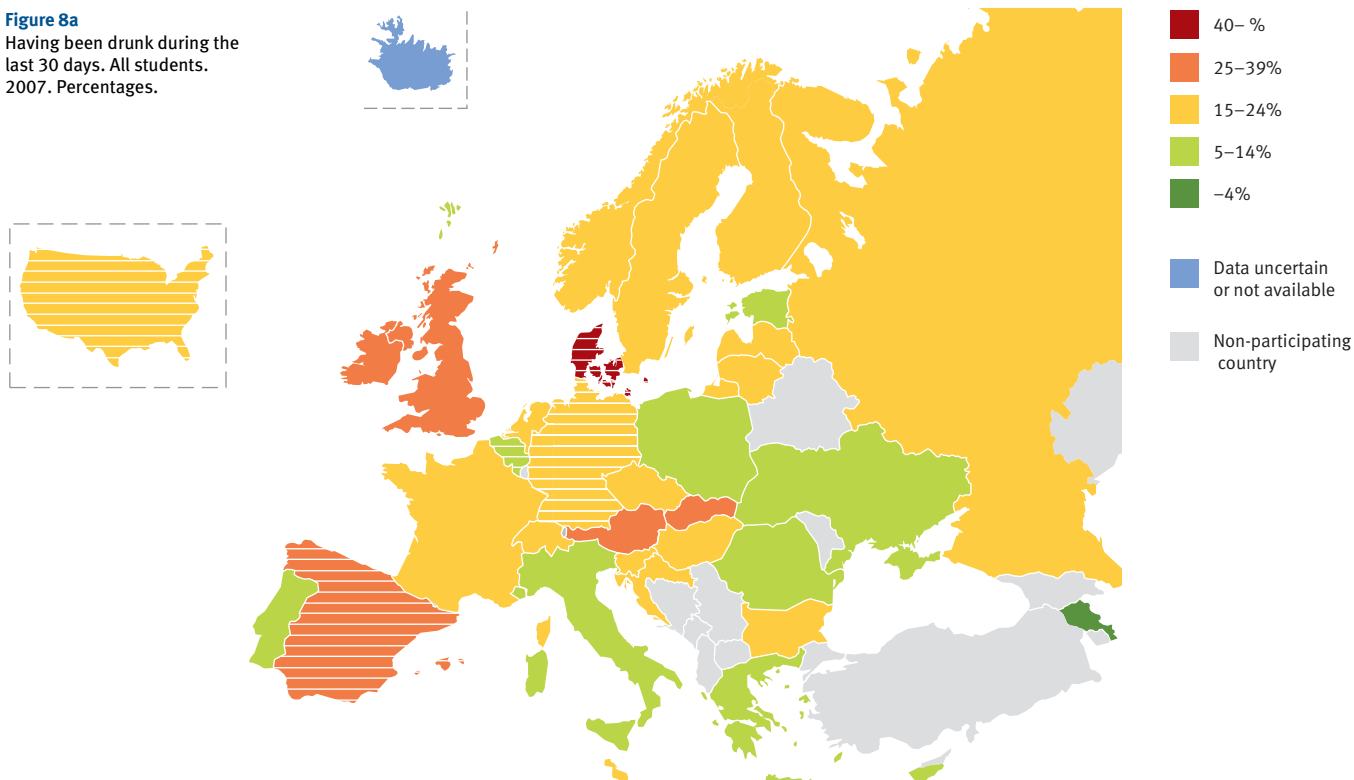
Table V. Statistical correlations (Pearson) on an aggregate country level between different measures of drunkenness-oriented drinking. 26–33 ESPAD countries. 2007.

	Lifetime intoxication	Last 12 months intoxication	Last 30 days intoxication	5+ drinks on one occasion, last 30 days	Intoxication rate last drinking day
Lifetime intoxication	–	0.94**	0.82**	0.43*	0.57**
Last 12 months intoxication		–	0.92**	0.52**	0.69**
Last 30 days intoxication			–	0.47*	0.58**
5+ drinks on one occasion, last 30 days				–	0.17
Intoxication rate last drinking day					–

* Correlation significant at the 0.05 level.

** Correlation significant at the 0.01 level.

Figure 8a
Having been drunk during the last 30 days. All students. 2007. Percentages.



¹⁾ Belgium and Germany: Limited geographical coverage.

²⁾ Denmark, Spain and USA: Limited comparability.

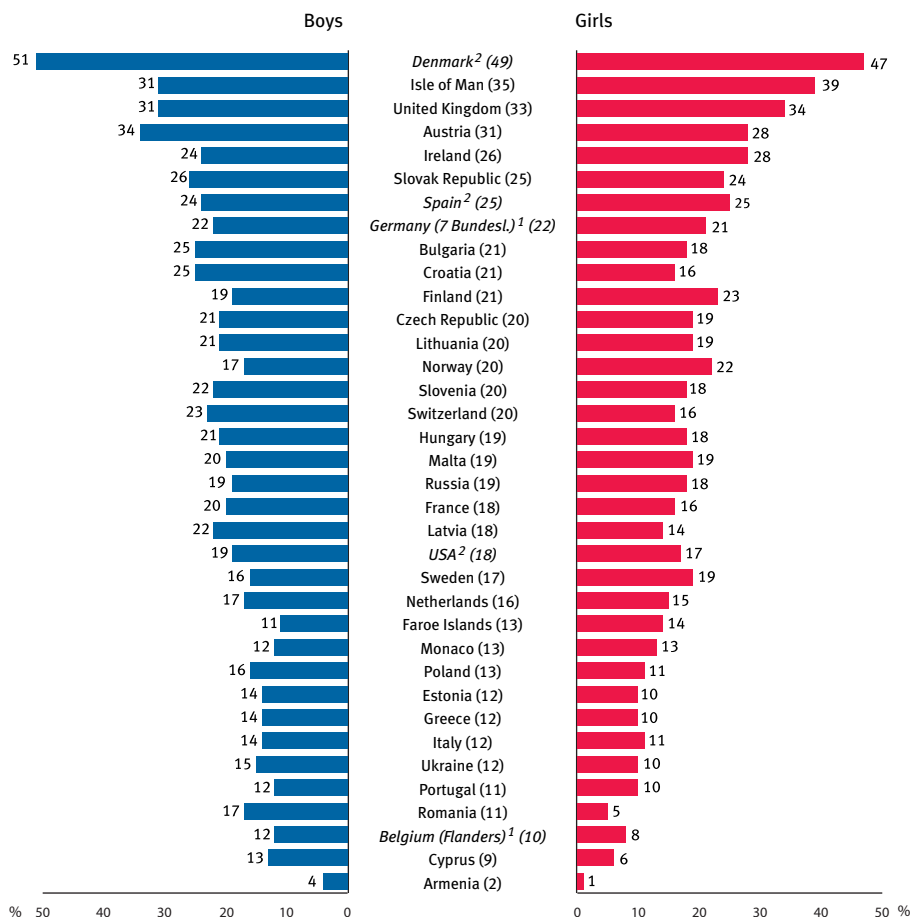
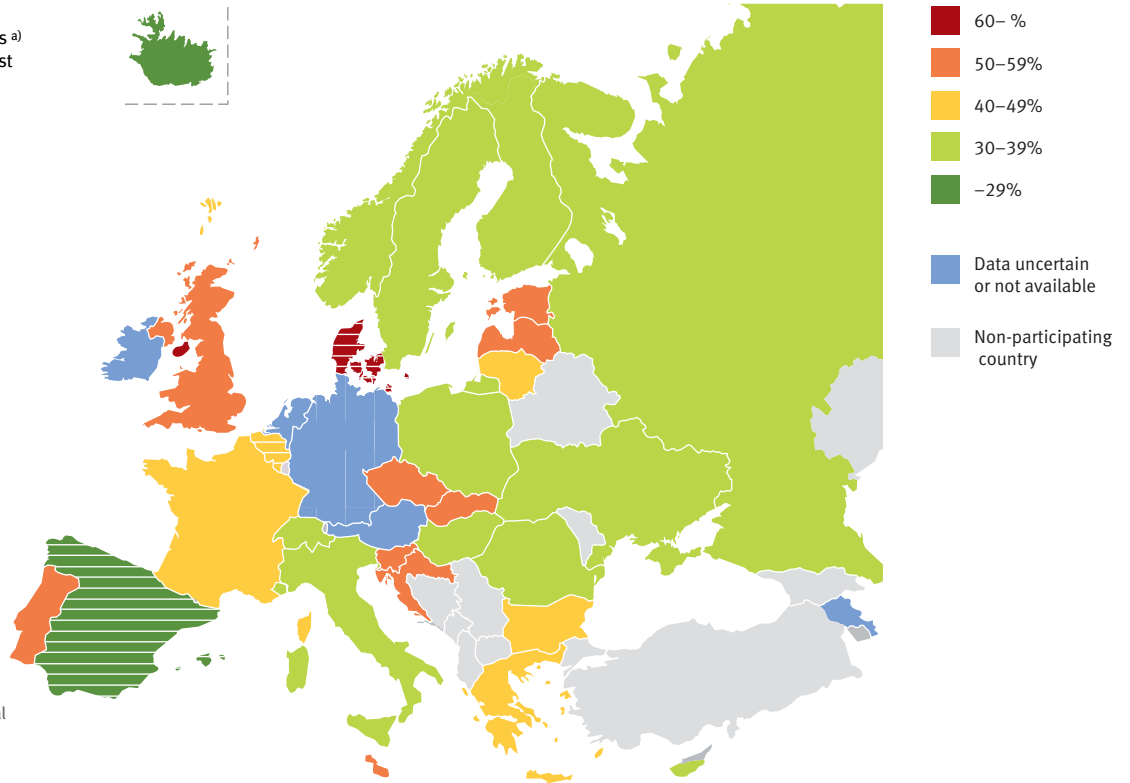


Figure 8b
Having been drunk during the last 30 days by gender. 2007. Percentages.

Figure 9a
Having had five or more drinks^{a)}
on one occasion during the last
30 days. All students. 2007.
Percentages.



¹⁾ Belgium: Limited geographical coverage.

²⁾ Denmark and Spain: Limited comparability.

^{a)} “A ‘drink’ is a glass/bottle/can of beer (ca 50 cl), a glass/bottle/can of cider (ca 50 cl), 2 glasses/bottles of alcopops (ca 50 cl), a glass of wine (ca 15 cl), a glass of spirits (ca 5 cl) or a mixed drink.”

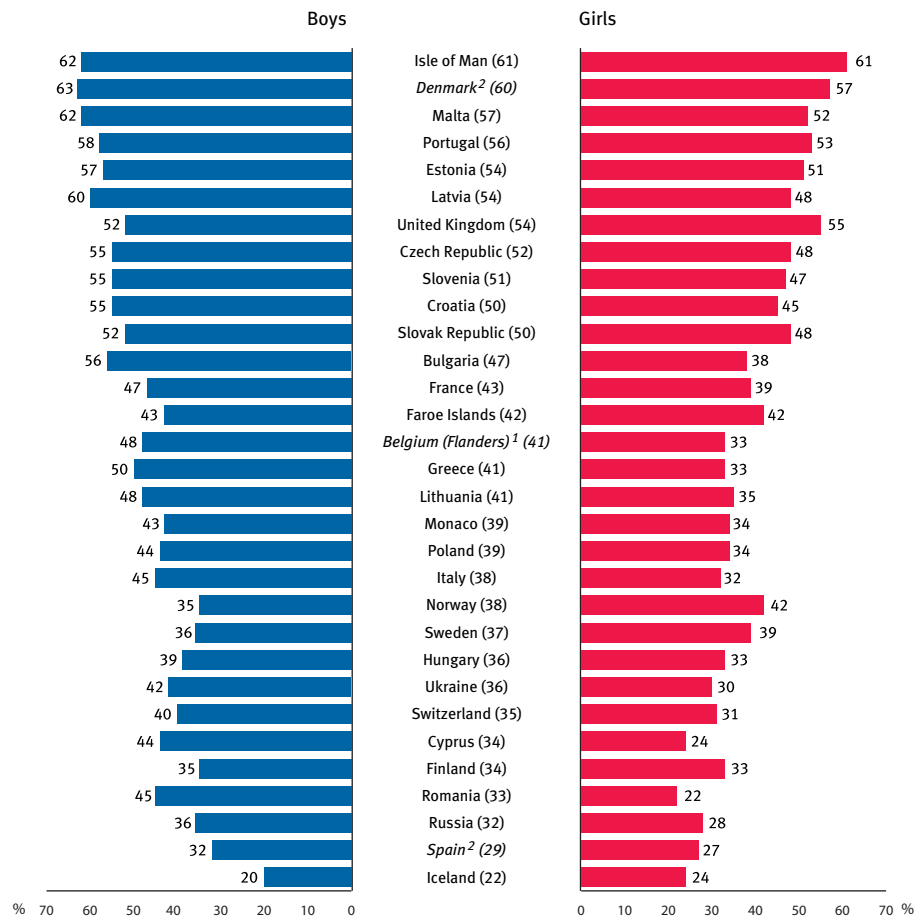


Figure 9b
Having had five or more drinks^{a)}
on one occasion during the last
30 days by gender. 2007.
Percentages.

than twice as high as that for girls (38% versus 15%). Examples of countries with relatively high rates of last-12-months intoxication for girls are Norway, Sweden and Finland, where girls scored, on average, close to ten percentage points above the values for boys.

Last 30 days intoxication

(Tables 21a–b, Figures 8a–b)

Recent intoxication (last 30 days) correlates strongly with lifetime and last 12 months intoxication on the aggregate country level. The order of countries for this shorter time period is thus more or less the same as for the two measures presented above.

A total of 18% reported intoxication during the past 30 days. Denmark (limited comp.) scored highest with half of the students reporting this. The Isle of Man, the United Kingdom and Austria are next in line as high-prevalence countries with one-third of students reporting intoxication during the past month. Only 2% of the Armenian students reported intoxication in the past 30 days, and levels were low (around 10%) in Portugal, Romania, Belgium (Flanders) and Cyprus as well.

The number of students who had been drunk 3 times or more during the last 30 days is of course lower, but the pattern across countries remains more or less the same. At least 10% of students report this frequency of drunkenness during the past month in Denmark (limited comp.), the Isle of Man and the United Kingdom.

In a majority of the countries, more boys than girls report this behaviour. At the level of the ESPAD average, however, gender differences are almost inexistent for recent intoxication as well. In the Faroe Islands, Finland, Ireland, the Isle of Man, Norway, Sweden and the United Kingdom, girls are on average roughly 5 percentage points above boys as regards last 30 days intoxication. This divergent gender pattern thus seems to be characteristic of north-western European countries.

Heavy episodic drinking

(Tables 22a–b, Figures 9a–b)

The students were asked how many times during the last 30 days they had had five drinks or more on one occasion. The idea behind this question is to measure alcohol drinking geared towards intoxication in a more standardised and less subjective way, and the concept under study is here labelled “heavy episodic drinking”.⁹⁾ Consuming five alcoholic drinks or more on one occasion would cause most students of this age to reach at least some degree of intoxication.¹⁰⁾

Heavy episodic drinking is the most prevalent in Denmark (limited comp.) and the Isle of Man, where about 60% of the students reported such behaviour to have occurred during the last 30 days. Malta, Portugal, Estonia, Latvia and the United Kingdom also display relatively high values (around 55%).

Low levels of heavy episodic drinking are notable especially for Iceland (22%) and Spain (29%, not an ESPAD country). On average, 43% of the students reported having had five drinks or more on the same occasion during last 30 days, and 17% indicated that this had happened about once a week or more often during the period in question. It should be noted that data for five countries are missing on this variable owing to incompatibilities in the national version of the question.

Heavy episodic drinking during the last 30 days is more common, on average, among boys than among girls (47% versus 39%). This should not be very surprising, given that girls are more sensitive to alcohol than boys owing to biological factors. In other words, to reach a given level of intoxication, girls need to consume less alcohol than boys and are therefore less likely to reach the cut-off point for heavy episodic drinking.

Even so, there are two countries (Iceland and Norway) where more girls than boys report having had five or more drinks on one occasion, and another five where the proportions are relatively equal (the United Kingdom, Sweden, the Faroe Islands, the Isle of Man and Finland). All of these countries are located in the north-western parts of Europe, and they also all displayed a similar pattern for reported intoxication (see above). The highest proportions for girls, around 60%, are found in the Isle of Man and Denmark (limited comp.), and the lowest are found in Romania, Cyprus and Iceland (around 23%).

As already mentioned, boys are normally in the majority for this behaviour. This is particularly true for the situation in Cyprus, Greece and Romania. The top-level countries for boys are the same as for girls: the Isle of Man and Denmark (limited comp.) at about 62%; and an especially low figure is notable for boys in Iceland (22%).

The aggregate country correlation between having been intoxicated during the last 30 days and having engaged in heavy episodic drinking during the same period is positive ($r=0.47$) but not significant at the 0.01 level (only 28 countries could be compared). One reason for this could be that the concept of “a drink” is established to a varying degree in different countries. This has in fact made it difficult to successfully implement the question in several countries (data from five were deemed incomparable). If these two measures are correlated on the individual level in the respective country, it is also obvious that their co-variation differs considerably across countries (r ranges from 0.29 to 0.64), suggesting that the concept of “heavy episodic drinking” is a relatively complicated one when comparisons are made on a multi-national level.

AGE OF ONSET FOR USE OF DIFFERENT ALCOHOLIC BEVERAGES AND DRUNKENNESS

(Tables 23a–c)

In one third of the countries, at least half of the students report-

⁹⁾ A term previously used was “binge drinking”. According to the NIAAA Advisory Council, a “binge” is a pattern of alcohol drinking that brings the blood-alcohol concentration to 0.08 gram percent or above. For a typical adult, this pattern corresponds to consuming five or more drinks (males) or four or more drinks (females) in about two hours. No time frame is specified in the ESPAD questionnaire, and to avoid misunderstandings the term “binge” is not used in relation to this question anymore.

¹⁰⁾ During earlier ESPAD waves, this question referred to five drinks “in a row” instead of “on one occasion”. However, the ESPAD questionnaire test found no significant differences in results between the two versions, even though cider and alcopops were also added to the drink examples in the 2007 questionnaire.

ed that they had drunk at least one glass of beer at the age of 13 or younger. The situation is more or less the same for wine but beer is slightly more common than wine as an early alcoholic beverage since an average of 47% of the students had tried beer that young while the corresponding figure for wine is 41%. It is less common to have had a glass of cider (35%), alcopops (30%) or spirits (21%) at this age. As many as two thirds of the students in Bulgaria, the Czech Republic and Latvia had drunk a glass of beer before the age of 13, and 59% of the students in the Isle of Man had done so with wine.

Boys are more likely than girls to have tried alcoholic beverages at the age of 13 or younger. This is true for all five beverages asked about. The smallest gender gap is that for alcopops.

It is clear that many students in most ESPAD countries have tried alcohol at a fairly young age. Such consumption, however, did not lead to intoxication in all that many cases. The proportion of students reporting that they were drunk at the age of 13 or younger varies quite substantially across countries; the average is 14%. About one fourth of the students in Denmark (limited comp.), Estonia, the Isle of Man and the United Kingdom report that they experienced their first intoxication at the age of 13 or younger. In other countries, this percentage is considerably lower. The lowest rate, roughly 5%, was reported from Armenia, Greece, Italy and Portugal.

Overall, more boys than girls report intoxication at this early age. Even though boys are in the majority in many of the countries, the proportions are rather similar in 14 countries: Austria, Belgium (Flanders), the Faroe Islands, Finland, Germany (7 Bundesl.), Iceland, Ireland, the Isle of Man, Monaco, the Netherlands, Norway, Portugal, Sweden and the United Kingdom. These countries are all located in western Europe.

ALCOHOL PURCHASES

(Tables 24a–25c)

Off-premise consumption

The students were asked to think back over the last 30 days and to indicate on how many occasions they had bought “beer, cider, alcopops, wine or spirits in a store (grocery store, liquor store, kiosk or petrol station)” for their own consumption. They gave a separate answer for each beverage.

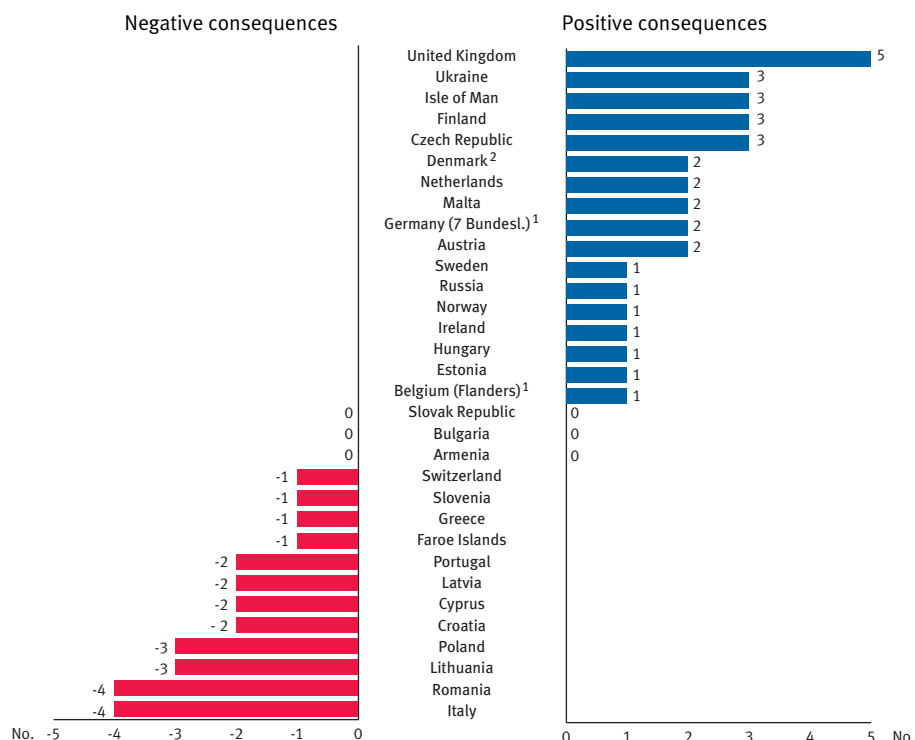
There are clear country differences as regards alcohol purchases. As an example, roughly half of the students had bought beer last 30 days in Bulgaria, Ukraine and Romania while only 10% had done so in Sweden and Finland. It should, however, be noted that there are differences between countries in age limits for purchasing alcoholic beverages and in the level of enforcement, and that there may also be national differences in age limits for individual beverages. Furthermore, another availability factor that differs across countries is that some of them have monopoly stores or special outlets, sometimes limited in number and often with thorough age verification, while in other countries alcoholic beverages may not at all be considered a special type of goods but be sold relatively freely in shops.

Beer is the most commonly purchased type of alcoholic beverage in about two thirds of the ESPAD countries. On average, 27% of students reported that they had bought beer in the last 30 days. Alcopops and spirits (17% each) are in second place. Purchases of cider and wine were reported to a lesser extent (around 12% mentioned these beverages). For all alcohol types, it was more common to have made just a few (1–2) purchases during the period in question.

On average, for all ESPAD countries, boys were more likely

Figure 10
Expected positive and negative consequences of alcohol consumption. Number of statements for which the percentage of all students deeming a positive or negative consequence to be “likely” or “very likely” to appear exceeds the average for all countries. All students. 2007. Number of consequences.

¹⁾ Belgium and Germany: Limited geographical coverage.
²⁾ Denmark: Limited comparability.



than girls to report having bought alcoholic beverages during the period in question. This, however, is not true for alcopops and wine, where the proportions were fairly equal.

On-premise consumption

To explore whether the students consume alcohol in public establishments, they were asked to indicate how many times they had drunk “beer, cider, alcopops, wine or spirits in a pub, bar, restaurant or disco” during the past 30 days. It should be kept in mind here that, for on-premise consumption as well, there are differences in legislation and enforcement across countries. Again, answers were given separately for each alcoholic beverage.

On average, one in three students reported having consumed beer in a public establishment during the past 30 days. One fourth had drunk spirits and about one fifth had consumed alcopops, cider or wine. Just like for purchases of alcohol, there were rather large country differences. Using the most common beverage (beer) as an example once more, roughly half of the students in Bulgaria, the Czech Republic and Austria reported on-premise consumption in the past 30 days while only around 10% did so in Finland, Norway and Sweden.

For cider, wine and spirits there are no gender differences at all at the level of the average for all countries. On-premise beer consumption, however, is more common among boys than among girls (40% versus 24%) while on-premise wine consumption is more common among girls (25% versus 20%).

In all countries taken together, and for all beverages, on-premise consumption is reported to be more common in the past 30 days than buying alcohol in stores for off-premise consumption. Countries with an opposite pattern are Armenia, Lithuania, Norway, Russia, Ukraine and Denmark (limited comp.).

EXPECTED PERSONAL CONSEQUENCES OF ALCOHOL USE

(Table 26a–c, Figure 10)

The expected consequences of alcohol use vary considerably both between individuals and across countries. Different cultures promote different patterns of alcohol consumption as well as different psychosocial effects of intoxication. And even within countries, individuals adopt different drinking patterns and experience the effects of alcohol in different ways.

The students were asked to indicate how likely they thought that various positive and negative consequences were to happen if they drank alcohol. Five positive and six negative consequences were proposed. The positive ones were “feel relaxed”, “feel happy”, “feel more friendly and outgoing”, “have a lot of fun” and “forget my problems”. The six negative ones were “feel sick”, “get a hangover”, “not be able to stop drinking”, “harm my health”, “do something I would regret” and “get into trouble with the police”. The proportions of students in each country replying “likely” or “very likely” to the question about each consequence are presented in Tables 26a–c. Data (for all items) are missing for France, Iceland and Monaco.

Most students associate their alcohol consumption with having fun. A large majority (67% on average) anticipate this as a possible consequence. The other anticipated positive consequences were each indicated by roughly half of the students, with “forget my problems” (48%) mentioned slightly less often.

Among the negative consequences, “harm my health” and “get a hangover” are the ones most often anticipated; they were indicated by about 42% on average. These options are followed, in descending order, by “do something I would regret”, “feel sick” and “get into trouble with the police”. The least expected consequence is “not be able to stop drinking”, which on average was indicated by 16%.

The countries where the most students indicated positive consequences include Denmark (limited comp.), the Faroe Islands, Ireland, the Isle of Man and the United Kingdom. On average, about 70% of the students in these countries anticipated at least one positive consequence. As regards expected negative consequences, the countries with the highest average proportion (roughly 50%) indicating any of those include Bulgaria, Croatia, the Faroe Islands and Romania. The Faroese students seem particularly likely to anticipate both positive and negative consequences of drinking.

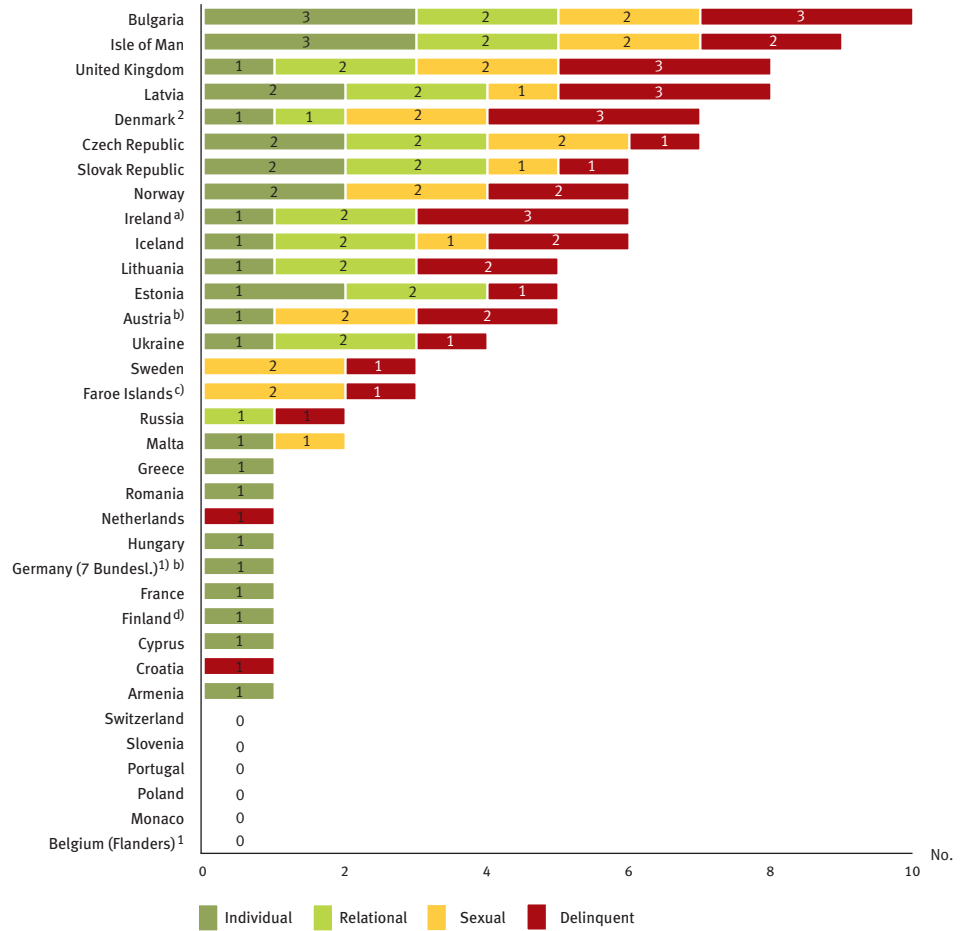
Comparison of the averages for positive and negative consequences, respectively, clearly shows that the students are more likely to expect positive rather than negative effects of their alcohol consumption.

To give an overview of the anticipated positive and negative consequences of alcohol use, Figure 10 summarises the extent to which the students in each country agreed with the different statements. Thus, for each of the five positive consequences, if the individual country’s proportion exceeds the average for all countries, the country receives one point for that item. In the same way, five of the negative consequences (the sixth and least expected consequence, “not being able to stop drinking”, was excluded to balance the scale) are used to summarise the negative side. To balance the positive and the negative consequences, each country’s positive points minus its negative points make up an index value. This means that the result could be a positive or a negative sum, or zero. In the figure, all countries are presented with their summarised points.

As can be seen in the figure, students in the United Kingdom seem to be the most positive in their attitudes towards their alcohol consumption, with a total sum of +5 points. Other countries with relatively high scores are the Czech Republic, Finland, the Isle of Man and Ukraine (+3 points each). In each of these countries, students generally anticipate more positive and fewer negative consequences of their own alcohol consumption than in other ESPAD countries. It is notable that, apart from Ukraine, these countries are also above average for drunkenness in the last 30 days and for volumes consumed on the latest drinking day.

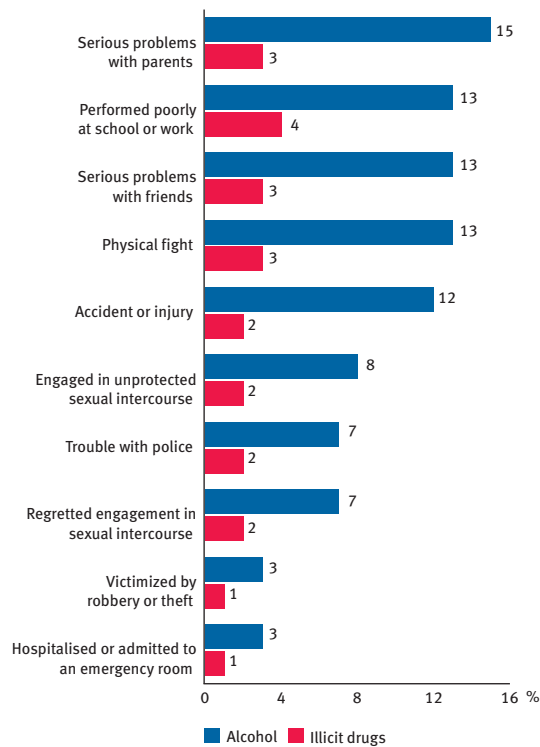
On the negative side of the y-axis we find countries where negative anticipated consequences outweigh positive ones. The top four countries, with four or three negative points, are Italy, Romania, Lithuania and Poland. In these countries, students generally anticipate more negative and fewer positive consequences of their alcohol consumption than their peers in the other participating countries taken together. Many of the countries with negative scores are associated with low prevalence rates for alcohol consumption and drunkenness. In other words, there is a positive association between a high level of use and drunkenness on the one hand and a tendency to anticipate mainly positive consequences on the other.

Figure 11
Experienced problems caused by personal alcohol use. Number of variables within each “problem group” for which a country’s percentage exceeds the average for all countries. All students. 2007. Number of problems.



- 1) **Belgium and Germany:** Limited geographical coverage.
- 2) **Denmark:** Limited comparability.
- a) **Ireland:** Two variables missing.
- b) **Germany and Austria:** Because of “alcohol use” not because of “own alcohol use”.
- Three variables missing.
- c) **Faroe Islands:** One variable missing
- d) **Finland:** Three variables missing.

Figure 12
Proportion of students reporting having experienced any of the following problems because of personal use of alcohol or illicit drugs. All students. 2007. Percentages.



EXPERIENCED PROBLEMS CAUSED BY USE OF ALCOHOL AND OTHER SUBSTANCES

(Tables 27a–c, 42a–c, Figures 11–12)

The respondents were asked a question about the number of occasions during the last 12 months on which they had experienced any problems related to their alcohol use. Ten problems are listed in the questionnaire, and these have been grouped into four categories: “individual problems”, “relational problems”, “sexual problems” and “delinquency problems”.

“Individual problems” include the following items: “performed poorly at school or at work”, “accident or injury” and “hospitalised or admitted to an emergency room”. The individual problem least often indicated is hospital admittance: on average, 3% had experienced this during the past 12 months. Some 12% mentioned any of the other two problems in the category. The highest average percentages of students indicating any individual problem are found in Bulgaria, the Isle of Man, the Slovak Republic and the United Kingdom, while the lowest ones are found in Portugal and Belgium (Flanders).

“Relationship problems” include serious problems with either friends or parents. Both of these problems were indicated by about 14% of students. The individual countries with the highest average percentages (around 22%) for this category are the Czech Republic, Estonia, Latvia and Lithuania, while the fewest individual problems are reported from Armenia, Belgium (Flanders), Monaco, the Netherlands, Portugal and Switzerland (about 8%).

“Sexual problems” also include only two items: “engaged in sexual intercourse you regretted the next day” and “engaged in sexual intercourse without a condom”. The overall average for these two problems is fairly similar (about 7%). Individual examination of the various countries reveals that these problems are most often experienced by youths in Denmark (limited comp.) and the Isle of Man (reported by around 15%) and least commonly experienced in Armenia and Portugal (around 3%). (Ireland excluded these items from the questionnaire.)

“Delinquency problems” include “physical fight”, “victimized by robbery or theft” and “trouble with the police”. Of these, the first is the one most often indicated (by 13% on average) while the other two problems are less prevalent (around 5%). The individual countries that score highest on this group of problems are the Isle of Man and the United Kingdom (12% each). Very few students (around 3%) in Greece and Portugal indicated this kind of problems.

The most common group of problems due to alcohol consumption during the past 12 months was relational problems, which were mentioned by 14% on average while the other three groups were indicated by roughly 8% each.

For three out of four problem groups, the average scores do not differ that much between the genders. Delinquency problems, however, were reported by twice as many boys as girls (11% versus 5%). This is mainly because the boys have been involved in physical fights to a larger extent.

The pattern of rather small differences between boys and girls is also found in most individual countries. When there are differences, the figures are usually higher among boys. However, in a few countries some of the problem types are

found mainly among girls. This is the case in the Faroe Islands, where more girls have reported sexual problems related to their alcohol consumption, and this is also the case for Iceland and Monaco. Girls are also in the majority when it comes to relational problems (true for the Czech Republic, Denmark (limited comp.), Iceland, Ireland, the Isle of Man, Norway, the Slovak Republic, Sweden and the United Kingdom). It could be noted that most of these countries are located in north-western Europe.

In Figure 11 the magnitude of experienced problems in different countries is shown by summarising the number of items on which each country scores above average. The maximum score is ten, although it should be kept in mind that data on one or several items are missing for some countries (Faroe Islands 1 item, Ireland 2 items, Austria, Finland and Germany 3 items), lowering the potential maximum score for these countries.

The largest number of items exceeding the average is found in Bulgaria, where ten out of ten problems were above average, followed by the Isle of Man (9), the United Kingdom and Latvia (8 each). The fewest reported alcohol-related problems are found in Belgium (Flanders), Monaco, Poland, Portugal, Slovenia and Switzerland, which did not exceed the all-country average score for any of the problems.

Later on in the questionnaire, the respondents were asked to reply to questions about the same list of experienced problems but then in relation to their personal use of illicit drugs (“for example cannabis, ecstasy or amphetamines”). The results there are on a lower level, at least partly due to the fact that use of illicit drugs in the past 12 months is relatively rare, especially compared with alcohol use. In fact, the levels are so low that it makes more sense to present them here in relation to the alcohol figures rather than presenting them without any comparisons. Such a comparison is made in Figure 12. It is obvious that the average percentages for all items are higher in relation to alcohol than in relation to illicit drugs. The most common negative outcome from use of illicit drugs reported was “performed poorly at school or work”, mentioned by 4%.

Comparison of the results for the two variables “expected consequences of alcohol use” and “problems because of alcohol use” reveals that several of the countries where students tend to anticipate positive outcomes from alcohol use are also more likely to be found among the countries with more students reporting problems related to alcohol use. Still, even though the correlation on the aggregate country level between these two variables is positive, it is not significant at the 0.01 level. Further, one problem with such a comparison is that results for the two variables are available only for 30 countries, among which, furthermore, four lack data on one or several items.

ALCOHOL – A SUMMARY

Alcoholic beverages, especially beer, are considered easily available; 78% found beer easy to obtain. In all ESPAD countries, at least two thirds of the students have tried alcohol at least once during their lifetime. On average, 89% have used alcohol during their lifetime, 82% have done so in the last 12

Table X. Statistical correlations (Pearson) on an aggregate country level between different alcohol measures. 26–32 ESPAD countries. 2007.

	Last 30 days use of alcohol	Alcohol volume on the latest drinking day	Last 30 days intoxication	5+ drinks on one occasion, last 30 days	Anticipated pos. consequences of own alcohol use	Experienced neg. cons. of own alcohol use
Last 30 days use of alcohol	–	0.27	0.54 **	0.69**	0.20	0.11
Alc. vol. on the latest drinking day		–	0.77 **	0.51**	0.52**	0.43*
Last 30 days intoxication			–	0.47*	0.50**	0.58**
5+ drinks on one occasion, last 30 days				–	0.26	0.35
Anticipated pos. consequences of own alcohol use					–	0.35
Experienced neg. consequences of own alcohol use						–

* Correlation significant at the 0.05 level.

** Correlation significant at the 0.01 level.

months and 61% in the past 30 days. Gender differences become apparent when frequency of use is considered: boys have used alcohol more often than girls. In all, 14% of the students state that, at present, they never drink alcohol at all.

In countries where students report a relatively high level of alcohol use in the past 30 days, they also, by contrast, report lower volumes of consumption on their latest drinking day. A typical country where students drink more often, but in smaller quantities, is Greece. An opposite pattern is often notable for the Nordic countries, where alcohol is consumed less often but in larger quantities. In countries with relatively high levels of consumption on the latest drinking day, girls tend to drink about the same amounts as boys do. Quite naturally, reported self-assessed intoxication levels on the latest drinking day were considerably higher in countries with high consumption levels.

Beer and spirits are the two most important types of beverage for the students. On average, 40% of the amount consumed (in 100% alcohol) on the latest drinking day stemmed from beer drinking. The second-most important beverage type is spirits, contributing 30% of total alcohol consumption. Wine and alcopops contribute 13% and 11%, respectively, while cider makes up only 6% of aggregate average consumption. Half of the boys' consumption on the latest drinking day (in 100% alcohol) is accounted for by beer. Girls have a more evenly distributed pattern as regards different beverages, the most important type being spirits, which contribute one-third of the volume consumed on the latest drinking day.

On average, half of the students have been intoxicated, at least once during their lifetime, to the point of staggering when walking, having slurred speech or throwing up. Thirty-nine percent reported intoxication in the last 12 months and 18% in the past 30 days. There were gender differences within countries, but on the ESPAD average level no differences were noted for any of these three measures. Another way to measure drunkenness is to ask about a specific amount of alcohol consumed within a certain period of time. The students were asked if they had had five drinks or more on one occasion during the past month; this is referred to here as "heavy episodic drinking". Forty-three percent reported this; more boys than girls did so (47% versus 39%).

In half of the participating countries, at least half of the stu-

dents had consumed at least one glass of alcohol at the age of 13 or younger, and 14% had been drunk at that age.

Table X displays Pearson correlations between six alcohol-related measures presented in various sections earlier in this chapter. Apparently, in countries where many students have used alcohol during the past 30 days, more students are likely to report having been intoxicated and having had five or more drinks on one occasion during the same period. Having been intoxicated during the past 30 days, in turn, co-varies both with anticipating more positive consequences from drinking and with having experienced more negative personal consequences when drinking, compared with countries where intoxication in the past 30 days is less frequent.

There is no (significant) correlation between having used alcohol at all in the past 30 days and the amount of alcohol used on the latest drinking day. In other words, in countries where students tend to drink more often, they are more likely to have consumed smaller amounts on their latest drinking day. As already mentioned above, one impression is that drinking patterns vary across countries and that some countries seem to have a drinking culture which is more geared towards intoxication while the drinking culture of other countries involves students drinking more frequently but also more moderately.

USE OF ILLICIT DRUGS

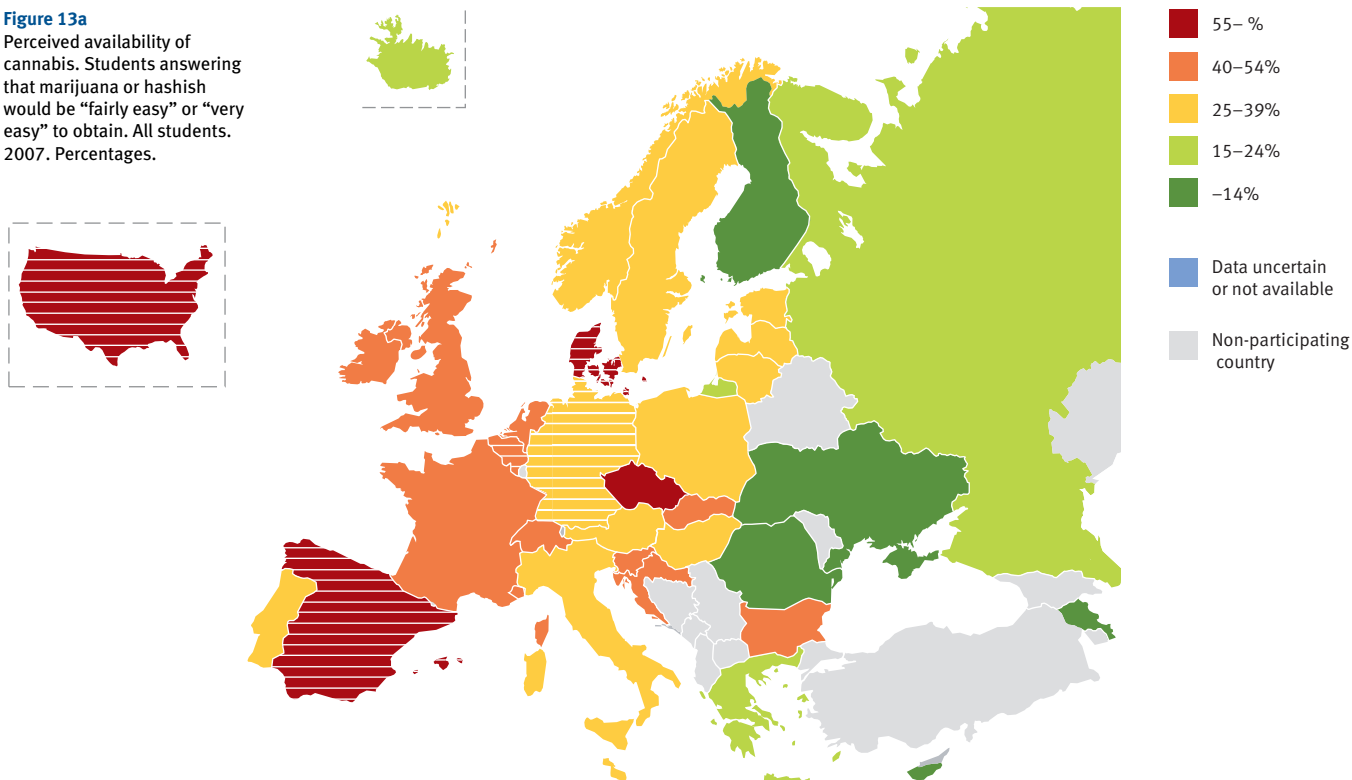
This section presents results on the use of illicit drugs (cannabis, ecstasy, etc.) as well as tranquillisers or sedatives (with and without a doctor's prescription), anabolic steroids and inhalants. Overall, the focus is on lifetime prevalence, except for a limited number of substances for which the 12 months and 30 days prevalence rates are also presented. The section begins with a presentation of the perceived availability of a limited number of substances.

PERCEIVED AVAILABILITY OF VARIOUS SUBSTANCES

(Tables 28–29, Figures 13a–b)

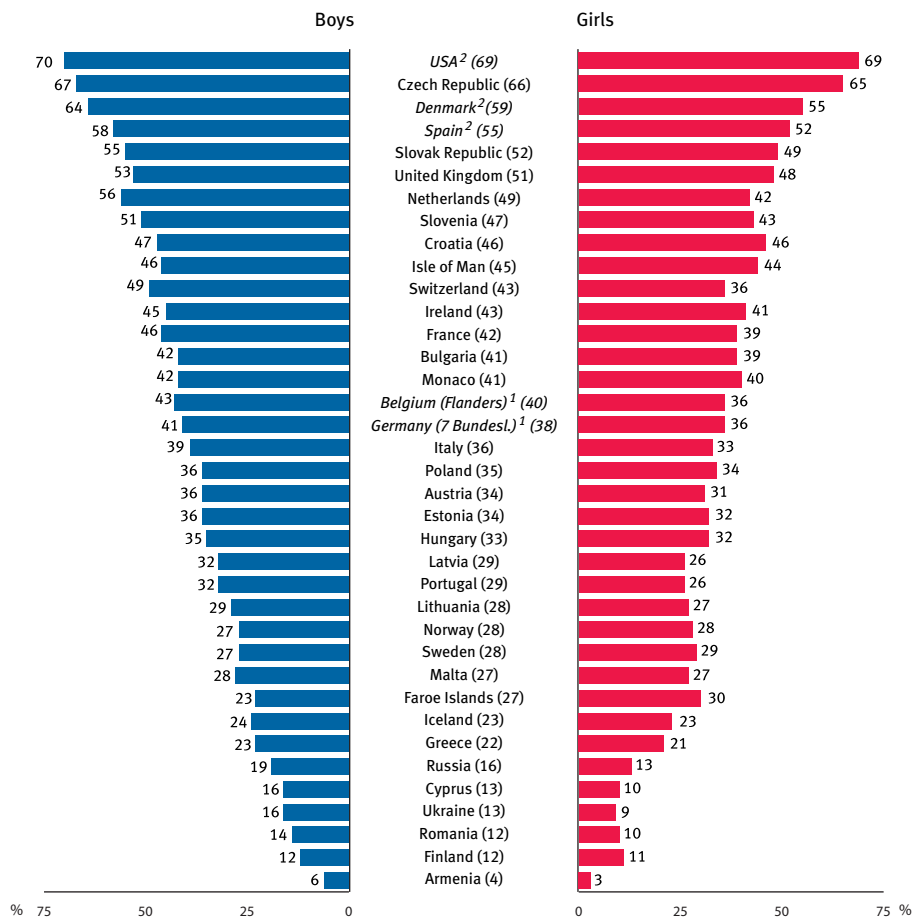
The students were asked: "How difficult do you think it would be for you to get each of the following?" and presented with a list of five substances (cannabis, amphetamines, ecstasy, tran-

Figure 13a
Perceived availability of cannabis. Students answering that marijuana or hashish would be “fairly easy” or “very easy” to obtain. All students. 2007. Percentages.



¹⁾ Belgium and Germany: Limited geographical coverage.
²⁾ Denmark, Spain and USA: Limited comparability.

Figure 13b
Perceived availability of cannabis. Students answering that marijuana or hashish would be “fairly easy” or “very easy” to obtain, by gender. 2007. Percentages.



quillisers/sedatives and inhalants). For each of the listed substances, the response categories were: “impossible”, “very difficult”, “fairly difficult”, “fairly easy”, “very easy” and “don’t know”. The proportions of students who answered “very easy” or “fairly easy” to this question are presented in this section.

One-third perceived cannabis to be easily obtained (average for all ESPAD countries). Students in Armenia are those who perceived cannabis to be the least available: only 4% said it would be fairly or very easy to obtain cannabis. In Cyprus, Ukraine, Finland and Romania, the availability of cannabis was also considered to be low: just above 10% thought it would be easy to obtain the substance.

Czech students considered cannabis to be more available than students in any other ESPAD country. Two-thirds said that cannabis is easily obtainable in the Czech Republic – a level of availability which is of the same magnitude as that claimed by US students (the United States is not an ESPAD country, and the US cannabis market is also totally separate from the European one). Availability levels were also perceived to be high (around 57%) in Denmark (limited comp.) and Spain (not an ESPAD country). Except for Denmark, all Nordic countries are below the average, and this is more or less true also for the Baltic countries. Another geographical pattern is that most countries in eastern Europe display lower levels of perceived availability.

Boys consider cannabis to be slightly more available than girls do, but the difference is small (35% versus 31%). The observed difference might be related to a higher level of use among boys.

Availability questions for two more illicit substances, amphetamines and ecstasy, were also included in the questionnaire. On average, these two drugs were both said to be fairly or very easily available by around 16%, i.e. half the cannabis proportion. One-quarter of the students in Croatia, Iceland and Ireland considered amphetamines to be easily obtainable. This means that Icelandic students consider amphetamines and cannabis to be equally easy to obtain; the availability level for cannabis is below average and that for amphetamines is above average.

Top countries for ecstasy availability are Ireland, Latvia and Slovenia. Students in countries reporting amphetamine availability to be high are likely to score high on the perceived availability of ecstasy as well ($r=0.81^{**}$ on the aggregate country level). There is also a statistical co-variation between cannabis availability on the one hand and amphetamine and ecstasy availability on the other. These relationships are weaker although they are still statistically significant ($r=0.60^{**}$ and 0.72^{**} , respectively).

No gender differences are visible for the perceived availability of amphetamines and ecstasy. Such differences do exist, however, for the perceived availability of tranquillisers or sedatives, which are reported to be easily available by 27% of the girls and 21% of the boys (the average for both sexes in all ESPAD countries is 24%). Half of the students in Hungary and Poland reported these substances to be easily available while only 10% or less did so in Armenia, Russia and Ukraine. The questionnaire does not distinguish between the prescription

and non-prescription availability of these medical drugs.

Finally, the availability of inhalants was also checked. According to the instructions provided, the definition given of “inhalants” in the questionnaires was to include, in addition to “glue”, other relevant national examples. Less than half (44%) of the students considered inhalants to be easily available. It is questionable, however, whether this question actually reflects the full availability of such substances (glue, petrol, spray-can propellants, paint, butane gas, etc.), considering that this level is only ten percentage points above that for the controlled substance cannabis.

One factor that may help explain this rather small difference is that the concept of “inhalant use” is not clearly defined and that the students may also subconsciously have considered their knowledge of routes of administration when making their statements. No gender differences were notable in the results for inhalants. The top availability countries are Austria, Germany (7 Bundesl.), Ireland and the Isle of Man (around 70%), while Italy and Portugal are found at the bottom of the list (around 20%).

LIFETIME USE OF ANY ILLICIT DRUG

(Tables 30a–b, Figures 14a–b)

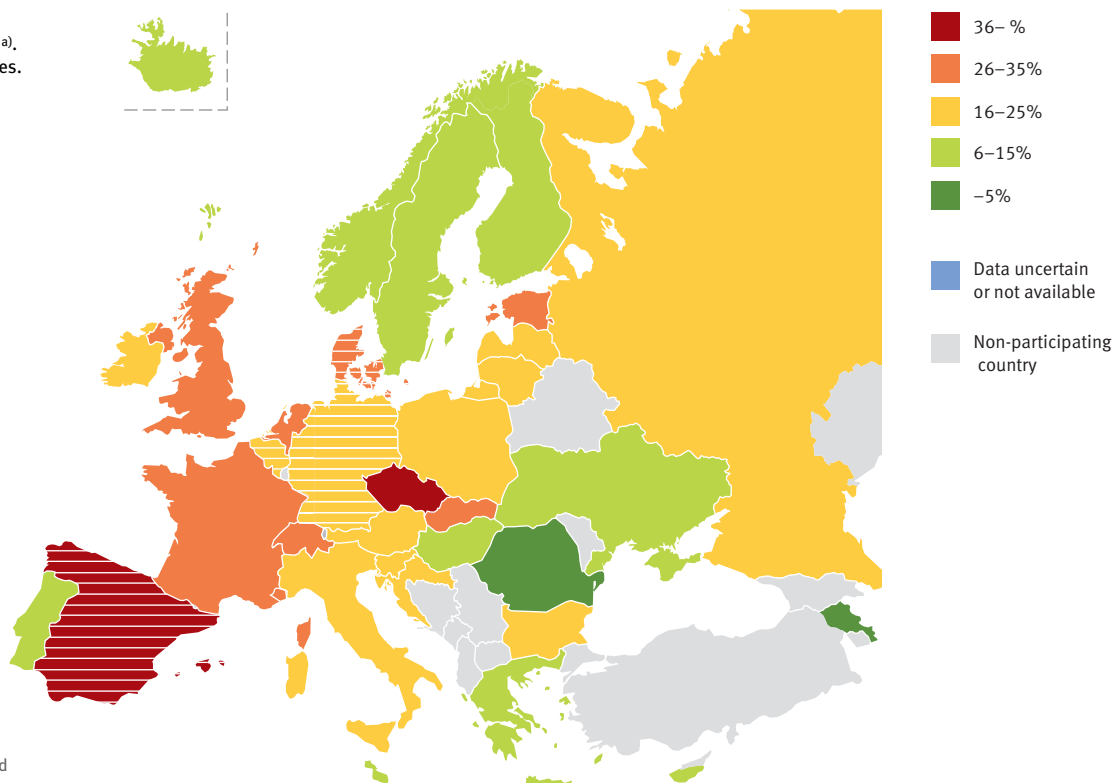
The concept of “any illicit drug” includes marijuana, hashish, amphetamines, cocaine, crack, ecstasy, LSD or other hallucinogens, and heroin. Reported use of any of these illicit drugs varies considerably across the ESPAD countries. In the Czech Republic, almost half (46%) of the students report having used any of the drugs included in the index at least once, which is more than twice the ESPAD average of 20%. Spanish students also exhibit a high level of experience (38% report use of any illicit drug, but it should be noted that Spain is not an ESPAD country).

High levels (26–35%) of illicit drug use are also notable for Denmark (limited comp.), Estonia, France, the Isle of Man, Monaco, the Netherlands, the Slovak Republic, Switzerland and the United Kingdom. Particularly low levels of illicit drug use can be noted for Armenia and Romania (4% and 5%, respectively), and the levels were also below 10% in Cyprus, the Faroe Islands, Finland, Greece, Norway and Sweden. Apparently, most low-prevalence countries can be found in south-eastern Europe or among the Nordic countries.

Many of the students have tried an illicit drug only once or twice, while others have used such drugs more often. Examples of countries where extensive experience of drug taking is fairly common are the Czech Republic, France, the Isle of Man, Italy, Monaco, the Netherlands and Switzerland, where roughly one student in ten has used illicit drugs 20 times or more.

On average, 23% of the boys and 17% of the girls have tried illicit drugs at least once during their lifetime. Only in Monaco does the figure for girls exceed that for boys (by 8 percentage points). The gender differences are more or less negligible in the Faroe Islands, Finland, the Isle of Man, Norway, Romania, Spain (not an ESPAD country) and Sweden – all of them countries scoring either very high or very low in terms of prevalence.

Figure 14a
Lifetime use of any illicit drug ^{a)}.
All students. 2007. Percentages.



¹⁾ Belgium and Germany: Limited geographical coverage.

²⁾ Denmark and Spain: Limited comparability.

^{a)} "Any illicit drug" include cannabis, ecstasy, amphetamines, LSD or other hallucinogens, crack, cocaine and heroin.

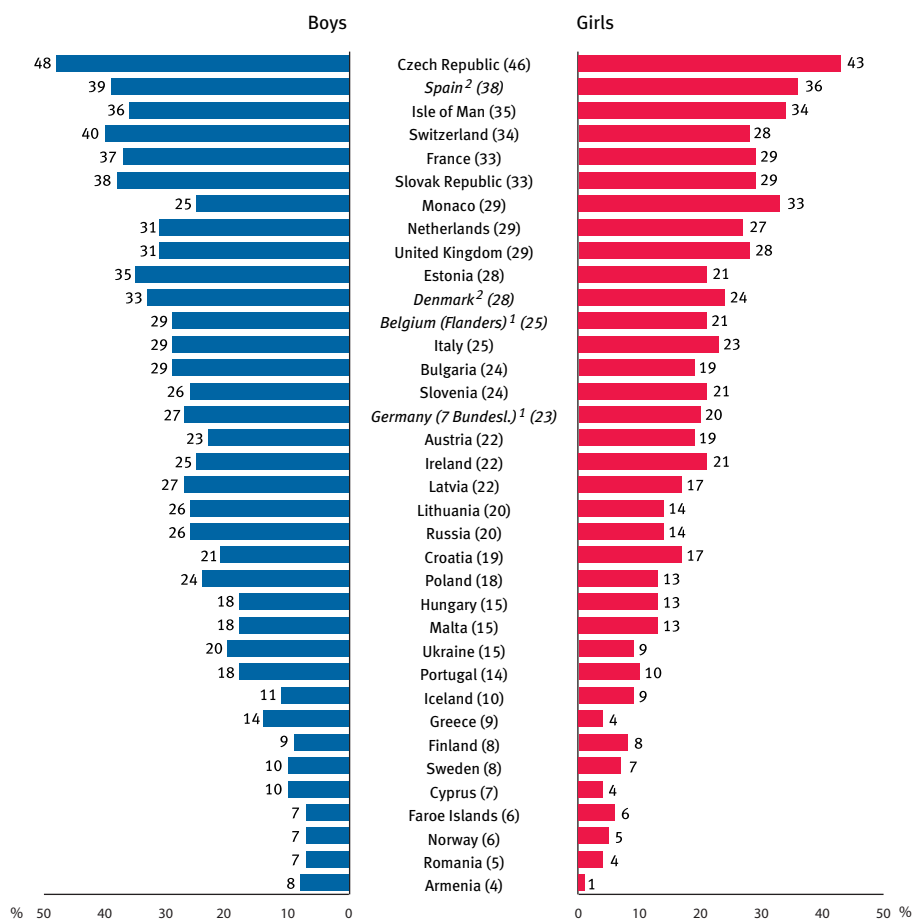
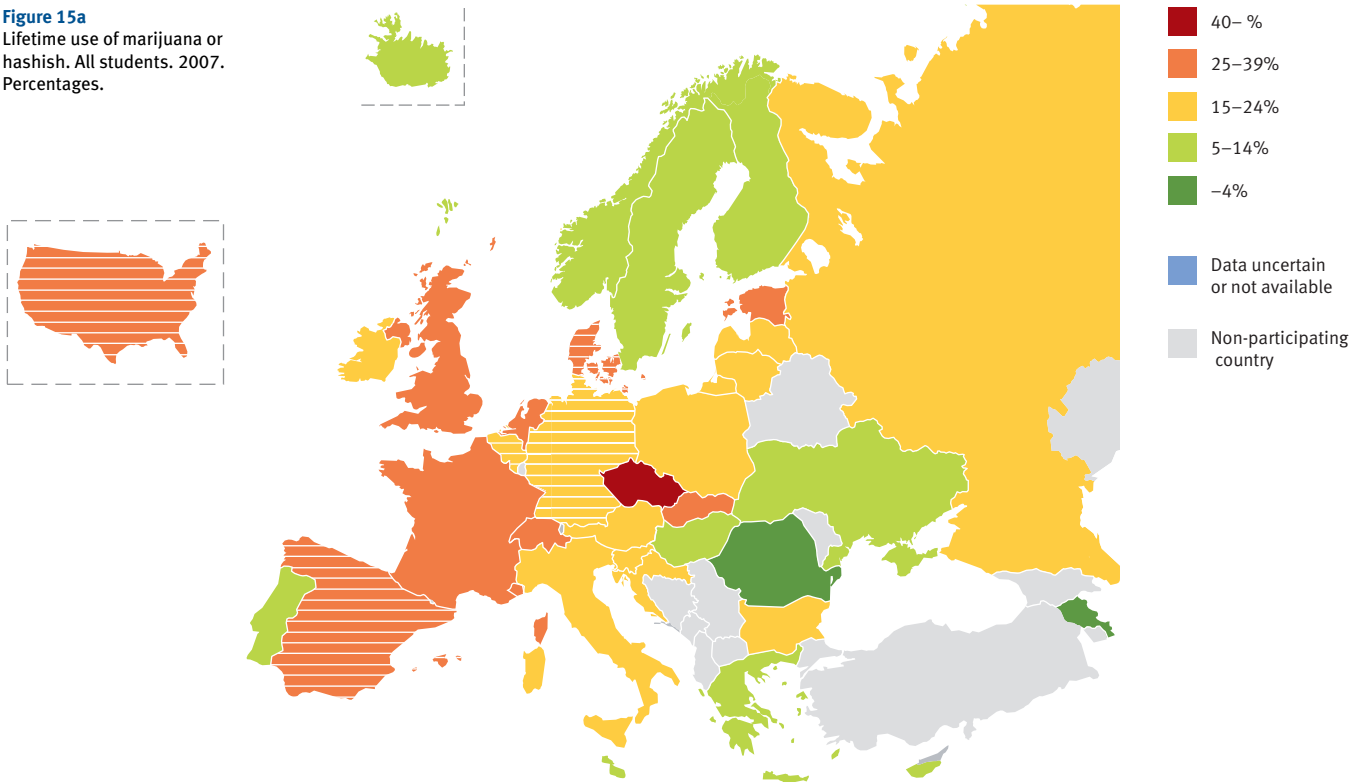


Figure 14b
Lifetime use of any illicit drug ^{a)}
by gender. 2007. Percentages.

Figure 15a
Lifetime use of marijuana or hashish. All students. 2007. Percentages.



¹⁾ Belgium and Germany: Limited geographical coverage.

²⁾ Denmark, Spain and USA: Limited comparability.

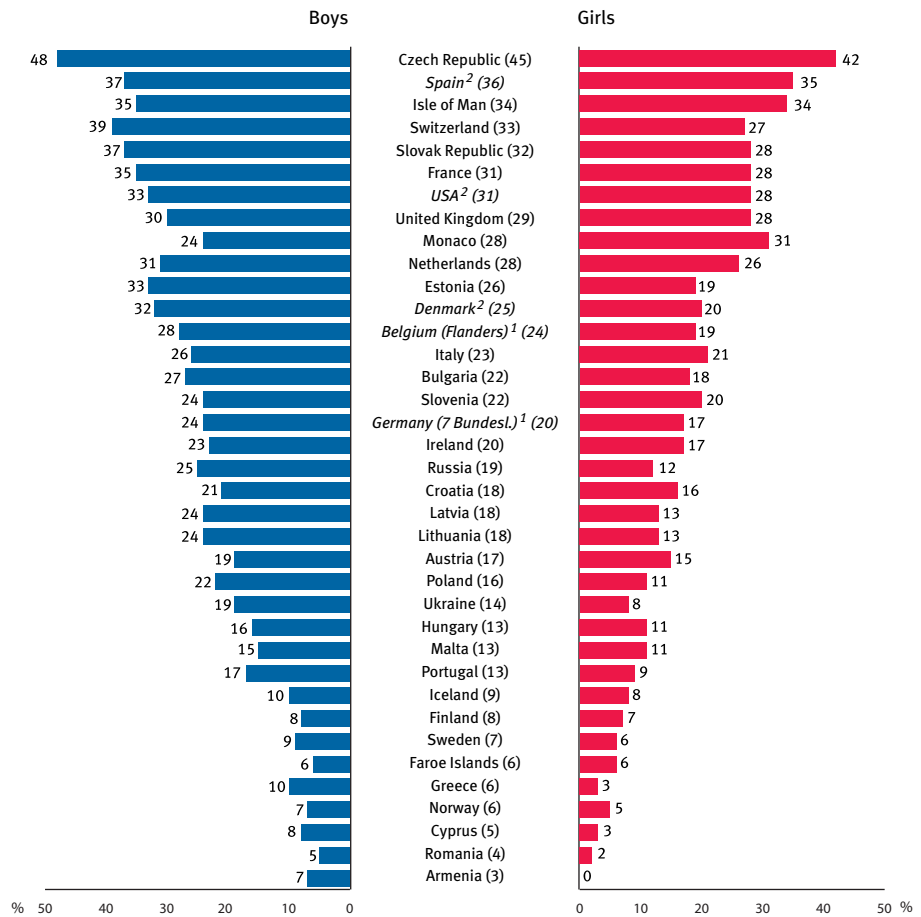
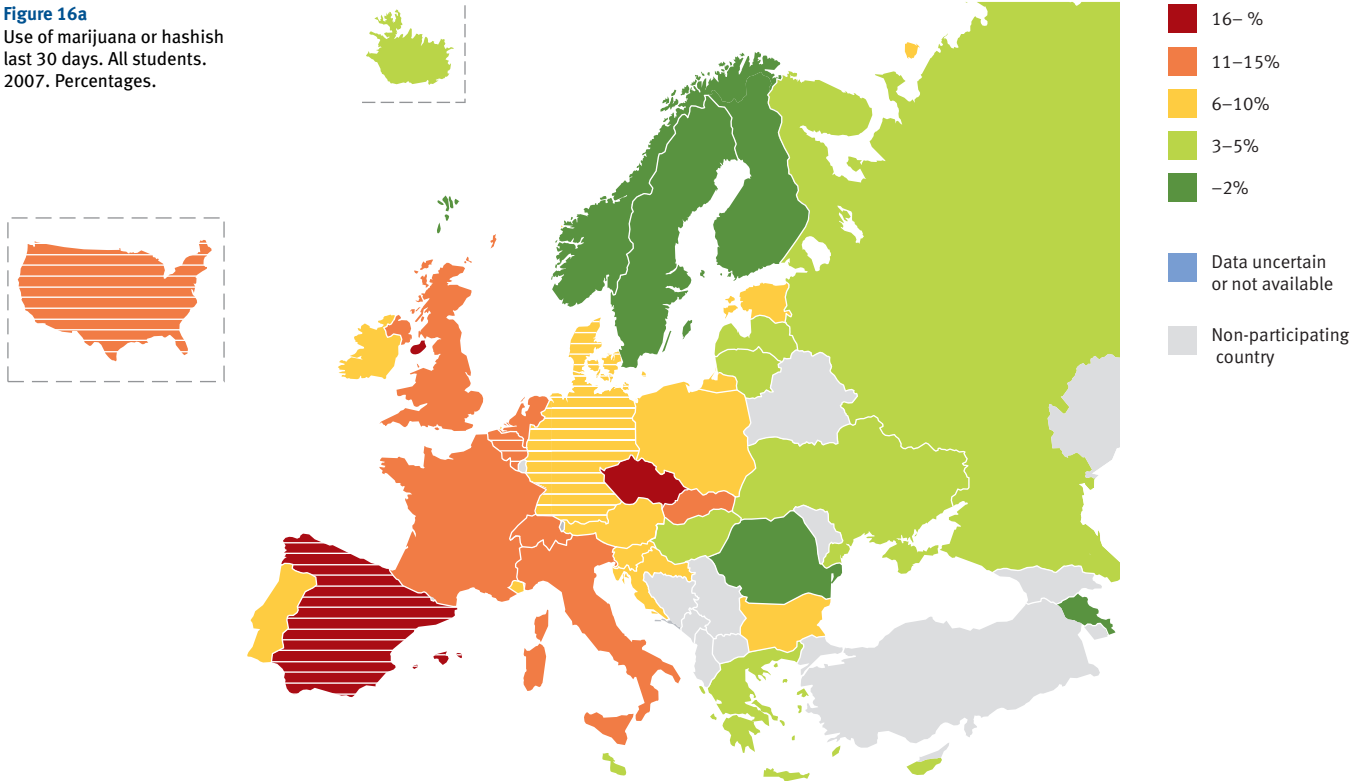


Figure 15b
Lifetime use of marijuana or hashish by gender. 2007. Percentages.

Figure 16a
Use of marijuana or hashish last 30 days. All students. 2007. Percentages.



1) Belgium and Germany: Limited geographical coverage.

2) Denmark, Spain and USA: Limited comparability.

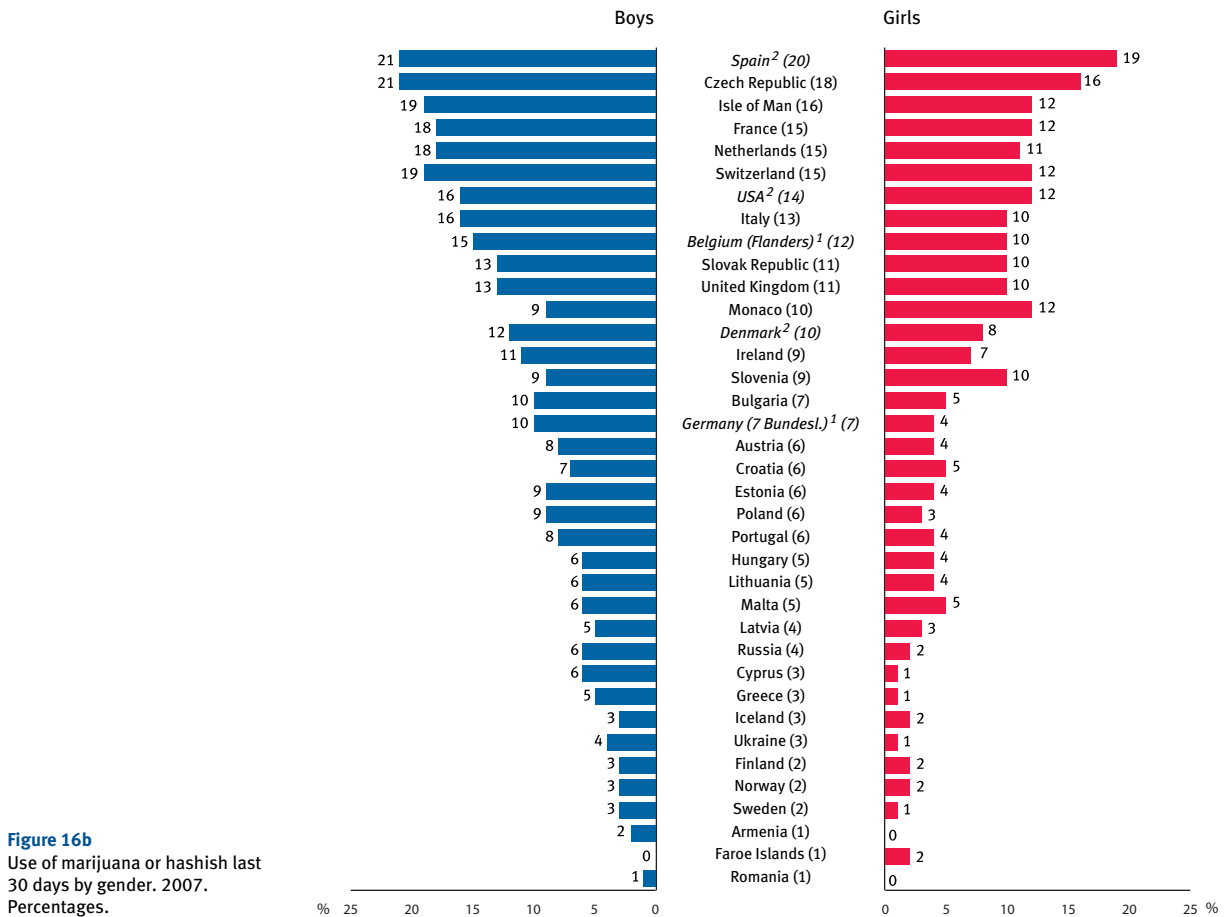


Figure 16b
Use of marijuana or hashish last 30 days by gender. 2007. Percentages.

Table Y. Statistical correlations (Pearson) on an aggregate country level between various variables relating to use of illicit drugs. 34 ESPAD countries. 2007.

	Lifetime use of any illicit drug	Lifetime use of cannabis	Last 12 months use of cannabis	Last 30 days use of cannabis	Lifetime use of any illicit drug but cannabis
Lifetime use of any illicit drug	–	0.99**	0.98**	0.92**	0.77**
Lifetime use of cannabis		–	0.99**	0.92**	0.72**
Last 12 months use of cannabis			–	0.96**	0.71**
Last 30 days use of cannabis				–	0.70**
Lifetime use of any illicit drug but cannabis					–

** Correlation significant at the 0.01 level.

CANNABIS

LIFETIME AND LAST 12 MONTHS USE OF CANNABIS

(Tables 31a–32b, Figures 15a–b)

The vast majority of the students in all ESPAD countries who have tried any illicit drug have used marijuana or hashish (cannabis). The proportion of students reporting experience of cannabis¹¹ is thus close to the total prevalence for illicit drugs. The largest differences are found for Austria and Latvia, where the cannabis rate is about five percentage points below the prevalence for all illicit drugs taken together. The statistical correlation between these two variables is almost perfect ($r=0.99$), meaning that countries scoring high on illicit drugs are also very likely indeed to score high on cannabis, and vice versa.

The top country for cannabis use is the Czech Republic, where 45% of the students have used marijuana or hashish at least once during their lifetime. High prevalence rates (around 35%) are also reported from the Isle of Man, the Slovak Republic, Spain (not an ESPAD country) and Switzerland. The lowest levels of cannabis use are reported from Armenia (3%) and Romania (4%). Again, low-prevalence countries are primarily found in south-eastern Europe and among the Nordic countries.

On average, boys report cannabis use to a larger degree than girls do (22% versus 16%). The biggest gender gap is found in Estonia, where boys are 14 percentage points above girls for cannabis experience (33% versus 19%). In line with what has already been pointed out for illicit drugs taken together, Monaco is the only country where girls outnumber boys (7 percentage points above).

Use of cannabis in the past 12 months was reported by 16% of the boys and 12% of the girls (14% of all students). Almost 9 in 10 students who have ever used cannabis had apparently done so during the past 12 months. The geographical pattern and the gender pattern are very much the same as for lifetime use of cannabis; on the aggregate country level, the statistical correlation between lifetime and last 12 months cannabis use is almost total.

LAST 30 DAYS USE OF CANNABIS

(Tables 32a–b, figures 16a–b)

Seven percent of all ESPAD students stated that they had used marijuana or hashish during the last 30 days. This corresponds to roughly one-third of the group stating lifetime use. In the Czech Republic, the Isle of Man and Spain (not an ESPAD country), almost one in five students (18%) claimed to have used cannabis in the past 30 days.

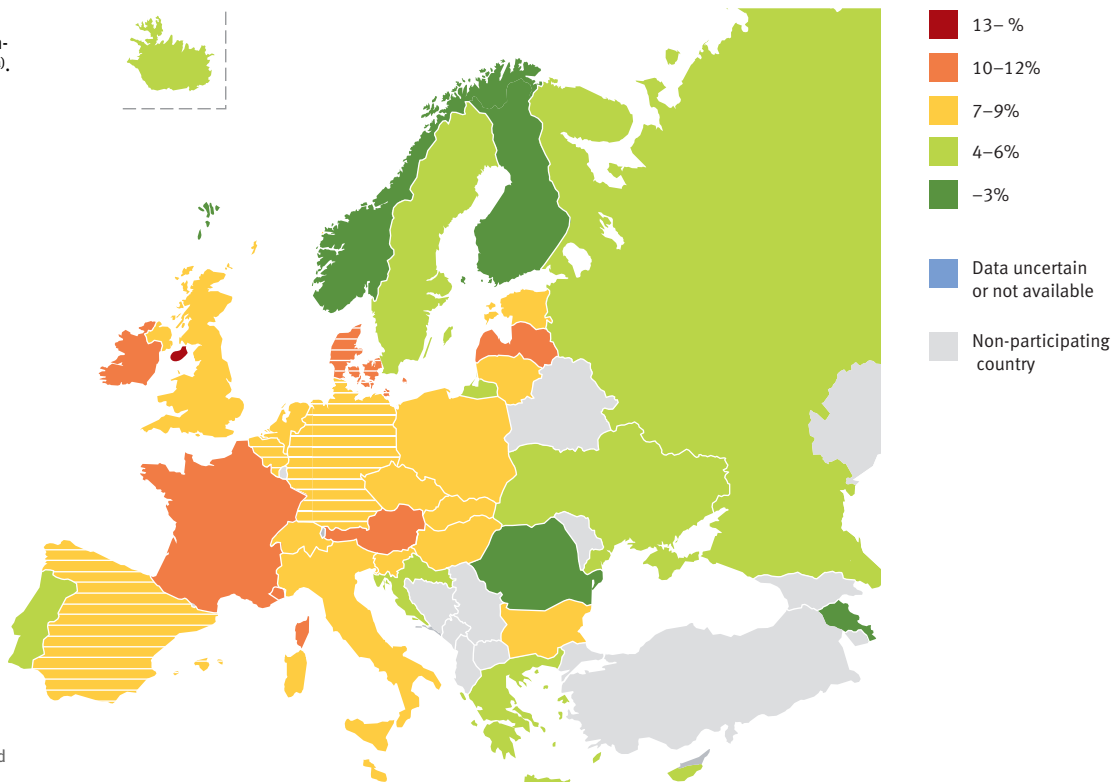
About 10% of all students in those three countries had used cannabis at an average frequency roughly corresponding to at least once a week during the period in question (3–5 times or more last 30 days). This level of use is much higher than the average for all ESPAD countries (3%). In France, Italy, the Netherlands, Switzerland and the United States (not an ESPAD country), almost as many students – nearly one in ten – claimed to have used cannabis this often in the past 30 days.

Such frequent use of cannabis in the past 30 days was hardly reported by any students at all in Armenia, the Faroe Islands, Finland, Romania and Sweden. These countries, together with Norway, are also the countries with the lowest total rates (1–2%) for use in the past 30 days. Apart from the Czech and Slovak Republics, all ESPAD countries with 10% or more students reporting use of cannabis in the past 30 days are located in western Europe.

The largest gender gaps in terms of percentage points, with boys in the lead, are to be found for the Isle of Man, the Netherlands and Switzerland, where boys are 7 percentage points above girls as regards use of cannabis in the past 30 days. All three of those countries are also among the top prevalence countries. In Armenia and Romania, no girls had used cannabis in the past month. The gender distribution is roughly three-to-one in the boys' favour in Cyprus, Greece, Ukraine, Poland, Russia and Sweden.

¹¹ "Cannabis" will from here onwards be used as a synonym of "hashish or marijuana", even though other cannabis products such as hashish oil were not asked about in the questionnaire.

Figure 17a
Lifetime use of illicit drugs other than marijuana or hashish^{a)}. All students. 2007. Percentages.



¹⁾ Belgium and Germany: Limited geographical coverage.

²⁾ Denmark and Spain: Limited comparability.

^{a)} Any illicit drug but cannabis includes ecstasy, amphetamines, LSD or other hallucinogens, crack, cocaine and heroin.

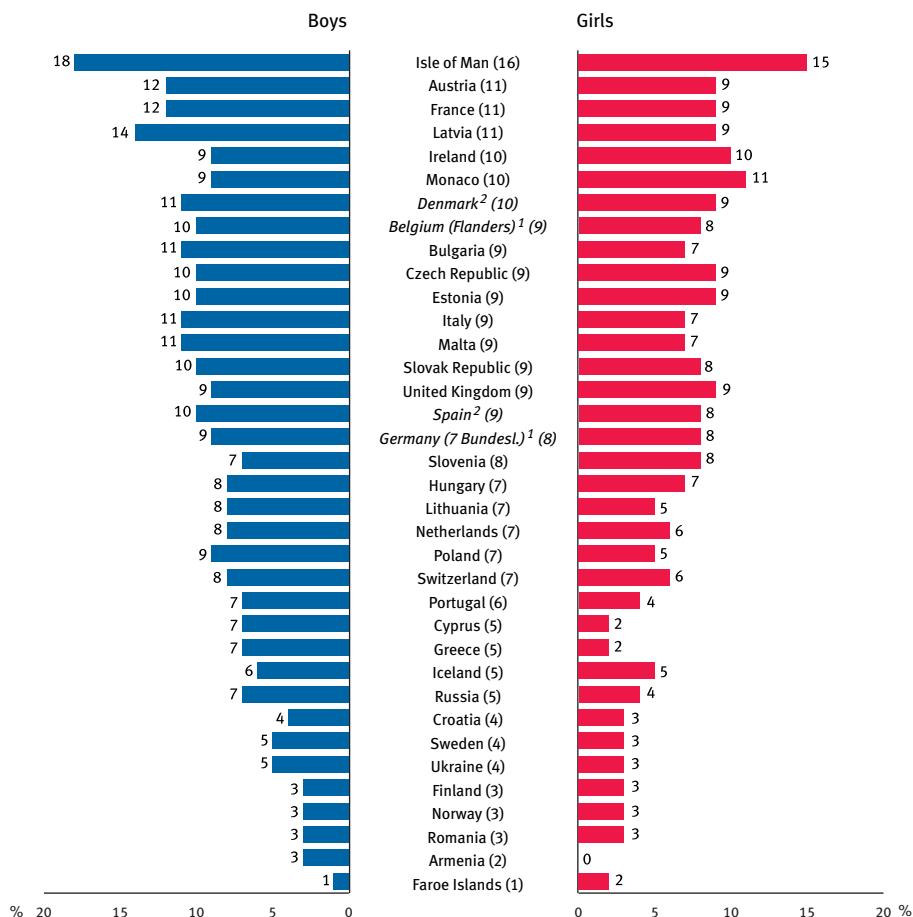


Figure 17b
Lifetime use of illicit drugs other than marijuana or hashish^{a)} by gender. 2007. Percentages.

OPPORTUNITIES TO TRY CANNABIS

(Table 33)

All students were asked: “Have you ever had the possibility to try marihuana or hashish (cannabis) without trying it”? Only students reporting no lifetime prevalence of cannabis, however, are included in the presentation in the table, which thus shows data on the number of times that students in the various countries reporting no lifetime use of cannabis have been offered that drug. About half of the students without cannabis experience in the Czech Republic, Denmark (limited comp.), France and Monaco have had the opportunity to try, without taking it. Cannabis offers to inexperienced students were particularly rare in Cyprus (5%) and Armenia (10%). On average, 30% of the non-experienced students have had the possibility to try hashish or marihuana, without doing so, and there are no gender differences.

There is an obvious association on the aggregate country level between more recent use of cannabis and opportunities to try this drug. The correlation between last-30-days use and having had an opportunity to try (without taking it) was high ($r=0.75^{**}$) and significant. Hence, in countries where cannabis use is generally more common, students without any cannabis experience are also more likely to have had the possibility to try the drug.

LIFETIME USE OF ILLICIT DRUGS OTHER THAN CANNABIS

(Tables 34a–37b, Figures 17a–17b)

As established above, the most important and prevalent drug in all ESPAD countries is cannabis. Nevertheless, some students have also used other substances; in some cases they have done so without any experience of cannabis at all. The previously used index “any illicit drug” is here used again, but without counting cannabis. The drugs included are thus ecstasy, amphetamines, LSD or other hallucinogens, crack, cocaine and heroin. Students with cannabis experience may of course be included in this index, but then not because of their cannabis use.

Overall, an average of 7% report use of the illicit drugs included in the index. Virtually no gender differences are visible at the level of the average for all countries. The values range between 16% (Isle of Man) and 1% (Faroe Islands). In Austria, Denmark (limited comp.), France, Ireland, Latvia and Monaco, one in ten students has tried an illicit drug other than cannabis. Countries scoring high on lifetime prevalence of cannabis are also likely to score high for any other illicit drug ($r=0.72^{**}$). In line with the two previous maps, this means that higher values are mostly found in western European countries while lower values are found in the northern and south-eastern parts of Europe.

After cannabis, ecstasy – together with amphetamines and cocaine – is the second-most frequently tested illicit drug. On average, 3% of the ESPAD students have tried ecstasy at least once. In the top five countries, 6–7% reported ecstasy experience; these countries are Bulgaria, Estonia, the Isle of Man, Latvia and the Slovak Republic. Two percent reported ecstasy use during the past 12 months and 1% reported use during the past 30 days. No country except the Isle of Man (4%) exceeded 2% for use of ecstasy in the past month.

As already indicated above, lifetime cocaine experiences were reported by 3% of the ESPAD students on average, and the figure for amphetamines is also 3%. Lifetime prevalence of crack was lower (2%) and that of heroin even more so (1%). Since these figures are low, the small differences appearing between countries and between the genders should not be over-emphasised.

LIFETIME USE OF MAGIC MUSHROOMS, GHB AND ANABOLIC STEROIDS

(Tables 38a–b)

Both magic mushrooms and GHB are classified in many countries as illicit drugs/illegal substances. Even so, they were not included in the index of “any illicit drugs” in earlier ESPAD reports, and they are left out of the index this time as well. These drugs are therefore presented in this separate section together with the results for anabolic steroids.

The average for all ESPAD countries as regards lifetime use of magic mushrooms was 3% while that for GHB was 1%. In other words, these drugs are mentioned just as rarely as the non-cannabis ones included in the index of “any illicit drugs”. Since the prevalence figures are low, it is hard to identify any differences between genders or countries. It could, however, be worth mentioning that levels of use of magic mushrooms are relatively high for the Czech Republic (7%) and the Isle of Man (10%). In both of these countries, more boys than girls indicated lifetime experience of these substances.

The use of anabolic steroids is mainly associated with physical training and bodybuilding. Only few students in the ESPAD countries reported experience of anabolic steroids – on average 1%. The highest proportion (4%) is found for the Czech Republic, and the figure is especially high for Czech boys (7% versus the ESPAD average for boys of 2%). Higher values for lifetime steroid use (5%) can also be noted for boys in Bulgaria and Cyprus.

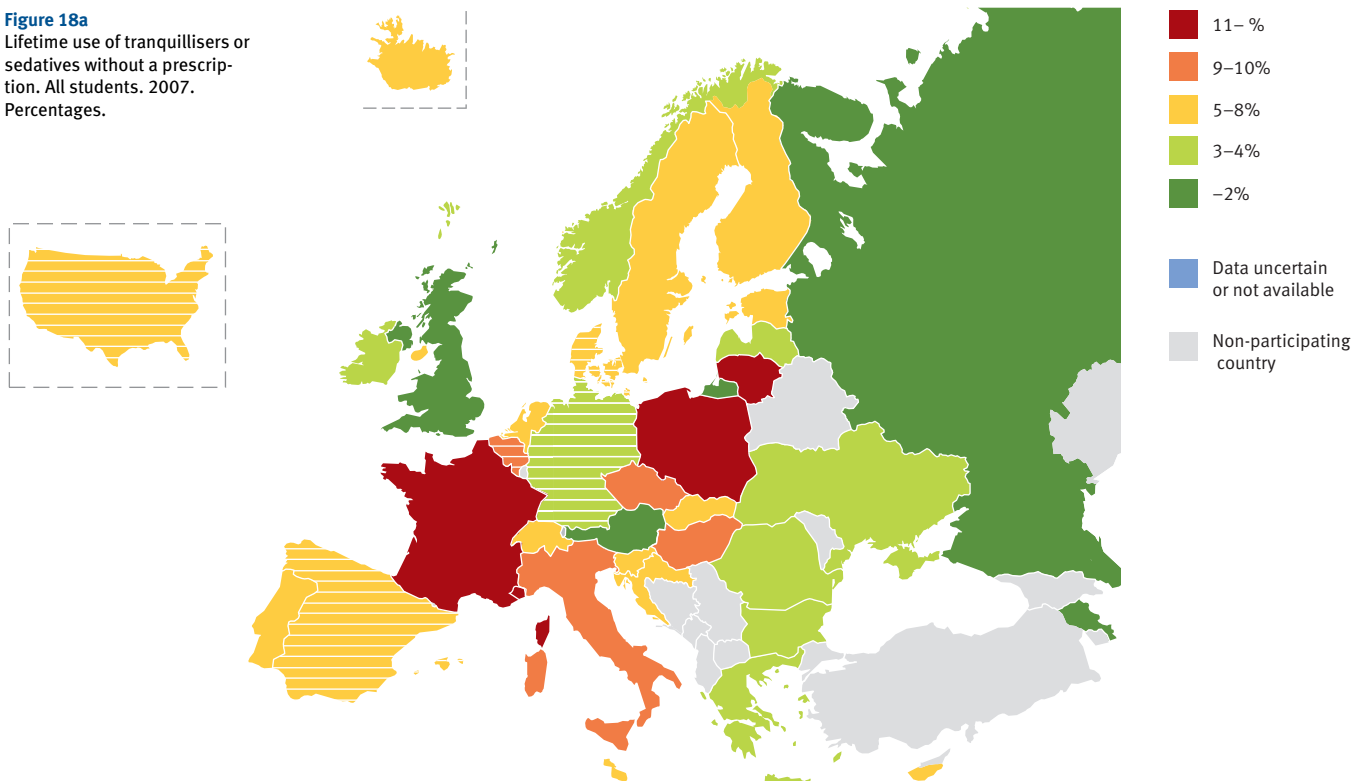
Between 0% and 2% stated that they have used “drugs by injection with a needle (like heroin, cocaine, amphetamine)” on at least one occasion. The average for injection use of drugs is 1%, meaning that this behaviour is practically non-existent among the ESPAD students. Even though the examples given refer to illicit drugs, the students may also have reported injection use of other substances, such as pharmaceutical drugs or doping agents.

ILLICIT DRUGS – A SUMMARY

One third of the students in the ESPAD countries perceive cannabis to be easily available, and boys consider cannabis slightly more accessible than girls do, even though the gender difference is rather small. Amphetamines and ecstasy are not perceived to be as easily available as cannabis. On average, 23% of the boys and 17% of the girls have tried illicit drugs at least once during their lifetime (20% for all students). Most of them (19%) have used cannabis while 7% report experience of drugs other than cannabis.

After cannabis, amphetamines, ecstasy and cocaine are in second position, each being mentioned by 3% of the students. Lifetime use of crack was reported by fewer students (2%) and

Figure 18a
Lifetime use of tranquillisers or sedatives without a prescription. All students. 2007. Percentages.



¹⁾ Belgium and Germany: Limited geographical coverage.

²⁾ Denmark, Spain and USA: Limited comparability.

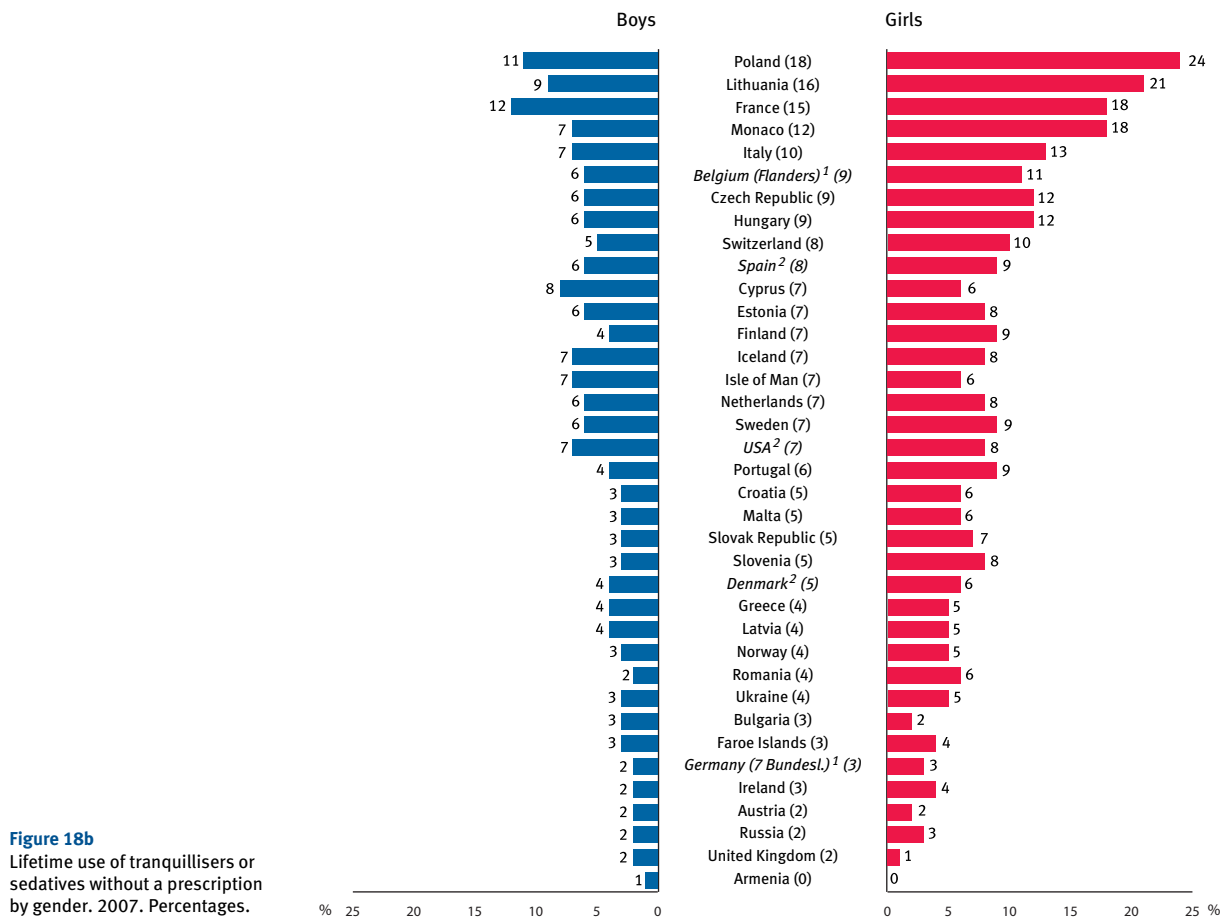
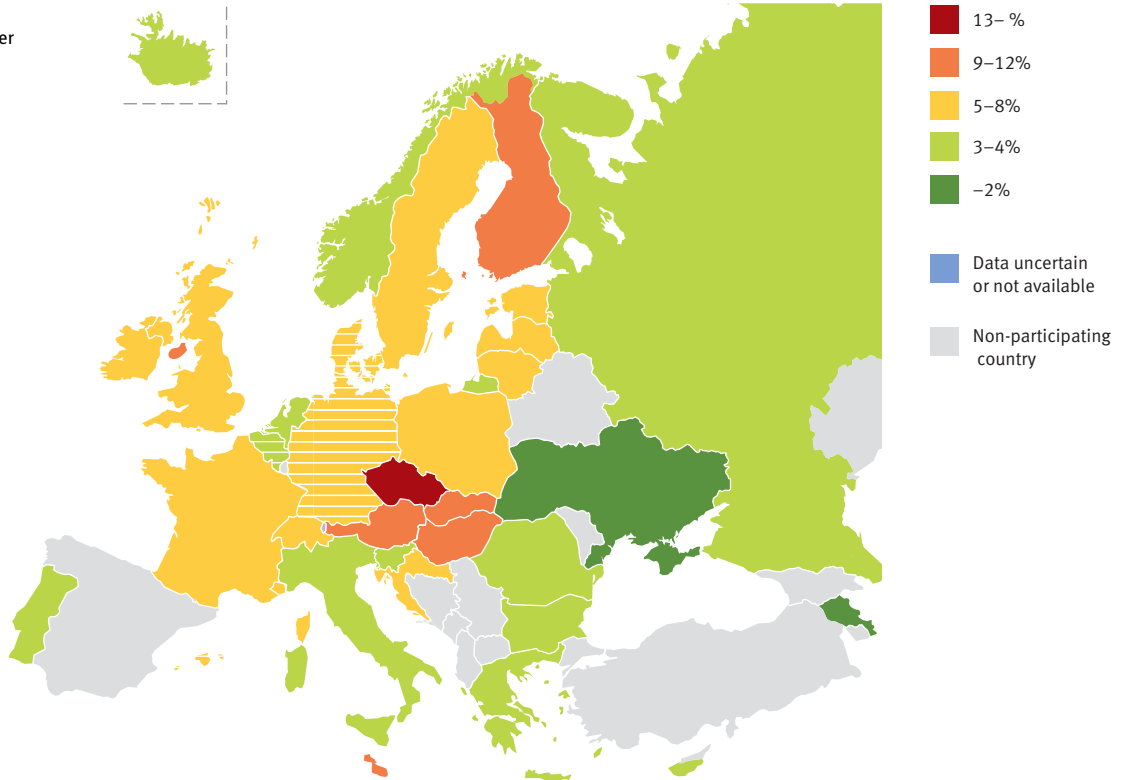


Figure 18b
Lifetime use of tranquillisers or sedatives without a prescription by gender. 2007. Percentages.

Figure 19a
Lifetime use of alcohol together with pills in order to get high. All students. 2007. Percentages.



¹⁾ Belgium and Germany: Limited geographical coverage.

²⁾ Denmark: Limited comparability.

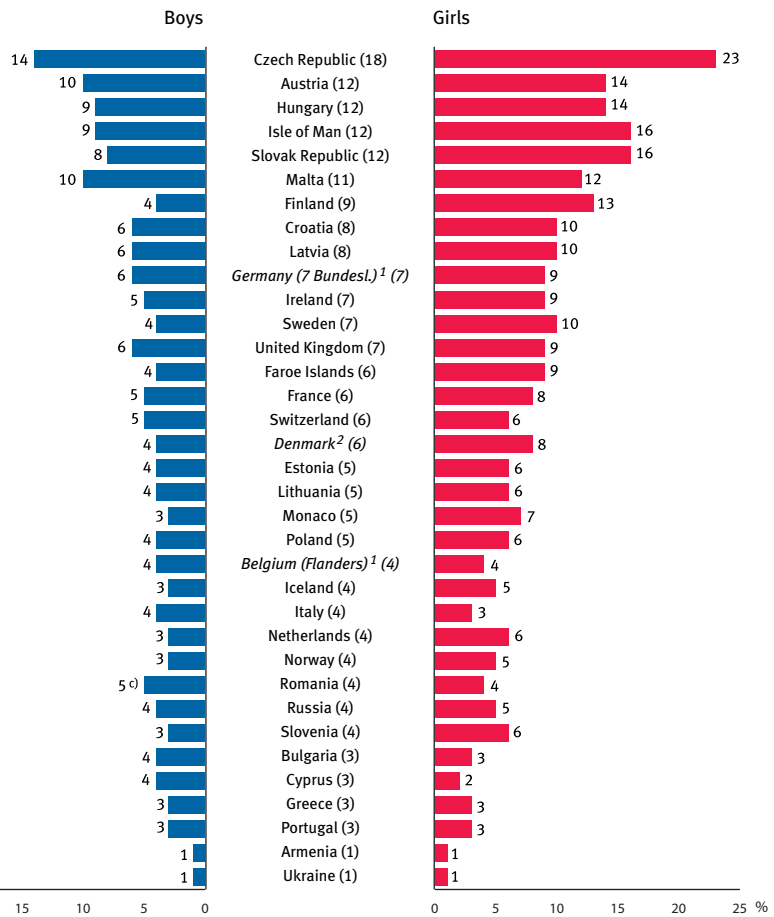
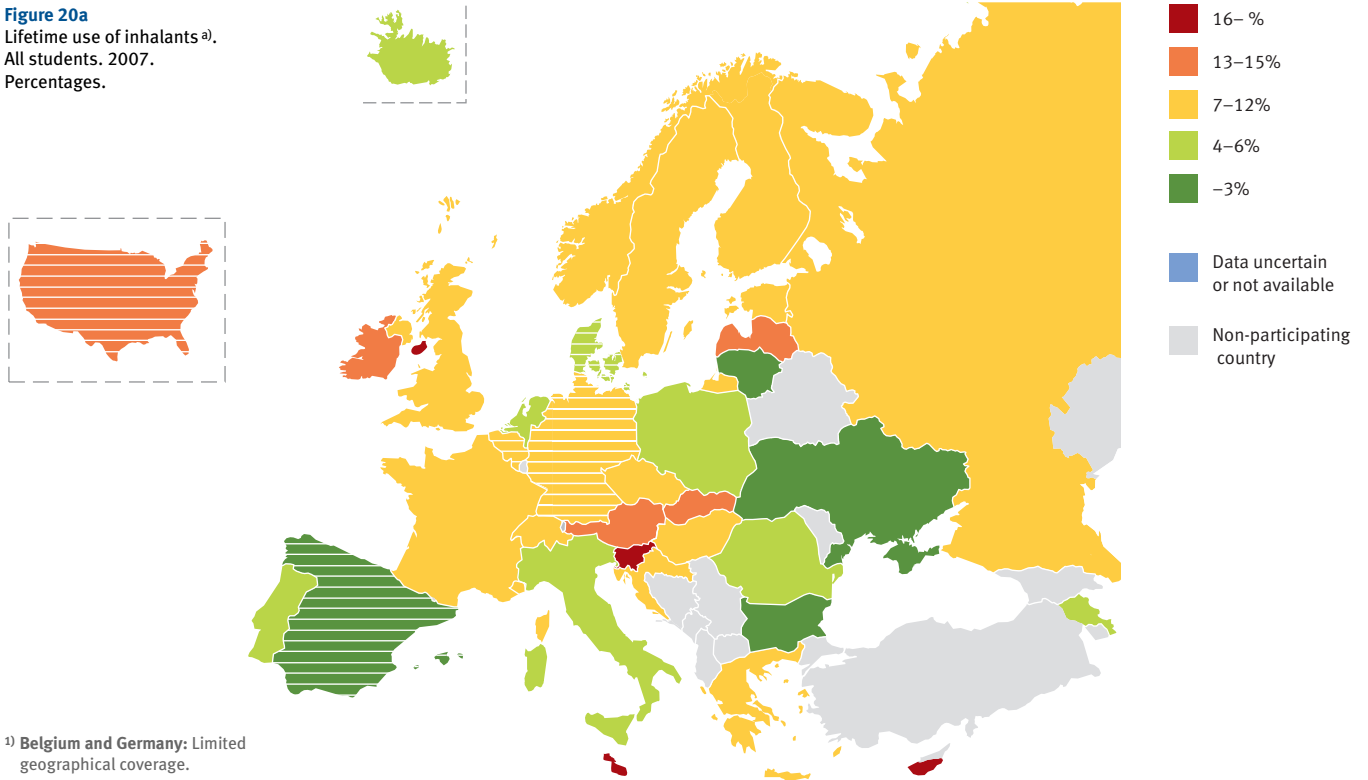


Figure 19b
Lifetime use of alcohol together with pills in order to get high by gender. 2007. Percentages.

Figure 20a
Lifetime use of inhalants^{a)}.
All students. 2007.
Percentages.



¹⁾ Belgium and Germany: Limited geographical coverage.

²⁾ Denmark, Spain and USA: Limited comparability.

^{a)} Inhalants: "... (glue etc) in order to get high".

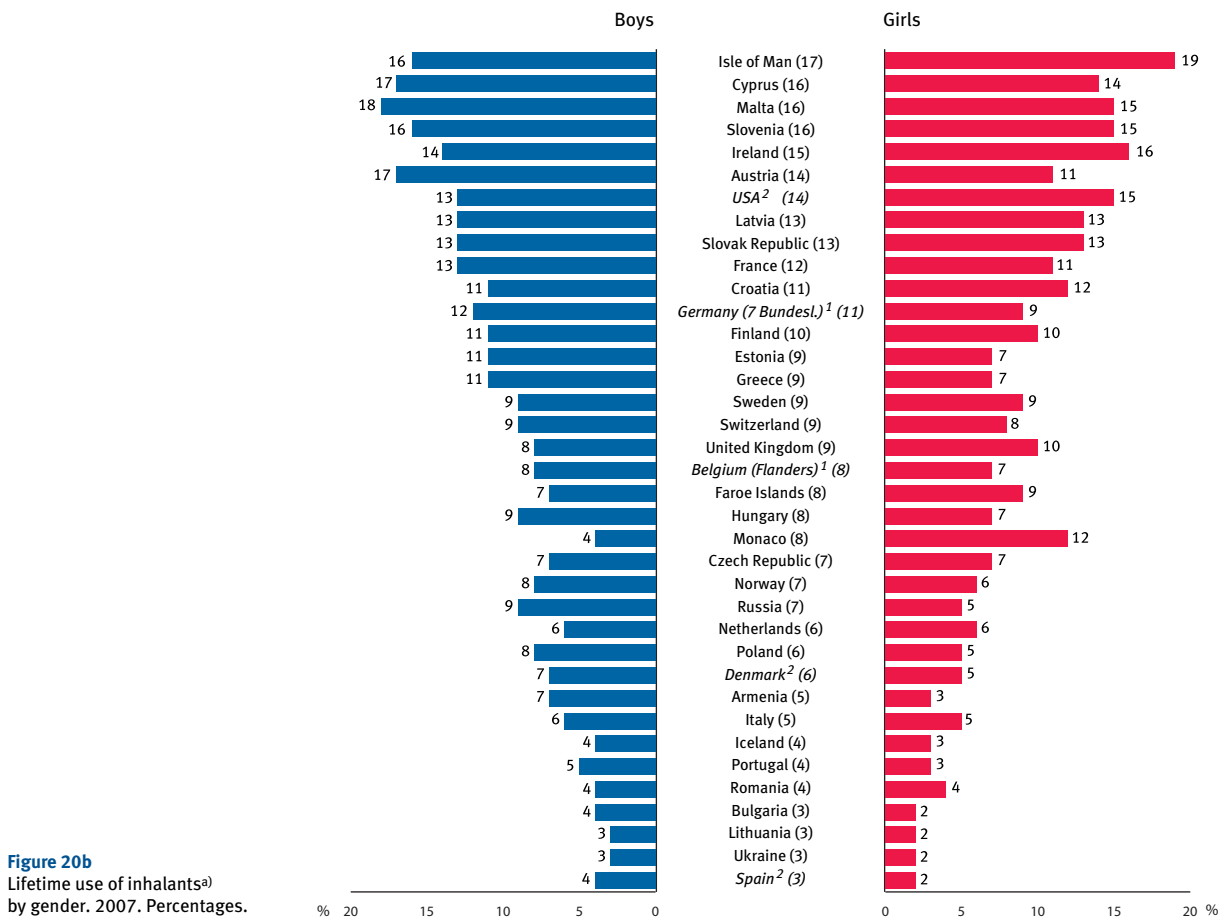


Figure 20b
Lifetime use of inhalants^{a)}
by gender. 2007. Percentages.

the rate for heroin was even lower (1%). Just as few (1–3%) reported experience of magic mushrooms, GHB and anabolic steroids or drug use by intravenous administration.

Since cannabis is the most frequently used illicit drug, it could be worthwhile to have a closer look at this substance. Use of cannabis in the past 12 months was reported by 16% of the boys and 12% of the girls (14% for all students) while use in the past 30 days was stated by 9% of the boys and 6% of the girls (7% mean). In the top three high-prevalence countries, almost one in five students (18%) reported using cannabis in the past 30 days. About 10% of all students in those countries had used cannabis at an average frequency roughly corresponding to at least once a week during the period in question; this level of use is much higher than the average for all ESPAD countries (3%). Countries where many students report using cannabis in the past 30 days are in many cases the same ones where many students report having had the opportunity to try cannabis, but without taking it.

USE OF VARIOUS SUBSTANCES

This final use-related section deals with miscellaneous substances such as pharmaceutical drugs and inhalants, and it concludes with a comparison regarding the age of onset for various substances.

LIFETIME USE OF TRANQUILLISERS OR SEDATIVES

(Tables 38a–b, Figures 18a–b)

Tranquillisers or sedatives are a widely used group of prescription medication but these drugs may also, more or less easily depending on the country, be obtained without a doctor's prescription to be used for the purpose of getting high rather than for medical reasons. The questionnaire asks about lifetime use of tranquillisers or sedatives both with and without a doctor's prescription.

Slightly more students who have used tranquillisers or sedatives have done so on a prescription, even though the difference is practically negligible (8% versus 6%). Around 13% reported lifetime experience of prescribed tranquillisers or sedatives in France, Lithuania, Poland, Portugal and the Slovak Republic. The lowest prevalence figures (3% or less) are found in Armenia, Austria, Germany (7 Bundesl.), Greece and Russia.

Use of tranquillisers or sedatives without a prescription is most commonly reported in Poland, Lithuania, France and Monaco, where about 15% of the students indicated such use. The lowest level of non-prescription use of tranquillisers or sedatives is reported by students from Armenia, Austria, Russia and the United Kingdom (between 0% and 2%).

Armenia and Austria exhibit very little use of both prescribed and non-prescribed pharmaceutical drugs of this kind while France, Lithuania and Poland are among the top countries for both variables. On the aggregate country level, there is a relatively strong ($r=0.66$) and significant correlation between prescrip-

tion use and non-prescription use. Hence, in countries with a high level of prescription use, many students have also used tranquillisers or sedatives without a doctor's order.

A look at the gender distribution reveals that, on average, slightly more girls than boys report use of tranquillisers or sedatives without a prescription (8% versus 5%). In about half of the countries there are no gender differences to speak of as regards non-prescription use. In the top eight countries, however, twice as many girls as boys have used non-prescription tranquillisers or sedatives. The largest gender differences (measured in percentage points) are to be found in Poland, Lithuania and Monaco, where girls are about 12 percentage points above boys; the single highest prevalence figure is that for Polish girls: almost one in four reports lifetime use of non-prescribed tranquillisers or sedatives. As regards prescription use, there are hardly any gender differences. The largest differences (6–10 percentage points) are found for France, Poland and Portugal, with girls in the majority.

LIFETIME USE OF ALCOHOL TOGETHER WITH PILLS

(Tables 38a–b, Figures 19a–b)

It is a well-known fact that not least young people sometimes combine pills with alcohol to obtain a synergetic effect. The prevalence rate for "alcohol together with pills (medicaments) in order to get high"¹²⁾ is highest in the Czech Republic (18%). Countries scoring around 12% are Austria, Hungary, the Isle of Man, Malta and the Slovak Republic. Low-prevalence countries for this variable (3% or less) are Armenia, Bulgaria, Cyprus, Greece, Portugal and Ukraine. The average for all ESPAD countries is 6%.

On average, girls are in the majority (8% versus 5%), but in at least half of the countries there are no gender differences to speak of as regards using alcohol together with pills. The largest gender differences are to be found in the Czech Republic, Finland, the Isle of Man and the Slovak Republic, where girls are about 8 percentage points above boys. The single highest prevalence figure is that for Czech girls: almost one in four has used alcohol together with pills in order to get high at least once.

USE OF INHALANTS

(Tables 39a–40b, Figures 20a–b)

To measure inhalant use, the students are asked: "On how many occasions (if any) have you used inhalants (glue, etc.) to get high?" A relatively large proportion of students (around 16%) claimed to have such experience in Cyprus, the Isle of Man, Malta and Slovenia, while only 3% did so in Bulgaria, Lithuania, Spain (not an ESPAD country) and Ukraine. No typical geographic pattern can be observed – the highest rates of lifetime prevalence are reported from countries in very different parts of Europe.

The average for lifetime use of inhalants for all ESPAD countries is 9% and there are no gender differences on the aggre-

¹²⁾ Armenia, the Czech Republic, Croatia, Denmark, Hungary, Latvia, the Netherlands and Switzerland used the 2003 wording (without "in order to get high"). However, the ESPAD questionnaire test found no significant differences between the different versions. "In order to get high" was translated as "to feel differently" in Cyprus and as "to feel better" in Romania.

gate level. Boys are in the majority in Armenia, Austria, Estonia, Greece and Russia while the only country with girls in the majority is Monaco, where 4% of the boys and 12% of the girls reported lifetime use of inhalants. In all, 3% have used inhalants on three or more occasions during their lifetime. This means that two thirds of the students with experience of inhalants used these substances only once or twice.

Five percent of the students stated that they had used inhalants during the last 12 months and 2% reported use during the last 30 days. Compared with alcohol or cannabis, relatively recent use is more rarely reported when it comes to inhalants.

The rates for use in the past year and in the past month follow that for lifetime use relatively well across countries. As regards use in the last 30 days, Cyprus and Malta remain at the top with 9% and 6%. In Ukraine, on the other hand, the corresponding figure is zero.

AGE OF ONSET FOR VARIOUS SUBSTANCES

(Tables 4, 23a–c and 41a–b, Figure 21)

Data on the age of onset for cigarettes, alcoholic beverages and drunkenness have already been presented in previous sections. They are, however, given once more in Figure 21 for purposes of comparison – even though the relevant questions were asked in different parts of the questionnaire.

Compared with having had a glass of an alcoholic beverage or smoked a cigarette at the age of 13 or younger, experience of other substances at such a young age is quite rare according to the figure. Use of cannabis or inhalants at the age of 13 or younger was mentioned by 4% of the students on average, and 1–2% had used non-prescription tranquillisers or sedatives, ecstasy or amphetamines when they were that young.

It could be worth mentioning that 14% of the students in the Isle of Man had used cannabis at the age of 13, and so had almost one student in ten in the Czech Republic, France, Monaco, Switzerland, the United Kingdom and the United States (not an ESPAD country). Practically no students (0–1%) in Armenia, Finland, Greece, the Faroe Islands, Norway and Romania reported such use at that young age. On the aggregate level, no gender differences can be seen, but in some of the high-prevalence countries such differences can be noted. An example of this is, again, the Isle of Man, where 17% of the boys and 11% of the girls had used cannabis before turning 14.

No country differences are notable for amphetamines or ecstasy, while experience of tranquillisers or sedatives at the age of thirteen was particularly common in Lithuania and Poland (about 5% mentioned this, compared with the average of 2%). Early use of inhalants is stated by some 7% in Cyprus, Ireland, the Isle of Man, Slovenia and the United States (not an ESPAD country).

USE OF VARIOUS SUBSTANCES – A SUMMARY

Lifetime use of tranquillisers or sedatives with a doctor's prescription was reported by 8% of the students on average, while 5% reported use of such substances without a personal prescription. The former case is equally common for both genders while girls report slightly more non-prescription use, especially in the high-prevalence countries.

Use of alcohol together with pills "in order to get high" was

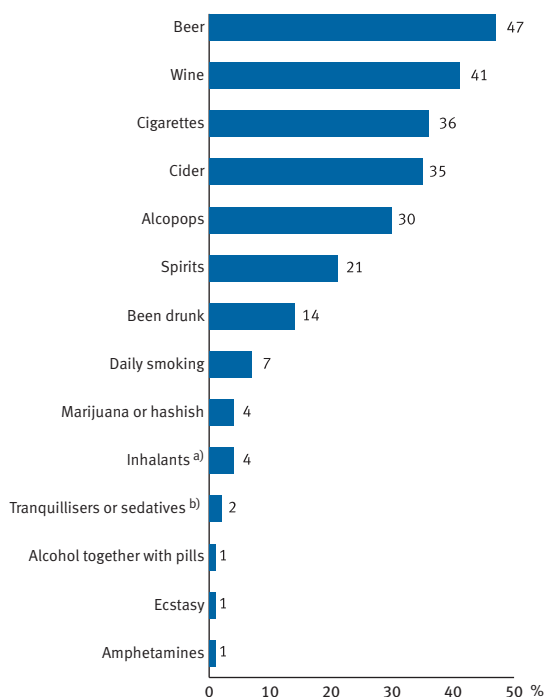


Figure 21

Age of onset for various substances and combinations of substances. Proportion answering at the age of 13 or younger. All students. 2007. Percentages.

a) Inhalants: "...(glue etc) in order to get high".

b) "Without a doctor's prescription".

reported by 8% of girls and 5% of boys (the total average was 6%). Results for this medication-related item are thus in the same range as those for prescription and non-prescription use of tranquillisers or sedatives, as presented above.

Use of inhalants is reported by 9% of all students and there are no gender differences at the level of all countries. A total of 5% of the students stated that they had used inhalants during the last 12 months while only 2% reported use during the past 30 days.

PERCEIVED RISKS OF LEGAL AND ILLEGAL SUBSTANCE USE

(Tables 43a–c)

The students were asked: "How much do you think people risk harming themselves (physically or in other ways) if they...", followed by twelve items regarding cigarette smoking, alcohol consumption and use of illicit drugs suggesting different intensities of use. For cigarettes, the examples were "a) smoke cigarettes occasionally" and "b) smoke one or more packets of cigarettes per day". The response categories were "no risk", "slight risk", "moderate risk", "great risk" and "don't know". The comments in this section are based only on answers indicating a "great risk" for each item.

The average values for the risk assessment vary substantially across substances. The highest average value is noted for regular use of either cannabis, ecstasy or amphetamines. Around 72% perceived regular use of these three drugs to be associated with great risk in the perspective of harmfulness. At

least half of the students in each country considered these drugs to be very harmful.

Of the proposed behaviours in the list, the one deemed the least harmful was “smoke cigarettes occasionally”, which only 13% of all ESPAD students considered to entail a great risk. About 30% considered people to be at great risk of harming themselves if they have one or two drinks nearly every day or if they try cannabis once or twice. Smoking cannabis occasionally, having five or more drinks every weekend, and trying ecstasy or amphetamines once or twice were deemed by some 40% of students to entail a great risk of harm. About 62% said that smoking at least a packet of cigarettes a day or having five drinks a day nearly every day involved a great risk of harm.

Quite naturally, the students distinguish between occasional and regular use. This is the case for all substances in the list, with regular use always being considered more harmful. By comparison, regular use of illicit drugs is considered to be the most harmful, but quite a few students also deemed regular heavy episodic drinking and cigarette use to be risky.

It might be of interest to note that, to a large extent, the highest levels of risk perception are found in a limited number of countries. Students in the Faroe Islands, Iceland and Spain (not an ESPAD country) were the ones deeming use of the listed substances to be the most risky. For the majority of the items, if not all, they exceeded the average for all countries when it came to choosing the response category of a “great risk” for people to harm themselves using the substances. In Belgium (Flanders), the Netherlands and the Czech Republic, it was the other way around: quite a small number of students, most often below the ESPAD average percentage, considered the listed behaviours to entail great health risks

Overall, more girls than boys perceive the different patterns of regular consumption to be associated with great risks. However, hardly any gender differences can be seen for occasional use of any of the substances included.

The outcome for this index shows that the students’ opinions vary across countries. It is reasonable to assume that this reflects aspects of national substance-use cultures and levels of use, and not only personal attitudes. Important variables that would require separate analysis include the supply and use of various substances.

LIFETIME ABSTINENCE FROM VARIOUS SUBSTANCES

(Tables 44a–b, Figure 22)

Percentages of lifetime abstainers are given in tables and figures for each of the following substances: cigarettes, alcohol, illicit drugs, non-prescribed use of tranquillisers or sedatives, and inhalants. In addition, a final variable is presented, reflecting the proportion who have used none of the substances listed above.

On average, 94% of the ESPAD students have never used any tranquillisers or sedatives without a medical prescription (range: 82–100%). Almost as many (91%) have never used in-

halants of any kind (range: 83–97%). The rate of lifetime abstinence from using illicit drugs¹³⁾ is somewhat lower (80%) and variation across countries is greater (range: 54–96%). Almost all students report no experience of illicit drugs in Armenia and Romania, while this is true only for roughly half of the students in the Czech Republic. Even so, there is no country where the majority of students have tried illicit drugs.

Having used cigarettes is quite common compared with use of the substances mentioned above. Less than half (42%) of all students have abstained from trying cigarettes during their lifetime. Relatively large variation across countries may be noted, with 76% cigarette abstainers in Armenia but only about 20% in the Czech Republic and Latvia.

Relatively few students report no lifetime alcohol consumption. On average, only 11% are alcohol abstainers. Slightly above one-third report no alcohol use in Iceland and the United States (not an ESPAD country). On the other hand, only 3% of the students in the Czech Republic, the Isle of Man and Latvia report no alcohol experience.

A final measure of abstinence is non-use of all substances mentioned above. Quite naturally, this combined measure yields the lowest prevalence. On average, almost one in ten ESPAD students (8%) reports no use at all of any of the substances in the index. Countries vary in the proportion of students who are abstainers from all of the drugs included (between 2% and 31%). This variation of course depends mainly on the answers relating to the most prevalent individual substance: alcohol.

Again, the largest proportion of abstaining students is observed for Iceland (31%). A relatively large share of students (around 18%) in Armenia, Norway, Spain (not an ESPAD country) and Sweden also reported no use of the above-mentioned drugs. In Austria, the Czech Republic, Denmark (limited comp.), the Isle of Man, Latvia and Lithuania, however, only 2–3% have abstained from tranquillisers/sedatives, inhalants, illicit drugs, cigarettes and alcohol.

At the level of all countries there are no gender differences for the all-substances index. Most often this is also the case at the national level. Any exceptions that exist mostly involve girls being in the majority for lifetime substance abstinence; this is the most apparent in Armenia, Romania and Cyprus, where girls score 18, 11 and 7 percentage points, respectively, higher than boys. The only substance category for which there is a gender difference at the aggregate level is illicit drugs, with 83% abstainers among girls but 77% among boys.

¹³⁾ Illicit drugs include cannabis, ecstasy, amphetamines, LSD or other hallucinogens, crack, cocaine and heroin.

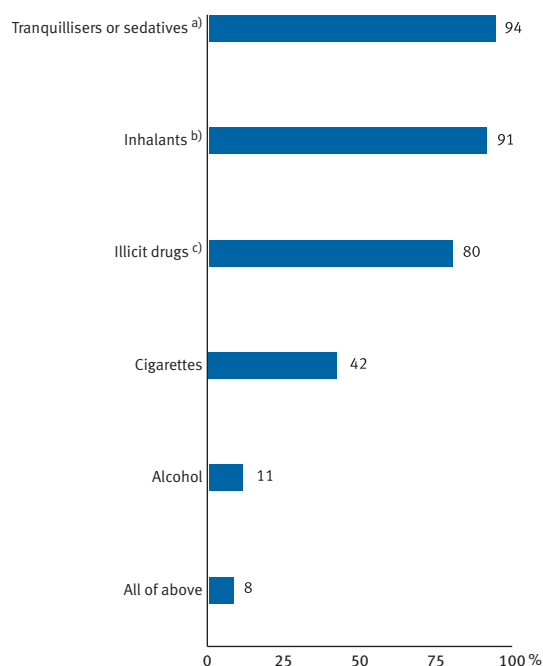


Figure 22
Lifetime abstinence from various substances. All students. 2007. Percentages.

- a) "Without a doctor's prescription".
 b) Inhalants: "...(glue etc) in order to get high".
 c) "Illicit drugs" includes cannabis, ecstasy, amphetamines, LSD or other hallucinogens, crack, cocaine and heroin.

STATISTICAL ASSOCIATIONS BETWEEN USE OF DIFFERENT SUBSTANCES

It is well known that, on the individual level, there is often a relationship between the use of different substances. For example, in many cultures regular smokers are more likely to consume larger quantities of alcohol. Table Z presents statistical correlations (Pearson) for seven different variables measuring

various aspects of substance use. The correlations are simply computed at the aggregate country level for countries with available data (between 31 and 34 countries depending on the variable). A high (close to 1) correlation is simply a measure of linear association, meaning that in countries with a high level of use of substance X, it is also likely that the level of use of substance Y will be high.

The use of tranquillisers or sedatives without a doctor's prescription does not seem to correlate with any other of the selected measures of substance use at the aggregate country level; the Pearson correlations range only from -0.16 to 0.29 . Another variable associated with pharmaceutical drugs is lifetime use of alcohol together with pills "in order to get high". It is clear from the table that there is no country-level correlation between these two variables measuring misuse of pharmaceutical drugs.

Inhalant use shows some medium-strength associations with alcohol use in the past 30 days and with intoxication from alcohol during the same period, as well as with simultaneous use of alcohol and pills, but not with cigarette smoking or use of illicit drugs.

The strongest correlation observed in the table is the one between relatively recent (past 30 days) alcohol use and lifetime use of illicit drugs ($r=0.64$). In other words, in countries where students display more recent alcohol use they are also more likely to have used illicit drugs. There are also significant and medium-strength correlations between relatively recent alcohol use and the other variables, except non-prescription use of tranquillisers and sedatives. Further, relatively strong associations may be noted between cigarette smoking in the past 30 days and alcohol use in the same period, and between intoxication in the past 30 days and lifetime use of alcohol together with pills ($r=0.58$).

The above correlations have simply been computed at the aggregate country level. However, the same tendencies emerge when individual countries are analysed, even if correlation values vary across countries. There are apparent associations be-

Table Z. Statistical correlations (Pearson) on an aggregate country level between seven measures of substance use. 31–34 ESPAD countries. 2007.

	Last 30 days use of cigarettes	Last 30 days use of alcohol	Last 30 days intoxication	Lifetime use of any illicit drug ^{a)}	Lifetime use of inhalants ^{b)}	Lifetime use of tranq.or sedatives ^{c)}	Lifet. use of alcohol together with pills ^{d)}
Last 30 days use of cigarettes	–	0.57**	0.40*	0.46**	0.12	0.10	0.46**
Last 30 days use of alcohol		–	0.45**	0.64**	0.39**	0.08	0.42*
Last 30 days intoxication			–	0.47**	0.48**	-0.14	0.59**
Lifetime use of any illicit drug ^{a)}				–	0.21	0.29	0.45**
Lifetime use of inhalants ^{b)}					–	-0.16	0.53**
Lifetime use of tranquillisers or sedatives ^{c)}						–	0.06
Lifetime use of alcohol together with pills ^{d)}							–

* Correlation significant at the 0.05 level.

** Correlation significant at the 0.01 level.

a) "Any illicit drug" includes cannabis, ecstasy, amphetamines, LSD or other hallucinogens, crack, cocaine and heroin.

b) "...glue, etc., to get high".

c) Non-prescription use.

d) "In order to get high".

tween the use of different substances at the country level, and it can be concluded that in countries where many students report recent alcohol use and intoxication, it is likely that more students will have experience of other substances as well, and vice versa. To give an idea of how the respective country comes out in such a comparison, the next chapter gives a presentation of each country's results for nine key variables, compared with the average for all countries.

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Key results 2007 country by country

Key results 2007 country by country

INTRODUCTION

In the previous chapter, the 2007 results for all participating countries were compared one variable at a time, presented both in tables and in 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 upon.

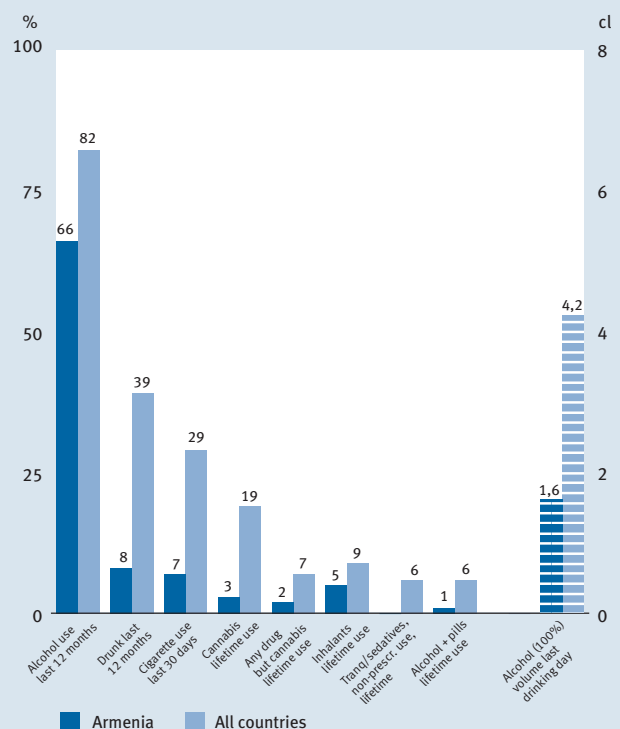
Nine key variables have been chosen to give an overview of the results: consumption of any alcoholic beverage during the past 12 months, having been drunk during the past 12 months, alcohol volume (100% alc.) consumed on the latest drinking day, cigarette smoking during the past 30 days, lifetime use of marijuana or hashish (cannabis), lifetime use of any illicit drug other than cannabis, lifetime use of inhalants, lifetime use of non-prescribed tranquillisers or sedatives, and lifetime use of alcohol together with pills in order to get high.

The results for each country are summarised in a graph, together with the unweighted averages for all participating ESPAD countries. This is done in order to facilitate the interpretation of the results, i.e. to make it easier compare each country's prevalence rates with the means for all ESPAD countries. The countries are presented in alphabetical order.

For more detailed information on each variable, please see the tables section (Appendix III). The methodology of each country's study is presented in Appendix II, "Sampling and data collection in participating countries".

ARMENIA

Overall, alcohol and drug use in Armenia is very limited in comparison with other ESPAD countries. The key variables are all well below average, making Armenia the lowest-prevalence country in this study. Although about two-thirds (66%) of the students had been drinking alcohol during the past 12 months, less than one-tenth of them (8%) reported that they had been drunk in that period. The consumption volumes on the latest drinking day are very moderate (1.6 cl alc. 100%). Smoking is also rare, with low 30-days prevalence (7%), and the lifetime prevalence of cannabis use is low (3%). Moreover, very few (2%) of the Armenian students had used any drug other than cannabis, and non-prescription use of tranquillisers or sedatives is almost non-existent, as is use of pills in combination with alcohol.

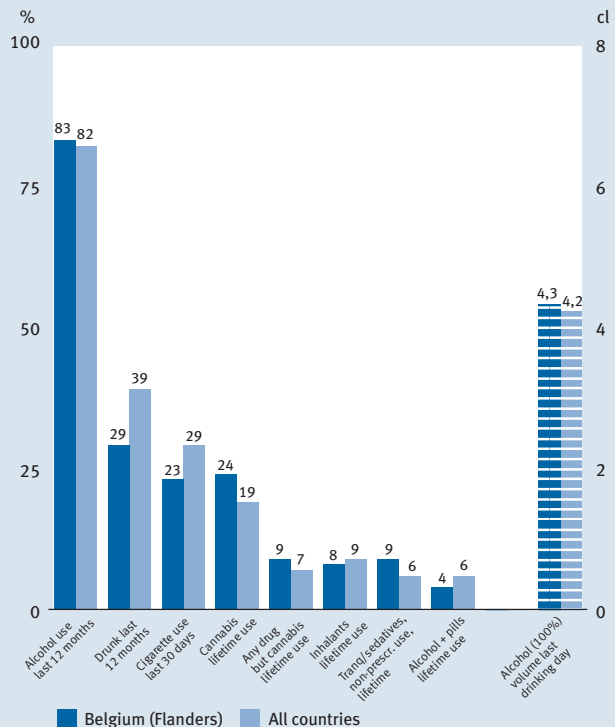
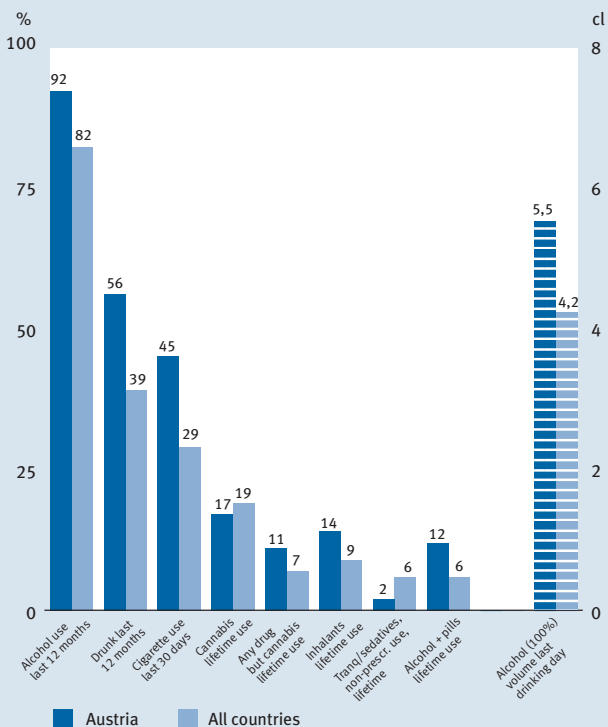


 **AUSTRIA**

Austria is one of the high-prevalence countries on the key variables presented here. It is above average on six of the nine measures. Almost all students (92%) had been drinking alcohol in the past 12 months and more than half (56%) had been drunk during the same period. The estimated amount of alcohol consumed on the latest drinking day (5.5 cl alc. 100%) was above the average for all ESPAD students. Nearly half of the students (45%) had been smoking in the past 30 days, which is well above the mean for all countries. However, the use of cannabis (17%) is slightly below average while the use of drugs other than cannabis (11%) is above average. The lifetime prevalence of inhalants use (14%) is also above the mean, as is that of combining alcohol with pills (12%). Very few Austrian students (2%) had used non-prescription drugs such as tranquillisers or sedatives.

 **BELGIUM (FLANDERS)**

The results from the Belgian study (Flanders only) are generally rather close to the ESPAD average. This is true for the proportion of students who had consumed alcohol during the past 12 months (83%) and for the volume of alcohol consumed on the latest drinking day (4.3 cl alc. 100%). In spite of this, the proportion reporting drunkenness during the past 12 months (29%) is clearly below average. The 30-days prevalence of cigarette smoking (23%) is also lower than average. On the other hand, the lifetime prevalence of cannabis use (24%) is somewhat higher than average, while the use of drugs other than cannabis (9%) is about average. Very small differences compared with the ESPAD mean are observed for the variables of lifetime use of inhalants (8%), non-prescription use of tranquillisers or sedatives (9%) and use of alcohol in combination with pills (4%).





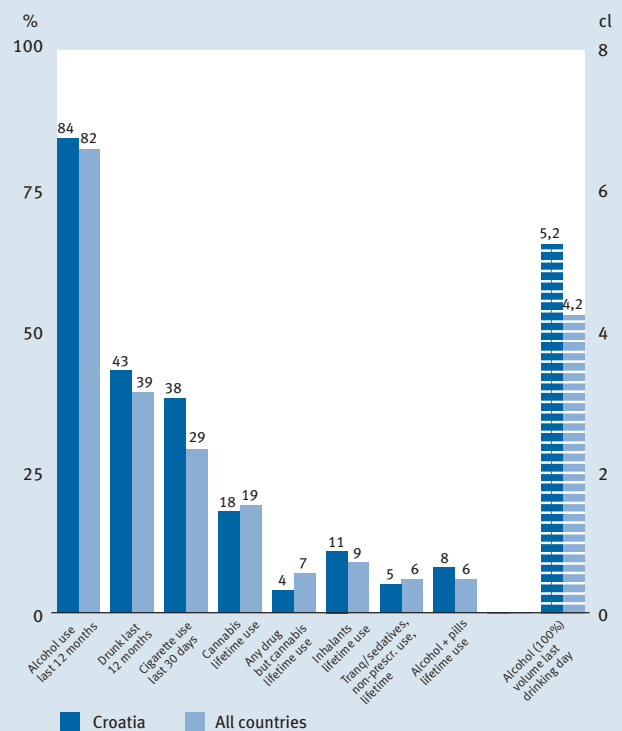
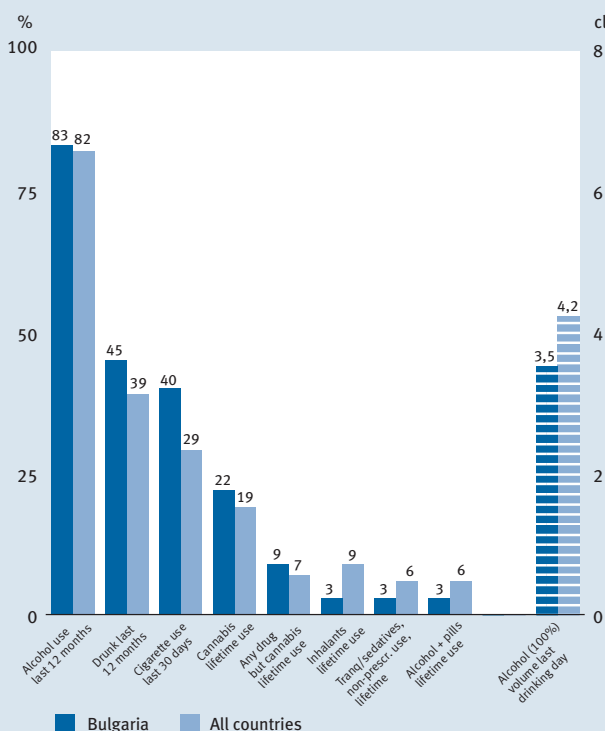
BULGARIA

The proportion of Bulgarian students who had been drinking alcohol during the past 12 months (83%) is the same as the average for the ESPAD survey, but the proportion reporting drunkenness during the same period (45%) is higher than average. Despite this, the reported volume consumed on the latest drinking day is moderate (3.5 cl alc. 100%). Smoking is rather prevalent in Bulgaria, with 40 per cent having done this during the past 30 days, which is above the average for the study. The prevalence rates for cannabis (22%) and drugs other than cannabis (9%) are both close to the average for all countries. Very few reported lifetime use of inhalants (3%, which is below average), non-prescription use of tranquillisers or sedatives (3%) or use of alcohol and pills in combination (3%).



CROATIA

The Croatian results are rather close to the ESPAD mean on most variables. While the proportion who had consumed any alcohol during the past 12 months (84%) is about average, the proportion who had been drunk during the same period (43%) is slightly above average. Moreover, the estimated consumption on the latest drinking day is above the mean (5.2 cl alc. 100%). The 30-days prevalence of smoking (38%) is also higher than the ESPAD average. On the other hand, lifetime use of cannabis (18%) is about average while use of drugs other than cannabis (4%) is rather low. About one tenth (11%) of the Croatian students had ever used inhalants, five percent reported non-prescription use of tranquillisers or sedatives, and eight percent had combined alcohol with pills. All three variables are close to the ESPAD average.

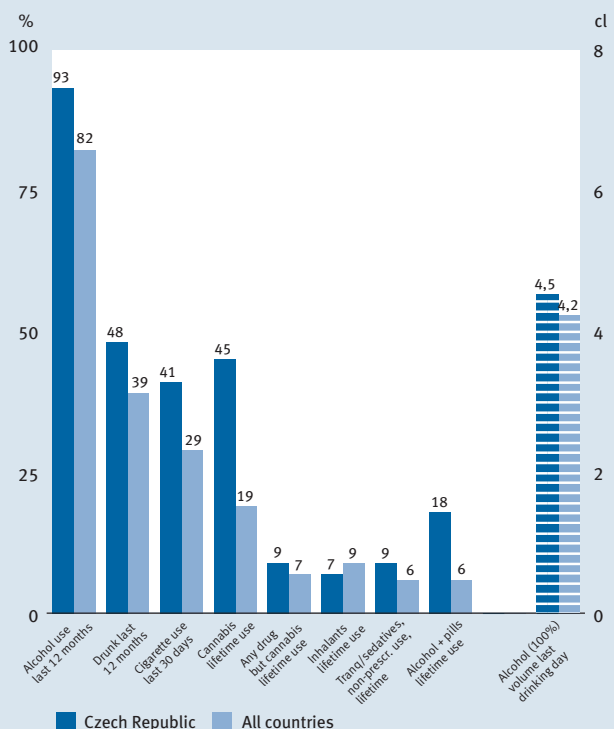
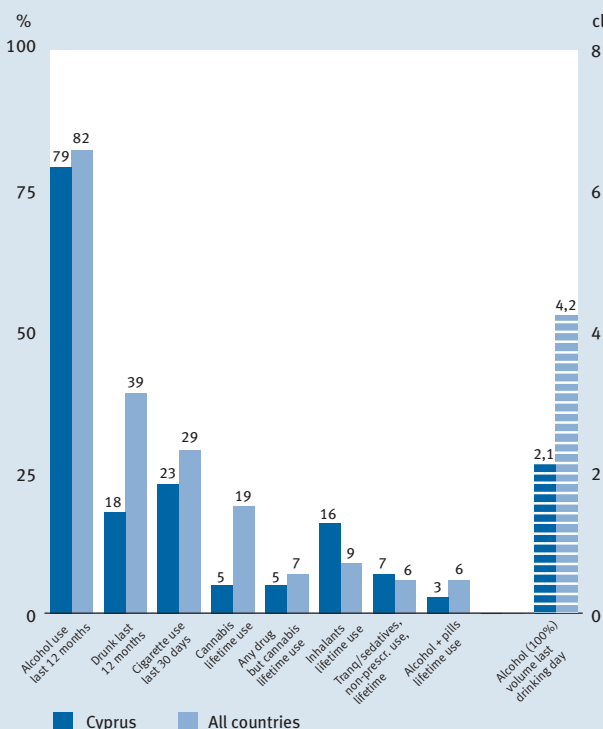



 **CYPRUS**

The alcohol and drug habits of the Cypriot students are comparatively rather moderate, with the exception of inhalant use. Although the proportion reporting any alcohol consumption during the past 12 months (79%) is rather close to average, the proportion who reported drunkenness during the same period (18%) is less than half the mean for all ESPAD countries. The reported alcohol consumption on the latest drinking day (2.1 cl alc. 100%) is also low by comparison. About one fourth (23%) of the Cypriot students had smoked in the past 30 days, which is somewhat lower than average. Drug use is very limited – five percent of the students reported use of cannabis or other drugs, seven percent reported use of tranquillisers or sedatives (about average) and three percent reported use of alcohol in combination with pills. The only drug habit for which the Cypriot students are well above the ESPAD mean is, as mentioned above, the use of inhalants, which was reported by 16 percent.

 **CZECH REPUBLIC**

The Czech students scored above the ESPAD average on six of the nine variables presented here. Almost all (93%) students in the Czech Republic had been drinking alcohol during the past 12 months and about half of them (48%) had been drunk during the same period. The reported alcohol volumes consumed on the latest drinking day, however, were not extreme at all (4.5 cl alc. 100%), even though they are slightly above the ESPAD average. Cigarette smoking is highly prevalent in the Czech Republic, where 41 percent of the students had smoked during the past 30 days. Moreover, nearly half (45%) of the students had used cannabis, which is more than twice the ESPAD average. Use of drugs other than cannabis was reported by about one tenth (9%) of the students, which is close to the ESPAD average. Rather small proportions of the students reported use of inhalants (7%) or non-prescription use of tranquillisers or sedatives (9%). In contrast, the use of pills in combination with alcohol is three times as frequent in the Czech Republic (18%) as the ESPAD average.

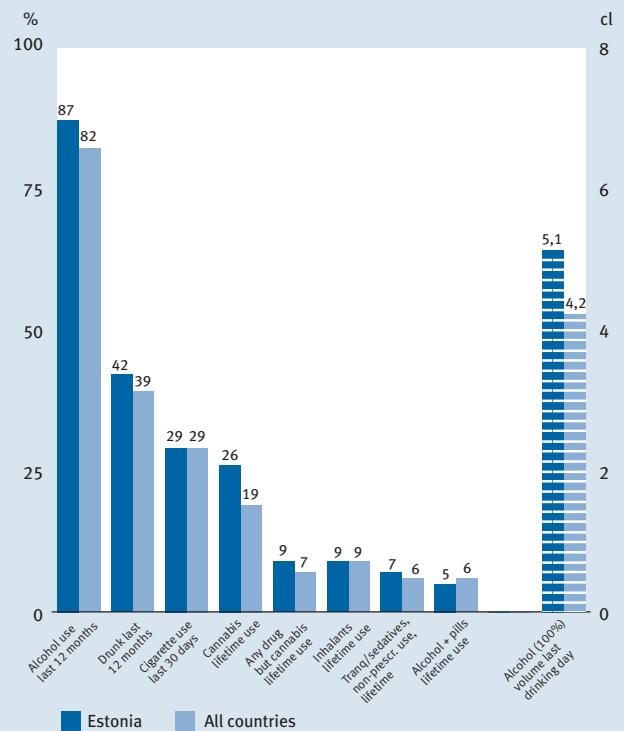
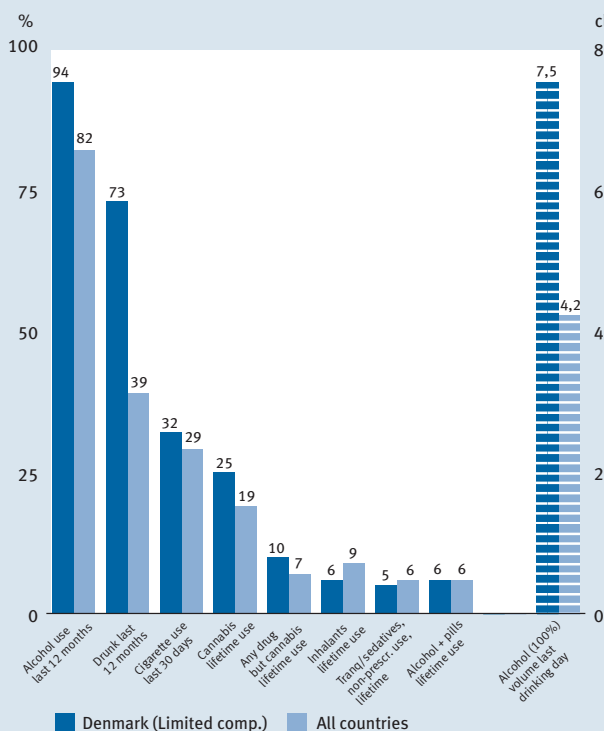


 **DENMARK** (limited comparability)

The Danish data have limited comparability with ESPAD averages because of the poor representativeness of the Danish sample. Keeping this in mind, however, it is interesting to look closer at the nine key variables presented here. Almost all Danish students (94%) reported alcohol consumption during the past 12 months and the majority of them (73%) had been drunk during the same period, which is almost twice the ESPAD average. Moreover, the estimated volume consumed on the latest drinking day is the highest reported in this study (7.5 cl alc. 100%) and almost twice the average. The number of students who had been smoking during the past 30 days was 32 percent, while the lifetime prevalence of cannabis use was 25 percent. Ten percent of the students had used drugs other than cannabis, but a rather small proportion (6%) reported use of inhalants. Proportions were also rather small for non-prescription use of tranquillisers or sedatives (5%) and for use of alcohol in combination with pills (6%).

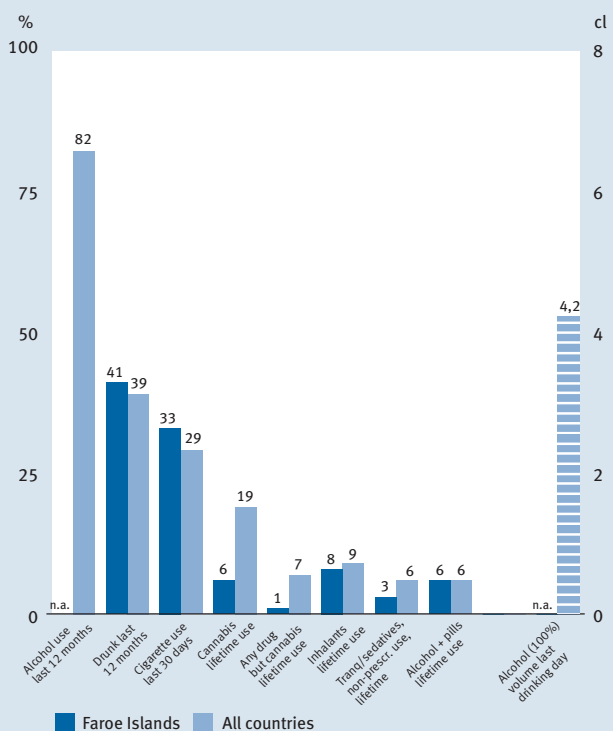
 **ESTONIA**

Most of the results on the selected variables from the Estonian survey are very close to the ESPAD average. The proportions reporting alcohol consumption during the past 12 months (87%) is slightly above average, while the percentage having been drunk during the same period (42%) is about the same as in many other ESPAD countries. However, the estimated volume of alcohol consumed on the latest drinking day (5.1 cl alc. 100%) is somewhat higher than average. Almost one third (29%) of the Estonian students had been smoking cigarettes during the past 30 days. Cannabis use, however, was somewhat more frequent in Estonia than in other ESPAD countries. One-fourth (26%) of the students reported this, while about one tenth (9%) had used drugs other than cannabis. Less than ten percent of the students had reported use of inhalants (9%), non-prescription use of tranquillisers or sedatives (7%) or alcohol in combination with pills (5%).



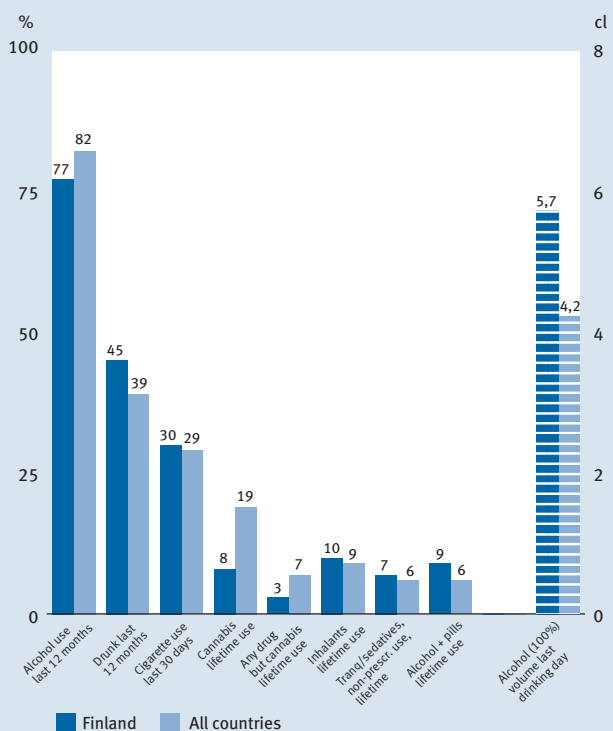
FAROE ISLANDS

Data on the 12-months prevalence of alcohol consumption and on estimated volumes consumed on the latest drinking day are missing from the Faroese study. The proportion of students who reported drunkenness during the past 12 months (41%) is very close to the ESPAD average. The only variable among those presented here for which the proportion is higher than the average is the 30-days prevalence of smoking cigarettes (33%). Very few of the Faroese students report any use of cannabis (6%), which is about one-third of the ESPAD average, and the use of drugs other than cannabis is almost non-existent (1%). Other behaviours, such as use of inhalants (8%), non-prescription use of tranquillisers or sedatives (3%) and use of alcohol in combination with pills (6%), are all at a rather low level which is close to the average.



FINLAND

Many of the Finnish students had been drunk during the past year, and they drank a relatively large amount of alcohol on their latest drinking day, but rather few reported any use of illicit drugs. The proportion of students reporting alcohol consumption during the past 12 months (77%) was somewhat lower than the ESPAD average, but nearly half of the students (45%) had been drunk during the same period. The volumes of alcohol consumed on the latest drinking day (5.7 cl alc. 100%) were also somewhat higher than average. The prevalence of cigarette smoking during the past 30 days (30%) is about average, but the lifetime prevalence of cannabis use (8%) is less than half of the ESPAD average. Lifetime use of drugs other than cannabis is also rare in Finland (3%). The prevalence rates for the other behaviours reported here – lifetime use of inhalants (10%), non-prescription use of tranquillisers or sedatives (7%) and use of alcohol in combination with pills (9%) – are all very close to the ESPAD average.

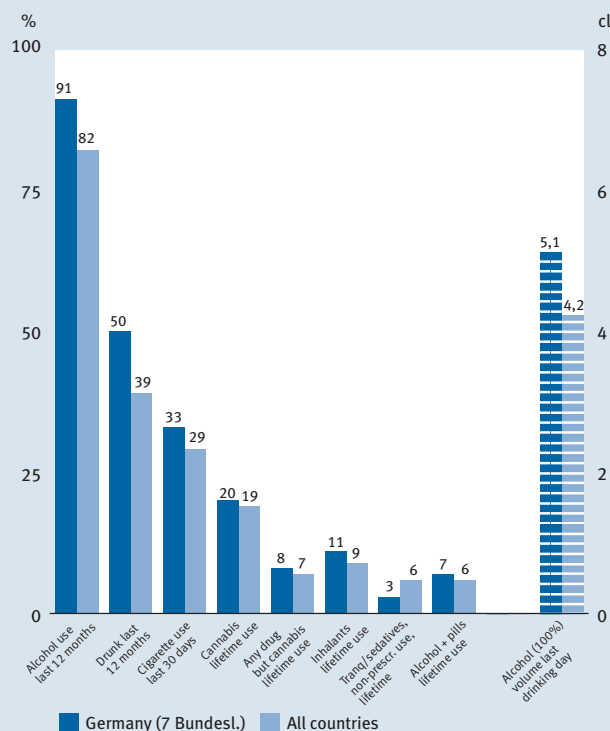
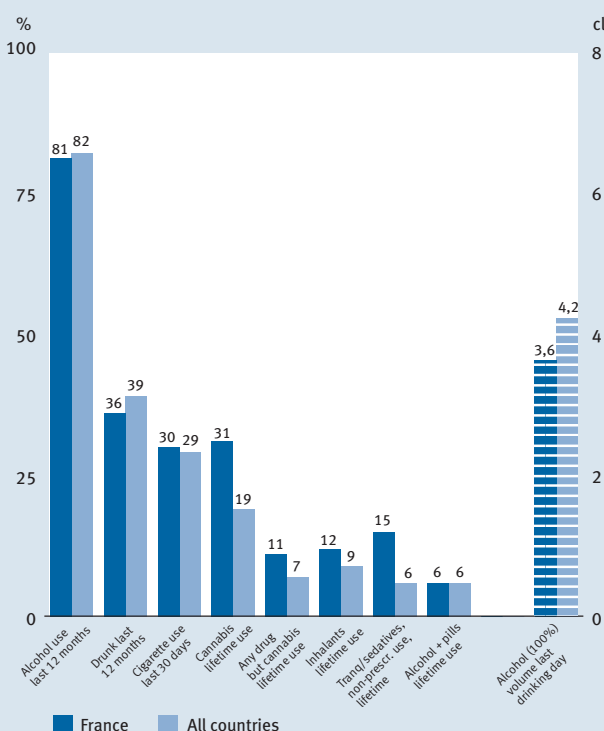


 **FRANCE**

The French results on alcohol variables and tobacco use are rather close to the ESPAD average. Four out of five students had been drinking alcohol during the past 12 months and 36 percent had been drunk during this period. The volume consumed on the latest drinking day (3.6 cl alc. 100%) is somewhat lower than average. About one-third of the students (30%) had smoked cigarettes during the past 30 days. Use of cannabis, however, is clearly more prevalent in France than in the average ESPAD country, and so is the use of drugs other than cannabis. Almost one-third (31%) of the students had used cannabis and 11 percent had used other drugs. Use of inhalants was reported by 12 percent, which is close to the average, while 15 percent of the students had used tranquilisers or sedatives without a doctor's prescription, which is more than twice the ESPAD average. Use of alcohol in combination with pills was as common in France (6%) as the ESPAD average.

 **GERMANY (7 BUNDESLÄNDER)**

Almost all students (91%) in the seven German Bundesländer (federal states) that participated in the study had been drinking alcohol during the past 12 months, and half of them (50%) had been drunk during the same period. Both of these percentages are higher than the ESPAD average. The estimated volume of alcohol consumed on the latest drinking day (5.1 cl alc. 100%) is also above the mean. However, the results for the other variables presented here are very close to average. One-third (33%) of the German students had been smoking during the past 30 days, one-fifth (20%) had used cannabis at some point in their lives and eight percent had used any drug other than cannabis. The lifetime prevalence of inhalant use was about one tenth (11%), non-prescription use of tranquilisers or sedatives was relatively infrequent (3%), and seven percent had used alcohol in combination with pills.

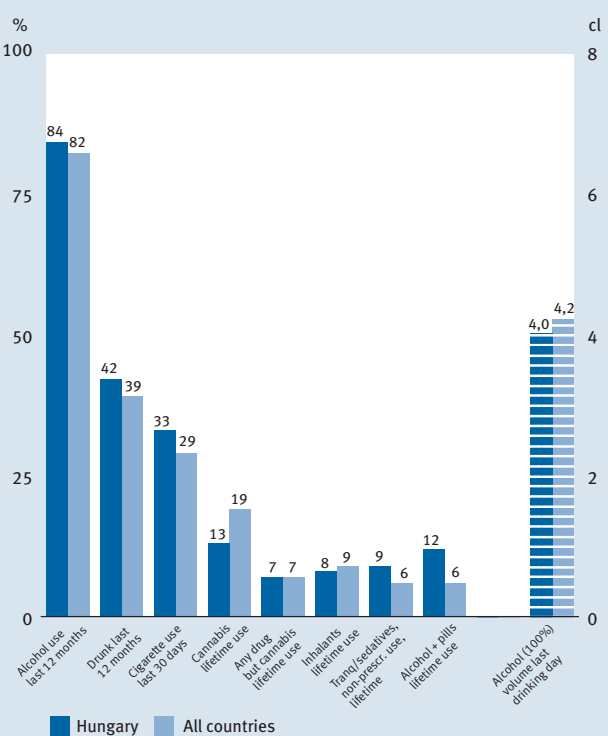
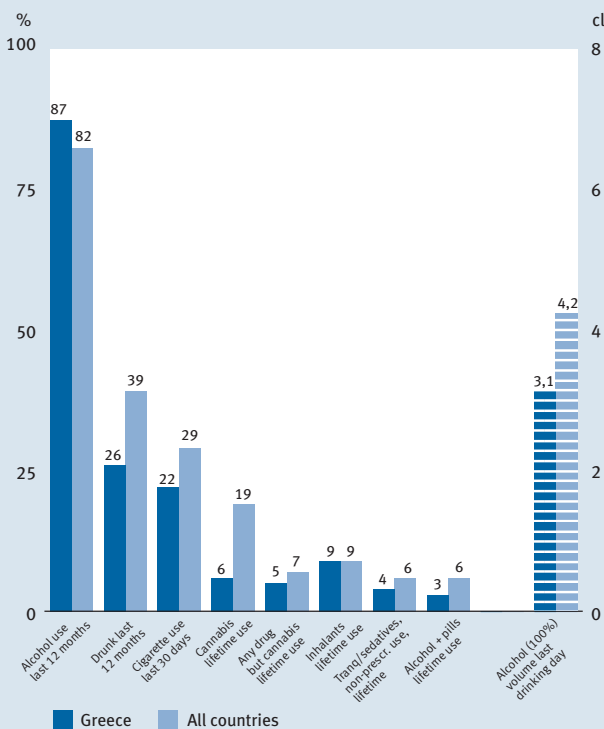


 **GREECE**

Greece is one of the countries that reported rather moderate alcohol, tobacco and other drug habits. However, the proportion of students who had been drinking alcohol during the past 12 months (87%) is somewhat higher than the ESPAD average. Being drunk, on the other hand, is not as common in Greece as in many other ESPAD countries: one-fourth (26%) of the students reported this. Estimated consumption on the latest drinking day (3.1 cl alc. 100%) was also lower than average. About one-fifth (22%) of the Greek participants had been smoking during the past 30 days, which is lower than average. The lifetime prevalence of cannabis use (6%) is also low, at about one third of the ESPAD mean. Use of drugs other than cannabis (5%), on the other hand, is close to average. Rather small proportions of students report other behaviours such as lifetime use of inhalants (9%), non-prescription use of tranquillisers or sedatives (4%) and combined use of alcohol and pills (3%).

 **HUNGARY**

The results show that the Hungarian students are rather similar to the average ESPAD student on most variables – except for lifetime use of cannabis (13%), which is less common in Hungary, and use of alcohol in combination with pills (12%), which is twice the average for all countries. The 12 months prevalence rates for alcohol consumption and drunkenness (84% and 42%, respectively) and average alcohol consumption on the latest drinking day (4.0 cl alc. 100%) are all very close to the mean. Smoking in the past 30 days was reported by one third (33%) of the students, which is only slightly above average. Use of any drug other than cannabis (7%) was as frequent as the ESPAD average, as was lifetime use of inhalants (8%). The rate of non-prescription use of tranquillisers or sedatives (9%) was also very close to the ESPAD mean.

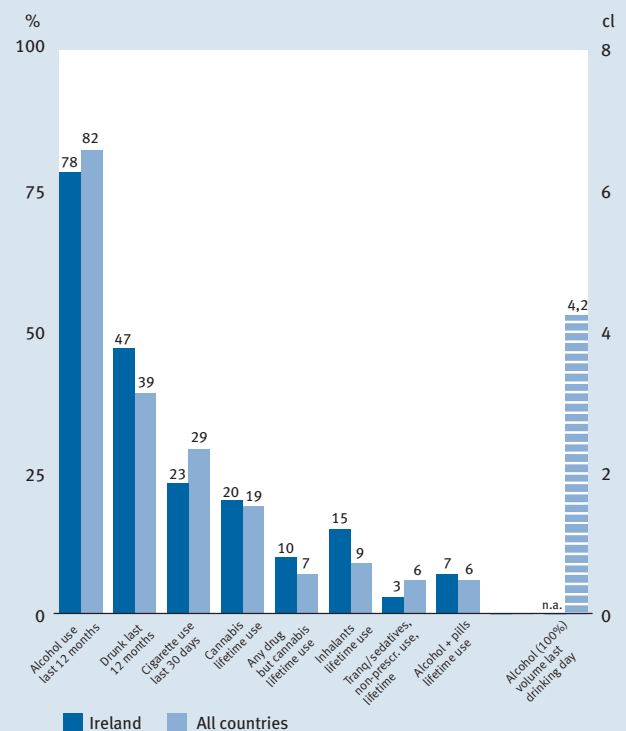
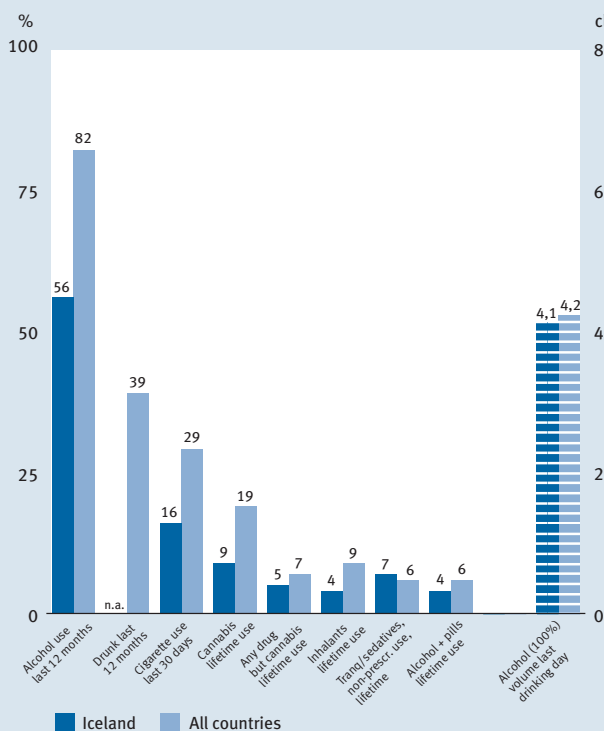


 **ICELAND**

The Icelandic students reported rather moderate alcohol and other drug habits. Only half of the students (56%) had consumed any alcohol during the past 12 months (data on drunkenness are missing). The estimated consumption of alcohol on the latest drinking day (4.1 cl alc. 100%), however, is the same as the ESPAD mean. The proportion reporting cigarette smoking during the past 30 days (16%) is half the ESPAD average, and so is the proportion who had ever used cannabis (9%). The use of drugs other than cannabis (5%) is about average, while lifetime use of inhalants (4%) is half the average. Seven percent reported non-prescription use of tranquillisers or sedatives and four percent had used pills in combination with alcohol.

 **IRELAND**

The Irish students are about as likely to drink alcohol as the average ESPAD student (78% had done so during the past 12 months), but they get intoxicated more often: about half of the students (47%) reported having been drunk during the past 12 months. (Data on alcohol volumes consumed on the latest drinking day are missing.) A somewhat smaller proportion of students in Ireland had smoked during the past 30 days (23%) compared with the ESPAD average. Lifetime use of cannabis (20%) is about average, as is lifetime use of drugs other than cannabis (10%). The use of inhalants (15%), on the other hand, is more prevalent in Ireland than in many other ESPAD countries. Rather few (3%) of the Irish students had used tranquillisers or sedatives without a prescription. The proportion who had used pills in combination with alcohol (7%) is close to the ESPAD mean.

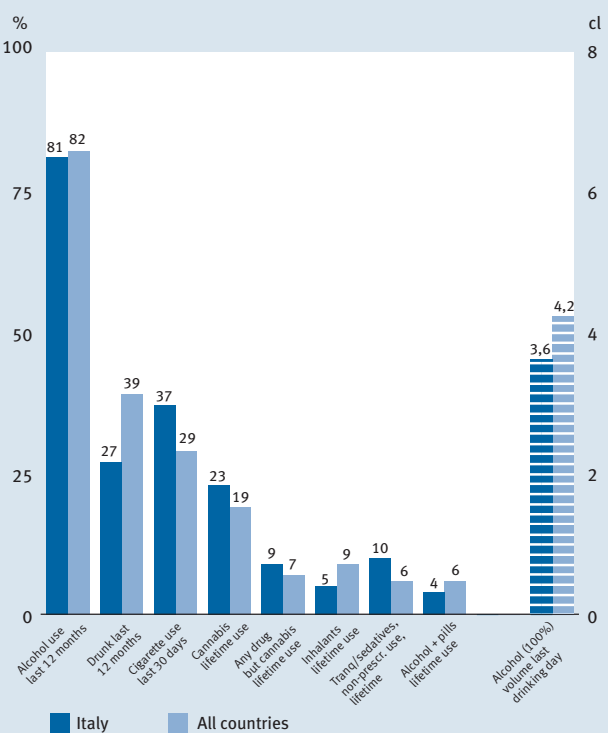
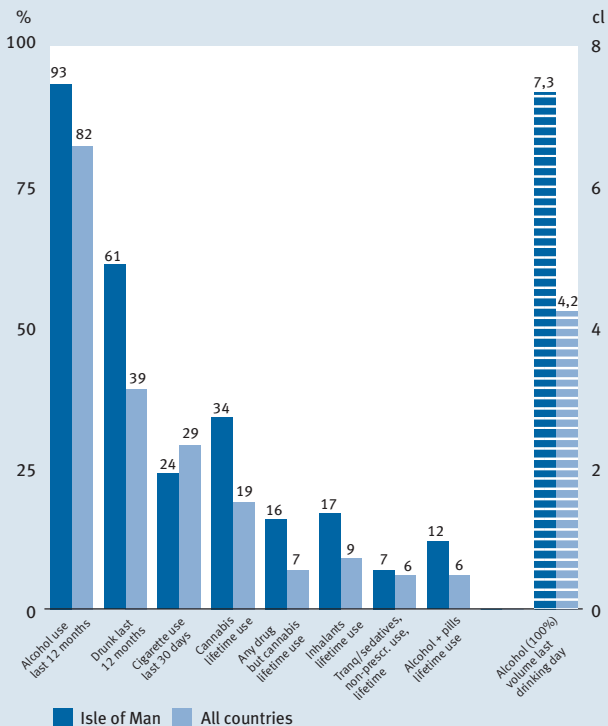


 ISLE OF MAN

The results show that, by comparison, the Isle of Man scores high on most key variables, the exceptions being tobacco use and non-prescription use of tranquillisers or sedatives. Almost all (93%) students had been drinking alcohol during the past 12 months, and almost two-thirds (61%) had been drunk during the same period. The estimated consumption of alcohol on the latest drinking day (7.3 cl alc. 100%) is the second-highest among the countries included in this survey. Cigarette smoking in the past 30 days (24%), on the other hand, is slightly below average. One third (34%) of the students in the Isle of Man had used cannabis during their lifetime, and the proportion reporting use of drugs other than cannabis (16%) was more than twice the mean. Use of inhalants (17%) was also about twice the ESPAD average, and the same was true for the use of pills in combination with alcohol (12%). Non-prescription use of tranquillisers or sedatives (7%), however, was about average.

 ITALY

Smoking is more prevalent than drunkenness among the Italian students, and use of cannabis is slightly more frequent than in many other ESPAD countries. The 12 months prevalence of drinking alcohol was 81 percent, which is the same as the ESPAD average. As indicated above, having been drunk is less common in Italy than in many other ESPAD countries, with about one fourth (27%) of the students reporting drunkenness during the past 12 months. The estimated average consumption on the latest drinking day (3.6 cl alc. 100%) was only slightly lower than the ESPAD average. More than one-third (37%) reported having smoked during the past 30 days. The prevalence rates for both cannabis and other drugs are close to the ESPAD average: 23 percent and 9 percent, respectively, reported lifetime use. Inhalants are not very frequently used and the Italian prevalence rate is about half the ESPAD mean. In contrast, the lifetime prevalence of non-prescription use of tranquillisers or sedatives is somewhat higher in Italy (10%) than in other countries, while the use of pills in combination with alcohol (4%) is close to average.

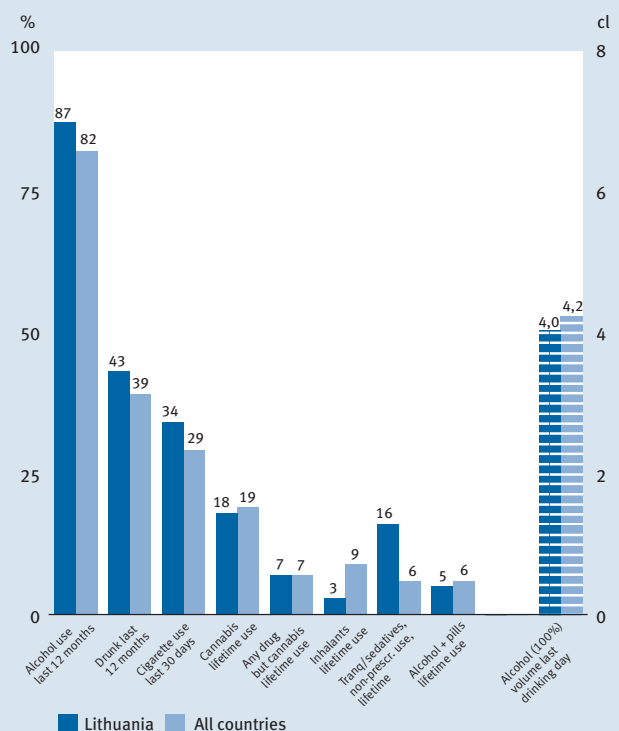
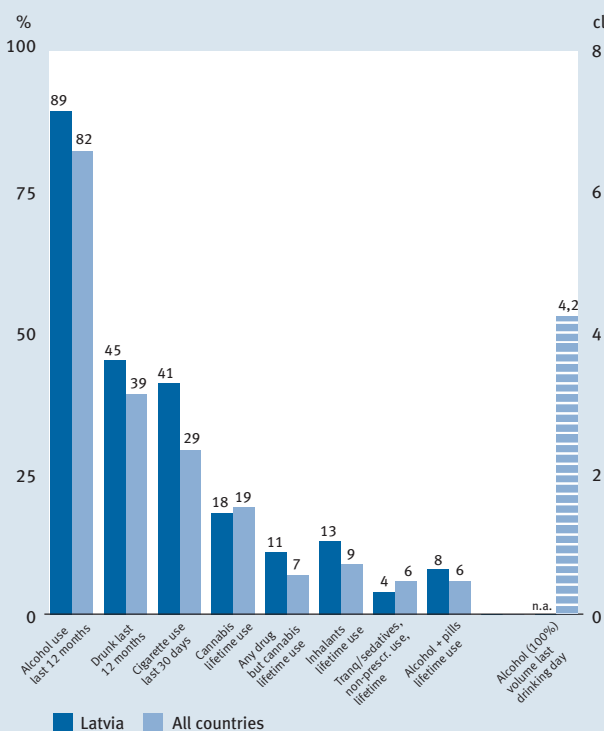


 **LATVIA**

The Latvian study shows proportions above the ESPAD average for alcohol, tobacco, illicit drugs other than cannabis and inhalants. The majority (89%) of the Latvian students had been drinking alcohol during the past 12 months and almost half of them (45%) had been drunk during the same period. The ESPAD average is somewhat lower for both of these variables. (Data on alcohol consumption on the latest drinking day are not available for Latvia.) More Latvian students (41%) than the European average had smoked during the past 30 days. The lifetime prevalence of cannabis use (18%) is about average, while the proportion of students who had used drugs other than cannabis is above average at 11 percent. Use of inhalants is also reported by a somewhat higher proportion in Latvia (13%) than in other countries. Non-prescription use of tranquillisers or sedatives was relatively infrequent (4%), and use of pills in combination with alcohol was reported by 8 percent (about average).

 **LITHUANIA**

The results on all key variables are close to average, except for the non-prescription use of tranquillisers or sedatives, which is more than twice the ESPAD mean. The majority (87%) of the students in Lithuania had been drinking alcohol during the past 12 months and 43 percent had been drunk during the same period, both rates being slightly higher than the ESPAD average. On the other hand, the estimated consumption on the latest drinking day was very close to average (4.0 cl alc. 100%). Compared with the ESPAD mean, slightly more students in Lithuania (34%) had smoked during the past 30 days. The rates of use of cannabis and of drugs other than cannabis, however, are the same as the average (18% and 7%, respectively). Very few of the Lithuanian students had used inhalants (3%, which is about half the mean). As mentioned above, non-prescription use of tranquillisers or sedatives is more common in Lithuania than in many other ESPAD countries – 16 percent reported this – but the use of pills in combination with alcohol is not very common (5%).

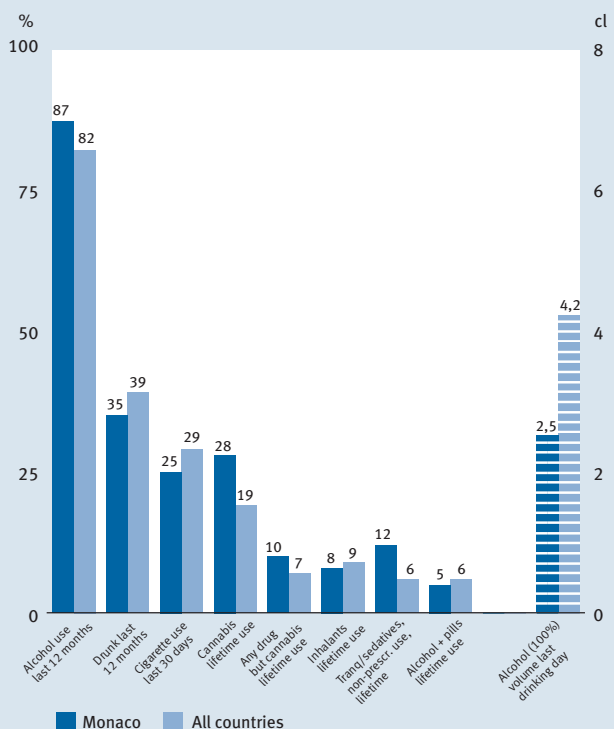
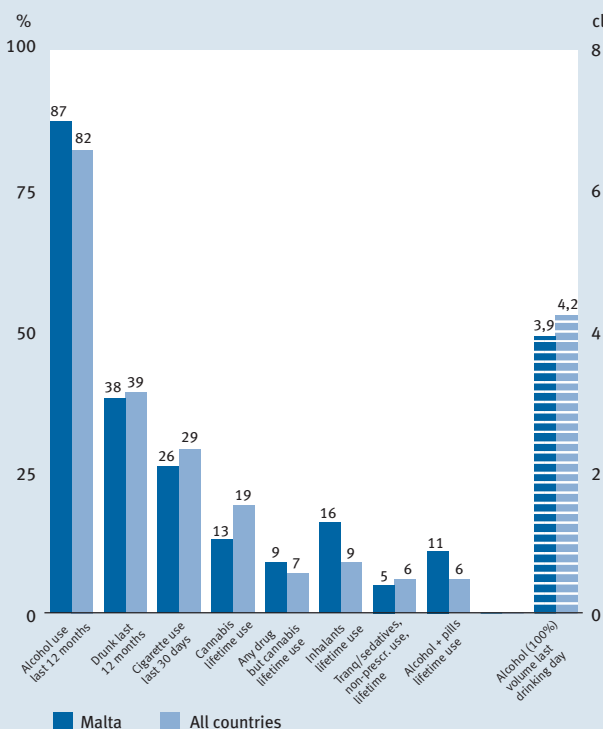


MALTA

The overall impression of the Maltese study is that although cannabis use is below the ESPAD average, the use of inhalants and the combined use of alcohol and pills are more frequent than in many other ESPAD countries. The majority (87%) of the students in Malta had consumed alcohol during the past 12 months, which is slightly above the ESPAD mean, while the 12 months prevalence of drunkenness (38%) is very close to average. The estimated volume of alcohol consumed on the latest drinking day (3.9 cl alc. 100%) is also close to average. A somewhat lower proportion of the Maltese students than the ESPAD average had been smoking during the past 30 days (26%), while the proportion reporting any cannabis use (13%) is clearly below average. On the other hand, use of any drug other than cannabis is reported by 9 percent, which is similar to the ESPAD mean. Both the use of inhalants (16%) and the use of pills in combination with alcohol (11%) are almost twice as common as the ESPAD average, while the non-prescription use of tranquillisers or sedatives (5%) is about the same as in many other ESPAD countries.

MONACO

The most prominent features of the results from Monaco are the relatively high prevalence rates for cannabis use and non-prescription use of tranquillisers or sedatives. The majority (87%) of the students in Monaco had consumed alcohol during the past 12 months, but no more than a third (35%) of them had been drunk during the same period. The latter is well in line with the reported volume of alcohol consumed on the latest drinking day (2.5 cl alc. 100%), which is clearly lower than the ESPAD average. A somewhat lower percentage than average report having smoked during the past 30 days (25%). More than one fourth (28%) of the students in Monaco have used cannabis, which is well above average, and 10 percent report having used drugs other than cannabis. Both the use of inhalants (8%) and the use of pills in combination with alcohol (5%) are about as frequent as the ESPAD mean, but the non-prescription use of tranquillisers or sedatives (12%) is twice as high as in the average ESPAD country.

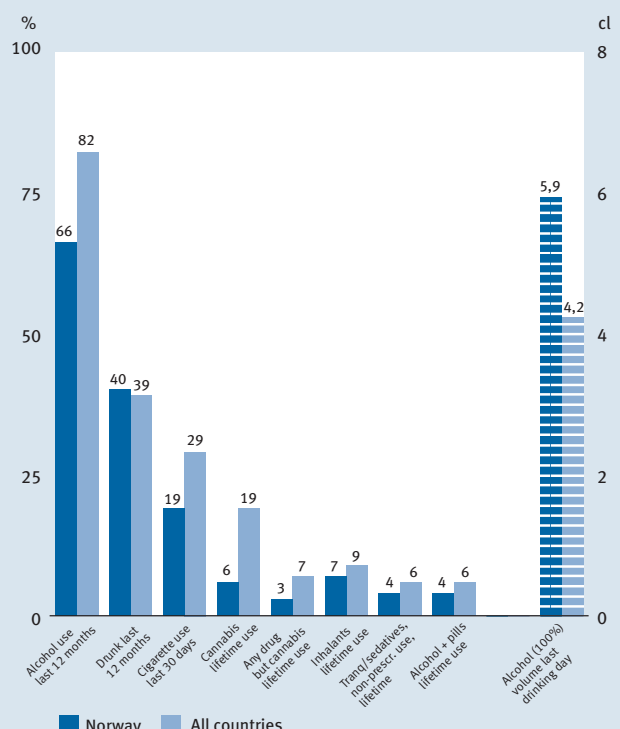
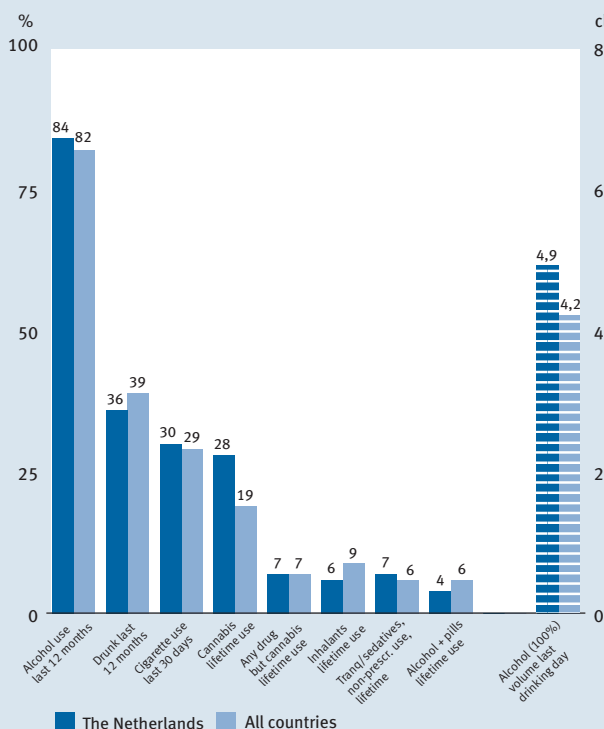


 **NETHERLANDS**

The overall impression of the Dutch results is that they are well in line with the ESPAD average, except as regards the use of cannabis. However, although the proportions reporting alcohol consumption (84%) and drunkenness (36%) during the past 12 months are both very close to average, the reported volume consumed on the latest drinking day (4.9 cl alc. 100%) is somewhat above average. The 30-days prevalence of smoking cigarettes (30%) is about the same as in many other countries. More than one fourth (28%) of the Dutch students report having used cannabis, which is higher than average, while the use of any other drug (7%) does not differ at all from the ESPAD mean. The rates of use of inhalants (6%), non-prescription use of tranquillisers or sedatives (7%) and use of pills in combination with alcohol (4%) are all very close to the ESPAD average.

 **NORWAY**

In contrast with fairly low percentages on all other variables, the students in Norway report rather large volumes of alcohol consumed on the latest drinking day (5.9 cl alc. 100%). The proportion of students who had consumed alcohol during the past 12 months (66%) is clearly lower than average, while the 12-months rate of drunkenness (40%) almost equals the mean. One fifth (19%) of the Norwegian students had been smoking during the past 30 days. Very few, relatively speaking, had ever used cannabis (6%) or any other drug (3%). The results on the remaining three variables are all very close to average: lifetime use of inhalants (7%), non-prescription use of tranquillisers or sedatives (4%) and use of pills in combination with alcohol (4%).

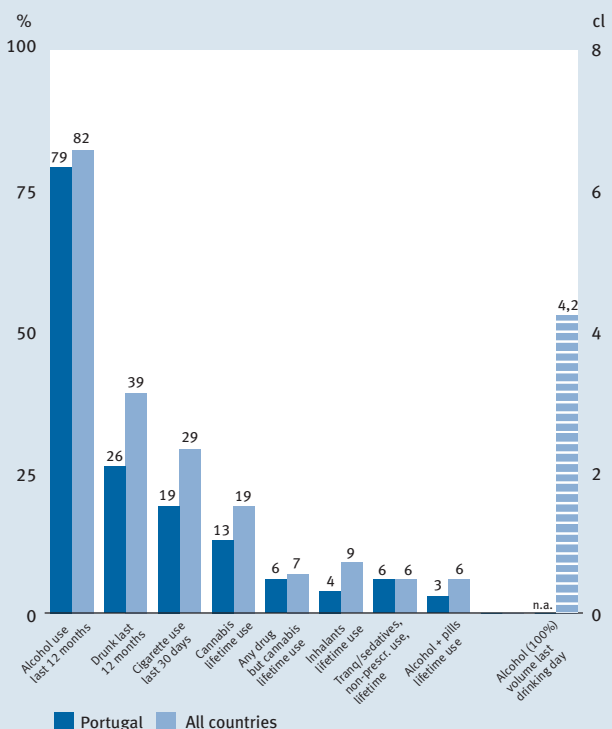
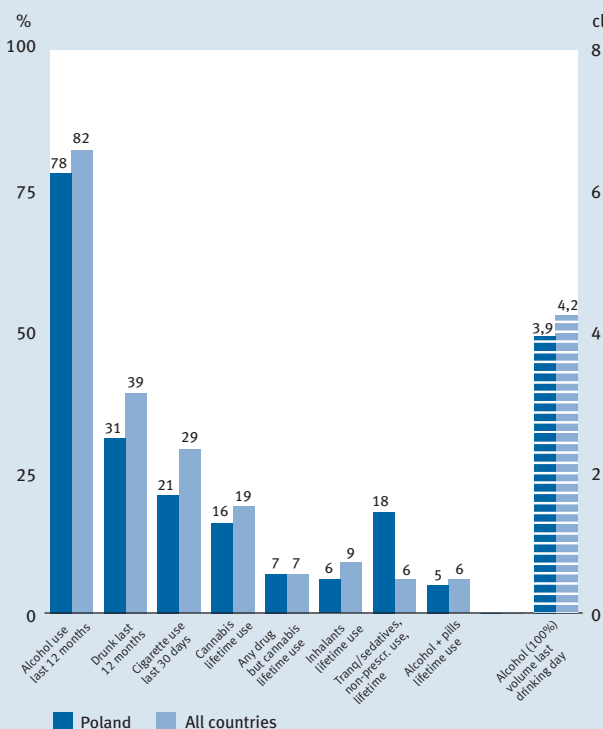


 **POLAND**

The overall impression of the Polish results is that they are almost all rather moderate relative to the ESPAD mean, the exception being that non-prescription use of tranquillisers or sedatives (18%) is three times more frequent than average. Both the proportion reporting alcohol consumption during the past 12 months (78%) and that reporting drunkenness during the same period (31%) are lower than the ESPAD mean. The estimated volume consumed on the latest drinking day (3.9 cl alc. 100%), however, is rather close to average. One-fifth (21%) of the Polish students had smoked during the past 30 days. Sixteen percent of them had ever used cannabis and seven percent had used any drug other than cannabis. The rates of use of inhalants (6%) and use of pills in combination with alcohol (5%) are both very close to the ESPAD average.

 **PORTUGAL**

The main impression of the Portuguese results is that the reported proportions are generally low by comparison. The percentage of students who had been drinking alcohol during the past 12 months (79%), however, is very close to the ESPAD average, even though only one fourth (26%) of the students had been drunk during the same period. (Data on alcohol volumes consumed on the latest drinking day are missing.) One fifth (19%) had smoked cigarettes during the past 30 days. Just 13 percent of the students had used cannabis, which is also below average, while the proportion who had tried any illicit drug other than cannabis (6%) is very close to the ESPAD mean. Lifetime use of inhalants (4%) and the use of pills in combination with alcohol (3%) are both about half the ESPAD mean, while the non-prescription use of tranquillisers or sedatives (6%) is at the same level as the ESPAD average.

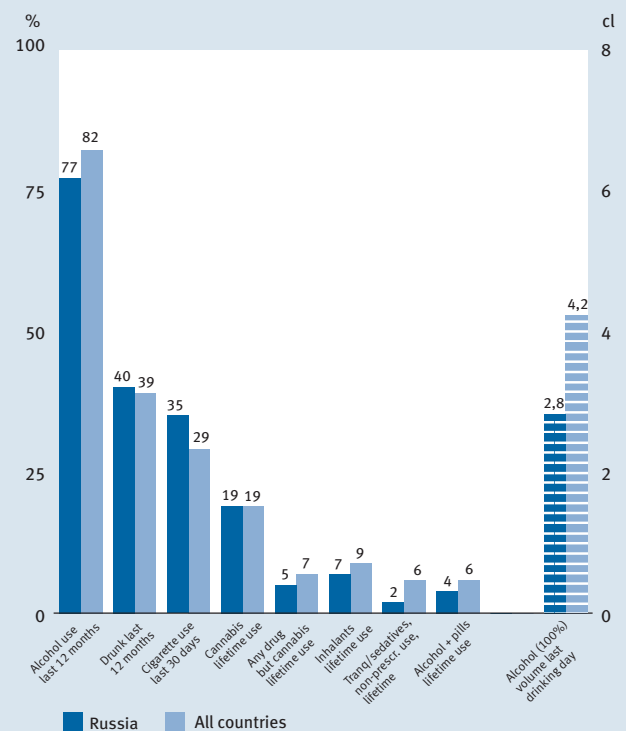
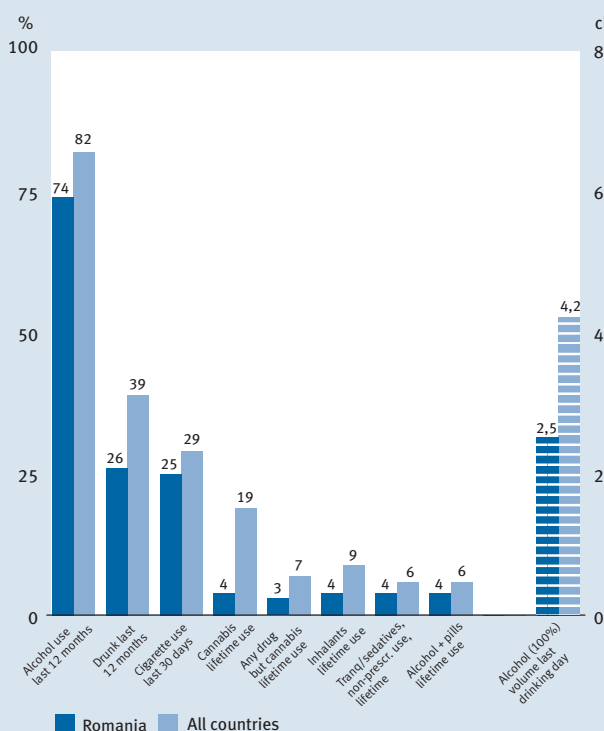


 **ROMANIA**

Romania is a low-prevalence country with regard to the variables presented here. Although a majority (74%) of the students had been drinking alcohol during the past 12 months, this proportion is clearly below average; and only one fourth (26%) of the students had been drunk during the same period. Moreover, the estimated volume of alcohol consumed on the latest drinking day (2.5 cl alc. 100%) is low by comparison. Use of cigarettes is somewhat less frequent than the ESPAD average, but even so one in four students (25%) had smoked during the past 30 days. Very few Romanian students reported any of the behaviours related to the remaining variables: cannabis use (4%), use of drugs other than cannabis (3%), inhalant use (4%), non-prescription use of tranquillisers or sedatives (4%) and use of pills in combination with alcohol (4%).

 **RUSSIA**

The results from Russia are mainly at the same level as the ESPAD average, with a few exceptions. The proportion reporting alcohol consumption during the past 12 months (77%) is somewhat lower than average while the proportion reporting drunkenness during that period (40%) is about average. The estimated consumption on the latest drinking day (2.8 cl alc. 100%), however, is lower than the ESPAD average. Compared with other countries, more Russian students had been smoking during the past 30 days (35%), but the use of cannabis (19%) and that of illicit drugs other than cannabis (5%) are both at the same level as the ESPAD mean. The non-prescription use of tranquillisers or sedatives is lower than average (2%), while the use of inhalants (7%) and the use of pills in combination with alcohol (4%) are both at the average level for all countries.

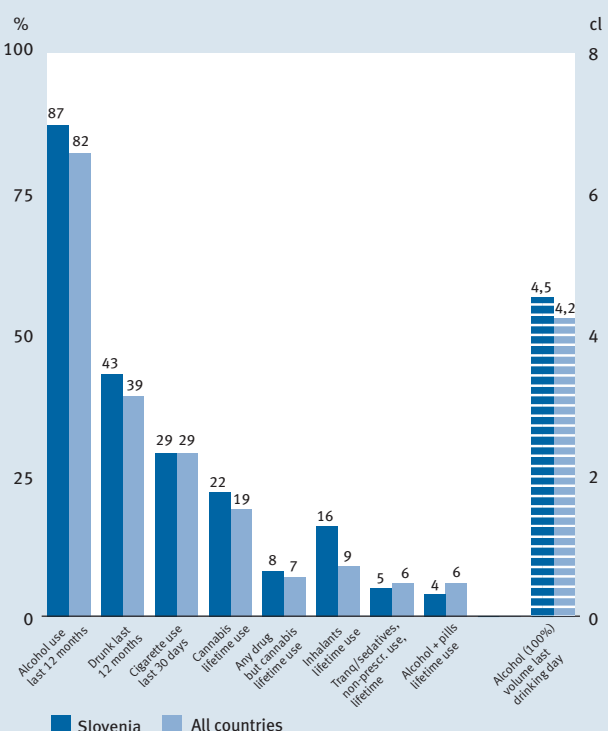
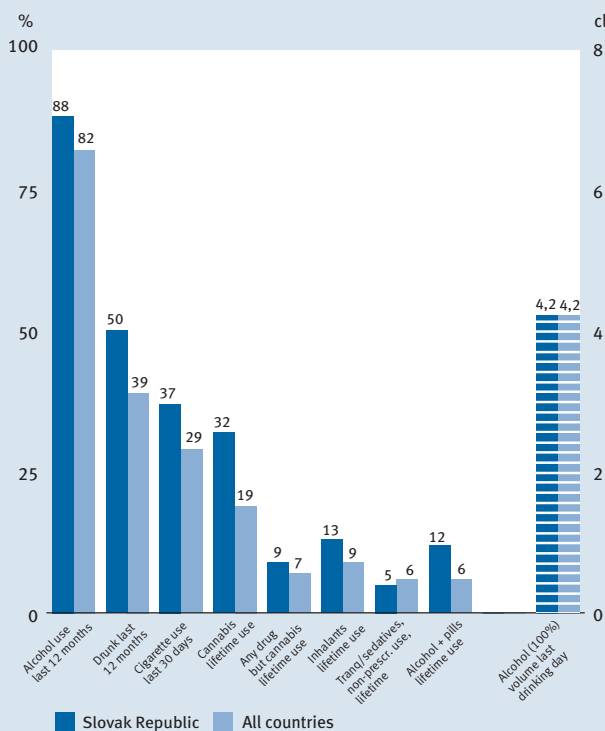



SLOVAK REPUBLIC

The results show that the rates reported here are high on six of the nine variables. The majority of the Slovak students have consumed alcohol: 88 percent reported consumption during the past 12 months, which is higher than the ESPAD average. Moreover, half of them (50%) had been drunk during the same period, which is also above average. The estimated volume of alcohol consumed on the latest drinking day (4.2 cl alc. 100%), however, is the same as the ESPAD mean. The students in Slovakia smoke to a higher degree (37%) than the average ESPAD student. One third (32%) of them have also used cannabis, which is clearly higher than average. About one tenth (9%) had used any drug other than cannabis. Use of inhalants (13%) is also more frequent in Slovakia than in many other countries, as is the use of pills in combination with alcohol (12%). The proportion reporting non-prescription use of tranquillisers or sedatives (5%) is very close to the ESPAD average.


SLOVENIA

The most noticeable feature of the Slovenian results is the relatively high proportion reporting lifetime experience of inhalants. The Slovenian students were also slightly more likely than the ESPAD average to have consumed alcohol (87%) and been drunk (43%) during the past 12 months. The estimated volume consumed on the latest drinking day (4.5 cl alc. 100%) is just above average. The proportion of students who had smoked during the past 30 days (29%) is the same as the ESPAD mean. The lifetime rates of cannabis use (22%) and use of drugs other than cannabis (8%) are also about the same as in the average ESPAD country. As mentioned above, use of inhalants (16%) is high and nearly twice the average, while rather few students reported non-prescription use of tranquillisers or sedatives (5%) or use of pills in combination with alcohol (4%).

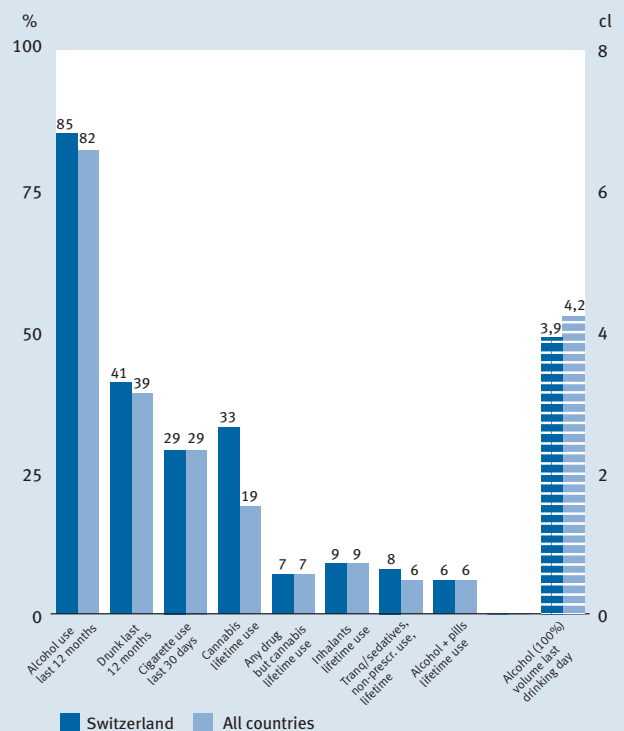
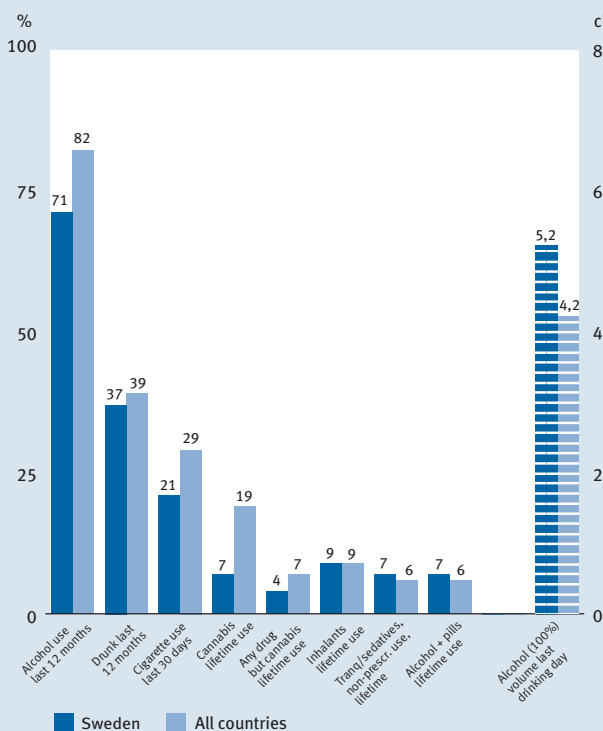


 **SWEDEN**

While the Swedish data show rather moderate levels in comparison with other countries, reported consumption on the latest drinking day (5.2 cl alc. 100%) is clearly higher than average. The rate of alcohol use during the past 12 months (71%) is below mean, though, while more than one third (37%) of the students reported drunkenness during the same period, which is very close to the ESPAD average. Fewer students than average had been smoking during the past 30 days (21%), and lifetime use of cannabis (7%) was only about one third of the ESPAD mean. Very few (4%) reported any use of drugs other than cannabis. The remaining variables are all close to average: use of inhalants (9%), non-prescription use of tranquilisers or sedatives (7%) and use of pills in combination with alcohol (7%).

 **SWITZERLAND**

The results from Switzerland are all very close to the ESPAD mean except as regards the lifetime prevalence of cannabis use (33%), which is well above average. The majority (85%) of the students had used alcohol during the past 12 months and 41 percent had been drunk during the same period. The alcohol volume consumed on the latest drinking day was 3.9 cl 100% alcohol, which is rather close to the ESPAD mean. Almost one third (29%) of the students had been smoking cigarettes during the past 30 days. In contrast to cannabis consumption, the reported use of drugs other than cannabis (7%) equals the mean for all countries. Nine percent reported use of inhalants, eight percent had used tranquilisers or sedatives without a prescription, and six percent had combined pills with alcohol.

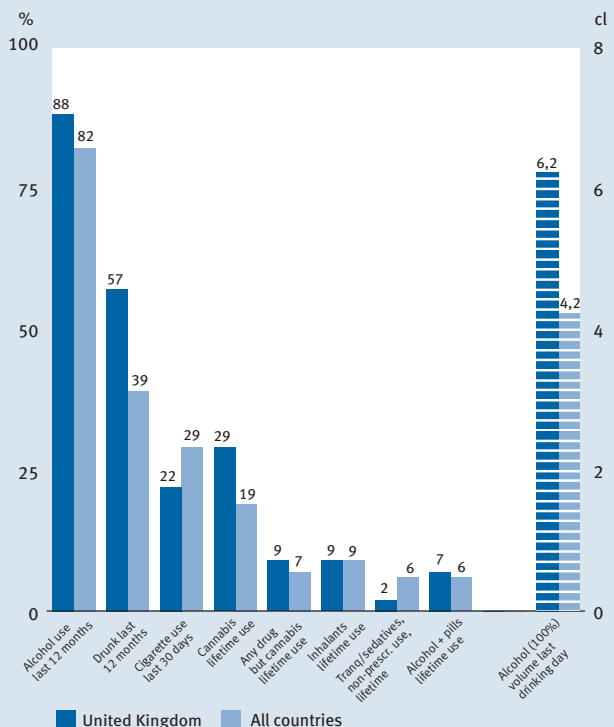
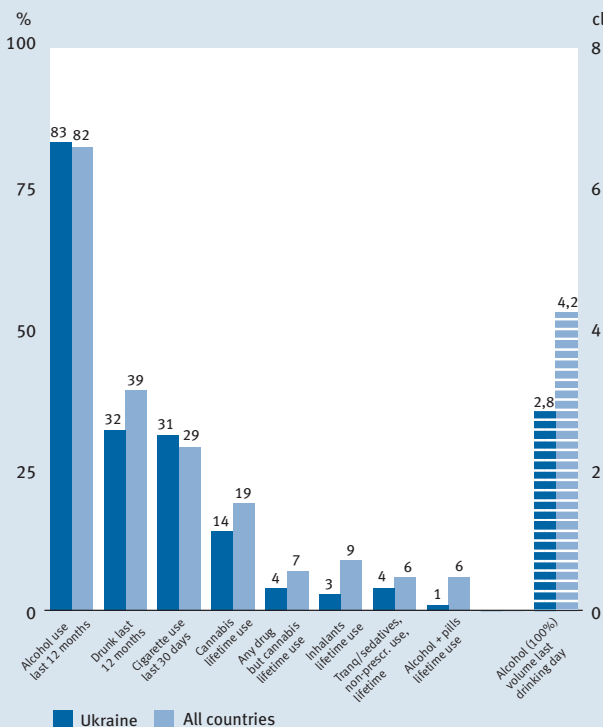


 **UKRAINE**

None of the Ukrainian student behaviours presented here is significantly more frequent than the ESPAD mean. The majority of the students (83%) had been drinking alcohol during the past 12 months and one third (32%) of them had been drunk during the same period, of which the latter rate is below average. The estimated volume of alcohol consumed on the latest drinking day (2.8 cl alc. 100%) is considerably below average. Almost a third (31%) had smoked cigarettes during the past 30 days. The lifetime prevalence of cannabis use (14%) is below the average for all ESPAD countries, and the same is true for drugs other than cannabis (4%). Very few (3%) of the Ukrainian students had used inhalants (this proportion is only one third of the ESPAD mean) and the use of pills in combination with alcohol (1%) is also considerably below average. The frequency of non-prescription use of tranquillisers or sedatives (4%), however, is fairly close to average.

 **UNITED KINGDOM**

The results show that the British scores are higher than the ESPAD average on four of the nine variables. These are alcohol use and drunkenness in the past 12 months, estimated consumption on the latest drinking day and cannabis use. A large majority (88%) of the students had consumed alcohol during the past 12 months and more than half (57%) had been drunk during the same period. The estimated consumption on the latest drinking day (6.2 cl alc. 100%) is well above the ESPAD mean. Smoking, on the other hand, is less frequent in the United Kingdom than in many other ESPAD countries: the proportion who had smoked during the past 30 days (22%) is below average. Almost one third (29%) of the British students had used cannabis, which is above the ESPAD mean, but the use of drugs other than cannabis is not very frequent (9%). The rates of use of inhalants (9%) and use of pills in combination with alcohol (7%) are both about average, while the non-prescription use of tranquillisers or sedatives is very rare (2%).





Trends 1995–2007

Trends 1995–2007

This chapter presents changes in substance use from 1995 to 2007. Special attention is given to “recent changes” between the two most recent data collections (i.e. from 2003 to 2007), which are visualised in scatter plots. They are complemented by bar charts in which data are shown separately for boys and girls for all four data collections. The order in which the countries are listed in the bar charts is based on the 2007 ranking for all students, with the country scoring highest at the top.

A third set of graphs consists of linear trend diagrams, which show trends in each country from 2003 to 2007 (“long-term trends”) for all students. A similar graph is also used to illustrate the average changes for all ESPAD students. Unlike in earlier ESPAD reports, data on trends are also available in table form (Tables 45–69 in Appendix III).

Not all countries participated in all four surveys and this chapter is limited to those countries that took part in the 2007 as well as the 2003 ESPAD data collection. One exception from this is Denmark, the 2007 data from which were deemed not to be comparable owing to a high level of school drop-out and a small number of participating students.

In three countries, the data are representative of different geographical areas in 2007 and in 2003. One is Russia, where the whole Russian Federation was included in the survey in 2007 while the 1999 and 2003 data collections were limited to Moscow. The data for Russia presented in this chapter are therefore limited to students from Moscow. As a consequence, data for Russia in the chapter describing the situation in 2007 and this chapter are different.

The 2007 survey in Germany included seven Bundesländer (federal states), which is one more than in 2003. As a result, the data in this chapter are limited to students from the six Bundesländer that participated in 2003 as well, meaning that the figures for Germany, like for Russia, are different in this chapter and in the chapter about substance use in 2007.

In 2007, unlike in 2003, the survey in Belgium was limited to the Dutch-speaking area (Flanders). To obtain data that are comparable with those from the previous survey, the national Belgian data set from 2003 has been used to calculate 2003 figures for Flanders. Since this means that the base consists of about 1,300 students, some caution is recommended. This recalculation entails that Belgian data in the 2003 report and Belgian 2003 data presented in this chapter are not the same.

As mentioned in previous chapters (mainly the methodological one), the 2007 questionnaire was slightly different from those used in earlier data collections. After so many years with an unchanged questionnaire, it was decided to make some improvements in 2007 even if this would entail the loss of comparability for some variables. To identify possible effects of the change, a questionnaire test was performed in eight countries prior to the 2007 data collection.

The following variables turned out not to be comparable with earlier ESPAD surveys:

- Perceived availability of different substances.
- Frequency of spirits consumption during the past 30 days.
- Total amount of alcohol consumed during the latest drinking day.
- Frequency of drunkenness.
- Perceived level of drunkenness on the latest drinking day.

The average figures given in this chapter may be slightly different from those presented in the chapter on the situation in 2007. The reason is that not all countries with 2007 data have contributed data to the trend tables. An example of this is that, according to Trend Table 45, 60% of the students reported having smoked cigarettes at least once during their lifetime, while the corresponding figure is 58% in the table linked to the chapter on the situation in 2007 (Table 2a).

More importantly, two average rows per year are presented in the trend tables. The first row of figures (“all”) represents the average for all countries participating in the respective year while the second row (“xx countries”) represents the average for the subset of countries for which data are available from all four data-collection waves. Hence, the second row should be used for comparisons over time, since the same countries are being followed. It should be noted that the number of comparable countries may vary since data for one or more countries may be missing for individual variables. Only the averages given in the second row will be commented upon here.

CHANGES IN CIGARETTE SMOKING LIFETIME AND LAST 30 DAYS USE OF CIGARETTES

(Tables 45–47, Figures 23a–d)

On average, the lifetime prevalence of smoking was stable between 1995 and 2003 according to the data for the countries with such information for all four data-collection waves. About 67% reported lifetime smoking until 2003, but in 2007 this figure had dropped to 59%. Both boys and girls display the same trend pattern, with a substantial drop in the last wave.

A more continuous decline over time may be noted for Iceland and Sweden, and to some extent also for the Faroe Islands, Finland and Ireland – predominantly countries in northern Europe. In several other countries, the national trend is similar to the average for all countries; and in others, the situation is relatively stable. No country displays an increase in smoking over time.

Just like lifetime smoking, more recent smoking (last 30 days) has become less frequent between 2003 and 2007. This is clear from the scatter plot displaying the most recent changes in cigarette use in the past 30 days. One-third of the countries

dropped by more than three percentage points in the most recent wave and no country show an increase.

In Iceland and Ireland, smoking in the past 30 days has been falling over the whole time period of 1995–2007. An upward trend for at least two surveys in a row is visible only for Estonia, but the 2007 Estonian figure, on the other hand, is in the downward direction. The most stable situations seem to be found in Croatia and Italy, where the changes are relatively moderate.

The rather big drops over time in Iceland and Ireland as well as in Norway and the United Kingdom (down roughly 15 percentage points from the start) have turned these countries from high- or medium-prevalence countries into low-prevalence countries.

Gender differences appear to be rather small in most countries, according to the bar chart. This is also more or less the impression given by the average figures presented for the 20 countries that participated in all four waves and thus contribute data for the whole 12-year period. For both genders, a small increase is visible between 1995 and 1999. Thereafter the trend is downward and the proportion of students having smoked in the past month is the same for both sexes in 2007 (28%) – which is below the figure for all students in 1995 (32%). While boys were 3–4 percentage points above girls at the beginning of the period, the two sexes were thus level in 2007, meaning that the small gender difference as regards smoking in the past 30 days has vanished.

Only four of the comparable countries (Croatia, the Czech Republic, Lithuania and the Slovak Republic) present an opposite picture to the general downward trend in recent smoking, displaying higher levels in 2007 than in 1995. However, a characteristic common to those countries – apart from being located in eastern Europe – is that the actual increase took place as early as between 1995 and 1999, with the situation having been relatively stable since then, or slightly downward in one country last data collection. The overall picture of past-30-days smoking in the ESPAD countries is thus one of a decrease, or at least of a stabilised situation.

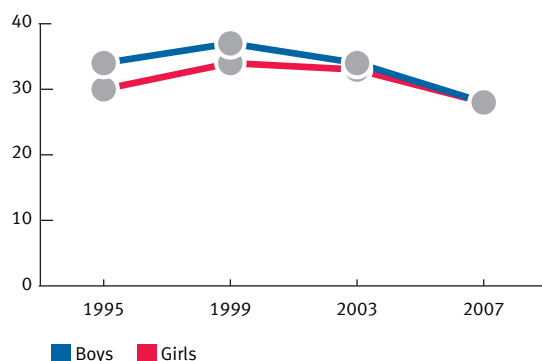


Figure 23d Cigarette use during the last 30 days by gender. 1995–2007. Percentages. Averages for 20 countries.

DAILY SMOKING AT THE AGE OF 13 OR YOUNGER

(Table 48, Figures 24a–d)

Many young people who experiment with smoking do so only a few times, without progressing to regular smoking. Others,

however, have already started daily smoking at an early age. Countries where smoking is highly prevalent often also have a high proportion of students who had started to smoke daily at the age of 13.

On average, 11% of the students reported in 2003 that they had smoked on a daily basis at the age of 13 or younger, and the corresponding figure for 2007 is 8%. In 18 out of 31 countries there appears to be a noticeable drop in early onset of cigarette smoking between 2003 and 2007. The biggest drops – of around 7 percentage points – can be noted among students in the Faroe Islands, Finland, Germany (6 Bundesl.), Ireland, the Netherlands and Norway.

As regards long-term trends, only Ireland and the United Kingdom display noticeable decreases for two data collections in a row. These two countries, along with Finland, have seen falls of about ten percentage points over the whole 12-year period. A slight deterioration as regards early cigarette use over the whole time period is apparent for the Czech and Slovak Republics (up by roughly 6 percentage points each). This has shifted those countries from being below average in 1995 to being above average in 2007. In several countries, however, the prevalence of daily smoking at the age of 13 has been rather stable over time.

The gender gap has narrowed for cigarette use in the past 30 days, and at least to some extent this also seems to be the case for having used cigarettes daily at the age of 13 or younger. In 1995, girls were four percentage points below boys while the difference is only two percentage points in 2007 – but this is a very small change.

A particularly big improvement, considering the whole period of 1995–2007, may be noted for girls in Finland and the United Kingdom (down about 10 percentage points), while girls in the Czech and Slovak Republics display an increase (up about 7 points). The increases among boys in the latter two countries are smaller (about 4 percentage points); the biggest decrease among boys is that for Ireland (down 14 points).

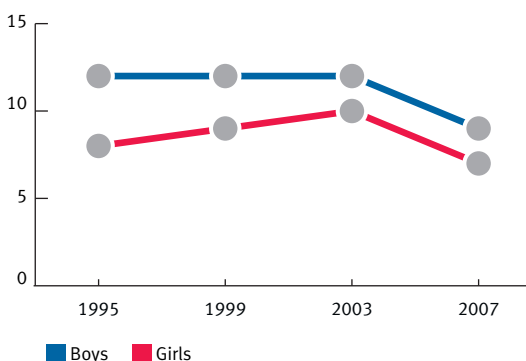


Figure 24d Daily cigarette use at the age of 13 or younger by gender. 1995–2007. Percentages. Averages for 20 countries.

CHANGES IN ALCOHOL CONSUMPTION

LIFETIME ALCOHOL USE

(Tables 49–50)

The proportions of students who have ever used alcohol have been rather unchanged on the aggregate level since 1995, with

Figure 23a
Changes between 2003 and 2007 in cigarette use during the last 30 days. All students. Percentages.

Dots above the line represents increases while dots below the line represents decreases.

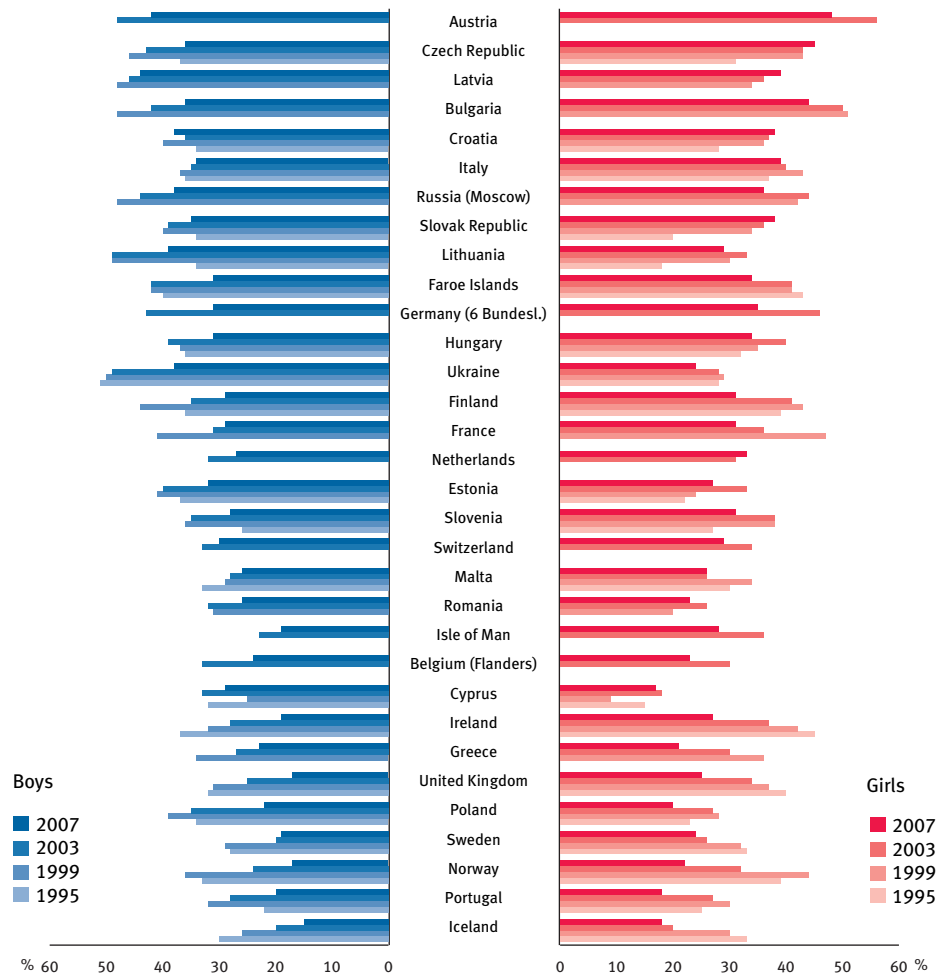
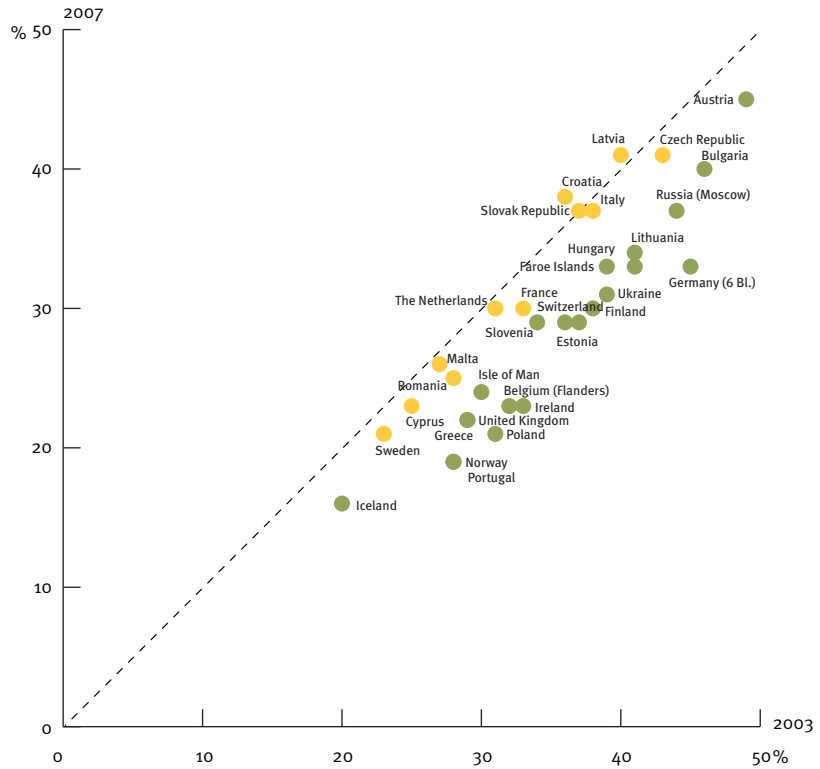


Figure 23b
Cigarette use during the last 30 days by gender. 1995–2007. Percentages. Data sorted by all students 2007.

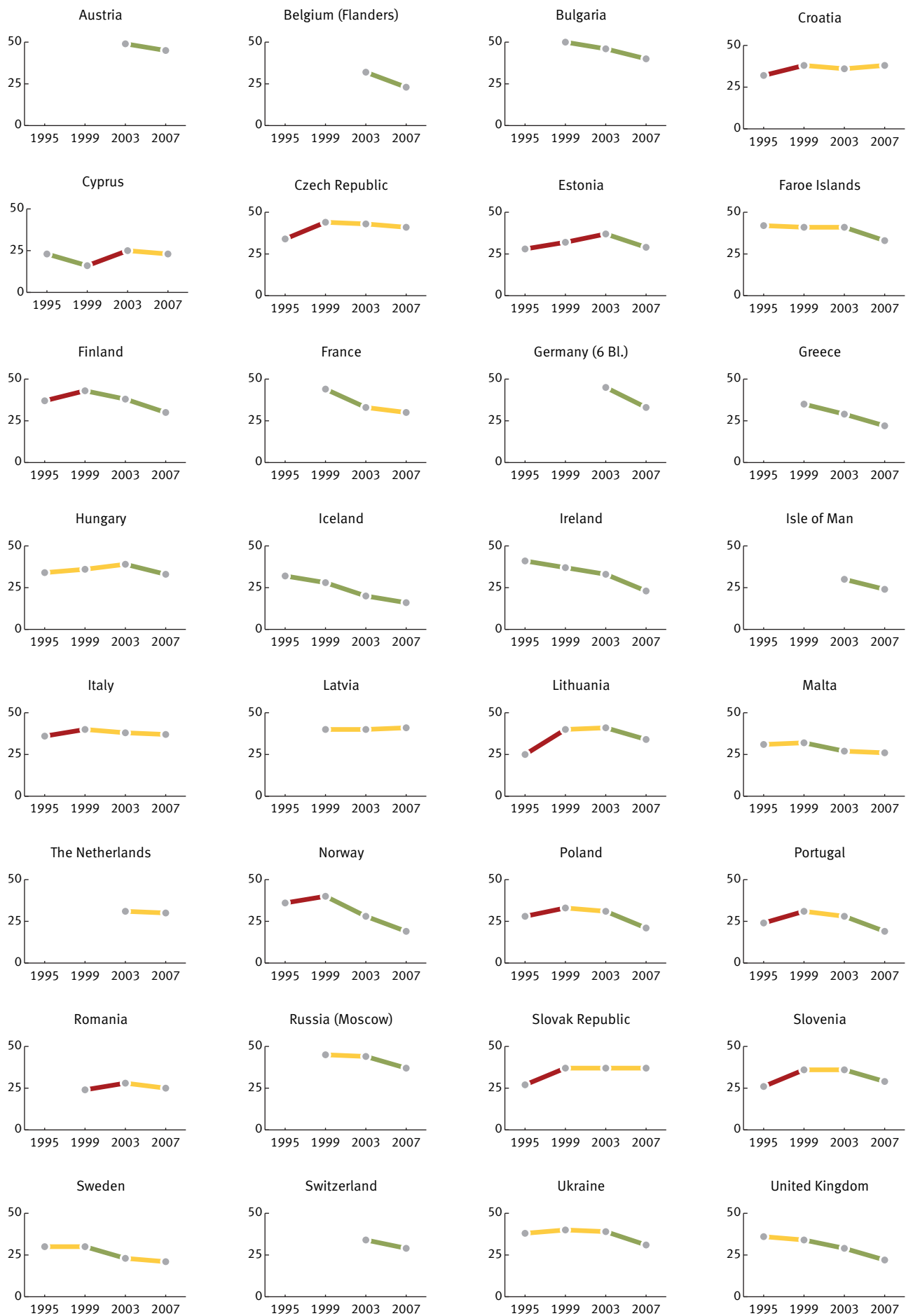


Figure 23c. Cigarette use during the last 30 days by country, 1995–2007. Percentages.

Figure 24a
Changes between 2003 and 2007 in daily cigarette use at the age of 13 or younger. All students. Percentages.

Dots above the line represents increases while dots below the line represents decreases.

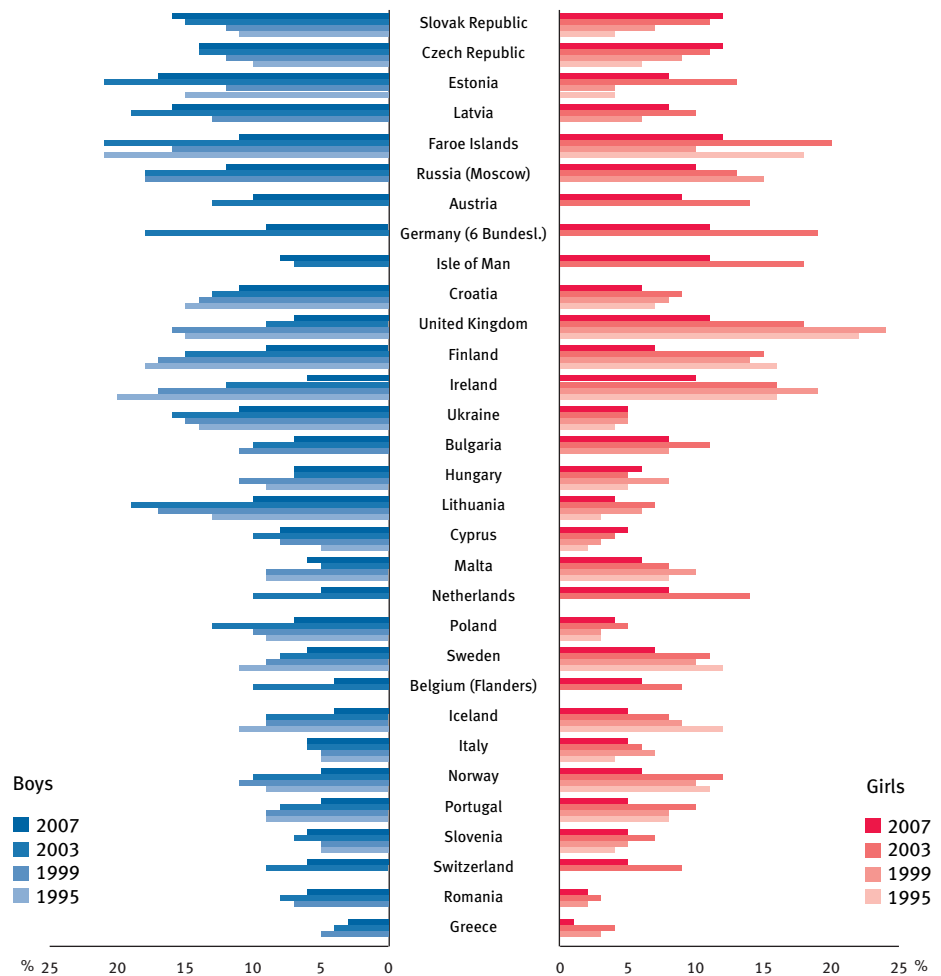
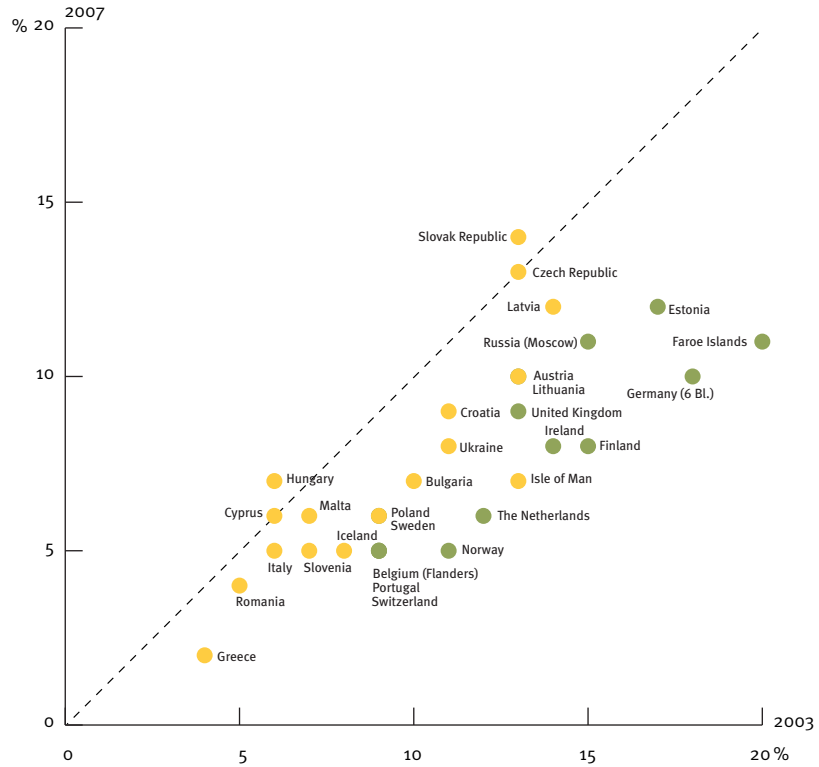


Figure 24b
Daily cigarette use at the age of 13 or younger by gender. 1995–2007. Percentages. Countries sorted by rank for all students in 2007.



Figure 24c. Daily cigarette use at the age of 13 or younger by country, 1995–2007. Percentages.

about 90% of both boys and girls reporting lifetime prevalence. The figures have also been relatively unchanged within most individual countries during the 12-year period.

Between 2003 and 2007, the situation has been rather unchanged in about two thirds of the countries for which comparable data exist. In nine countries, fewer students in 2007 than in 2003 had ever tried alcohol. An increased proportion of lifetime users can be seen only in Portugal – where boys as well as girls have grown more likely to have drunk alcohol.

There are more changes when it comes to having consumed alcohol 40 times or more during a student's lifetime, even though the average figures have been rather unchanged since 1999. On the aggregate level, the proportion who have used alcohol this often increased between 1995 and 1999, after which it was rather stable with a slightly lower average figure in 2007 than in 2003 – largely because of a decrease among boys. Some countries exhibit clear long-term trends for the whole period, including upward trends in Latvia and Slovenia and a downward one in Greece.

In individual countries, the change most frequently observed between 2003 and 2007 is that alcohol consumption on 40 or more occasions during a student's lifetime has become less common, which is the case in 14 countries. However, the trend is the opposite in seven countries, including France (up 8 percentage points), Latvia (7) and Portugal (7). Rising trends are found for both sexes in these countries.

LAST 12 MONTHS ALCOHOL USE

(Tables 51–52, Figures 25a–d)

On the average level, the proportion of students who had used alcohol during the 12 months prior to the data collection was about the same during the whole period of 1995–2007 at a little more than 80% of all students. Hardly any country shows a clear trend over these years, the exception being Iceland, where the proportion of all students has decreased from survey to survey.

In the most recent period, a small decrease can be found on the aggregate level among boys (from 84 to 80%). Reductions were found in 10 countries, including Ireland (down 10 percentage points), Norway (10) and Iceland (8). Increased proportions were found only in Portugal and Slovenia, mainly among girls.

The prevalence of having consumed alcohol on 20 or more

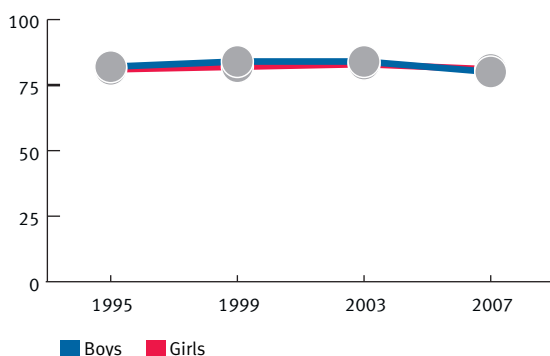


Figure 25d Use of any alcoholic beverage during the last 12 months by gender. 1995–2007. Percentages. Averages for 19 countries.

occasions during the past 12 months increased slightly on the aggregate level between 1995 and 2003, but it was rather unchanged in 2007. This was also the case in about half of the individual countries, where the figures are more or less the same in 2007 as they were in 2003. However, there are slightly more countries with increases (9) than decreases (7).

Countries where more students in 2007 than in 2003 had used alcohol 20 times or more during the past 12 months include France and Germany (6 Bundesländer), where the proportions increased by about 8 percentage points among girls as well as boys. The most pronounced decrease for both sexes is found in Ireland: a reduction from 35 to 21% for all students.

LAST 30 DAYS ALCOHOL USE

(Tables 53–56, Figures 26a–28d)

After a certain increase on the aggregate level between 1995 and 2003 there are now slightly fewer students in 2007 (about 60%) who have used alcohol during the 30 days prior to the data collection. A similar change can also be seen in 13 individual countries. The most pronounced recent decreases among boys as well as girls were found in Ireland (with a drop from 73 to 56% for all students) and Lithuania (77 to 65%). There was also a fall in Iceland, continuing a downward trend since 1995.

In four countries, more students in 2007 than in 2003 reported alcohol consumption during the past 30 days. They include France and Portugal, where the figures increased by 12 percentage points for all students, with clearer changes among girls than among boys.

In a large majority of the countries (70%), the proportion of students who had been drinking alcohol on 10 or more occasions during the past 30 days was relatively unchanged between 2003 and 2007. The figures increased in five countries and decreased in three. The most pronounced increases, of 8–9 percentage points for all students, were found in Austria and Germany (6 Bundesländer), where this change was similar among boys and girls.

Owing to changes in the 2007 questionnaire, beverage-specific data about consumption during the past 30 days are available only for beer and wine, not for spirits. Beer consumption during this period increased on the aggregate level from 1995 to 1999, was rather stable in 2003 and then dropped in 2007. This decrease was more pronounced among boys than among girls. The largest decreases between 2003 and 2007 are found in Ireland (20 percentage points), Estonia (14), Lithuania (14) and Russia (Moscow) (13). In Estonia, Iceland, Russia (Moscow), Sweden and the United Kingdom, the drops between 2003 and 2007 continued drops that started as early as 1999.

In five countries, there were more students in 2007 than in 2003 who had been drinking beer during the past 30 days. The largest change was found in Portugal, where this proportion increased from 35 to 54%. The other countries with increases are France, Germany (6 Bundesländer), the Isle of Man and Switzerland. As regards the sexes separately, increased proportions were found in nine countries for girls but only in four for boys.

In more than half of the countries (19), there were fewer stu-

dents in 2007 than in 2003 who had been drinking wine during the past 30 days. This trend has entailed decreases in the average figures which are more pronounced for boys than for girls. The most striking decreases are found in Lithuania (19 percentage points), Belgium (Flanders) (18), Russia (Moscow) (13) and Latvia (11). In six countries (Bulgaria, Estonia, the Faroe Islands, Latvia, Lithuania and Norway), a fall between 2003 and 2007 was preceded by a fall between 1999 and 2003 as well.

An opposite trend was found in four countries. From 2003 to 2007, the proportion who had been drinking wine during the past 30 days in Portugal increased from 15 to 33%. The other countries with higher figures in 2007 than in the previous survey are Croatia, France and Romania.

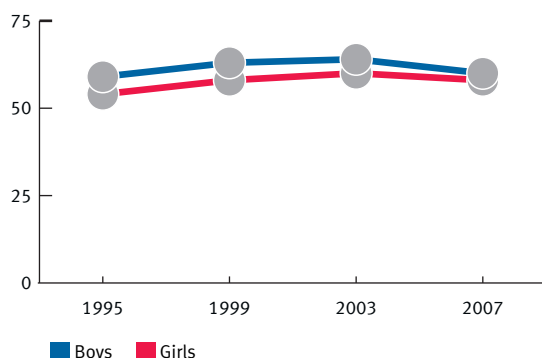


Figure 26d Use of any alcoholic beverage during the last 30 days by gender. 1995–2007. Percentages. Averages for 19 countries.

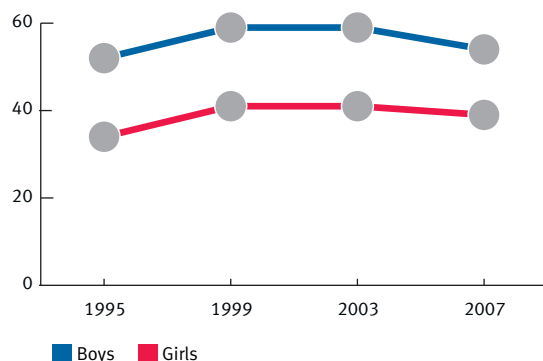


Figure 27d Beer consumption during the last 30 days by gender. 1995–2007. Percentages. Averages for 20 countries.

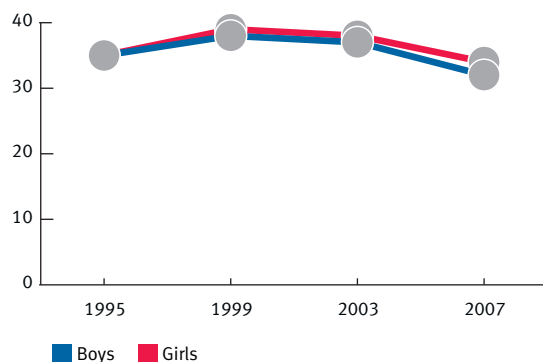


Figure 28d Wine consumption during the last 30 days by gender. 1995–2007. Percentages. Averages for 20 countries.

LAST 30 DAYS HEAVY EPISODIC DRINKING

(Tables 57–58, Figures 29a–d)

On average, heavy episodic drinking (having five or more drinks on one occasion) during the 30 days prior to the data collection increased from 1995 to 1999 but also from 2003 to 2007. In the latter period, this is especially true among girls, for whom the figures increased from 35 to 42%. In 1995, heavy episodic drinking was much more common on average among boys than among girls, but this gap has diminished substantially in 2007. Countries with a constant upward trend across all four data collections include Croatia, the Czech Republic, Malta, Portugal and the Slovak Republic.

Increases in the most recent period are found in more than half of the countries (15). Even though the average figures for boys are relatively unchanged, 12 countries actually exhibit higher figures in 2007 than they did in 2003.

The most pronounced increase between 2003 and 2007 is found in Portugal, where the proportion of students reporting heavy episodic drinking during the past 30 days increased from 25 to 56%, i.e. by 31 percentage points. Other countries with large increases include Poland (which returned close to the 1999 level after a drop in 2003) (16 percentage points), France (15), Croatia (14) and Bulgaria (12).

However, there are also countries with lower figures in 2007 than in 2003, with a decrease from 52 to 41% in Belgium (Flanders) as the most striking drop.

In some countries with a pronounced overall increase, most of it is due to lower frequencies (1–2 instances of heavy episodic drinking in the past month) while the figure for 3 or more times during the past 30 days is relatively unchanged. This is true not only for the country with the largest increase, Portugal, but also for Bulgaria, Latvia, Poland (though not for girls), Romania and Slovenia. However, eight countries also show increased proportions of students who have been drinking heavily on 3 or more occasions. The most pronounced changes, with an increase of nine percentage points, are found in Croatia, Estonia and France.

When it comes to heavy episodic drinking 3 times or more during the past 30 days, increases are also found for girls in more countries (10) than for boys (6), while countries with decreases are much more numerous among boys (9) than among girls (2).

The large number of countries with increased proportions of students reporting heavy episodic drinking during the past 30 days is the most pronounced recent change in this report. As discussed in the methodological chapter, the question about heavy episodic drinking (Q17) was changed in 2007. One difference is that “... in a row” was changed to “... on one occasion” and the other that alcopops and cider, whenever relevant, were added to the examples.

However, a questionnaire test in eight countries prior to the data collection did not find any significant differences between the old and new versions of the question. An analysis of the 10 countries that also included the old version at the very end of the questionnaire (QR4) showed that the response patterns were very similar and that the two versions were highly correlated at the individual level. Both of these analyses led to the conclusion that the new and old versions give comparable results.

Figure 25a
Changes between 2003 and 2007 in use of any alcoholic beverage during the last 12 months. All students. Percentages.

Dots above the line represents increases while dots below the line represents decreases.

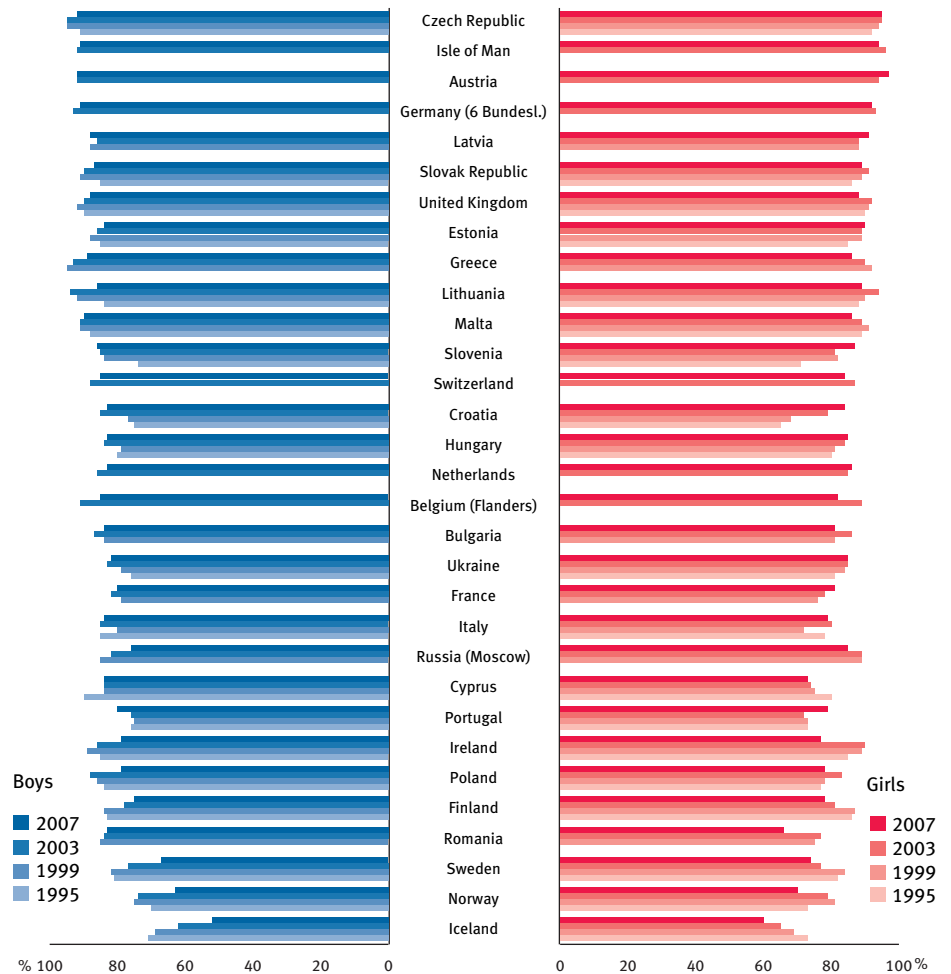
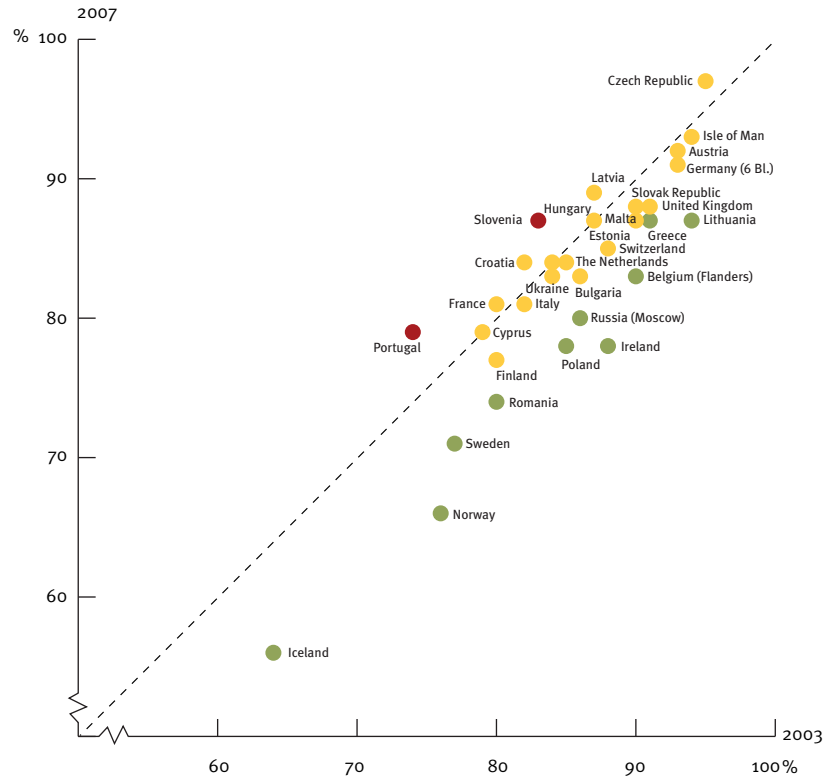


Figure 25b
Use of any alcoholic beverage during the last 12 months by gender. 1995–2007. Percentages. Data sorted by all students 2007.



Figure 25c. Use of any alcoholic beverage during the last 12 months by country, 1995–2007. Percentages.

Figure 26a
Changes between 2003 and 2007 in use of any alcoholic beverage during the last 30 days. All students. Percentages.

Dots above the line represents increases while dots below the line represents decreases.

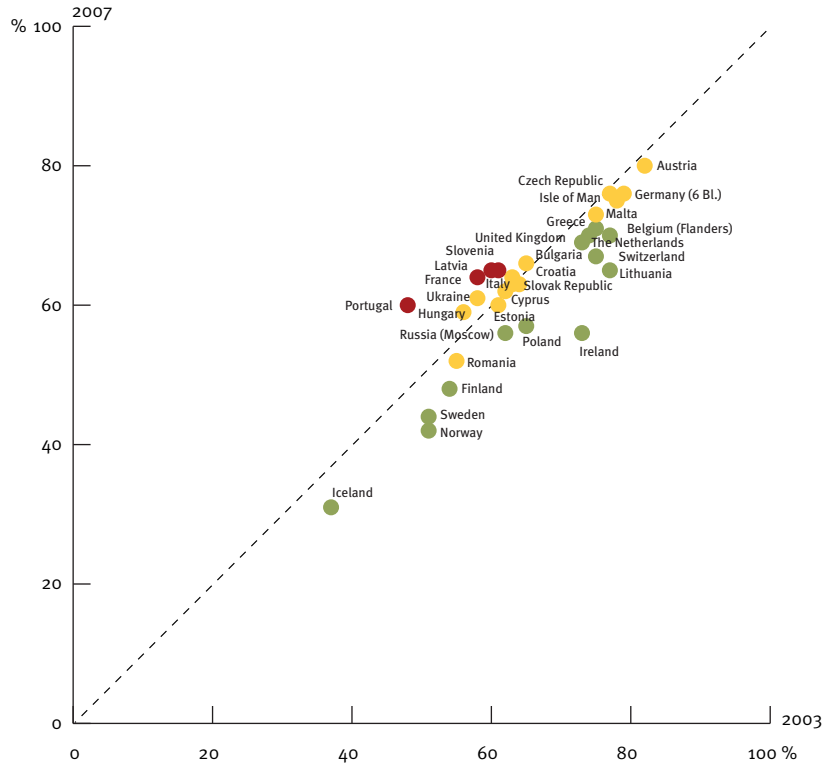
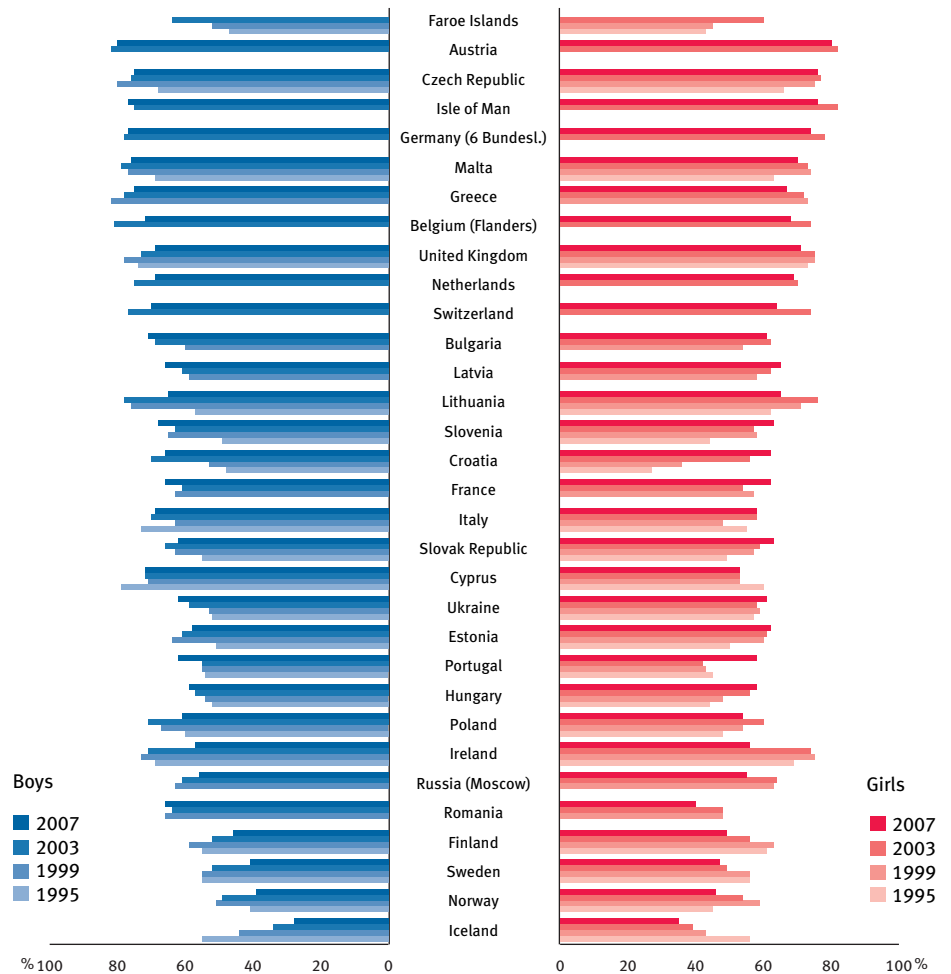


Figure 26b
Use of any alcoholic beverage during the last 30 days by gender. 1995–2007. Percentages. Data sorted by all students 2007.



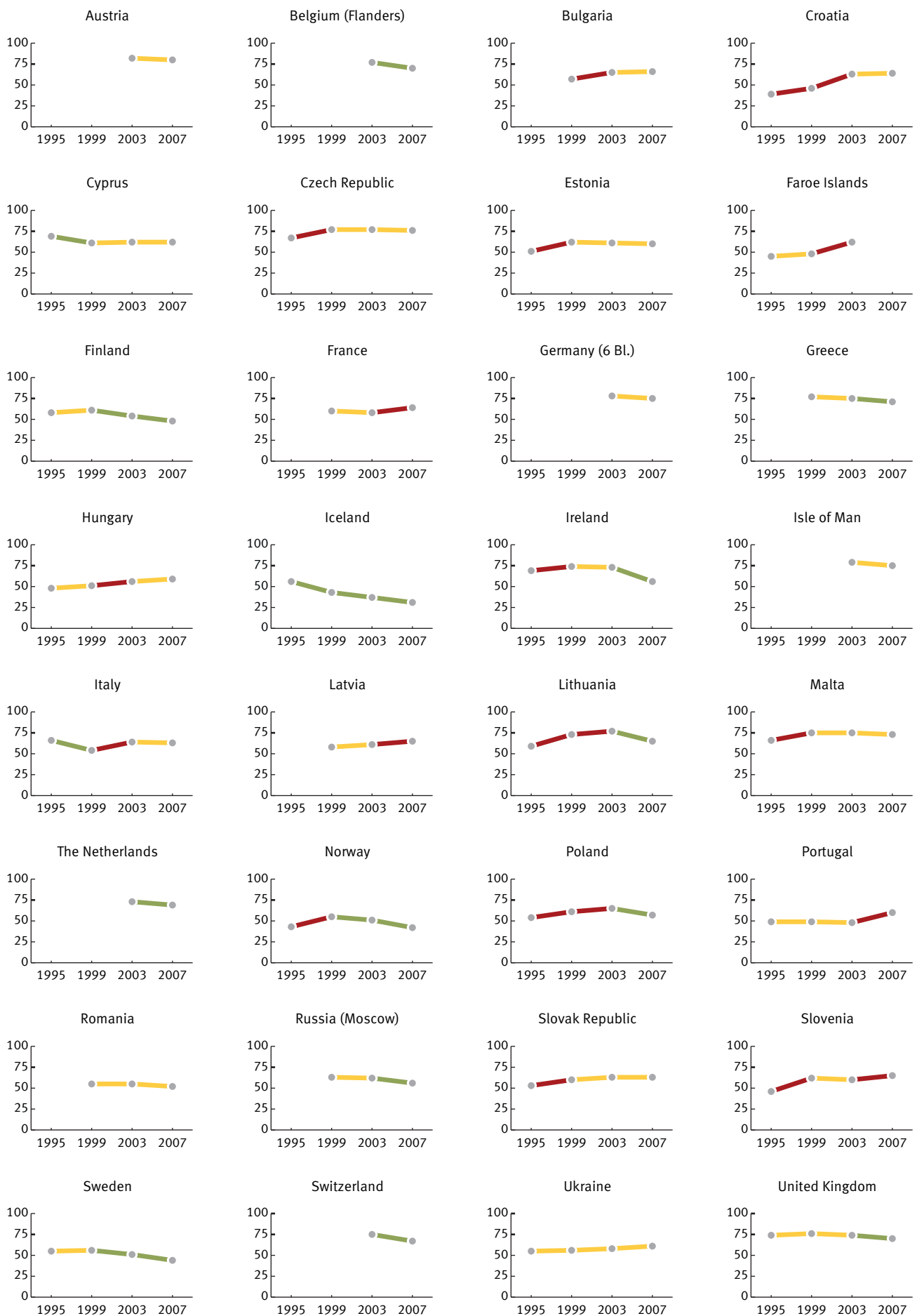


Figure 26c. Use of any alcoholic beverage during the last 30 days by country, 1995–2007. Percentages.

Figure 27a
Changes between 2003 and 2007 in beer consumption during the last 30 days. All students. Percentages.

Dots above the line represents increases while dots below the line represents decreases.

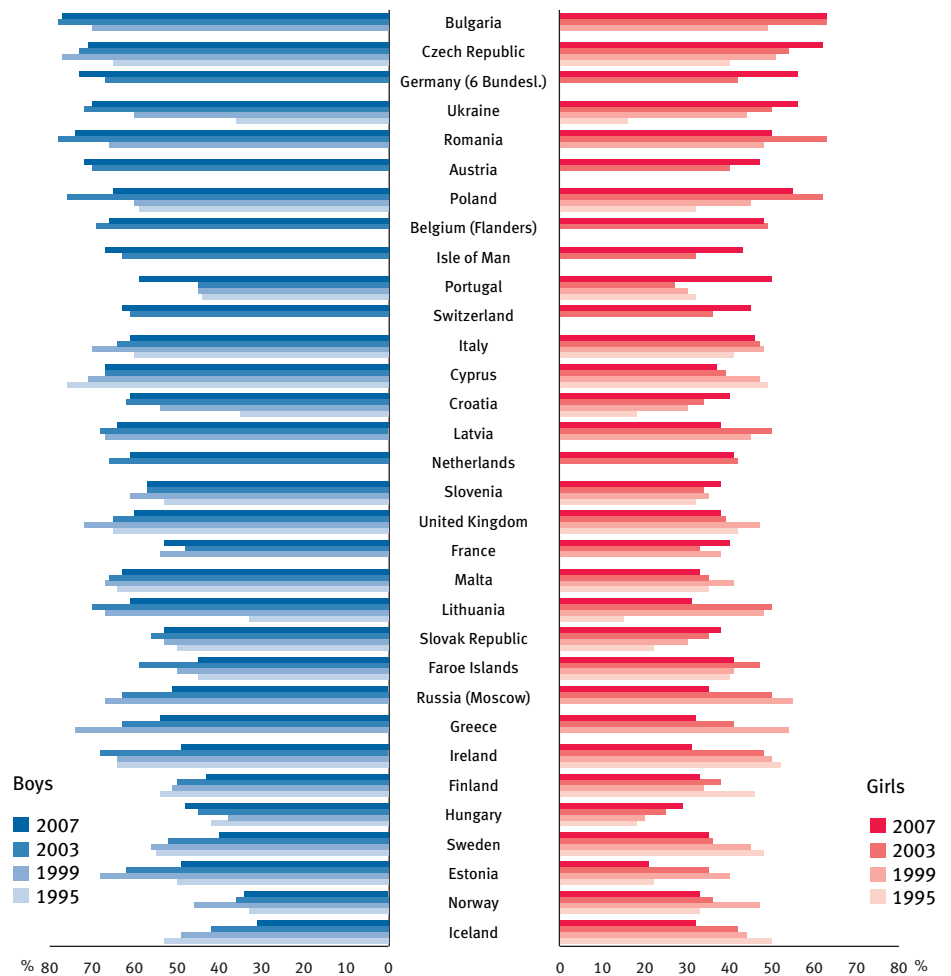
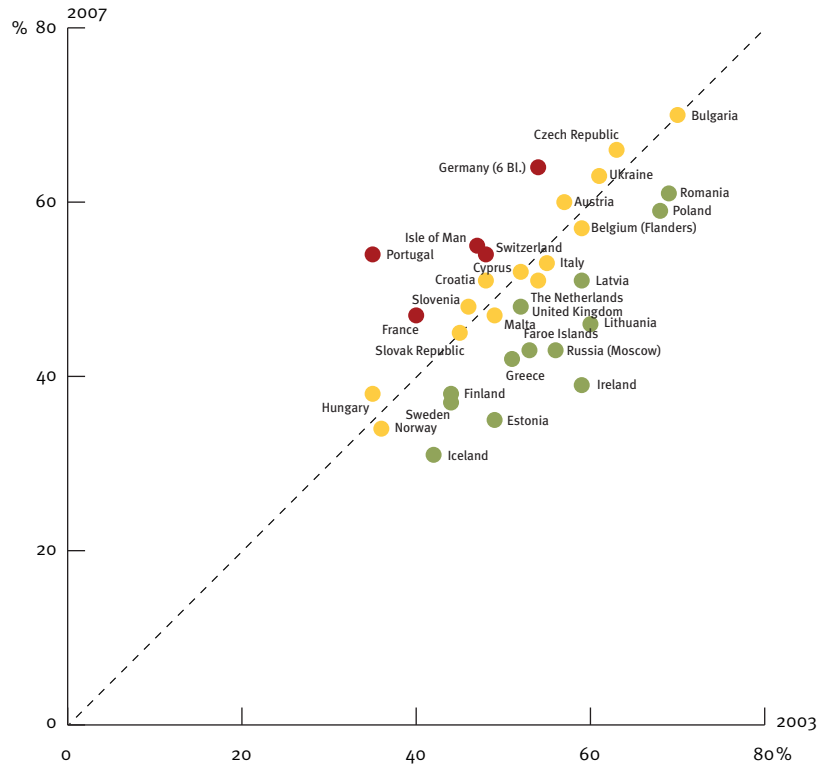


Figure 27b
Beer consumption during the last 30 days by gender. 1995–2007. Percentages. Countries sorted by rank for all students in 2007.

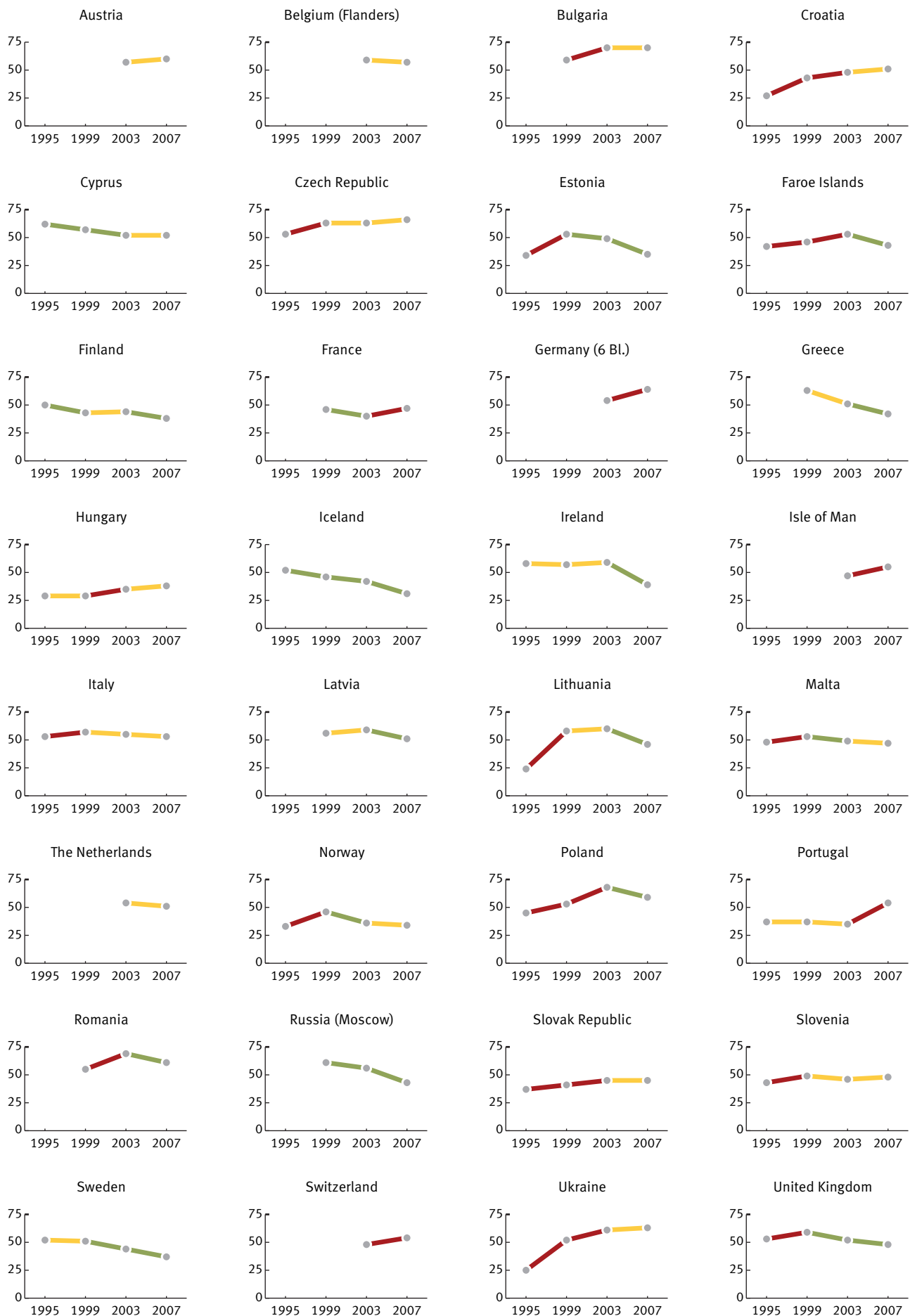


Figure 27c. Beer consumption during the last 30 days by country, 1995–2007. Percentages.

Figure 28a
Changes between 2003 and 2007 in wine consumption during the last 30 days. All students. Percentages.

Dots above the line represents increases while dots below the line represents decreases.

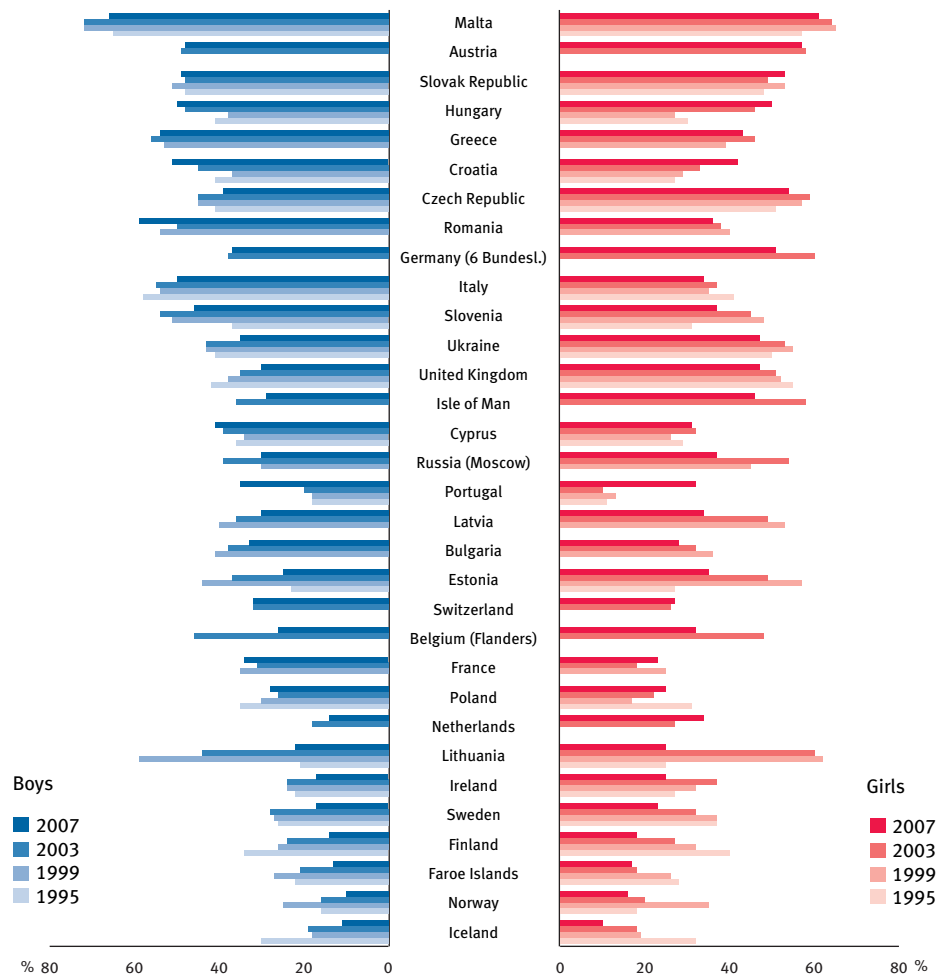
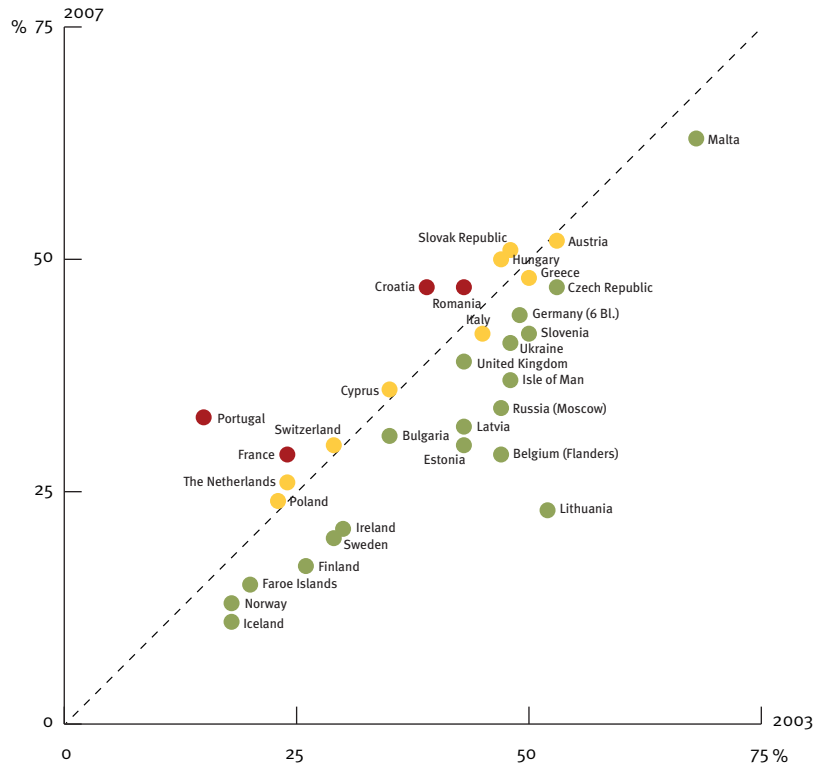


Figure 28b
Wine consumption during the last 30 days by gender. 1995–2007. Percentages. Countries sorted by rank for all students in 2007.

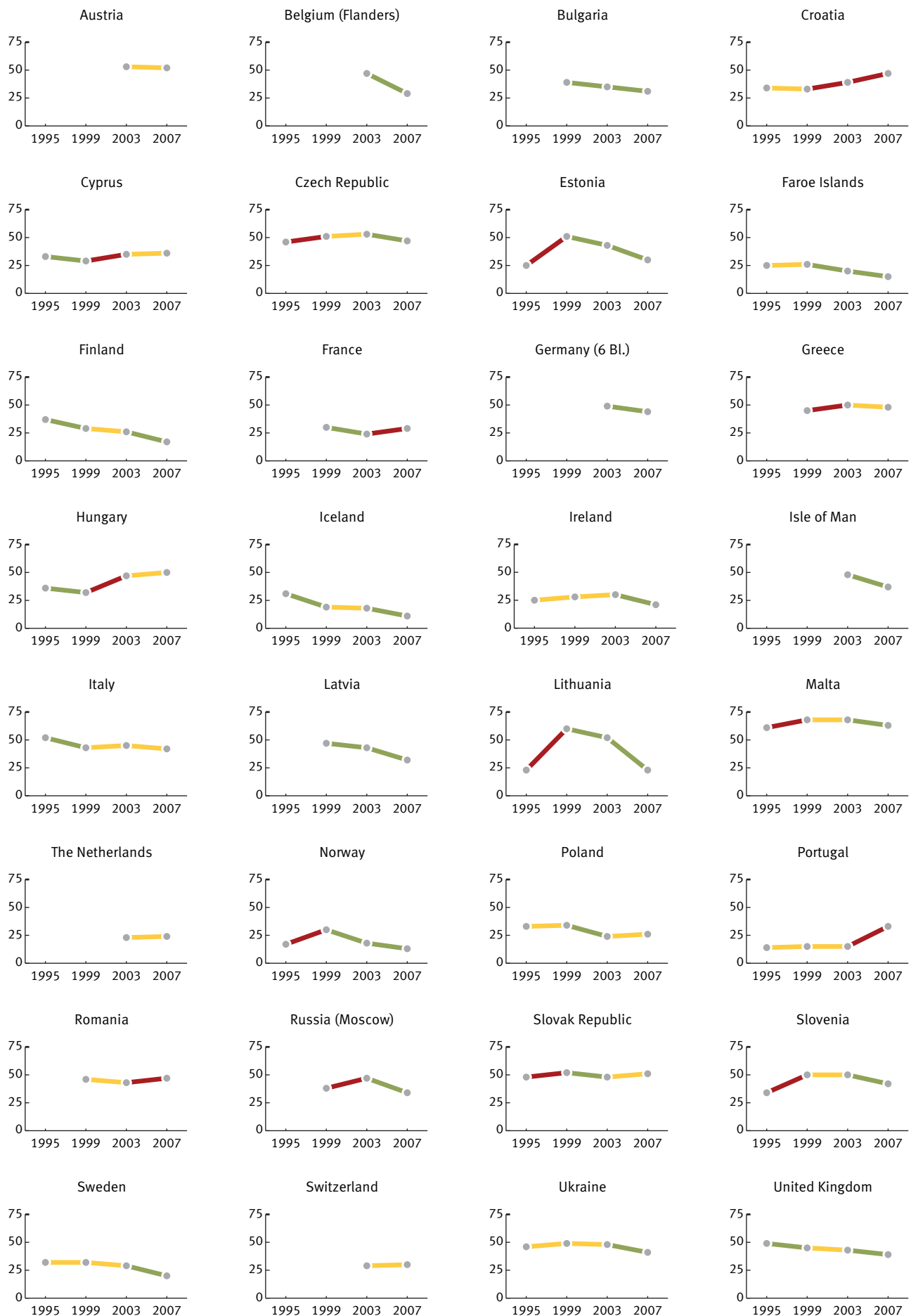
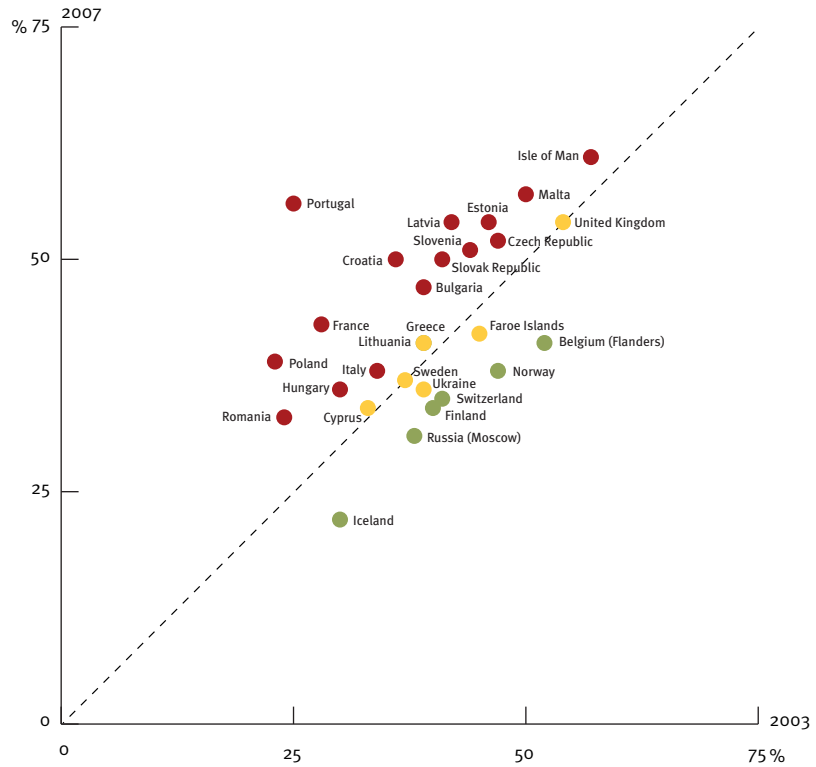


Figure 28c. Wine consumption during the last 30 days by country, 1995–2007. Percentages.

Figure 29a
Changes between 2003 and 2007 in the proportion reporting having had five or more drinks^{a)} on one occasion during the last 30 days.^{b)} All students. Percentages.

Dots above the line represents increases while dots below the line represents decreases.



a) "A 'drink' is a glass/bottle/can of beer (ca 50 cl), a glass/bottle/can of cider (ca 50 cl), 2 glasses/bottles of alcopops (ca 50 cl), a glass of wine (ca 15 cl), a glass of spirits (ca 5 cl) or a mixed drink."

b) The question referred to "five or more drinks in a row" 1995–2003 and nor cider or alcopops were included among the examples. However, a questionnaire test in eight countries 2006 found no significant differences between the two versions.

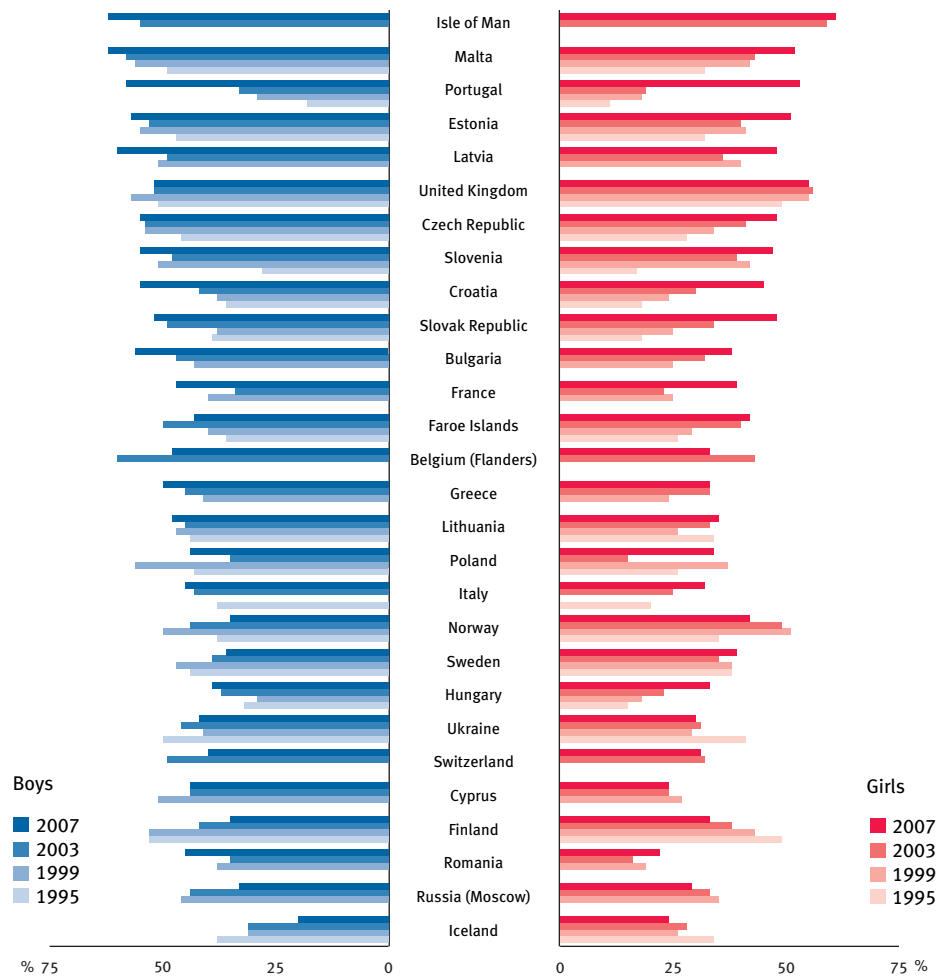


Figure 29b
Proportion reporting having had five or more drinks^{a)} on one occasion during the last 30 days by gender. 1995–2007.^{b)} Percentages. Countries sorted by rank for all students in 2007.

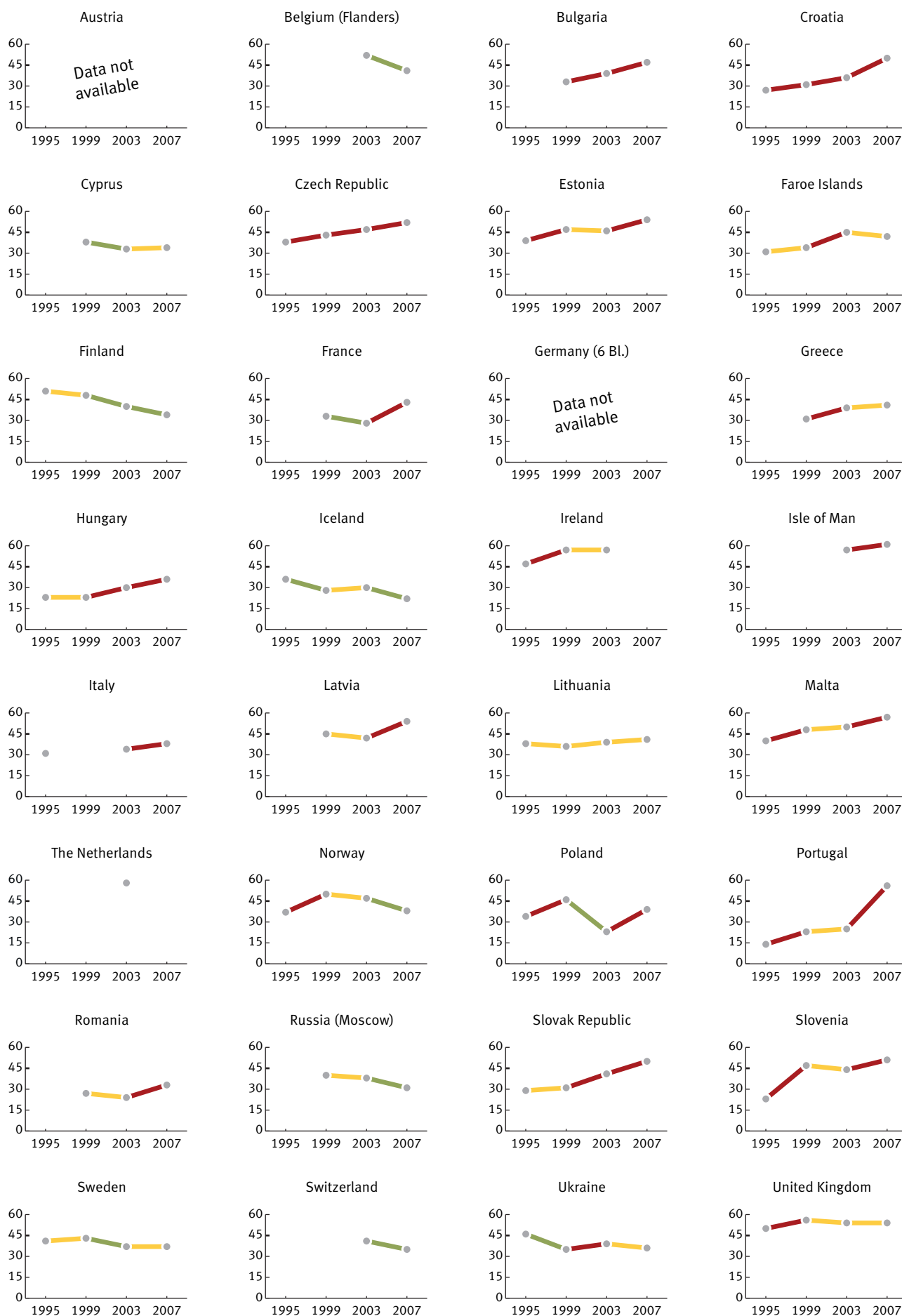


Figure 29c. Proportion reporting having had five or more drinks^{a)} on one occasion during the last 30 days by country, 1995–2007.^{b)} Percentages.

Four of the countries with increased heavy episodic consumption (Bulgaria, the Czech Republic, France and Latvia) participated in the questionnaire test, and another three (the Isle of Man, Romania and Slovenia) included the old version as well in the questionnaire. In other words, about half of the countries with higher figures in 2007 than in 2003 were included in either of the two analyses which led to the conclusion that the old and new versions are comparable.

The inclusion of alcopops and cider might contribute to a suspicion that it would be easier for a student in a country with high consumption of alcopops and/or cider to identify him/herself as a person with heavy episodic drinking. However, Tables 17a–c show that countries with increases for heavy episodic drinking include countries where alcopops and/or cider are not available at all or are consumed only in small quantities as well as countries where these beverages account for a large proportion of total alcohol consumption (for example, 32% in Estonia and in the Isle of Man).

Hence, in spite of the changed wording of the question about heavy episodic drinking, there are no indications that the increased proportion of students reporting heavy episodic drinking in the past 30 days should not reflect a true change, with increases from 2003 to 2007 in more than half of the countries, and especially among girls.

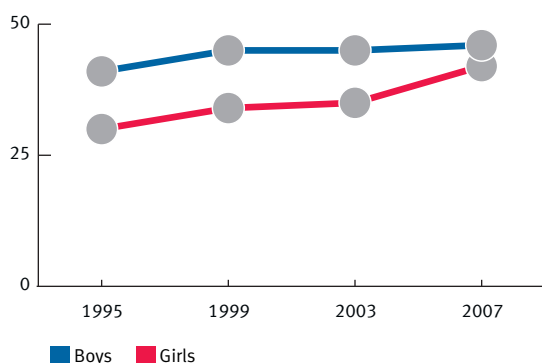


Figure 29d Proportion reporting having had five or more drinks^{a)} on one occasion during the last 30 days, by gender, 1995–2007. Percentages. Averages for 17 countries.

CHANGES IN ILLICIT DRUG USE

LIFETIME USE OF ANY ILLICIT DRUG

(Table 59, Figures 30a–d)

The proportion in 2007 of students having tried illicit drugs varies to a significant extent among countries, from 5% in Romania to almost half (46%) of the student population in the Czech Republic. The recent trend – between 2003 and 2007 – for this variable involves an increase in 6 countries, a decrease in 12 countries and a more or less stable situation in 13 countries. The largest recent increase is noted for the Slovak Republic (up 6 percentage points) and the largest decrease is noted for Ireland (down 18 points).

Estonia and the Slovak Republic display increases across all four measure points, while the Czech Republic, Lithuania and Malta also display an overall upward trend, but only when the whole period is considered. No country displays a continuous

decrease across all data collections, but Ireland and the United Kingdom show substantial drops in illicit drug use when the whole period between 1995 and 2007 is considered (roughly 14 percentage points), while a smaller decrease in the Faroe Islands has taken place (down 6 percentage points between 1995 and 2007).

It could be noted that even though Estonia and the United Kingdom are at the same prevalence level in 2007 (about 28%), they have reached that level from opposite directions: an increase from 8% in 1995 in the case of Estonia and a decrease from 42% in the United Kingdom.

The overall upward trend in the prevalence rates for illicit drugs between 1995 (12%) and 2003 (21%) – in comparable countries – has come to a halt according to the 2007 result of 18%, which is a figure of the same magnitude as that found in 1999. This tendency is the same for both boys and girls, with girls constantly about five percentage points below boys.

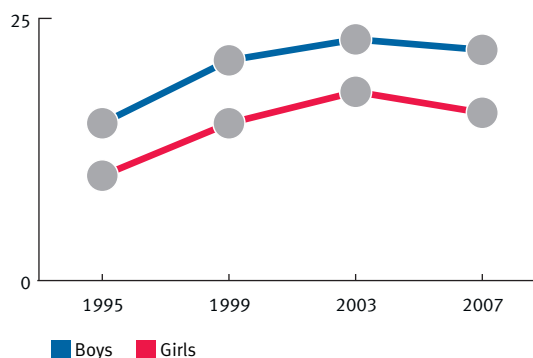


Figure 30d Lifetime use of any illicit drug^{a)} by gender, 1995–2007. Percentages. Averages for 20 countries.

LIFETIME USE OF CANNABIS

(Table 60, Figures 31a–d)

The vast majority of those who have tried any illicit drug have used marijuana or hashish (cannabis), and the statistical correlation between those two variables in the 2007 data is very high at the aggregate country level. The lifetime prevalence rates for cannabis use are thus similar to the figures presented in the section above and the changes found almost all appear in the same countries.

Again, the biggest recent increase is noted for the Slovak Republic, now also together with Lithuania (up 5 percentage points), and the biggest decrease for Ireland (down 19 points). A total of 3 countries display a recent increase while 13 countries display a clear decrease. The long-term trends are also rather similar to those for the “any illicit drug” index.

The overall results for the 20 countries with comparable data from all four waves show an upward trend in lifetime cannabis use between 1995 and 2003 (from 12% to 20% on average) but a slightly lower figure in 2007 (17%). The 2007 figure is more or less of the same magnitude as the one from 1999.

There is an overall gender gap of some six percentage points with boys on top. Obviously, there are even larger gender differences in single countries. The largest gender gap in 2007 is found for Estonia, where boys are 14 percentage points above

girls on cannabis experience (33% versus 19%). Given that the prevalence rates are relatively high (above average) in the Isle of Man, Italy and Slovenia, gender differences there are relatively small compared with other countries; by contrast, gender differences are relatively large in Poland and Ukraine.

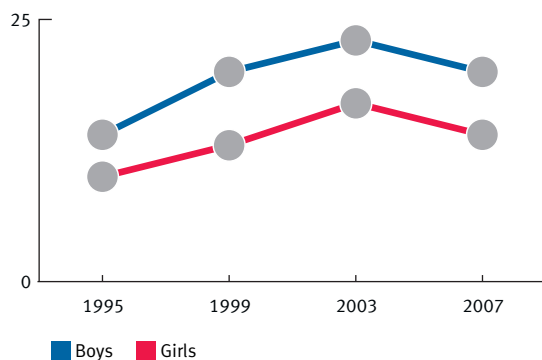


Figure 31d Lifetime use of marijuana or hashish by gender, 1995–2007. Percentages. Averages for 20 countries.

LAST 30 DAYS USE OF CANNABIS

(Table 62, Figures 32a–d)

The proportions of students in various ESPAD countries who have used cannabis during the last 30 days are naturally much lower than the lifetime-prevalence rates. There is, however, a very strong association between lifetime and past 30 days use on the country level.

For lifetime use of illicit drugs and lifetime cannabis use, six and three countries, respectively, displayed an increase between the two most recent measurement points. For last 30 days cannabis use, however, no country displays an increase, but 8 out of the 32 countries show a drop between 2003 and 2007. Hence, even though the lifetime-prevalence rates of cannabis increased in a limited number of countries, past-month use of cannabis shows no increase in any country at all.

The biggest drops for relatively recent cannabis use (around 8 percentage points) have taken place in France, Ireland and the United Kingdom. In spite of the big decreases, however, these countries are still among the top ten nations. Both Ireland and the United Kingdom reported the highest rates in 1995, and comparison of the 2007 results with those from that first year shows an even bigger drop (10 and 13 percentage points, respectively). If only the end points are compared, the Czech and Slovak Republics exhibit the largest increases (up around 10 percentage points each).

The impression of an improved situation is somewhat reinforced by a look at the trends from 1995 to 2007 for the 19 countries with such data. Even so, the rates are very low, making it difficult to say anything definitive about trends. It can only be noted that the average for all countries for last 30 days cannabis use was 5% in 1995, 8% in 2003 and 6% in 2007. Boys display slightly higher rates than girls, and the gender gap does not change over the period in question.

The largest gender gaps in 2007 – in terms of percentage points – are found for the Isle of Man, the Netherlands and

Switzerland, where boys are seven points above girls as regards use of cannabis in the past 30 days. All three of those countries are also among the top five prevalence countries. Historically, Ireland and the United Kingdom have shown rather big gender differences. In relative terms, Ukraine, Poland, Portugal and Estonia also exhibit a rather strong lead for boys as regards last 30 days cannabis use.

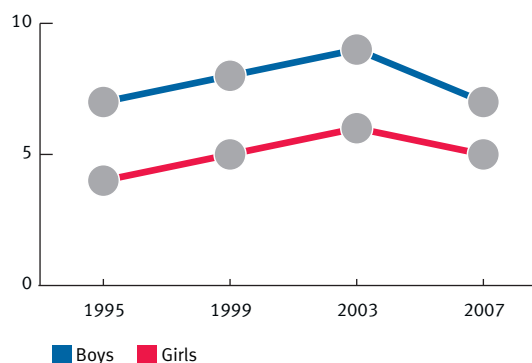


Figure 32d Use of marijuana or hashish during last 30 days by gender, 1995–2007. Percentages. Averages for 19 countries.

CANNABIS USE AT THE AGE OF 13 OR YOUNGER

(Table 63, Figures 33a–d)

Having tried cannabis at the age of 13 or younger is rather uncommon in the ESPAD countries. On average, 4% of the students stated that they had done so in 2007, compared with 2% in 1995. Since the prevalence figures are this low, it is not possible to say anything certain about trends.

The only country with a change of more than 3 percentage points between 2003 and 2007 is the United Kingdom, which dropped from 13% to 9% in early onset for cannabis. Comparison of the end points, 1995 and 2007, without regard for the size of the change for each year, yields increases in students with early cannabis use in the Czech Republic, Estonia and the Slovak Republic (up about 6 percentage points each).

In spite of the drop in 2007, the United Kingdom still belongs to the top five prevalence countries. Particularly high levels of early cannabis use were reported by boys from the Isle of Man in 2007 (17%), an increase of five percentage points compared with 2003. Practically no students in Romania reported cannabis use at this early age in any of the data collections.

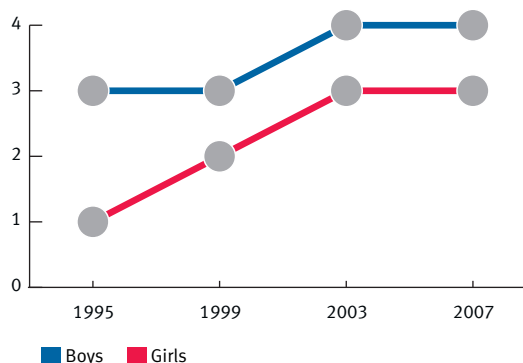
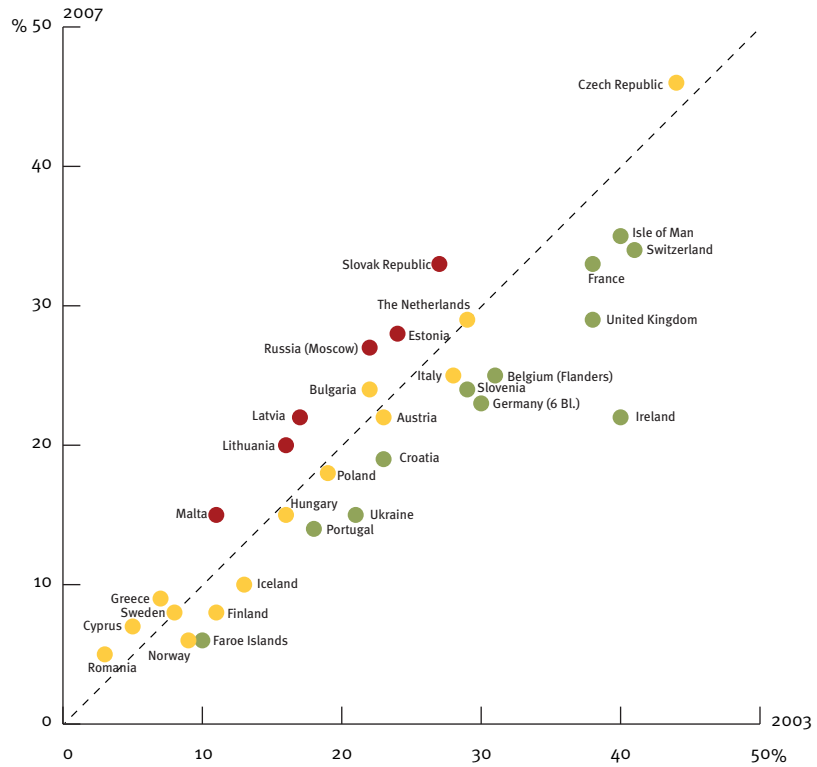


Figure 33d Cannabis use at the age of 13 or younger by gender, 1995–2007. Percentages. Averages for 19 countries.

Figure 30a
Changes between 2003 and 2007 in lifetime use of any illicit drug^{a)}. All students. Percentages.

Dots above the line represents increases while dots below the line represents decreases.



a) "Any illicit drug" includes cannabis, ecstasy, amphetamines, LSD or other hallucinogens, crack, cocaine and heroin.

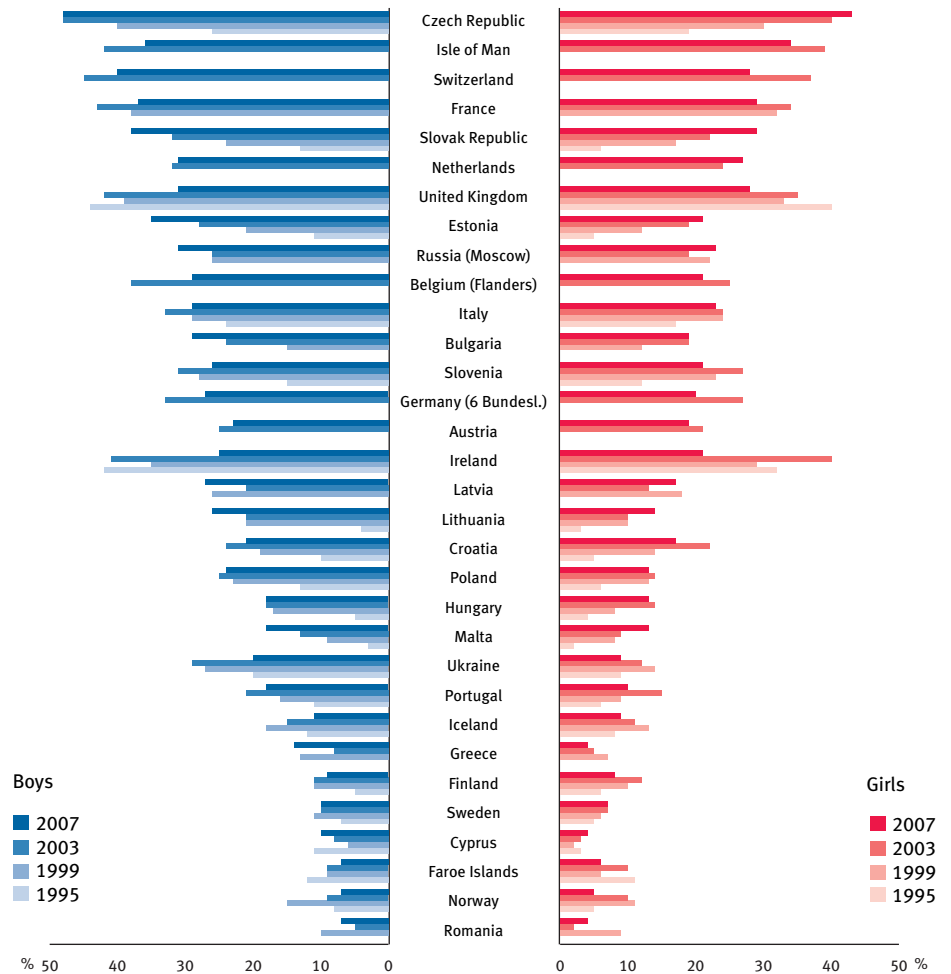


Figure 30b
Lifetime use of any illicit drug^{a)} by gender. 1995–2007. Percentages. Data sorted by all students 2007.

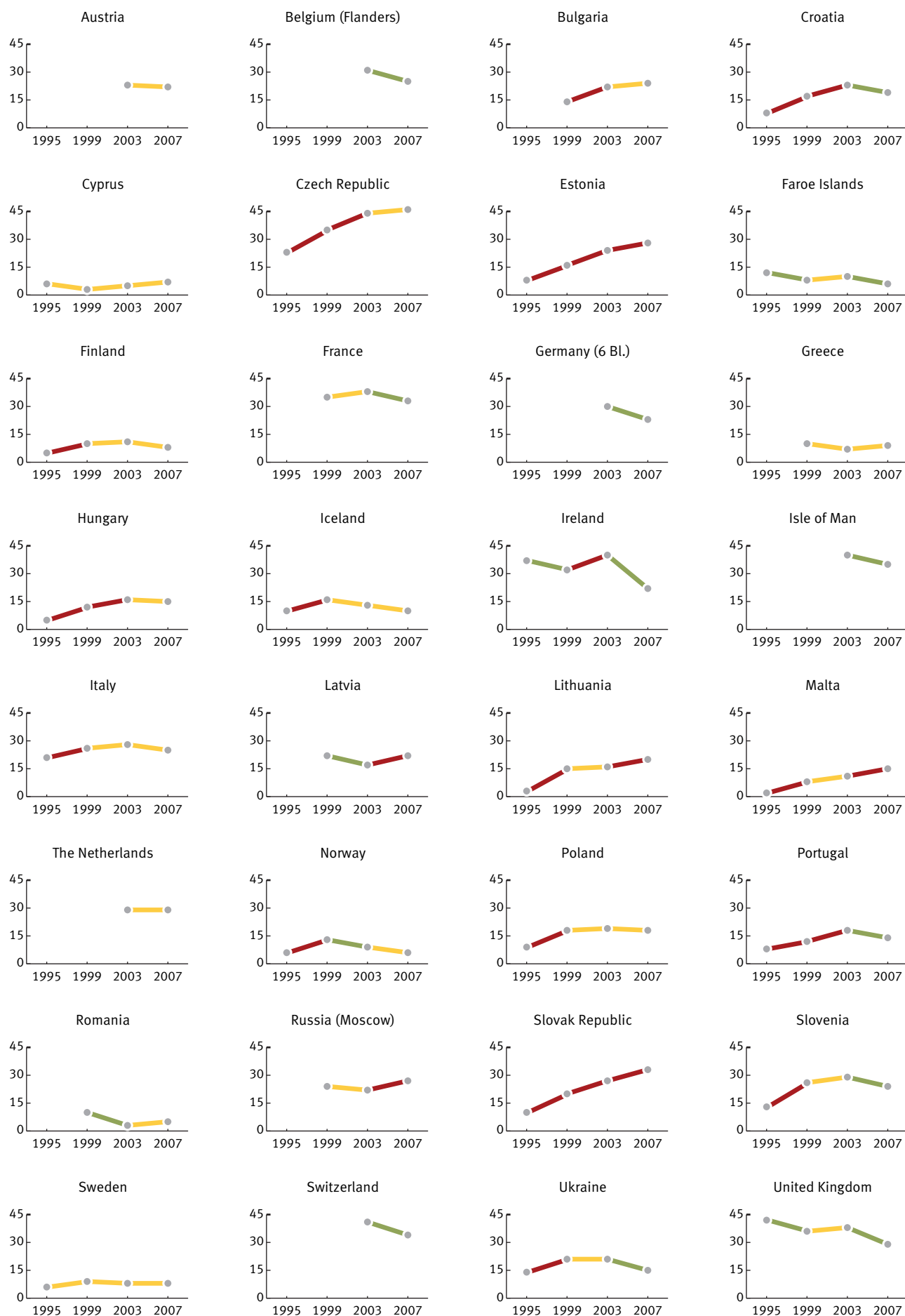


Figure 30c. Lifetime use of any illicit drug^{a)} by country, 1995–2007. Percentages.

Figure 31a
Changes between 2003 and 2007 in lifetime use of marijuana or hashish. All students. Percentages.

Dots above the line represents increases while dots below the line represents decreases.

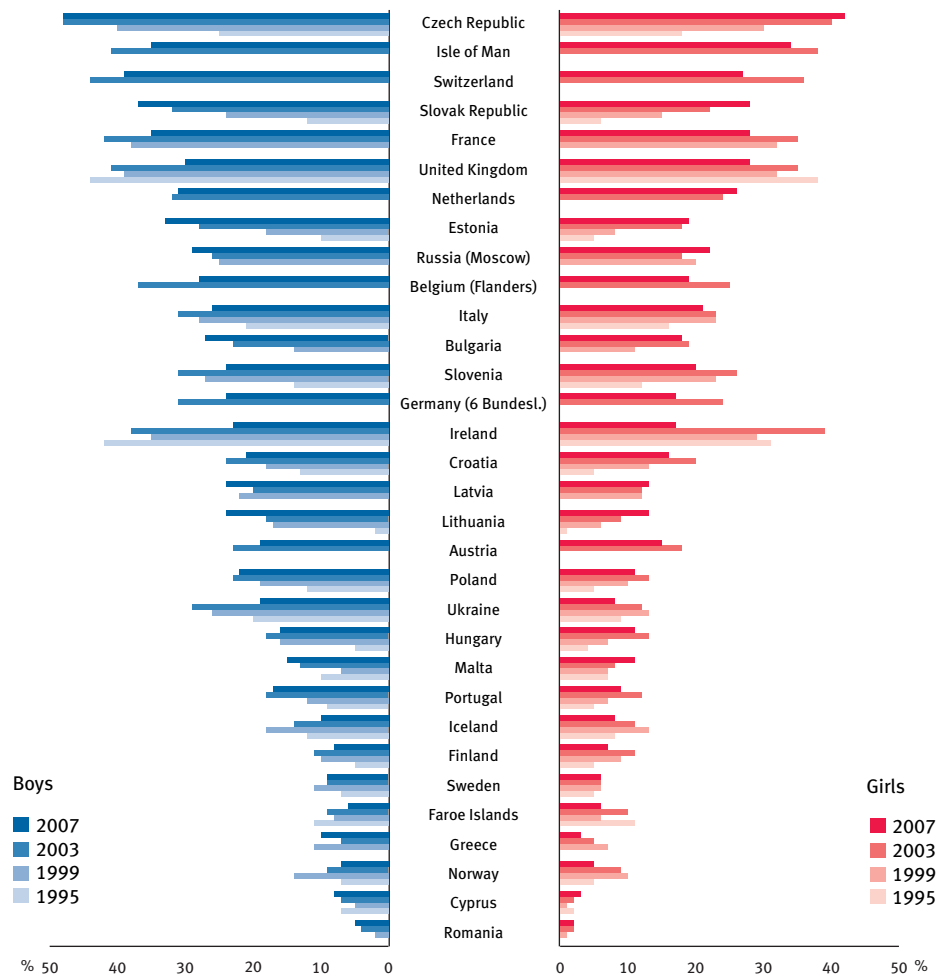
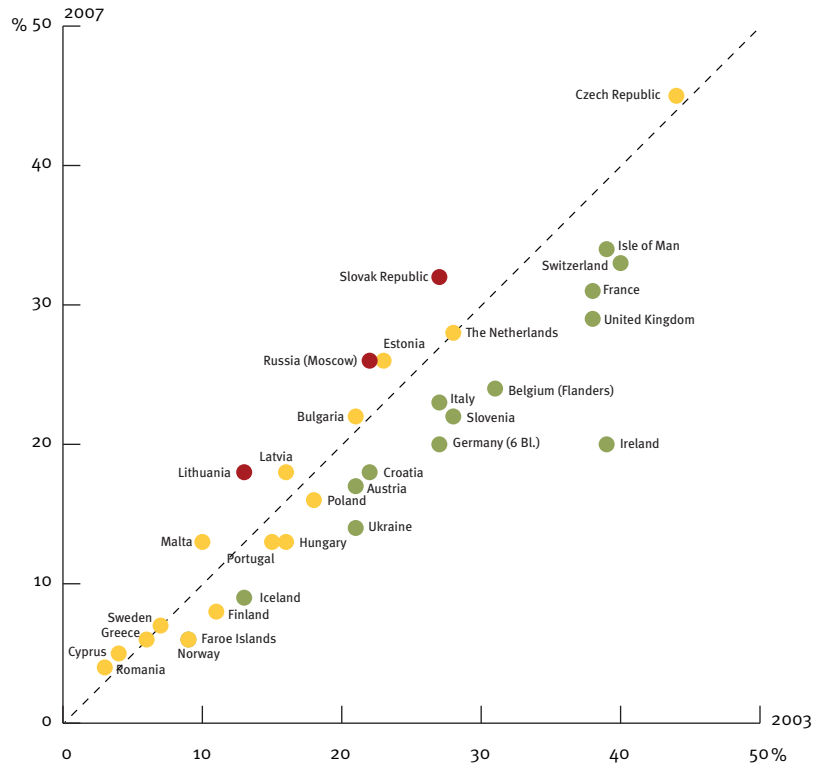


Figure 31b
Lifetime use of marijuana or hashish by gender. 1995–2007. Percentages. Countries sorted by rank for all students in 2007.

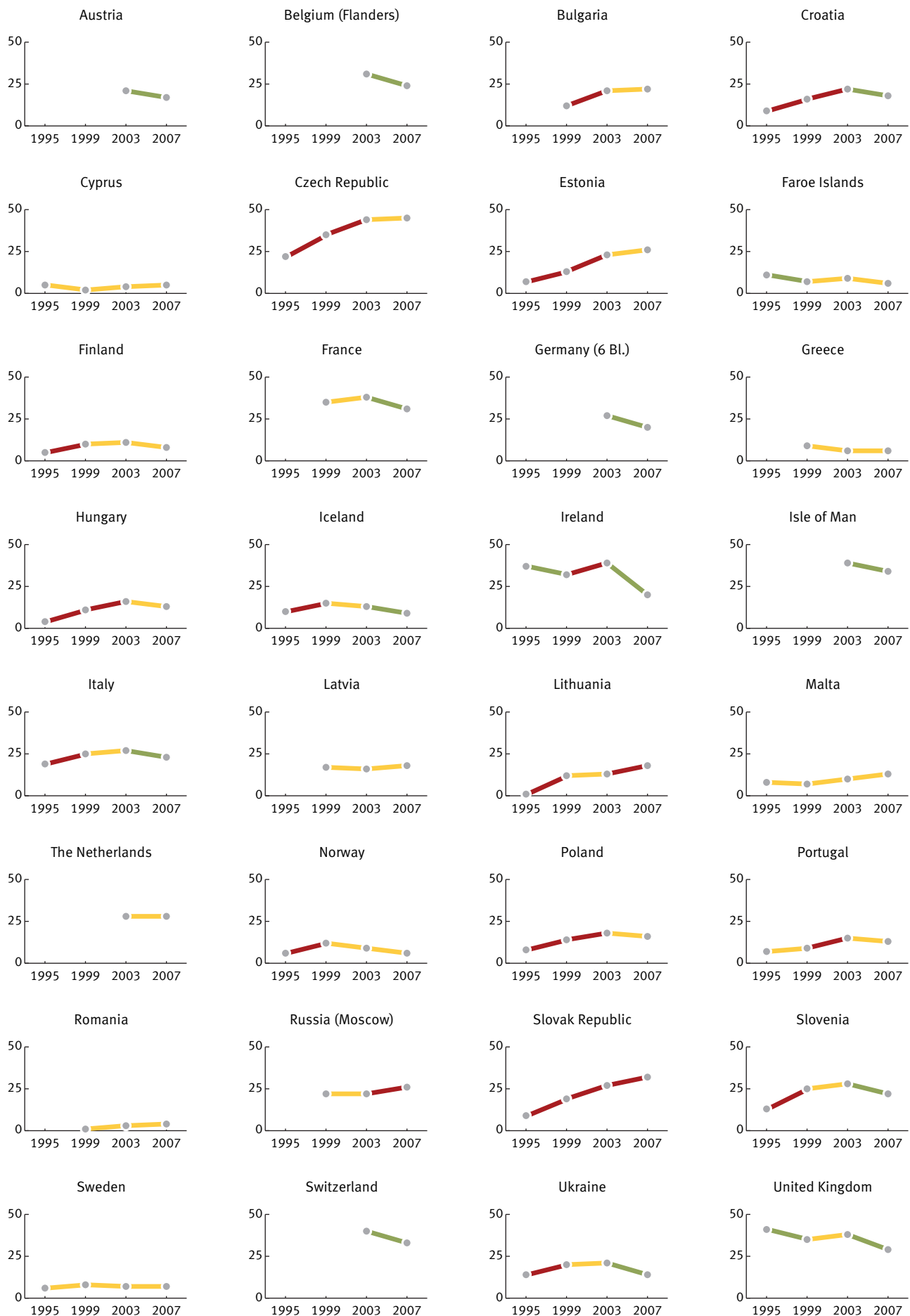


Figure 31c. Lifetime use of marijuana or hashish by country, 1995–2007. Percentages.

Figure 32a
Changes between 2003 and 2007 in the use of marijuana or hashish during the last 30 days. All students. Percentages.

Dots above the line represents increases while dots below the line represents decreases.

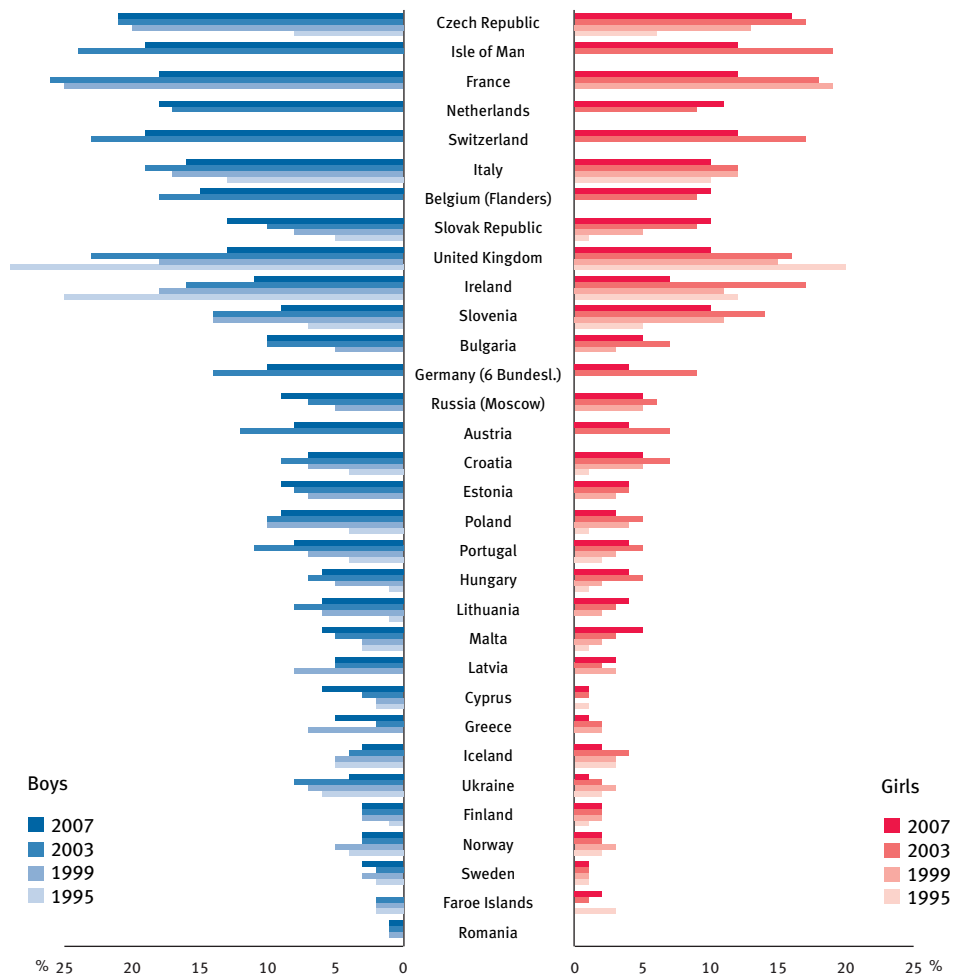
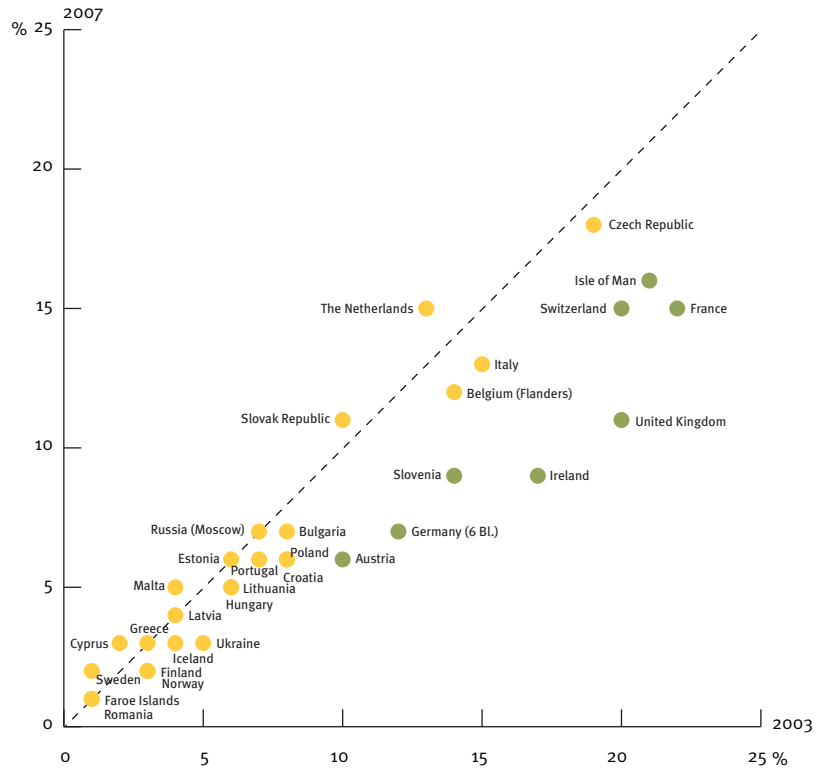


Figure 32b
Use of marijuana or hashish during the last 30 days. 1995–2007. Percentages. Countries sorted by rank for all students in 2007.

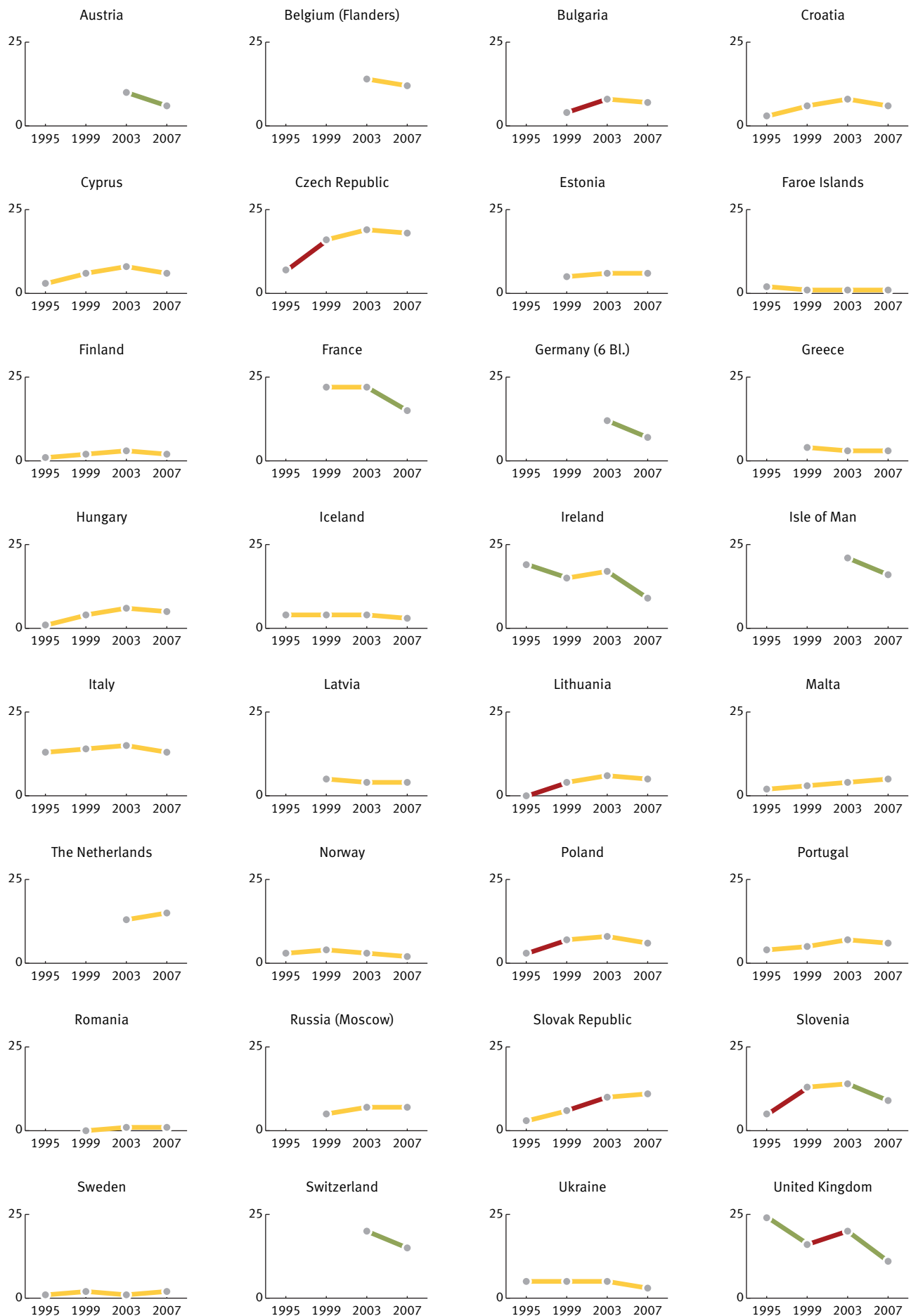


Figure 32c. Use of marijuana or hashish during the last 30 days by country, 1995–2007. Percentages.

LIFETIME USE OF ANY ILLICIT DRUG OTHER THAN CANNABIS

(Table 64, Figures 34a–d)

As established before, the most important and prevalent illicit drug in all ESPAD countries is cannabis. Nevertheless, some students have also used other substances; in some cases they may have done so without any experience of cannabis at all. Lifetime use of any illicit drug other than cannabis was, on average, reported by 6% of the students 2007 (in countries with data for the whole period of 1995–2007). The prevalence rates range from 1% in the Faroe Islands to 16% in the Isle of Man.

Recent changes in lifetime use of any illicit drug other than cannabis are notable for Bulgaria, France, the Isle of Man, Latvia, Malta and Russia (Moscow), where the prevalence rates increased by around five percentage points. No country displays a recent drop.

In the long-term perspective, the most striking change is the drop from 22% to 9% among students in the United Kingdom. Out of all countries with data for all four years, only Ireland displays a similar downward change. For both countries, the drop actually took place between 1995 and 1999.

Since the prevalence rates for use of any illicit drug other than cannabis are so low, it is hard to establish any certain changes over time. The average result for the 20 countries with comparable data was 4% in 1995 and 6% in 2007. These low figures also do not reveal any gender differences at the aggregate level, even though there may be such differences in individual countries. For instance, in Cyprus, Greece, Poland and Ukraine, boys are quite clearly in the majority for this variable. The fall over time in use of illicit drugs other than cannabis among Irish boys has actually led to Irish girls being 1–2 percentage points above boys in the two most recent waves.

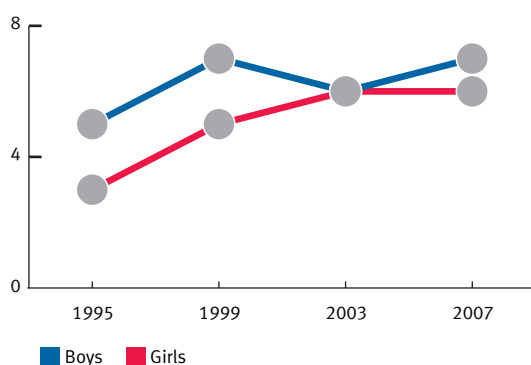


Figure 34d Lifetime use of any illicit drug other than marijuana or hashish^{a)} by gender, 1995–2007. Percentages. Averages for 20 countries.

LIFETIME USE OF ECSTASY

(Table 65)

Out of all illicit drugs asked about in the questionnaire, ecstasy shares the position as the second-most common drug with cocaine and amphetamines. Lifetime use of each of these three drugs is reported, on average, by 3% of the students in the 2007 data collection.

During the period of 1995–2007, no general trends or gender differences are visible for ecstasy use, not least because

only 2–3% report any use over the period of 1995–2007. However, in individual countries some changes may be noted. Ireland, together with the United Kingdom, displays a drop in lifetime ecstasy use during the period in question, from roughly 8% in 1995 to 4% in 2007, with the significant change taking place as early as between 1995 and 1999.

Four countries, all in the east of Europe (the Czech Republic, Estonia, Hungary and the Slovak Republic), show an upward trend between 1995 and 2007, with a total increase of roughly six percentage points. Only for high-prevalence countries is it even theoretically possible to identify gender differences, but no such differences exist in any of those countries.

CHANGES IN THE USE OF OTHER SUBSTANCES

LIFETIME NON-PRESCRIPTION USE OF TRANQUILLISERS OR SEDATIVES

(Table 66, Figures 35a–d)

The prevalence rates for the use of tranquillisers or sedatives without a doctor's prescription are relatively low in most ESPAD countries. Only in France, Italy, Lithuania, Monaco and Poland do the levels exceed 10% in 2007. Moreover, there were very few changes in lifetime prevalence rates from 2003 to 2007. A substantial increase occurred only in one country, Italy, and no recent decreases were found.

Nor are any long-term trends apparent for any of the countries. However, the figure for the United Kingdom dropped in 1999 and is substantially lower in 2007 (2%) than it was in 1995 (8%), while an increase in Estonia between 1999 and 2003 changed the country from a low-prevalence country into a medium-prevalence country. In other words, most countries show a relatively stable trend. Poland (around 16%) and Lithuania display the highest prevalence rates for non-prescription use of tranquillisers or sedatives over the whole period.

On average, 5% of the boys and 9% of the girls reported lifetime use of tranquillisers or sedatives without a doctor's prescription in 2007 in the 20 countries with comparable data for all four waves. This figure is more or less the same throughout the whole period. Non-prescription use of tranquillisers or sedatives is thus one of the few variables related to substance use in the ESPAD survey for which girls are in a stable majority over time. In Poland and Lithuania, the countries with the highest prevalence rates, girls were at least twice as likely to report

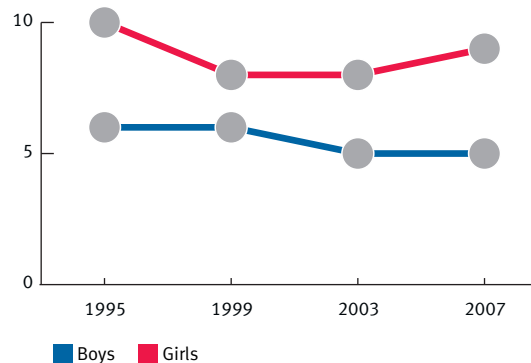


Figure 35d Lifetime use of tranquillisers or sedatives without a doctor's prescription by gender, 1995–2007. Percentages. Averages for 20 countries.

experience of such use. In about eight countries the gender differences are negligible throughout the time period, and there is no country where boys are in the majority.

LIFETIME USE OF ALCOHOL TOGETHER WITH PILLS

(Table 67, Figures 36a–d)

In many ESPAD countries, students have tried combining alcohol with pills (“medicaments”) of various types. This is typically done on the assumption that mixing products will induce a higher degree of intoxication. In 2007, “in order to get high” was added to the wording of the question to make sure only use for that purpose would be reported. However, a questionnaire test in eight countries found no significant difference in the outcomes from the two versions of this question. It thus seems to have been clear to students all along that this synergistic effect was what the question referred to.

This variable bears several similarities to the one concerning use of pharmaceutical drugs presented in the previous section (non-prescription use of tranquillisers or sedatives). Firstly, lifetime prevalence for these two variables is more or less of the same magnitude: around 8% on average. Secondly, these behaviours are both fairly stable over time, at least on average in the countries with data available for all four years. And finally, this is another of the very few trend variables compared in this chapter where girls are in the majority. Over the period as a whole, girls are about four percentage points above boys.

A few countries show some recent changes. The Czech Republic is the only one displaying an increase, from 12% to 18%. Decreases between 2003 and 2007 of about four percentage points can be seen for Belgium (Flanders), the Faroe Islands, Iceland and Poland, while Germany (6 Bundesl.) dropped by nine points. Students in the Czech Republic reported the highest prevalence rate in 2007 (18%) while their peers in Ukraine reported the lowest (1%).

Most countries show a relatively stable long-term situation. The Czech and Slovak Republics are the only two countries exhibiting an increase (up roughly 8 percentage points during the period). The largest drops in the 1995–2007 period can be seen for Finland, Sweden and the United Kingdom (down about 10 points). These drops are largely explained by big falls among girls, from one fourth to one tenth. A diametrically opposite de-

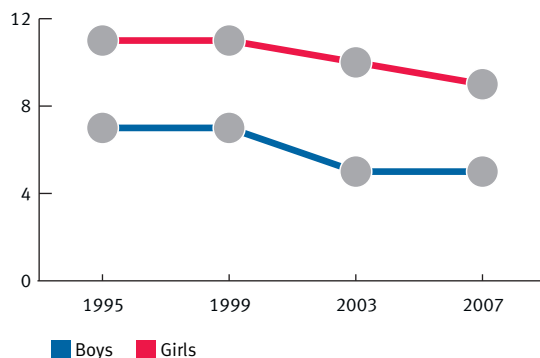


Figure 36d Lifetime use of alcohol together with pills^{a)} by gender. 1995–2007. Percentages. Averages for 17 countries.

velopment has taken place for Czech girls (up from 10% to 23%). In several of the low- and medium-prevalence countries, however, there are hardly any gender differences at all.

LIFETIME USE OF INHALANTS

(Table 68, Figures 37a–d)

In a large majority of the ESPAD countries, the lifetime-prevalence rates for the use of inhalants have not changed very much between the two most recent surveys. Recent increases are recorded only in Latvia and the Slovak Republic (up 4–5 percentage points). Declines of around six percentage points can be seen in three countries: Greece, Iceland and Portugal. The top prevalence countries are the same in the 2003 and the 2007 data collections: Cyprus, Ireland, the Isle of Man, Malta and Slovenia. The two countries at the bottom of the list for lifetime prevalence of inhalants (Bulgaria and Romania) also remain the same.

Furthermore, the trends over the four surveys reveal a pattern of relatively unchanged prevalence rates for inhalant use in the long-term perspective as well. The biggest drops since 1995 have taken place in Lithuania and the United Kingdom (down about 12 percentage points). These countries were among the highest-prevalence countries in 1995 but have ended up below or at the average in 2007. The opposite development can be seen for Finland and the Slovak Republic (up 6 points), and an increase of the same magnitude has occurred in Latvia as well, even though that country lacks data from the very first data collection.

On average, for the 18 countries with comparable data for all four waves, the trend for inhalant use looks fairly stable over time. This is true for both sexes and no obvious gender differences can be seen. In a few countries, more stable gender differences are visible over time. For instance, boys in Greece and Lithuania seem to be in a rather strong majority throughout the period, while girls often report more lifetime use of inhalants than boys in the Isle of Man, Ireland and – since 2003 – the Faroe Islands.

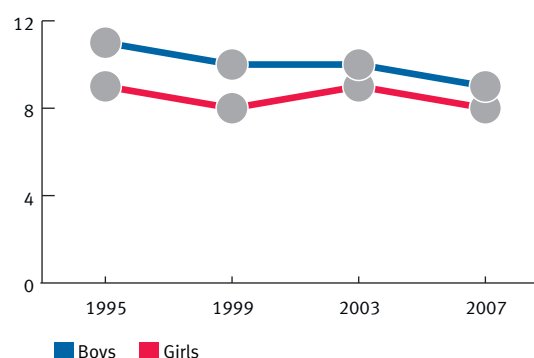


Figure 37d Lifetime use of inhalants by gender. 1995–2007. Percentages. Averages for 18 countries.

Figure 33a
Cannabis use at the age of 13 or younger. All students. Percentages.

Dots above the line represents increases while dots below the line represents decreases.

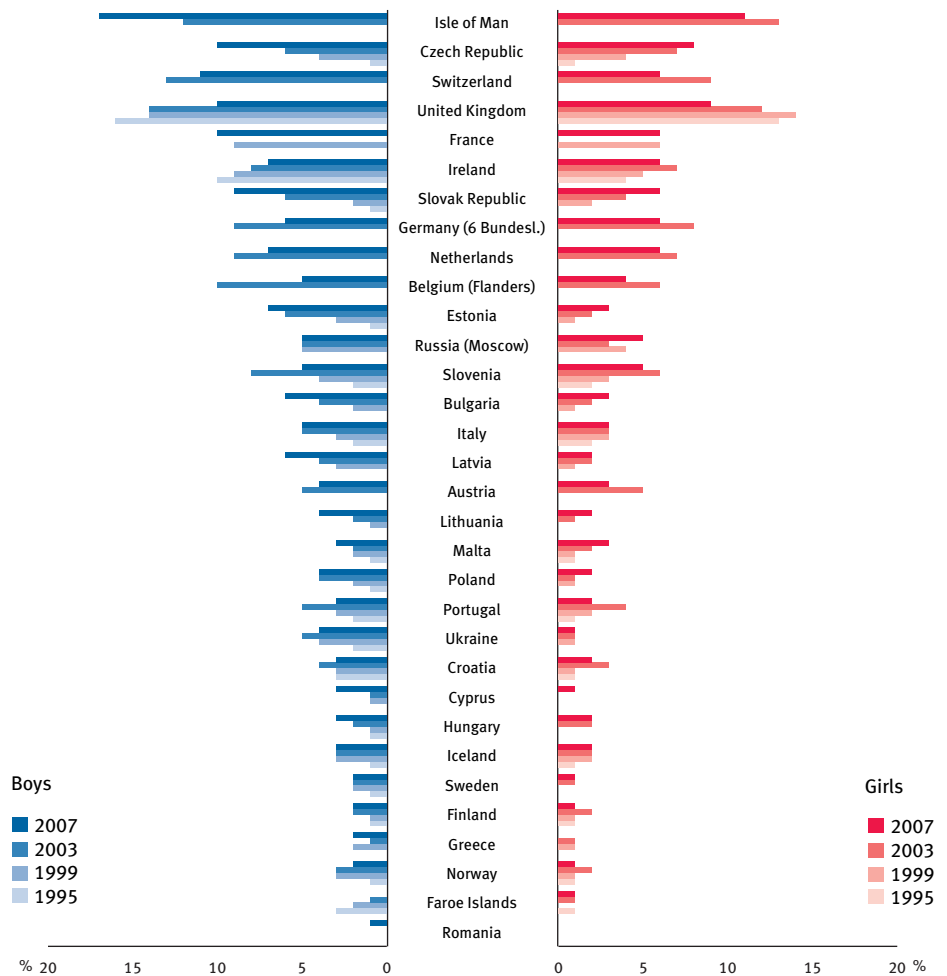
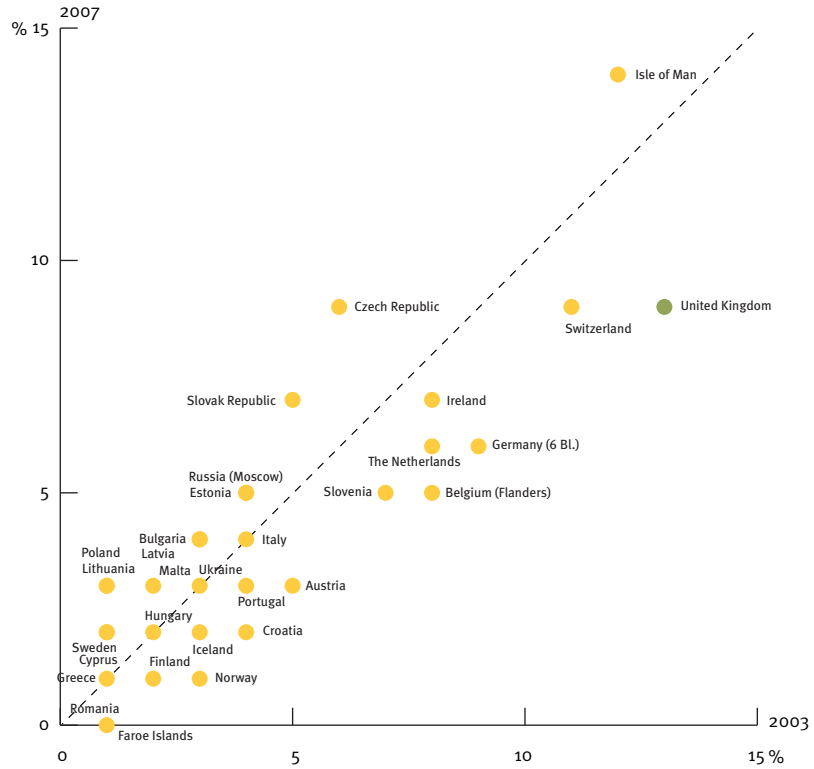


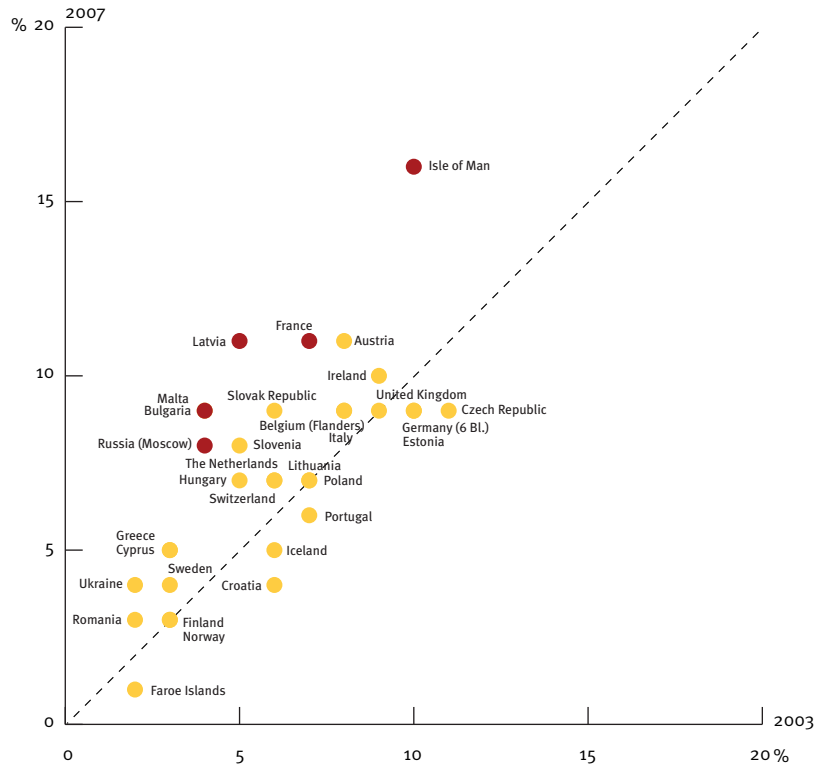
Figure 33b
Cannabis use at the age of 13 or younger. Percentages. Countries sorted by rank for all students in 2007.



Figure 33c. Cannabis use at the age of 13 or younger by country, 1995–2007. Percentages.

Figure 34a
Changes between 2003 and 2007 in lifetime use of any illicit drug other than marijuana or hashish^{a)}. All students. Percentages.

Dots above the line represents increases while dots below the line represents decreases.



a) Any illicit drug but cannabis includes ecstasy, amphetamines, LSD or other hallucinogens, crack, cocaine and heroin.

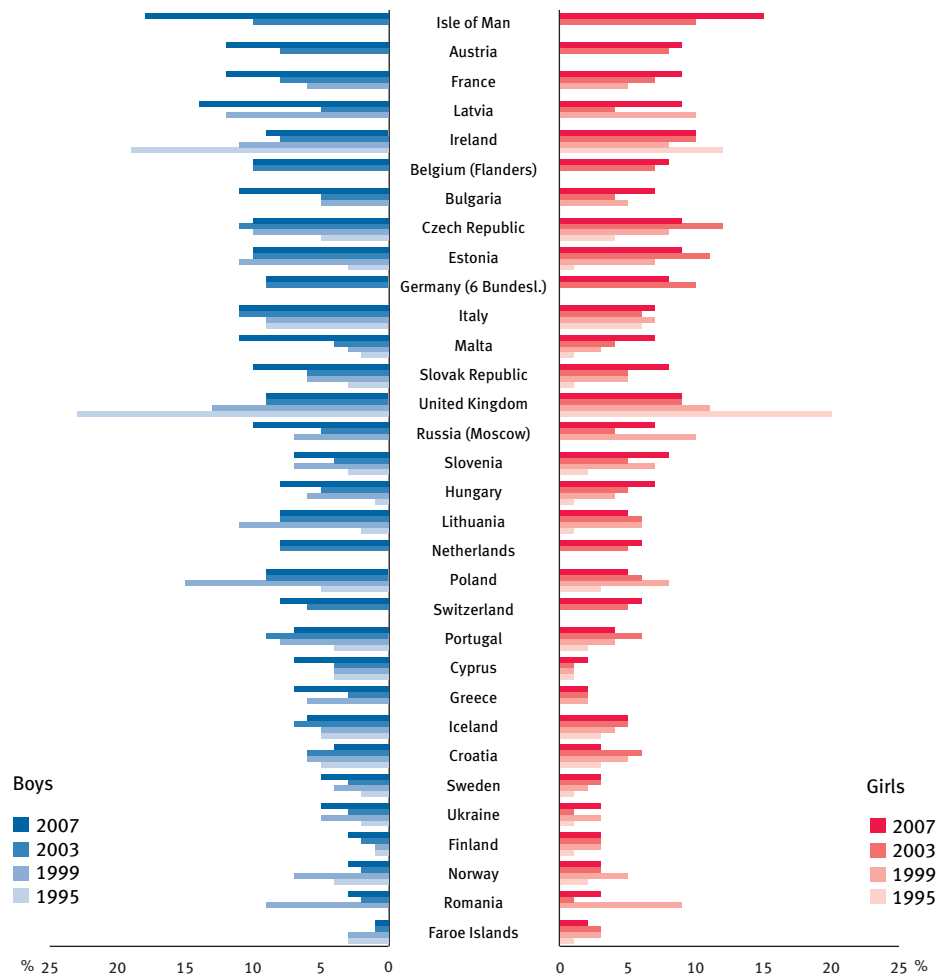


Figure 34b
Lifetime use of any illicit drug other than marijuana or hashish^{a)} by gender. 1995–2007. Percentages. Countries sorted by rank for all students in 2007.

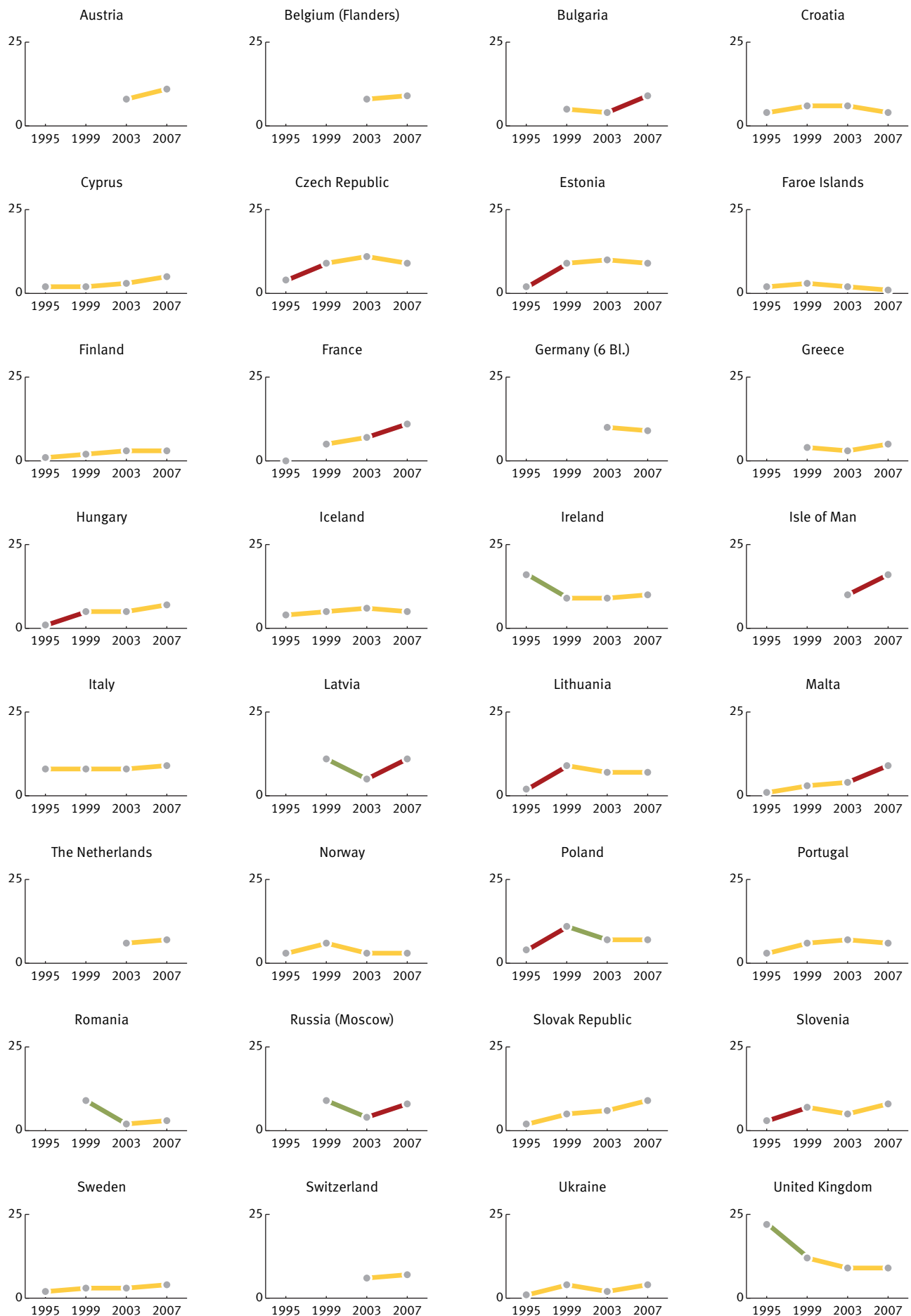


Figure 34c. Lifetime use of any illicit drug other than marijuana or hashish^{a)} by country, 1995–2007. Percentages.

Figure 35a
Changes between 2003 and 2007 in lifetime use of tranquillisers or sedatives without a doctor's prescription. All students. Percentages.

Dots above the line represents increases while dots below the line represents decreases.

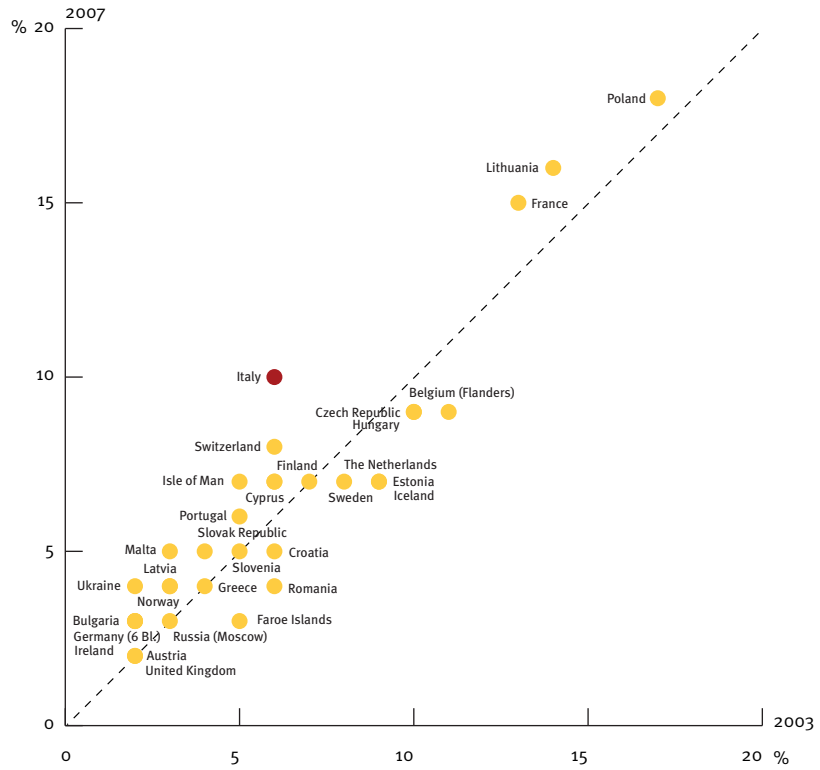


Figure 35b
Lifetime use of tranquillisers or sedatives without a doctor's prescription by gender. 1995–2007. Percentages. Countries sorted by rank for all students in 2007.

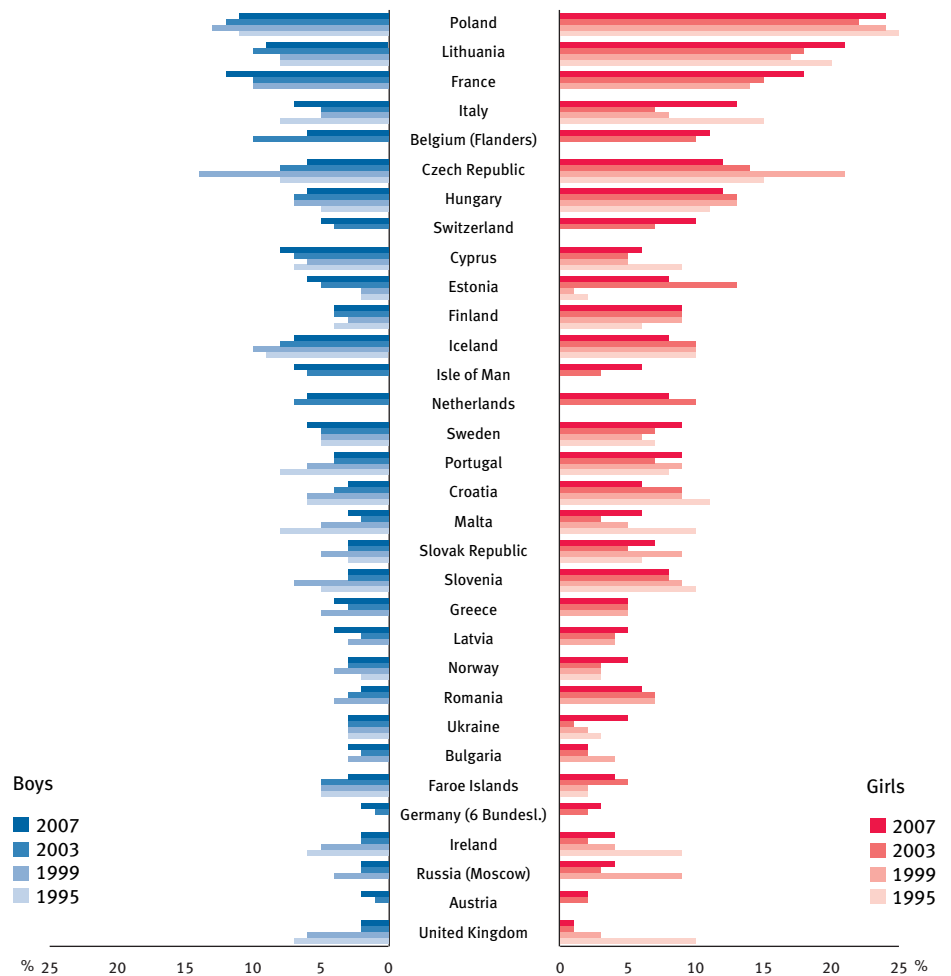
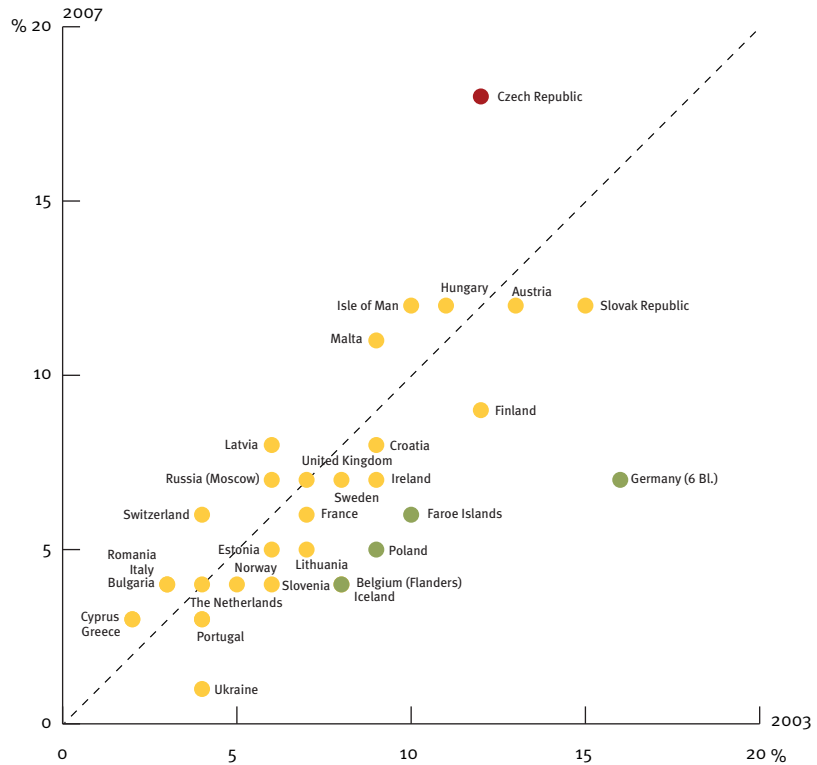




Figure 35c. Lifetime use of tranquilisers or sedatives without a doctor's prescription by country, 1995–2007. Percentages.

Figure 36a
Lifetime use of alcohol together with pills.^{a)} All students. Percentages.

Dots above the line represents increases while dots below the line represents decreases.



- a) In 2007 “...in order to get high” was added in the wording. However, a questionnaire test found no significant differences between the two different versions.
- b) Romania 2007 “to feel better”.
- c) Cyprus 2007 “to feel differently”.

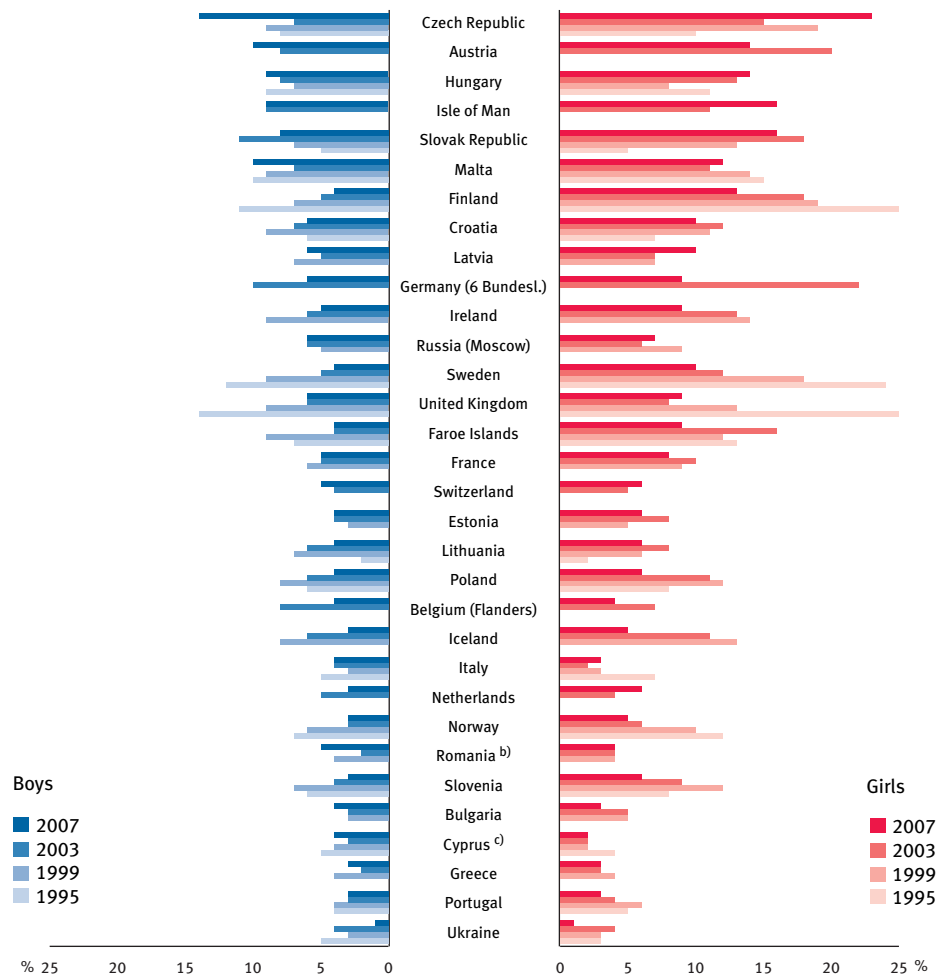


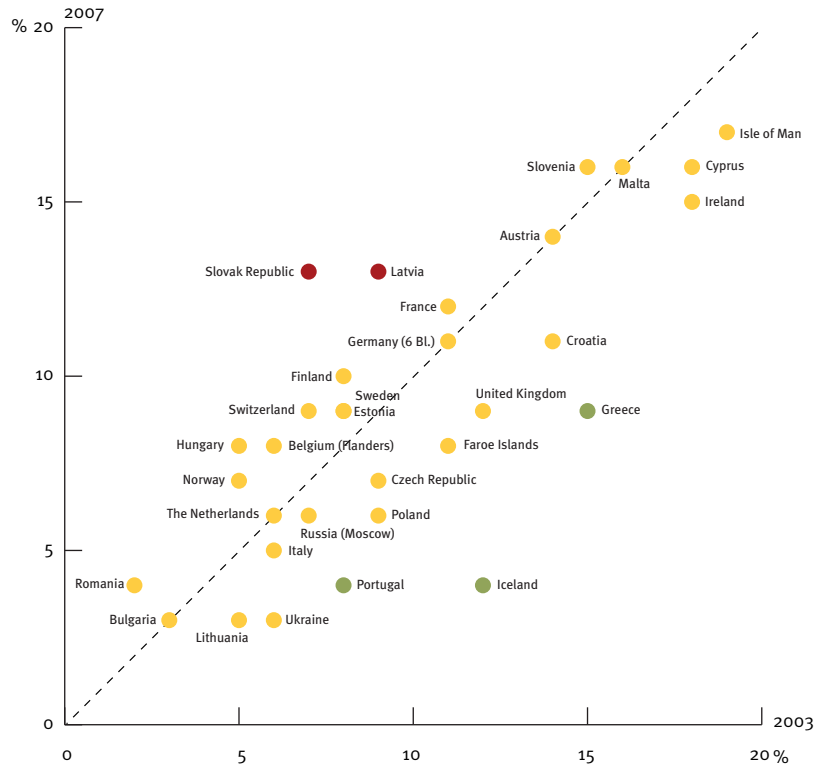
Figure 36b
Lifetime use of alcohol together with pills^{a)} by gender. 1995–2007. Percentages. Countries sorted by rank for all students in 2007.



Figure 36c. Lifetime use of alcohol together with pills^{a)} by country, 1995–2007. Percentages.

Figure 37a
Changes between 2003 and 2007 in lifetime use of inhalants^{a)} All students. Percentages.

Dots above the line represents increases while dots below the line represents decreases.



a) "... (glue, etc) in order to get high". The definition of inhalant use was rephrased in the 2007 questionnaire. However, a questionnaire test in eight countries found no significant differences between the old and the new version.

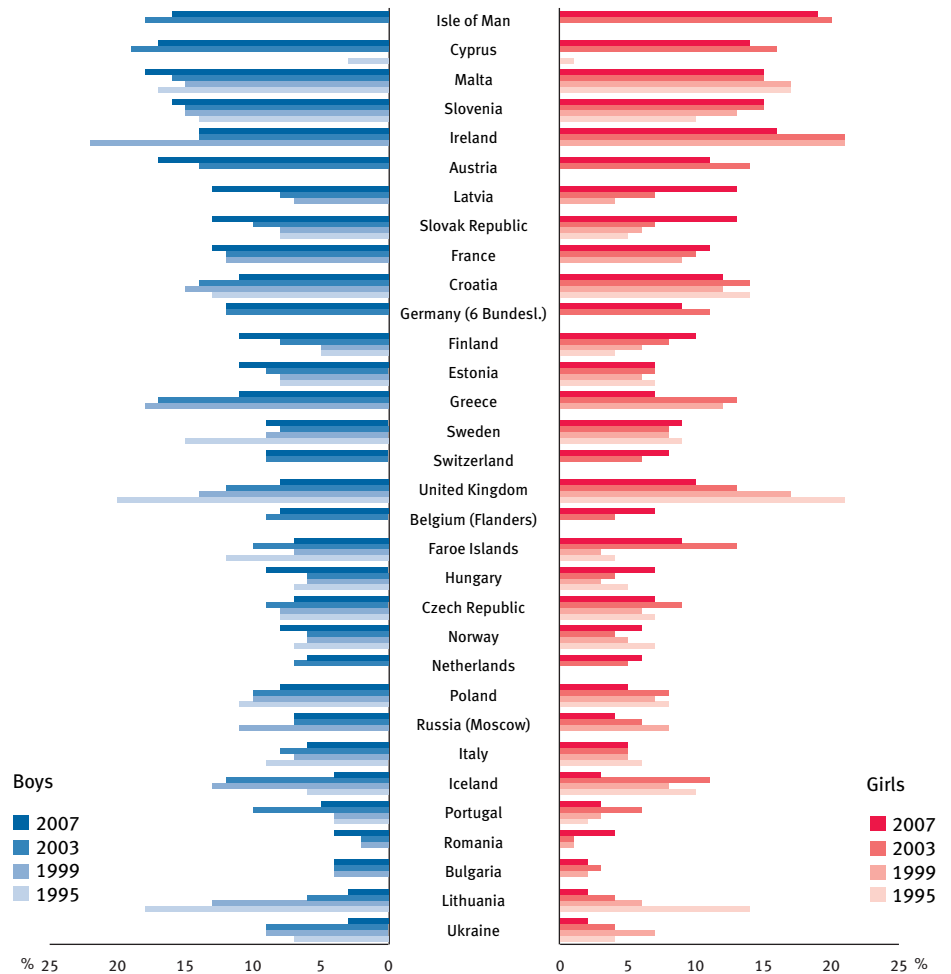


Figure 37b
Lifetime use of inhalants^{a)} by gender. 1995–2007. Percentages. Data sorted by all students 2007.

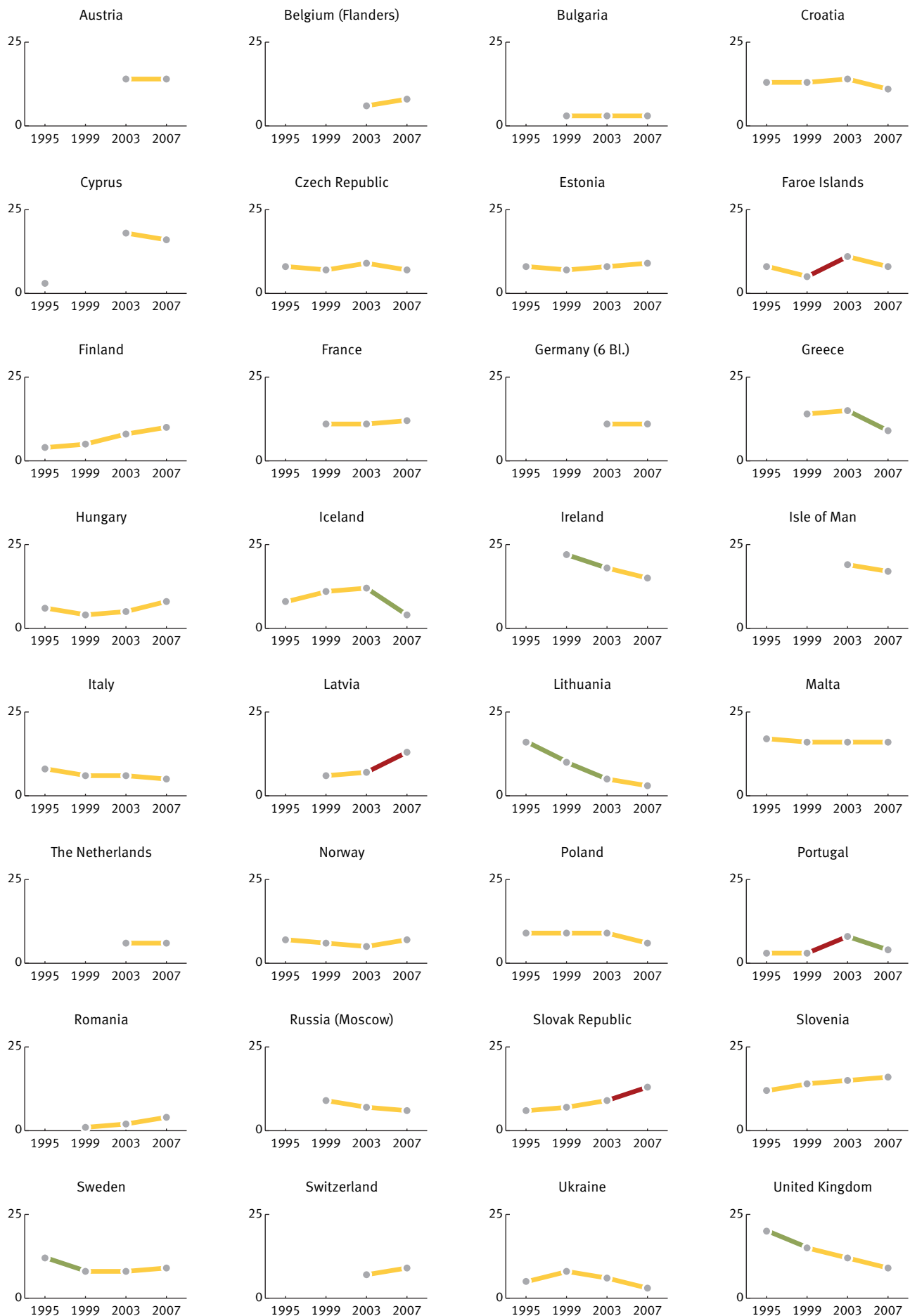
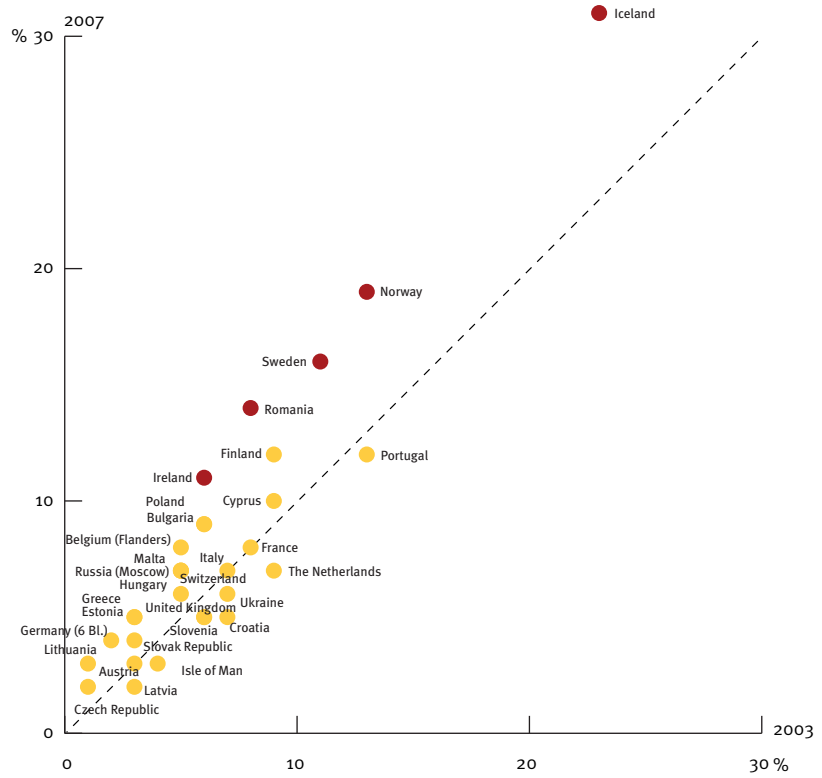


Figure 37c. Lifetime use of inhalants^{a)} by country, 1995–2007. Percentages.

Figure 38a
Lifetime abstinence from tobacco, alcohol, inhalants, tranquillisers or sedatives^{a)} and illicit drugs^{b)}. All students. Percentages.

Dots above the line represents increases while dots below the line represents decreases.



- a) "Without a doctor's prescription".
- b) "Illicit drugs" includes cannabis, ecstasy, amphetamines, LSD or other hallucinogens, crack, cocaine and heroin.

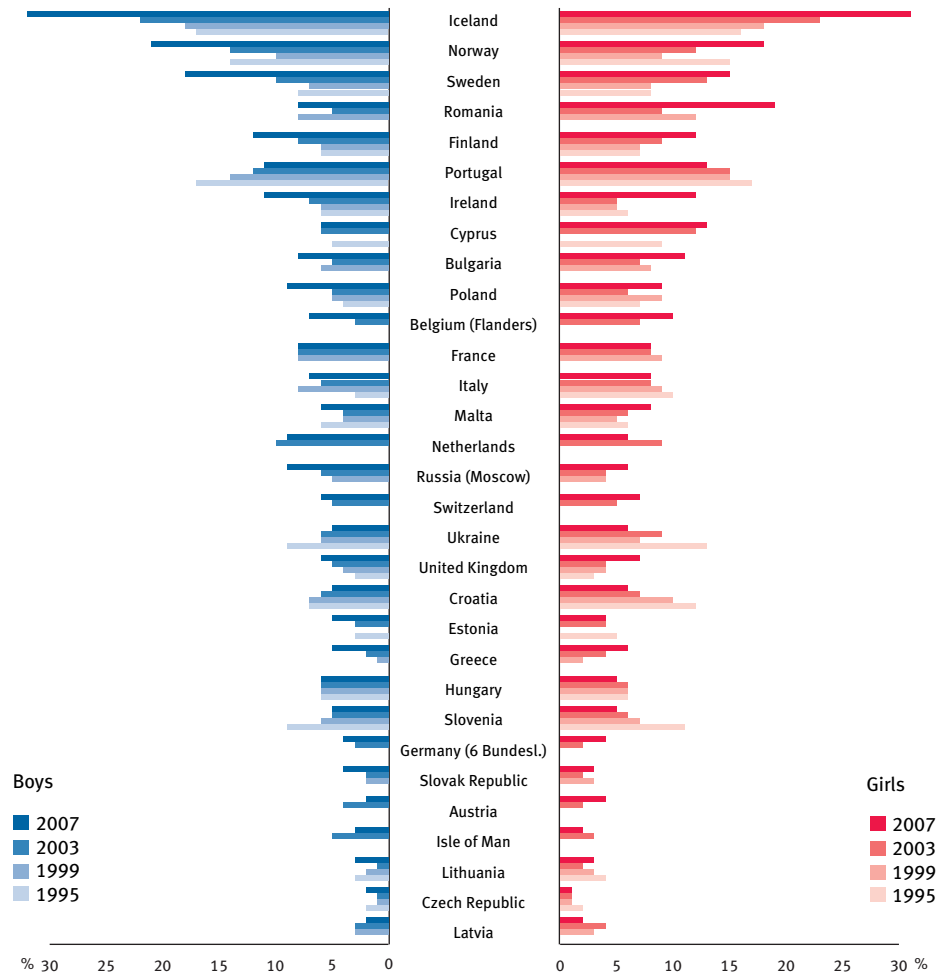


Figure 38b
Lifetime abstinence from tobacco, alcohol, inhalants, tranquillisers or sedatives^{a)} and illicit drugs^{b)}. 1995–2007. Percentages. Data sorted by all students 2007.

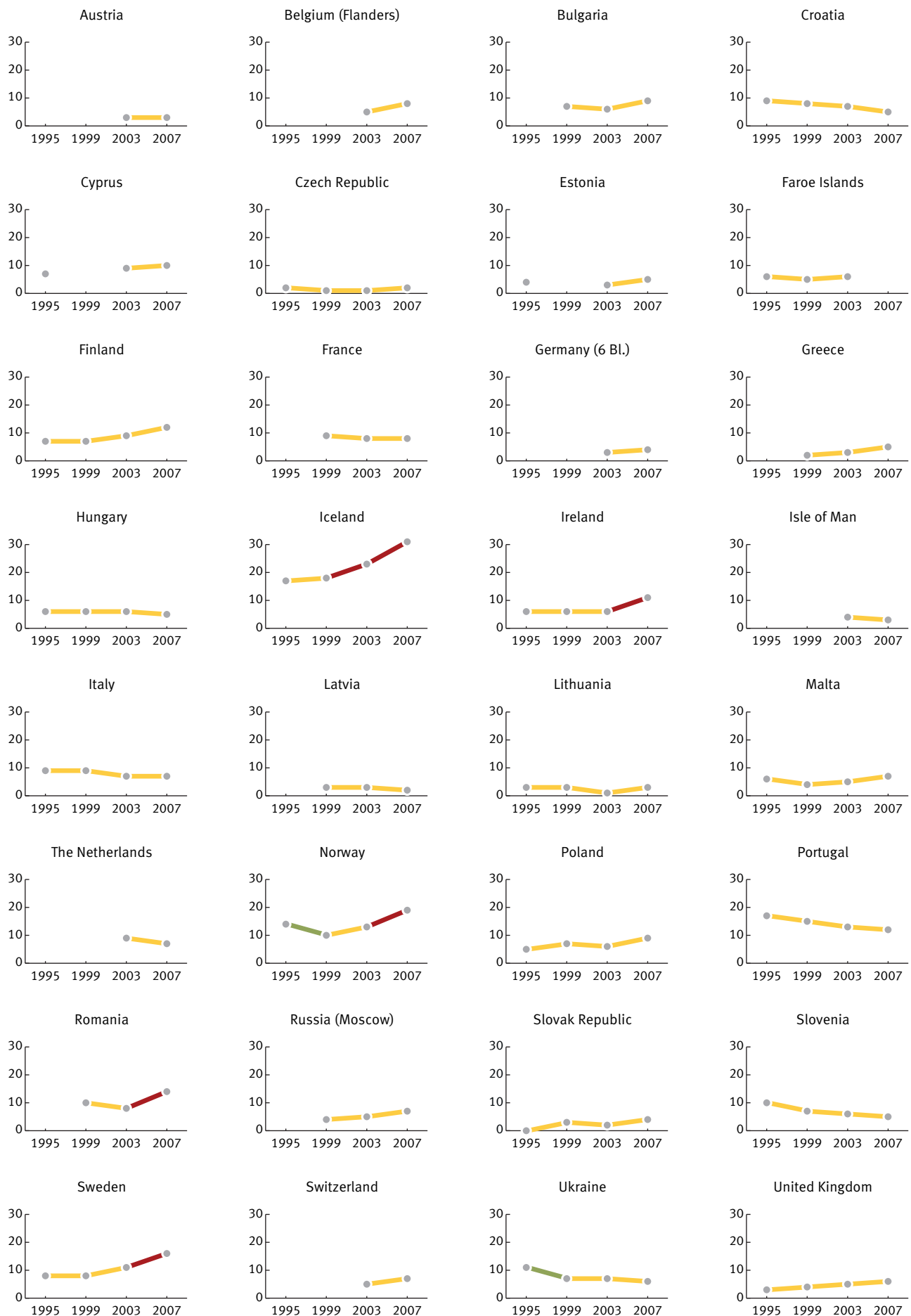


Figure 38c. Lifetime abstinence from tobacco, alcohol, inhalants, tranquilisers or sedatives^{a)} and illicit drugs^{b)} by country, 1995–2007. Percentages.

CHANGES IN LIFETIME ABSTINENCE FROM VARIOUS SUBSTANCES

(Table 69, Figures 38a–d)

An index of substance abstinence is made up of students claiming no lifetime use of cigarettes, alcohol, illicit drugs or inhalants and no non-prescription use of tranquillisers or sedatives. On average, almost one in ten ESPAD students reports no use at all of any of the substances in the index. Countries vary in the proportion of students who are abstainers from all of the drugs included (between 2% and 31% in 2007). This variation depends mainly on responses relating to the most commonly used substance: alcohol.

Three Nordic countries (Iceland, Norway and Sweden) together with Ireland and Romania show an increase in the proportion of lifetime abstinence from various drugs between 2003 and 2007. No recent decreases can be observed in any country. In 2007, a total of 31% of the Icelandic students reported no use of the drugs in the index, compared with 2–3% of the students in Austria, the Czech Republic, Latvia and Lithuania.

No noteworthy changes over time can be seen for the index of lifetime abstinence in the 17 countries with data for all four waves. Each year abstinence is reported by approximately 8%, and the figures are more or less the same for both boys and girls. Over the whole period of 1995–2007, the largest increases in the proportion of abstainers are found in Iceland (up 14 percentage points) and, to a smaller extent, in Ireland, Finland, Norway and Sweden (up about 6 points). These changes are mostly due to decreases in lifetime alcohol use in these countries. Drops of five percentage points over the entire period may be noted for Portugal, Slovenia and Ukraine.

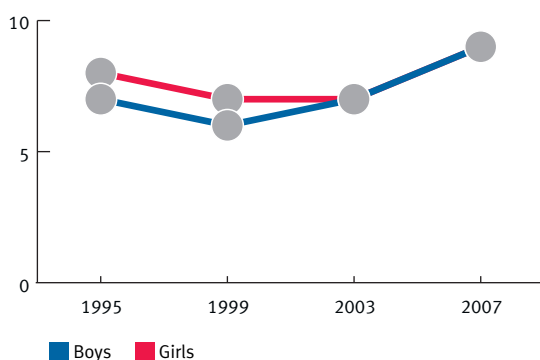


Figure 38d Lifetime abstinence from tobacco, alcohol, inhalants, tranquillisers or sedatives^{a)} and illicit drugs^{b)}, 1995–2007. Percentages. Averages for 17 countries.

FINAL REMARKS ON TRENDS IN 1995–2007

The overall substance-use trends for all the countries with data from all four waves differ slightly across variables. For instance, lifetime non-prescription use of tranquillisers or sedatives, lifetime use of alcohol together with pills and lifetime use of inhalants display hardly any changes at all across all four waves. This is partly explained by the fact that these behaviours are relatively low-prevalent on the whole, which gives less room for variation: fewer than one student in ten reports any of these behaviours during the whole period. Use of alcohol in the past

12 months is far more commonly reported, but also unchanged over time. In this case, however, the most likely explanation relates to usualness: in all four waves, at least four out of five students had used alcohol in the past 12 months.

A decrease for cigarette use in the past 30 days can be seen for the whole period and especially for the period between 1999 and 2007 (down 7 percentage points). An upward trend, however, is notable for heavy episodic drinking throughout the 1995–2007 period (an increase of 9 percentage points). This is mostly explained by the increase in prevalence rates among girls, which was most apparent between the two most recent surveys. For last 30 days smoking, the gender difference was four percentage points in 1995, but this small gap has completely vanished in 2007. Hence, for both smoking and heavy episodic drinking the gender gap has decreased over time.

The upward trend between 1995 and 2003 in lifetime use of illicit drugs – predominantly cannabis – has come to a halt; the 2007 figure is three percentage points below the one from 2003. No changes in gender differences can be seen for illicit drugs or for the substances mentioned in the first paragraph of this section.

If the analysis is restricted to recent changes (2003–2007), all trend measures of substance use show a stable or slightly downward trend on average, except for heavy episodic drinking, which increased by four percentage points on average. The overall impression created by the long-term changes in substance use among the ESPAD students, based on countries providing such data, is thus one of an improved situation, apart from the measure of heavy episodic drinking.

Trends in individual countries, however, may diverge from the overall impression. As regards recent changes, students in Belgium, Iceland, Ireland, Switzerland and the United Kingdom often tend to report decreased levels of substance use for many of the variables between 2003 and 2007. Countries with more recent increases are Latvia and the Slovak Republic. More mixed developments can be seen in France, Portugal and Slovenia, where the alcohol variables show upward trends but several drops for other substances such as illicit drug use can be observed. An opposite situation is noted for Lithuania and Russia (Moscow), where alcohol and cigarette use is declining at the same time as illicit drug use is on the increase.

Recent changes in individual countries were commented upon above, but there are also some long-term country trends that could be mentioned. For instance, an example of a country for which most substance-use measures show no increases at all across all four surveys is the United Kingdom. Actually, for most variables compared, British students show a decrease or at worst a stabilised situation. Examples of other countries with at least an overall stable situation, and for many variables a decreasing trend throughout the period, are Finland, Iceland, Ireland and Sweden.

Countries displaying rather more upward than downward trends are the Czech and Slovak Republics. To some extent, this is also the case for Estonia and Lithuania, even though the figures from the latest wave in 2007 sometimes point to a stabilised situation (but not to a return to the lower levels seen in the 1990s).

Countries showing long-term decreases in substance use are often located in western Europe and countries displaying increases are often found in eastern Europe. This is particularly true for recent increases between 2003 and 2007. A few countries' trends have the form of an upside-down U-curve, with lower prevalence values at the end points and higher ones in the middle. Examples include Slovenia, Ukraine and, to some extent, Norway.

To sum up, trend developments over the 12 years of the ESPAD project indicate a fall in smoking in a majority of the countries. The situation is more or less unchanged as regards alcohol use in the past 12 months and the past 30 days. On the other hand, heavy episodic drinking shows a small but continuous increase throughout the period. Use of illicit drugs is still dominated by cannabis use. Four out of the six countries that had the highest prevalence for cannabis in 2003 show a decline in 2007, and not a single country displays an increase for recent (past 30 days) use of cannabis.



The ESPAD Cannabis Module

Cannabis-related problems among adolescents in 17 ESPAD countries

The ESPAD Cannabis Module

Cannabis-related problems among adolescents in 17 ESPAD countries

Daniela Piontek, Ludwig Kraus, Alexander Pabst

INTRODUCTION

For several years, trend data from consecutive cross-sectional surveys in Europe have shown a general increase in the prevalence of cannabis use, particularly among adolescents. For example, the 2003 ESPAD survey reported a continuous increase in lifetime prevalence since 1995 in eastern European countries and a stable development for most other countries (Hibell et al., 2004). In 2003, the average lifetime cannabis prevalence was 21% varying from 3% (Romania) to a maximum of 44% (Czech Republic) across the participating countries. Given the high prevalence rates, there is an increasing need to distinguish between individuals who are using cannabis but do not develop any negative effects from this use and those who manifest patterns of use that are associated with problems on a health or social level. However, most current youth surveys do not contain measures of negative consequences related to cannabis consumption. Thus, the scientific information on the actual extent of cannabis-related problems in the general population is limited.

The 2007 international ESPAD survey included, for the first time, a short screening scale as an optional module, to assess cannabis-related problems. This scale, the Cannabis Abuse Screening Test (CAST; Beck & Legleye, 2003), was developed and tested in France and is intended to explore cannabis consumption per se, deviance from a common standard of use, health and social harm, and reproaches from relatives. The CAST is explicitly intended to screen, not for cannabis dependence but for potentially harmful use patterns below the threshold of a clinical diagnosis. Based on the experience that the assessment of cannabis disorders in adolescents tends to overestimate the target population (Warner et al., 1995), this approach focuses on specific problems that are relevant for the target group at hand.

In this chapter we will give an overview on the optional ESPAD module on cannabis-related problems as it was used in the 2007 international survey. First, we will introduce the concept of cannabis-related problems. Second, we will describe the CAST scale used to assess adverse consequences related to cannabis consumption. Finally, we will present descriptive results for single items and overall scores estimating the proportion of high-risk users.

CANNABIS-RELATED PROBLEMS

The concept of cannabis-related problems, sometimes referred to as “problematic cannabis use”, has been critically discussed over the last years. In general, the term is used to describe cannabis use that puts people at risk of specific problems. However, there is virtually no consensus as to what those

cannabis-related problems are (Piontek, Kraus & Klempova, 2008). Empirical evidence reveals at least some associations between cannabis consumption and adverse consequences in psychological, physiological, behavioural and social dimensions. For example, a review by Hall and Solowij (1998) identified a range of negative cannabis effects that can be broadly categorized into acute effects (e.g. impaired attention, memory and psychomotor performance, road accidents), chronic health effects (e.g. bronchitis, depression, dependence syndrome) and social effects (e.g. low school and work achievement). Moreover, people with unstable health conditions have been found to take cannabis to reduce symptoms of depression, psychopathology or psychosocial distress (Ries, 1993).

Relatively little is known about specific cannabis-related problems in adolescents. Most evident are acute effects on cognitive functioning, concentration and educational performance (Hall et al., 2001). Thus, using cannabis before or at school is commonly regarded as problematic. Adolescents also appear more likely to experience risky situations and motivation difficulties or problems in their relationships with family and friends (Macleod et al., 2004) but these effects are less consistent. As cannabis use is usually placed in a wider psychosocial context of risk factors, causal links between substance use and specific effects could not be identified to date.

METHODS

DESCRIPTION OF THE QUESTIONNAIRE

The CAST questionnaire is intended to screen for different aspects of harmful cannabis use by assessing the frequency of seemingly non-recreational use (smoking before midday and alone), memory disorders, being encouraged to reduce using cannabis, unsuccessful quit attempts and problems linked to cannabis consumption. In the original version of the questionnaire, the reference period is the individual’s entire life, however, in the ESPAD module the questions refer to the last 12 months (see Table CM-1).

All CAST items are answered on a 5-point scale assessing the frequency of each criterion from “never” to “very often”. Positive response thresholds are defined for each question based on the perceived severity of the underlying problem. Thus, for the first two items the threshold is set at “from time to time” whereas it is set at “rarely” for the other four items.

In addition to the six core questions of the CAST scale, the ESPAD module on cannabis-related problems prefixes an introductory question assessing the 12 month cannabis prevalence (“Have you used cannabis during the last 12 months?”). Only if this question is answered in the affirmative, the CAST items are completed.

Table CM-1. The Cannabis Abuse Screening Test (CAST; Beck & Legleye, 2003).

During the last 12 months	Never	Rarely	From time to time	Fairly often	Very often
1. Have you ever smoked cannabis before midday?	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
2. Have you ever smoked cannabis when you were alone?	<input type="checkbox"/> 0	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
3. Have you ever had memory problems when you smoke cannabis?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
4. Have friends or members of your family ever told you that you ought to reduce your cannabis use?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
5. Have you ever tried to reduce or stop your cannabis use without succeeding?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1
6. Have you ever had problems because of your use of cannabis (arguments, fight, accident, bad results at school, etc.)?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 1

SAMPLE AND ANALYSES

In the 2007 survey, the CAST module was included in 17 out of the 35 ESPAD countries: Armenia, Austria, Belgium (Flanders), Bulgaria, Cyprus, Czech Republic, France, Germany (7 out of 16 Bundesländer), Greece, Isle of Man, Italy, Latvia, Monaco, the Netherlands, Poland, Slovakia, United Kingdom. The total number of students participating in these 17 countries was 54,343. For our analyses we considered all participants with valid answers to the introductory question of the CAST scale (cannabis use in the last 12 months, $n = 51,192$, 94%). If the introductory question is negated, i. e. the adolescent did not use cannabis in the past year, the CAST items are not answered. Thus, the descriptive analyses of the item responses are based on the sample of 12 months users ($n = 7,297$). Further analyses (scale sum scores and risk classifications) were restricted to a subsample of students with complete answers on all six items ($n = 6,966$). Due to differences in the national sample sizes, average prevalence rates were not based on the total sample. Instead, they were calculated as means across country-specific prevalence rates. Confidence intervals for the population estimates on prevalences were calculated using survey procedures of the Stata 10.2 SE software package (StataCorp, 2007) to adjust for the cluster sampling design in most countries. Since data was not collected by class in the Isle of Man, clustering was not taken into account for calculating confidence intervals in this country.

RESULTS

12 MONTHS CANNABIS USE PREVALENCE

Based on the introductory question of the CAST module, a total

of 7,297 students reported using cannabis at least once in the last 12 months. As shown in Figure CM-1, the average prevalence rate across countries is 16%. Prevalence rates vary considerably between the countries taking part. The lowest values were found in Armenia, Cyprus and Greece, with less than 5% each. By contrast, six countries showed 12 months prevalence rates of more than 20% (Monaco, Slovak Republic, France, Isle of Man, the Netherlands and Czech Republic). In the Czech Republic, 30% of participating students reported having used cannabis in the past year.

CANNABIS-RELATED PROBLEMS

In the following, we will present descriptive analyses for the six items of the CAST scale for the subsample of past year cannabis users. Though the authors of the original questionnaire defined response thresholds for each item, we will report item means for each country for descriptive purposes assuming a continuous 5-point scale from “never” (1) to “very often” (5).

Cannabis before midday

Using cannabis before midday is considered an indicator of non-recreational use, especially in adolescents, because such behaviour may be associated with impaired cognitive functioning, anti-conventional lifestyle and worse school performance (Lynskey & Hall, 2000). Among those students reporting having used cannabis in the last 12 months, 49% stated that they never smoked before midday and 22% reported that this happened rarely. The proportion of adolescents answering the question in the affirmative (based on the response thresholds) was 29% (17% from time to time, 7% fairly often and 6% very often).

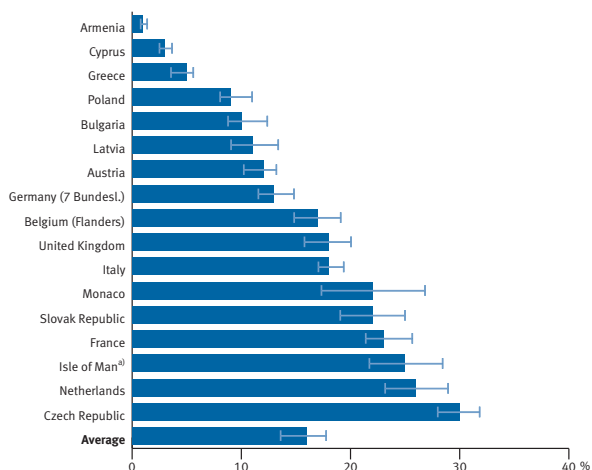


Figure CM-1. Cannabis 12 months prevalence rates across countries.

^{a)} Confidence intervals have not been adjusted for survey design.

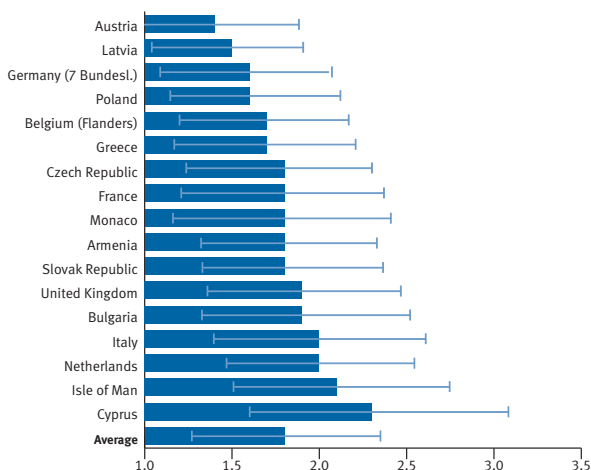


Figure CM-2. Mean answers to CAST item 1: Use before midday.

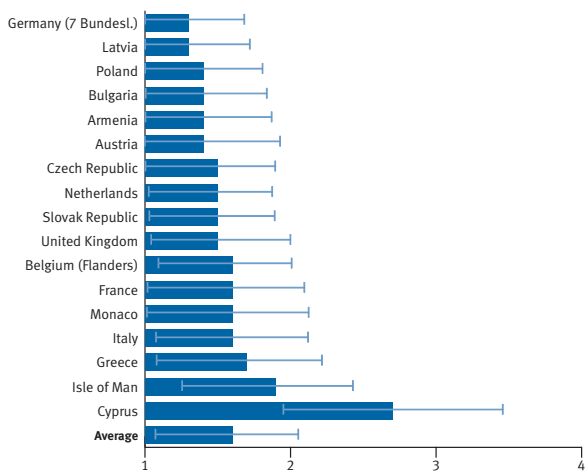


Figure CM-3. Mean answers to CAST item 2: Use when being alone.

Figure CM-2 shows the country specific mean scores related to the first CAST item. The lowest values were found for Austria (1.4) and Latvia (1.5), the highest for Isle of Man (2.1) and Cyprus (2.3). The average mean answer across countries was 1.8 (SD = 1.1).

Cannabis use when alone

A further indicator of non-recreational cannabis use is using it when alone. More than two-thirds of past year users (68%) reported that they never smoked cannabis when they were alone and 16% did so only rarely. A positive response to this item was given by 17% (9% from time to time, 4% fairly often and 4% very often).

The average item responses across the single countries are shown in Figure CM-3. In 16 out of the 17 countries, mean scores varied only slightly between 1.3 (Germany (7 Bundesländer)) and 1.9 (Isle of Man). As the only exception, students in Cyprus answered more positively to this question with a mean of 2.7. The average mean answer across countries was 1.6 (SD = 1.0).

Memory problems

The vast majority of users (67%) indicated that they never had memory problems when they smoked cannabis. Because experiencing cognitive impairments is considered more problematic than smoking before midday and when being alone, the positive response threshold for this item is set at “rarely” instead of “from time to time”. Thus, 33% of all past year users rated positively on this item (15% rarely, 11% from time to time, 5% fairly often and 3% very often).

As shown in Figure CM-4, there is little variation between most countries with regard to the mean item answers. Values varied from 1.4 (the Netherlands, Germany (7 Bundesländer), Poland) to 1.7 (Isle of Man, Greece, Czech Republic). As for the previous item, Cyprus stood out with a mean score of 2.6. The average mean answer across countries was 1.6 (SD = 1.0).

Intervention of friends or family

The intervention of friends or family members telling the user to stop or cut down on smoking cannabis is an important social indicator of problematic use patterns. In the overall sample of past year users, 63% reported that they never experienced such interventions. For a total of 37% this has happened rarely (12%), from time to time (7%), fairly often (6%) or very often (12%).

Mean scores regarding interventions of friends or family related to cannabis consumption are shown for single countries in Figure CM-4. Monaco, Isle of Man, Latvia and France reported the lowest scores of 1.4, whereas Italy, Armenia and Cyprus reported the highest scores (2.0, 2.2 and 2.6, respectively). The average mean answer across countries was 1.7 (SD = 1.2).

Unsuccessful quit attempts

Unsuccessful efforts to cut down on or stop using cannabis represent a reduced ability to control one’s substance use which is an important criterion for a dependence diagnosis. Among those students with 12 month cannabis use, 79% have never

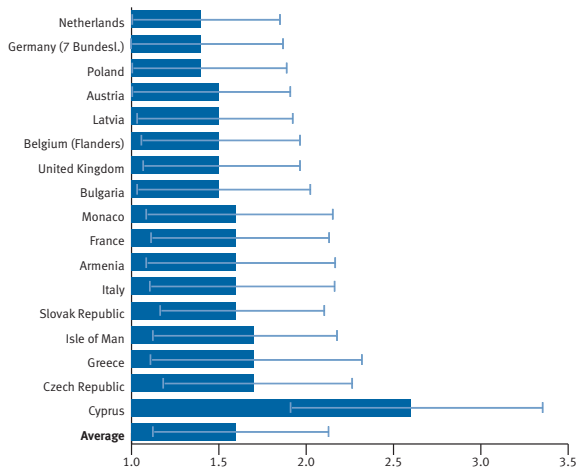


Figure CM-4. Mean answers to CAST item 3: Memory problems.

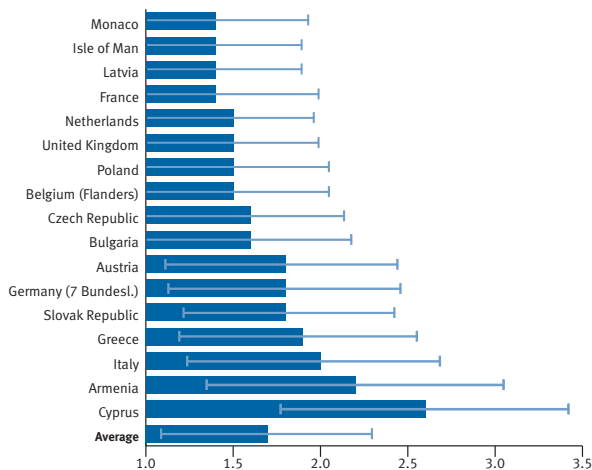


Figure CM-5. Mean answers to CAST item 4: Intervention of friends or family.

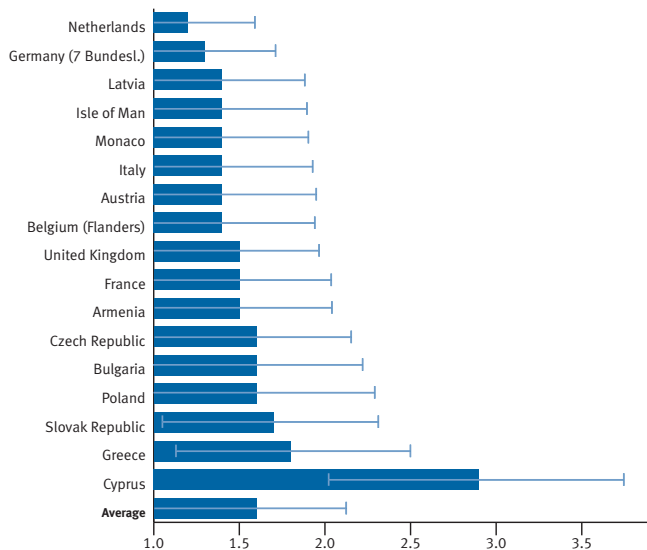


Figure CM-6. Mean answers to CAST item 5: Unsuccessful quit attempts.

tried to reduce or stop without succeeding. The remaining 21% positive responses comprise the single answers “rarely” (10%), “from time to time” (5%), “fairly often” (3%) and “very often” (4%).

Country means for unsuccessful quit attempts are shown in Figure CM-5. The majority of countries reported values between 1.2 (the Netherlands) and 1.8 (Greece). In Cyprus, the average answer was 2.9. The average mean answer across countries was 1.6 (SD = 1.1).

Problems because of cannabis use

The final item of the CAST scale assessing problems related to cannabis consumption is also an operationalization of cannabis dependence. The majority of past year users (71%) have never experienced negative consequences like arguments, fights, accidents or bad results at school because of their use of cannabis. The proportion of students with a positive answer to that question was 29% (14% rarely, 8% from time to time, 4% fairly often and 4% very often).

The picture of country specific means is very similar to most of the previous items (Figure CM-7). Sixteen out of the 17 participating countries showed little variation around 1.4, but Cyprus stood out with a mean value of 2.5. The average mean answer across countries was 1.5 (SD = 0.9).

CAST SUM SCORE

Based on the specific response thresholds for each item (“from time to time” for the first two questions, “rarely” for the others), a sum score can be calculated for each individual. This final score can vary between 0 and 6. Considering the subsample of 12 months cannabis users with complete answers to all six CAST items, the mean sum score of the scale was 1.7 (SD = 1.6). Thus, each adolescent user showed on average one to two cannabis-related problems over the last year. Figure CM-8 shows the frequency distribution of the sum scores for boys and girls across all participating countries. First, it can be seen that about one-third of students (33%) obtained a total score of zero, which was the most frequent category. The higher the sum score gets, the fewer adolescents obtained the value concerned. A total score of 6, indicating that all six cannabis-related problems were present in the past 12 months, was found in 2% of participants. Second, there were some noticeable gender differences. Girls obtained a sum score of zero or one far more often than boys, whereas the latter more often obtained higher scores. This implies that girls experienced less problems related to their cannabis consumption than boys.

Country differences with regard to the CAST sum score are displayed in Figure CM-9. The lowest values were found for Latvia, Poland, Germany (7 Bundesländer) (1.1 each), and Austria (1.2). Most of the other countries ranged between 1.3 and 1.7. As was already indicated by the single item responses, Cypriot adolescents showed the highest sum score, namely 3.3. The average mean sum score across countries was 1.5 (SD = 1.6).

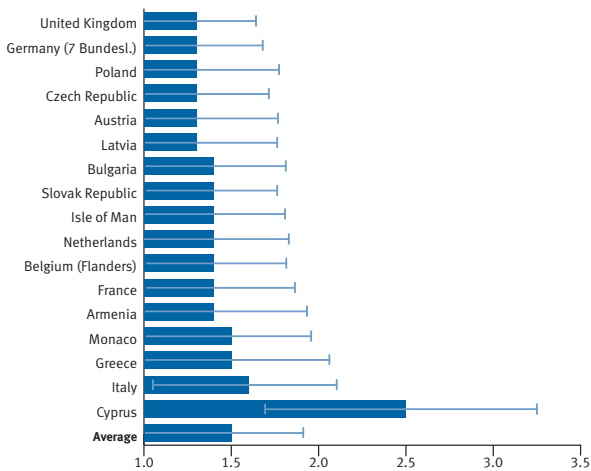


Figure CM-7. Mean answers to CAST item 6: Problems because of cannabis use.

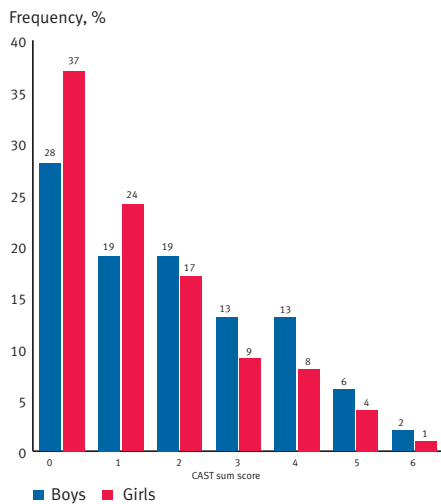


Figure CM-8. CAST sum scores for boys and girls.

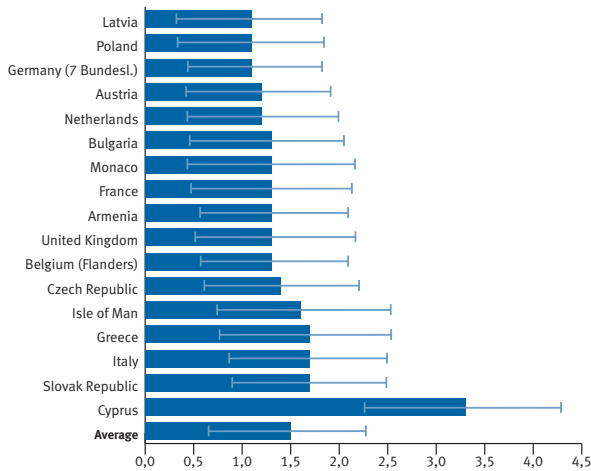


Figure CM-9. CAST sum scores across countries.

CLASSIFICATION OF RISK

The overall aim of the CAST scale is to determine two samples of participants: one with no or low risk of cannabis-related problems and one with a high risk of such problems that needs further diagnosis. This risk classification is based on the sum scores reported above. The original authors expect a total score of 4 or above to indicate problematic forms of cannabis use. Based on this assumption, a total of 1,001 adolescents in the ESPAD sample (17% of 12 months users with complete CAST scale) could be classified as having a high risk of cannabis-related problems. 5,965 students (83% of 12 months users with complete CAST scale) had no or a low risk of problems. Looking at potential gender differences, we found that 20% of all boys having smoked cannabis within the last year could be classified as high-risk users whereas this was true for only 13% of the girls.

Figure CM-10 shows the proportion of high-risk users among those who have used cannabis at least once in the last 12 months for the single countries. The lowest numbers of at risk students could be found in Germany (7 Bundesländer) and Armenia (each 8%), as well as in Belgium (Flanders) and Austria (each 9%). For the other countries, values varied between 10% (Poland) and 19% (Greece). An extremely high percentage of high-risk users was reported in Cyprus (50%). This was more than twice as high as in all other countries. The average proportion of high-risk users among all 12 month users having answered the complete CAST scale across countries was 14%.

In addition to the risk classification within the reference group of 12 months users, we also evaluated the proportion of high-risk cannabis consumers related to the total sample of students taking part. This gives an impression of the overall extent of problematic forms of cannabis use in the population. Based on the total sample, 3% of all adolescents showed a high risk of cannabis-related problems (4% of boys and 2% of girls). The percentages of high-risk users in the single countries are shown in Figure CM-11. In six countries, 1% or less of all participating students could be classified as being at risk (Armenia, Greece, Poland, Austria, Germany (7 Bundesländer), Bulgaria). The highest rates were reported in Italy (3%), Monaco (3%), Czech Republic (4%) and Isle of Man (4%). Regarding this classification, Cyprus no longer had a salient position, but ranked amidst the other countries with 2% at risk users. The average proportion of high-risk users among the total sample across countries was 2%.

DISCUSSION

The relatively high prevalence rates of cannabis use especially among young people in Europe raise the question of its potential negative consequences for the individual and the society. Thus, the 2007 ESPAD survey included an optional module to assess cannabis-related problems in the adolescent population. Using the six harmful use indicators of the Cannabis Abuse Screening Test (CAST; use before midday, use when being alone, memory problems, intervention of friends, unsuccessful quit attempts and specific problems related to cannabis use), the risk of cannabis-related problems was estimated in 17 out

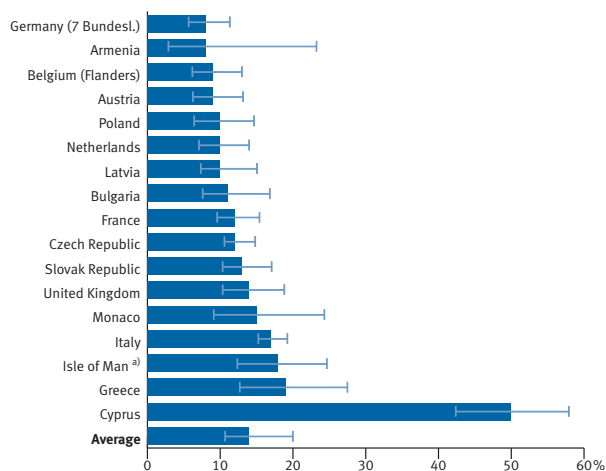


Figure CM-10. Proportion of high-risk users (reference group: 12 months users with complete CAST scale answered).

^{a)} Confidence intervals have not been adjusted for survey design.

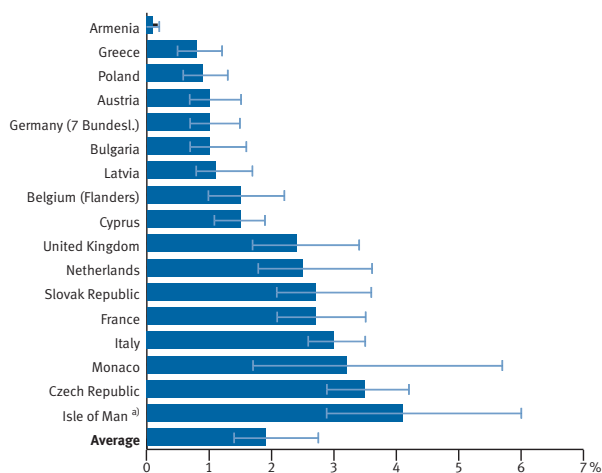


Figure CM-11. Proportion of high-risk users (reference group: total sample).

^{a)} Confidence intervals have not been adjusted for survey design.

of the 35 European countries that participated in ESPAD. Overall, one out of seven past year cannabis users (14%) was classified as having a high risk of developing cannabis-related problems. These adolescents reported at least four out of the six assessed harmful use patterns and negative consequences within the past 12 months. The average prevalence of high-risk users across countries was 2%.

Two national surveys that included the CAST scale in an adolescent population enable a comparison with the ESPAD data. The authors of the CAST reported 5% high-risk users in a French (non-representative) school survey (17 and 18 year olds) referred to the total sample (Legleye et al., 2003). The current prevalence rate of cannabis use among French 15 and 16 year old adolescents (3%) is lower but refers to a younger sample than those in the validation study. In Spain, 9% of last year users (14 to 18 years) and 2% of the overall sample were at risk of cannabis-related problems (Sanchez et al., 2008).

The distribution of cannabis use and high-risk users across countries reveals three major results: First, the prevalence of cannabis use varies widely from 1% to 30%. Second, the percentage of adolescents at risk of cannabis-related problems differs considerably across countries. For example, the range among last year users varies between 8% and 19% (excluding Cyprus). With the exception of the CAST indicator “intervention of friends and relatives”, item responses to all other CAST indicators (e.g. “development of memory problems”) seem to be independent of differential risk perceptions or societal assessments of cannabis and reactions to its use. Given the high representativeness of the study, this suggests country specific differences in the risk of harm from cannabis. Third, though the proportion of at risk users among last year users varies across countries, the percentage of high-risk users in the population corresponds to the cannabis use prevalences in the single countries. In other words, at population level the prevalence of high-risk users increases with the prevalence of cannabis use.

The exceptional high proportion of high-risk cannabis users in Cyprus constitutes an outlier in Europe. It indicates problematic forms of cannabis use among every second Cypriote student who used cannabis at least once during the last year. The pattern of a low prevalence of cannabis use combined with a high prevalence of high-risk users was also found in Greece, albeit to a much lesser extent. One might speculate whether these findings are related to the similar cultural background of both countries. However, due to a high level of response inconsistencies the results for Cyprus should be interpreted with care.

Overall, the reasons for the variance of high-risk users across countries are not clear. Apart from real differences between countries this may in part be due to methodological problems. Although sample sizes are relatively large in all countries, the majority of surveys are based on clustered samples (school classes). Thus, the similarity of students within selected single classes may affect the prevalence rates. Moreover, formal and informal cannabis policy may have an effect on the reporting of cannabis use and risky behaviour (Groves, 1989). In countries with a more restrictive cannabis policy with high sanctions on

cannabis use or possession students may tend to underreport use and harms from use.

In ESPAD 2007, prevalence rates of cannabis-related problems were for the first time compared between 17 countries. The 12 month prevalence of 16% indicates that cannabis use is rather popular among 15 to 16 year olds. Among all students, approximately 2% experienced cannabis-related problems according to the CAST criteria. For these adolescents, there is clearly a need for prevention, and especially for early intervention programmes.

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The ESPAD Psychosocial Module

The ESPAD Psychosocial Module

Anna Kokkevi, Anastasios Fotiou

INTRODUCTION

There is abundant evidence of the associations that exist between substance use disorders (SUDs) and psychopathology. Clinical and epidemiological studies of adults report a 50% to 80% prevalence of psychiatric comorbidity in SUDs (e.g. Helzer and Pryzbeck 1988; Khantzian and Treece 1985; Stefanis and Kokkevi 1986; Kokkevi and Stefanis 1995; Kokkevi et al 1998).

Because substance use usually commences during adolescence, special attention has been given to this age group. A variety of psychosocial factors have been shown to be associated with the initiation of substance use by adolescents and with its progression to abuse and dependence. These include environmental factors, e.g. family structure, parental support, parental substance use disorders, parental monitoring, peer influences, prevailing attitudes towards substance use and availability of substances, along with individual behavioural, psychological and psychopathological characteristics such as conduct disorders of childhood, antisocial behaviour, aggressiveness, truancy, running away from home, low self-esteem, depressive mood and suicidality (e.g. Jessor and Jessor 1977; Johnston et al 1978; Clayton 1989; Brent et al 1986; Hoffman and Cerbone 2002; Kokkevi et al 2007a; Kokkevi et al 2007b).

Psychological disorders are associated with both licit and illicit drug use. A literature review of the association between substance use and psychopathology in adolescents (Armstrong and Costello 2002) indicates that the prevalence of psychiatric comorbidity is around 60%. Rates of comorbidity vary with substance and with the frequency and intensity of use, and are generally higher in dependence compared to abuse (Boyle and Offord 1991; Kandel et al 1997; Roberts et al 2007). For example, marijuana is reported to be somewhat less strongly associated with other disorders than alcohol or other illegal substances (Armstrong and Costello 2002). Rates of comorbidity in adolescents are also reported to vary with gender and age. For example, the comorbidity of substance use with emotional disorders has been found to be higher for females (Beitchman et al 1999; Lewinsohn et al 1995) and for older adolescents (Poulin et al 2005).

Clinical and community studies both show that the most prevalent psychiatric disorders associated with SUDs in adolescence are antisocial personality, depressive and anxiety disorders, suicidality and suicide (Roberts et al 2007; Armstrong and Costello 2002; Kandel et al 1999; DeMillio 1989; Rohde et al 1996; Brook et al 1986; Cicchetti and Rogosch 1999). There is high concordance in the literature that disruptive and antisocial personality disorders are those most strongly associated with drug use (for reviews, see Roberts et al 2007; Armstrong and Costello 2002).

Not only clinical but also subclinical psychological symptoms have been found to be associated with substance use. For

example, Lewinsohn and associates (2004) found that approximately 1/3 of those with a SUD had a comorbid psychiatric disorder below the clinical threshold.

Longitudinal studies have shown that substance abuse is a risk factor for mental disorders not only during adolescence but also later in life. However, conclusions are not unanimous on the chronological order of appearance of the two types of disorders. (Armstrong and Costello 2002; Brook et al 1998; Brook et al 2002; Rohde et al 1996; Fergusson et al 2005a). Lack of agreement on the temporal sequence is attributed, among other reasons, to whether various confounders have been accounted for or not. It has to be acknowledged that both psychological and substance use problems appear within a social context that includes family, school, peers and the broader social environment. These factors have an impact – negative or positive – on behaviours and well being and thus should be accounted for as confounders.

The ESPAD study provides an excellent framework for promoting our understanding of risk factors – including psychosocial and psychological correlates – for substance use in adolescents and also of the impact of drug use on health and social wellbeing of adolescents. The cross-sectional nature of the ESPAD survey does not allow inferences on aetiology. However, the fact that the time since initiation of substance use in this very young population is quite short to allow the consequences of use to appear supports this interpretation of the psychological risk factors associated with substance use. Furthermore, the fact that these data are based on a large number of participating countries (15–17) provides the possibility of assessing the generalisability and eventually the universality of the observations.

The cross-sectional relationship with substance use of several social/environmental factors and, more specifically, parental education, family structure, economic situation, parental control, truancy and sibling substance use, have been reported in the special chapter on “Correlates of adolescent substance use” in the 2003 ESPAD Report (Hibell et al 2004). Psychosocial correlates of substance use in adolescence based on the 2003 ESPAD survey have also been reported elsewhere (Kokkevi et al 2007; Kokkevi et al 2007; Kokkevi et al 2008).

The present chapter aims to present the optional “Psychosocial Module” of the ESPAD questionnaire along with some preliminary results. The Psychosocial Module consists of a set of scales and items aiming to assess the psychological and behavioural characteristics of adolescents participating in the ESPAD survey, and to provide correlates of substance use.

METHODS

PSYCHOSOCIAL MODULE VARIABLES

The choice of the questions to be included in the Psychosocial Module was guided by the existing theories and research findings reported in the international literature. The module consists of four scales and three items as follows.

- a. Rosenberg's Self-esteem scale (Rosenberg 1965).
- b. Depressive mood scale (short form of the CES-D, Radloff 1977).
- c. Anomie Scale of Exteriority and Constraint (Bjarnason 1998).
- d. Antisocial behaviour scale (Bachman et al 1984).
- e. Item on running away from home.
- f. Item on thoughts of harming oneself.
- g. Item on attempted suicide.

Documentation of the associations of each of the above behaviours and personality characteristics with substance use is provided briefly below, followed by a description of each measure and its source.

Self-esteem

Initiation and maintenance of adolescent drug use has been associated with low self-esteem in numerous studies (Kaplan 1975; Newcomb et al 1986; Gil et al 2002). Conversely, high self-esteem has been found to be a protective factor in avoiding substance use in early adolescence (Carvajal et al 1998). At the same time, no relationship was found between self-esteem and licit and illicit substance use in 15 year old students, while higher self-esteem was associated with slightly higher levels of alcohol and drug use, possibly because these behaviours raise self-esteem (West and Sweeting 1997). Findings from a cohort study in New Zealand showed that levels of global self-esteem significantly predicted adolescent reports of multiple health-compromising behaviours, although earlier levels of self-esteem were unrelated to later substance use (McGee and Williams 2000). In another report from the same cohort study, it was postulated that the associations found between low self-esteem at age 15 and substance dependence by the end of adolescence and in young adulthood was largely explained by the psychosocial context within which self-esteem develops (Boden et al 2008). Self-esteem should thus be regarded as an outcome or risk indicator measure only taking into account those factors that influence it (Baumeister et al 2003).

Measure of self-esteem in ESPAD Psychosocial Module: Self-esteem was assessed by Rosenberg's Self-esteem Scale (RSES) (Rosenberg 1965). This is a ten item self-report unidimensional measure of global self-esteem assessing feelings of self-worth and self-acceptance. Items were answered on a four-point scale ranging from "strongly agree" to "strongly disagree". Scores ranged from 10 to 40 with higher scores indicating higher self-esteem. The RSES has demonstrated good reliability and validity across a large number of different population groups including adolescents and substance abusers (Winters et al 2002). Internal reliability in the ESPAD study as indicated by Cronbach's alpha coefficient ranged from 0.464 in boys in Armenia to 0.811 in girls in the Isle of Man.

Depressive mood

A review of studies of comorbidity between SUD and depression in community studies of adolescents provides a range of concurrent comorbidity from 11.1% to 32% (median 18.8%) and an odds ratio for the majority of studies in the range 1.5–2.5 (median 2.2) (Armstrong and Costello 2002). A dose-response pattern of relationship between tobacco, alcohol and illicit substance use in mid-adolescence with the appearance of mood disorders concurrently or by the end of adolescence has been reported by several studies (Kandel et al 1997; Boyle and Offord 1991; Brown et al 1996; Choi et al 1997; McGee et al 2000; Rohde et al 1996).

Studies of the role of emotional disorders in the development of drug abuse are however not concordant. The absence in several studies of control for confounders such as other psychosocial and psychiatric variables is considered one of the most important sources of variability. For example, in a sample of 11–17 year old adolescents, strong cross-sectional associations were found with mood disorders for alcohol use but not for cannabis abuse or dependence, after controlling for conduct disorders (Roberts et al 2007).

Several studies have documented the impact of substance use on psychopathology in later life. For example, in the Children in the Community prospective study in the USA, where subjects were followed and interviewed from mid-adolescence to 27 years of age, frequent tobacco, alcohol, marijuana or other illicit drug use in mid-adolescence was found to significantly predict later major depressive disorder and substance use disorders even after controlling for sociodemographic, substance and major depressive disorders (Brook et al 1998; Brook et al 2002). Findings from the prospective Ontario Child Health Study in Canada showed that tobacco use in adolescence was associated with poorer functioning across multiple domains including depression in adulthood; similar results were noted for the concomitant use of tobacco and cannabis, but the use of cannabis alone during adolescence was not associated with any adult outcomes (Georgiades and Boyle 2007). A modest association between early onset, regular cannabis use and later depression, and a weaker or zero association between infrequent cannabis use and depression were reported by other studies (Fergusson et al 2002; Degenhardt et al 2003). In contrast, a European cohort study carried out on a community sample of 14–17 year old adolescents in Munich reported significant associations of several psychopathological conditions, including depressive disorder, with incident cannabis use and progression to cannabis use disorder, even when controlling for externalizing disorders (Wittchen et al 2007).

Associations between substance use and emotional disorders exist not only for clinical depression but also for subclinical symptoms of depressive mood, these being more prevalent than depressive disorders (Stefanis and Kokkevi 1986; Poulin et al 2005; Waller et al 2006; Kandel et al 1997; Lewinsohn et al 1995; Lewinsohn et al 2004; Gotlib et al 1995).

Measure of depressive symptoms in the ESPAD Psychosocial Module: A short form (six items) of the Center of Epidemiological Studies Depression-Scale (CES-D) was used to assess

depressive mood (Radloff 1977). The CES-D is a unidimensional scale, not designed to diagnose clinical depression but rather to assess levels of depressive symptoms. It can be used validly as a screening instrument for depressive mood and adolescent emotional suffering, and as an efficient and effective first step in large population samples such as school populations (Roberts et al. 1990). The following six items from the full CES-D were employed: “During the last 7 days, how often 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) “...couldn't you do your work (at home, at work, at school)”. The frequency of occurrence of symptoms in the last seven days is rated on a four-point scale running from “rarely or never” to “most of the time”.

The validity of this short depression scale was evaluated by comparing it to the full CES-D scale in a survey of 5249 adolescents in school. Mean scores for full and short forms were calculated and students who answered positively to items on general satisfaction with life, consulting a doctor for psychological problems in the last 12 months, taking antidepressants under prescription and having attempted suicide were compared to those who answered negatively. The separation between mean scores on the short form (measured by the effect size), was between 79% and 87% of that obtained with the long form, which was judged to be a satisfactory trade-off for the reduction in burden on the respondents.

Cronbach's alpha ranges from 0.746 among boys in Flanders (Belgium) to 0.855 among boys in Cyprus. Principal components analysis gives a unidimensional solution in each country. The first component accounts for 47.9–59.1 % of variance in each country and the second component for 12.1–14.5%. Item loadings are all in the range of 0.494, with only five of the 102 loadings obtained in the 17 countries (4.9%) falling below 0.59.

Anomie

Durkheim's anomie theory is among the classic theories used in explaining the growing prevalence of substance use in the second half of the 20th century. It builds on the assumption that the lack of regulation or control of behaviour in societies can lead to deviant behaviour, including substance use (Bjarnason 2009). Anomie is related, at the individual level, to the subjective sense of helplessness and hopelessness. It is a person's feeling of the lack of purpose, identity or values that may lead to a breakdown of the norms that rule interpersonal conduct and assure the social order. Anomie's essence is normlessness and it results in loss of meaning and a sense of injustice (Thorlindsson and Bernburg 2004).

A study examining the relationship of anomie to the use of legal and illegal substances in 11th grade students in the USA found that users of alcohol, tobacco, marijuana, LSD, amphetamines, and barbiturates had significantly higher anomie scores than nonusers (differences were not statistically significant for cocaine, heroin, or methaqualone, but were in the predicted direction (Lasky and Ziegenfuss 1979).

Measure of Anomie in the ESPAD Psychosocial Module: The ESPAD study measures anomie with the Anomie Scale of Exteriority and Constraint which draws on theoretical developments of Durkheim's theory of anomie (Bjarnason 1998). It is a six-item summary scale that asks “How much do you agree or disagree with the following statements?” Statements included: “It is difficult to trust anything, because everything changes”, “In fact nobody knows what is expected of him or her in life” and “You can never be certain of anything in life.” “You can break most rules if they don't seem to apply”, “I follow whatever rules I want to follow” and “In fact there are very few rules absolute in life.” For each statement students could pick an answer on a five-point scale running from “totally agree” to “totally disagree”. The scale has been applied cross-culturally (Bjarnason 2009) and has been employed elsewhere in examining the relationship between anomie and alcohol use (Bjarnason et al 2005). Values of Cronbach's alpha in the present study ranged between 0.619 in girls in the Faroes and 0.833 in boys in Iceland.

Antisocial Behaviour

There exists ample evidence from cross-sectional and longitudinal studies for the strong relationships between conduct disorders, delinquent or antisocial behaviours with alcohol or illicit drug use during adolescence, and also with later outcomes such as dependency problems in young adulthood (Andersson et al 1999; Ary et al 1999; Fergusson et al 2005a; Fergusson et al 2005b; Hawkins et al 1992; Huizinga et al 1989; Wiesner and Windle 2006).

Measure of Antisocial Behaviour in the ESPAD Psychosocial Module: Antisocial behaviour was measured by the Antisocial Behaviour Scale from the Monitoring the Future Survey conducted in the U.S.A. (Bachman et al 1984). The scale comprises ten items relating to property damage, interpersonal conflict, personal offences and theft in the last twelve months. Answers are given on a five-point frequency scale running from “0” to “10 times or more”. Cronbach's alpha ranged from 0.532 in girls in Armenia to 0.925 in boys in Cyprus in the present study.

Runaway from home

Runaway typically refers to someone under the age of 18 who stays away from home at least overnight without parental permission (National Network of Runaway and Youth Services 1991). Running away in adolescence is mostly episodic and of short duration. Over 90% of runaways return home within a month and more than 99% within 12 months (Hammer et al 2002). Running away from home is, however, a condition which exposes adolescents to numerous risks including delinquency and drug taking. (SAMHSA 2004). Alcohol and illicit drug use thus tends to be higher among youths who have run away from home than among those who have not (Greene et al 1997).

The current literature on runaway of adolescents in relation to drug use is rather limited and with inconsistent findings mainly because of different operational definitions and sample biases. Most studies are carried out on sheltered and homeless street youth. Studies on the general population of adolescents are scarce. Substance use has been found to be a contributing factor to running away as well as to exacerbating prob-

lems faced by young people who have left home (Ringwalt et al 1998).

Measure of runaway from home in the ESPAD Psychosocial Module: Runaway was assessed by an item asking to report runaway from home for more than one day. Answers are given on a five-point frequency scale running from “not at all” to “5 or more times”.

Suicide attempts

Suicide is the third most frequent cause of death among young people 15–24 years old (Anderson and Smith 2003) and the second commonest cause in many European countries (World Health Organisation 1999). A close association has been reported between substance abuse and suicidality among young people (Evans et al 2004). Furthermore, increased youth suicides in the USA are reported by the San Diego Suicide Study to have paralleled the epidemic of drug addiction among young people, providing grounds for suspecting an association between the two phenomena (Rich et al 1989). Cross-sectional and longitudinal research on the associations between suicide attempts and tobacco, alcohol and illicit drug use indicate that the association is stronger for intensive alcohol consumption, stronger alcohol drinks and hard drugs (e.g. Kokkevi et al 1997; Bjarnason and Thorlindsson 1994; Borowsky et al 1999; Choquet et al 1989; Fergusson and Lynskey 1995; Brent et al 1986; Clayton 1989).

A literature review of comorbidity between suicide attempts and substance use indicates that impulsive suicide attempts and substance use co-occur within a pattern of externalizing problem behaviours, while non-impulsive suicide attempts co-occur with substance use within an internalizing pattern of symptoms indicating an effort to cope with negative affect (Esposito-Smythers and Spirito 2004). A more recent review of adolescent alcohol involvement and suicide attempts concludes that the association between the two is complex, indicating that both trait and situational factors influence these behaviours, which can also influence each other (Bagge and Sher 2008).

Measure of suicide attempts in the ESPAD Psychosocial Module: Suicide attempts were assessed with a question asking whether the respondent has ever attempted suicide and, if yes, how many times. Answers are given on a five-point frequency scale running from “not at all” to “5 or more times”.

Self harm ideation

Thoughts of deliberate self-harm and suicide attempts are rather common in adolescence. Among other sociodemographic and psychosocial factors, drug use has been reported to be significantly associated not only with suicide attempts but also with self-harm ideation, mostly in respect of alcohol use (e.g. Choquet et al 1989; Kandel 1984; Clayton 1989).

Measure of self-harm ideation in the ESPAD Psychosocial Module: Thoughts of self-harm were assessed by an item asking how many times thoughts of harming oneself had occurred in respondent’s lifetime. Answers are given on a five-point frequency scale running from “not at all” to “5 or more times”.

SUBSTANCE USE VARIABLES

Licit and illicit substance use variables were investigated for possible associations with the variables of the psychosocial module. Licit substance use measures included in the present analysis were: a) intensity of daily smoking, b) frequency of alcohol use in the last 30 days, and c) frequency of drunkenness in the last 12 months. Illicit substance use measures included were: a) frequency of cannabis use in the last 12 months, and b) lifetime use of any illegal drug (other than cannabis). The “any illegal drug” category included the following substances: amphetamines, LSD or other hallucinogens, crack, cocaine, heroin and ecstasy.

SAMPLE

Twenty out of the 35 European countries participating in the 2007 ESPAD study used at least some of the psychosocial scales and items (see Figures PM-1 and PM-2). These countries were: Armenia; Austria; Belgium (Flemish); Bulgaria; Croatia; Cyprus; the Faroe Islands; Finland; Germany; Greece; Hungary; Iceland; Ireland; the Isle of Man; Latvia; Romania; Slovakia; Slovenia; UK; Ukraine.

The total number of students who answered at least one of the Psychosocial Module scales or items was 57,858.

ANALYSES

- As a first step, mean scores (by gender as well as in the total sample) were calculated for the four scales. The percentages of adolescents whose scores lay beyond cut-off points were also calculated. These cut-offs were defined (separately for each gender) as the upper quartiles of the distributions of scores on the depression, anomie and antisocial scales and the lower quartile of the self-esteem scale (so that a score lying beyond the cut-off denotes *low* self-esteem). For the three behavioural items, percentages were calculated after collapsing the response categories into three: never, once and twice or more.
- The second step of the analyses consisted of cross tabulations between each of the psychosocial module variable and the substance use variables. Mantel-Haenszel odds ratios were calculated to show the strength of the association between variables, adjusted for gender.
- The number of psychosocial risk factors was examined in relation to the intensity of tobacco smoking, the frequency of alcohol use and drunkenness, and the use of cannabis and illegal drugs other than cannabis.

RESULTS

MEAN SCORES BY COUNTRY, GENDER AND TOTAL POPULATION

Because of observed differences between genders, mean scores on the four scales and percentages on the three items constituting the Psychosocial Module were calculated separately for boys and girls.

Self-esteem scale

As shown in Figure PM-1, mean scores on the self-esteem scale

Figure PM-1 Mean scores of the Psychosocial Module scales in the participating countries (by gender).

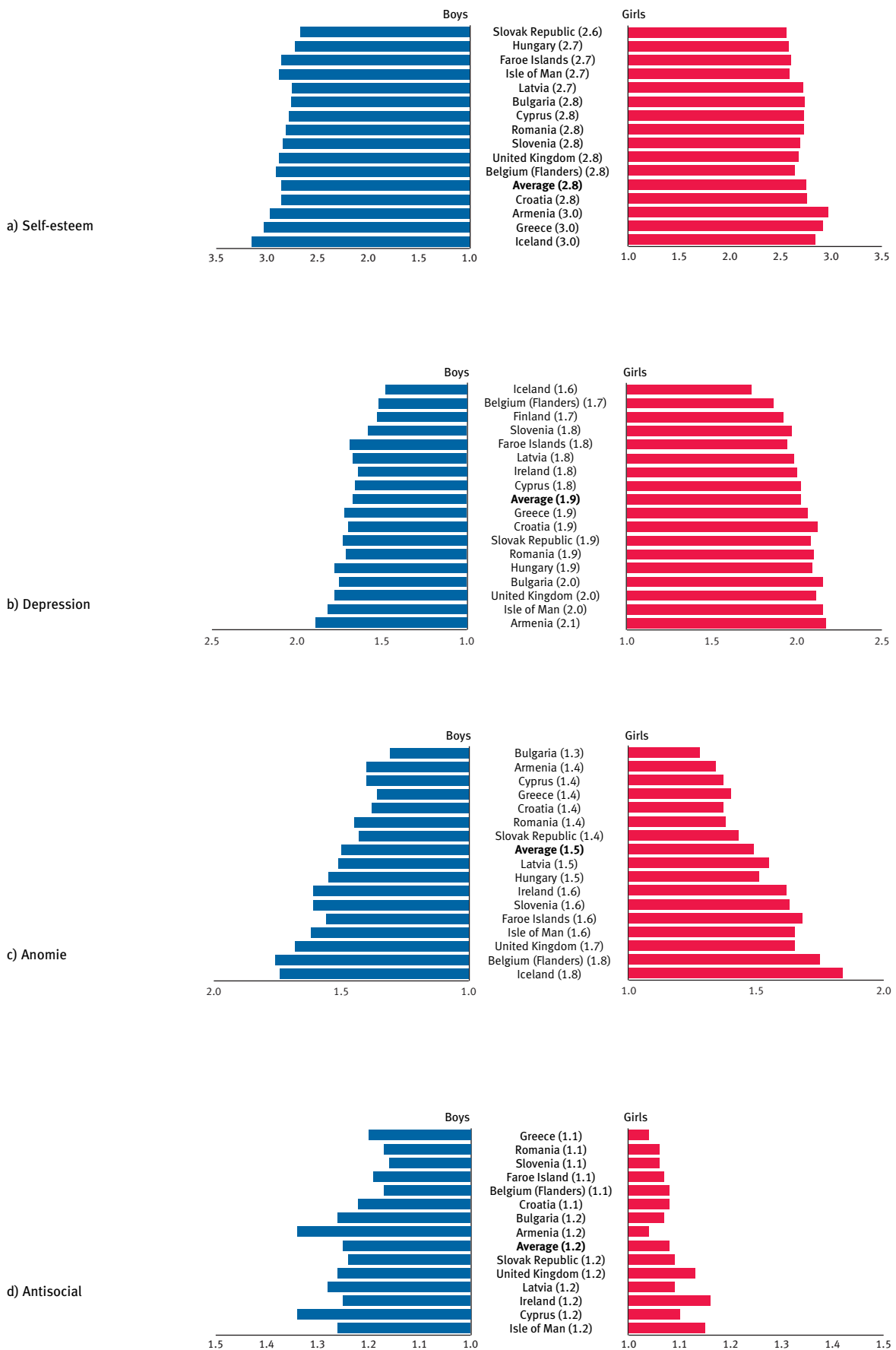
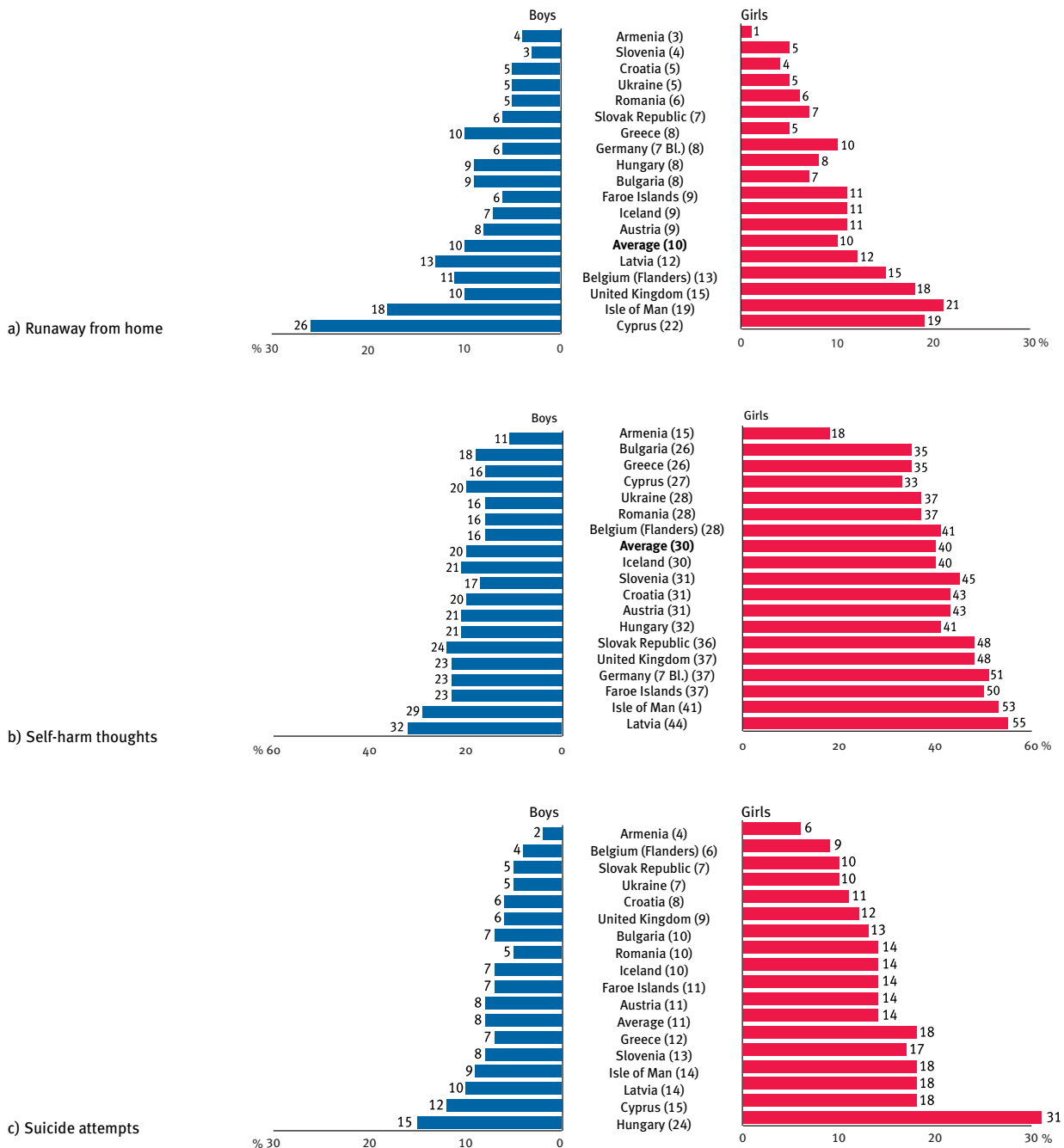


Figure PM-2 Percentage of students in participating countries reporting runaway from home, self-harm thoughts and suicide attempts at least once in lifetime (by gender).



were a little higher among boys (mean across all countries 2.86, range 2.67–3.15) than girls (2.75, range 2.56-2.97). This difference was consistent in each of the 15 countries that used the scale.

Depression scale

Mean scores on the depression scale were in all countries markedly higher for girls (mean 2.02, range 1.73–2.17) than boys (mean 1.67, range 1.48–1.89) (Figure PM-1).

Anomie scale

Differences between genders on the anomie scale were small and not consistent across the participating countries (mean score 1.50 for boys, range 1.31–1.76 and 1.49 for girls, range 1.28–1.84) (Figure PM-1).

Antisocial behaviour scale

Large differences were observed between genders on the anti-social behaviour scale for most countries, with boys having

Figure PM-3 Percentage of students exceeding the cut-off points in psychosocial scales by intensity of daily smoking.

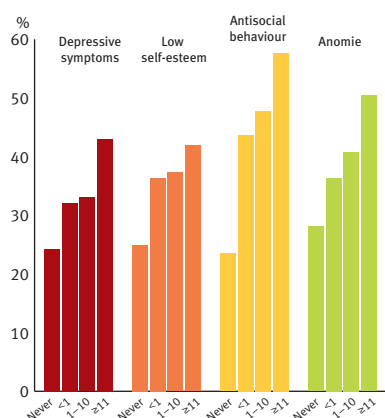


Figure PM-4 Percentage of students exceeding the cut-off points in psychosocial scales by frequency of drinking in the last 30 days.

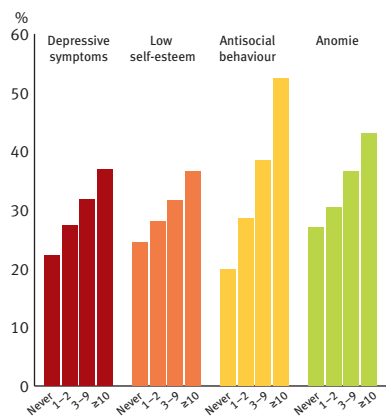


Figure PM-5 Percentage of students exceeding the cut-off points in psychosocial scales by frequency of drunkenness episodes in the last 12 months.

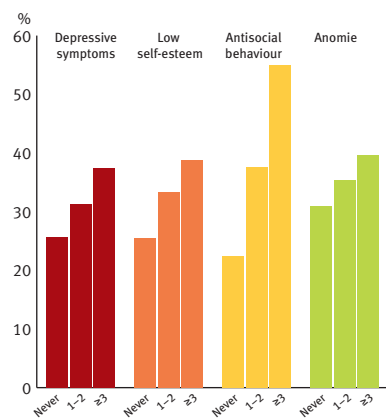


Figure PM-6 Percentage of students exceeding the cut-off points in psychosocial scales by frequency of cannabis use in the last 12 months.

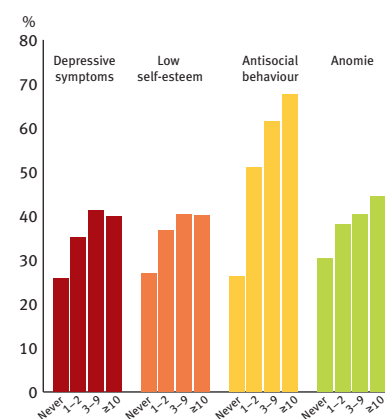
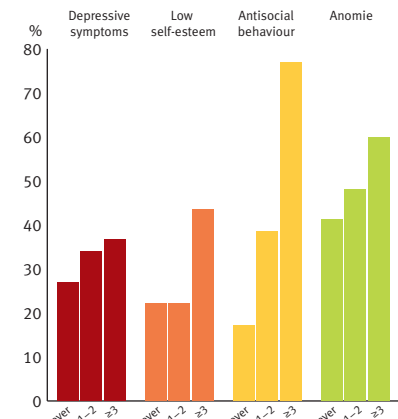


Figure PM-7 Percentage of students exceeding the cut-off points in psychosocial scales by frequency of lifetime use of illicit drugs other than cannabis.



higher mean scores than girls in every case. The overall mean score for boys is 1.25 (range 1.16-1.34) and for girls 1.08 (range 1.04–1.16) (Figure PM-1).

Run away

In the total sample, 9.6% of students reported to have run away from home (5.8% once and 3.8% more than once). There was no systematic difference between the two genders but large differences were observed between countries (range for boys 3.2-25.6% and for girls 1.5–21.3%) (Figure PM-2).

Suicide attempts

Girls reported much higher rates of suicide attempts than boys (overall rate 14.5%, range 5.6–31.3%, compared to 7.5%, range 1.9–14.9%). This was found in all countries (Figure PM-2).

Self harm thoughts

Similarly to self-reported suicide attempts, rates of reported thoughts of self-harm are consistently higher in girls than boys in all countries (overall rate 28.7%, range 18.1–53.7% for girls, compared to 19.8%, range 10.7–32.2% for boys) (Figure PM-2).

RATES OF STUDENTS IN THE TOTAL POPULATION EXCEEDING CUT-OFF POINTS ¹⁾ OF THE PSYCHOSOCIAL MODULE SCALES IN RELATION TO SUBSTANCE USE

As shown in Figure PM-3, there is a graded association between intensity of smoking (number of cigarettes per day) and the percentage of students exceeding the cut-off point for the scales of depressive mood, low self-esteem, antisocial behaviour and anomie. The same pattern is observed for the frequency of alcohol use in the last month (Figure PM-4), for drunkenness in

¹⁾ Upper quartile of the distribution of the scale scores (lower quartile for self-esteem) of the total population of the respective gender

Figure PM-8 Percentage of students reporting runaway from home, suicide attempts and self-harm thoughts by intensity of daily smoking.

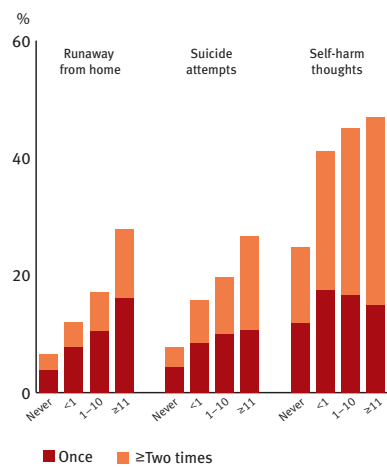


Figure PM-9 Percentage of students reporting runaway from home, suicide attempts and self-harm thoughts by frequency of drinking in the last 30 days.

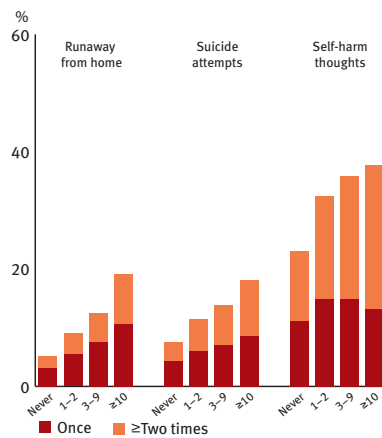


Figure PM-10 Percentage of students reporting runaway from home, suicide attempts and self-harm thoughts by frequency of drunkenness episodes in the last 12 months.

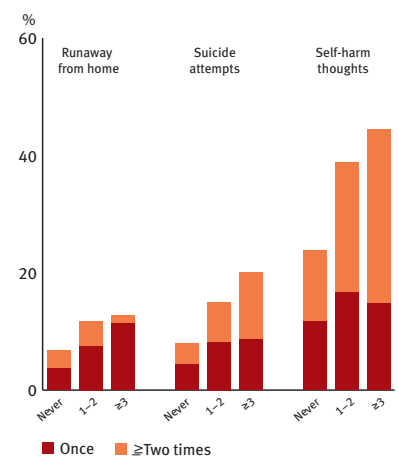


Figure PM-11 Percentage of students reporting runaway from home, suicide attempts and self-harm thoughts by frequency of cannabis use in the last 12 months.

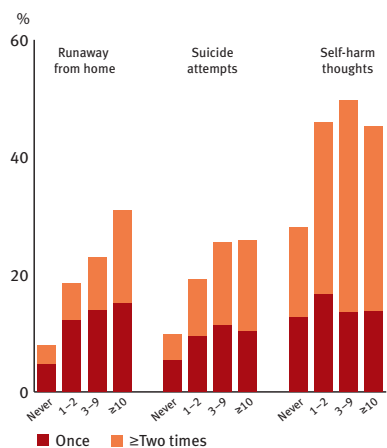
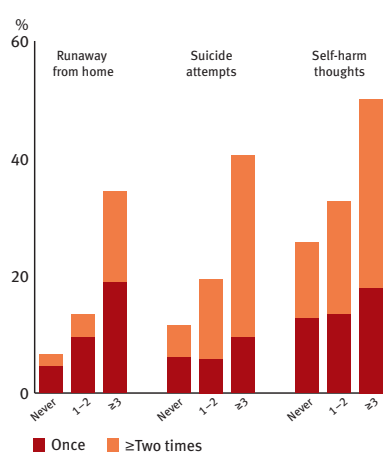


Figure PM-12 Percentage of students reporting runaway from home, suicide attempts and self-harm thoughts by frequency of lifetime use of illicit drugs other than cannabis.



the last 12 months (Figure PM-5), for cannabis use in the last 12 months (Figure PM-6) and for the lifetime use of any illegal drug except cannabis (Figure PM-7).

Similarly, rates of students that have reported running away from home, attempted suicide and thoughts of self-harm showed a graded increase in line with increasing involvement in each of these substances (Figures PM-8–12).

The strengths of these associations, which were all very highly significant statistically, were compared by calculating the odds ratio for the more extreme category of substance use versus no use, between the categories of the risk factor. As shown in Table PM-1, for four of the five substance use variables, the strongest association was with antisocial behaviour, ranging from an odds ratio of 4.29 for drunkenness to 8.00 for the use of illegal drugs besides cannabis. Daily smok-

ing, however, was more strongly associated with running away (O.R. 5.51). Each risk factor, except anomie, was associated more strongly with the use of illegal drugs other than cannabis than with other substances, with odds ratios ranging from 2.26 for self-esteem to 8.00 for antisocial behaviour. Anomie was more strongly associated with daily smoking (O.R. 2.61). In general, associations were weaker for depression, self-esteem and anomie than for antisocial behaviour and the other three items, and weaker for drunkenness than other substance use variables.

ASSOCIATIONS BETWEEN SUBSTANCE USE AND THE NUMBER OF PSYCHOSOCIAL RISK FACTORS

The number of psychosocial risk factors ranges from zero to a maximum of seven. These correspond to the students who ex-

Table PM-1. Odds ratios (with 95% confidence intervals) of psychosocial factors related to substance use.

	Self-esteem ¹⁾	Depression ¹⁾	Anomie ¹⁾	Anti-social ¹⁾	Run away ²⁾	Self harm thoughts ³⁾	Suicide attempt ⁴⁾
Smoking							
None vs ≥11 cigarettes daily	2.10 (1.92–2.30)	2.29 (2.11–2.49)	2.61 (2.40–2.84)	4.48 (4.10–4.93)	5.51 (5.03–6.03)	3.16 (2.92–3.42)	4.76 (4.32–5.25)
Alcohol							
Never vs ≥10 times in the last 30 days	1.63 (1.50–1.76)	1.97 (1.82–2.12)	2.11 (1.96–2.28)	4.67 (4.29–5.08)	4.36 (3.96–4.81)	2.57 (2.40–2.76)	3.28 (2.97–3.62)
Drunkenness							
Never vs ≥3 times in the last 12 months	1.79 (1.67–1.91)	1.71 (1.61–1.81)	1.49 (1.40–1.58)	4.29 (4.02–4.59)	3.20 (2.96–3.46)	3.04 (2.87–3.23)	3.26 (3.01–3.53)
Cannabis							
Never vs ≥10 times in the last 12 months	1.69 (1.48–1.93)	1.85 (1.63–2.08)	1.86 (1.64–2.11)	5.99 (5.24–6.90)	5.28 (4.66–5.98)	2.83 (2.52–3.19)	3.95 (3.43–4.56)
Any illicit drug other than cannabis							
Never vs ≥3 times in the lifetime	2.26 (2.02–2.54)	2.51 (2.26–2.78)	1.93 (1.74–2.15)	8.00 (6.99–9.17)	7.09 (6.42–7.84)	4.00 (3.62–4.42)	6.78 (6.07–7.57)

¹⁾ Students exceeding vs those not exceeding the cut-off points of the psychosocial module scales

²⁾ Ever versus never running away from home

³⁾ Ever versus never having self-harm thoughts

⁴⁾ Ever versus never having attempted suicide

ceed the respective cut-offs point of the four psychosocial scales and to the students who give positive answers to the three items assessing runaway from home, suicide attempts and self-harm thoughts (Figure PM-13).

A strong association is observed between the number of psychosocial risk factors (from 0 to 4 or more) and the intensity or frequency of the substance use variables. For example 6.1% of those who do not smoke at all present four or more risk factors, compared to 13% of those who smoke 1–10 cigarettes daily and to 21.3% of those who smoke 11+ cigarettes daily. The mean number of risk factors ranges from 1.0 among those who do not smoke daily to 1.95 among those who smoke 11 or more cigarettes daily.

Similar patterns are observed in the association between the number of risk factors and intensity or frequency of alcohol use, drunkenness, use of cannabis and use of illegal drugs other than cannabis.

CONCLUSIONS

The results of this first analysis of psychosocial factors related to substance use confirmed a graded association with intensity and frequency of drug use reported by other studies (Roberts et al 2007). Causal associations between drug use and psychosocial factors cannot, of course, be inferred from this cross-sectional study. However, the young age of the respondents and their stage of involvement with substance use (mainly experi-

mentation or irregular use), suggests that the psychosocial deviations are unlikely to be due to the effect of substance use. Furthermore, associations found could plausibly be mediated by other factors that have to be taken into account in a further multivariate analysis of these data.

The results of this first analysis of psychosocial factors related to substance use indicate the importance of early screening for psychological, psychopathological and high risk behaviour symptoms as an effective approach to prevention, as has been underlined by other authors (e.g. Waller et al 2006, White et al 2001). The implications for drug prevention programmes are that they should focus upon reducing exposure to risk factors and modifying those risk factors that are already present (Newcomb et al 1986).

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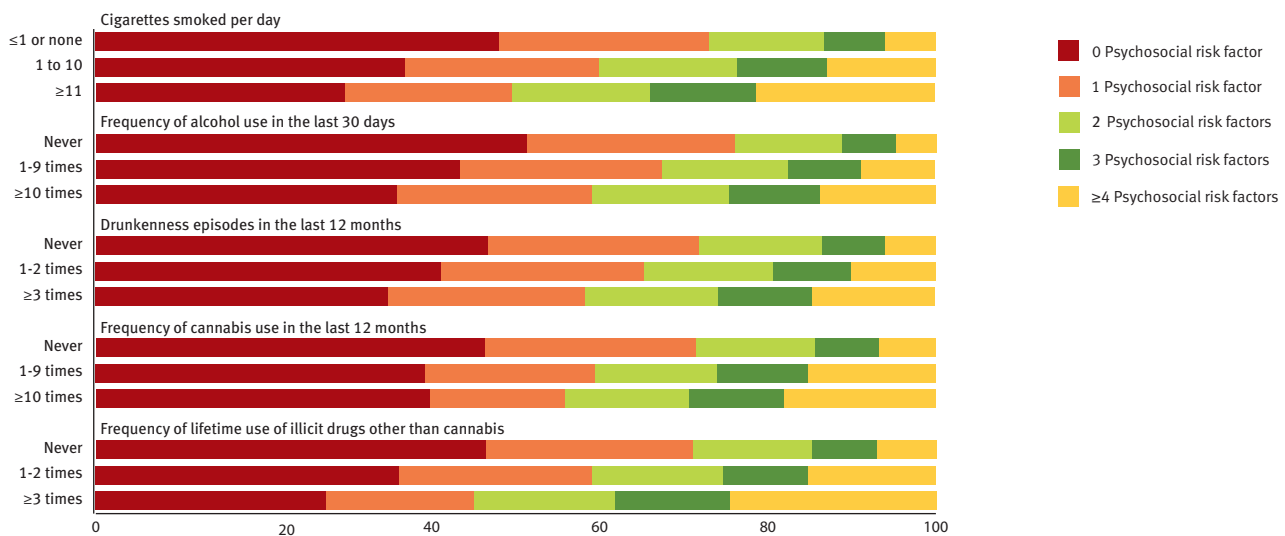


Figure PM-13 Number of psychosocial risk factors by intensity of daily smoking, and by frequency of drinking in the last 30 days, drunkenness episodes in the last 12 months, cannabis use in the last 12 months, and lifetime use of illicit drugs other than cannabis.

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APPENDIX I

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APPENDIX II

Sampling and data collection in participating countries

Sampling and data collection in participating countries

This section includes an overview of each country's sampling and data collection as well as the results for some measures of validity and reliability. The corresponding figures are to be found in Tables A–K in the chapter “Methodological considerations” earlier in this report.

The presentations are based on each country's Country Report, which included standardised descriptions of how the surveys were performed. However, despite the fixed structure, the reports differ somewhat in the level of details. In some of them, the sampling and data-collection procedures are described in detail, while in others, briefer and more summarised information is provided. The reason for this might be that some investigators followed the common methodology and therefore thought that there was little to explain. The general procedure and methodology are described in detail in the chapter “Study design and procedures” earlier in this report.

Overall, the sampling and data collection followed the guidelines in the ESPAD project plan. The availability of official statistics and their level of detail differ, however, between countries. Another factor influencing methodology is differences in available funds, which puts limits to what is possible to achieve.

Reliability and validity are commented upon in relation to certain measures which are also discussed in the chapter “Methodological considerations”, e.g. inconsistent answering, missing-data rates, unwillingness to admit to drug use and reported use of the fictitious drug “Relevin”.

ARMENIA



Country facts:

Area: 29 700 km²

Population: 3.2 million

Dr Artak Musheghyan from the NGO “AIDS Prevention, Education and Care” was responsible for the Armenian survey. This was the first nationwide alcohol and drug school survey in Armenia. In 2005 an ESPAD-like survey was conducted at schools in the southern region of Armenia. Data about tobacco use were collected in 2003 as part of the Global Youth Tobacco Survey. Besides these surveys, a few other school surveys have been carried out on a limited scale in some selected geographical areas.

ETHICAL CONSIDERATIONS

The questionnaires were distributed in advance to the headmasters of the sampled schools. Students were informed in writing as well as verbally that participation in the survey was voluntary.

POPULATION

The target population consists of students in Armenia born in 1991. It has been estimated that more than 90% of Armenian young people born in 1991 were at school at the time of data collection.

SAMPLE AND REPRESENTATIVENESS

The survey was carried out among students in grade 9. Of all Armenian schools, 900 included grade 9 classes.

The schools were divided into three geographical strata: the capital area, other urban areas, and rural areas. The numbers of schools (numbers of classes in brackets) with grade 9 classes in these strata were 208 (629), 277 (828) and 415 (817), respectively.

From each stratum 90 schools were chosen randomly, with the same probability for all schools within a stratum to be sampled.

In Armenia, the various classes of the same grade at a school are called 9a, 9b, etc. and it was decided that class 9a would always be the one to participate in the survey.

It has been estimated that 82% of all students born in 1991 were to be found in grade 9. The sample is judged to be representative of grade 9 students born in 1991.

The data were not weighted.

FIELD PROCEDURE

The questionnaire was translated into Armenian and then translated back into English. Since an ESPAD-like regional survey was carried out in 2005, most of the translation work had already been done at that time.

The questionnaire was field-tested in classes from all three strata. The test resulted in some changes, after which the questionnaire was tested again. This procedure was repeated until there were almost no more comments from students participating in the test.

A letter was sent from the Ministry of Education to the heads of the Education Departments of the 11 regional areas (marzes). In addition to this, meetings were held with all 11 heads to explain the survey and the sample of schools. In the next step, headmasters of the sampled schools were informed.

The data-collection exercise was administered by 12 research assistants, who had received half a day's worth of training. The teachers of the sampled classes introduced the research assistants to the classes, after which the teachers were asked to leave the classroom while the students completed the questionnaires. The importance of the project and the importance of answering honestly was stressed both during the training provided to the assistants and during the introductions to classes. Data were collected under the same conditions as a normal written test at school. Students who had completed their questionnaires were asked to close them, put them on their desks and wait for their classmates to finish. When all students were finished, the questionnaires were collected and placed in a large envelope that was sealed in front of the students.

By mistake, the survey leaders did not report the average time spent by students on answering the questionnaire but instead the time spent by the first and last students to complete it. These figures resulted in a range from 35 to 69 minutes; the middle of this span (52 minutes) has been used as the average.

Data were collected between 16 April and 5 May, which gives an average age of 15.8 years.

QUESTIONNAIRE AND DATA PROCESSING

All ESPAD core questions, except three substances in Q30, were included, and so were about half of the optional questions in the core segment (mainly the cider questions were left out). The A (Integration) and B (Psychosocial) modules were included as well as one question from the D (Cannabis) module. In addition to this, the questionnaire included nine optional questions and one country-specific question.

Q14b and Q14c included some minor errors, and Q15 and Q16 had seven answer categories instead of six. The binge-drinking question (Q17) was formulated in a different way than in the master questionnaire. Q30l and Q31e did not include "in order to get high".

The large class envelopes were transported to the research institute, where school and class codes were added. Data were entered manually. Every tenth questionnaire was entered twice and this test indicated a high quality of data entry.

SCHOOL AND STUDENT COOPERATION

Of the 270 sampled schools (and classes), only two refused to participate. These two schools were replaced by schools from the same stratum. For technical reasons, two 9a classes were replaced by 9b classes.

Altogether, 2% of the questionnaires were excluded in the manual and computerised data-cleaning process.

The response rate was 79% and 12 students refused to participate. The overall assessment is that students were highly interested.

No case of disturbances was mentioned in the Classroom Reports. Of the survey leaders, 95% reported that all or nearly all students were interested in the survey; and 92% answered that all or nearly all students worked seriously. In the Classroom Reports, 3% of the data-collection leaders mentioned that they thought the students found it difficult to answer the questionnaire.

RELIABILITY AND VALIDITY

The average proportion of non-responses to all core questions is 2.7%.

The rate of inconsistency between two questions in a single administration varies between 0% for cannabis and 3% for cigarettes.

The rate of inconsistent answers to questions about lifetime, last 12 months and last 30 days prevalence was low (0–2%) for all drug-related variables except alcohol, for which it was 7%.

Of all students, 4% answered "definitely not" to the question "if you have ever used marijuana or hashish (cannabis), do you think that you would have said so on this questionnaire?". On this "honesty question", 4% answered that they had used cannabis, which is about the same (3%) as the proportion of students who had admitted to cannabis use earlier in the questionnaire.

Only few students (0.3%) reported that they had used the dummy drug "Relevin".

METHODOLOGICAL CONSIDERATIONS

The questions about wine (Q14b) and spirits consumption (Q14c) contained some minor errors, but these were considered not to be large enough to jeopardise comparability with data from other countries. Q15 and Q16 included seven answer categories instead of six. However, since the only difference was that the last category on the Armenian questionnaire was divided into two categories (20–39 and 40 or more) instead of one (20 or more), it was decided to merge the two categories and keep the questions. Since the questionnaire test showed that the absence of “in order to get high” in Q30l and Q31e does not significantly change the answers, these questions have been accepted. However, Q17 included mistakes that made it non-comparable with data from other countries.

From each of the three strata, schools were chosen by simple random sampling in which all schools in a stratum had the same probability of being sampled. In principle, this will result in students from small schools being over-represented. However, since the size of the schools within each stratum does not differ very much, the importance of this over-representation is deemed rather minor by the Armenian ESPAD researcher.

Sampling an equal number of classes from strata with different numbers of students may entail a need to weight the data. However, the sizes of the classes in the smallest strata were on average smaller, resulting in a final sample that does not differ very much from the distribution in the sampling frame.

Of all participating students born in 1991, 58% were girls and 42% were boys. However, the distribution in the total target population is 56% girls and 44% boys, which is why it is still not considered necessary to weight the data.

It was decided always to include class 9a at all sampled schools. The Armenian ESPAD researcher has stated that the classes at a school are usually of about the same size and that there is no reason to assume that students in 9a should be different in any systematic way from students in the other classes of a school.

The sampling procedure has not been ideal, but it is judged that the final sample seems to be good enough and that weighting is not necessary.

The response rate (79%) was lower than the average (87%) but can still be seen as acceptable. A similar difference can be found as regards the average time taken to answer the questionnaire, which was rather long in Armenia (52 minutes, as against an average of 42 minutes). With such a long time for the students to answer the questionnaire, it cannot be excluded that some students may have grown tired of answering questions towards the end of the questionnaire.

The average number of unanswered core questions (2.7%) was among the highest but is still judged not to be seriously high. With this and another minor exception, the reliability and validity measures do not indicate any major methodological problem.

Bearing in mind the comment above about the sampling procedure, the data seem to be representative of Armenian students born in 1991. The problems related to data collection are judged not to be important enough to jeopardise comparability with data from other ESPAD countries.

AUSTRIA

Dr Alfred Uhl (Ludwig-Boltzmann-Institut für Suchtforschung, LBI Sucht) and Dr Karl Bohrn (Institute for Social and Health Psychology, ISG) were responsible for the Austrian study. Austria took part in the ESPAD project for the first time in 2003.

ETHICAL CONSIDERATIONS

The students were informed verbally as well as in writing that answering the questionnaire was voluntary.

POPULATION

The target population consists of all students at Austrian schools who were born in 1991. School is compulsory in Austria for nine school years, but most young people stay at school for longer. It has been estimated that at least 90% of the children born in 1991 were still enrolled in school at the time of data collection. Like in 2003, the survey was carried out in grades 9 and 10.

SAMPLE AND REPRESENTATIVENESS

Students from all seven school types were included in the sampling frame. Because of changes to the electronic documentation produced by Austrian school authorities, the sample was drawn from data



Country facts:

Area: 83 900 km²

Population: 8.2 million

from 2002/03. However, the Austrian ESPAD researchers have commented that this frame seems appropriate since there have been no major changes in the school system since that time.

For each of the seven school types, and proportionately to the size of each of these strata, grade 9 and 10 classes were sampled randomly and proportionately to school size.

Of all students in Austria born in 1991, it has been estimated that 86% were to be found in grades 9 and 10.

The sample is self-weighted.

FIELD PROCEDURE

At each school, a self-assigned teacher organised the survey under the same conditions as a typical written test at school, collected the questionnaires in a way that guaranteed the anonymity of the students and returned them to the study team. A letter sent to the schools together with the questionnaires contained instructions both for the students and for the teacher. No individual envelopes were used; the batch of completed questionnaires was placed in a large envelope, which was sealed in front of the students and sent back to the research institute.

The average time taken to complete the questionnaire was 33 minutes. Data were collected from March to June, which gives an average age of 15.8 years.

QUESTIONNAIRE AND DATA PROCESSING

The questionnaire was translated into German by the institute of the German ESPAD coordinator (IFT, Institut für Therapieforschung in Munich) and adapted to the Austrian situation by the Austrian ESPAD team.

All questions in the core segment were asked except the ones about cider. In all questions concerning wine it was explicitly stressed that sparkling wine was included in this category. The questionnaire included the C (Deviance) and D (Cannabis) modules as well as some of the optional questions. In addition to this, a few questions specific to Austria about alcohol consumption were added.

For the questions about binge drinking (Q17), the frequency of alcohol consumption (Q05) and consumption on a typical day (Q06), the response categories were changed to numerical responses instead of fixed answer categories. In sub-questions (c) and (d) of Q21 and Q32, “problems” was written by mistake instead of “serious problems”. A similar problem arose for Q21e and Q32e, in which “performed poorly at school” was written instead of “performed poorly at school or work”. In Q21, it was not clear from the wording of the question that the problems described were to have been caused by the respondent’s own alcohol consumption.

Data entry was done manually; after about 500 questionnaires a special quality check was carried out.

SCHOOL AND STUDENT COOPERATION

Of the 220 schools in the sample that were contacted via e-mail, 120 (55%) participated in the survey. Of the 438 sampled classes, 274 (63%) participated. Nine replacement schools and 22 replacement classes took part in data collection.

When refusals were explained, the reasons most frequently given were that the school administration and/or the teachers had a heavy workload or that classes were already engaged in external projects or had already participated in surveys. The Austrian ESPAD team comments that they have not carried out any systematic follow-up and thus do not have a complete picture of the schools that refused and those that participated, but that there are good reasons to believe that school refusals should not produce any serious bias.

Of all students present, 0.3% refused to answer the questionnaire. The response rate was 91%.

Information from the Classroom Reports shows that no disturbances were reported from 71% of the survey leaders; in nearly all of the others (27%), this related to a few students only. “Loud comments” and “giggling or making eyes” were the most commonly reported types of disturbances (15% each).

Two-thirds of the survey leaders (65%) reported that “all” or “nearly all” students were interested in the survey, while 76% answered that they thought that “all” or “nearly all” students worked seriously. Of all survey leaders, 4% reported that they thought students had found it difficult to answer the questionnaire.

The Austrian Country Report summarised this as follows: “based on what we know students’ cooperation can be considered as good”.

RELIABILITY AND VALIDITY

The average proportion of non-responses to the core questions is 0.9%.

The rate of inconsistency between answers given about lifetime prevalence and age of onset was highest for inhalants (5%) while the figures for four other substances (cigarettes, cannabis, ecstasy, and tranquillisers and sedatives without a doctor's prescription) were 1–2%.

In the computerised data-cleaning process, about 2% of the questionnaires were discarded.

The rates of inconsistent answers to the questions about lifetime use and use in the past 12 months and the past 30 days were highest for alcohol consumption and “have been drunk” (2–3%) but lower (0–1%) for cannabis, ecstasy and inhalants.

Of all students, 9% reported that they would “definitely not” have admitted to use of cannabis. On the same question, 12% answered that they had already said that they had used cannabis, which is lower than the lifetime-prevalence figure (17%).

Few students (0.5%) answered that they had used the dummy drug “Relevin”.

METHODOLOGICAL CONSIDERATIONS

There are five questions in the Austrian questionnaire that were not worded in the same way as in the ESPAD master questionnaire. Since Q17, Q05 and Q06 included numerical responses instead of fixed answer categories, the Austrian data are not deemed comparable with other ESPAD data. The same is deemed to be the case for Q21c, d, e and Q32c, d, e. The mistake in Q21, where no explicit reference was made to the respondent's own alcohol consumption in the wording of the question, might have led to a misunderstanding, but it is judged that this has probably not happened to more than a few students, which would make the Austrian results for this question comparable with other ESPAD data. However, this difference in wording will be indicated with an asterisk in the relevant tables.

The proportion of non-participating schools and classes is higher than in most other countries and gives rise to some concern. The Austrian research team comments that there are reasons to believe that this should not produce a serious bias. This sounds likely, but even so it should be noted that this conclusion is not based on a systematic follow-up of refusing schools.

Very few students refused to participate and the Classroom Reports indicate that student cooperation was good.

None of the reliability or validity measures indicates any major methodological problems.

The overall impression is that the Austrian study has functioned well. However, because of the use of numerical responses instead of fixed answer categories and some wording mistakes in some questions, the results for five questions are judged not to be fully comparable with data from other ESPAD countries.

The results are representative of students born in 1991 who are enrolled in grades 9 and 10. Besides the five questions mentioned above, the data seem to be comparable with data from other ESPAD countries. However, the rather high proportion of non-participating schools and classes is a worrying factor which makes this assumption somewhat uncertain.

BELGIUM (FLANDERS)

The persons responsible for the survey in Flanders were Patrick Lambrecht and Caroline Andries at the Department of Developmental and Life Span Psychology at the Vrije Universiteit Brussel.

The first Belgian ESPAD data collection was carried out in 2003 and included both the Dutch-speaking area and the French-speaking area. Owing to limited financial support, only Flanders (the Dutch-speaking area) participated in the 2007 data collection.

ETHICAL CONSIDERATIONS

The schools as well as the students were informed that participation in the survey was voluntary.

POPULATION

The final decision about financial support for the survey in Flanders came so late that it was not possible to collect data during the spring semester. Since data were gathered in the autumn, the target population consisted of students born in the second half of 1991 and in the first half of 1992, i.e. between 1 July 1991 and 30 June 1992.

The survey was conducted in Flanders as well as at Dutch-speaking schools in the Brussels Capital region.

Of all young people born during the second half of 1991 and the first half of 1992, 99% were enrolled in school at the time of data collection.



Country facts:

Area: 30 500 km²
Population: 10.4 (6.0)
million

SAMPLE AND REPRESENTATIVENESS

Students in grades 8–11 were included in the survey, while students in grade 12 (0.3%), special secondary education (3.9%), part-time secondary education (1.4%) and special classes for immigrants (0.3%) were excluded. This means that about 94% of all students in the target group were to be found in the participating grades.

ESPAD 03 and other earlier school surveys have demonstrated that less than half of the sampled schools can be expected to participate. It was calculated that about 125 schools should participate and to reach this number 275 schools were sampled. To ensure that schools would not refuse because they had recently participated in a similar survey, schools included in the samples of the HBSC (Health Behaviour in School-aged Children) and VAD (a Belgian study) surveys were excluded.

Based on the five provinces and three educational systems of Flanders, 15 strata were created. The number of sampled schools was proportionate to the size of the strata. Within each of them, schools were randomly chosen, proportionately to school size.

Each of the schools that agreed to participate was asked to provide a list of the different programmes offered by it. These lists were used to randomly sample one class (clusters/programmes of 20–30 students) per 250 students. At the 148 schools that agreed to take part in the survey, 621 classes (clusters) were sampled in the different grades.

The sample is said to be self-weighted and representative of all Flemish students born between 1 July 1991 and 30 June 1992 and attending Dutch-language “regular” secondary schools.

FIELD PROCEDURE

Headmasters of sampled schools were contacted and asked to participate in the study. They were also asked to send a list of all classes in participating grades and, if the school accepted to participate, to appoint a school coordinator.

Data were collected by teachers, prevention workers or school staff.

Before data collection, students were informed in line with the ESPAD protocol. The students participated in the survey under the same conditions as a typical written test at school. When the questionnaires were completed, the students placed them in individual envelopes.

With a few exceptions, the data were collected in October 2007, which gives an average age of 15.8 years. The average time to complete the questionnaire was 45 minutes.

QUESTIONNAIRE AND DATA PROCESSING

All core questions were included as well as nearly all questions in module B (Mainstream) and 10 optional questions. In addition to this, a large number of Flanders-specific questions (143 variables) were asked, including questions about information and prevention, methodological issues, alcohol intoxication, friendship, parents and well-being. All in all, the questionnaire included 368 variables.

Owing to a shortage of time after the late decision about financial support, no pre-testing was carried out. The new questions in the 2007 questionnaire were translated into Dutch by the ESPAD team of the Netherlands.

The data were entered manually. To check quality, every twentieth questionnaire was re-entered. This showed that very few mistakes were made.

The data were not weighted.

SCHOOL AND STUDENT COOPERATION

Prior to the ESPAD data collection, it emerged that there were complaints from secondary schools in relation to the number of requests to participate in such surveys. To reach the goal of about 2,400 participating students, many more schools were therefore sampled than would otherwise have been necessary.

Of the 275 sampled schools, 148 participated in the survey. This corresponds to 54%, which is higher than in 2003 when 46% of the sampled schools took part. Altogether, students from 621 classes answered the questionnaire.

According to the Belgian ESPAD team, one reason for the increased proportion of participating schools might be that the time when the schools were contacted was more convenient in 2007 (May, which was in the school year prior to data collection) than in 2003 (November, which was three months prior to data collection in the same school year) since schools had received fewer requests at that time of the school year. Further, the time when data were collected in 2007 (October–November) was more convenient for headmasters than the time of data collection in 2003 (February–April). Another con-

tributing factor is probably to be found in cooperation with the HBSC and VAD surveys to avoid inclusion of the same schools in the various samples.

All sampled schools were asked to fill in a form with school data. The analysis of these forms does not indicate any major differences between participating and non-participating schools.

The student response rate was 95%. Two students refused to participate.

In the manual and computerised data-cleaning process, a total of 3% of the questionnaires were discarded.

Three out of five survey leaders reported that there were no disturbances during data collection. The most commonly reported types of disturbances were “giggling or making eyes” (15%) and “loud comments” (15%).

About four survey leaders out of five (79%) reported that all or nearly all students were interested in the survey. Even more (90%) answered that all or nearly all students worked seriously.

In 21% of the classes, the survey leaders reported that they thought the students had found the form to be difficult. The Principal Investigator stresses that these were mainly classes with students younger than the ESPAD target population. It is also mentioned that this might, to some extent, have been influenced by some country-specific questions at the end of the questionnaire, which would indicate that the ESPAD questions were seen as less difficult.

RELIABILITY AND VALIDITY

Rates of inconsistency between two questions in a single administration, which were used as reliability measures, were low (0–3%) for all variables (lifetime use of cigarettes, cannabis, ecstasy, inhalants, and tranquillisers and sedatives).

On average, the students did not answer 1.2% of the core questions.

The rates of inconsistency among lifetime, last 12 months and last 30 days prevalence rates were a little higher for the two alcohol variables (2–3%) (alcohol consumption and having been drunk) than for cannabis, ecstasy and inhalants (0%).

For cannabis, 6% of the students answered “definitely not” to the question “If you had used marijuana or hashish, do you think that you would have said so in this questionnaire?”. On this “willingness question”, 16% answered that they had already said that they had used cannabis, which is lower than the prevalence figure (24%).

Of all students, 0.4% answered that they had used “NISC” (which was used as a fictive drug instead of “Relevin”).

METHODOLOGICAL CONSIDERATIONS

It was clear from earlier experiences that the number of refusing schools would be high. To compensate for this, the sample included many more schools than would otherwise have been necessary. Of the sampled schools, 54% agreed to participate, which is higher than in the 2003 ESPAD survey (46%).

The low proportion of participating schools is “normal” for the Belgian situation. The main reasons relate to the autonomy of local school heads and to the fact that Belgian schools are overloaded with school surveys. It is claimed that there is no link with the content of the survey.

Analysis performed in relation to earlier school surveys indicates that it is unlikely that participating and refusing schools differ in any systematic way. In combination with what is stated above, this indicates that the large number of non-participating schools should not jeopardise the possibility for making comparisons with ESPAD data from other countries. However, some uncertainty still remains.

The response rate was very high (95%) and only a few students refused to participate.

No important disturbances were reported during data collection. However, 21% of the survey leaders mentioned that they thought the students found the form difficult to fill in; this comment is supported by the fact that the questionnaire included more questions than in all other countries but two. The above-mentioned explanation given by the Principal Investigator (that this was mainly reported from classes with students younger than the ESPAD target population) indicates that this was not an important problem for the ESPAD students.

The questionnaire contained 368 variables, which is much higher than the average. On the other hand, the average time to answer the questionnaire was very close to the average, which makes it reasonable to assume that the large number of variables was not a major methodological problem. Moreover, it is important to stress that the extra questions were placed at the end of the questionnaire, so that even if some students grew tired of answering questions towards the end of the questionnaire, the ESPAD questions had already been answered and had thus probably not been greatly affected by the inclusion of a large number of additional questions at the end of the questionnaire.

In summary, Belgium (Flanders) is close to or better than average on all reliability and validity measures. A large proportion of schools refused to participate, which is “normal” in Belgium. However, it seems reasonable to assume that this high rate is not sufficient to cause any major problems when it comes to the representativeness of the survey or to comparability with other ESPAD countries. Even so, some caution is recommended.

Since the 2007 data collection was limited to the Dutch-speaking part of Belgium (Flanders), comparisons between the results of the 2003 and 2007 data-collection exercises in the trends chapter will be limited to data from Flanders.

BULGARIA

Anina Chileva, Head of the HIV/AIDS/STIs Prevention Programme at the National Centre of Public Health Protection in Sofia, is the Principal Investigator in Bulgaria and coordinated the 2007 ESPAD survey in partnership with the National Centre for Drug Addictions. Co-authors of the Country Report are Krassimir Kalinov, Momtchil Vassilev and Tzveta Raycheva. Bulgaria first collected ESPAD data in 1999.

ETHICAL CONSIDERATIONS

No specific ethical considerations had to be made for the ESPAD survey in Bulgaria. No parental consent or any other permission is needed besides the approval of the Ministry of Education and Science, which was received. Students were informed that participation would be on an anonymous and voluntary basis.

POPULATION

School attendance is compulsory in Bulgaria up to grade 8. Of the 1991 birth cohort, 78% were still at school in Bulgaria in the spring of 2007.

SAMPLE AND REPRESENTATIVENESS

The vast majority of students born in 1991 are found in grade 9 (81%), and some (7%) are found in grade 10. Both of these grades were surveyed in all types of schools. Hence, 88% of students born in 1991 were covered by the sample. (Most of the students born in 1991 who were not covered were in lower grades.) The Centre for Educational Information Services of the Ministry of Education supplied lists of schools and numbers of classes. These lists showed that students born in 1991 were enrolled in 991 different schools, of which 535 were categorised as general, 422 as professional and 34 as special schools.

Information about schools and average class sizes was obtained from the lists. However, there was no reliable information about individual class sizes and the gender distribution of each class. A one-stage sampling procedure was performed, with equal probability for classes to be selected regardless of class size.

To generate a sufficiently large sample of students born in 1991, a total of 269 classes including 6,064 students were drawn. The sample was nationally representative and no data-weighting procedures are needed.

FIELD PROCEDURE

A letter of recommendation from the Ministry of Education served both as an introduction and as a legitimate permit for the conduct of the survey at schools to ensure the support of the school administration.

It was decided that persons not affiliated to the school should conduct the survey, in order to better safeguard students' anonymity and thus facilitate the collection of quality data.

“Going for Knowledge – Bulgaria”, an information agency with trained supervisors in all 28 regional centres of Bulgaria and a local network of research assistants, was appointed to carry out the fieldwork. All research assistants attended a half-day ESPAD training workshop to acquaint them with the instructions and to provide them with letters of support, questionnaires and envelopes for students' answers.

A school staff member introduced the research assistant to the class and assisted in the completion of the Classroom Report. No school staff were present in the classroom while the forms were being filled in. The study was conducted during the period of 6–18 June, which gives an average age of 15.9 years.



Country facts:

Area: 110 600 km²

Population: 7.8 million

SCHOOL AND STUDENT COOPERATION

Cooperation with school staff as well as with students functioned well. Only one headmaster of a private school refused to participate. This class was replaced with another from a different private school in the same city. No class refused to participate and nor did any students. Eighteen questionnaires (<0.5%) were manually excluded owing to obviously bad data before data entry. A total of 5% of the received questionnaires were discarded; the main reason for this was a lack of information about age or gender while some were removed because of poor data quality. This percentage was above the ESPAD average. A total of 2,353 respondents born in 1991 are covered by the database.

Disturbances were reported from one-third of the classes, mainly caused by a few students only. The most common type of disturbances was “giggling or making eyes at classmates”. If there were loud comments, they were mostly connected with unknown illicit drugs and with some jokes about alcohol and drug use. Other comments reported were connected with the meaning of different questions, and with some questions on the process of filling in the questionnaire.

Further, 81% of the data-collection leaders reported that all or nearly all of the students were interested in the survey, and 91% of them found that all/nearly all students worked seriously. Only 4% of the survey leaders experienced that some of the students found the form difficult to complete.

As in prior ESPAD data-collection exercises, two problems were commonly reported. The first related to the fact that some of the students had difficulty understanding some of the questions owing to language problems in minority groups. The second problem reported was that some students lost interest by the end of the session.

One explanation for the latter problem could be that the Bulgarian form was rather lengthy compared with those of other countries and took an average of about 47 minutes to complete (above the ESPAD average). Despite these problems, the main impression was that student comprehension was good. The overall response rate was 86%, which is close to the average for all countries.

QUESTIONNAIRE AND DATA PROCESSING

All core questions and modules A–D as well as most optional questions were included in the Bulgarian version of the questionnaire. Questions omitted involved substances not available in Bulgaria (cider, alcopops and GHB). No country-specific questions were added. All Bulgarian questions were asked in accordance with the master questionnaire and are considered fully comparable within the 07 database.

Two independent translators translated the new items in the 07 ESPAD questionnaire into Bulgarian. Another specialist did back-translations into English. The two versions were then compared, and a final Bulgarian translation was finally decided. There was no time for pre-testing, but Bulgaria participated in the 2006 questionnaire test carried out in eight countries, which served as a good basis for the 2007 wave.

SPSS DE was used for manual data input and SPSS v. 11.5 for analysis. Data verification was performed by logical cross-checking and direct comparison with the source documents.

RELIABILITY AND VALIDITY

To measure reliability, the results from questions about frequency on the one hand and about age at onset on the other hand were compared for five substances. The comparison related both to the percentages of students giving inconsistent answers, i.e. claiming lifetime experience/abstinence on one question but not on the other, and to the quotient between reported lifetime-prevalence rates for the two questions. The rate of inconsistency between two questions in a single administration was highest for cigarette smoking (3%), but this is not an alarming figure. On the whole, the reliability problems indicated for Bulgaria are actually at a somewhat lower level than the ESPAD average.

Running the data syntax for logical substitution of missing values reclaimed some 0.3% of the missing values for the core questions. On average, 1.8% of the core questions remained unanswered, which is close to the mean value for all countries.

When it comes to validity measures, Bulgaria shows more problems than the ESPAD average. For example, use of the dummy drug “Relevin” is reported by more than 1% and 12% state that they would not admit to cannabis use – figures well above the average. The rates of inconsistency among lifetime, last 12 months and last 30 days prevalence were above average for all variables compared (alcohol, having been drunk, cannabis, ecstasy and inhalants).

METHODOLOGICAL CONSIDERATIONS

The overall impression is that the survey in Bulgaria have functioned well without any major difficulties.

The sample was drawn in grades 9 and 10, grades covering about 88% of the 1991 birth cohort enrolled in school. The sampling procedure seems to have been well carried out but it should be noted that class size was not considered, i.e. classes had the same probability of being sampled regardless of size.

Refusals were a minor problem and the overall response rate (86%) was just about the ESPAD average. Since the questionnaire was rather extensive, the average completion time was relatively long (47 minutes). Owing to missing data on age and gender and to poor data quality, 5% of the questionnaires were discarded. This is a relatively high figure compared with the average and Bulgaria also had more problems with internal consistency. These factors might be associated with the length of the questionnaire.

At the same time, students' cooperation has to be considered good and the majority of the students expressed a positive attitude while hardly any found the form difficult to complete. The internal non-response rates were also about average.

Even though this is not a problem related to survey implementation, it could be mentioned that when making comparisons with other countries it must be borne in mind that a relatively low proportion (78%) of the 1991 birth cohort was still enrolled in school in 2007.

As an overall judgement, the impression is that the Bulgarian study was well designed and that data collection, according to the available methodological measures, has generated a data set of good quality, fit for comparisons within the ESPAD database.

CROATIA

Dr Marina Kuzman, of the Youth Health Care and Drug Addiction Prevention Department at the National Institute of Public Health (CNIPH) in Zagreb, is the Principal Investigator in Croatia and responsible for carrying out the Croatian survey as well as for compiling the Country Report. Croatia has participated in all three previous ESPAD waves.

ETHICAL CONSIDERATIONS

The survey was accepted as part of a research project by the Ministry of Science, Education and Sports. Therefore, the approval of the Ethical Committee of the CNIPH was obtained. The informed consent of parents was not necessary since the questionnaire was anonymous and non-compulsory.

POPULATION

The population consists of students born in 1991 enrolled in the first and second grades of secondary education in Croatia. According to the Ministry of Education, approximately 95% of the 1991 birth cohort was enrolled in school in March 2007. The population was split between two grades, with an approximate division of 70% in the first and 30% in the second grade. Croatia is divided into 21 counties. In each of these there are schools of every type, except that there are no secondary schools on small islands and in sparsely populated areas.

SAMPLE AND REPRESENTATIVENESS

The survey was conducted at a national level. There are three types of secondary education in Croatia: Gymnasiums, Vocational 4-year and Industrial/Craft 3-year. Both grades 1 and 2 in each type of education were included in the sampling frame. Three lists of classes per grade were drawn up. Based on the average number of students per class, using a random sampling method, the number of classes (277) sufficient to cover up to approximately 3,700 students was selected. The sample was a simple random one of classes where each class had the same probability of being selected. It was estimated that about 97% of the students born in 1991 who were enrolled in school in the spring of 2007 were covered by the two grades included. Repeaters and early beginners in other grades account for the small remaining percentage.

FIELD PROCEDURE

Telephone calls were made to the sampled schools to inform them about the survey and to ask them to participate, which all agreed to. The questionnaires and envelopes were packed together with a letter of approval from the Ministry of Education as well as other informational material and sent in boxes to the schools. The boxes were pre-coded, and so were the Classroom Reports.

School counsellors or form teachers functioned as survey leaders and were responsible for completing the Classroom Report and returning the surveys to the research institute. After filling in the questionnaires, students were instructed to put them in envelopes and to seal these before handing them in.



Country facts:

Area: 56 400 km²

Population: 4.4 million

Data were collected during the period of 1–15 April 2007, which gives an estimated average age of 15.8 years. The response rate for all students was 89% in Croatia.

SCHOOL AND STUDENT COOPERATION

Two classes returned their questionnaires very late. Since it was uncertain whether they had collected the data during the recommended period, these questionnaires were not included in the final data set. All schools and classes expressed a willingness to participate in the study and also did so. Two students refused to participate.

According to the Classroom Reports, student cooperation was very good. Disturbances were reported from only 41% of the classes, primarily from just a few students and mainly consisting of giggling or making eyes. About 80% of the survey leaders reported that all/nearly all students were interested and worked seriously. In about 5% of the classes there were some students believed to have had difficulties answering the questionnaire. The average time to complete the survey was 45 minutes, which was slightly above the average for all ESPAD countries.

QUESTIONNAIRE AND DATA PROCESSING

A team member translated the new questions, while a professional translator did the back-translation. All core questions were included in the questionnaire. Questions esp30l, esp31e and esp41 were worded according to the 2003 standard, but the 2006 questionnaire test indicated that this does not influence the results. This difference is therefore of minor importance and does not affect the comparability of the variables.

Cider questions were not included as they were considered out of place for Croatian students. Modules A and B as well as some optional questions were included, however. No pre-testing was done.

During the coding process, the data on year of birth and gender were checked. At this stage, 2–3 questionnaires from each class were randomly selected and checked as to whether they were properly filled in. Before the data-entry process, 8 questionnaires (<0.5%) were excluded because they were almost empty or obviously poorly filled in. Some more questionnaires were later discarded from the ESPAD database owing to low completion rates or repetitive answering patterns, detected by a standardised syntax. In total, 1% of the questionnaires were discarded, which is below the ESPAD average (2%). Access software was used for manual data entry. A total of 3,008 valid questionnaires from Croatia are to be found in the ESPAD 07 database. The Croatian data do not require any weighting procedures.

RELIABILITY AND VALIDITY

To measure reliability, the results from questions about frequency on the one hand and about age at onset on the other hand were subjected to pairwise comparison for five substances. The comparison related both to the percentages of students giving inconsistent answers, i.e. claiming lifetime experience/abstinence on one question but not on the other, and to the quotient between reported lifetime-prevalence rates for the two questions. The rate of inconsistency between two questions in a single administration was highest for inhalant use (5%), but this is not an alarming figure compared with the average and considering that the definition of “inhalants” is rather vague (“glue etc.”). On the whole, the reliability problems indicated for Croatia are about the ESPAD average.

Running the data syntax for logical substitution of missing values reclaimed some 0.3% of the missing values for the core questions. On average, 1.1% of the core questions remained unanswered, which is lower than the mean for all countries (1.6%).

When it comes to validity measures, Croatia is also close to the ESPAD average. However, 14% of the Croatian respondents say that they would not admit to cannabis use, a proportion which is twice the average for all countries. Use of the non-existent dummy drug “Relevin” was reported by 0.8% (about average).

METHODOLOGICAL CONSIDERATIONS

The sample for the Croatian study was well designed and included both grade 1 and grade 2 in all three types of secondary education. Those two grades were estimated to cover 97% of the 1991 birth cohort still enrolled in school (95%). It should, however, be noted that class size was not considered when drawing the sample, i.e. small classes might be over-represented in the sample.

Cooperation with the schools was very good. The two (out of 238) non-participating classes were those whose questionnaires were sent to the research institute very late in the process and were therefore excluded from the analysis. The proportion of unanswered questions was low. No student who was present

refused to participate and the number of questionnaires discarded because of poor data quality was low. Overall, as the Classroom Reports indicate, data collection seems to have functioned very well in Croatia.

As regards methodological measures such as inconsistency rates and unanswered questions, the quality of the study should be considered good. A relatively high percentage of students not willing to admit to cannabis use is notable, however.

Generally, the Croatian survey has functioned well and must be considered to provide reliable and valid data for the 07 ESPAD database.

CYPRUS

Dr Kyriacos Veresies, Dr Andreas Pavlakis and Georgia Nirou were responsible for the Cypriot study. The survey was conducted by KENTHEA in collaboration with the Ministry of Education. Cyprus also participated in the three previous ESPAD studies.

ETHICAL CONSIDERATIONS

Permission was given by the Ministry of Education to carry out the survey, and the survey was conducted in collaboration with the Ministry. The formal decision to participate was taken by each single school, which means that they found it ethically acceptable. In addition to this, the schools informed the local parents' organisation.

The students were informed by the survey leaders as well as in writing that their participation was voluntary.

POPULATION

The target population consists of all students who turned 16 in the calendar year of 2007 and who were enrolled in secondary public schools (lyceums and technical schools). Students at private schools and gymnasiums were excluded from the target population.

The proportion of students born in 1991 enrolled in school at the time of data collection is not known.

SAMPLE AND REPRESENTATIVENESS

All students in grade 1 in lyceums and technical schools were supposed to answer the questionnaire, which means that no sampling was done. This is a change compared with 2003, when grade 2 students were also included in the sample. The proportion of all students born in 1991 who were in grade 1 is not known.

The sample is said to be representative of Cypriot students born in 1991 and enrolled in grade 1 at lyceums and technical schools.

The data are not weighted.

FIELD PROCEDURE

In the autumn of 2006, an official letter was sent to the Ministry of Education asking for permission for the administration of the questionnaires at schools. The Ministry communicated the approval of the implementation of the study to school headmasters and informed them of their expected role in it. Research assistants contacted the headmasters by telephone prior to their visit to the schools in order to arrange appointments for the administration of the questionnaires.

The survey was scheduled for two lessons, i.e. 90 minutes. A research assistant supervised data collection. No teacher was present in the classroom during administration. After completion, the questionnaires were placed in special folders in a way that safeguarded the anonymity of the respondents.

Data collection took place on 3 May, which gives an average age of 15.8 years. The average time to answer the questionnaire was 57 minutes.

QUESTIONNAIRE AND DATA PROCESSING

New items in the 2007 questionnaire were translated from English into Greek and then translated back into English. The questionnaire was pre-tested in a small survey.

The questionnaire contained almost all core and optional questions as well as 17 country-specific questions, including the small-islands questions, with 425 variables in all. This made it the longest of all questionnaires used in the 2007 data collection.

In the questions about possible consumption of beer (Q14a), cider (Q14b) and alcopops (Q14c), the



Country facts:
Area: 9 200 km²
Population: 0.7 million

words “small bottles” were used. A “small bottle” is one containing 33 cl. This means that the quantities described are somewhat smaller than those in many other countries.

The scale for intoxication at the last drinking day (Q14f) included an explanation about the upper end. However, this explanation did not point to “10” on the scale with a square bracket, and the text did not have the same right-hand margin as the rest of the question.

In Q30l and Q31e in the master questionnaire, it is specified that mixing alcohol and pills was to have been done “in order to get high”. However, in the Cypriot questionnaire this was expressed as “to make you feel better” in Q30l and “to feel differently” in Q31e.

Data were entered manually. Before that all questionnaires were checked.

SCHOOL AND STUDENT COOPERATION

All schools and classes were willing to participate in the survey.

The response rate is not known. Only one student did not answer the questionnaire owing to language problems.

In the manual and computerised data-cleaning process, 6% of the questionnaires were discarded.

Half of the survey leaders did not report any disturbances during completion of the form and a further one-fourth of them reported disturbances from a few students only. However, 27% answered that there were disturbances from more than a few students. The most important kind of disturbance was “loud comments”, which was mentioned by 22% of all data-collection leaders.

Of all survey leaders, 52% reported that all or nearly all students were interested in the survey. The question about whether the students worked seriously was not included in the Classroom Report. Of those responsible for data collection, 12% mentioned that they thought students found it difficult to answer the questionnaire.

RELIABILITY AND VALIDITY

The rate of inconsistency between answers given about lifetime prevalence and age at onset was high for inhalants (10%) while the figures for four other substances (cigarettes, cannabis, ecstasy, and tranquillisers and sedatives without a doctor’s prescription) were 1–3%.

The average proportion of non-responses to the core questions was 1.5%.

The rates of inconsistent answers to the questions about lifetime use and use in the past 12 months and the past 30 days were highest for alcohol consumption (11%) and “having been drunk” (6%) and lower (2–3%) for cannabis, ecstasy and inhalants.

Of all students, 9% claimed that they would “definitely not” have admitted to use of cannabis. On the same question, 8% answered that they had already said that they had used cannabis, which is somewhat higher than the lifetime-prevalence figure (5%).

Of the Cypriot students, 1.7% answered that they had used the dummy drug “Relevin”.

METHODOLOGICAL CONSIDERATIONS

Unlike in earlier ESPAD data-collection exercises in Cyprus, no sampling was carried out in 2007. All students in grade 1 of public schools (lyceums and technical schools) were included in the survey. This is a change compared with earlier surveys, when students in grade 2 of public schools were also included. The proportion of students born in 1991 who were enrolled in grade 2 is not known, which makes it impossible to judge the importance of excluding grade 2 students when it comes to comparisons with data from earlier ESPAD surveys in Cyprus.

Another uncertainty is related to the loss of a figure about the proportion of all young people born in 1991 who were enrolled in school at the time of data collection, which stresses the importance of keeping in mind that the target population is students – not all persons – born in 1991.

The problems mentioned above in relation to questions Q14a–c, Q14f, Q31l and Q31e have been judged not to be large enough to jeopardise comparability; these questions have thus been accepted. However, the result tables include footnotes explaining the mistakes.

The average time to answer the questionnaire was 57 minutes, which is the second longest and well above the average of 42 minutes. Hence it cannot be excluded that students grew tired of giving truthful answers towards the end of the questionnaire. However, this possible bias is probably of less importance for the data presented in this report since the core questions were in the first part of the questionnaire.

All schools and classes participated in data collection, which shows that school cooperation was good.

The response rate is not known; however, there are reasons to believe that it was satisfactory. Only one student refused to participate. On the other hand, 6% of the questionnaires were discarded in the data-cleaning process, which is higher than the ESPAD average (2%). In other words, the students answered the questionnaire but rather many of them did so in such a way that their questionnaires had to be excluded from the data set.

About one-fourth of the survey leaders (27%) reported disturbances from more than a few students, which is the highest figure and far above the average (7%). The proportion of survey leaders who answered that “all” or “nearly all students” were interested in the survey (52%) is by far the lowest figure among all ESPAD countries (the average was 79%). The question of whether the students worked seriously was unfortunately not asked. The number of survey leaders who stated that they thought students found the questionnaire difficult to answer (12%) was well above average. Taken together, the opinions of the survey leaders indicate that there were more disturbances and problems during data collection in Cyprus than in other ESPAD countries.

The proportions of inconsistent answers about alcohol consumption (11%) and “having been drunk” (6%) on any occasion, in the past 12 months and in the past 30 days were the highest among all countries. Of all students, 1.7% answered that they had used the dummy drug “Relevin”, which is the highest figure and well above the average (0.7%). Still, even though 1.7% is the highest figure, one can still say that it is rather low. However, taken together with the high inconsistency rates for some variables it indicates some uncertainty about validity.

Unlike in earlier surveys, students in grade 2 of public schools were not included in data collection, which makes comparisons with earlier Cypriot data uncertain (especially since the proportion of students born in 1991 who were enrolled in grade 2 is not known). The length of the questionnaire, disturbances and other “negative” reports from the data collection, the relatively large number of discarded questionnaires and uncertainties about some of the validity variables indicate that data quality might be a little lower than in other countries, meaning that comparisons with data from other ESPAD countries should probably be made with caution.

Given this uncertainty, the data are representative of students in grade 1 at lyceums and technical schools but not of other students born in 1991.

CZECH REPUBLIC

Dr Ladislav Csémy at the Prague Psychiatric Centre was responsible (Principal Investigator) for the survey in the Czech Republic, in cooperation with Pavla Chomynova of the Czech National Focal Point for Drugs and Drug Addiction. The Czech Republic has participated in all three previous ESPAD waves.

ETHICAL CONSIDERATIONS

Since the study was carried out as an anonymous survey in which the students participated voluntarily, the approval of an ethics committee was not required, and nor was parental permission.

POPULATION

The target population consists of students born in 1991 enrolled in grade 9 of elementary school or grade 1 of secondary school. Elementary school is in principle attended by all children and practically all of them also continue their studies at secondary school. At the time of the survey, a total of 97% of the 1991 birth cohort was still at school.

There are three different types of secondary schools in the Czech Republic: grammar schools (students who are expected to continue their studies at university), secondary schools with final exams (students who are prepared for employment, but may also enter university), and vocational schools (producing qualified skilled workers).

SAMPLE AND REPRESENTATIVENESS

The study was carried out at 351 schools sampled from the whole country (64 elementary and 287 secondary ones). At secondary schools only one class per school was surveyed, while at elementary schools most often two classes were selected from each school. About 99% of all students born in 1991 are covered by these two grades in the sample frame. The purpose of surveying such a large number of schools was to ensure that the data would be regionally as well as nationally representative.

Schools were randomly selected from a register. Since the sample was intended to yield regional estimates as well, the proportions of the types of secondary schools and elementary schools in each re-



Country facts:

Area: 78 900 km²

Population: 10.2 million

gion were considered in the sample. School size was considered in the sampling of schools, but class size was not considered in the sampling of classes in the second step. However, classes at most schools consist of 20–30 students. By means of post-stratification a nationally representative sample of students corresponding to the real regional distribution was finally obtained. Therefore no weighting procedure is required to obtain national estimates.

FIELD PROCEDURE

As in previous ESPAD surveys in the Czech Republic, a professional company specialised in survey research in the health-care sector (INRES-SONES) undertook the data collection. The headmaster of each school received two informational letters asking for his or her cooperation: one from the Director of the National Drug Commission and one from the Ministry of Education.

175 persons belonging to the existing network of interviewers at the data-collection agency participated in data collection and in the training provided prior to data collection. The teachers were allowed to choose whether they would be present, but the data-collection procedure was fully in the hands of the research assistants. Individual answering envelopes were used to ensure anonymity. Data were collected from 10 March to 4 April, which gives an estimated average age of 15.7 years.

SCHOOL AND STUDENT COOPERATION

The data-collection exercise was carefully prepared and functioned without problems. None of the selected schools refused to cooperate in the study and a majority of schools participated in the study with great interest. The overall response rate was 89% and only a few (7) students refused to take part in the study.

In more than half of the classrooms no disturbance was reported at all, in one-third of them only a few students were reported to have caused disturbance during data collection, and in some 10% of classes more than a few students were reported to have caused disturbance. Further, according to the survey leaders, the vast majority of schools participated in the study with interest and 87% of the Classroom Reports indicated that all or nearly all students did so. In classes where disturbances were noted, they consisted mainly of giggling or making eyes at classmates. It was also stated that in 84% of the classes all/nearly all students worked seriously on the questionnaire.

QUESTIONNAIRE AND DATA PROCESSING

The Czech Republic participated in the piloting of the old and the new versions of the questionnaire in the autumn of 2006. Both translation and piloting had therefore been carried out as part of that process. All core questions are included together with questions on alcopops (but not on cider) as well as the cannabis module (D) and some of the optional items. Average time for completion was 40 minutes.

Questions esp30l, esp31e and esp41a–c were worded according to the 2003 standard, but since the 2006 questionnaire test indicated that this does not influence results, this difference is of minor importance and the variables are considered comparable anyway. Also, variables esp36c and 36d are included in the 2007 database even though the word “nearly” was mistakenly omitted from the wording.

Before the manual entering of data, <0.5% of the questionnaires were discarded, mostly owing to low completion rates or obviously invalid data. Roughly the same proportion were discarded through the automated data-cleaning process identifying questionnaires with low completion rates or repetitive answering patterns, so the final percentage of discarded cases is approximately 1%, which is below the average for all countries (2%). Of all questionnaires from which data were entered, 5.6% were randomly selected for re-entry by an independent operator. Among 125,086 entries a total of 963 errors (0.8%) were found. A total of 3,901 Czech students are included in the ESPAD 07 database.

RELIABILITY AND VALIDITY

To measure reliability, the results from questions about frequency on the one hand and about age at onset on the other hand were subjected to pairwise comparison for five substances. The comparison related both to the percentages of students giving inconsistent answers, i.e. claiming lifetime experience/abstinence on one question but not on the other, and to the quotient between reported lifetime-prevalence rates for the two questions. The rate of inconsistency between two questions in a single administration was highest for use of inhalants (4%), but this figure is the same as the average; moreover, considering that the definition of “inhalants” is rather vague (“glue, etc.”), this result is not surprising. On the whole, the reliability problems indicated for Czech Republic are about the ESPAD average.

Running the data syntax for logical substitution of missing values reclaimed some 0.2% of the miss-

ing values for the core questions. On average, 1.2% of the core questions remained unanswered, which is slightly lower than the mean for all countries (1.6%).

When it comes to validity measures, the Czech Republic shows fewer problems than the ESPAD average. For example, use of the dummy drug “Netalin” is reported by only 0.3%, and 5% state that they would not admit to cannabis use – figures below the average. The rates of inconsistency among lifetime, last 12 months and last 30 days prevalence were just about average for all variables compared (alcohol, having been drunk, cannabis, ecstasy and inhalants).

METHODOLOGICAL CONSIDERATIONS

Compared with previous data-collection exercises, the representativeness of the Czech sample was improved in the 2007 wave. This is due to the fact that this time not only the first grade of secondary schools was surveyed but also the last grade of compulsory school. The proportion of students in the relevant age cohort who are covered thereby rose from 68% in 2003 to 99% in 2007. Considering that up to 97% of the birth cohort was still at school, the Czech sample covers almost all children born in 1991. One should, however, bear in mind that this positive change could have an influence on results and thereby complicate trend comparisons. This could be the case if having younger classmates in any way influences the behaviour of students born in 1991 who are enrolled in grade 9.

The first step of sampling referred to schools and the second to classes. Class size was not considered in the second step but since all classes are more or less of the same size (between 20 and 30 students) this is of minor importance.

All schools asked accepted to participate and cooperation with the schools was very good on the whole. Also, student cooperation appears to have worked well since the survey leaders report no major problems. The proportion of unanswered questions was low, as was the proportion of discarded questionnaires. Only a few students refused to participate, and the number of questionnaires discarded owing to poor data quality was low. Overall, data collection seems to have functioned very well in the Czech Republic.

The reliability and validity measures did not indicate any problems; all of these values were generally low. The overall impression is that the survey was of good design and resulted in reliable and valid data well fit for inclusion in the ESPAD database.

DENMARK

Dr Svend Sabroe, Department of Epidemiology, Aarhus University, was responsible for the Danish ESPAD survey. Denmark also participated in all previous ESPAD studies.

ETHICAL CONSIDERATIONS

The first written contacts with the schools included a copy of the questionnaire, which means that willingness to participate in the survey as expressed by the headmaster of a school includes the approval of the questionnaire.

The students were informed, verbally as well as in writing, that participation in the survey was voluntary.

POPULATION

The target population consists of all students in Denmark born in 1991. More than 98% of all children born in 1991 were still at school at the time of data collection.

SAMPLE AND REPRESENTATIVENESS

Of all students born in 1991, about 85% were found in grade 9 and the rest in grades 8 and 10. Like in earlier Danish ESPAD surveys, data collection was limited to students in grade 9. The survey covered both public schools and private and boarding schools.

From separate lists of the three school types, 5% of the schools were randomly sampled using a simple random-sampling method. At the 86 sampled schools, all grade 9 classes were supposed to participate. With very few exceptions, there were 1–2 grade 9 classes at the sampled schools.

In the Danish Country Report it is stressed that students at private schools were under-represented. However, the national data were not weighted.

FIELD PROCEDURE

The schools selected were contacted in January/February 2007 through a letter to the headmaster. This



Country facts:
Area: 43 100 km²
Population: 5,4 million

letter contained an inquiry form as to whether the school wanted to participate as well as a request for information about the names of the class teachers of the grade 9 classes. Two weeks before data collection, all relevant material was sent to the teachers.

The students answered the questionnaire under the same conditions as a typical written test at school. The average time used was 37 minutes. After completion, the questionnaires were placed in individual envelopes. Data were collected under the supervision of the respective class teacher during the period between 26 March and 29 May, which gives an average age of 15.8 years.

All students in sampled grade 9 classes participated. However, the ESPAD report only includes data from students born in 1991.

QUESTIONNAIRE AND DATA PROCESSING

All core questions were asked. The questionnaire also contained the Integration module (A), 18 optional questions as well as 8 country-specific questions (mainly related to gambling). The new questions were translated and back-translated. No pre-test was done.

Q14e about drunkenness on the latest drinking occasion was mistakenly translated to refer to the level of drunkenness the last time the student was drunk. In Q30l, “in order to get high” was mistakenly not included.

In Q14a, the second-last category was “4–7 bottles” instead of “4–6 bottles”; and in Q33, one answer category was “100–149” instead of “100–249”.

Data were entered manually. Questionnaires with many strange comments or a great many outliers were flagged and checked manually by the research team.

SCHOOL AND STUDENT COOPERATION

Of the 86 sampled schools, 36 (42%) agreed to participate. The proportion of participating schools differs in the three strata: 47% for public schools, 25% for private schools and 46% for boarding schools. Non-participating schools or classes were not replaced.

The research team telephoned some schools that had not replied to the initial letter, which resulted in another five schools accepting the invitation to participate. The most common explanation for not participating was that schools receive many requests to participate in lifestyle surveys.

In the Country Report it is stated that there are “no indications that non-participating schools should be associated with a different level of alcohol consumption or drug use...”. This assumption is mainly based on the information given in the previous paragraph and on the fact that no school mentioned alcohol or drug consumption as a reason for refusal to participate.

A total of 877 students born in 1991 answered the questionnaire. No student who was present refused to participate. The response rate was 87%.

Few questionnaires (1%) were excluded in the manual and computerised data-cleaning process.

Most teachers (65%) did not notice any disturbances during data collection while 30% reported that this happened only among a few students. The most commonly reported type of disturbance was “other kinds of comments” (24% of all classes) followed by “giggling or making eyes” (15%) and “loud comments” (8%).

In nearly all participating classes (92%) the survey leaders reported that “all” or “nearly all” students were interested in the study. The corresponding figure for the question of whether the students worked seriously was 97%. The question about whether the survey leader thought that the students found it easy or difficult to answer the questionnaire was mistakenly not included in the Classroom Report.

RELIABILITY AND VALIDITY

The rate of inconsistency between two questions in a single administration was highest for inhalants (4%); for all other substances it was between 1% and 3%.

The average rate of missing data for all core questions was 1.3%.

The rates of inconsistent answers to questions about lifetime use and use in the past 12 months and the past 30 days were low (0–1%) for all five drug-related variables.

For cannabis, 3% of the students replied “definitely not” to the question “If you had used marijuana or hashish, do you think you would have said so in the questionnaire?”. On this “willingness question”, 22% answered that they had already said that they had used cannabis, which is close to the lifetime-prevalence rate reported (25%).

Of all Danish students, 0.7% said that they had used the dummy drug “Relevin”.

METHODOLOGICAL CONSIDERATIONS

The mistake in Q14e made this question non-comparable with data from other ESPAD countries. Since very few students skipped answering Q14a and Q33, these questions have been accepted for comparison. The same is true for Q30l since the mistake of leaving out “in order to get high” was shown in the questionnaire test not to result in a significant difference.

No student refused to participate, the number of discarded questionnaires was low, and nearly all survey leaders answered that the students were interested in the study and worked seriously. Nearly all comments from the teachers were positive. Hence, the information available indicates that student co-operation was good.

None of the reliability and validity measures indicates any major problems in the Danish ESPAD study.

Since all schools within each of the three strata were sampled with the same probability, there is a risk that students from small schools were over-sampled. However, the Danish ESPAD researcher reports that most schools within the three strata were of about the same size, which means that this possible bias is judged not to be a large methodological problem.

The large proportion of non-participating schools is a concern. Only 42% of all sampled schools agreed to participate and among private schools the figure was as low as 25%. For this reason, and given that only 877 students born in 1991 answered the questionnaire, instead of the recommended number of 2,400, the ESPAD Steering Committee decided that Danish data cannot be deemed comparable with data from other ESPAD countries. To indicate this clearly, the results of the Danish survey have been placed below a separate line at the bottom of the result tables.

ESTONIA

Dr Airi-Alina Allaste of Tallinn University is the Estonian Principal Investigator and responsible for carrying out the Estonian study and for compiling the Country Report. Estonia has participated in all three previous ESPAD waves.

ETHICAL CONSIDERATIONS

It was not necessary to obtain parental consent. The headmasters and teachers were given detailed information about the nature of the survey in an information letter, and they had the opportunity to inform the parents if they considered it necessary. Also, all participants were informed that they would participate in the study on an anonymous and voluntary basis.

POPULATION

It was estimated that approximately 90% of all children born in 1991 were enrolled in school during the spring of 2007. Grades 8–10 of primary and secondary schools were covered since the target population, students born in 1991, is split among these three grades. Since the proportion of students born in 1991 is very low at evening schools and vocational schools, these were not included in the sampling frame.

SAMPLE AND REPRESENTATIVENESS

Out of 449 schools, a total of 112 were sampled (19 primary and 93 secondary schools). Schools were randomly selected from a list of schools; school size was considered to avoid over-representation of small schools, and the process was carried out separately for Estonian- and Russian-language schools. From each school, one class in each of grades 8–10 was selected; all classes had equal probability of being sampled.

It has been estimated that about 85% of all students born in 1991 were to be found in the three participating grades (8–10). The sample is self-weighted and the results are nationally representative.

FIELD PROCEDURE

One month in advance of the study, letters were sent to the sampled schools to inform them about the study. These letters introduced the purposes of the study and the procedures that would be used, and they included letters of support from the Ministry of Social Affairs and from the Ministry of Education. When contact had been established, a date was set for the research assistant to conduct the survey. A total of 10 research assistants worked on data collection. In most cases a teacher was also present during data collection, however, and he/she was responsible for answering some of the questions for the Classroom Report.

In previous waves, only students belonging to the targeted birth cohort filled in the questionnaire; in



Country facts:

Area: 43 200 km²

Population: 1.4 million

2007, however, all students in the sampled classes took part in the study. The questionnaires were answered under the same conditions as a typical written test at school, and after completion the students placed the forms in envelopes which they sealed before returning them to the survey leader.

The study was conducted in March, which gave an average age of 15.7 years. The average time to answer the questionnaire was 31 minutes.

SCHOOL AND STUDENT COOPERATION

Two primary and eight secondary schools (9%) in the sample refused to take part in the survey for different reasons; a total of 31 classes (10%) did not participate. Apart from school refusals, however, the Estonian report stresses that data collection seems to have functioned without any major problems. A total of four students refused to fill in the form and no parents refused to give permission for their children to participate (even though it remains unknown whether any of the parents were in fact offered the opportunity to do so). The overall response rate was 79%, which is relatively low compared with the average for all countries (87%).

In general, the students were considered to have cooperated relatively well. Disturbances were, however, reported from almost two-thirds of the classes, even though these were normally caused by only a few students and mostly consisted of giggling or making eyes. A majority of the students worked seriously and appeared to be interested in the questionnaire; in about 70% of the classes, this was the case for all/nearly all students. These figures are, however, below the ESPAD average. Only in 3% of the classrooms were there one or more students believed to have had difficulty answering the questionnaire.

QUESTIONNAIRE AND DATA PROCESSING

All core questions were asked, with three optional drugs added. Included were also questions A4, O1–O5, O8 and O9 as well as four country-specific questions. (Question O5, however, was worded in an incomparable way – referring only to workdays.)

Since Estonia participated in earlier ESPAD data-collection exercises, the core questions had already been translated for the previous studies. Thus only new questions had to be translated and back-translated. A small-scale test of the form was carried out among university students, resulting in some minor changes.

Before the data-entry process, 8 questionnaires (<0.5%) were discarded owing to obviously poor data quality. A few more ones were discarded in the automated data-cleaning process, which identified questionnaires with low completion rates or repetitive answering patterns, and the final percentage of discarded questionnaires for Estonia was 1%. This figure is lower than the average for all countries (2%).

Data were manually entered into SPSS. No data-weighting procedure is necessary for Estonia. A total of 2,372 valid Estonian questionnaires are included in the ESPAD 07 database.

RELIABILITY AND VALIDITY

To measure reliability, the results from questions about frequency on the one hand and about age at onset on the other hand were subjected to pairwise comparison for five substances. The comparison related both to the percentages of students giving inconsistent answers, i.e. claiming lifetime experience/abstinence on one question but not on the other, and to the quotient between reported lifetime-prevalence rates for the two questions. The rate of inconsistency between two questions in a single administration was highest for inhalant use (3%), but this figure is about average; considering that the definition of “inhalant” is rather vague (“glue, etc.”), the result is not surprising. On the whole, the reliability problems indicated for Estonia are just as small as for the ESPAD average.

Running the data syntax for logical substitutions of missing values reclaimed on average 0.3% of the non-responses for the core questions. This resulted in an average non-response rate of 1.1%, which is below the ESPAD average (1.6%).

When it comes to validity measures, Estonia exhibits fewer problems than the ESPAD average. For example, use of the dummy drug “Netaliin” is reported by only 0.4% and 6% state that they would not admit to cannabis use; these figures are below average. The rates of inconsistency among lifetime use and use in the past 12 months and the past 30 days were about average or better for all variables compared (alcohol, having been drunk, cannabis, ecstasy and inhalants).

METHODOLOGICAL CONSIDERATIONS

About 90% of the 1991 birth cohort in Estonia was still at school at the time of data collection. In turn, the sample – from three grades – covered about 85% of the students born in 1991.

The sampling and data-collection processes seem to have been well prepared. Even so, however, about 10% of the sampled schools refused to participate and the non-response rate (79%) was among the lowest compared with the other ESPAD countries. It should also be noted that classes were selected by simple random sampling in the second step, i.e. class size was not considered.

One difference compared with the 2003 data-collection exercise is that all students in the sampled classes completed the survey this time, while in previous waves only those students in the sampled classes who belonged to the targeted birth cohort filled in the questionnaire. This is an obvious improvement from a methodological perspective, and it also offers an opportunity to report national estimates by school grade. Even though this change must be seen as an improvement, however, it is of importance to keep it in mind when studying Estonian trends.

Just like for the 2003 wave, a rather large proportion of survey leaders reported some kind of disturbances during data collection. This could possibly be explained by a lower level of tolerance among Estonian research assistants than among their colleagues in other countries. Even though the reported disturbance level was highest in Estonia, the disturbances reported related only to a few students in each class, and the majority of the survey leaders said that the students were interested and worked seriously. Very few students refused to answer the questionnaire, the level of internal non-response was also low and the number of discarded questionnaires was low as well. All of these factors would indicate that student cooperation was satisfactory. None of the reliability and validity measures suggests any problems in the Estonian study.

On the whole, the Estonian data appear to be of good enough quality and well comparable with the results from other ESPAD countries. One should, however, bear in mind that the overall response rate was only 79%. Still, there is no information available to indicate that this would affect representativeness in any alarming way.

FAROE ISLANDS

Dr Pál Weihe, Department of Occupational and Public Health, Faroe Hospital System, was responsible for the study in the Faroe Islands. This country also participated in the three previous ESPAD studies.

ETHICAL CONSIDERATIONS

Contacts were made with the Scientific Ethical Committee of the Faroe Islands, which replied that it did not consider it necessary to file an application. The students were informed in writing as well as verbally that participation in the survey was voluntary.

POPULATION

The target population consisted of all students in the Faroe Islands born in 1991. The total number of students was 773, which is estimated to be 93% of all persons born in 1991 who were living in the Faroe Islands in May 2007.

SAMPLE AND REPRESENTATIVENESS

No sample was drawn since the total target population was so small. The students born in 1991 were, to a large extent, found in grade 9 (88%). Altogether there were 38 grade 9 classes at 18 schools.

The study is representative of all students in the Faroe Islands born in 1991.

The data were not weighted.

FIELD PROCEDURE

The Ministry of Education gave permission to conduct the survey at all secondary schools. In accordance with the procedures used for earlier studies, the material was distributed to each school. Staff from the Department of Occupational Medicine and Public Health were responsible for data collection, and the students filled in the questionnaires under the same conditions as a typical written test at school. After completion, each student put his/her questionnaire in a sealed box.

In all classrooms but three, the teachers left the classroom when they had introduced the survey leaders, who were physicians, midwives or clerks.

Data collection took place on 16–30 March 2007 (except that data were collected at two schools during the first days of May), which gives an average age of 15.7 years. The average time to complete the questionnaire was 39 minutes.



Country facts:

Area: 1 400 km²

Population: 48 000

QUESTIONNAIRE AND DATA PROCESSING

Skilled staff from the department translated and back-translated the questionnaire. Most questions had been used in earlier studies, which is why no pre-testing was carried out.

All core questions were included in the Faroese version of the questionnaire, but none of the optional questions in the core segment. The Faroese version also contained the questions of the A (Integration), B (Psychosocial) and C (Deviance) modules as well as optional questions. In addition to this it also included the five small-islands questions as well as one country-specific question. The total number of variables was 341.

The quantities mentioned in the question about beer on the latest drinking occasion (Q14a) are lower than those of the master questionnaire. This is also the case for some categories in relation to wine consumption (Q14d). In Q21d and Q32d, the term “problems” was mistakenly used instead of “serious problems”.

The questionnaires were scanned in Iceland.

SCHOOL AND STUDENT COOPERATION

All grade 9 classes participated in the survey. No student who was present refused to answer the questionnaire.

The response rate was 81%.

Disturbances during data collection were reported in rather few classes (15%), and in all cases this related only to a few students.

All survey leaders reported that they found that all students were interested in the survey. All of them also answered that the students worked seriously. No data-collection leader reported that he or she thought that the students found it difficult to answer the questionnaire.

In the Country Report, the overall assessment of student cooperation is “excellent”.

RELIABILITY AND VALIDITY

The average proportion of unanswered core questions was 1.8%.

The rates of inconsistency between two questions in a single administration, which is used as a measure of reliability, were a little higher for cigarettes and inhalants (3%) than for other substances (0–1%).

In the data-cleaning process, 7% of the questionnaires were excluded, nearly all of them because answers were missing about age and/or gender. The rates of inconsistent answers to questions about lifetime use and use in the past 12 months and the past 30 days were low (0–1%) for the five variables of cigarettes, tranquillisers and sedatives, cannabis, ecstasy and inhalants.

A few students (2%) answered that they would not have admitted to cannabis use. On the same question, 8% of the students answered that they had already said they had used cannabis, which is a little higher than the lifetime-prevalence rate reported (6%).

Of all students, 0.4% answered that they had used the dummy drug “Relevin”.

METHODOLOGICAL CONSIDERATIONS

Since the quantities in the questions about the consumption of beer (Q14a) and wine (Q14d) were lower than in the master questionnaire, the answers to those two questions are judged not to be comparable with data from other ESPAD countries. The same is also true for Q21d and Q32d (with the mistake mentioned above).

The total number of variables (341) was well above the average (279), but since the average time to answer the questionnaire was below average this is not judged to be a serious problem.

The response rate is acceptable and no important disturbances were reported from data collection. No school or student refused to participate and the proportion of schools with reported disturbances was low. All of these indicators suggest that school and student cooperation was good.

However, the Faroe Islands is the country with the highest proportion of discarded questionnaires (7%), and nearly all of them were excluded because students did not answer the questions about gender and/or year of birth. This is a high figure, which might give rise to concerns about validity. However, since no other indications point in the same direction it seems reasonable to assume that the unwillingness to answer these questions does not indicate any wider problems, even though it is of course a problem that as many as 7% of the questionnaires are excluded from the analysis.

Bearing this uncertainty in mind, however, the data are still assumed to be comparable with data from other ESPAD countries, and the results are deemed representative of students born in 1991.

FINLAND

Professor Salme Ahlström and Leena Metso at the National Research and Development Centre for Welfare and Health (STAKES) were responsible for the Finnish ESPAD survey. Finland also participated in the three previous ESPAD studies.

ETHICAL CONSIDERATIONS

Participation in the survey was voluntary. Students were guaranteed that their answers would be anonymous.

POPULATION

The target population was all students in Finland born in 1991. Of all persons born in that year, nearly 100% were at school at the time of data collection.

SAMPLE AND REPRESENTATIVENESS

The study was conducted on students in grade 9. Approximately 94% of all students born in 1991 were to be found in that grade.

Finland was divided into four regions using geographical regions established by the EU. These four regions were further divided into urban and rural areas. Besides these eight strata, the Helsinki metropolitan area also constituted a stratum. A systematic random sample was drawn in each stratum; the probability for a school to be sampled was proportionate to its size. A total of 301 schools were included in the sample. This was almost 100 more schools than in 2003, the reason being that the 2007 data-collection exercise included a split half with two questions that were slightly different. Each school was assigned a substitute school, which was the next school on the list. At each of the sampled schools, one class was chosen by simple random sampling.

The sample is self-weighted and representative of Finnish students born in 1991.

FIELD PROCEDURE

All headmasters of selected schools received a letter with information about the objectives of the study. At the beginning of March, material was sent to the schools. Since some headmasters did not answer before a set deadline, material was also sent to 12 substitute schools. Eventually, however, data from only ten substitute schools were included in the final data set.

Teachers were responsible for data collection. After an introduction the students answered the questionnaires under the same conditions as a typical written test at school. Each student placed his/her questionnaire in an individual envelope. These envelopes, together with the Classroom Report, were returned by the teacher to the research institute.

At the vast majority of the schools, data-collection took place during the second half of March. Using an estimate based on these schools, students' average age was 15.7 years. The average time to complete the questionnaire was 31 minutes.

All students in sampled classes took part in the study. However, the questionnaires of those few who were not born in 1991 were excluded.

QUESTIONNAIRE AND DATA PROCESSING

All ESPAD core questions were included. The questionnaire also contained seven single-module or optional questions as well as seven country-specific questions.

By mistake, questions Q21a, c, d and Q32a, c, d were not correctly translated, and Q14e did not contain a square bracket pointing at category 10.

The split half within classes entailed that every other student answered Questionnaire A and every other answered Questionnaire B. They differed only on two questions. One was the drunkenness question, for which half of the questionnaires included the old version and half the new wording. The other difference was for the alcohol-consumption questions O5 and O6, for which half of the students were given another measure of alcohol consumption. Comparison of the answers to the two questionnaires shows that there were no significant differences in the answers to questions about alcohol, tobacco and drug consumption.

The new questions, i.e. the ones not used in earlier ESPAD studies, were translated by the research team. No pilot study was conducted to test the limited number of new questions.

The data were scanned. Reliability was tested by re-scanning of the questionnaires from five schools, which showed that only 0.2% of the values differed.



Country facts:

Area: 304 500 km²

Population: 5.2 million

In the scrutinising process, data from three students were excluded owing to unreliable and inconsistent answers.

The final data set includes 46% boys and 54% girls, which is within the limits where the ESPAD guidelines do not require weighting. The Finnish data were not weighted, but the Country Report comments that “gender specific weight can be used for estimates of all students if there are gender differences (as in gambling). However, differences between boys and girls in tobacco, alcohol and drug use are so small in Finland that it is not necessary to use weights.”

SCHOOL AND STUDENT COOPERATION

Of the 301 schools and classes sampled, 12 did not participate. Ten of them were replaced by substitute schools/classes.

No student who was present refused to participate in the study. The response rate was 91%. According to the Finnish Country Report, student cooperation was very good.

Most teachers (65%) did not notice any disturbances during data collection. When this occurred it almost always included only a few students (reported from 31% of the classes). The most commonly reported type of disturbance was “other comments”, which was mentioned by 13% of the survey leaders.

In a large majority of the participating classes (87%), the survey leader reported that “all” or “nearly all” students were interested in the study. The corresponding figure for the question of whether the students worked seriously was 96%. By mistake, the question about whether the students found the form difficult to answer was not asked in the survey-leader protocol.

Student comprehension was judged to be good.

RELIABILITY AND VALIDITY

The average proportion of non-responses to the core questions is 0.7%.

Rates of inconsistency between two questions in a single administration, which are used as measures of reliability, varied between 0% and 2% for the lifetime prevalence of the five substances used for measuring this.

A total of 2% of the questionnaires were excluded in the manual and computerised data-cleaning process. The rates of inconsistency among lifetime use and use in the past 12 months and the past 30 days were low (0–1%) for all five variables (alcohol use, having been drunk, cannabis, ecstasy and inhalants).

For cannabis, 3% of the students replied “definitely not” to the question “If you had used marijuana or hashish, do you think you would have said so in the questionnaire?”. On this “willingness question”, 7% answered that they had already said that they had used cannabis, which is about the same as the reported prevalence figure (8%).

Only a few students (0.4%) claimed to have used the dummy drug “Relevin”.

A test showed that the differences in the wording of two questions in the A and B questionnaires did not influence the answers to the other questions.

METHODOLOGICAL CONSIDERATIONS

The mistakes in the translation of Q21a, c, d and Q32a, c, d have made these questions non-comparable with data from other ESPAD countries. However, the mistake in Q14e is judged not to jeopardise comparison.

The stratified sample of schools was configured without any difficulties. Within the sampled schools, classes were sampled with the same probability, which creates a risk that students from small classes may be over-sampled. However, this risk seems to be minor since all classes at a school are usually of the same size. Hence, the sample seems to be representative of all students born in 1991.

Only twelve schools/classes refused to participate. Since no important problems were reported in contacts with the schools, school cooperation seems to have functioned well.

No student refused to participate, the number of discarded questionnaires was low, the proportion of survey leaders who reported disturbances was not high and nearly all survey leaders answered that the students were interested in the study and worked seriously. All of this indicates that student cooperation was satisfactory.

None of the reliability and validity measures suggests any methodological problems in the Finnish study. Overall, the data would appear to be representative of students born in 1991 and to be comparable with other ESPAD data.

FRANCE

The French study was coordinated by Stéphane Legleye and Stanislas Spilka from OFDT together with Marie Choquet from Inserm. The French Country Report was compiled by Legleye and Spilka in cooperation with Olivier Le Nezet. France has taken part in ESPAD data collection since the second wave of 1999.

ETHICAL CONSIDERATIONS

Students under fifteen years of age must not be presented with the questionnaire; this condition was fulfilled. A letter describing the study was disseminated to the parents, who could explicitly refuse permission for their child to participate (passive consent); this procedure is necessary in France when respondents are under 18 years of age. The schools were also duly informed.

POPULATION

Schooling is compulsory up to the age of 16 in France and the rate of school enrolment for children born in 1991 was 98% in the spring of 2007. The target population consisted of students born in 1991 enrolled in all types of public and private schools in mainland France.

Just like in previous years, students from DOM-TOM territories (overseas departments and territories of France such as a number of islands in the West Indies, Guyana, Réunion, etc.) were not included in the sampling frame. This is due to high costs and to the lack of an institutional partner. The population of these areas, however, is only a small fraction of the population of mainland France.

SAMPLE AND REPRESENTATIVENESS

Agricultural schools were included for the first time in this ESPAD wave. Even though fewer than 5% of all students are enrolled in agricultural schools, this represents an improvement of the representativeness of the sample compared with earlier data-collection exercises. About 38% of the students born in 1991 were at junior school while 8% were at vocational school and 52% at high school. The proportion of students at private schools was 21%. Each year in September the Ministry of Education conducts a census of the population of pupils; this census revealed that 75% of the students born in 1991 were in grades 9 and 10. However, the French study actually covered grades 8 to 11, and as a result 99% of the students (in mainland France) born in 1991 were included in the sampling frame.

A sample of 202 schools was drawn from the computerised list of schools, as a stratified random sample of schools. The French survey team used the algorithm “CUBE”, developed by the National Institute for Statistics and Economic Studies (INSEE), which involves the application of a balanced sampling design. Agricultural schools were over-sampled in proportion to school size. The strata represented school type, geographical area (urban/rural), educational characteristics and “ownership” (public/private). From each sampled school two classes were selected by simple random sampling, resulting in a sample of 404 classes. The over-representation of agricultural schools makes weighting necessary.

FIELD PROCEDURE

Contacts with the headmasters were made to inform them that their school had been sampled for the ESPAD 07 survey. Shortly thereafter they were telephoned by a professional investigator from the private company hired for the data collection, who informed them about the objectives and design of the study and agreed a time for data collection.

The students were invited to participate in the survey and to complete the questionnaire during a school hour. The field worker gave them standardised information, explaining among other things that the study was completely anonymous. If there was a nurse working at the school, this person was invited to be present during data collection; however, no teachers were allowed to be present when the questionnaire was being answered. After completion the students were asked to seal the questionnaire with two stickers and to place it in a joint envelope. Data were collected between 23 April and 1 June, which gives an estimated average age of 15.9 years.

SCHOOL AND STUDENT COOPERATION

In total, three schools and seven classes did not wish to participate in the survey (1% and 2% respectively). They were not replaced.

In France, parental passive consent is required for students below the age of 18. A letter was sent to the parents some 3–5 days prior to the study offering them the possibility to refuse participation; failure to respond was considered passive consent. Overall, very few parents prevented their child from partic-



Country facts:

Area: 544 000 km²

Population: 60.0 million

ipating (0.7%). Another 0.4% of the students themselves refused to take part in data collection. The final response rate was 90%, slightly above the overall average (87%).

From the Classroom Reports it was clear that no disturbances at all occurred in 62% of the classrooms. The most frequent type of disturbance noted was giggling or making eyes, which accounted for over half of all cases. The data-collection leaders estimated that in 70% of the classes all/nearly all students were interested in the survey and that in 79% of the classes all/nearly all worked seriously. Only in 6% percent of the classes were there some students who appeared to find the form difficult to answer. The average time to complete the questionnaire was 45 minutes. The figures regarding student cooperation are well in line with the ESPAD average.

QUESTIONNAIRE AND DATA PROCESSING

A test of the French form was carried out in the autumn of 2006 since France participated in the questionnaire test. Another test of the final version was performed in two French classes in January 2007. Most students appeared to be interested, but the form was criticised for being too long or repetitive.

All ESPAD core questions were included in the questionnaire, but esp20, esp31, esp33, esp36i, esp36j and esp41 are not included in the database owing to incomparability (reversed scales, open answers or slightly different answer categories). Item esp19, on the other hand, is kept even though the response category “9 years old or less” was rendered as “9 years old”. Almost all of the optional questions on cider and alcopops were used, and “champagne” was added as well (also in filter question esp14 as an extra category). The cannabis module (D) was used, as well as a few optional and a larger number of country-specific questions.

No questionnaire was manually discarded before being scanned (with the software FORMS from Readsoft). A total of 2% of the questionnaires were instead discarded in the automatic process of finding cases with missing data on gender and year of birth, with more than 50% missing answers or with repetitive answering patterns. This proportion of discarded questionnaires is the same as the ESPAD average. Owing to the over-sampling of agricultural schools, a weighting process is necessary to obtain nationally representative data. A total of 2,916 valid French questionnaires are included in the ESPAD 07 database.

RELIABILITY AND VALIDITY

To measure reliability, the results from questions about frequency on the one hand and about age at onset on the other hand were subjected to pairwise comparison for five substances. The comparison related both to the percentages of students giving inconsistent answers, i.e. claiming lifetime experience/abstinence on one question but not on the other, and to the quotient between reported lifetime-prevalence rates for the two questions. However, only two of these can be computed in the case of France since the data on the age of onset for illicit drugs other than cannabis had a non-comparable format and were therefore not included in the database. The cigarette and cannabis variables, however, indicated no reliability problems.

Running the data syntax for logical substitution of missing values reclaimed some 0.2% of the missing values for the core questions. On average, 1.1% of the core questions remained unanswered, which is slightly lower than the mean for all countries (1.6%).

When it comes to validity measures, France shows about the same level of problems as the ESPAD average. The rates of inconsistency among lifetime use and use in the past 12 months and the past 30 days for all variables compared (alcohol, having been drunk, cannabis, ecstasy and inhalants) as well as the proportion not willing to admit to potential cannabis use (6%) were about average. One difference was that twice as many reported use of the dummy drug. The explanation, however, could be that the name used for the dummy drug in France – “mop” – was more likely to be mistaken for another drug than “Relevin” was in other countries.

METHODOLOGICAL CONSIDERATIONS

The French study is based on a good representative sample covering all four grades in which students born in 1991 can be found. Even so, it should be noted that class size was not considered, meaning that all classes – regardless of size – had the same probability of being sampled. About 98% of the 1991 cohort was still at school in the spring of 2007 and just about 99% of those students were covered by the sample. As in previous waves, the small proportion of students living in overseas territories and departments (West Indies, Guyana, etc.) is not included, meaning that the results are representative of mainland France. One improvement is that agricultural schools have been included for the first time in the sample frame. Still, fewer than 5% of students are enrolled in such schools, so even

though this should be kept in mind when trends are studied, the impact on the overall results remains rather small.

Very few schools or classes refused to collaborate. The student response rate in participating classes was 90% (ESPAD average: 87%). Just over 1% of the students did not participate because of parental or own refusal.

The French questionnaire was modified to some extent and the number of comparable core questions was therefore slightly smaller than in many other countries.

The reliability and validity measures are somewhat incomplete owing to incompatible questions. However, according to the information available, no apparent reliability and validity problems seem to be at hand. Reported use of the dummy drug was twice the ESPAD average, maybe because a national alternative name was used (“mop”).

It is somewhat unfortunate that a fairly large number of items were incompatible, but the questionnaire seems to have functioned well considering that the proportion of unanswered items was low. To conclude, the available information suggests good study design, a sample of high representativeness and a French data set of good quality.

GERMANY (7 BUNDESLÄNDER)

Dr Ludwig Kraus at the Institute for Therapy Research (IFT) in Munich was responsible for the German ESPAD study. Germany also participated in the 2003 ESPAD survey with data collection in 6 out of 16 federal states (Bundesländer). This time seven Bundesländer took part: Bavaria, Brandenburg, Berlin, Hesse, Mecklenburg-Western Pomerania, Saarland and Thuringia. The new Bundesland compared with 2003 is Saarland. Altogether about 35% of all German inhabitants born in 1991 live in the seven participating Bundesländer.



Country facts:
Area: 357 000 km²
Population: 82.5 million

ETHICAL CONSIDERATIONS

The German ESPAD study has been accepted by an ethics committee. The parents were asked for their consent to allow their son/daughter to participate in the survey. The students were informed that participation was voluntary.

POPULATION

The target population consists of all students in the seven Bundesländer born in 1991. The study was limited to students in grades 9 and 10. It has been estimated that 92% of all youngsters in the seven Bundesländer born in 1991 were enrolled in school at the time of data collection.

SAMPLE AND REPRESENTATIVENESS

The school system differs among Bundesländer. However, all grade 9 and 10 classes in “regular” types of schools were included in the sampling frame. “Non-regular” schools such as special schools for students with intellectual disabilities and vocational schools were excluded from the study. It has been estimated that 85% of all students born in 1991 in the seven Bundesländer were enrolled in grades 9 and 10, ranging from 72% in Mecklenburg-Western Pomerania to 89% in Brandenburg.

The size of the sample in the different Bundesländer was set at 2,200 students. Information was available about the number of students in grades 9 and 10 at each school, which made it possible to perform systematic sampling within each Bundesland, directly sampling the class that would participate.

The sample is representative of students born in 1991 who were enrolled in grades 9 and 10 in the seven participating Bundesländer.

The samples are self-weighted within each Bundesland. Since the Bundesländer differ in size, however, data for the total population of the seven Bundesländer were weighted.

FIELD PROCEDURE

In each Bundesland a person working at the Ministry of Education was responsible for coordination and data collection. Headmasters of selected schools were informed by the coordinators, who were also responsible for distributing the material to the schools.

Data were collected in the classrooms by teachers who were not in charge of the selected class. After completing the questionnaires the students placed their forms in a large class envelope. The envelope, which also contained the Classroom Report, was sealed by the teacher in front of the class before it was sent to the field institute for data entry.

The average time to complete the questionnaire was 40 minutes. Data were collected between 16 and 27 April, which gives an average age of 15.8 years.

QUESTIONNAIRE AND DATA PROCESSING

All core questions were asked except the question about the consumption of cider (since this has a very low prevalence in Germany). The questionnaire included the C (Deviance) and D (Cannabis) modules as well as some of the optional questions. Two country-specific questions about alcohol consumption were added.

For the questions about binge drinking (Q17), frequency of alcohol consumption (Q05) and consumption on a typical day (Q06), response categories were changed into numerical responses instead of fixed answer categories. In sub-questions c and d in Q21 and Q32, “problems” was written by mistake instead of “serious problems” in the answer categories. A similar problem occurred in Q21e and Q32e, where “performed poorly at school” was written instead of “performed poorly at school or work”. In Q21 it was not clear from the wording of the question that the problems described were to have been caused by the respondent’s own alcohol consumption.

The translation of the questionnaire was performed by the research institute. No pre-testing was carried out.

Data entry was done manually and was double-checked.

SCHOOL AND STUDENT COOPERATION

The sample included a total of 648 classes. Thirty of them answered that they did not want to participate; these classes were replaced. Out of these 648 classes, no questionnaires were returned from 62. The reason for this is not known.

A total of 384 (2%) students had not received parental permission or refused to participate.

Of the total number of relevant questionnaires (12,568), 120 (1%) were excluded in the manual scrutinising process. Of the remaining 12,448 students, 5,021 were born in 1991. The response rate was 88%. In the German Country Report it is stated that “students’ cooperation may be considered as good”.

Information from the Classroom Reports shows that no disturbances were reported from 76% of the classes, and that in most of the others (21%) disturbances were caused only by a few students. “Loud comments” was the most commonly reported type of disturbance (10%), followed by “giggling or making eyes” and “other kinds of comments” (9% each).

Two-thirds of the survey leaders (66%) reported that “all” or “nearly all” of the students were interested in the survey, while 77% answered that they thought that “all” or “nearly all” of the students worked seriously. Of all survey leaders, 3% reported that they thought that the students found it difficult to answer the questionnaire.

RELIABILITY AND VALIDITY

The average proportion of non-responses to the core questions is 0.7%.

The rate of inconsistency between answers given about lifetime prevalence and age of onset was highest for inhalants (3%) while the figure for four other substances (cigarettes, cannabis, ecstasy, and tranquillisers and sedatives without a doctor’s prescription) was 1%.

A small number of questionnaires (1%) were excluded in the manual and computerised data-cleaning process.

The rates of inconsistent answers to the questions about lifetime use and use in the past 12 months and the past 30 days were highest for alcohol consumption and “having been drunk” (2% each) and lower (0%) for cannabis, ecstasy and inhalants.

Of all students, 5% reported that they would “definitely not” have admitted to use of cannabis. On the same question, 15% answered that they had already said that they had used cannabis, which is rather close to the figure for lifetime prevalence (20%).

Very few students (0.4%) answered that they had used the dummy drug “Relevin”.

METHODOLOGICAL CONSIDERATIONS

Seven Bundesländer participated in data collection, which is one more than in 2003. However, the analysis of trends only includes data from the six Bundesländer that took part in both surveys.

Five questions in the German questionnaire were not worded in the same way as in the ESPAD master questionnaire. Since Q17, Q05 and Q06 included numerical responses instead of fixed answer cate-

gories, the German data are not deemed comparable with other ESPAD data. The same conclusion is drawn for Q21c, d, e and for Q32c, d, e. The mistake in the wording of Q21 – of not literally referring to the respondent’s own alcohol consumption – might have given rise to a misunderstanding, but it is judged that this has probably not happened to more than a few students, which would make the German results for this question comparable with other ESPAD data. However, this difference in wording is indicated with an asterisk in the relevant tables.

The sampling procedure seems to have functioned well. The proportion of non-participating classes was larger this time (10%) than in 2003 (4%), but this is still an “acceptable” figure.

Student cooperation was good even though 2% of the students did not receive parental permission or refused to participate. Few questionnaires (1%) were excluded. The Classroom Reports indicate a high level of interest on the part of the students.

None of the reliability or validity measures indicates any major problems.

The overall impression is that the German study is well done. However, because of the use of numerical responses instead of fixed answer categories and because of some wording mistakes in some questions, the results for five questions are judged not to be fully comparable with data from other ESPAD countries.

The results are representative of students born in 1991 who were enrolled in grades 9 and 10 in “regular” schools in the seven participating Bundesländer. With the exception of the five questions mentioned above, data are comparable with data from other ESPAD countries.

GREECE

The Greek study was conducted under the auspices of the University Mental Health Research Institute (UMHRI) and was coordinated by the Principal Investigator, Associate Professor Anna Kokkevi, in collaboration with Anastasios Fotiou, Clive Richardson and Maria Spyropoulou. Greece has participated in two previous ESPAD waves, in 1999 and 2003 respectively.

ETHICAL CONSIDERATIONS

A designated body of the Hellenic Pedagogical Institute carried out an ethics review of the study. Based on the Institute’s recommendations, the Ministry of Education and Religious Affairs subsequently granted access to schools. School participation was voluntary. Passive parental consent was sought prior to administration through a letter signed by the study’s Principal Investigator and the headmaster of the school. The letter described the aim and the significance of the study while also drawing the parents’ attention to the anonymity of the questionnaire and the confidentiality of the data.

POPULATION

According to standard practice, and like in earlier ESPAD data-collection exercises, all islands except Crete and Evia were excluded from the sampling frame. Roughly 6% of the high-school population is thereby not covered by the sample frame owing to logistical problems.

School is compulsory until the age of 16 but no exact data are available on the proportion of the 1991 birth cohort still at school in the spring of 2007. By the age of 18, about 10% of a birth cohort has left the school system. This implies that at least 90% of the birth cohort (probably more) was in the educational system at the time of data collection. Comparison of data on birth cohorts and student numbers yields the estimate that, theoretically, all children of the birth cohort were actually enrolled in school at that time.

SAMPLE AND REPRESENTATIVENESS

All four grades including students born in 1991 were surveyed. These grades are found in the secondary-education system and include grade 3 of the Gymnasium and grades 1, 2 and 3 of the Lyceum.

A nationally representative (with the exception of small islands) stratified clustered probability sample was carried out with schools as the primary sampling unit. The stratification takes into account geographic region, private/public schools and comprehensive/technical schools (applies only to the Lyceum).

In all strata, the schools were randomly selected with a probability proportional to their size, and classes were randomly selected within each grade of each sampled school. The sample consisted of 286 schools and 429 classes from lower- and upper-secondary education, with a total number of 9,009 students.

The sampled student population was considered to be representative of the age cohort (apart from small islands) under study as well as self-weighted.



Country facts:

Area: 131 600 km²

Population: 11.1 million

FIELD PROCEDURE

During the autumn of 2006 UMHRI applied to the Ministry of Education for permission to conduct the survey in the selected schools, and in January 2007 the positive ethics review was added to the application. The Ministry subsequently communicated its approval to the Regional Offices of Secondary Education (responsible for the schools drawn in the sample), and the latter in turn informed the school headmasters of the study and their expected role in the survey.

UMHRI also sent a letter to the headmasters informing them of the study and the time frame within which it would be carried out. Telephone contacts were then made by the research assistants to make appointments for the implementation of the survey.

The administration of questionnaires took place in the classrooms and was supervised by one of the 150 trained graduate students serving as research assistants. No teacher was allowed to stay in the classroom during the completion of the form.

The study was introduced to the students as one that was being conducted internationally and aimed to identify their health-related needs as a group. It was emphasised that the University of Athens was conducting the research and that the school staff had no connection with it or its results. Instructions regarding the completion of the questionnaire were given to the students – for example, to read carefully the introduction and to refrain from asking questions regarding the content of the questionnaire items.

When the students had completed the questionnaires they put them in a special folder intended to safeguard the respondents' anonymity. Data were collected in February–March 2007, which gives an estimated average age of 15.7 years.

SCHOOL AND STUDENT COOPERATION

A total of 428 classes participated in the survey. Owing to work overload or school trips, a total of 31 schools (11%) and 51 classes (12%) refused to participate. Apart from one class, these were all replaced.

Following these replacements, the ultimate response rate for schools and classes reached 100%. A total of 102 students were refused participation by their parents, and headmasters prevented another four from taking part. Some 46 students did not participate because of their own refusal. The overall response rate, i.e. among participating students in participating classes, was 91%; it was equally distributed between both genders.

Overall, the students were deemed to be cooperative and interested in participating in the survey. Based on the reports from the survey leaders, however, disturbances of some kind were reported from the majority of classes (58%), mostly from a few students and mostly giggling or making eyes but in some cases also loud comments. From 73% of the classes it was reported that all/nearly all students worked seriously, and just as many were reported as seeming to be interested in filling in the form. These figures are below the ESPAD average for all countries. Only 3% of the survey leaders believed that any of the students in the classes found the form difficult to complete. Survey leaders reported, among other things, that the form was found repetitive and therefore unjustifiably long; some students perceived the repetition of items on substance use as indicating that experience of substance use was expected of them.

The time taken to complete the questionnaire was 55 minutes on average (ESPAD average 42 minutes), ranging between 20 and 120 minutes.

QUESTIONNAIRE AND DATA PROCESSING

All ESPAD core items were included in the Greek questionnaire. Optional questions on alcopops were added, as well as on the national alternative of ouzo or tsipouro. Module D on cannabis and module question A4 were also used on the form, as well as 58 national variables which were generally located at the end of the questionnaire. New items were translated into Greek and back-translated into English prior to the pilot test in September 2006, in which Greece took part. The total number of items was slightly above the ESPAD average.

Sixteen forms (<0.5%) were manually discarded before data entry owing to unserious responses. More were discarded in the automatic cleaning process (using an SPSS syntax). A total of 5% of the questionnaires received were discarded in the end; the main reason for this was missing data on age or gender while some questionnaires were removed because of generally poor data quality. This was above the ESPAD average (2%).

Data entry was performed using an optical scanner and "TELEform" software. Quality checks showed an extremely high level of scanner validity. No data weighting is needed. A total of 3,060 Greek respondents born in 1991 are processed in the international database.

RELIABILITY AND VALIDITY

To measure reliability, the results from questions about frequency on the one hand and about age at onset on the other hand were subjected to pairwise comparison for five substances. The comparison related both to the percentages of students giving inconsistent answers, i.e. claiming lifetime experience/abstinence on one question but not on the other, and to the quotient between reported lifetime prevalence rates for the two questions. The rate of inconsistency between two questions in a single administration was highest for use of inhalants (4%), but this figure is about average; considering that the definition of “inhalant” is rather vague (“glue, etc.”), the result is not surprising. On the whole, the reliability problems indicated for Greece are no worse than the ESPAD average.

Running the data syntax for logical substitution of missing values reclaimed on average 0.5% of the missing values. Compared with the ESPAD average, adjusted non-response rates were relatively low in Greece (1.2% versus 1.6%.)

When it comes to validity measures, Greece has a tendency to score slightly higher than average, but not in any alarming sense. For example, use of the dummy drug “Relevin” is reported by 1.0%; and 11% state that they would not admit to cannabis use – figures above average. The rates of inconsistency among lifetime, last 12 months and last 30 days prevalence were also above the average for all variables compared (alcohol, having been drunk, cannabis, ecstasy and inhalants).

METHODOLOGICAL CONSIDERATIONS

Like in previous ESPAD waves, and according to standard practice, all islands except Crete and Evia were excluded from the sampling frame. Roughly 6% of the high-school population is thereby not covered. No certain data are available as regards what proportion of the 1991 cohort were still at school, but the rate of enrolment is at least above 90%, probably quite close to 100%. Four grades were covered by the sample, resulting in more or less complete coverage of students born in 1991 (not considering the 6% from small islands). Student non-response rates were slightly better than the ESPAD average.

When trend analyses are carried out involving the Greek data, it should be borne in mind that because of differences in the time of the data collection, the average age in 1999 was 16.3 as compared with 15.7 in the two more recent waves.

The design of the study and the sample as well as the implementation of the survey at schools have functioned well. However, the students seem to have been less cooperative and interested than the ESPAD average. A partial explanation could be that the questionnaire included more items than the average and also that it took longer than average to complete. The number of discarded questionnaires was rather high, and the main reason for discarding was that a great deal of information was missing.

Even though the methodological measures of reliability and validity sometimes indicate a slightly lower quality than average, those figures are not alarming in any sense.

Overall, the Greek study appears to have met expectations and is considered to have provided reliable and valid data.

HUNGARY

Professor Zsuzsanna Elekes at the Corvinus University of Budapest, Institute of Sociology and Social Policy, is the Principal Investigator and responsible for the Hungarian study. The Country Report was written in collaboration with Tamás Domokos and Balázs Mahler from the ECHO Survey Sociological Research Institute. Hungary has participated in all three previous waves.

ETHICAL CONSIDERATIONS

The headmasters of all participating schools were informed about the nature of the study. In some cases (mainly in the capital area) the headmaster required that the research team should obtain parental consent for participation.

POPULATION

It is obligatory to be in the educational system at the age of 16 in Hungary, and according to information from 2005 the proportion of children born in 1991 still enrolled in school was about 99%. The population consisted of full-time students born in 1991 who were enrolled in public education, and the sample was nationally representative. Private institutions and special vocational schools are not included; about 5% of the students born in 1991 are enrolled in such institutions.



Country facts:

Area: 93 000 km²

Population: 10.1 million

SAMPLE AND REPRESENTATIVENESS

Three grades, 8–10, are covered by the sample. The majority of students born in 1991 are found in grade 9 (56%), but the proportions of students born in 1991 who are in grades 8 and 10 are relatively high as well (8% and 31%, respectively), which is why these grades are also included in the sample. This means that the sample frame covers 95% of the students born in 1991 enrolled in public education. Out of all students born in 1991, considering that 5% are in other school types, this should mean that slightly above 90% were covered by the sample.

Taking into consideration the expected percentage of 16-year-old students in the multitude frame, the net sample size corresponding to the ESPAD requirements was 8,704 students. The expected rate of sample loss was added to the estimate (based on earlier studies, 4.2% for schools and 14.4% for students), leading to a gross sample size of 10,270 students. The sample of 404 classes (from 378 schools) was drawn as a stratified random cluster sample. Each class had the same probability of being drawn, independently of class size.

To enable separate analysis of data from the Budapest region, schools in this region were over-sampled (but only for grade 10). The Hungarian data must therefore be weighted to obtain nationally representative estimates.

FIELD PROCEDURE

The schools included in the sample were contacted to inform the headmasters and to ask for their participation. Letters of support from the EMCDDA and the Pompidou Group were included. Meanwhile the research assistants received instructions on how to conduct the fieldwork. Data were collected by qualified interviewers, 60 in total, organised by the ECHO Survey Sociological Institute. They were continuously monitored by regional representatives and randomly tested during the fieldwork period to see that they followed the data-collection procedures.

Detailed instructions on how to conduct the survey were provided, including to make sure no teacher was present in the classroom during the survey. The teachers only provided information for the Classroom Report. After completion, students were asked to place their questionnaires in a joint envelope, which the research assistant then sealed in front of the class.

Data were collected between 5 and 24 March 2007, which gives an average age of 15.7 years.

SCHOOL AND STUDENT COOPERATION

In all, 20 schools and 24 classes (5% and 6%, respectively) refused to participate. Refusal rates were higher among secondary-general schools in Budapest. In most cases the reason for refusal was that the school had already participated in too many similar studies. No replacements were made.

According to the Classroom Reports only two students openly refused to participate. The overall response rate for all three grades was 89%.

On the whole, both the results of the pre-test and those of the final data-collection exercise prove that students' willingness to participate in data collection and their cooperation were both good. In 66% of classes the survey leaders did not observe any disruptions and in another 26% only a few students caused disturbances. Such disturbances were more common in higher grades. No other specific problems were reported and about 90% of the survey leaders believed that the students took interest in the survey and worked seriously. Further, in the majority of the classes the students found the questionnaire interesting and only in a few classes did students criticise the questionnaire or have problems understanding it. Only in 9% of the classes did the survey leaders report that some of the students found the questionnaire difficult to complete. These results are about the ESPAD average or better than average.

The average time to fill in the questionnaire was 38 minutes, but in 7% of the classes more than one academic hour was needed for completion.

QUESTIONNAIRE AND DATA PROCESSING

All ESPAD core questions, except as regards cider, were included in the questionnaire. Alcopop questions and three questions on optional drugs were included as well as parts of modules B and O and question R1. The ESPAD 03 wording of esp30l, esp31e and esp41 (without "in order to get high") was used, but these items have been kept in the 2007 database since the 2006 split-half experiment found no significant difference between measurements using the different forms.

Two non-ESPAD questions relating to family residence and attitudes towards drugs and drug users were also used. Compared with the average for all countries, the Hungarian form contained slightly fewer items.

The Principal Investigator translated the questionnaire from English into Hungarian and an independent translator made the back-translation. The discrepancies were analysed and considered in the final wording. Since many questions were new in 2007, a pilot study on 400 students was carried out as well as five focus-group interviews.

No manual scrutinisation was carried out before data coding. The data were manually entered by a small group of trained operators using the SPSS entry programme. The results were logically checked and the errors found were corrected after being checked against the questionnaires. In all, 2% of the questionnaires entered were discarded by the standardised syntax, in most cases because of missing information on age or gender. This proportion equals the ESPAD average for discarded forms.

Over-sampling of the Budapest region makes weighting necessary. The weighting process also adjusts the database as regards the distribution of school types and grades to match the sample frame. A total of 2,817 Hungarian questionnaires are processed in the international database.

RELIABILITY AND VALIDITY

To measure reliability, the results from questions about frequency on the one hand and about age at onset on the other hand were subjected to pairwise comparison for five substances. The comparison related both to the percentages of students giving inconsistent answers, i.e. claiming lifetime experience/abstinence on one question but not on the other, and to the quotient between reported lifetime-prevalence rates for the two questions. The rate of inconsistency between two questions in a single administration was highest for use of medical drugs (3%), but this figure is about the ESPAD average. On the whole, the reliability problems indicated for Hungary are at least as small as the ESPAD average.

Running the data syntax for logical substitution of missing values reclaimed on average 0.4% of the missing values. Compared with the ESPAD average, the adjusted non-response rate was slightly higher in Hungary (2.0% versus 1.6%).

When it comes to validity measures, Hungary also tends to be close to the average. For example, use of the dummy drug “Relevin” is reported by 0.5%, and 6% state that they would not admit to cannabis use (ESPAD averages 0.7% and 7%, respectively). The rates of inconsistency among lifetime, last 12 months and last 30 days prevalence were also about average for all variables compared (alcohol, having been drunk, cannabis, ecstasy and inhalants).

METHODOLOGICAL CONSIDERATIONS

School enrolment for 15–16-year-olds in Hungary is close to 100%. The Hungarian sample was nationally representative, consisted of three school grades (8–10) and covered almost 95% of the age cohort within the educational system. It could be noted that each class had the same probability of being drawn, regardless of class size.

When making trend comparisons over time one should remember that the Hungarian sample frame was improved in the 2003 wave. Since that year the sample frame covers three grades, as against only two grades (9–10) in the previous waves.

The non-response rates, the number of discarded questionnaires and the results for the validity and reliability measures were more or less equal to the ESPAD average or better and indicated no particular problems. The opinions expressed by the survey leaders about data collection were also better than average.

On the whole, the Hungarian survey was well designed and all available information indicates that it resulted in a good-quality data set.

ICELAND

Professor Thoroddur Bjarnason, University of Akureyri, was the Principal Investigator of the Icelandic ESPAD study in close collaboration with Kjartan Olafsson, Stefan Hrafn Jonsson and Johann Asmundsson. Iceland also participated in the three ESPAD studies in 1995, 1999 and 2003.

ETHICAL CONSIDERATIONS

In accordance with Icelandic law, the study was reported to the Icelandic Data Protection Authority. Parents were informed about the survey. Students were informed verbally as well as in writing that participation in the survey was voluntary.



Country facts:
Area: 102 800 km²
Population: 320 000

POPULATION

In Iceland, adolescents born in 1991 were found in grade 10 of compulsory school. At the time of data collection, about 99% of the 1991 birth cohort was enrolled in school.

SAMPLE AND REPRESENTATIVENESS

In the whole country, a total of 4,494 students were enrolled in grade 10 at 126 schools at the time of the survey. Instead of drawing a sample, all students attending grade 10 were targeted for participation, which was the case also in the previous data-collection exercises.

Of all students born in 1991, 98% were to be found in grade 10. The survey is representative of the population of students born in 1991.

The data were not weighted.

FIELD PROCEDURE

Prior to the survey, a letter was sent to the headmasters of the 126 schools that included grade 10. The headmasters were asked to appoint a teacher as a contact person for the ESPAD survey. The contact teachers were asked to send a list of all classes at the school to the research team. Using these class lists, the research team prepared a survey package for each grade 10 class in the country. The packages contained the appropriate number of questionnaires and confidentiality envelopes, a letter to the teachers and a Classroom Report. For each school, all classroom packages were placed in a box, along with a letter to the contact person.

With the exception of three schools, the boxes were sent by certified mail and the survey was administered by teachers. At three schools, the headmasters did not agree to ask teachers to administer the survey but did agree to allow researchers to handle the administration. Research assistants transported the boxes to these three schools, where they also administered the questionnaires.

Data were collected between 26 February and 22 March under the same conditions as a typical written test at school. The average age of the students was 15.7 years. The average time to answer the questionnaire is not known.

QUESTIONNAIRE AND DATA PROCESSING

With a few exceptions, the questionnaire included all ESPAD core questions as well as most optional questions in the core segment. It also included the C module (Deviance) as well as four questions from the B module (Psychosocial) and one optional question. The Icelandic questionnaire also contained a fairly large number of country-specific questions, including questions about media use and tobacco as well as the small-island questions.

The question about the degree of drunkenness on the latest occasion that alcohol was consumed (Q14f) was taken out of its context of the latest drinking session and placed directly after a question about the frequency of drunkenness. The question about the frequency of intoxication (Q18) did not include examples of what it means to be intoxicated. Questions Q21c, d and Q32 c, d referred to “problems” instead of “serious problems”. A fairly large number of questions were not asked in the same order as in the master questionnaire.

The few new ESPAD items were translated into Icelandic by the research team.

Since nearly all questions had been used before, no formal pre-testing was carried out, but several adolescents and adults read the questionnaire and commented on it.

The questionnaires were scanned. The optical data-processing system was programmed to prompt for manual feedback when entries were unusual and when more than one mark was found for a question allowing only one answer. Random checks were conducted throughout the scanning process to ensure consistent quality.

Questionnaires were flagged if they met certain specific criteria. All flagged questionnaires were collected and examined in one session by the research team.

SCHOOL AND STUDENT COOPERATION

Two out of the 126 Icelandic schools (2%) with grade 10 students refused to participate.

Seven students refused to answer the questionnaire and 13 were refused permission to participate by their parents.

In the manual and computerised data-cleaning process, 3% of the questionnaires were rejected.

According to the survey leaders, no disturbances were reported in 82% of the classes. Another 13%

of the survey leaders said that there were some disturbances among a few students. The most commonly reported type of disturbance was “giggling or making eyes” (10%).

Owing to a technical mistake, data from the Classroom Report are not available for the questions of whether the survey leaders thought that the students were interested in the survey, whether they thought that the students worked seriously and whether they thought that the students found it easy or difficult to answer the questionnaire.

However, it was commented in the Country Report that student cooperation was very good overall and that there were no indications of problems with students’ comprehension.

RELIABILITY AND VALIDITY

The rate of inconsistency between two questions in a single administration, which is used as a reliability measure, was not high for any variable. For the five variables (cigarettes, cannabis, ecstasy, inhalants, and tranquillisers and sedatives without a doctor’s prescription) it varied between 0% and 2%.

On average 1.1% of all core questions were unanswered.

The rate of inconsistent answers to questions about lifetime use, use in the past 12 months and use in the past 30 days was 2% for alcohol consumption and 0% for the other four variables (having been drunk, cannabis, ecstasy and inhalants).

Five per cent of all students indicated that they would definitely not have admitted to using cannabis. On this question about their willingness to admit to drug use, 10% answered that they had already said that they had used cannabis, which is more or less equivalent to the prevalence figure (9%).

Of all students, 0.8% answered that they had used the dummy drug “Relevin”.

METHODOLOGICAL CONSIDERATIONS

Owing to mistakes in wording, questions Q18, Q21c, d and Q32c, d are deemed non-comparable with data from other ESPAD countries. With the exception of Q14f, the importance of asking some questions in an order different from that of the master questionnaire is judged not to be large enough to jeopardise comparability.

Since no sampling was carried out there are no sampling problems. Data were collected by research assistants at three schools in the capital area and by teachers in the rest of the country. In practice, the use of different kinds of survey leaders in different parts of the country would not appear to influence the outcome, as a methodological study has demonstrated that these two modes of administration do not produce different results in Iceland (Bjarnason, 1995).

The average time spent on the questionnaire is not known. However, the number of variables (272) was about the same as the ESPAD average (279), which indicates that the time the students needed to answer the questionnaire was not long enough to cause any problems.

Data from the Classroom Reports are missing but there are other indications from the present study, as well as from the 2003 survey, that both student cooperation and school cooperation were satisfactory. The reliability and validity measures do not indicate any major methodological problems.

The Icelandic ESPAD study seems to have been conducted without any factors giving rise to important concerns.

With the exception of the questions mentioned above, the data seem to be representative of students born in 1991 and comparable with other ESPAD data.

IRELAND

Dr Mark Morgan, St. Patrick’s College, Dublin, was responsible for the Irish ESPAD study. Ireland also participated in the ESPAD data-collection exercises in 1995, 1999 and 2003.

ETHICAL CONSIDERATIONS

Ethical permission was granted by the Ethics Committee for Research, St. Patrick’s College. Students were informed, in writing as well as verbally, that participating in the survey was voluntary.

POPULATION

The population consisted of students born in 1991 in grade 3–5 classes in post-primary school – i.e. more grades than in 2003, when only students in grade 4 were included. It is estimated that 93% of children born in 1991 were at school at the time of data collection.



Country facts:

Area: 70 300 km²

Population: 4.1 million

SAMPLE AND REPRESENTATIVENESS

There are four types of schools: single-sex voluntary secondary, mixed voluntary secondary, vocational and community schools. The schools were divided into these four strata. In the first sampling step, schools were selected using simple random sampling within these strata, proportionately to the number of schools in the sampling frame. 120 schools were sampled. In the second sample step, two classes were randomly selected from each of the schools using simple random sampling. One of them was a grade 4 class and the other a grade 3 or grade 5 class (alternately, at every other school).

It is estimated that about 94% of all students born in 1991 were to be found in these three grades. The sample is representative of students in grades 3–5 born in 1991.

The data are not weighted.

FIELD PROCEDURE

The selected schools were contacted and, once they had agreed to participate, the headmaster was asked to identify a liaison teacher to take responsibility for the performance of the survey at the school. The questionnaires were mailed to the liaison teachers, together with guidelines for the administration of the survey. All students in the sampled classes answered the questionnaire. At some schools, all students from the two sampled classes answered the questionnaire in the same room. Data from students not born in 1991 were omitted from the data set

After instructions had been given, the questionnaires were answered under the same conditions as a typical written test at school. The students placed their forms in individual envelopes. The average time to answer the questionnaire was 38 minutes. Data collection was carried out in May, which gives an average age of 15.9 years.

QUESTIONNAIRE AND DATA PROCESSING

With the exception of four sub-questions, all ESPAD core questions were asked. The questionnaire also included four module questions (but no full module), one optional question and seven country-specific questions.

Because Ireland uses both metric and imperial measures (litres/pints), there were problems in relation to the wording of the questions about the amounts of beer and cider consumed on the latest drinking occasion (Q14a and b). The last answer category is missing in the question about spirits consumption on the latest drinking occasion (Q14e). The binge-drinking question (Q17) and R2 are, to some extent, worded differently compared with other ESPAD countries (the concept of “a drink” is not defined).

No pre-testing was deemed necessary because of previous experience with the ESPAD survey, which proved to be satisfactory.

Data were entered manually. The first 10% of the questionnaires were entered twice. Since this showed over 99% accuracy, single data entry was used for the rest of the data.

SCHOOL AND STUDENT COOPERATION

Out of 120 sampled schools, 26 (22%) did not participate. They were not replaced by other schools. The major reasons for not participating were the proximity of the time of data collection to an examination period at some of the schools as well as increasing demand on schools to participate in surveys. At the remaining schools, 183 out of 188 classes participated.

Four students refused to participate. The response rate was 96%.

No major problems were reported by the survey leaders. A very large majority of them (97%) reported that they did not notice any disturbances during data collection. Most of them (86%) answered that “all” or “nearly all” students were interested in the survey. To the question of whether the students worked seriously, 85% gave that answer. Seven per cent of the survey leaders reported that they thought that the students found the questionnaire “very” or “rather” difficult to answer.

The overall assessment of student cooperation is that it was “excellent”.

RELIABILITY AND VALIDITY

The average number of unanswered core questions was 2.6%.

The rate of inconsistency between two questions measuring lifetime prevalence was highest for inhalants (5%) and varied between 1% and 2% for the other four substances.

In the manual and computerised data-cleaning process, 1% of the questionnaires were excluded.

The rates of inconsistent answers to the questions about lifetime use, use in the past 12 months and use in the past 30 days were low for all drugs measured (0–2%).

Of all students, 9% reported that they would “definitely not” admit to use of cannabis. On this question about their “willingness to admit to cannabis use”, 21% answered that they had already said that they had used cannabis, which is very similar to the reported lifetime-prevalence figure (20%).

Among the Irish students, 0.7% answered that they had used the dummy drug “Relevin”.

METHODOLOGICAL CONSIDERATIONS

The fact that Ireland has a wide variety of containers for beer and cider (ranging from 284 ml to 568 ml) is part of the reason why Q14a and Q14b are judged not to be comparable with data from other ESPAD countries. The absence of one answer category on the question about spirits consumption (Q14e) and the lack of a definition of “a drink” in the binge-drinking question (Q17) and R2 have led to the conclusion that these three questions are also not comparable with the corresponding questions asked in other countries.

In both sampling steps (first schools within strata and then classes), each school/class had the same probability of being sampled, which could, in principle, result in the over-sampling of students from small schools and classes. When it comes to possible over-sampling of small classes, it was tested whether patterns of use for various substances were different at the smallest schools. Students from the eight smallest schools were compared with the rest. No significant differences were found, which indicates that the potential sampling bias has probably not influenced the results to any important degree. Since there is no large variation in the size of the classes within a school, there is reason to assume that the sample of classes has not biased the data in any significant way.

In 2007 the sample included students in grades 3–5 while in 2003 it was limited to students in grade 5, which raises the question of whether data from 2003 and 2007 are comparable. A test for some key variables in which data from grade 5 students were compared with data from all participating students in grades 3–5 showed no significant differences, which indicates that data from 2003 and 2007 are comparable.

The proportion of non-participating schools increased between 2003 and 2007 from 10% to 22%, which is worrying. While much higher figures are found in a few other countries, this is worth keeping in mind even though the reasons for not taking part do not seem to be related to substance use.

Only very few students refused to participate, the proportion of discarded questionnaires was small and a large majority of the survey leaders reported a data-collection exercise without any important problems. Student cooperation thus seems to have been good.

No reliability and validity measures indicate any important methodological problems.

Overall, the Irish study has functioned well without any major problems. The data seem to be representative of Irish students born in 1991 and, with the exception of a small number of questions as mentioned above, the results are judged to be comparable with data from other ESPAD countries.

ISLE OF MAN

The Isle of Man is an internally self-governing dependent territory of the British Crown. It is not part of the United Kingdom, but it is a member of the British Commonwealth.

The researcher responsible was Dr Andreea Steriu at the Department of Home Affairs. The Isle of Man also participated in the 2003 ESPAD survey.

ETHICAL CONSIDERATIONS

The study was examined by the UK Research Ethics Committee and the Local Research Ethics Committee. Parental consent was asked for and the students were informed in writing as well as verbally that participation in the survey was voluntary.

POPULATION

The population consists of all students living in the Isle of Man who were born in 1991. Of all young people born in that year, 82% are estimated to have been enrolled in school at the time of data collection.

SAMPLE AND REPRESENTATIVENESS

Since the number of students in the Isle of Man is small, no sampling was carried out. Students born in 1991 were mainly to be found in years 10 and 11 of secondary school, and all students in these two grades were included in the survey.

It has been estimated that 100% of all students born in 1991 were to be found in the two participating grades.

The sample is self-weighted and representative of all students born in 1991 living in the Isle of Man.



Country facts:

Area: 572 km²

Population: 76 000

FIELD PROCEDURE

In February, all schools agreed on a survey schedule. Letters were sent to parents during the first week of March.

Data were collected either in classrooms or in examination halls, under the same conditions as a typical written test at school. Five external survey leaders were responsible for data collection, during which teachers were also present.

With one exception, data were collected between 15 and 30 March, which gives an average age of 15.7 years.

The average time to answer the questionnaire was 43 minutes.

QUESTIONNAIRE AND DATA PROCESSING

All core questions were asked. The questionnaire also included all four modules as well as a large part of the optional questions. In addition to this, the seven small-islands questions were asked at the end of the questionnaire.

The questionnaire was not pre-tested.

The questionnaires were scanned; out of all questionnaires (i.e. also including students not born in 1991), 19 were discarded.

SCHOOL AND STUDENT COOPERATION

All six schools with grade 10 and 11 students participated. However, a small group of students in a morning session in one class were given permission to be absent from school on the condition that they would return in the afternoon to fill in the questionnaire, which they never did. Five students, out of the 1,591 who were present in participating classes on the day of data collection, refused to participate. In addition to this, 14 students were refused participation by their parents.

In the manual and computerised data-cleaning process, 1% of all questionnaires were discarded.

In about half of the classes no disturbances were observed, and in nearly all other classes disturbances were caused by a few students only. The type of disturbance most frequently reported was “giggling or making eyes” (34%). A large majority of the students were judged to be interested in the survey: 77% of the survey leaders reported that “all” or “nearly all” students were interested. About two-thirds (68%) of the survey leaders reported that “all” or “nearly all” students worked seriously.

In the Classroom Report, 9% of the survey leaders reported that some students found it difficult to answer the questionnaire.

In the Country Report it is summarised that “the good discipline throughout has shown that almost all students have shown an interest for this study”.

The response rate was 83%.

RELIABILITY AND VALIDITY

Reliability as measured by the rate of inconsistency between two questions in a single administration showed highest values for inhalants (4%) and lower (0–2%) for cigarettes, cannabis, ecstasy, and tranquillisers and sedatives without a doctor’s prescription.

The average non-response rate for all core questions was 1.1%.

The rate of inconsistent answers to questions relating to lifetime, 12-month and 30-day prevalence was low (0–2%) for all five variables (alcohol consumption, having been drunk, cannabis, ecstasy and inhalants). To the “honesty question” of whether they would admit to use of cannabis, 7% of the students answered that they would definitely not admit to having used cannabis if they had. On the same question, 30% replied, “I already said that I have used it” (cannabis), which is close to the proportion who said they had used cannabis on the lifetime-prevalence question (34%).

The Principal Investigator has stated that indirect validity cross-checks with other sources (HLSC, ESPAD remaining sample and police data) may indicate an overestimation of self-reported use of crack (5%).

Of the students in the Isle of Man, 1.9% answered that they had used the dummy drug “Relevin”.

METHODOLOGICAL CONSIDERATIONS

The Isle of Man study was conducted in the same way as the 2003 study. Since the island is small, a total survey was the natural option, which means that all students born in 1991 who were enrolled in grades 10 and 11 at all six schools were supposed to take part.

Compared with the ESPAD average of 84%, rather few survey leaders (68%) reported that “all” or “nearly all” students worked seriously. However, no other information from the data-collection exercise

indicates any serious problems in relation to the students' answering of the questionnaires.

Fourteen students refused to participate, which represents a larger proportion than in most other countries but is even so not an alarming rate. The number of discarded questionnaires was low and, overall, data collection seems to have functioned well.

No reliability and validity measures indicate any important methodological problems (besides the comment of the Principal Investigator about possible overestimation of crack use).

The survey is representative of students born in 1991 living in the Isle of Man and data are judged to be comparable with data from other ESPAD countries.

ITALY

The Italian study was conducted under the auspices of the National Research Council (CNR) – Institute of Clinical Physiology – Research Centre for the Supply of Health Services (IFC-CREAS) – Unit of Epidemiology and Health Service Research; it was coordinated by Principal Investigator Dr Sabrina Molinaro in collaboration with Dr Fabio Mariani. The authors of the Italian Country Report were Sabrina Molinaro and V. Siciliano. Italy has participated in all three previous data-collection waves.



Country facts:

Area: 301 300 km²

Population: 58.5 million

ETHICAL CONSIDERATIONS

Since the Italian ESPAD survey is carried out with the agreement and cooperation of the Ministry of Education, no further ethical process is necessary, nor is any parental consent needed. Schools and students were properly informed about the study.

POPULATION

In the spring of 2007, the proportion of children born in 1991 who were still enrolled in school was 88%. The 2007 ESPAD survey was conducted throughout all Italian regions (North, Centre, South and Islands) and was nationally representative.

SAMPLE AND REPRESENTATIVENESS

Practically all of the students born in 1991 (98%) attended secondary school and the sample therefore referred only to secondary school. For national purposes, all secondary grades (1–5) were covered, i.e. students 14 to 19 years old.

The majority of the students born in 1991 were in grade 2 (about 79%). Another 17% were in grade 1 while 3% were in grade 3; practically no students from the birth cohort were in higher grades. Therefore, only students from grades 1–3 were included in the ESPAD part of the sample.

As in previous surveys, the Italian sample was drawn as a multi-stage stratified random sample. The stratification of the 103 Italian provinces was based on three variables: geographical area (North, Centre, South and Islands), population density and “SMAD index” (a system for drug-abuse monitoring that classifies Italian provinces according to high, medium and low levels of drug-use prevalence).

Within each stratum, one province is randomly drawn, and then the schools in the selected provinces are stratified by school type: lyceum, artistic institute or vocational institute. From each stratum, finally, 3% of the classes are randomly selected. Since both school and class size are relatively homogeneous in the Italian school system, neither school nor class size is considered in the stratification process (the average number of students is 500 per school and 25 per class). A total of 502 schools were sampled (176 lyceums, 25 artistic institutes and 301 vocational schools). One class per school and grade was surveyed.

FIELD PROCEDURE

Contact was established by telephone with the health teacher or CIC staff (Consulting and Information Centre for juvenile distress). Those persons were later to function as survey leaders. If no member of these staff categories was found, the school headmaster was contacted and asked to appoint someone to carry out the data-collection exercise.

During the telephone call, the project, the deadlines and the steps of the implementation were described; and later on all materials necessary for the survey were posted to this person, including printed instructions on how to conduct the survey. When the questionnaires had been completed, each student put his or her questionnaire in a separate envelope and sealed it. The survey leader sent the class envelope, including the Classroom Report, to the National Research Council. The data-collection period was from the end of March until end of April 2007. The calculated average age of the students was 15.8 years.

SCHOOL AND STUDENT COOPERATION

Out of 502 sampled schools, six (1%) refused to participate and were replaced. No students refused to participate in the study.

According to the survey leaders' comments in the Classroom Reports, cooperation was excellent for the majority of the students and only a minority were less attentive. However, only in 53% of the classes did data collection take place without disturbances; this is below the ESPAD average (62%). In 70% of the classes, all/nearly all were interested in the study; and in 78% of the classes, all/nearly all worked seriously. These figures are somewhat below the ESPAD average (79% and 84%, respectively). The proportion of classes with students having problems completing the questionnaire, however, was more than double the average (18% versus 7%).

The average time to complete the questionnaire was 50 minutes and the response rate was 88%. Completion time was above average (42 minutes) while the non-response rate was just about the all-country average.

QUESTIONNAIRE AND DATA PROCESSING

From the Italian translation, a back-translation was made into English. No major differences were found compared with the original version. All core questions were included, as were the optional core questions on alcopops. The option of "smart drugs" was also added to the list of drugs in ESP30. Modules A and D (Integration and Cannabis) were included together with roughly half of the optional questions. Questions on last-year and last-month prevalence for all illicit drugs in ESP30 were added as ESP30 a) and b), respectively. Owing to the use of dichotomous response categories only in esp21 and esp32, which may have influenced respondents to use the positive category less than they otherwise would, these results are not used in the tables.

The parcels with completed questionnaires were opened and scrutinised at the National Research Council. The scrutinising process followed the ESPAD 2003 checklist for exclusion and resulted in 345 questionnaires (3%) being discarded before the manual data-entering process started. Another 3% of the questionnaires were discarded by the standardised cleaning syntax, mainly owing to missing information on age and gender. In total, 6% of the questionnaires were discarded, which is three times the ESPAD average.

A staff of 10 operators carried out data entry and 1% of the questionnaires were randomly sampled and re-entered, showing that fewer than 2% of the entries were mismatches. In order to obtain national estimates, a weight variable is used for the Italian data set to correct for the over-representation of artistic schools.

RELIABILITY AND VALIDITY

To measure reliability, the results from questions about frequency on the one hand and about age at onset on the other hand were subjected to pairwise comparison for five substances. The comparison related both to the percentages of students giving inconsistent answers, i.e. claiming lifetime experience/abstinence on one question but not on the other, and to the quotient between reported lifetime-prevalence rates for the two questions. The rate of inconsistency between two questions in a single administration was highest for use of medical drugs (8%), which is well above average. Italy scored about the same level as the rest of the countries on the reliability variables but was somewhat lower on the cannabis-honesty question (the quotient between the proportion reporting cannabis experience and the proportion stating that they had already reported cannabis use on another question about cannabis use).

Running the data syntax for logical substitution of missing values reclaimed on average 0.5% of the missing values. Compared with the ESPAD average, the adjusted non-response rates were still above average in Italy (2.7% versus 1.6%).

When it comes to validity measures, Italy tends to be close to the ESPAD average. The rates of inconsistency among lifetime, last 12 months and last 30 days prevalence were about average for all variables compared (alcohol, having been drunk, cannabis, ecstasy and inhalants). Reported use of the dummy drug ("Netalin" in Italy) is 1.5%, compared with an average of 0.7% for all countries. This figure might, however, have been lower if the alternative "Relevin" had been used, meaning that it is difficult to tell whether this indicates a real difference in the proportion of dishonest answers.

METHODOLOGICAL CONSIDERATIONS

At least 88% of the 1991 birth cohort was still in the school system during the time of data collection. Practically all of the students born in 1991 (about 98%) attended grades 1–3 of secondary school

and the nationally representative sample covered all these grades. The sample was drawn in the same way as in earlier ESPAD surveys in Italy, which should provide a nationally representative sample of all types of secondary schools, possible to compare with previous data-collection waves. One thing that should be mentioned however is that the sampling technique does not consider school or class size. This should not be a problem, according to the information available, since schools and classes are apparently of more or less the same size across Italy. The fact that data from grade 4 students are not included in this wave does not matter since less than 1% of the birth cohort belongs to this grade.

Practically all sampled schools participated and the Italian student response rates were about the average for all countries.

According to the Classroom Reports, however, the survey seems to have functioned less well among Italian students compared with the ESPAD average. A total of 6% of the questionnaires were discarded owing to obviously bad data or low completion rates. The proportion of classes with students having problems filling in the form was also reported to be relatively high while the proportions of students having been interested and serious during data collection were below average. On average, it took 50 minutes to fill in the form. This is above average and might explain the students' relative lack of enthusiasm for the task.

The sampled grades gives a good coverage of the student cohort. Even though nor school or class size was considered in by the sampling technique applied, and a fairly large number of questionnaires were removed and scores below average were found for reliability and validity measures, it is considered that the Italian data are of good enough quality to be included in the ESPAD database. One should, however, bear in mind that a large proportion of the questionnaires, 6%, were discarded and not included in the database.

LATVIA

Principal Investigator and author of the Latvian Country Report is Mārcis Trapencieris from the Latvian Public Health Agency. Latvia has participated in all three previous ESPAD waves.

ETHICAL CONSIDERATIONS

Financial support for the study, as well as approval, was provided by the Ministry of Health. Since the study is anonymous it is not necessary under Latvian laws to ask for parental consent. Schools and students were properly informed about the study.

POPULATION

The target population consisted of all Latvian students born in 1991, including also Russian-speaking students. Close to 91% of the birth cohort was still enrolled in school at the time of data collection.

SAMPLE AND REPRESENTATIVENESS

Students from evening-shift comprehensive schools, vocational schools and schools for children with serious disabilities were not included in the sample frame; they made up some 6% of the target population (students born in 1991). The remaining 94% were spread across several grades of "regular" comprehensive school (primary or secondary). The majority of the students in question (69%) were found in grade 9 and the rest were typically found in lower grades. The sample comprised grades 7–10, meaning that 98% of students born in 1991 enrolled in regular school were included in the sampling frame. All in all, 92% of the students born in 1991 were thereby included in the sampling frame.

Lists of schools and their numbers of classes and students were obtained from the Ministry of Education and Science of Latvia. The sampling frame consisted of 836 schools with a total of 5,145 classes. A single-stage stratified cluster sample was used and the sampling unit was the class. Separate sub-samples were drawn for each of the four grades. A total of 32 strata were used, stratifying the grades by level of urbanisation and language of instruction at school (Latvian or Russian). A total of 533 classes from 361 schools were sampled, but since several of the classes contained no students born in 1991 at all (and some others refused participation), the final data set contains students from 373 classes (and 284 schools). The sampling strategy takes class size into consideration.

Data were weighted according to the stratification variables. The sample is judged to be nationally representative of students born in 1991.



Country facts:

Area: 64 600 km²

Population: 2.3 million

FIELD PROCEDURE

Headmasters of the sampled schools were contacted by telephone. They were informed about the objectives of the survey and asked to nominate a contact teacher. When more than one class was sampled at a school, the contact teachers were asked to arrange data collection on the same day for all classes (although in different rooms).

Research assistants (a total of 64 persons from the Institute of Sociological Research) administered the data-collection process. The teacher who would have taught the class at the time of data collection was present, but not active, in the classroom. This helped to avoid disturbances and made it easier to obtain the consent of the schools.

The questionnaires were answered in the classrooms under the same conditions as a typical written test at school. The students put their questionnaires in individual envelopes, which they sealed themselves and which were then collected by the research assistants. Questionnaires and Classroom Reports were returned to the research institute, where they were checked.

Russian-speaking students answered a questionnaire in Russian. The average time to complete the questionnaire was 41 minutes (very close to the average for all countries). The data were collected in April and May, which gives an average age of 15.8 years.

SCHOOL AND STUDENT COOPERATION

Of the 361 sampled schools, 29 (8%) refused to participate; for classes, the corresponding figures were 39 and 7%. In the participating classes, 17% of the students were absent for one reason or another, a figure slightly above average (13%). None of the students who were present refused to participate.

The scrutinising process resulted in the exclusion of 25 questionnaires with obviously bad data. An additional 65 questionnaires were later discarded from the national data set by the Latvian team, using syntax filters screening for repetitive and obscure answering patterns. This adds up to a total of 1% discarded questionnaires, and the same proportion was discarded in the international database running the standardised cleaning syntax. A total of 2% of the Latvian questionnaires were thus discarded in those processes; this figure is just about the average for all ESPAD countries.

Of the survey leaders, 57% did not report any disturbances and 34% reported that disturbances were found only among a few students, while 9% stated that more than a few students caused disturbances. The most important type of disturbance was giggling or making eyes, which was reported by 39% of the data-collection leaders, while loud comments were mentioned by 14%. These results come out as slightly less good than average but the figures are not alarming in any way.

A majority of the survey leaders (78%) reported that all/nearly all of the students were interested in the study and 79% answered that all/nearly all worked seriously on answering the form. Only in 7% of the classes was it believed that some students found the questionnaire difficult to complete. These figures were close to the average for all countries.

QUESTIONNAIRE AND DATA PROCESSING

Latvia tested the form in 2006 by participating in the questionnaire test carried out in a small number of countries. Both Latvian and Russian questionnaires have been provided. All ESPAD core questions were included, as were four out of five items from the Integration (A) module and all questions from the Psychosocial measures (B) and Cannabis (D) modules. Together with R1, R2, O5 and O6, a number of country-specific questions were also included, most of them at the end of the questionnaire.

Items esp14a–esp14e have been found to be non comparable owing to the use of different quantities than in the master questionnaire. Items esp17, esp30l, esp37, esp38 and esp41 also diverged from the master questionnaire but in such a marginal way (according to the 2006 questionnaire test) that they have been kept in the database.

All data were manually entered using SPSSPC/SYSTAT 4.0, which allowed only certain specified values to be entered. No quality checks were performed apart from checks of data from questionnaires highlighted in the digitalised exclusion process.

Data from a total of 2,275 Latvian students born in 1991 are included in the international database.

RELIABILITY AND VALIDITY

To measure reliability, the results from questions about frequency on the one hand and about age at onset on the other hand were subjected to pairwise comparison for five substances. The comparison related both to the percentages of students giving inconsistent answers, i.e. claiming lifetime experience/abstinence on one question but not on the other, and to the quotient between reported lifetime-

prevalence rates for the two questions. The rate of inconsistency between two questions in a single administration was highest for use of inhalants (7%), but this is not an alarming figure compared with the average (4%), especially considering that the definition of “inhalant” is rather vague (“glue, etc.”). On the whole, the reliability problems indicated for Latvia are about the ESPAD average.

Running the data syntax for logical substitution of missing values reclaimed 1% of the missing values for the core questions. On average, 1.1% of the core questions remained unanswered, which is lower than the all-country mean (1.6%).

When it comes to validity measures, Latvia shows slightly more problems than the ESPAD average – actually, 14% of the Latvian respondents state that they would not admit to cannabis use, a figure twice the all-country average. Use of the non-existent dummy drug “Relevin” was reported by 0.8% (close to average).

METHODOLOGICAL CONSIDERATIONS

About 91% of the 1991 birth cohort was enrolled in school in Latvia by the time of data collection and the sampling frame covered 92% of those students. This means that representativeness is slightly better than in the previous wave. Another improvement compared with the previous data-collection exercise is that the sampling technique applied considered class size, preventing small classes from being over-sampled.

Overall, the sampling procedure seems to have functioned well and the results are considered representative of Latvian students at comprehensive school born in 1991.

Like in 2003 but unlike in 1999, data were collected by research assistants and not by teachers.

Relatively few sampled classes (7%) did not take part in the survey, which is indicative of good school cooperation. No student refused to participate and the proportion of excluded questionnaires was the same as the average for all countries (2%). The figures on disturbances also did not indicate any major problem; overall, student cooperation seems to have been satisfactory.

The reliability and validity measures seem to indicate that the survey was conducted without any major methodological problems, apart from the fact that twice as many students as the average stated that they would not have confessed to cannabis use.

The overall impression is that the Latvian study has functioned well and that the data are of good quality and comparable with data from other ESPAD countries.

LITHUANIA

The Principal Investigator in Lithuania is Tadas Tamoši nas, who was responsible for the 2007 data collection as well as for writing the Country Report in cooperation with Irena Šutinien . Lithuania has participated in all three previous ESPAD waves.

ETHICAL CONSIDERATIONS

To perform the survey it was necessary to obtain the approval of the Ministry of Education and Science. The Ministry approved the study and also provided financial support for it. Participation could also be refused by the school headmasters, which happened in only one case. No headmasters found it necessary to inform the parents since the questionnaire was anonymous and non-obligatory.

POPULATION

The target population consisted of all students in Lithuania born in 1991. Approximately 96% of the 1991 birth cohort was enrolled in school at the time of data collection.

SAMPLE AND REPRESENTATIVENESS

Students born in 1991 were found in secondary school grades 8–10 (or the corresponding grades 1 and 2 at gymnasiums), with the majority in grade 9 (78%); all three of these school years were included in the sample frame

A proportional stratified cluster sample was used. The sample was stratified by level of urbanisation, for each grade, giving nine strata in all. In 2003 no regional stratification was made and since schools were sampled regardless of size, small (mostly rural) schools were somewhat over-sampled. In 2007 the sample has a better geographic representation. When comparing data from 2003 and 2007, it should be borne in mind that larger cities were under-represented in 2003.

From the list of 1,220 schools (special child-care homes and sanatorium schools not included), 135 schools were sampled. Vocational schools were not considered at all since hardly any students from the



Country facts:
Area: 65 300 km²
Population: 3.4 million

age cohort attend them. One class per grade was sampled in a second step by simple random sampling. The sample was self-weighted and representative of Lithuanian students born in 1991. Approximately 98% of the students born in 1991 were covered by the sampling frame.

FIELD PROCEDURE

Letters from the Ministry of Education and Science of the Republic of Lithuania were forwarded by the research team to the headmasters of the sampled schools, explaining the research objectives and asking for their permission to conduct the survey. Once permission had been given, the headmaster was asked to recommend a teacher who would help find a time for one of the eight research assistants to carry out data collection. The teachers introduced the survey leaders to the students and participated during the survey so as to maintain order, but the interviewer organised the actual filling-in of the questionnaires.

The use of trained research assistants for data collection made it possible to follow the standardised survey procedures at all schools. In the previous wave, however, teachers were used as survey leaders. To estimate the effect of the change of survey leaders, a question regarding the trustworthiness of research assistants versus teachers was included at the end of the questionnaire. No major difference between form teachers and research assistants was noticed, except that teachers from the same school were found to be less trusted by the students. This change should therefore not have any major impact on the results, other than increased comparability between different classroom settings due to a higher degree of standardisation.

The students were given information according to the standard ESPAD instructions; following completion they put their questionnaires in individual envelopes, which were returned to the research institute together with the Classroom Reports.

The average time to answer the questionnaire was 38 minutes (slightly below the ESPAD average). Data were collected between 16 April and 11 May, which gave an estimated average age of 15.8 years.

SCHOOL AND STUDENT COOPERATION

School cooperation was considered to be good, with the most positive response in rural areas and smaller towns. Only one school refused to participate; it was replaced with another similar school from the same town (resulting in three replaced classes).

Of the students who were present, six refused to answer the questionnaire. The response rate, among students present in participating classes, was 86% (84% for boys and 88% for girls), just about the average for all countries.

A majority of the data-collection leaders (63%) did not report any disturbances during data collection, and another 32% answered that they noticed disturbances only from a few students. The most common type of disturbance was giggling or making eyes, which was reported from 23% of all classes. In most classes (84%) the survey leaders reported that all/nearly all students showed interest in the survey, and the same proportion of survey leaders reported that all/nearly all students worked seriously.

The above figures are just about the ESPAD average. In 18% of the classes, however, the survey leaders believed that there were students having some sort of difficulties answering the questionnaire. This proportion is relatively high and more than twice the average.

QUESTIONNAIRE AND DATA PROCESSING

All ESPAD core questions were asked together with the Integration and Deviance modules (A and C). Apart from the already-mentioned country-specific item relating to survey-leader trustworthiness, the two recommended questions as well as 35 of the optional items were also used.

Qualified translators were hired to make a back-translation of the Lithuanian translation. No significant differences were discovered during the process. Since the changes to the questionnaire were rather small compared with the previous wave, it was decided that no pre-test was needed.

Data were manually entered and a check was conducted by re-entering 5% of the questionnaires selected at random. The results showed that there were about 1–2 mistakes in about 6% of the questionnaires selected.

Before the data were entered, all forms were scrutinised in order to restore data on gender (in case of missing data) and to find obviously unserious responding. A total of 19 forms (1%) were discarded owing to bad or missing data. This proportion remained unchanged after running the standardised data-cleaning syntax, meaning that the proportion of discarded questionnaires in Lithuania is lower than the average for all ESPAD countries (2%).

A total of 2,411 valid Lithuanian questionnaires are included in the international database.

RELIABILITY AND VALIDITY

To measure reliability, the results from questions about frequency on the one hand and about age at onset on the other hand were subjected to pairwise comparison for five substances. The comparison related both to the percentages of students giving inconsistent answers, i.e. claiming lifetime experience/abstinence on one question but not on the other, and to the quotient between reported lifetime-prevalence rates for the two questions. The rate of inconsistency between two questions in a single administration was highest for use of medical drugs (7%). This figure is clearly above the average, while some of the other reliability measures also tend to be higher than the mean for all countries. These discrepancies, however, are not considered to be alarming.

Running the data syntax for logical substitution of missing values reclaimed practically no missing values at all. Considering that Lithuania is below the ESPAD average anyway (1.3% versus 1.6% missing on average), this is not all that surprising.

When it comes to validity measures, Lithuania shows about the same level of problems as the other ESPAD countries, with one obvious exception: 17% of the Lithuanian respondents stated that they would not admit to cannabis use, a figure more than twice the all-country average. Use of the non-existent dummy drug “Relevin” was reported by 0.8% (average) and the rates of inconsistency among lifetime, last 12 months and last 30 days prevalence were also about average for all variables compared (alcohol, having been drunk, cannabis, ecstasy and inhalants).

METHODOLOGICAL CONSIDERATIONS

Approximately 96% of the 1991 birth cohort was still at school by the time of data collection, and 98% of the students in question were covered by the sampling frame. This is a high level of representation.

When making comparisons with the results from previous waves it is important to bear in mind that the sampling technique was slightly improved in the 2007 data-collection exercise. The fact that small, i.e. rural, schools no longer tend to be over-sampled thanks to stratification for geographical region results in a sample with better geographic representation and more schools from major cities. It cannot be determined if and, if so, to what extent this may have changed the results, but the differences are believed to be relatively small.

Another change compared with previous waves is that research assistants instead of teachers acted as survey leaders. Apart from a higher degree of standardisation of the data-collection process, however, this change – at least according to the students’ own opinions – should not have had any influence on their response behaviour.

The sampling procedure functioned well. Hardly any schools, classes or students refused to participate. No important problems were reported from data collection, apart from the fact that in 18% of the classrooms the survey leaders found that students had problems filling in the questionnaire. This is more than twice the average for all countries. At the same time, both the number of items and the Lithuanian average completion time were below the ESPAD average.

Reliability and validity measures showed no major problems, apart from the proportion declaring themselves unwilling to admit to cannabis use (17% versus 7%). It is worth noting here that the corresponding figure was high in previous ESPAD waves as well.

To conclude, the Lithuanian study was well designed and conducted without any important methodological problems. The data are considered to be representative of Lithuanian students born in 1991 and comparable with the results from other ESPAD countries.

MALTA

Sharon Arpa at Sedqa – National Agency Against Alcohol and Drug Abuse – was responsible for the Maltese study. Malta also participated in the 1995, 1999 and 2003 ESPAD surveys.

ETHICAL CONSIDERATIONS

Before answering the form, the students were informed verbally as well as in writing that participation in the survey was voluntary.

POPULATION

The target population was students born in 1991. Of all young people born in 1991, about 95% attended school at the time of data collection.



Country facts:
Area: 316 km²
Population: 404 000

SAMPLE AND REPRESENTATIVENESS

The survey was conducted among students in grade 5, which includes about 80% of all students born in 1991. Since the total number of students born in 1991 enrolled in grade 5 was about 4,400, no sampling was carried out, i.e. the study was a total-population survey. This was the case for the three previous ESPAD data-collection exercises as well.

The sample is representative of all students born in 1991 enrolled in grade 5.

FIELD PROCEDURE

The questionnaires were distributed to the schools by Sedqa staff. Teachers were responsible for data collection, which was carried out under the same conditions as a typical written test at school. When the students had completed their questionnaires, they placed them face down on their desks. A student representative collected the questionnaires, placed them in an envelope together with the Class Report and sealed the envelope. The envelopes were put in a safe place until they were collected by Sedqa staff.

Since school for grade 5 students normally finishes early in the year to allow ample time for students to study and prepare for their examinations, the Maltese survey was conducted earlier in the year than those in other countries. The main reason for this was the positive outcome achieved as regards the response rate for the 1999 study compared with the 1995 survey, which was conducted in the same period as in other participating countries.

The survey was conducted on one day (31 January) in about 90% of the classes. In the remaining 10%, data were collected between 30 January and 13 March. The mean age is estimated to be 15.6 years.

The average time to answer the questionnaire was 55 minutes.

QUESTIONNAIRE AND DATA PROCESSING

All core segments of the questionnaire were included in the version used in Malta except for two optional questions. The Deviance module (C) was included as well as some other optional questions. In addition to this the questionnaire contained another 12 questions. Six were related to gambling and six to the special small-islands questions.

Question 14a about beer consumption was culturally adjusted since a regular beer bottle in Malta contains 28.5 cl. However, by mistake one category read “6–8” bottles, instead of “5–8 bottles”, i.e. the five-bottle possibility was missing. The numbers 1 to 10 were mistakenly removed from question 14f. The examples mentioned in R2 (the old binge-drinking question) give total amounts of alcohol that are smaller than those in the master questionnaire.

Following the questionnaire test, it was decided to give examples of some concepts in the final questionnaire.

The questionnaire was translated into Maltese and then translated back into English. The two English versions were subsequently compared and a final Maltese questionnaire (as well as an English one for non-Maltese-speaking students) was produced.

Before scanning the data, all questionnaires were scrutinised and six were discarded.

SCHOOL AND STUDENT COOPERATION

All schools and classes participated with the exception of two classes. Nine students refused to answer the questionnaire.

In the manual and computerised data-cleaning process, 1% of all questionnaires were discarded.

In nearly two-thirds of the classes, no disturbances were observed; disturbances reported mainly regarded giggling and eye contact (24%). A large majority of the students showed interest in the study (82% of the survey leaders reported that “all” or “nearly all” students were interested). A small number of teachers reported a lack of interest, mainly due to the length of the questionnaire and to difficulty understanding the meaning of certain words and phrases. Almost all survey leaders (89%) reported that “all” or “nearly all” students worked seriously.

In the Classroom Report, 7% of the teachers reported that the students found it difficult to answer the questionnaire.

The response rate was 84%.

RELIABILITY AND VALIDITY

Reliability as measured by the rate of inconsistency between two questions in a single administration

showed highest rates for inhalants (4%) and lower (0–1%) for cigarettes, cannabis, ecstasy, and tranquillisers and sedatives.

The average non-response rate for all core questions was 1.1%.

The rate of inconsistent answers to questions about lifetime, 12-months and 30-days prevalence was 6% for alcohol, 3% for “having been drunk” and 0–1% for cannabis, ecstasy and inhalants. On the “honesty question” about admitting to possible use of cannabis, 9% of the students answered that they would definitely not admit to having used cannabis if they had. On the same question, 10% replied, “I have already said that I have used it” (cannabis), which was close to the proportion that answered that they had used cannabis on the lifetime-prevalence question (13%).

Of the students in Malta, 0.5% answered that they had used the dummy drug “Relevin”.

METHODOLOGICAL CONSIDERATIONS

The mistake mentioned above with an answer category for beer consumption (Q14a) that was “6–8 bottles” instead of “5–8 bottles” is regrettable, but since few students skipped this question it will be kept in the ESPAD report with an asterisk explaining the mistake. In the intoxication question (Q14e), the figures 1–10 were missing, but it has been judged that the students still understood the question and were able to interpret the scale; the results therefore seem relevant. Such a conclusion is supported by a comparison of the results with those from a similar question in the 2003 ESPAD survey.

The examples in question R2 give a lower amount of alcohol than in the master questionnaire and are the same as the wording used in 2003. The use of the same wording was intentional since the aim of the question is to ascertain the importance of the changed wording of the binge-drinking question.

The Maltese study was conducted in the same way as previous ESPAD studies. Since the island is rather small, a total survey was considered the best option. The implementation of the survey seems to have been successful and only a few disturbances were reported by the survey leaders. None of the reliability measures indicates any important problems.

The average time to complete the questionnaire (56 minutes) was among the longest in all ESPAD countries. Hence, there is a risk that some students might have grown tired of answering questions towards the end of the questionnaire.

The study is representative of students born in 1991 enrolled in grade 5 (but not of those enrolled in other grades; grade 5 contains only about 80% of all students born in 1991) and data seem to be comparable with data from other ESPAD countries.

MONACO

Monaco participated for the first time in the ESPAD project during the 2007 wave. The investigator responsible for the study in Monaco is Stanislas Spilka of OFDT (France), in collaboration with Stéphane Legleye and Oliver Le Nezet. The Direction de l'Education Nationale, de la Jeunesse et des Sports, of the Monaco Government, was in charge of coordinating the survey and data collection.

ETHICAL CONSIDERATIONS

Students under fifteen years of age must not be presented with the questionnaire; this condition was fulfilled. A letter describing the study was disseminated to the parents, who could explicitly refuse permission for their child to participate (passive consent).

POPULATION

The study is nationally representative and about 98% the 1991 birth cohort was enrolled in school at the time of data collection.

SAMPLE AND REPRESENTATIVENESS

School is compulsory until the age of 16 in Monaco and the vast majority of the target population was found in grade 10. However, all high-school grades (10–12) were included, as well as grades 8–9 in junior high schools, where repeaters could be found.

Since there were only 446 students born in 1991 in Monaco, no sample was drawn. Instead all students in grades 8–12 were targeted for participation in the 2007 ESPAD survey. All classes (76) at all five relevant schools took part. The survey is thus fully representative of students in Monaco born in 1991.



Country facts:

Area: 2 km²

Population: 32 700

FIELD PROCEDURE

A seminar was held with all the school headmasters in February to explain the objectives and the design of the study. A booklet with written instructions describing how to perform the data-collection process was disseminated and discussed. The absolute necessity of respecting the anonymity and confidentiality of the survey was stressed.

During an academic hour the students answered the form, with a supervisor present. After completion, the students were asked to put their questionnaire in an envelope and then to put these in a larger envelope which would contain all questionnaires.

It was recommended that supervisors should be brief and precise when answering student questions about the study or the questionnaire. They had to adopt a neutral attitude, to respect anonymity and confidentiality and to stay behind their desk during completion of the forms. Teachers functioned as supervisors but were permuted among classrooms to increase confidentiality. They also completed the Classroom Reports and, finally, had to seal the large envelope containing all the questionnaires (filled out or not) and the Classroom Report.

Data were collected on 4 April, which gives an estimated average age of 15.8 years.

SCHOOL AND STUDENT COOPERATION

All schools and all classes took part in the study. Only one student refused to participate while nine were refused participation by their parents and two were excused owing to language problems (less than 1% in all).

In general, the teachers/supervisors were surprised by the seriousness of the children. In 69% of the classrooms no disturbances at all were reported, while 28% of the supervisors reported disturbances from a few students and 3% reported disturbances from more than a few students. Giggling or making eyes was the most commonly reported type of disturbance. Ninety-two percent of the supervisors stated that all/nearly all students worked seriously and 72% that all/nearly all students showed interest in participating, and no supervisor stated that any student found the form difficult to complete. These figures are better than the average for all ESPAD countries.

No questionnaires were manually discarded owing to bad or missing data while 1% of the questionnaires were removed from the international database for those reasons. This is below the average of 2%.

The response rate was 90% (ESPAD average 87%). Completion time varied between 27 and 55 minutes (average: 39 minutes).

QUESTIONNAIRE AND DATA PROCESSING

A test of the French form (which was also used in Monaco) was carried out in the autumn of 2006 since France participated in the questionnaire test. Another test of the final version was performed in two French classes in January 2007. Most students appeared to be interested but the questionnaire was criticised for being too long or repetitive.

All ESPAD core questions were included in the questionnaire, but esp20, esp31, esp33, esp36i, esp36j and esp41 are not included in the database owing to incomparability (reversed scales, open answers or slightly different answer categories). Item esp19, on the other hand, is kept even though the response category of “9 years old or less” was rendered as “9 years old”. Almost all of the optional questions on cider and alcopops were used, and “champagne” was also added (also in the filter question esp14 as an extra category). The cannabis module (D) was used, as well as a few optional questions and a larger number of country-specific questions.

Each questionnaire was manually checked before being scanned – with FORMS from Readsoft – but, as stated above, no questionnaire was manually discarded. No weighting of the data is needed. A total of 393 questionnaires from Monaco are included in the international database.

RELIABILITY AND VALIDITY

To measure reliability, the results from questions about frequency on the one hand and about age at onset on the other hand were subjected to pairwise comparison for five substances. The comparison related both to the percentages of students giving inconsistent answers, i.e. claiming lifetime experience/abstinence on one question but not on the other, and to the quotient between reported lifetime-prevalence rates for the two questions. However, only two of these can be computed in the case of Monaco since the format of data on the age of onset for illicit drugs other than cannabis was non-comparable; these data were therefore not included in the database. The cigarettes and cannabis variables, however, indicated no reliability problems.

Running the data syntax for logical substitution of missing values reclaimed some 0.2% of the missing values for the core questions. On average, 0.7% of the core questions remained unanswered, which is better than the mean for all countries (1.6%).

When it comes to validity measures, Monaco shows about the same level of problems as the ESPAD average. The rates of inconsistency among lifetime, last 12 months and last 30 days prevalence were about average for all variables compared (alcohol, having been drunk, cannabis, ecstasy and inhalants). The proportion not willing to admit to possible cannabis use (3%) was among the lowest of all countries. In France, a fairly large proportion of students reported use of the dummy-drug alternative “mop”; Monaco, however, scored about average on this item.

METHODOLOGICAL CONSIDERATIONS

Practically all children born in 1991 took part in the survey in Monaco since the school-enrolment rate was 98% and it was a total survey of the whole country carried out in all five grades were students born in 1991 could be found.

All schools and classes took part in the study; a small number of students were prevented by their parents from participating. In all, 90% of the students in participating classes answered the questionnaire, and only 1% of the questionnaires were discarded owing to bad or missing data. Survey-leader reports indicate a good level of cooperation from the students. However, a fairly large number of items were excluded from the final database owing to non-comparable response categories, just like in the case of France, which used the same questionnaire.

Reliability and validity measures show no signs of problems and the proportion of students claiming to be unwilling to report cannabis use was one of the lowest among all countries.

To conclude, the study in Monaco seems well planned and performed, resulting in a data set of a quality above average. The only real drawback is that the number of non-comparable core questions is higher than in most other countries.

NETHERLANDS

The person responsible for the Dutch ESPAD study was Karin Monshouwer from the Trimbos Institute. The Netherlands also participated in the 1999 and 2003 ESPAD data-collection exercises. However, for methodological reasons 1999 data from the Netherlands were not considered to be directly comparable with those from other ESPAD countries.

ETHICAL CONSIDERATIONS

A letter was sent to the parents in which they were informed about the study and the possibility to tell the teacher if they did not want their child to participate. The students were informed in writing as well as verbally that participation in the survey was voluntary.

POPULATION

The population consists of all students in grades 3 and 4 of “regular” secondary education born between 1 August 1991 and 31 July 1992. The reason for this particular choice of target population, which differs from the one used in other ESPAD countries, is that data collection in the Netherlands was carried out in October–November, i.e. about 6–7 months later than in most other countries. The redefinition of the target population results in an average age of the Dutch ESPAD students (15.8 years) which is similar to the average age in a large majority of the ESPAD countries.

It has been estimated that about 91% of those born between 1 August 1991 and 31 July 1992 attended a Dutch school at the time of data collection.

SAMPLE AND REPRESENTATIVENESS

Schools were stratified in four strata according to the level of urbanisation. Proportionately to the size of each stratum, schools were sampled randomly within each stratum using a systematic sample from a list of all schools. Every fourth school was assigned as a school where a grade 3 class would be sampled. At all remaining schools, a grade 4 class would be sampled. Of all students in the target population, 94% were estimated to be found in these two grades.

Schools that agreed to participate in the study sent lists of all grade 3 or 4 classes. These lists were used to draw a simple random sample of one class per school with fewer than 1,000 students and two classes per school with 1,000 students or more. After weighting for gender, the sample is judged to be



Country facts:

Area: 33 900 km²

Population: 16.3 million

nationally representative of all secondary-school students born between 1 August 1991 and 31 July 1992 with respect to gender, age, grade and school level.

FIELD PROCEDURE

The data-collection process was led by staff from Regional Health Services, research assistants and researchers from the Trimbos Institute, altogether 29 people. All survey leaders underwent a half-day training session prior to the survey.

The material was sent to the Regional Health Services and research assistants. For each class there was an envelope with questionnaires, written instructions for the survey leader and a Classroom Report.

The teachers were asked to leave the room or to take a place at the back of the room during data collection. After completion, the questionnaires of all students were put in a large class envelope together with the Classroom Report. The envelopes were sent to the data-entry service.

Data were collected in October and November, which gave an average age of 15.8 years. The average time to complete the questionnaire was 35 minutes.

QUESTIONNAIRE AND DATA PROCESSING

The Dutch questionnaire included all ESPAD core questions as well as eight optional questions. Some country-specific questions were also asked, including ones about reasons for drinking and about music.

In the questions about drunkenness on the latest drinking occasion (Q14e), the example of drunkenness at the endpoint did not have a square bracket pointing at the endpoint. The binge-drinking question (Q17) did not contain any definition of what “a drink” is. Q30 I about the frequency of mixing alcohol with pills did not include the words “in order to get high”. The question about possible drunkenness among friends (Q34c) was related to being drunk at least once a week, while the master questionnaire did not include any frequency measure.

The new questions were translated from English into Dutch. Since the questionnaire was tested in 2003 it was not tested again in 2007.

SCHOOL AND STUDENT COOPERATION

Out of the 263 sampled schools, 153 agreed to participate. For technical reasons, data from a few schools were not collected, meaning that the final database includes data from students at 145 schools (55%). Participating and non-participating schools were compared for school size and proportion of immigrant students; no significant differences were found.

No student who was present refused to participate. The response rate for all students in participating classes was 93%. During the manual and computerised data-cleaning process, 1% of the questionnaires were rejected.

Nearly six out of ten survey leaders (57%) did not report any disturbances during completion of the forms. The most common type of disturbance was “other kinds of comments”, which was reported by 31% of the data-collection leaders.

The question about the students’ interest in the survey and the question about whether the survey leader thought that students had difficulties in answering the questionnaire were not included in the Classroom Report. However, in nearly all participating classes (93%) it was reported that “all” or “nearly all” of the students worked seriously. At an evaluation meeting with all survey leaders, no major difficulties in the data-collection process were reported.

RELIABILITY AND VALIDITY

The rates of inconsistency between two questions in a single administration, which is used as a reliability measure, were low (1–2%) for all five substances.

The average rate of missing data for all core questions was 0.9%.

The rate of inconsistent answers to questions about lifetime use, use in the past 12 months and use in the past 30 days was low (0–2%) for all five variables (alcohol consumption, having been drunk, cannabis, ecstasy and inhalants).

For cannabis, 6% of the students answered “definitely not” to the question “If you had used marijuana or hashish, do you think you would have said so on the questionnaire?”. On this “willingness question”, 24% answered that they had already said that they had used cannabis, which is close to the reported prevalence figure (28%).

Only a few students (0.4%) answered that they had used the dummy drug “NSTC” (which was used instead of “Relevin”).

METHODOLOGICAL CONSIDERATIONS

For pragmatic and historical reasons, the data-collection process in the Netherlands took place 6–7 months later (in October–November) than in other ESPAD countries (in which data were collected during the winter and spring). To “compensate” for this, the target population was redefined as students born between 1 August 1991 and 31 July 1992. This results in an average age of 15.8 years, which is about the same as in most other ESPAD countries.

The situation was similar to that in the 1999 data-collection exercise, when it was possible to compare the results from students defined in a similar way with students defined according to the ESPAD protocol (Hibell et al. 2000). There were only some minor differences between the two groups and they were all in the expected direction. The conclusion drawn was that the definition of the target population used in the Dutch study seemed to be appropriate for ESPAD comparisons. It seems relevant to make the same assumption with respect to the 2007 survey.

The mistake in the drunkenness question is judged not to be important enough to jeopardise comparability with data from other countries. Based on experiences from the ESPAD questionnaire test, the question about mixing alcohol with pills, in which “in order to get high” was missing, is kept. However, the mistakes in the binge-drinking question (Q17) and the question about drinking among friends (Q34c) are judged to be important enough to undermine comparability.

The sample of schools seems to have been adequate even though it probably led to the over-representation of small schools. However, this was compensated for by sampling two classes at large schools and only one at small schools.

Of the sampled schools, 45% did not wish to participate. This is a high proportion compared with most other ESPAD countries. A comparison between participating and non-participating schools did not show any differences for the variables of school size and proportion of immigrant students. There appear to be sufficient grounds for assuming that the relatively high number of non-participating schools did not influence the results to such a degree that comparability with other ESPAD countries would be jeopardised.

Student cooperation was good with no students refusing to participate, a high response rate and few excluded questionnaires.

Unfortunately, two questions were missing from the survey-leader protocol, which creates some uncertainty. However, no reliability or validity measures indicate any important methodological problems.

Overall, the data from the Dutch survey seem to be comparable with data from other ESPAD countries. However, it might be worth keeping in mind that data collection was carried out at a different time of the year, that the target population is defined differently (even though the mean age is about the same) and that a relatively large number of schools did not wish to participate in the survey.

NORWAY

Astrid Skretting and Elin Bye at the Norwegian National Institute for Alcohol and Drug Research were responsible for the Norwegian study. Norway also participated in the 1995, 1999 and 2003 ESPAD surveys.

ETHICAL CONSIDERATIONS

In letters taken home by the students, parents were informed in advance about the study and thus had the possibility to prevent their child from participating. However, very few students did not participate as a result of parental refusal.

The students were informed verbally as well as in writing that answering the questionnaire was voluntary.

POPULATION

The target population consisted of all students in grade 10 at secondary (compulsory) schools in Norway born in 1991. Nearly 100% of children born in 1991 were enrolled in school in March 2007.

SAMPLE AND REPRESENTATIVENESS

The sampling frame consisted of all 1,244 grade 10 schools in Norway. It included information about the number of grade 10 students at each school. The class concept no longer exists in Norway, but based on the information about the number of students at each school the number of “classes” at each school was calculated, and “classes” were identified as 10A, 10B, etc. Based on this “class list”, 313 “classes” were drawn using simple random sampling.

Nearly all students born in 1991 were to be found in grade 10.

The data are weighted for geographical distribution.



Country facts:

Area: 323 800 km²

Population: 4.7 million

FIELD PROCEDURE

The questionnaires and instructions were sent to the sampled schools that agreed to participate. Data collection was carried out under the same conditions as a typical written test at school and the completed questionnaires were collected in individual envelopes by a teacher, who then sent them back to the institute responsible for the conduct of the study. The questionnaires were scanned into a computer. The average time to complete the questionnaire was 30 minutes. Data were collected in March–April, which gives an average age of 15.8 years. The questionnaires of the few grade 10 students who were not born in 1991 (62) were excluded from the survey.

QUESTIONNAIRE AND DATA PROCESSING

All core questions in the ESPAD questionnaire were asked as well as one optional question. Five country-specific questions about alcohol and tobacco were also included.

The questionnaire was translated by the Norwegian ESPAD researchers. It was not back-translated into English and was not piloted.

SCHOOL AND STUDENT COOPERATION

Of the 313 sampled “classes”/student groups, 133 did not participate in the survey; they were not replaced. The proportion of non-participating “classes” (42%) was higher than in the 2003 data-collection exercise (23%). The Norwegian ESPAD researchers expressed the view that the increase was caused mainly by the significant number of requests for schools to participate in school surveys and by the fact that data collection at many schools was supposed to take place quite late in the school year (April) when there is much focus on exams. Hence, it was judged that students in non-participating “classes” do not differ significantly from participating students as regards their alcohol and drug habits.

In the manual and computerised data-cleaning process, 4% of the questionnaires were discarded.

The response rate was 89%. Explicit information about the number of students who refused to participate was not available. However, no survey leader reported any refusals.

Of the 180 survey leaders, 173 returned a Classroom Report (out of which 31 did not answer all questions). 71% did not report any disturbances, while 16% answered that this was the case with more than a few students. The most common type of disturbance was “loud comments”, which was mentioned by 10% of the teachers.

In the vast majority of the Classroom Reports (87%), it was stated that “all” or “nearly all” students were judged to be interested in the survey. The corresponding figure was slightly higher for the similar question of whether the students worked seriously (94%). By mistake, the Classroom Report did not include the question of whether the survey leaders thought that the students found it easy or difficult to answer the questionnaire.

RELIABILITY AND VALIDITY

Reliability as measured by consistency between two questions within a single administration showed that the rate of inconsistency was highest for inhalants (3%). For questions about cigarettes, cannabis, ecstasy, and tranquillisers and sedatives, the rates were lower (0–2%).

The average proportion of unanswered core questions was 3.3%.

The rates of inconsistent answers to questions about lifetime, last-12-months and last-30-days prevalence were low for all variables (0–1%).

For cannabis, 5% of the students replied “definitely not” to the question, “If you had used marijuana or hashish, do you think you would have said so in this questionnaire?”. On the same question, 7% said that they had already answered that they had used cannabis, which is about the same as the prevalence figure (6%).

Among the Norwegian students, 0.6% answered that they had used the dummy drug “Relevin”.

METHODOLOGICAL CONSIDERATIONS

Within each stratum, “classes” were drawn with the same probability, which could have resulted in the over-representation of students from small “classes”. However, since “class” size within each of the 87 strata did not differ very much this was judged to have a negligible impact on the representativeness of the sample. Hence, the sample is considered to be representative of students born in 1991.

Compared with most other ESPAD countries, a significant number of the sampled “classes” (42%) did not participate in data collection. The non-participating “classes” are spread across the country and the Norwegian ESPAD researchers comment that there are no indications that students in these “class-

es” can be expected to have significantly different alcohol and drug habits. However, it must be noted that this conclusion is not based on any systematic follow-up.

The response rate was good (89%) and the Classroom Reports did not indicate any important disturbances during data collection. Hence, student cooperation seems to be satisfactory.

The proportion of unanswered core questions (3.3%) is the highest among all ESPAD countries. However, no other reliability or validity measures indicate any important methodological problems.

Overall, the results seem to be representative of students in Norway born in 1991 and comparable with other ESPAD data. However, the rather high proportion of non-participating “classes” represents an uncertainty factor that should be kept in mind.

POLAND

Janusz Sieroslawski, Institute of Psychiatry and Neurology, Warsaw, was responsible for the Polish study. Poland also participated in the three previous ESPAD data-collection exercises.

ETHICAL CONSIDERATIONS

Students were informed verbally as well as in writing that answering the questionnaire was voluntary.

POPULATION

The population consists of students born in 1991 attending grade 3 of the gymnasium. It was estimated that 95% of this age cohort was enrolled in school in May/June 2007.

SAMPLE AND REPRESENTATIVENESS

Lists of schools were obtained from the Ministry of Education. They contained information about the number of classes at each school.

The sampling unit was the class. The sampling frame consisted of lists where the names of the schools appeared as many times as the number of classes at each school. The sample was drawn as a systematic random sample with a probability proportionate to school size. The sample was limited to one class per school and included 211 classes in all.

To test the possible effect of the new questionnaire, half of the students in every class answered the new questionnaire and half the questionnaire that was used in 2003. However, the data presented in this report come only from students who answered the new questionnaire.

Of all students born in 1991, 92% were estimated to attend grade 3 of the gymnasium. The sample is self-weighted and judged to be representative of all Polish students born in 1991.

FIELD PROCEDURE

For the data-collection process, Poland was divided into six areas. Administration and data collection were performed by a total of 53 research assistants, who were specially trained for this task.

The assistants were told to collect data under conditions similar to a typical written test at school. The instructions for the students were read aloud in each class and each student could also read them before answering the questionnaire. After completion, each student put his or her questionnaire in an individual envelope. No teacher was allowed to stay in the classroom while the survey was being carried out. All material was taken to the research institute by the research assistants.

The average time to answer the questionnaire was 35 minutes. Data were collected in May–June, which gives an average age of 15.9 years.

QUESTIONNAIRE AND DATA PROCESSING

The questions that were new in 2007 were translated into Polish and then back-translated into English, which did not result in any important changes.

The questionnaire contained all ESPAD core questions. It also included the Integration (A), Deviance (C) and Cannabis (D) modules, some optional questions, the two recommended questions (R) and one country-specific question.

The questionnaire was pre-tested in two steps. The first involved interviews with 25 students while the other was carried out in 10 classes under the same conditions as the actual survey.

Data were entered manually.



Country facts:

Area: 312 700 km²

Population: 38.2 million

SCHOOL AND STUDENT COOPERATION

Of the 211 classes sampled, 14 did not participate. The reason was that they were not available in the period of data collection. These 14 classes were replaced by other classes at the same schools. It is stressed in the Country Report that there were no problems with the willingness of the schools and classes to take part in the survey.

The response rate was 84%. No student refused to participate.

In the manual and computerised data-cleaning process, 1% of the questionnaires were discarded.

No serious problems or disturbances were reported from the data-collection process. Of all survey leaders, 53% did not report any disturbances at all, while 36% answered that this happened with a few students only. The most important type of disturbance was loud comments, which was reported by nearly half of the survey leaders (47%).

In a majority of the classes (80%), the survey leaders reported that “all” or “nearly all” of the students were interested in the study. The corresponding figure for whether the students worked seriously was 73%. Of all survey leaders, 13% reported that they thought that students found it difficult to answer the questionnaire.

RELIABILITY AND VALIDITY

The rate of inconsistency between two questions in a single administration was highest for inhalants and for tranquillisers or sedatives without a doctor’s prescription (4% each) and lower (1%) for the other three variables (cigarettes, cannabis and ecstasy).

The average number of unanswered core questions was 1.1%.

The rate of inconsistent answers to questions about lifetime use, use in the past 12 months and use in the past 30 days was 3% for alcohol consumption, 1–2% for having been drunk and cannabis, but 0% for ecstasy and inhalants.

For cannabis, 4% replied “definitely not” to the question, “If you had used marijuana and hashish, do you think that you would have said so in the questionnaire?” On this “honesty question”, 17% answered that they had already said that they had used cannabis, which is very close to the reported lifetime-prevalence figure (16%).

Of all students, 1.3% answered that they had used the dummy drug “Relevin”.

METHODOLOGICAL CONSIDERATIONS

The sampling procedure seems to have functioned well.

No students refused to participate, the proportion of skipped questionnaires was not high and the response rate was acceptable. The reports of the survey leaders do not indicate any serious problems during data collection. Hence, student cooperation seems to have been satisfactory.

The number of refusing schools and classes was low and there are no problems reported in relation to cooperation with the schools. Thus, there is reason to assume that school cooperation was good.

Among the survey leaders, 13% reported that they thought that the students found the questionnaire “very difficult” or “rather difficult” to answer, which is among the highest figures in all ESPAD countries. The Polish ESPAD researcher has commented that part of the reason for this high figure may be that half of the students in every class answered the old questionnaire, which he considers less user-friendly. This seems to be a plausible explanation and is supported by the fact that none of the reliability and validity measures indicates any methodological problems in the Polish data-collection process.

The data seem to be representative of students born in 1991 in Poland and comparable with the results from other ESPAD countries.



Country facts:
Area: 91 900 km²
Population: 10.5 million

PORTUGAL

The Principal Investigator in Portugal is Fernanda Feijão at the Instituto da Droga e da Toxicodependencia, I.P. (IDT, IP), Ministry of Health. Portugal has participated in all three previous ESPAD waves and the Portuguese study in 2007 was supported by the Portuguese Ministry of Education.

ETHICAL CONSIDERATIONS

The study was approved by the Ministry of Education. Since the first survey, anonymity issues are handled with special care in order to meet the ethical requirements. Because parental organisations are nowadays very active, it was suggested to all headmasters that they should ask for parental permission,

if this was in accordance with school rules. In the end, it was up to the headmasters to decide what actions should be taken.

POPULATION

Approximately 80% of the 1991 cohort was still enrolled in school during the time of data collection. The Portuguese survey was carried out in the mainland only, excluding the Azores and Madeira islands, where approximately 5% of the student population lives.

SAMPLE AND REPRESENTATIVENESS

The Azores and Madeira islands were excluded for logistical reasons; their exclusion would not, according to other studies of this type, change the national estimates.

The target population, students born in 1991, is found among grades 7–10, and all these four grades are included in the sample. However, since gaining access to private schools is rather complicated, only students from public schools are included in the sampling frame. This group makes up about 85% of the students born in 1991.

A database was built with information from the Ministry of Education about all classes, per school and grade, also containing information on class size. Classes were sampled from the database and the sample was stratified by geographical area, for each of the four grade levels. The total number of schools included in the ESPAD sample was 580 and the total number of classes selected was 708.

FIELD PROCEDURE

A list of all schools with sampled classes was sent to the head office of the Ministry of Education and to its regional authorities, and they were in turn asked to contact the schools and to inform them about the study. After this initial and official contact, IDT contacted the headmasters to provide details of the survey and identify the classes sampled to ensure that the parents concerned could give permission for participation.

Class teachers functioned as survey leaders. School headmasters received the material for the survey – one large envelope for each classroom – to pass on to the teachers responsible for data collection, together with instructions on how to perform the study. After completion, the students put their questionnaires in individual IDT envelopes with IDT logos. The teacher put all the individual envelopes in a large classroom envelope, which was sent back to the national coordinator of the survey.

Data were collected between 7 and 11 May. The estimated mean age for the Portuguese sample was 15.9 years.

SCHOOL AND STUDENT COOPERATION

Portuguese schools are in general very cooperative regarding studies of the ESPAD kind and the study seems to have functioned well. From the original sample, all schools and 672 (95%) classes participated. The 36 classes that did not participate already had other activities planned for the week of data collection; they were not replaced.

A total of 154 parents refused their children permission to participate and 43 of the students refused to cooperate themselves, which corresponds to slightly more than 1% of the total sample of students.

From a majority of the classrooms (74%) it was reported that there were no disturbances at all during data collection. The main cause of disturbance was defined as giggling or making eyes at classmates. In 91% of the classrooms the survey leaders believed that all/nearly all students worked seriously answering the questions and from 64% of the classrooms it was reported that all/nearly all took part with apparent interest. Only 4% of the survey leaders mention that there were some students who seemed to find it difficult to fill in the form. These data suggest that the data-collection situation in Portugal was better than the ESPAD average.

The average time to complete the Portuguese survey was 42 minutes (just like the mean for all countries) and the average response rate (students present, participating classes) for all four grades was 96%, a figure well above the ESPAD average (87%).

QUESTIONNAIRE AND DATA PROCESSING

The Portuguese questionnaire contained all core questions and optional core questions on alcopops but not on cider. Apart from a question on school grade, six more country-specific questions were asked: three about specific attitudes towards cannabis, ecstasy and cocaine use respectively, one about the relevance of drug information provided by schools, another about the information students have about

the effects of drug use and finally one about beliefs about quitting substance use. Data on the consumption of wine and spirits on the latest drinking day are not used in the report since the volumes given differ too much from the master questionnaire.

Two separate translations were made and compared. If there were discrepancies, a third translation of the item was carried out in order to achieve consensus about the correct wording. The questionnaire was tested on students in three Lisbon-area classes.

When the questionnaires were returned to the research unit, they were checked according to the Classroom Reports. Twenty (out of all 13,236 participating students) obviously invalid forms were removed before data entry (<0.5%). The questionnaires were optically read using the scanning software “Teleform”. Among the data delivered in relation to students born in 1991, another 24 questionnaires were discarded. In all, somewhat fewer than 1% of all questionnaires were removed in any of these processes; this is less than the average for all countries (2%). The Portuguese data require no weighting. There are 3,141 valid Portuguese questionnaires in the international database.

RELIABILITY AND VALIDITY

To measure reliability, the results from questions about frequency on the one hand and about age at onset on the other hand were subjected to pairwise comparison for five substances. The comparison related both to the percentages of students giving inconsistent answers, i.e. claiming lifetime experience/abstinence on one question but not on the other, and to the quotient between reported lifetime-prevalence rates for the two questions. The Portuguese results all indicated good reliability compared with the average results.

Running the data syntax for logical substitution of missing values reclaimed on average 0.5% of the missing values. Compared with the ESPAD average, adjusted non-response rates were slightly lower (1.3% versus 1.6%).

The rates of inconsistency among lifetime, last 12 months and last 30 days prevalence for all alcoholic beverages, having been drunk, cannabis, ecstasy and inhalants show higher values for the alcohol-related variables, but not at an alarming rate, while the rest of the validity measures were equal to the average.

METHODOLOGICAL CONSIDERATIONS

Just like in previous years, only mainland Portugal was surveyed, leaving the about 5% of the population living on the Azores and Madeira islands outside the sampling frame. About 85% of the target population – students on the mainland born in 1991 – were covered by the sample frame. Those left outside were students at private schools, since for pragmatic reasons only public schools could be included.

The preparation, sample construction and implementation of the study were definitely successful. School and student cooperation were good while in all 1% of the sampled population was prevented from participating by parental refusal. Measures of reliability and validity indicate no major problems, but it could be noted that inconsistency was relatively high for the alcohol variables, as was in fact also the case in the previous data-collection wave.

Even though this is not a problem related to the implementation of the survey, it could also be mentioned that, when making comparisons with other countries, it must be borne in mind that a relatively low proportion (80%) of the 1991 birth cohort was still at school in 2007.

To conclude, the overall impression is that the Portuguese data collection went well and that the data set is of good quality and can be used for comparisons in the international database.

ROMANIA

Dr Silvia Florescu at the National School of Public Health and Health Services Management was responsible for the Romanian ESPAD study, which was conducted in cooperation with the National Antidrug Agency. Romania also participated in the 1999 and 2003 ESPAD studies.

ETHICAL CONSIDERATIONS

The Ministry of Education, Research and Youth gave permission to carry out the survey. The students were informed, verbally as well as in writing, that their participation was voluntary.

POPULATION

The target population consists of all students in Romania born in 1991. The proportion of all children born in this year enrolled in school was estimated to be 87%.



Country facts:

Area: 230 300 km²

Population: 21.7 million

SAMPLE AND REPRESENTATIVENESS

Grades 9 and 10 at nearly all kinds of schools were included in the study. The study only included full-time day students in these grades, which means that part-time and evening students were excluded. 150 schools, including schools for students with languages of instruction other than Romanian, schools for students with sensorial and/or mental impairment/deficiency and schools with a theological profile were excluded. Another category that did not take part were military high schools.

In grade 9 classes nearly all students were born in 1991, while numbers were much smaller in grade 10 classes.

Sampling was performed in three steps. No information was available about the size of the schools. In the first step, 561 out of 1,459 schools were sampled using simple random sampling, i.e. all schools had the same probability of being sampled. The 561 sampled schools were asked for information about the number of grade 9 and 10 classes as well as about the number of students born in 1991. 443 schools provided this information, which was used to divide the schools into five strata based on the number of students born in 1991 (–50, 51–100, 101–200, 201–300 and 301–).

In the second step, 116 schools were selected from the sub-sample of 443 schools. The number of schools sampled from each stratum was proportionate to the number of schools in that stratum. The schools in each stratum were selected using simple random sampling, i.e. all schools in a stratum had the same probability of being sampled.

The third sampling step was a simple random sampling of one grade 9 class and one grade 10 class at each sampled school.

The sample is supposed to be representative of Romanian students born in 1991 and enrolled in grades 9 and 10 at “regular” high schools.

The proportion of all students born in 1991 who were to be found in the two participating grades is estimated to be 83%.

The sample is not self-weighted. Separately for boys and girls, data were weighted for school size (using data from the 443 schools in the first sample that provided information).

Of all students born in 1991 who answered the questionnaire, 44% were boys. The corresponding proportion at the 443 schools in the first sample that provided information was 47%.

FIELD PROCEDURE

After an introduction in front of the class, data were collected by research assistants from the National Antidrug Agency (NAA). Teachers assisted the research assistants with information for the Classroom Report, but were not expected to be in the classroom when the students answered the questionnaires. Data were gathered under the same conditions as for a typical written test, in the classroom of the sampled grade 9 class at each school. The few students born in 1991 who were found in the sampled grade 10 class were asked to go to the grade 9 classroom at the time of data collection. All students in sampled grade 9 classes who were present participated in data collection. Questionnaires from students not born in 1991 were excluded from the analysis.

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 60 minutes. Data were collected at the end of May and the beginning of June, which gives an average age of 15.9 years.

QUESTIONNAIRE AND DATA PROCESSING

All ESPAD core questions were asked, even though the questions about cider were excluded. The questionnaire also contained modules B (Psychosocial) and C (Deviance) as well as nine optional questions and the two R questions. No country-specific questions were added.

The translation was made by a team of professional translators, after which it was back-translated and reviewed by a psychiatrist and public-health specialists. The questionnaire was pre-tested at ten schools, which led to some modifications.

Data were entered manually.

SCHOOL AND STUDENT COOPERATION

Of the 116 sampled schools, two were replaced. At nine schools, the sampled grade 10 class was replaced with another grade 10 class; at five schools, a non-participating grade 10 class was not replaced.

The response rate was 84%. One student who was present refused to participate.

In the computerised data-cleaning process, 1% of the questionnaires were excluded.

According to the survey leaders, no disturbances were reported in 88% of the classes. Disturbances (mainly giggling or making eyes) were reported by “a few students” in 9% of the classes.

In a large majority of all participating classes (88%) the survey leaders reported that “all” or “nearly all” of the students were interested in the study. The proportion was the same for the similar question of whether the students worked seriously.

In the Classroom Reports, no survey leader reported that the students found it difficult to answer the questionnaire.

RELIABILITY AND VALIDITY

The rate of inconsistency between two questions in a single administration was highest for the variable of cigarettes (4%). The corresponding figure was lower (0–2%) for the other four variables (cannabis, ecstasy, inhalants, and tranquillisers and sedatives).

The average non-response rate for all core questions was 1.7%.

The rates of inconsistent answers to questions about lifetime use, use in the past 12 months and use in the past 30 days were highest for the variables of alcohol consumption and having been drunk (9% and 4%, respectively). The corresponding figure for cannabis, ecstasy and inhalants was 0%.

Of the Romanian students, 10% answered that they would not have admitted to use of cannabis. On the same question, 5% said they had already answered that they had used cannabis, which is about the same as the reported lifetime prevalence (4%).

Very few (0.1%) of the students answered that they had used the dummy drug “Relevin”.

METHODOLOGICAL CONSIDERATIONS

In the first sampling step, 561 schools were randomly sampled with the same probability, leading to over-representation of small schools. These schools were asked for information about the number of boys and girls born in 1991. The information gathered from the 443 schools that returned the form was used to weight the data from the 116 schools that were included in the second sample. This means that the data are partly weighted (for the 443 schools providing information about school size) but not weighted for the country as a whole.

Comparison of weighted and unweighted data for some items shows the following lifetime prevalences (percentages):

	Unweighted	Weighted
Been drunk	32	34
Cannabis use	3	4
Ecstasy use	1	1
Sedatives/tranquillisers (without a prescription)	4	4
Inhalant use	4	4

Since the differences between weighted and unweighted data are small or non-existing, it seems reasonable to assume that weighting for the country as a whole would probably not have changed the results to any important degree. However, some caution is recommended in relation to the Romanian results.

150 schools (about 10%) were excluded from the sampling frame. Many of them were schools with a theological profile; the reason for excluding them was that the use of various substances is not accepted by the Orthodox Church, meaning that it would have been very difficult for students of these schools to admit to any substance use. Another category of schools not included in the sampling frame was military high schools. The main reason was that it would not have been possible to obtain the cooperation of these schools. In the light of these comments from the ESPAD researcher, it seems reasonable to exclude these two categories. They were excluded in 1999 and 2003 as well, which means that comparability with previous ESPAD surveys is not affected.

The different wordings mentioned above in Q30l and Q31e have been judged to have about the same meaning for the Romanian students as the wording of the master questionnaire; the relevant data have therefore been accepted for comparisons.

All sampled schools but two participated, and nine grade 10 classes had to be replaced for technical reasons. All participating students answered the questionnaire. No major problems are reported from

the data-collection procedure. On the whole, school and student cooperation seems to have been good.

The average time to answer the questionnaire is reported to be 60 minutes, which is the highest among all ESPAD countries. The Romanian ESPAD researcher has explained that the survey leaders in many classes probably reported the time taken by the last students rather than that of the average student, which would mean that the true average time is probably less than 60 minutes. This seems to be a plausible explanation and is supported by the fact that very few disturbances were reported by the survey leaders and that none of them said that they thought that the students had found the questions difficult to answer.

The proportion of students who gave inconsistent answers about alcohol consumption during their lifetime, in the past 12 months and in the past 30 days (9%) was among the highest in all ESPAD countries. However, no other reliability or validity measure indicates any important methodological problems, which supports the assumption that the data can be judged to be representative of students at the sampled schools.

Under the assumption mentioned above that a possible weighting in relation to the first sampling step would probably not have affected the results to any important degree, the data can be seen as representative of Romanian students born in 1991 enrolled in grades 9 and 10, and as comparable with data from other ESPAD countries. However, the uncertainty in relation to the first sampling step is important to bear in mind.

RUSSIA

Professor Eugenia Koshkina at the National Research Centre on Addictions was responsible for the Russian ESPAD study. Moscow participated in the 1999 and 2003 data-collection exercises, but this was the first time that the whole country was involved. As part of the first ESPAD project in 1995, data were collected in the European part of Russia by another researcher, but data from that study were never published.

ETHICAL CONSIDERATIONS

The study was approved by the Ethical Committee of the Research Institute on Addictions as well as by the Government of Moscow. Students were informed verbally as well as in writing that participation in the survey was voluntary.

POPULATION

The target population consists of Russian students born in 1991. To allow comparisons with the 1999 and 2003 data collected in Moscow, a sub-target population was students in Moscow born in 1991.

Students born in 1991 were found in grades 9 and 10 at general schools, gymnasiums and lyceums, in the first year of primary technical-education schools and in the first year of secondary professional-education schools (including nursing schools). Of all persons born in 1991, it was estimated that about 96% in the Russian Federation and 97% in Moscow were enrolled in school at the time of data collection.

SAMPLE AND REPRESENTATIVENESS

Two samples were selected, one for Moscow and one for the rest of the country.

Available lists were used to draw a systematic sample in Moscow of 85 grade 9 classes at general schools, proportionately to school size. Another 85 grade 10 classes were sampled in a similar way. In addition, another 26 schools were randomly sampled from among technical, professional and nursing schools. These 26 schools were sampled proportionately to the approximate number of students born in 1991. At each of the sampled schools, one class was randomly sampled using lists of classes provided by the school.

The Russian Federation is divided into 89 regions. Some of them are quite isolated and have rather few inhabitants. For pragmatic reasons, six small regions representing less than 3% of the students born in 1991 were excluded from the sampling frame. It was estimated that the average number of students was about 15 per class at rural schools and about 20 at urban schools.

Russia consists of seven federal districts, each of which was divided into five groups/ primary selection units based on population size – i.e. 35 strata in all. Moscow was excluded, as were two other strata that did not exist in reality. For each stratum it was calculated how many classes should be sampled to ensure that all strata would be represented in proportion to their respective size. Regional education departments were asked to provide information about school size. Such information was received from



Country facts:

Area: 17 075 400 km²

Population: 143.5 million

62% of them; in the relevant strata, schools were selected using systematic sampling, proportionately to school size. For the remaining strata (38%), schools were sampled randomly with the same probability.

The second step was to create a sample of one class per sampled school in which all classes had the same probability of being sampled. When information was available about the number of classes at a sampled school, the random selection was performed by the research institute. When this information was not available, the local research coordinator chose a class at random when visiting the school for data collection.

The two samples (in the Russian Federation and Moscow, respectively) are both self-weighted but with different probabilities. Hence, data for the country as a whole have been weighted.

It has been calculated that about 96% of all students born in 1991 were to be found in the two participating grades; the sampling frame is thus seen as representative of students in Russia born in 1991 (and of students in Moscow born in 1991 for the special Moscow sample).

FIELD PROCEDURE

In each region across the Russian Federation, a coordinator responsible for the survey was appointed. The regional coordinators contacted the sampled schools, informed them about the survey and agreed on a time for data collection. 182 experienced interviewers (research assistants) were used as survey leaders after having been given written instructions and training by telephone. Data were collected under the same conditions as a typical written test at school. After completion of the questionnaire, each student sealed his/her individual envelope.

Teachers were usually present during data collection but did not take any active part. During or after the survey, teachers assisted the survey leaders when completing the Classroom Reports.

In Moscow, coordinators contacted sampled schools to inform them about the survey and agree on a date for data collection. Research assistants (23) underwent one day of training before carrying out the data-collection process. Like in the rest of the country, the students had self-sealing individual envelopes. Teachers usually stayed passive in the classroom and assisted the survey leaders with relevant information for the Classroom Reports.

The questionnaires were sent to the research institute, where they were numbered and checked and the data were entered manually.

Data were collected in April–May, which gives an average age of 15.8 years. The average time to answer the questionnaire was 36 minutes.

QUESTIONNAIRE AND DATA PROCESSING

The Russian questionnaire consisted of all ESPAD core questions. The Deviance module (C) was included as well as some questions from the Integration module (A) and some optional questions. No country-specific questions were asked. Since cider hardly exists in Russia, the questionnaire contained a question about champagne (sparkling wine) instead of cider. Champagne is a beverage traditionally served in Russia for celebration and is often not considered as wine.

Since the concept of “alcopops” is not used in Russia, the relevant question was worded differently: “... carbonated alcoholic beverages (like gin and tonic, rum and cola, etc.)”. The questionnaire used in the Russian Federation and in Moscow was the same, except that the questionnaire used in Moscow contained a question about month of birth.

The new questions were translated, after which two researchers compared the English and Russian versions. No pre-testing was carried out.

In the data-entry process, 200 randomly selected questionnaires were checked by two researchers. This resulted in 25 corrections, i.e. corrections for 0.056% of the entries.

SCHOOL AND STUDENT COOPERATION

Altogether 14 schools (and classes) did not take part in the survey. However, once permission had been given by a school, none of the sampled classes refused to participate. In addition to this, data from six out of seven schools in one of the regions of Russia turned out to have been falsified by a regional coordinator and were therefore deleted from the data set.

The response rate was 80%. The questionnaires of 15 students were excluded during the scrutinising process. Half of the survey leaders (50%) did not notice any disturbances during data collection and another third (37%) reported that this happened with a few students only. The most commonly reported type of disturbance was “giggling or making eyes”, which was mentioned by about half of the survey leaders (47%).

A majority (84%) of the survey leaders reported that “all” or “nearly all” students were interested in the survey; the figure was about the same (79%) for the question of whether the students worked seriously. Of all survey leaders, 5% answered that they thought that some students found it difficult to answer the form.

No specific problems were mentioned in the Classroom Reports. It is summarised in the Country Report that student cooperation, as well as student comprehension, was good in Moscow as well as in the Russian Federation.

RELIABILITY AND VALIDITY

The inconsistency rate within a single administration, which is used as a reliability measure, was highest for inhalants (5%). For all other substances (cigarettes, cannabis, ecstasy, and tranquillisers or sedatives without a doctor’s prescription) it was substantially lower (1–2%).

The average non-response rate for all core questions was 2.0%.

The rates of inconsistency among lifetime, last-12-months and last-30-days prevalence were higher (3–5%) for the two alcohol validity variables (alcohol consumption and having been drunk) than for cannabis, ecstasy and inhalants (0%). Eight percent of the students said on the “willingness question” that they would not have admitted to use of cannabis. Eleven percent said, on the same question, that they had already said they had used cannabis, which is somewhat lower than the reported value (19%).

Among the Russian students, 0.2% answered that they had used the dummy drug “Relevin”.

METHODOLOGICAL CONSIDERATIONS

Sampling seems to have functioned well in Moscow as well as in the Russian Federation, even though it should be noted that in 38% of the strata, schools were sampled with the same probability. This means that students at small schools were over-represented. However, since size within a federal district was a stratification variable, it can be assumed that schools within the same stratum were likely to be of similar size.

The decision to skip six small regions for pragmatic reasons seems acceptable since the population concerned was small and data collection would have been complicated to organise. It is of course a disadvantage that data from six out of seven classes in one of the regions were fake. It should be kept in mind, however, that the total number of non-participating classes was low even including these schools.

Since cider is sold only in very small amounts in a limited number of regions, the Russian questionnaire instead included a question about champagne. In the estimate of amounts consumed by students on their latest drinking occasion, consumption of champagne was added to consumption of wine.

Few students who were present refused to participate, the response rate was acceptable and no really important complications are reported from data collection. Hence, student cooperation seems to have been good.

None of the reliability and validity measures indicates any major methodological problems.

On the whole, the data-collection exercises in Russian Federation and in Moscow seem to have functioned well. The results are judged to be representative of students in Russia born in 1991 and comparable with data from other ESPAD countries.

SLOVAK REPUBLIC

Dr Alojz Nociar is Principal Investigator and responsible for conducting the Slovak ESPAD 2007 study. The Research Institute for Child Psychology and Pathopsychology was the coordinating institution responsible for the implementation of the study. The Slovak Republic has participated in all three previous ESPAD waves.

ETHICAL CONSIDERATIONS

No parental approval is required since the conditions of anonymity and the possibility for each student to refuse participation are considered satisfactory safeguards in relation to ethical objections.

POPULATION

It is estimated that approximately 95% of the 1991 birth cohort was still at school during the spring of 2007. The target population for the 2007 survey was all Slovak students born in 1991.



Country facts:

Area: 49 000 km²

Population: 5.4 million

SAMPLE AND REPRESENTATIVENESS

The ESPAD sample covered both grade 9 of primary school and grade 1 of secondary school, where the majority (about 70%) of the 1991 cohort is to be found. Around 30% of the students born in 1991 were enrolled in primary school. In the secondary-school system, all four available school types were covered (grammar, technical, vocational and composite), as well as the different types of training specialisation. For national purposes, grades 2–4 of secondary school were also included in the study.

Approximately 98% of all students born in 1991 are thereby covered by the sample, which represents an improvement on earlier waves, when grade 9 was not included.

To carry out sampling, a proportional stratified random selection of schools was drawn from comprehensive lists including information about schools, classes and numbers of students. The resulting sample consisted of 120 schools with 238 classes, of which 110 classes were from primary school. Since classes are of more or less the same size at all schools, classes were sampled using simple random sampling, regardless of class size. The sample is self-weighted for age and gender. At a later stage, another five classes from grades above grade 1 were added to the sample since these classes were found to include students born in 1991 (they were grade 2 classes at 8-year secondary grammar schools).

FIELD PROCEDURE

Cooperation with the Ministry of Education was established and after negotiations with the Department for Regional Schools – responsible for primary and secondary schools – permission to conduct the survey was obtained along with a letter of recommendation for the headmasters of the schools. All materials, including instructions, questionnaires and Classroom Reports, were prepared for the staff collecting the data. Just as in previous waves, the survey leaders were employees at Departments for Children and Adolescents and Departments for Health Protection from the network of the 38 regional Offices for Public Health, headed by the central Office of the Public Health of the Slovak Republic in Bratislava.

Teachers were not involved or even at all present during data collection. When the students had filled in the questionnaires they placed them in individual envelopes, which were collected and sent to the research institute together with the Classroom Report. Data were collected from 19 to 23 March 2007, which results in an estimated theoretical mean age of 15.7 years.

SCHOOL AND STUDENT COOPERATION

All schools but one were willing to participate in the study; this meant that one grade 9 class was lost (no replacement was made). According to the Classroom Reports, only a negligible number (3) of students refused to answer the questionnaire. Student cooperation was considered good, and the entire procedure took on average 48 minutes (completion time ranging between 25 and 95 minutes, usually between 45 and 55 minutes). In some classes with pupils speaking Hungarian as their mother language, a certain amount of translation help was sometimes needed, which took extra time. The fact that the number of items was slightly above average probably also contributed to the fairly long completion time.

In a majority of the classrooms (57%), disturbances were reported by the survey leaders, but only in 12% of the cases from more than a few students. These disturbances consisted mostly of giggling or making eyes. The disturbance rate is above the all-country average; but at the same time, in 81% of all classrooms, all/nearly all students were reported to have been interested and worked seriously filling in the questionnaire – these figures are about average. Only in 7% of the classes was it reported that some students had difficulties filling in the form. It was noted that some students found the questionnaire relatively long, with similar and repetitive questions, and some also expressed fatigue from survey overload.

The overall response rate was 89% (boys: 92%; girls: 86%), which is slightly better than average.

QUESTIONNAIRE AND DATA PROCESSING

All ESPAD core questions were included in the questionnaire, which also included three full modules on Integration, Psychosocial measures and Cannabis (A, B and D) along with country-specific questions about smoking and drinking habits as well as passive smoking (including parts of the Fagerström Scale, CAGE and ADS). All of those country-specific questions were found at the end of the questionnaire. A pre-test was performed, leading to small changes in the questionnaire.

The main part of the questionnaire was identical to the previous one, so only the new questions were translated into Slovak. A back-translation was also made to check translation adequacy. Items esp37 and esp38 diverged from the master questionnaire but in such a marginal way (according to the 2006 questionnaire test) that they have been kept in the database regardless.

Each completed questionnaire was checked for completeness; if age or gender was missing, a comparison was made with the information from the Classroom Reports. If the missing information could not be restored, the questionnaire was still included, according to the new guidelines. Data were entered manually by a group of research assistants carefully instructed about criteria for excluding incomplete or clearly not seriously answered questionnaires.

Before the data-entry process, close to 1% of the questionnaires were excluded for being almost empty or obviously poorly filled in. Another 2% were discarded from the ESPAD database owing to low completion rates or poor data quality (50% missing answers or repetitive answering patterns) using a standardised syntax. Hence, a total of 3% of the questionnaires were discarded in those processes, which is slightly above the ESPAD average (2%).

No weighting of the data is needed. A total of 2,468 valid Slovak questionnaires are included in the database.

RELIABILITY AND VALIDITY

To measure reliability, the results from questions about frequency on the one hand and about age at onset on the other hand were subjected to pairwise comparison for five substances. The comparison related both to the percentages of students giving inconsistent answers, i.e. claiming lifetime experience/abstinence on one question but not on the other, and to the quotient between reported lifetime-prevalence rates for the two questions. The rate of inconsistency between two questions in a single administration was highest for use of inhalants (7%), but this is not an alarming figure compared with the average and considering that the definition of “inhalant” is rather vague (“glue, etc.”). The result for cigarettes also came out slightly worse than the average (5% versus 2%). On the whole, the reliability problems indicated for Slovakia are about the ESPAD average.

Running the data syntax for logical substitution of missing values reclaimed some 0.4% of the missing values for the core questions. On average, 1.2% of the core questions remained unanswered, which is better than the mean for all countries (1.6%).

When it comes to validity measures, Slovakia shows no signs of problems and the country is close to the ESPAD average. Use of “Netalin” (as an alternative to “Relevin”) was reported by only 0.5% of the respondents (average: 0.7%).

METHODOLOGICAL CONSIDERATIONS

About 95% of the 1991 birth cohort attended school at the time of data collection. The Slovak data-collection exercise took place in two grades (in principle): grade 9 of primary school and grade 1 of secondary school, and the sample covered 98% of the students born in 1991.

About 30% of the students born in 1991 were found in grade 9; this grade was not included in the sample of the previous ESPAD wave. One should bear in mind that this change, which is positive in terms of representativeness, may have an influence on the results and can thereby complicate trend comparisons. This could be the case if being schooled with younger peers has in any way influenced the behaviour of the students born in 1991 who were enrolled in grade 9. Class size was not considered in the sampling process, but this should be of less importance since classes are all of more or less the same size.

All in all, the survey appears to have worked well and school and student cooperation is satisfactory, even though quite a large number of disturbances was reported. The reason for the high level of disturbances could be that both the number of items and the average completion time were high, or at least above average for all countries.

Methodological measures regarding reliability and validity indicate a fully reasonable data quality. The proportion of discarded questionnaires is somewhat higher than the average while the overall non-response rate is lower.

To conclude, the Slovak data quality is definitely of good enough quality for comparisons with other countries in the 2007 ESPAD database. The slight limitation to comparability with the 2003 data owing to the improved sample should be kept in mind when analysing trends however.

**Country facts:**Area: 20 300 km²

Population: 2.0 million

SLOVENIA

Mag. Eva Stergar, psychologist at the Institute of Occupational, Traffic and Sports Medicine, University Medical Centre of Ljubljana, is Principal Investigator in Slovenia and responsible for the 2007 ESPAD data collection. Slovenia has participated in all three previous waves.

ETHICAL CONSIDERATIONS

Under Slovene legislation, parental consent is not needed since no questions in the survey concern personal data and the anonymity of the respondents is secured. Even so, some school counsellors still wanted to ask for parental consent. For this purpose, a short presentation of the survey was drawn up, together with a form for parents to sign in order to grant their child permission to participate.

POPULATION

Close to 96% of the 21,583 children born in 1991 were still at school in Slovenia during the school year of 2006/2007 and the survey was carried out at a national level in grade 1 of secondary school.

SAMPLE AND REPRESENTATIVENESS

A vast majority of the students born in 1991 (88%) were in grade 1 of secondary school. This was the only grade covered by the sampling frame. Some 4% of the students were still at primary school and 8% were in higher grades of secondary school.

According to available information, there were 142 secondary schools in Slovenia at the beginning of the school year. There are four types of secondary schools: grammar, technical, 3-year vocational and 2.5-year vocational. Since there were no class registers available for the sampling procedure, classes had to be identified through contacts with each school by mail. Letters presenting the ESPAD project and the purpose of data collection were sent to all secondary schools. The schools were asked to return information on all their grade 1 classes: class name, type of programme and number of students (by gender). Those who did not reply were contacted by phone or e-mail.

This information provided the basis for four lists of grade 1 classes, stratified by school type, from which the sample was drawn. In all, 173 classes from 122 schools with a total of 4,586 students were drawn in a stratified systematic random sample. The probability for each class to be drawn was proportionate to class size and the sample is nationally representative of grade 1 students born in 1991 (88% of all students in the birth cohort).

FIELD PROCEDURE

Letters were sent in March 2007 to the headmasters of sampled schools, including letters of support from the EMCDDA and the Ministry of Education and Sport as well as information about the study, for example how it would be carried out and in which classes. All secondary schools have a counselling service; the school counsellors were contacted personally by phone and appointed as survey leaders. They were given some financial compensation for the extra work involved. They received verbal information as well as written guidelines. Teachers were not present during data collection.

For each class, a box with instructions, questionnaires, envelopes and Classroom Reports was delivered by special delivery service to the school counsellor. Data were collected on 2–6 April, which gives an estimated average age of 15.8 years. The completed questionnaires were sent to the Institute of Occupational, Traffic and Sports Medicine by mail or special delivery service.

SCHOOL AND STUDENT COOPERATION

All the selected schools and classes participated in the project. Five students refused to participate, one for language-related reasons, and the parents of yet another student refused to allow participation (<0.5%).

The student response rate was 86%, with hardly any gender differences at all but with certain differences in relation to school type, rates ranging from 65% at lower vocational schools to 88% at grammar schools. Non-attendance was mostly due to illness or approved absence. The non-response rate is just about the ESPAD average.

On average the students needed 35 minutes to fill in the form (individual range: 20–70 minutes), which is below the mean for all countries.

Disturbances were reported by the survey leaders in a majority of the classrooms (58%), but only in 7% of the cases from more than a few students; the disturbances consisted mostly of giggling or making eyes at the beginning of the session. In 61% of all classrooms, all/nearly all students were reported to

have been interested; and in 76% of the classrooms, all/nearly all worked seriously filling in the questionnaire. In 13% of the classes it was reported that some students had difficulties filling in the form. (Students in lower vocational classes in particular had problems filling in the form; the average time for completion was 48 minutes in those classes.) The survey leaders' opinions are less positive than the ESPAD average, indicating a slightly more troublesome data-collection atmosphere than in many other countries.

QUESTIONNAIRE AND DATA PROCESSING

All core questions were used, including questions on month of birth and on alcopops. Modules A (integration) and B (Psycho-social measures) were also included as well as the two recommended items, resulting in a total of 233 items, which is well below the average. A translation from English to Slovenian made by the Principal Investigator was independently back-translated. Some changes were made in the Slovene text according to the translator's suggestions. The questionnaire was piloted in one class of lower vocational education; no problems understanding the questions were detected.

In the scrutinising phase, 8 questionnaires (<0.5%) were excluded because of obviously invalid data. Another 2% were discarded from the ESPAD database owing to low completion rates or poor data quality (50% missing answers or repetitive answering patterns) using a standardised syntax. In all, 2% of the questionnaires were discarded in those processes, which is just about the ESPAD average.

Five university students entered the data manually into an Excel database. The data entered were continuously checked through random samples by the Principal Investigator; if any major mistakes were discovered, all data entries made by the student concerned were checked. No weighting of the sample was needed. A total of 3,085 valid Slovenian questionnaires are included in the international database.

RELIABILITY AND VALIDITY

To measure reliability, the results from questions about frequency on the one hand and about age at onset on the other hand were subjected to pairwise comparison for five substances. The comparison related both to the percentages of students giving inconsistent answers, i.e. claiming lifetime experience/abstinence on one question but not on the other, and to the quotient between reported lifetime prevalence rates for the two questions. The rate of inconsistency between two questions in a single administration was highest for use of inhalants (7%), but this is not an alarming figure compared with the average (4%), especially considering that the definition of "inhalant" is rather vague ("glue, etc."). On the whole, the reliability problems indicated for Slovenia are about the ESPAD average.

Running the data syntax for logical substitution of missing values reclaimed only 0.4% of the missing values for the core questions. On average, only 0.6% of the core questions remained unanswered, which is the lowest value of all countries (average: 1.6%).

When it comes to validity measures, Slovenia shows about the same problem level as the ESPAD average. The rates of inconsistency among lifetime, last 12 months and last 30 days prevalence were about average for all variables compared (alcohol, having been drunk, cannabis, ecstasy and inhalants). The proportion not willing to admit to possible cannabis use (3%), however, was among the lowest of all countries. Use of the dummy drug "Relevin" was reported by 0.8%, which is about the average for all countries.

METHODOLOGICAL CONSIDERATIONS

Close to 96% of the 1991 birth cohort were still at school in Slovenia at the time of data collection. The sampling frame covered 88% of the students from the birth cohort in question, the remaining students being in both lower and higher grades.

The sampling procedure was very well designed since the basis for the stratified systematic random sample was obtained by contacting each school in order to establish the sampling frame, information which was otherwise not available. This made it possible to sample classes randomly from the total frame of classes, proportionately to class size.

All in all, the survey appears to have worked well and school and student cooperation seems satisfactory, even though quite a large number of disturbances was reported (the majority of the disturbances reported were giggling and remarks). The response rate was in line with the ESPAD average.

Methodological measures regarding reliability and validity indicate a reasonable data quality. The proportion of discarded questionnaires was about average while the overall non-response rate was lower.

To conclude, the Slovenian data-collection exercise must be considered to have generated a data set of good quality, well fit for international comparisons within the ESPAD database.

**Country facts:**Area: 450 000 km²

Population: 9.1 million

SWEDEN

Ulf Guttormsson and Björn Hibell (Principal Investigator) at the Swedish Council for Information on Alcohol and Other Drugs, CAN, Stockholm, were responsible for the Swedish 2007 ESPAD survey. Sweden has participated in all three previous data-collection exercises.

ETHICAL CONSIDERATIONS

The headmasters of all participating schools were informed of the nature of the study and had access to the questionnaire. Since the survey was anonymous and respondents were entitled to refuse participation, or to leave certain questions blank, no parental consent was required to perform data collection in Sweden.

POPULATION

The target population – students born in 1991 – is mainly found in grade 9 of primary school. Close to 98% of those born in 1991 were enrolled in school; of all students born in 1991, 94% were found in grade 9. The remaining 6% of the birth cohort are in both higher and lower grades.

SAMPLE AND REPRESENTATIVENESS

A two-step systematic random sample resulting in 200 classes was carried out. The first step – that of identifying the schools – was performed by Statistics Sweden and involved drawing schools from national lists of all schools containing ninth-graders, with a probability proportionate to school size.

For the selection of classes, the schools sampled were asked to give information about the number of classes and the number of students in each class. From this sample frame, one class per school was drawn with probability proportionate to class size. The sample is self-weighted and nationally representative of 94% of all students from the 1991 birth cohort.

FIELD PROCEDURE

Together with the request for information about class size, an introductory letter presenting the study was sent to all headmasters. The information package also included a letter of support from the school minister. Each headmaster was also asked to fill in a table on a separate sheet of paper, indicating class identifiers and the total number of boys and girls in each class, and send the information to CAN. This documentation was the basis for the proportionate random selection of the participating class at each school.

For each class that had been randomly selected, the teacher responsible for it was appointed data-collection leader. He/she was asked to schedule data collection for one academic hour, under the same conditions as a typical written test at school, and not to inform the students about the survey in advance, in order to avoid discussions that could lead to biased data.

Packages with material for the survey were disseminated to the selected schools. They included questionnaires, individual envelopes for each student's questionnaire, written instructions for the teacher responsible for data collection and a Class Report form. A large pre-coded postage-paid envelope for returning the questionnaire batch was also included in the package.

If the questionnaires did not arrive within the expected time limit, the school was contacted to find out what the problem was. The survey was conducted in March, which gives a theoretical average age of 15.7 years.

SCHOOL AND STUDENT COOPERATION

Most schools agreed to participate in the survey. However, 26 schools and classes (13%) did not do so. Some openly refused, some forgot and some did not manage to find a time for the survey during the stipulated period. The loss of classes was relatively high (above average) but not concentrated in any particular region. Only five students refused to participate. The response rate for all grade 9 students was 84%, which is slightly lower than average.

Student cooperation is considered to have been relatively good. In almost half (47%) of the classes, however, disturbances were noted (compared with 38% on average), though mainly from a few students and mostly consisting of giggles and whispers. In 80% of the classes, all or nearly all students were considered by the survey leaders to show interest in participating; and in 91% of the classes, all or nearly all worked seriously (above average). Five percent of the survey leaders reported that some of the students in the class found the form difficult to answer.

On average, the students needed 29 minutes to fill in the forms, which is one of the lowest figures among all countries (the ESPAD average was 42 minutes).

QUESTIONNAIRE AND DATA PROCESSING

The questionnaire included all core questions (also optional alternatives on cider and alcopops), the recommended questions (R1 and R2) and optional questions 1, 5 and 6. Modules A and C (Integration and Deviance) were also included but no national questions.

The 2003 questionnaire was used as a basis for the new one and the Swedish ESPAD researchers translated the new questions. It was piloted in the split-half test carried out in Sweden and seven more countries during the autumn of 2006 and proved to function well, even though some students thought that some questions were too similar and repetitive, which was also mentioned in some of the Classroom Reports.

When the questionnaires returned to the research centre by mail, they were counted and the numbers of boys and girls were compared with the information in the Classroom Reports. At the same time, the questionnaires were also scrutinised, and six of them were manually discarded owing to obviously bad data before being scanned with the “TELEform” scanning software. Another 4% of the questionnaires were discarded from the ESPAD database owing to low completion rates or poor data quality (50% missing answers or repetitive answering patterns) using a standardised syntax. In all, 4% of the questionnaires were discarded in those processes, which is twice the ESPAD average.

The statistical software SPSS version 15 was used for the analyses. The data require no weighting. A total of 3,179 valid Swedish questionnaires are included in the international database.

RELIABILITY AND VALIDITY

To measure reliability, the results from questions about frequency on the one hand and about age at onset on the other hand were subjected to pairwise comparison for five substances. The comparison related both to the percentages of students giving inconsistent answers, i.e. claiming lifetime experience/abstinence on one question but not on the other, and to the quotient between reported lifetime-prevalence rates for the two questions. The rates of inconsistency between two questions in a single administration were all about the average level or better.

Running the data syntax for logical substitution of missing values reclaimed on average 0.6% of the missing values. Compared with the ESPAD average, adjusted non-response rates were slightly higher in Sweden (1.8% versus 1.6%).

When it comes to validity measures, Sweden also comes out average or slightly better. For example, use of the dummy drug “Relevin” is reported by 0.6%, and 5% state that they would not admit to cannabis use (average: 0.7% and 7%, respectively). The rates of inconsistency among lifetime, last 12 months and last 30 days prevalence were also about average for all variables compared (alcohol, having been drunk, cannabis, ecstasy and inhalants).

METHODOLOGICAL CONSIDERATIONS

About 98% of the 1991 birth cohort was still at school at the time of data collection. Only grade 9 of primary school was surveyed, resulting in 94% of the students born in 1991 being covered by the sampling frame. Schools were sampled in the first step and classes in the second, taking class size into account.

It should be noted that the proportion of non-responding classes was slightly above average, as was the number of non-responding students in participating classes.

Only a few students refused to fill in the form and the Classroom Reports indicate no major problem during data collection. Student as well as school cooperation is considered satisfactory.

None of the reliability or validity measures indicates any methodological problems. On the contrary, they came out better than average, which indicates a good-quality data set.

The overall impression is that the survey was well designed and that the data collection was successful, resulting in a dataset of good enough quality for comparisons in the international database.

SWITZERLAND

Dr Gerhard Gmel, Swiss Institute for the Prevention of Alcohol and Drug Use (SIPA), Lausanne, was responsible for the Swiss study. Switzerland also participated in the 2003 data collection.

ETHICAL CONSIDERATIONS

The study was approved by the Ethics Committee for Clinical Research of the Lausanne University Medical School and by cantonal authorities responsible for school education. Students were informed verbally as well as in writing that participation was voluntary.



Country facts:

Area: 41 300 km²

Population: 7.4 million

POPULATION

The target population was students born in 1991, which were to be found in grades 8 and 9 of compulsory schools and grade 1 of voluntary schools. Of all persons born in 1991, it is estimated that 98% were still enrolled in school at the time of data collection.

It was planned to include students in all regions (cantons). However, in two small German-speaking cantons the regional education department did not give the necessary written permission to conduct the survey. To compensate for this, some additional classes were sampled in other German-speaking cantons.

Owing to financial constraints, students at vocational schools (representing 8% of the target population) were excluded from the survey.

SAMPLE AND REPRESENTATIVENESS

The average number of students per class in Switzerland was assumed to be 19.1. This was shown in the 2006 HBSC survey to result in numbers of students per canton in line with the marginal distribution of students in participating cantons.

Within each canton, classes were selected using systematic sampling, proportionately to school size. For the two (out of 26) cantons (one of them was a half-canton) that refused to participate in ESPAD, the loss of classes was counterbalanced by increasing the sample size in other cantons speaking the same language and by adding classes from the half-canton that agreed to participate.

The sample is self-weighted and representative of Swiss students born in 1991 (in all three linguistic regions), except for students at vocational schools.

FIELD PROCEDURE

As soon as the necessary permissions were given by the cantons, each sampled school was contacted to obtain all information needed, i.e. address, headmaster's name, teachers' names, class(es) chosen, number of students, etc.

Written information about the ESPAD project was sent to the selected schools approximately two weeks before data collection. All documents needed were sent to the teachers of the classes selected. Data collection was organised by the respective class teacher during one lesson. Teachers were responsible for data collection, which was organised under the same conditions as a typical written test at school. Each student was given an envelope to put his/her questionnaire in and was asked to seal the envelope. The teachers returned the questionnaires to SIPA in pre-paid parcels.

All class teachers and their classes were sent a card about 4–5 weeks after the parcels had been dispatched to them, to thank those who had already conducted the survey and to remind those who had not yet filled in the questionnaire to do so as soon as possible. Data were collected between 27 March and 14 June, which gives an average age of 15.8 years.

QUESTIONNAIRE AND DATA PROCESSING

The questionnaire consisted of all questions in the core segment, with the exception of the questions about cider. Parts of the Deviance module (C) were also asked. In addition to this, the questionnaire also contained nine national question batteries, including questions about after-school activities, reasons for drinking, drinking contexts and parental attitudes towards their children's alcohol use.

By mistake, Q34e and Q35e about siblings' and friends' use of tranquillisers referred to amphetamines and not to tranquillisers.

The new questions were translated into the three languages by professional translators. The questionnaire was not pre-tested.

The filled-in questionnaires were scanned and a total of 29 questionnaires were discarded in the national scrutinising process.

SCHOOL AND STUDENT COOPERATION

Sampled schools and classes were usually willing to participate. About 25 schools refused; they were randomly replaced by another school in the same canton. Twelve per cent of the classes did not participate; they were not replaced.

The response rate in participating classes was 94%. Thirty-six students refused to participate and 45 returned a blank questionnaire. This adds up to a total of 81 students, which represents 1% of all students who were present.

In the manual and computerised data-cleaning process, 4% of the questionnaires were discarded.

Two-thirds of the survey leaders did not report any disturbances during data collection. In nearly all other cases (32%), this was reported about a few students only. The most commonly mentioned type of disturbance was “giggling or making eyes” (28%).

About four out of five survey leaders (79%) reported that “all” or “nearly all” students were interested in the survey, while nearly all (94%) thought that the students worked seriously. Information is not available about the number of teachers who reported that they thought that some students found the form difficult.

In the Country Report it is stressed that, overall, student cooperation as well as student comprehension “can be assumed as good”.

RELIABILITY AND VALIDITY

The rate of inconsistency between two questions in a single administration was highest (3%) for cigarettes and inhalants, and lower (1–2%) for the other three variables (cannabis, ecstasy, and tranquillisers or sedatives without a doctor’s prescription).

The average number of unanswered core questions was 1.9%.

The rate of inconsistent answers to questions about lifetime use, use in the past 12 months and use in the past 30 days was highest (3%) for alcohol consumption; it was 0–1% for having been drunk, cannabis, ecstasy and inhalants.

Of all students, 5% reported that they would “definitely not” have admitted to use of cannabis. On the same question, 21% answered that they had already said that they had used cannabis, which is lower than the reported lifetime-prevalence figure (33%).

Only a few students (0.4%) reported that they had used “Netalin” (which was used as a dummy drug instead of “Relevin”).

METHODOLOGICAL CONSIDERATIONS

By mistake, two questions (Q34e and Q35e) were worded differently; they are thus not comparable with data from other countries.

The sampling process seems to have functioned well and the rather few schools that refused to participate were replaced. The proportion of refusing classes (12%) is higher than in many other countries, but the figure is still considered “acceptable”.

The proportion of students born in 1991 who can be found in the participating grades is 81%. This is lower than in nearly all other ESPAD countries; the major category excluded was students at vocational schools. The situation was the same in 2003, which makes the data comparable with data from the previous Swiss survey. However, this limitation should be kept in mind when data are compared with data from other ESPAD countries.

Student cooperation was good, even though 1% of the students either refused to participate or returned a blank questionnaire. The Classroom Reports indicate a high level of interest on the part of students, and only few disturbances were reported.

None of the reliability or validity measures indicates any major problems.

The overall impression is that the data-collection process has functioned well. On the whole, the data seem to be representative of students born in 1991 (with the exception of students at vocational schools) and comparable with other ESPAD data.

UKRAINE

Dr Olga Balakireva at the Institute of Economy and Prognoses, National Science Academy of Ukraine, was responsible for the study in Ukraine. Ukraine also participated in the three previous ESPAD studies.

ETHICAL CONSIDERATIONS

The questionnaire was approved by the Ministry of Education and Science of Ukraine. Students were informed in writing as well as verbally that taking part in the study was voluntary.

POPULATION

The target population consists of all students in Ukraine born in 1991. Of all persons born in that year, 93% are estimated to have been enrolled in school at the time of data collection.



Country facts:

Area: 603 700 km²

Population: 48.5 million

SAMPLE AND REPRESENTATIVENESS

All types of schools in all 27 regions (“oblasts”) were included in the sampling frame. Students born in 1991 were found in grades 9 and 10 of secondary school as well as in grade 1 groups (based on 9-grade secondary schools) of vocational and high schools. For each of these categories, data were available about the number of students in each class. A systematic random sample of classes was drawn within each of the four categories (strata), proportionately to school and class size.

Of all students in the target population, 95% were estimated to have been included in the sampling frame. The sample is representative of all Ukrainian students born in 1991.

The data were weighted for gender.

FIELD PROCEDURE

The ESPAD team had access to a regional network of research groups, which were responsible for data collection. The regional organisers contacted the headmasters of the selected schools as well as the teachers of the selected classes.

Data were collected in the classrooms by a total of 103 research assistants. The teachers would introduce the survey leaders and then leave the classroom. The questionnaires were answered under the same conditions as a typical written test at school. After completion, the students put their questionnaires in individual envelopes, which were gathered in a common “class envelope”. These were distributed to the regional organiser, who sent them to the research institute, where the envelopes were opened.

Data were collected during the second half of May, which gives an estimated average age of 15.9 years.

QUESTIONNAIRE AND DATA PROCESSING

All core questions were asked, with the exception of those about cider. The questionnaire also contained the Integration module (A) as well as some questions from two other modules. Country-specific questions about HIV/AIDS problems and sexual behaviour were also included.

The Russian version and the English version of the questionnaire were translated into Ukrainian, and the two translations were compared. The Ukrainian version was also back-translated into English. The questionnaire was piloted in some classes in Kiev City and Kiev Oblast, which resulted in some minor changes.

Data were collected using questionnaires in both Ukrainian and Russian.

SCHOOL AND STUDENT COOPERATION

Out of 301 selected schools and classes, five did not participate. Three of them were replaced.

The response rate in participating classes was 82%. Ten students who were present are reported to have refused to answer the questionnaire. The average time to complete the questionnaire was 45 minutes.

In the manual and computerised data-cleaning process, 1% of the questionnaires were discarded.

Of all survey leaders, nearly half (45%) reported that they did not notice any disturbances during data collection, and the same proportion answered that disturbances were caused by a few students. The most common type of disturbance was “giggling or making eyes”, which was reported from 42% of all participating classes.

A large majority of the students were reported to have shown interest in the study (84% of the survey leaders reported that “all” or “nearly all” students were interested). In almost all Classroom Reports (88%) it was mentioned that “all” or “nearly all” students worked seriously.

Only a few survey leaders (5%) reported that students found it difficult to answer the questionnaire.

It is commented in the Country Report that “cooperation with school staff as well as with the students was very good”.

RELIABILITY AND VALIDITY

Reliability problems, as measured by the rate of inconsistency between two questions in a single administration, were highest for cigarettes (5%) and lower (2–3%) for cannabis, ecstasy, inhalants, and tranquillisers and sedatives without a doctor’s prescription.

The average non-response rate for all core questions was 2.2%.

The rate of inconsistent answers to the questions about lifetime use, use in the past 12 months and use in the past 30 days was 0% for all five variables (alcohol consumption, having been drunk, cannabis, ecstasy and inhalants). The Ukrainian ESPAD researcher has provided information to the effect that this low figure is due to the fact that the answers were checked before data entry and, whenever possible, logically adjusted.

For cannabis, 11% of the students replied “definitely not” to the question “If you had used marijuana or hashish, do you think you would have said so in the questionnaire?”. On this “honesty question”, 9% answered that they had already said that they had used cannabis, which is less than the reported lifetime prevalence (14%).

Only very few students (0.2%) answered that they had used the dummy drug “Relevin”.

METHODOLOGICAL CONSIDERATIONS

The sample seems to have been selected in an adequate manner. The number of non-participating schools and classes was low and school cooperation has been good.

The non-response rate was close to the average and the number of discarded questionnaires was low. The Classroom Reports do not indicate any important disturbances during data collection. Overall, students’ cooperation seems to be good.

None of the reliability and validity measures indicates any major methodological problems.

On the whole, the Ukrainian data-collection process has functioned well. The results seem to be representative of students born in 1991 and comparable with data from other ESPAD countries.

UNITED KINGDOM

Professor Martin Plant and Dr Patrick Miller, Alcohol & Health Research Unit, University of the West of England, Bristol, were responsible for the ESPAD study in United Kingdom. The UK also participated in the three previous ESPAD studies.

ETHICAL CONSIDERATIONS

An ethics committee approved the survey. All parents received a letter that explained about the survey and informed them that they could refuse to allow their daughter/son to take part in the survey. The students were informed in writing as well as verbally that participation in the study was voluntary.

POPULATION

The population consists of all students born in 1991 throughout the UK. At least 90% of these students were still at school at the time of the survey and were to be found in grades 4–6. Like in 2003, funding was at a lower level than in 1995 and 1999, which again made it impossible – like in 2003, but unlike in the first two surveys – to draw separate samples for England, Scotland, Wales and Northern Ireland.

SAMPLE AND REPRESENTATIVENESS

It was intended to survey 120 schools, covering two classes from each school. To obtain this number, it was felt necessary to approach 203 schools. A sample of that size was selected using lists that contained information about the number of students at each school. The schools were sampled with a probability proportional to school size.

In a second step, two classes per school were randomly sampled by the research team, using lists of classes at sampled schools containing students born in 1991. With a very few exceptions, they were classes in grades 4 and 5.

A large majority of all students born in 1991 (about 90%) were to be found in the three participating grades.

The sample is self-weighted and the results are representative of students born in 1991 in the UK.

FIELD PROCEDURE

A local organiser was appointed by the headmaster of each school to assume responsibility for data collection at that school. The local organiser also distributed information to the parents, including a request for permission for their child to participate. Parents were asked to inform the school if they did not allow their child to participate.

The questions were answered under examination conditions, under the supervision of the local organiser. Each student received an individual envelope in which to deposit the questionnaire once complete.

All students in the sampled classes answered the questionnaire. However, only those born in 1991 were included in the analysis.

Data were collected between March and July 2007, which results in an average age of 15.9 years for the student cohort.

The average time to complete the questionnaire was 39 minutes.



Country facts:

Area: 243 800 km²

Population: 60.0 million

QUESTIONNAIRE AND DATA PROCESSING

The questionnaire contained all core questions as well as all four modules, i.e. Integration (A), Psychosocial (B), Deviance (C) and Cannabis (D). It also contained some additional questions, including questions concerning the legal status of cannabis and the extent to which the respondents' parents had given them any guidance about alcohol and its effects.

The questionnaire was successfully tested on a small sample of children.

In Q14b about the consumption of cider, a mistake was made in the wording to the effect that a two-litre bottle was said to be similar to two regular bottles (instead of four).

The scrutinising process was performed in two steps. First a computer program detected questionnaires in which there seemed to be dubious answers. Each questionnaire thus detected was then manually scrutinised. Altogether 28 questionnaires were rejected in the scrutinising process.

SCHOOL AND STUDENT COOPERATION

Out of 203 sampled schools, 104 (51%) did not participate. Two classes per school were supposed to participate, which makes 406 classes. Of these, 246 did not take part (60%).

The most common reasons given for school refusal were that the school had taken part in other research projects and that staff or students were already overloaded with these commitments. There were no discernible differences in the types of schools cooperating and not cooperating.

In the manual and computerised data-cleaning process, 3% of all questionnaires were excluded.

The response rate of students in participating classes was 84%. Altogether 30 parents did not want their children to take part in the survey. In addition to this, 34 students refused to participate. Half of the survey leaders did not notice any disturbances, while 46% mentioned that this happened with a few students. The most important type of disturbance was “giggling or making eyes” (35%) followed by “loud comments” (30%).

About three out of four survey leaders (74%) reported that all or nearly all students were interested in the survey, while 91% thought that the students worked seriously. Of all survey leaders, 14% answered that the students found it difficult to answer the questionnaire.

The UK ESPAD researchers summarised that there “were no serious disturbances”.

RELIABILITY AND VALIDITY

The rate of inconsistency between two questions in a single administration was highest for inhalants (3%). For the other four substances, the corresponding figures were 1–2%.

The average number of unanswered core questions was 1.8%.

The rates of inconsistent answers to questions about lifetime use, use in the past 12 months and use in the past 30 days were low (0–2%) for all five drug-related variables.

For cannabis, 9% of the students replied “definitely not” to the question “If you had used marijuana or hashish, do you think you would have said so in the questionnaire?”. On this “willingness question”, 25% answered that they had already said that they had used cannabis, which is slightly less than the reported lifetime-prevalence rate (29%).

In the UK, 0.4% of the students answered that they had used the dummy drug “Relevin”.

METHODOLOGICAL CONSIDERATIONS

In the question about the consumption of cider on the latest drinking occasion (Q14b), a mistake was made in the wording of the question to the effect that a two-litre bottle was said to be similar to two regular bottles (instead of four). However, since half-litre and one-litre bottles are more common than two-litre bottles, it is judged that this might have influenced the answers only for a minority of the students. The question has therefore been accepted for comparison with data from other ESPAD countries.

There were 405 variables in the UK questionnaire, which is the highest of all countries. However, since the average time to answer the questionnaire was below average, it seems reasonable to assume that the length of the questionnaire has not negatively influenced the validity of the answers.

About 3% of the students did not participate either because they refused themselves or because their parents did not allow them to take part. This was higher than in most other countries, but is not high enough to be judged to influence the results to any important degree. The information provided by the survey leaders did not indicate any major problems, so there is reason to believe that student cooperation was good.

The sampling process seems to have functioned without any problems. The sample of classes was a simple random sample, which entails a risk that students from small classes may be over-sampled.

However, this is judged not to be a problem in this case since all classes at a school are usually of about the same size.

As noted above, half of the sampled schools and 60% of the classes did not participate for different reasons. The UK research team stresses that non-participating schools seem to be randomly distributed. They say that “there is no reason to think that the sample has been biased by non-participation”. Hence, there is reason to assume that the sample is still representative of the UK 1991 student cohort.

Of the survey leaders, 14% answered that they thought that the students found the questionnaire “very difficult” or “rather difficult” to answer, which is among the highest figures of all ESPAD countries. On the other hand, none of the reliability and validity measures indicated any major methodological problems in the UK data collection.

On the whole, the data seem to be representative and comparable with other ESPAD data. However, the very large proportion of schools and classes that did not participate is a worrying factor which makes this assumption a bit uncertain.

NON-ESPAD COUNTRIES

Apart from data from the 35 ESPAD countries (or regions) participating in the 2007 wave, data from two more countries are used in the figures and tables in relation to the chapter “The 2007 situation”. These are Spain and USA. Also in previous ESPAD reports such comparisons have been made and this is considered possible to do since many of the questionnaire items are identical or at least very similar. However, since differences in the overall methodology as well as the wording of single items occur, caution is called upon when comparing results from Spain and USA with the results from the ESPAD countries. This fact is indicated in the tables by presenting USA and Spain at the bottom of tables, below the average line, and by marking them with diverging patterns in the figures. The texts below are written by responsible researchers for respective country.

SPAIN (NOT AN ESPAD COUNTRY)

This description is written by Josep M Suelves.

The Spanish survey was coordinated by Cristina Infante and Gregorio Barrio at the Government Delegation for the National Plan on Drugs (DGPNSD). Data were collected by IPD, S.A. Josep M Suelves (Catalan Department of Health) conducted the data analysis reported in this publication on behalf of the DGPNSD.

ETHICAL CONSIDERATIONS

The participation of students in the Spanish survey was based on the passive consent of parents, as regional educational authorities and school administrations were informed about the nature, objectives and characteristics of the study.

To ensure confidentiality, all questionnaires were anonymous. Field researchers were in all cases responsible for distributing and then collecting questionnaires filled in by the students. Teachers were invited to stay in the classrooms during the administration of the survey, but their role was limited to assisting field workers in keeping the group working in silence and order.

POPULATION

The target population for the Spanish school survey consisted of all students aged between 14 and 18 attending public and private schools of secondary, high-school and vocational education. Schools that cater for students with “special needs” were excluded. It was estimated that at least 75% of all young people aged 14–18 were enrolled in school at the time of the survey. The enrolment lists underpinning this estimate were used for the sampling procedure. School is compulsory in Spain until the age of 16.

SAMPLE AND REPRESENTATIVENESS

A random sample of 26,454 students aged 14–18 was drawn, representing a total of 1,322 classes at 577 schools. For comparisons with the ESPAD study, data are reported only for the 6,816 students born from 1 July 1990 to 30 June 1991.

All Autonomous Communities (19 regions) in Spain were included in the study, but the smallest communities were over-sampled. Moreover, in some communities the regional authorities provided funds to increase the size of the regional sample.



Country facts:

Area: 506 000 km²

Population: 43.0 million

Within each Autonomous Community, a two-stage cluster-sampling design was used. In the first stage, schools were randomly selected after stratification for type of school (public/private). All schools with students in the target population had the same probability for selection, irrespective of the size of the school.

At each sampled school, two classes (three at some schools) were sampled in a second step using lists of classes with students aged 14–18. All students from the selected classes were included in the sample.

The data were weighted by Autonomous Community, type of school (public/private) and type of studies (secondary, high-school and vocational education).

FIELD PROCEDURE

All students in the sampled classes completed the questionnaire during a regular lesson (45–60 minutes). Teachers introduced the survey leaders and were asked to remain in the classroom to ensure an orderly atmosphere. However, in the majority of cases they left the classroom after some time (15 minutes); no problems of order were observed. If the teacher remained in the classroom, he/she was asked not to walk around the room.

The anonymous character of the study was stressed by the survey leader prior to asking the students to complete the questionnaire. Data were collected in November and December 2006, except in Catalonia where parts of the fieldwork were also conducted in January and February 2007.

QUESTIONNAIRE AND DATA PROCESSING

The questionnaire contained “core” questions on prevalence of use and age at first use of drugs, which may be considered comparable with the questions used in the ESPAD questionnaire. The Spanish questionnaire has hardly changed since the first survey was conducted in 1994. The questionnaire is available in all languages official in Spain.

Data entry and the first checks for consistency were carried out by IPD, S.A. Later on, a more detailed data check and analysis (selection of cases, re-coding of variables, assignment of missing-data codes and data weighting) was carried out by the Government Delegation for the National Plan on Drugs.

SCHOOL AND STUDENT COOPERATION

The information in this section refers to the whole sample (14–18-year-old students). The cooperation of the schools was excellent. Fewer than 5% of the schools were replaced because of problems related to participation in the survey. Generally, more information was requested by private than public schools before they agreed to participate.

The proportion of students that missed school on the day assigned for data collection was 14% (14% for boys and 13% for girls).

Student cooperation was very good. The number of students who explicitly refused to answer the questionnaire was very small (0.1%).

RELIABILITY AND VALIDITY

No reports have yet been published on the reliability and validity of the estimates of drug-use prevalence recorded by the Spanish survey. Results from the different surveys conducted since 1994 show tendencies that are rather consistent, suggesting that the data presented here satisfy international standards of quality for school surveys.

METHODOLOGICAL CONSIDERATIONS

The Spanish school surveys on drug use seem to have functioned well since their initiation in 1994. There are clearly increasing trends in the prevalence rates for most drugs, risk perception and perceived availability. These trends are consistent with those borne out by household surveys and indicators of problem drug use.

The sample is representative of the whole country and the number of students is “large enough” in relation to the 15–16-year-old cohort, which is the ESPAD target group. The level of cooperation shown by schools and students was very good. However, there are some methodological uncertainties with respect to sampling and field procedures since these were performed by a private company which accorded limited control to the Government Delegation for the National Plan on Drugs over the procedure as a whole.

Another aspect of uncertainty is that the database with the Classroom Reports was not available. This makes it rather difficult to find information about the number of absent students and the reasons why they did not participate in the data collection.

FURTHER INFORMATION

A report based on the last edition of the Spanish school survey was published in: Delegación del Gobierno para el Plan Nacional sobre Drogas (2008) Informe 2007 del Observatorio Español sobre Drogas. Situación y Tendencias de los Problemas de Drogas en España. Madrid: Ministerio de Sanidad y Consumo. The electronic version of the report can be accessed from: www.pnsd.msc.es/Categoria2/publica/pdf/oed-2007.pdf.

USA (NOT AN ESPAD COUNTRY)

This description is written by Professor Lloyd Johnston.

The data presented here for the United States come from a long-term series of annual national surveys that are part of the Monitoring the Future project (Lloyd D. Johnston, Principal Investigator; Jerald G. Bachman, Patrick M. O'Malley, and John E. Schulenberg, Co-Principal Investigators). This investigator-initiated research series, now in its 33rd year, is funded under a series of competing research grants from the U.S. National Institute on Drug Abuse and conducted at the Institute for Social Research of the University of Michigan. The findings presented here were provided by Professor Johnston.

Surveys on nationally representative samples of 12th-graders have been carried out each year since 1975. Beginning in 1991, surveys on nationally representative samples of 8th- and 10th-grade students have also been conducted annually. In all, nearly 1,000,000 students have been surveyed over the life of the study. Follow-up surveys of each 12th-grade class have been conducted since 1977, yielding annual national samples of college students and adults through age 45 who are secondary-school graduates, comprising about 85% of each graduating birth cohort.

POPULATION

For this report, only the data for students who were in 10th grade in the spring of 2007 are presented. Nearly all of the students in this grade are 15 or 16 years of age.

SAMPLE AND REPRESENTATIVENESS

In 2007, the 10th graders included in the study comprised 16,398 students in 120 schools nationwide (103 public and 17 private schools), selected to provide an accurate representative cross-section of all 10th-grade students in the coterminous United States (48 states, i.e. all except Alaska and Hawaii).

A multistage random sampling procedure is used for securing the nationwide sample of 10th-grade students each year. Stage 1 is the selection of particular geographic areas, Stage 2 involves the selection (with probability proportionate to size) of one or more schools in each area containing a 10th grade, and Stage 3 is the selection of students within each school. Within each school, up to 350 10th-graders may be included. In schools with a small number of 10th-graders, the usual procedure is to include all of them in the data collection. In larger schools, a subset of 10th-graders is selected either by randomly sampling entire classrooms or by some other random method judged to be unbiased. The resulting data are reweighted to correct for any differences in selection probability that may have occurred in the sampling. (See Johnston et al., 2008, for details on sampling and field procedures, as well as for more detailed results.)

FIELD PROCEDURES

Parental notification with the opportunity to decline is required prior to the administration of the survey; some individual schools require active written parental consent. Approximately two weeks before the administration, letters and brochures are sent to the student's parents to inform them of the study and request permission for their child to participate.

About 10 days before the administration, the students are given flyers explaining the study, telling them that their participation is voluntary and that the project has a special government grant of confidentiality that allows the investigators to protect all information gathered in the study. The actual questionnaire administration 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 move around the room lest students be concerned that they might see their answers. Most respondents can finish within a normal 45-minute class period; for those who cannot, an effort is made to provide a few min-



Country facts:

Area: 9 826 600 km²

Population: 299.4 million

utes of additional time. The data-collection period was February 15–May 30, 2007. The annual surveys are always conducted at the same time of year to avoid any unintended artifacts.

QUESTIONNAIRE AND DATA PROCESSING

A great many of the questions in the Monitoring the Future questionnaires are equivalent to questions in the core segment of the ESPAD survey, but a number of the ESPAD questions are not included in Monitoring the Future.

Because many questions are needed to cover all of the topic areas in the study, much of the questionnaire content intended for 10th-graders is divided into four different questionnaire forms that are distributed to participants in an ordered sequence that ensures four virtually identical random subsamples. About one third of each questionnaire form consists of key variables that are common to all forms. All demographic variables, and nearly all of the drug-use variables included in this report, are contained in this common set of measures. Questions on other topics tend to be contained in two forms only, and are thus usually based on one half as many cases (approximately 6,900).

After the administration of the surveys in the classrooms, the interviewers 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 multistage sampling procedures.

SCHOOL AND STUDENT COOPERATION

Schools are invited to participate in the study for a two-year period. With very few exceptions, each school from the original sample participating in the first year has agreed to participate for the second. In 2007, 58% of the participating schools were original-selection schools. For each school refusal, a similar school (in terms of size, geographic area, urbanicity, etc.) is recruited as a replacement. Some 97% of the sampling “slots” were filled, including the replacement schools.

In 2007, completed questionnaires were obtained from 88% of all sampled students in 10th 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 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 the annual drug-prevalence estimates, based on the total sample of 10th-graders each year, have confidence intervals that average about $\pm 1\%$. Confidence intervals on lifetime prevalence for 10th-graders vary from $\pm 2.0\%$ to $\pm 3.0\%$, depending on the drug. Confidence intervals for past-12-months, past-30-days, and daily use are smaller. This means that, had it been possible to invite all schools and all 10th-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 12th-graders strongly suggests that the self-report questions produce largely valid data (Johnston & O'Malley, 1985; Johnston, O'Malley, Bachman, & Schulenberg, 2003; O'Malley, Bachman, & Johnston, 1983). These citations are available on the study Web site at www.monitoringthefuture.org.

First, using a three-wave panel design, it was established that the various measures of self-reported drug use have a high degree of reliability, a necessary condition of validity. In essence, this 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—evidence for convergent validity. Third, the proportion of seniors (i.e. 12th-graders) reporting some illicit-drug use by 12th grade has reached two thirds of all 12th-grade

respondents in peak years and as high as 80% in some follow-up years, which constitutes *prima facie* evidence that the extent of underreporting must be very limited. Fourth, the seniors' reports of use by their unnamed friends, about whom they would presumably have less reason to distort, have been highly consistent with self-reported use in the aggregate in terms of both prevalence and trends in prevalence. Fifth, it was found that self-reported drug use relates in consistent and expected ways to a number of other attitudes, behaviors, beliefs, and social situations; in other words, there is strong evidence of construct validity. Sixth, the missing-data rates for the self-reported use questions are only very slightly higher than for the preceding nonsensitive questions, in spite of the explicit instruction to respondents to leave blank those drug-use questions they felt they could not answer honestly. And seventh, the great majority of respondents, when asked, say they would answer such questions honestly if they were users.

This is not to argue that self-reported measures of drug use are valid in all cases. The researchers tried to create a situation and set of procedures in which students feel that their confidentiality will be protected. 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 students in grade 10. Most of them are 15–16 years old, which means that a large majority were born in 1991, 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 U.S. knew about the study in advance. Since the reliability and validity are rather high, since students in the U.S. are accustomed to participating in different kinds of surveys, and since 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 U.S. as in Europe. As mentioned, the reliability and validity seem to be high. It is assumed, however, that any remaining bias is in the direction of underreporting.

With the above-mentioned remarks in mind, there is reason to believe that the results from the U.S. are rather comparable with data from the regular ESPAD countries.

FURTHER INFORMATION

More detailed findings may be found in Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2008). *Monitoring the Future national survey results on drug use, 1975–2007. Volume I: Secondary school students and Volume II: College students and adults 19–45* (NIH Publication No. 08-6418A, B). Bethesda, MD: National Institute on Drug Abuse. [Available online at <http://monitoringthefuture.org/pubs.html#monographs>]

The study's Web site address is <http://www.monitoringthefuture.org>. Many of the study's publications and annual press releases are available there.



APPENDIX III

Tables

Tables

Key to table symbols

- 0 Represents a percentage below 0.5
- No percentage (the frequency was zero)
- . No such data exist
- .. Data exist but have been deemed to be incomparable or found to be inaccessible

LIST OF TABLES

Table 1	271	Table 9a	284	Table 14a	294
Perceived availability of cigarettes by gender. Students responding cigarettes “fairly easy” or “very easy” to obtain. 2007. Percentages.		Use of various alcoholic beverages during the last 30 days. All students. 2007. Percentages.		Quantities of wine consumed during the last alcohol drinking day among students reporting wine drinking on the last day of alcohol consumption. All students. 2007. Percentages.	
Table 2a	272	Table 9b	285	Table 14b	295
Frequency of lifetime cigarette use. All students. 2007. Percentages.		Use of various alcoholic beverages during the last 30 days by gender. 2007. Percentages.		Quantities of wine consumed during the last alcohol drinking day among students reporting wine drinking on the last day of alcohol consumption, by gender. 2007. Percentages.	
Table 2b	273	Table 10a	286	Table 15a	296
Frequency of lifetime cigarette use by gender. 2007. Percentages.		Consumption of various alcoholic beverages on the last alcohol drinking day. All students. 2007. Percentages.		Quantities of spirits consumed during the last alcohol drinking day among students reporting spirits drinking on the last day of alcohol consumption. All students. 2007. Percentages.	
Table 3a	274	Table 10b	287	Table 15b	297
Cigarette use during the last 30 days. All students. 2007. Percentages.		Consumption of various alcoholic beverages on the last alcohol drinking day by gender. 2007. Percentages.		Quantities of spirits consumed during the last alcohol drinking day among students reporting spirits drinking on the last day of alcohol consumption, by gender. 2007. Percentages.	
Table 3b	275	Table 11a	288	Table 16	298
Cigarette use during the last 30 days by gender. 2007. Percentages.		Quantities of beer consumed during the last alcohol drinking day among students reporting beer drinking on the last day of alcohol consumption. All students. 2007. Percentages.		Consumption of beer, cider, alcopops, wine and spirits exceeding certain quantities (centilitres) during the last alcohol drinking day, by gender. 2007. Percentages.	
Table 4	276	Table 11b	289	Table 17a	299
Age of onset for cigarette use. Proportion of boys and girls having tried cigarettes and having smoked cigarettes on a daily basis at the age of 13 or younger. 2007. Percentages.		Quantities of beer consumed during the last alcohol drinking day among students reporting beer drinking on the last day of alcohol consumption. All students. 2007. Percentages.		Estimated average alcohol consumption during the last alcohol drinking day, per beverage and total. All students. 2007.	
Table 5	277	Table 12a	290	Table 17b	300
Perceived availability of various alcoholic beverages by gender. Percentages responding “fairly easy” or “very easy” to obtain. 2007.		Quantities of cider consumed during the last alcohol drinking day among students reporting cider drinking on the last day of alcohol consumption. All students. 2007. Percentages.		Estimated average alcohol consumption during the last alcohol drinking day, per beverage and total. Boys. 2007.	
Table 6a	278	Table 12b	291	Table 17c	301
Frequency of lifetime use of any alcoholic beverage. All students. 2007. Percentages.		Quantities of cider consumed during the last alcohol drinking day among students reporting cider drinking on the last day of alcohol consumption, by gender. 2007. Percentages.		Estimated average alcohol consumption during the last alcohol drinking day, per beverage and total. Girls. 2007.	
Table 6b	279	Table 13a	292	Table 18	302
Frequency of lifetime use of any alcoholic beverage by gender. 2007. Percentages.		Quantities of alcopops consumed during the last alcohol drinking day among students reporting alcopops drinking on the last day of alcohol consumption. All students. 2007. Percentages.		Self estimated level of intoxication during the last alcohol drinking day by gender. 2007.	
Table 7a	280	Table 13b	293	Table 19a	303
Frequency of use of any alcoholic beverage during the last 12 months. All students. 2007. Percentages.		Quantities of cider consumed during the last alcohol drinking day among students reporting cider drinking on the last day of alcohol consumption, by gender. 2007. Percentages.		Frequency of lifetime drunkenness. All students. 2007. Percentages.	
Table 7b	281			Table 19b	304
Frequency of use of any alcoholic beverage during the last 12 months by gender. 2007. Percentages.				Frequency of lifetime drunkenness by gender. 2007. Percentages.	
Table 8a	282				
Frequency of use of any alcoholic beverage during the last 30 days. All students. 2007. Percentages.					
Table 8b	283				
Frequency of use of any alcoholic beverage during the last 30 days by gender. 2007. Percentages.					

Table 20a	305	Table 26c	321	Table 36a	338
Frequency of being drunk during the last 12 months. All students. 2007. Percentages.		Expected negative personal consequences from alcohol consumption by gender. 2007. Percentages.		Frequency of ecstasy use during the last 12 months and last 30 days. All students. 2007. Percentages.	
Table 20b	306	Table 27a	322	Table 36b	339
Frequency of being drunk during the last 12 months by gender. 2007. Percentages.		Experienced individual, relational, sexual and delinquency problems related to personal alcohol use during the last 12 months. All students. 2007. Percentages.		Frequency of ecstasy use during the last 12 months and last 30 days by gender. 2007. Percentages.	
Table 21a	307	Table 27b	323	Table 37a	340
Frequency of being drunk during the last 30 days. All students. 2007. Percentages.		Experienced individual and relational problems related to personal alcohol use during the last 12 months, by gender. 2007. Percentages.		Lifetime use of various illicit drugs. All students. 2007. Percentages.	
Table 21b	308	Table 27c	324	Table 37b	341
Frequency of being drunk during the last 30 days by gender. 2007. Percentages.		Experienced sexual and delinquency problems related to personal alcohol use during the last 12 months, by gender. 2007. Percentages.		Lifetime use of various illicit drugs by gender. 2007. Percentages.	
Table 22a	309	Table 28	325	Table 38a	342
Frequency of having had five or more drinks on one occasion during the last 30 days. All students. 2007. Percentages.		Perceived availability of cannabis. Percentages responding marijuana or hashish “fairly easy” or “very easy” to obtain. 2007.		Lifetime use of various substances, intravenous drug use and mixing alcohol with pills. All students. 2007. Percentages.	
Table 22b	310	Table 29	326	Table 38b	343
Frequency of having had five or more drinks on one occasion during the last 30 days by gender. 2007. Percentages.		Perceived availability of various substances by gender. Percentages responding “fairly easy” or “very easy” to obtain. 2007.		Lifetime use of various substances, intravenous drug use and mixing alcohol with pills, by gender. 2007. Percentages.	
Table 23a	311	Table 30a	327	Table 39a	344
Age of onset for alcohol consumption and drunkenness. Proportion of students having tried various alcoholic beverages and having been drunk respectively, at the age of 13 or younger. All students. 2007. Percentages.		Frequency of lifetime use of any illicit drug. All students. 2007. Percentages.		Frequency of lifetime use of inhalants. All students. 2007. Percentages.	
Table 23b	312	Table 30b	328	Table 39b	345
Age of onset for alcohol consumption and drunkenness. Proportion of students having tried various alcoholic beverages and having been drunk respectively, at the age of 13 or younger, by gender. 2007. Percentages.		Frequency of lifetime use of any illicit drug by gender. 2007. Percentages.		Frequency of lifetime use of inhalants by gender. 2007. Percentages.	
Table 24a	313	Table 31a	329	Table 40a	346
Purchase of alcoholic beverages during the last 30 days in a store for own consumption (off-premise). All students. 2007. Percentages.		Frequency of lifetime use of marijuana or hashish. All students. 2007. Percentages.		Frequency of use of inhalants during the last 12 months and last 30 days. All students. 2007. Percentages.	
Table 24b	314	Table 31b	330	Table 40b	347
Purchase of alcoholic beverages during the last 30 days in a store for own consumption (off-premise). Boys. 2007. Percentages.		Frequency of lifetime use of marijuana or hashish by gender. 2007. Percentages.		Frequency of use of inhalants during the last 12 months and last 30 days by gender. 2007. Percentages.	
Table 24c	315	Table 32a	331	Table 41a	348
Purchase of alcoholic beverages during the last 30 days in a store for own consumption (off-premise). Girls. 2007. Percentages.		Frequency of use of marijuana or hashish during the last 12 months and last 30 days. All students. 2007. Percentages.		Age of onset for various substances and combinations of substances. Proportion answering at the age of 13 or younger. All students. 2007. Percentages.	
Table 25a	316	Table 32b	332	Table 41b	349
Consumption of alcoholic beverages in bars, discos etc (on-premise) during the last 30 days. All students. 2007. Percentages.		Frequency of use of marijuana or hashish during the last 12 months and last 30 days by gender. 2007. Percentages.		Lifetime use of various substances, intravenous drug use and mixing alcohol with pills, by gender. 2007. Percentages.	
Table 25b	317	Table 33	333	Table 42a	350
Consumption of alcoholic beverages in bars, discos etc (on-premise) during the last 30 days. Boys. 2007. Percentages.		Frequency of opportunities to try marijuana or hashish among students reporting no lifetime prevalence of cannabis, by gender. 2007. Percentages.		Experienced individual, relational, sexual and delinquency problems related to personal drug use during the last 12 months. All students. 2007. Percentages.	
Table 25c	318	Table 34a	334	Table 42b	351
Consumption of alcoholic beverages in bars, discos etc (on-premise) during the last 30 days. Girls. 2007. Percentages.		Frequency of lifetime use of any illicit drugs other than marijuana or hashish. All students. 2007. Percentages.		Experienced individual and relational problems related to personal drug use during the last 12 months, by gender. 2007. Percentages.	
Table 26a	319	Table 34b	335	Table 42c	352
Expected positive and negative consequences from alcohol consumption. All students. 2007. Percentages.		Frequency of lifetime use of any illicit drugs other than marijuana or hashish by gender. 2007. Percentages.		Experienced sexual and delinquency problems related to personal drug use during the last 12 months, by gender. 2007. Percentages.	
Table 26b	320	Table 35a	336	Table 43a	353
Expected positive personal consequences from alcohol consumption by gender. 2007. Percentages.		Frequency of lifetime use of ecstasy. All students. 2007. Percentages.		Perceived risk from use of various substances. Percentages answering “great risk” that people harm themselves if they do any of the following. All students. 2007.	
		Table 35b	337	Table 43b	354
		Frequency of lifetime use of ecstasy by gender. 2007. Percentages.		Perceived risk from use of various substances. Percentages answering “great risk” that people harm themselves if they do any of the following. Boys. 2007.	

Table 43c	355	Table 61	374
Perceived risk from use of various substances. Percentages answering “great risk” that people harm themselves if they do any of the following. Girls. 2007.		Use of marijuana or hashish during the last 12 months by gender. Percentages. 1995–2007.	
Table 44a	356	Table 62	375
Lifetime abstinence from various substances. All students. 2007. Percentages.		Use of marijuana or hashish during the last 30 days by gender. Percentages. 1995–2007.	
Table 44b	357	Table 63	376
Lifetime abstinence from various substances, by gender. 2007. Percentages.		Cannabis use at the age of 13 or younger, by gender. Percentages. 1995–2007.	
Table 45	358	Table 64	377
Lifetime use of cigarettes by gender. Percentages. 1995–2007.		Lifetime use of any illicit drug other than marijuana or hashish by gender. Percentages. 1995–2007.	
Table 46	359	Table 65	378
Lifetime use of cigarettes 40 times or more by gender. Percentages. 1995–2007.		Lifetime use of ecstasy by gender. Percentages. 1995–2007.	
Table 47	360	Table 66	379
Cigarette use during the last 30 days by gender. Percentages. 1995–2007.		Lifetime use of tranquilisers or sedatives without a doctor’s prescription by gender. Percentages. 1995–2007.	
Table 48	361	Table 67	380
Daily cigarette use at the age of 13 or younger by gender. Percentages. 1995–2007.		Lifetime use of alcohol together with pills by gender. Percentages. 1995–2007.	
Table 49	362	Table 68	381
Lifetime use of any alcoholic beverage by gender. Percentages. 1995–2007.		Lifetime use of inhalants by gender. Percentages. 1995–2007.	
Table 50	363	Table 69	382
Lifetime use of any alcoholic beverage 40 times or more by gender. Percentages. 1995–2007.		Lifetime abstinence from tobacco, alcohol, inhalants, tranquilisers or sedatives and illicit drugs, by gender. 1995–2007.	
Table 51	364		
Use of any alcoholic beverage during the last 12 months by gender. Percentages. 1995–2007.			
Table 52	365		
Use of any alcoholic beverage 20 times or more during the last 12 months by gender. Percentages. 1995–2007.			
Table 53	366		
Use of any alcoholic beverage during the last 30 days by gender. Percentages. 1995–2007.			
Table 54	367		
Use of any alcoholic beverage 10 times or more during the last 30 days by gender. Percentages. 1995–2007.			
Table 55	368		
Beer consumption during the last 30 days by gender. Percentages. 1995–2007.			
Table 56	369		
Wine consumption during the last 30 days by gender. Percentages. 1995–2007.			
Table 57	370		
Proportion reporting having had five or more drinks on one occasion during the last 30 days by gender. Percentages. 1995–2007.			
Table 58	371		
Proportion reporting having had five or more drinks on one occasion, three times or more during the last 30 days, by gender. Percentages. 1995–2007.			
Table 59	372		
Lifetime use of any illicit drug by gender. Percentages. 1995–2007.			
Table 60	373		
Lifetime use of marijuana or hashish by gender. Percentages. 1995–2007.			

Question 6

Table 1. Perceived availability of cigarettes by gender. Students responding cigarettes “fairly easy” or “very easy” to obtain. 2007. Percentages.

	Boys	Girls	All	No response		
				Boys	Girls	All
Armenia	47	29	37	1	2	2
Austria	87	87	87	1	0	0
Belgium (Flanders)	71	65	68	1	1	1
Bulgaria	71	70	70	1	1	1
Croatia	80	82	81	1	0	0
Cyprus	64	51	57	3	3	3
Czech Republic	87	90	89	0	0	0
Estonia	76	73	75	1	0	1
Faroe Islands	81	78	80	0	1	1
Finland	71	68	69	0	0	0
France	69	70	69	1	1	1
Germany (7 Bundesl.)	85	83	84	0	0	0
Greece	72	68	70	0	1	1
Hungary	80	80	80	0	0	0
Iceland	61	61	61	1	0	1
Ireland	81	78	79	0	0	0
Isle of Man	70	74	72	0	0	0
Italy	74	75	75	1	1	1
Latvia	81	77	79	0	0	0
Lithuania	75	71	73	0	0	0
Malta	67	65	66	0	0	0
Monaco	72	73	72	0	0	0
Netherlands	78	74	76	0	0	0
Norway	77	79	78	1	1	1
Poland	76	77	76	0	0	0
Portugal	73	71	72	0	0	0
Romania	58	48	53	1	1	1
Russia	61	50	55	1	1	1
Slovak Republic	82	79	81	0	0	0
Slovenia	77	77	77	0	0	0
Sweden	82	85	84	1	0	0
Switzerland	80	75	77	1	1	1
Ukraine	63	53	58	1	1	1
United Kingdom	79	79	79	0	0	0
Average (unw.)	74	71	72	1	0	1
Denmark	94	91	93	0	1	1
Spain	85	86	86	..	..	..
USA	77	80	78	..	..	..

Question 7

Table 2a. Frequency of lifetime cigarette use. All students. 2007. Percentages.

Country	Number of occasions							No response
	0	1–2	3–5	6–9	10–19	20–39	40+	
Armenia	76	12	4	2	2	1	4	0
Austria	25	15	8	5	6	6	35	0
Belgium (Flanders)	53	13	6	4	5	3	17	1
Bulgaria	35	15	7	4	5	4	29	0
Croatia	33	15	7	4	6	5	28	0
Cyprus	54	15	5	3	3	3	17	1
Czech Republic	22	18	9	5	6	6	34	0
Estonia	25	19	10	6	7	5	27	1
Faroe Islands	27	17	7	6	6	4	33	1
Finland	40	13	6	5	6	5	26	0
France	40	17	7	5	6	5	20	0
Germany (7 Bundesl.)	31	15	8	5	7	7	27	0
Greece	55	15	6	3	4	3	14	0
Hungary	35	20	6	5	5	5	24	1
Iceland	63	8	5	3	3	3	14	0
Ireland	48	16	6	5	6	3	16	0
Isle of Man	48	13	6	4	6	4	18	0
Italy	39	14	8	5	6	5	24	1
Latvia	20	19	11	8	7	4	32	0
Lithuania	29	18	10	6	6	5	26	1
Malta	54	11	6	4	5	5	15	0
Monaco	47	15	9	4	4	3	18	0
Netherlands	46	13	5	4	5	3	24	0
Norway	54	14	6	5	4	3	14	1
Poland	44	18	9	5	5	3	16	0
Portugal	48	18	8	5	6	4	12	0
Romania	46	19	7	5	4	3	16	0
Russia	34	16	8	4	4	4	29	1
Slovak Republic	27	16	10	6	7	5	29	0
Slovenia	39	18	7	5	5	4	22	0
Sweden	49	14	6	4	5	4	17	0
Switzerland	41	16	10	6	5	5	18	1
Ukraine	36	20	7	6	5	5	21	1
United Kingdom	48	16	7	5	5	4	15	0
Average (unw.)	42	16	7	5	5	4	22	0
Denmark	40	12	7	5	7	4	26	0
Spain	54	11	6	3	3	3	20	..
USA	65	18	.....	.....	17 ^{a)}	.....	.....	..

^{a)} USA: "Occasional not regular", "regular in past" and "regular now".

Question 7

Table 2b. Frequency of lifetime cigarette use by gender. 2007. Percentages.

Country	Number of occasions														No response	
	0		1-2		3-5		6-9		10-19		20-39		40+		Boys	Girls
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls		
Armenia	53	92	19	6	7	1	4	0	4	0	2	0	10	0	1	0
Austria	26	24	17	12	8	7	5	5	6	7	5	7	33	38	0	0
Belgium (Flanders)	52	54	14	12	5	6	3	4	5	5	3	4	17	16	1	1
Bulgaria	37	33	17	14	7	8	5	4	5	5	3	5	26	32	0	1
Croatia	36	31	14	16	7	8	4	5	5	7	5	6	30	27	0	0
Cyprus	47	62	16	13	6	4	3	3	4	3	4	3	21	12	1	0
Czech Republic	24	20	19	17	9	9	5	6	6	5	5	6	32	37	0	1
Estonia	20	30	20	18	9	11	7	6	7	8	5	6	32	22	1	0
Faroe Islands	25	28	16	18	8	7	7	4	7	5	4	5	33	33	0	1
Finland	40	40	14	12	6	6	4	5	4	7	4	5	27	25	0	0
France	42	38	17	17	7	7	4	5	6	6	4	6	20	20	0	0
Germany (7 Bundesl.)	31	31	17	14	8	7	5	5	7	8	6	8	27	28	0	0
Greece	54	55	15	15	6	6	2	3	3	4	3	4	16	13	0	0
Hungary	37	34	20	20	6	6	5	5	5	5	4	6	24	24	1	1
Iceland	65	62	10	7	4	5	3	4	3	3	2	4	13	15	1	0
Ireland	50	47	18	14	6	6	5	5	6	5	3	4	13	18	0	0
Isle of Man	55	40	12	14	6	7	4	5	4	9	4	5	16	21	0	0
Italy	41	36	15	13	7	8	5	6	5	7	4	6	24	24	1	1
Latvia	15	24	19	18	11	10	7	8	7	6	4	5	37	28	1	0
Lithuania	24	34	17	19	10	10	7	6	6	6	5	5	31	20	1	1
Malta	55	53	11	11	5	6	3	5	4	5	5	4	16	15	0	0
Monaco	55	39	16	12	8	11	3	5	4	3	2	4	11	26	0	0
Netherlands	48	44	14	12	5	5	3	5	4	5	3	4	22	26	0	0
Norway	57	51	14	14	5	6	4	5	4	4	3	3	12	16	1	1
Poland	42	46	20	17	8	9	5	5	4	5	2	3	18	15	1	0
Portugal	47	48	18	18	6	9	5	6	6	5	4	4	15	10	0	0
Romania	42	50	19	18	7	8	5	5	6	3	3	3	18	14	1	0
Russia	27	43	15	16	9	7	4	4	5	4	4	4	37	22	1	1
Slovak Republic	26	27	16	16	10	9	5	7	8	7	4	6	30	28	1	0
Slovenia	39	39	19	17	7	7	5	5	5	5	4	4	21	23	0	0
Sweden	52	47	15	12	5	7	4	5	4	6	3	5	17	18	0	0
Switzerland	40	41	15	16	10	10	5	6	5	6	4	5	20	15	1	1
Ukraine	28	44	20	20	8	7	6	5	6	4	5	4	27	15	1	1
United Kingdom	54	43	17	15	5	9	5	5	4	6	3	6	13	18	0	0
Average (unw.)	41	42	16	15	7	7	5	5	5	5	4	5	22	21	0	0
Denmark	38	42	16	8	7	8	5	4	7	6	3	4	24	27	0	0
Spain	59	49	8	12	6	7	3	3	3	4	3	3	17	23	..	..
USA	65	66	18	17					17 ^{a)}	17 ^{a)}					..	..

a) USA: "Occasional not regular", "regular in past" and "regular now".

Question 8

Table 3a. Cigarette use during the last 30 days. All students. 2007. Percentages.

Country	Number of cigarettes per day						No response
	0	<1	1–5	6–10	11–20	21+	
Armenia	93	4	2	1	1	0	0
Austria	55	14	12	10	7	2	0
Belgium (Flanders)	77	10	7	3	3	1	1
Bulgaria	60	9	9	10	8	4	0
Croatia	62	11	9	8	6	5	0
Cyprus	77	7	5	4	4	3	1
Czech Republic	59	15	9	8	5	3	0
Estonia	71	12	8	5	3	2	1
Faroe Islands	67	11	6	7	7	1	1
Finland	70	11	8	6	4	2	0
France	70	13	7	5	3	2	0
Germany (7 Bundesl.)	67	11	9	6	6	2	0
Greece	78	9	3	4	4	3	0
Hungary	67	9	12	7	4	1	1
Iceland	84	6	4	3	2	1	0
Ireland	77	10	5	5	3	1	0
Isle of Man	76	9	5	6	3	1	0
Italy	63	13	10	7	5	2	1
Latvia	59	13	12	7	5	5	0
Lithuania	66	13	10	6	3	1	0
Malta	74	14	6	3	2	1	0
Monaco	75	10	7	4	3	1	0
Netherlands	70	9	8	6	5	2	0
Norway	81	9	4	3	2	1	0
Poland	79	9	6	3	1	1	1
Portugal	81	10	5	2	1	0	0
Romania	75	8	7	5	4	2	0
Russia	65	9	12	8	4	2	0
Slovak Republic	63	13	11	7	4	2	0
Slovenia	71	9	8	6	5	2	0
Sweden	79	12	5	3	1	1	0
Switzerland	71	13	7	5	3	1	1
Ukraine	69	9	10	7	3	2	1
United Kingdom	78	8	5	5	3	1	0
Average (unw.)	71	10	7	5	4	2	0
Denmark	68	10	8	7	6	1	1
Spain	74	.	17	6	2	1	..
USA	86	7	5	—————	3 ^{a)} —————	—————	..

^{a)} USA: "About 1/2 pack or more".

Question 8

Table 3b. Cigarette use during the last 30 days by gender. 2007. Percentages.

Country	Number of cigarettes per day										No response			
	0		<1		1-5		6-10		11-20		20+		Boys	Girls
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls		
Armenia	83	99	9	1	4	0	2	0	1	0	1	0	0	0
Austria	58	52	12	17	11	13	10	10	8	6	2	2	0	0
Belgium (Flanders)	76	77	10	9	8	7	2	3	3	2	1	1	1	1
Bulgaria	64	56	8	10	7	11	10	10	7	9	4	5	0	0
Croatia	62	62	9	12	9	10	8	8	7	5	5	4	0	0
Cyprus	71	83	8	6	6	4	5	3	6	3	5	2	1	1
Czech Republic	64	55	12	18	8	10	7	8	4	5	3	3	0	0
Estonia	68	73	11	12	7	9	6	3	4	1	3	1	1	0
Faroe Islands	69	66	10	13	7	5	6	8	7	8	2	1	0	1
Finland	71	69	10	13	7	9	6	6	5	3	2	1	0	0
France	71	69	11	14	8	7	4	5	3	3	2	2	0	0
Germany (7 Bundesl.)	69	65	10	13	8	10	6	6	4	5	3	1	0	0
Greece	77	79	8	9	3	4	4	3	5	3	4	2	0	0
Hungary	69	66	9	10	11	13	6	7	4	3	1	1	1	1
Iceland	85	82	5	7	3	5	3	3	2	2	1	1	1	0
Ireland	81	73	9	10	3	6	4	6	2	4	1	1	0	0
Isle of Man	81	72	8	10	4	7	5	7	2	4	1	0	0	0
Italy	66	61	11	15	9	10	7	8	6	5	2	2	1	1
Latvia	56	61	11	14	11	13	9	6	7	3	6	3	0	0
Lithuania	61	71	12	14	10	9	9	3	4	1	2	1	0	0
Malta	74	74	13	14	6	6	3	3	2	2	1	1	0	0
Monaco	84	65	8	13	3	10	2	7	2	4	0	2	0	0
Netherlands	73	67	8	11	7	8	5	7	5	5	2	2	0	0
Norway	83	78	9	10	3	5	3	4	2	2	1	0	1	0
Poland	78	80	8	10	7	6	3	3	2	1	2	1	1	0
Portugal	80	82	10	9	5	5	3	2	1	1	0	0	0	0
Romania	74	77	8	8	7	7	5	4	5	3	2	2	1	0
Russia	59	71	9	10	13	11	9	6	6	2	3	1	1	0
Slovak Republic	65	62	12	14	9	12	7	7	5	4	3	1	0	0
Slovenia	72	69	8	9	7	9	6	7	5	5	2	1	0	0
Sweden	81	76	11	12	4	6	2	4	1	2	1	1	0	0
Switzerland	70	71	12	14	7	8	5	4	4	2	2	1	1	1
Ukraine	62	76	9	10	12	8	9	4	4	2	3	1	0	1
United Kingdom	83	75	7	10	4	6	3	6	2	3	1	1	0	0
Average (unw.)	72	71	10	11	7	8	5	5	4	3	2	1	0	0
Denmark	70	66	10	11	7	8	5	8	6	6	2	1	0	1
Spain	77	71	.	.	15	20	5	7	3	2	0	0	..	..
USA	85	87	7	7	5	4	_____	_____	3 a)	3 a)	_____	_____	..	..

a) USA: "About 1/2 pack or more".

Question 9a-b

Table 4. Age of onset for cigarette use. Proportion of boys and girls having tried cigarettes and having smoked cigarettes on a daily basis at the age of 13 or younger. 2007. Percentages.

Country	First cigarette			Daily smoking			First cigarette, no response (All)	Daily smoking, no response (All)
	Boys	Girls	All	Boys	Girls	All		
Armenia	24	5	13	4	0	2	0	4
Austria	52	49	50	10	9	10	1	1
Belgium (Flanders)	26	25	25	4	6	5	1	2
Bulgaria	34	32	33	7	8	7	1	2
Croatia	39	31	35	11	6	9	0	1
Cyprus	28	16	22	8	5	6	1	2
Czech Republic	58	56	57	14	12	13	0	2
Estonia	66	50	58	17	8	12	1	3
Faroe Islands	46	47	47	11	12	11	1	7
Finland	42	37	39	9	7	8	0	1
France	34	33	34	7	7	7	0	1
Germany (7 Bundesl.)	50	45	47	9	11	10	0	1
Greece	21	12	16	3	1	2	0	2
Hungary	40	40	40	7	6	7	1	2
Iceland	21	18	20	4	5	5	0	1
Ireland	31	33	32	6	10	8	0	3
Isle of Man	33	41	37	8	11	10	0	1
Italy	30	27	28	6	5	5	1	2
Latvia	67	52	59	16	8	12	1	4
Lithuania	59	43	51	10	4	7	1	4
Malta	22	26	24	6	6	6	0	1
Monaco	18	36	27	1	7	4	0	1
Netherlands	31	31	31	5	8	6	0	1
Norway	28	29	28	5	6	5	1	4
Poland	36	26	31	7	4	6	1	4
Portugal	36	32	34	5	5	5	0	1
Romania	36	22	29	6	2	4	1	3
Russia	54	31	43	14	7	10	1	4
Slovak Republic	55	45	50	16	12	14	0	2
Slovenia	39	33	36	6	5	5	0	2
Sweden	30	29	29	6	7	6	1	6
Switzerland	38	32	35	6	5	5	1	2
Ukraine	47	27	37	11	5	8	1	3
United Kingdom	29	36	32	7	11	9	0	2
Average (unw.)	38	33	36	8	7	7	1	2
Denmark	34	28	31	6	8	7	1	6
Spain	26	28	27	6	7	6	..	..
USA	.	.	16	.	.	2	..	..

Question 10a–e

Table 5. Perceived availability of various alcoholic beverages by gender. Percentages responding “fairly easy” or “very easy” to obtain. 2007.

Country	Beer			Cider			Alcopops			Wine			Spirits		
	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All
Armenia	58	44	50	.	.	.	37	31	34	59	51	54	40	32	36
Austria	91	89	90	.	.	.	77	77	77	80	82	81	58	55	57
Belgium (Flanders)	84	77	81	.	.	.	75	71	73	73	74	73	52	45	48
Bulgaria	84	81	83	.	.	.	62	60	61	74	74	74	64	61	62
Croatia	85	86	85	.	.	.	64	67	66	85	84	85	71	75	73
Cyprus	87	80	83	29	21	25	79	76	78	77	76	76	71	68	70
Czech Republic	85	86	85	0	.	.	63	60	61	75	77	76	57	54	55
Estonia	77	73	75	79	81	80	76	80	78	60	56	58	56	49	52
Faroe Islands	80	78	79	.	.	.	.	.	.	61	51	56	68	65	66
Finland	73	73	73	75	78	76	66	68	67	51	54	53	42	43	42
France	75	71	73	70	66	68	61	55	58	66	61	64	57	53	55
Germany (7 Bundesl.)	92	90	91	.	.	.	72	72	72	77	81	79	54	51	52
Greece	85	79	82	.	.	.	75	72	73	81	82	82	65	61	63
Hungary	81	79	80	.	.	.	73	74	74	80	78	79	63	59	61
Iceland	68	73	70	52	58	55	61	70	65	52	54	53	53	56	55
Ireland	82	75	78	79	73	75	69	71	70	73	76	75	74	76	75
Isle of Man	81	79	80	74	76	75	76	84	80	70	75	73	66	67	67
Italy	82	78	80	.	.	.	75	71	73	77	74	75	61	59	60
Latvia	80	78	79	81	84	82	74	74	74	68	67	67	59	52	55
Lithuania	75	72	73	79	82	80	73	70	71	58	58	58	53	48	50
Malta	82	75	78	55	49	52	56	53	54	83	81	82	72	74	73
Monaco	80	70	75	71	67	69	69	59	64	76	70	73	53	51	52
Netherlands	89	81	85	.	.	.	82	80	81	66	71	69	55	54	55
Norway	80	81	80	79	80	79	77	79	78	60	62	61	50	52	51
Poland	81	82	82	.	.	.	.	.	.	66	65	65	57	52	55
Portugal	82	79	80	.	.	.	68	63	65	73	72	73	64	66	65
Romania	72	55	63	.	.	.	46	33	39	73	57	65	47	37	42
Russia	64	59	61	.	.	.	64	64	64	55 ^{a)}	53 ^{a)}	54 ^{a)}	37	29	33
Slovak Republic	88	84	86	62	56	59	59	55	57	83	85	84	68	63	65
Slovenia	81	79	80	.	.	.	83	84	84	77	75	76	58	59	59
Sweden	80	81	81	81	83	82	69	73	71	60	65	62	65	69	67
Switzerland	88	86	87	.	.	.	61	61	61	76	74	75	53	50	52
Ukraine	73	70	72	.	.	.	69	75	72	59	59	59	40	33	36
United Kingdom	73	67	70	70	66	68	69	75	72	65	68	67	57	61	59
Average (unw.)	80	76	78	65	68	68	68	67	68	70	69	70	58	55	56
Denmark	97	94	95	.	.	.	95	95	95	86	81	83	87	81	84
Spain	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

a) Russia: Also includes “champagne”, asked as a separate item.

Question 11a

Table 6a. Frequency of lifetime use of any alcoholic beverage. All students. 2007. Percentages.

Country	Number of occasions							No response
	0	1–2	3–5	6–9	10–19	20–39	40+	
Armenia	23	22	14	11	11	8	11	2
Austria	4	5	5	7	11	15	52	2
Belgium (Flanders)	11	6	8	10	16	16	34	2
Bulgaria	13	10	9	10	14	12	32	4
Croatia	7	11	11	10	17	15	29	1
Cyprus	15	12	12	12	15	13	22	3
Czech Republic	3	5	7	11	16	18	41	2
Estonia	6	8	11	12	18	16	29	1
Faroe Islands	.	.	.	.	.	.	.	.
Finland	15	12	15	13	17	13	16	1
France	12	9	9	9	16	14	30	1
Germany (7 Bundesl.)	5	5	7	9	14	18	41	1
Greece	7	9	10	11	18	18	28	1
Hungary	7	13	12	12	19	15	22	2
Iceland	34	16	14	10	10	7	9	1
Ireland	14	13	12	11	16	12	23	3
Isle of Man	3	6	6	9	14	18	44	2
Italy	10	12	12	11	17	14	23	2
Latvia	3	8	11	12	18	15	33	1
Lithuania	5	9	11	13	18	14	29	2
Malta	8	8	9	11	15	16	33	1
Monaco	7	7	10	15	24	18	20	2
Netherlands	10	7	7	8	13	15	40	3
Norway	23	17	16	11	13	9	11	2
Poland	12	13	14	11	15	12	23	1
Portugal	16	11	10	12	16	14	21	3
Romania	19	17	15	10	11	11	16	2
Russia	11	13	13	11	16	14	23	2
Slovak Republic	5	9	12	12	16	16	30	2
Slovenia	6	9	11	12	16	15	31	2
Sweden	19	16	16	12	14	10	14	2
Switzerland	9	9	12	14	17	17	22	1
Ukraine	8	12	12	14	17	14	23	3
United Kingdom	8	6	8	8	14	18	39	2
Average (unw.)	11	10	11	11	16	14	27	2
Denmark	4	3	6	6	14	17	49	2
Spain	19	7	12	9	13	12	29	..
USA	38	11	13	10	11	7	11	..

Question 11a

Table 6b. Frequency of lifetime use of any alcoholic beverage by gender. 2007. Percentages.

Country	Number of occasions												No response			
	0		1–2		3–5		6–9		10–19		20–39		40+		Boys	Girls
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls				
Armenia	13	30	17	25	15	13	13	10	14	9	11	6	17	6	2	2
Austria	4	5	5	5	5	5	6	8	11	12	13	18	55	48	1	2
Belgium (Flanders)	10	12	5	7	7	9	8	12	14	17	15	17	41	26	2	1
Bulgaria	11	16	9	10	7	11	8	11	12	16	12	13	40	23	3	4
Croatia	7	7	11	12	9	14	9	11	14	19	14	16	36	21	1	1
Cyprus	10	19	9	15	9	14	10	14	15	15	14	11	32	13	3	3
Czech Republic	3	2	5	5	6	8	9	12	14	17	17	19	45	37	2	2
Estonia	6	5	9	7	10	11	12	13	15	22	15	17	33	26	1	1
Faroe Islands	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Finland	15	14	13	12	15	15	12	13	16	17	12	15	17	15	1	1
France	12	12	8	10	8	10	8	10	13	19	12	17	39	22	1	1
Germany (7 Bundesl.)	5	5	5	5	8	7	6	12	11	17	16	20	49	35	1	0
Greece	6	7	7	11	7	13	9	12	17	18	17	19	37	20	1	0
Hungary	7	7	13	13	10	13	11	13	17	21	16	14	26	19	2	1
Iceland	35	32	16	16	14	13	9	10	9	11	6	9	10	9	1	1
Ireland	13	14	11	15	9	14	11	11	17	15	13	12	27	20	3	3
Isle of Man	4	2	5	6	6	6	7	10	13	16	19	17	46	43	2	2
Italy	9	12	9	15	10	14	11	13	17	17	14	13	30	16	3	2
Latvia	4	3	8	7	11	12	11	13	16	19	14	15	35	31	1	2
Lithuania	5	4	10	9	12	11	10	15	18	19	13	15	33	26	2	2
Malta	6	10	7	9	7	10	9	12	14	15	15	16	41	27	1	1
Monaco	8	6	7	7	10	11	12	18	22	25	16	20	25	14	2	2
Netherlands	11	9	7	6	5	9	6	11	11	15	11	19	48	32	3	3
Norway	25	22	17	16	16	15	10	13	13	14	8	10	11	10	2	2
Poland	11	12	12	14	13	16	9	13	13	17	12	12	30	17	1	1
Portugal	14	19	11	11	9	11	11	12	16	16	14	14	25	17	3	3
Romania	11	26	11	23	12	17	11	10	12	10	15	8	27	6	2	2
Russia	11	11	12	15	12	13	11	11	15	16	13	14	27	20	2	3
Slovak Republic	5	4	9	8	10	13	10	13	14	18	15	17	35	26	2	2
Slovenia	7	6	8	9	9	13	10	14	15	18	13	17	38	24	2	1
Sweden	21	17	17	15	14	17	11	13	13	16	9	12	15	12	3	1
Switzerland	9	10	9	9	11	14	11	16	16	18	17	16	28	16	1	1
Ukraine	9	8	13	11	11	13	12	16	15	18	13	15	27	20	3	3
United Kingdom	7	8	7	5	8	8	7	9	13	15	15	20	43	35	3	2
Average (unw.)	10	11	10	11	10	12	10	12	14	17	14	15	32	22	2	2
Denmark	3	5	2	4	5	7	6	6	12	16	14	20	58	41	1	2
Spain	21	17	7	6	11	12	8	9	12	14	11	14	30	28	..	..
USA	40	36	10	11	10	14	8	11	11	11	7	7	13	9	..	..

Question 11b

Table 7a. Frequency of use of any alcoholic beverage during the last 12 months. All students. 2007. Percentages.

Country	Number of occasions							No response
	0	1–2	3–5	6–9	10–19	20–39	40+	
Armenia	34	29	13	11	8	3	2	3
Austria	8	9	10	10	16	18	30	2
Belgium (Flanders)	17	11	12	14	17	13	17	2
Bulgaria	17	18	13	13	15	11	13	3
Croatia	16	17	14	13	16	11	12	2
Cyprus	21	21	15	14	14	9	7	3
Czech Republic	7	14	15	14	19	14	17	2
Estonia	13	18	17	16	16	10	11	2
Faroe Islands	.	.	.	.	.	.	.	.
Finland	23	21	16	14	14	7	4	1
France	19	16	14	14	16	9	11	1
Germany (7 Bundesl.)	9	12	12	13	19	17	20	1
Greece	13	17	16	16	18	11	10	0
Hungary	16	22	17	14	15	9	8	2
Iceland	44	18	12	9	9	4	3	1
Ireland	22	16	14	12	14	10	11	3
Isle of Man	7	12	13	12	19	17	19	3
Italy	19	18	15	15	15	10	8	2
Latvia	11	19	17	17	15	11	11	2
Lithuania	13	20	18	15	15	9	11	2
Malta	13	13	13	12	17	15	17	1
Monaco	13	16	22	19	18	7	6	1
Netherlands	16	10	11	12	16	14	22	3
Norway	34	20	15	12	10	5	3	4
Poland	22	20	16	14	14	8	7	1
Portugal	21	17	16	14	15	8	9	3
Romania	26	24	15	11	10	7	8	3
Russia	23	21	16	12	13	7	9	3
Slovak Republic	12	18	17	14	16	10	13	2
Slovenia	13	17	15	15	16	11	13	2
Sweden	29	22	15	12	11	6	4	4
Switzerland	15	16	17	16	16	11	8	1
Ukraine	17	21	17	15	14	8	8	3
United Kingdom	12	12	13	13	19	14	16	2
Average (unw.)	18	17	15	14	15	10	11	2
Denmark	6	7	13	11	21	18	24	3
Spain	23	11	16	11	15	10	13	..
USA	44	18	13	9	8	4	4	..

Question 11b

Table 7b. Frequency of use of any alcoholic beverage during the last 12 months by gender, 2007. Percentages.

Country	Number of occasions												No response			
	0		1–2		3–5		6–9		10–19		20–39		40+		Boys	Girls
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls				
Armenia	24	42	26	31	15	11	13	9	11	5	6	2	4	0	3	3
Austria	8	7	9	9	9	11	9	11	15	18	15	22	36	22	2	2
Belgium (Flanders)	15	18	10	12	10	14	13	15	16	18	14	13	23	10	2	2
Bulgaria	16	19	13	22	12	13	12	15	17	13	12	10	18	8	3	3
Croatia	17	16	15	19	12	16	12	15	16	16	12	9	15	8	2	1
Cyprus	16	27	16	26	14	15	16	12	16	12	12	5	10	3	3	3
Czech Republic	8	5	13	14	13	17	13	15	18	20	13	15	21	13	3	2
Estonia	16	10	18	18	15	19	15	18	16	16	10	10	12	9	2	1
Faroe Islands	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Finland	25	22	23	20	15	17	13	14	13	16	7	7	4	4	1	2
France	20	19	13	18	12	17	12	17	17	15	10	9	16	6	1	1
Germany (7 Bundesl.)	9	8	12	12	9	14	10	15	17	21	17	17	27	13	1	1
Greece	11	14	14	20	13	18	16	16	18	17	13	10	14	6	0	0
Hungary	17	15	20	24	14	19	13	15	16	14	9	9	10	5	2	2
Iceland	48	40	18	19	12	13	9	9	8	11	3	5	3	3	1	1
Ireland	21	23	16	17	13	15	12	12	16	13	10	10	13	10	4	3
Isle of Man	9	6	12	12	11	15	11	14	19	18	16	18	22	17	2	3
Italy	16	21	15	21	14	15	15	14	17	14	11	9	12	5	3	2
Latvia	12	9	20	19	15	19	15	18	16	14	10	11	12	10	2	1
Lithuania	14	11	20	20	16	20	13	17	16	15	9	8	13	9	2	2
Malta	10	14	11	15	12	14	11	13	18	16	15	15	23	13	1	1
Monaco	14	12	12	20	20	25	20	18	20	15	5	8	9	2	2	1
Netherlands	17	14	10	11	8	13	9	14	14	17	13	16	29	15	3	2
Norway	37	30	21	19	13	18	11	14	9	11	5	5	3	3	4	4
Poland	21	22	18	22	14	18	14	13	14	14	8	7	12	4	1	1
Portugal	20	21	16	18	14	18	13	15	16	15	9	8	12	7	3	2
Romania	17	34	17	30	15	14	14	8	14	6	10	5	14	2	4	2
Russia	24	21	20	23	14	17	12	13	13	13	7	6	11	7	3	2
Slovak Republic	13	11	18	18	15	19	13	15	16	16	10	11	15	10	2	2
Slovenia	14	13	15	20	14	17	14	15	15	16	11	11	17	8	3	2
Sweden	33	26	22	21	13	17	11	13	10	13	7	6	5	4	4	4
Switzerland	15	16	15	18	15	19	16	17	15	16	13	10	12	5	2	1
Ukraine	18	15	20	22	15	19	15	16	13	15	10	7	10	6	3	2
United Kingdom	12	12	12	12	12	14	12	14	18	20	14	14	19	14	3	2
Average (unw.)	18	18	16	19	13	16	13	14	15	15	10	10	14	8	2	2
Denmark	4	7	7	7	12	14	10	12	18	25	19	17	31	18	3	3
Spain	25	21	11	11	15	18	10	12	14	16	9	11	15	12	..	..
USA	46	42	17	20	11	14	9	9	8	8	5	4	5	3	..	..

Question 11c

Table 8a. Frequency of use of any alcoholic beverage during the last 30 days. All students. 2007. Percentages.

Country	Number of occasions							No response
	0	1–2	3–5	6–9	10–19	20–39	40+	
Armenia	65	22	7	4	2	0	0	3
Austria	20	17	19	15	16	9	5	1
Belgium (Flanders)	30	24	17	12	11	4	2	2
Bulgaria	34	25	16	12	7	3	2	2
Croatia	36	25	17	10	8	3	2	1
Cyprus	38	27	14	10	7	3	2	4
Czech Republic	24	30	21	13	8	2	1	1
Estonia	40	32	15	7	4	1	1	2
Faroe Islands	.	.	.	.	.	.	.	.
Finland	52	31	11	4	1	0	0	1
France	36	24	17	10	8	3	2	1
Germany (7 Bundesl.)	25	23	20	14	12	4	2	1
Greece	29	29	18	12	7	3	1	1
Hungary	41	29	15	8	4	1	1	1
Iceland	69	20	8	2	1	0	0	1
Ireland	44	23	14	9	7	2	1	2
Isle of Man	24	26	21	14	9	4	3	1
Italy	37	23	16	11	8	3	2	2
Latvia	35	34	15	9	5	1	2	2
Lithuania	35	32	17	8	5	2	1	2
Malta	27	21	18	13	13	6	2	1
Monaco	38	33	15	9	5	1	0	2
Netherlands	31	18	16	12	12	8	4	2
Norway	58	27	10	3	1	0	0	3
Poland	43	28	14	8	4	2	1	1
Portugal	40	23	14	10	7	3	3	3
Romania	48	27	11	6	5	2	1	2
Russia	48	26	12	7	4	2	1	2
Slovak Republic	37	26	17	10	7	2	1	2
Slovenia	35	29	18	9	6	2	1	2
Sweden	56	26	12	4	1	0	0	3
Switzerland	33	28	20	10	6	2	1	1
Ukraine	39	31	15	8	6	1	1	2
United Kingdom	30	24	20	12	9	3	2	2
Average (unw.)	39	26	15	9	7	2	1	2
Denmark	20	27	25	16	7	3	2	2
Spain	43	21	23	8	4	1	.	..
USA	67	18	8	4	3	1	1	..

Question 11C

Table 8b. Frequency of use of any alcoholic beverage during the last 30 days by gender. 2007. Percentages.

Country	Number of occasions														No response	
	0		1-2		3-5		6-9		10-19		20-39		40+		Boys	Girls
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls		
Armenia	54	73	24	20	11	5	7	2	3	1	1	0	1	0	3	3
Austria	20	20	15	19	17	21	14	16	16	15	10	7	8	2	1	2
Belgium (Flanders)	28	32	20	27	16	18	12	11	14	8	6	2	3	1	2	2
Bulgaria	29	39	23	28	16	16	15	9	9	6	4	2	4	1	3	2
Croatia	34	38	21	28	17	18	12	7	10	6	4	1	2	1	1	1
Cyprus	28	47	25	29	17	12	13	7	10	4	4	1	3	0	4	3
Czech Republic	25	24	27	33	21	21	12	13	9	8	3	2	2	1	2	1
Estonia	42	38	29	35	15	15	7	7	4	3	1	1	1	0	2	1
Faroe Islands	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Finland	54	51	30	31	10	12	4	4	1	2	0	0	0	0	1	1
France	34	38	21	27	16	17	12	9	10	6	4	2	4	1	1	1
Germany (7 Bundesl.)	23	26	19	26	18	21	15	14	15	10	6	2	4	1	1	1
Greece	25	33	25	33	20	17	14	10	9	6	4	2	2	0	1	0
Hungary	41	42	27	31	16	15	8	7	5	3	2	1	2	1	1	1
Iceland	72	65	17	22	6	9	3	2	1	1	0	0	0	0	1	1
Ireland	43	44	23	24	15	14	8	9	8	6	2	2	2	1	3	2
Isle of Man	23	24	25	26	21	21	15	13	9	10	5	3	3	2	2	1
Italy	31	42	22	25	16	15	13	9	11	6	4	2	3	1	2	1
Latvia	34	35	32	37	15	14	9	8	5	5	2	0	3	0	2	1
Lithuania	35	35	28	35	18	16	10	8	5	5	2	2	2	1	2	1
Malta	24	30	20	23	18	18	15	12	14	11	7	5	2	1	1	1
Monaco	32	43	34	32	14	15	10	7	8	2	2	1	1	0	3	1
Netherlands	31	31	14	23	14	17	12	12	14	11	9	6	6	2	2	1
Norway	61	54	24	30	9	11	4	3	1	1	0	0	0	0	2	3
Poland	39	46	25	30	15	13	10	7	6	3	3	0	2	0	1	1
Portugal	38	42	22	25	14	14	11	8	8	6	4	2	3	2	4	3
Romania	34	60	29	26	15	8	9	3	8	2	3	1	2	0	3	2
Russia	48	48	25	28	12	11	7	8	5	3	2	2	1	0	3	1
Slovak Republic	38	37	23	28	16	17	10	10	8	5	3	2	2	1	1	2
Slovenia	32	37	27	31	19	17	9	9	8	4	3	1	2	1	2	1
Sweden	59	53	24	29	12	12	4	4	1	1	1	0	1	0	4	2
Switzerland	30	36	26	29	21	20	11	10	9	4	2	1	1	0	2	1
Ukraine	38	39	30	32	15	15	8	7	6	5	2	1	2	1	2	2
United Kingdom	31	29	21	26	20	21	12	13	10	8	4	2	3	1	2	2
Average (unw.)	37	40	24	28	16	15	10	8	8	5	3	2	2	1	2	1
Denmark	18	22	21	33	26	24	18	13	11	5	3	3	3	1	1	3
Spain	43	42	19	22	22	23	9	8	5	4	2	1	.	.	..	..
USA	67	67	17	19	9	8	4	3	3	2	1	1	1	0	..	..

Question 12a–e

Table 9a. Use of various alcoholic beverages during the last 30 days. All students. 2007. Percentages.

Country	Beer	Cider	Alcopops	Wine	Spirits	No response				
						Beer	Cider	Alcopops	Wine	Spirits
Armenia	30	.	10	54	16	2	.	4	2	3
Austria	60	.	58	52	58	0	.	1	1	1
Belgium (Flanders)	57	.	45	29	31	1	.	1	2	1
Bulgaria	70	.	33	31	41	1	.	1	3	1
Croatia	51	.	25	47	47	0	.	1	1	0
Cyprus	52	10	56	36	36	0	2	1	1	1
Czech Republic	66	.	41	47	55	0	.	1	1	1
Estonia	35	44	42	30	44	0	1	1	2	0
Faroe Islands	43	.	.	15	42	1	.	.	3	1
Finland	38	31	25	17	31	0	1	1	2	1
France	47	31	31	29	42	1	1	1	2	1
Germany (7 Bundesl.)	64	.	42	44	49	0	.	1	1	0
Greece	42	.	44	48	46	0	.	1	2	1
Hungary	38	.	30	50	43	1	.	1	1	1
Iceland	31	11	21	11	25	0	1	1	1	0
Ireland	39	31	28	21	45	2	3	3	3	1
Isle of Man	55	30	51	37	53	0	1	0	2	0
Italy	53	.	49	42	43	1	.	1	1	1
Latvia	51	42	38	32	38	1	1	1	1	1
Lithuania	46	60	31	23	32	1	1	1	1	1
Malta	47	17	35	63	64	0	1	1	1	0
Monaco	35	23	31	36	38	1	1	1	1	0
Netherlands	51	.	58	24	43	0	.	1	2	2
Norway	34	25	26	13	27	1	2	2	4	2
Poland	59	4	5	26	33	0	3	3	2	1
Portugal	54	.	39	33	52	0	.	1	1	1
Romania	61	.	23	47	24	0	.	1	2	1
Russia	52	.	31	31 ^{a)}	19	0	.	1	1	1
Slovak Republic	45	13	18	51	51	1	1	2	1	1
Slovenia	48	.	51	42	45	0	.	0	2	0
Sweden	37	36	21	20	37	1	1	2	2	1
Switzerland	54	.	43	30	44	1	.	1	1	1
Ukraine	63	.	33	41	22	1	.	2	3	2
United Kingdom	48	32	44	39	48	0	1	1	1	1
Average (unw.)	49	28	35	35	40	1	1	1	2	1
Denmark	61	.	59	32	64	1	.	1	1	1
Spain	.	.	.	.	.	.	.	.	.	.
USA	24	.	.	.	.	..	.	.	.	.

a) Russia: Also includes “champagne”, asked as a separate item.

Question 12a–e

Table 9b. Use of various alcoholic beverages during the last 30 days by gender. 2007. Percentages.

Country	Beer		Cider		Alcopops		Wine		Spirits	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Armenia	48	17	.	.	14	6	54	53	26	9
Austria	72	47	.	.	55	60	48	57	58	58
Belgium (Flanders)	66	48	.	.	42	47	26	32	34	29
Bulgaria	77	63	.	.	36	30	33	28	45	37
Croatia	61	40	.	.	26	24	51	42	44	51
Cyprus	67	37	14	6	60	52	41	31	47	27
Czech Republic	71	62	.	.	36	45	39	54	54	55
Estonia	49	21	36	52	37	47	25	35	44	44
Faroe Islands	45	41	.	.	.	.	13	17	40	43
Finland	43	33	22	38	22	28	14	18	29	32
France	53	40	33	30	31	32	34	23	45	40
Germany (7 Bundesl.)	73	56	.	.	38	45	37	51	51	46
Greece	54	32	.	.	45	43	54	43	50	42
Hungary	48	29	.	.	28	33	50	50	42	44
Iceland	31	32	9	12	15	27	11	10	23	26
Ireland	49	31	37	26	20	35	17	25	40	49
Isle of Man	67	43	38	23	41	61	29	46	49	58
Italy	61	46	.	.	52	46	50	34	46	40
Latvia	64	38	39	45	36	40	30	34	43	33
Lithuania	61	31	52	66	31	31	22	25	36	28
Malta	63	33	20	13	36	34	66	61	65	63
Monaco	46	24	24	22	30	32	40	32	41	35
Netherlands	61	41	.	.	53	63	14	34	42	44
Norway	34	33	18	32	21	31	10	16	25	29
Poland	65	55	4	3	5	4	28	25	38	28
Portugal	59	50	.	.	40	38	35	32	51	53
Romania	74	50	.	.	29	18	59	36	30	18
Russia	56	49	.	.	30	32	27 ^{a)}	35 ^{a)}	22	15
Slovak Republic	53	38	14	12	17	19	49	53	50	51
Slovenia	57	38	.	.	51	52	46	37	43	46
Sweden	40	35	32	40	18	23	17	23	34	40
Switzerland	63	45	.	.	43	44	32	27	46	42
Ukraine	70	56	.	.	27	39	35	47	26	17
United Kingdom	60	38	36	29	33	53	30	47	43	52
Average (unw.)	58	40	27	28	33	37	34	36	41	39
Denmark	71	53	.	.	58	60	28	36	64	65
Spain	.	.	.	.	.	.	.	.	.	.
USA	27	22	.	.	.	.	.	.	.	.

a) Russia: Also includes “champagne”, asked as a separate item.

Question 14.1–6

Table 10a. Consumption of various alcoholic beverages on the last alcohol drinking day. All students. 2007. Percentages.

Country	Never drink alcohol	Beer	Cider	Alcopops	Wine	Spirits
Armenia	22	25	.	3	55	10
Austria	6	51	.	40	31	41
Belgium (Flanders)	12	57	.	31	21	17
Bulgaria	11	66	.	10	12	20
Croatia	12	47	.	12	36	42
Cyprus	15	38	2	34	13	20
Czech Republic	7	49	.	16	24	25
Estonia	6	29	36	28	18	34
Faroe Islands	23	45	.	.	9	48
Finland	19	42	33	23	13	31
France	17	38	13	20	14	37
Germany (7 Bundesl.)	7	57	.	26	28	36
Greece	10	28	.	25	26	36
Hungary	10	32	.	24	34	41
Iceland	37	41	4	25	7	29
Ireland	16	30	21	19	14	37
Isle of Man	5	43	16	39	21	38
Italy	14	42	.	29	22	34
Latvia	7	42	29	19	18	25
Lithuania	7	34	53	9	11	17
Malta	10	28	2	12	35	51
Monaco	12	28	9	27	18	37
Netherlands	12	45	.	44	14	22
Norway	26	41	27	27	11	30
Poland	16	69	1	1	16	22
Portugal	22	39	.	18	8	50
Romania	20	60	.	7	23	11
Russia	18	60	.	15	23 ^{a)}	10
Slovak Republic	10	34	3	6	36	43
Slovenia	9	34	.	42	27	29
Sweden	25	35	33	12	12	37
Switzerland	13	52	.	36	18	34
Ukraine	15	54	.	20	23	9
United Kingdom	10	38	18	31	24	32
Average (unw.)	14	43	19	22	21	30
Denmark	6	56	.	51	15	42
Spain	.	.	.	.	.	.
USA	.	.	.	.	.	.

^{a)} Russia: Also includes “champagne”, asked as a separate item.

Question 14.1–6

Table 10b. Consumption of various alcoholic beverages on the last alcohol drinking day by gender. 2007. Percentages.

Country	Never drink alcohol		Beer		Cider		Alcopops		Wine		Spirits	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Armenia	14	28	44	11	.	.	4	2	47	61	16	5
Austria	6	6	68	31	.	.	35	45	26	36	38	43
Belgium (Flanders)	11	14	70	44	.	.	26	37	18	24	17	16
Bulgaria	10	12	75	56	.	.	7	12	10	13	19	22
Croatia	13	12	59	34	.	.	10	13	39	34	33	51
Cyprus	11	18	50	26	3	2	28	41	11	15	24	16
Czech Republic	8	6	61	38	.	.	11	20	16	31	24	25
Estonia	8	5	47	11	27	44	22	33	13	23	35	33
Faroe Islands	20	25	52	39	.	.	0	0	7	11	44	52
Finland	20	18	52	34	21	43	18	27	12	14	28	33
France	17	18	42	34	12	13	17	23	16	13	38	36
Germany (7 Bundesl.)	7	7	70	45	.	.	22	30	20	35	34	38
Greece	9	11	35	21	.	.	21	28	26	26	37	36
Hungary	10	10	44	21	.	.	18	29	34	33	40	42
Iceland	39	35	44	38	3	6	14	36	7	7	28	31
Ireland	15	17	45	18	30	14	10	27	9	18	30	43
Isle of Man	6	3	61	25	23	8	26	51	13	30	32	43
Italy	12	16	50	35	.	.	27	31	25	19	33	35
Latvia	8	6	58	27	23	36	14	23	12	25	29	21
Lithuania	8	5	53	17	42	63	8	10	8	14	19	16
Malta	8	12	41	16	3	2	10	13	34	35	50	53
Monaco	13	12	34	22	7	11	22	32	19	17	41	32
Netherlands	14	11	62	27	.	.	34	53	6	23	21	23
Norway	29	24	45	37	23	31	18	36	9	12	28	31
Poland	14	17	73	65	1	1	1	2	14	18	25	20
Portugal	21	22	48	31	.	.	18	18	9	7	44	55
Romania	12	27	73	49	.	.	5	8	25	22	11	11
Russia	18	19	67	51	.	.	11	19	18 ^{a)}	28 ^{a)}	11	9
Slovak Republic	11	9	43	25	3	3	6	7	33	39	40	45
Slovenia	10	8	45	23	.	.	36	48	30	25	24	34
Sweden	28	22	41	29	27	38	10	13	9	15	34	40
Switzerland	13	14	63	42	.	.	33	40	17	19	32	36
Ukraine	16	14	67	40	.	.	13	28	15	31	11	7
United Kingdom	10	9	57	22	23	15	20	40	16	31	26	38
Average (unw.)	14	14	54	32	17	21	17	26	18	23	29	32
Denmark	4	7	70	44	0	0	42	58	13	17	40	43
Spain	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.

^{a)} Russia: Also includes “champagne”, asked as a separate item.

Question 14.2, 14a

Table 11a. Quantities of beer consumed during the last alcohol drinking day among students reporting beer drinking on the last day of alcohol consumption. All students. 2007. Percentages.

Country	Never drink beer	Centilitres					No response ^{a)}
	0	0	<50	50–100	101–200	201+	
Armenia	55	25	13	6	1	0	4
Austria	29	21	17	16	10	7	2
Belgium (Flanders)	23	22	17	20	14	4	3
Bulgaria	20	17	26	24	8	5	4
Croatia	30	24	17	17	7	5	2
Cyprus	34	29	20	10	4	2	2
Czech Republic	16	36	14	19	9	6	1
Estonia	23	49	10	11	4	3	1
Faroe Islands	..	..	..	..	..	..	..
Finland	34	24	13	9	8	11	1
France	36	31	11	14	4	5	3
Germany (7 Bundesl.)	21	23	26	17	8	5	2
Greece	31	43	11	12	2	1	2
Hungary	40	29	14	11	4	2	2
Iceland	45	15	13	14	7	7	1
Ireland	..	..	..	..	..	..	..
Isle of Man	25	34	7	14	7	13	2
Italy	33	26	21	14	4	3	2
Latvia	..	..	..	..	..	..	..
Lithuania	30	37	12	13	4	3	2
Malta ^{b)}	32	42	15	8	3	1	1
Monaco	39	37	9	12	2	1	2
Netherlands ^{c)}	.	56	19	10	6	9	2
Norway	36	24	10	12	8	11	2
Poland	19	15	26	30	8	3	3
Portugal	44	20	27	6	2	1	3
Romania	24	18	36	16	3	3	3
Russia	32	16	28	17	4	2	5
Slovak Republic	29	38	16	12	3	2	2
Slovenia	30	37	13	13	4	3	1
Sweden	41	26	10	11	6	7	2
Switzerland	30	23	24	15	6	3	6
Ukraine	25	28	26	16	3	2	11
United Kingdom	31	31	7	13	8	9	1
Average (unw.)	31	29	17	14	6	4	3
Denmark	9	37	14	15	16	10	3
Spain	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.

^{a)} No response also includes inconsistent responses regarding stated consumption of respective beverage on last occasion versus the question of quantities of the beverage consumed on last occasion.

^{b)} Malta: The response category describing 101–200 cl was formulated “6–8 bottles” instead of “5–8 bottles”.

^{c)} The Netherlands: The option “I never drink beer” was omitted.

Question 14.2, 14a

Table 11b. Quantities of beer consumed during the last alcohol drinking day among students reporting beer drinking on the last day of alcohol consumption. All students. 2007. Percentages.

Country	Never drink beer		Centilitres										No response ^{a)}	
	Boys	Girls	0		<50		50–100		101–200		201+		Boys	Girls
			Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls		
Armenia	34	70	27	23	22	7	14	0	2	0	1	0	5	2
Austria	18	42	15	29	16	17	23	7	16	4	12	1	3	1
Belgium (Flanders)	18	28	15	30	18	16	23	17	19	8	7	1	4	2
Bulgaria	14	26	14	21	21	31	32	17	11	4	9	2	4	5
Croatia	21	40	21	28	17	16	22	11	10	4	9	1	2	1
Cyprus	22	45	29	30	21	18	16	5	7	1	4	1	2	1
Czech Republic	12	19	27	44	13	16	23	15	14	5	10	1	1	1
Estonia	14	32	40	58	14	6	18	4	8	0	6	0	1	1
Faroe Islands	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Finland	29	39	21	28	14	12	10	9	9	8	18	5	2	1
France	32	40	29	32	10	12	16	12	5	3	8	3	3	3
Germany (7 Bundesl.)	16	26	15	30	26	26	22	12	12	4	9	2	2	1
Greece	25	37	42	43	10	11	18	7	3	1	2	0	3	1
Hungary	31	49	27	31	16	12	17	6	6	2	3	0	2	1
Iceland	45	44	13	18	13	12	13	14	7	7	9	4	2	1
Ireland	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Isle of Man	16	34	25	43	7	6	19	9	11	4	23	4	2	2
Italy	26	39	25	27	21	20	19	11	5	2	4	1	2	1
Latvia	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Lithuania	16	43	33	41	16	9	21	6	8	1	6	0	3	1
Malta ^{b)}	21	42	39	43	19	11	14	3	5	1	2	0	2	1
Monaco	37	41	32	41	11	8	16	8	3	1	1	1	2	2
Netherlands ^{c)}	.	.	38	74	24	14	12	7	9	2	15	3	2	2
Norway	36	36	20	27	9	11	11	12	8	7	15	7	3	1
Poland	16	20	12	17	22	29	35	26	9	7	6	1	3	3
Portugal	37	49	17	22	31	24	9	4	3	1	3	0	3	3
Romania	14	33	14	22	31	39	29	5	6	1	6	0	4	2
Russia	25	39	14	19	28	27	22	13	6	2	4	1	6	5
Slovak Republic	24	34	35	42	16	16	17	7	5	1	3	0	2	2
Slovenia	23	37	33	41	13	13	18	7	7	1	6	0	1	1
Sweden	39	43	22	29	10	10	12	10	7	5	11	3	2	1
Switzerland	24	35	18	29	22	25	21	9	10	1	5	1	5	7
Ukraine	19	31	20	36	28	23	23	8	6	1	3	0	12	10
United Kingdom	22	40	22	39	7	7	19	9	12	4	18	2	2	1
Average (unw.)	24	38	24	33	18	16	19	9	8	3	8	1	3	2
Denmark	6	11	25	47	15	13	15	16	22	10	17	3	2	4
Spain	.	.	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.	.	.

a) No response also includes inconsistent responses regarding stated consumption of respective beverage on last occasion versus the question of quantities of the beverage consumed on last occasion.

b) Malta: The response category describing 101–200 cl was formulated “6–8 bottles” instead of “5–8 bottles”.

c) The Netherlands: The option “I never drink beer” was omitted.

Question 14.3, 14b

Table 12a. Quantities of cider consumed during the last alcohol drinking day among students reporting cider drinking on the last day of alcohol consumption. All students. 2007. Percentages.

Country	Never drink cider	Centilitres					No response ^{a)}
	0	0	<50	50–100	101–200	201+	
Armenia	.	.	.	.	.	.	.
Austria	.	.	.	.	.	.	.
Belgium (Flanders)	.	.	.	.	.	.	.
Bulgaria	.	.	.	.	.	.	.
Croatia	.	.	.	.	.	.	.
Cyprus	78	20	1	0	0	0	1
Czech Republic	.	.	.	.	.	.	.
Estonia	18	48	16	14	3	1	2
Faroe Islands	.	.	.	.	.	.	.
Finland	30	38	14	12	4	2	1
France	.	.	.	.	.	.	.
Germany (7 Bundesl.)	.	.	.	.	.	.	.
Greece	.	.	.	.	.	.	.
Hungary	.	.	.	.	.	.	.
Iceland	67	29	2	1	0	0	1
Ireland	.	.	.	.	.	.	.
Isle of Man	40	45	3	6	2	4	1
Italy	.	.	.	.	.	.	.
Latvia	..	..	..	..	..	..	..
Lithuania	16	34	30	16	3	1	3
Malta	57	41	1	1	0	0	0
Monaco	.	.	.	.	.	.	.
Netherlands	.	.	.	.	.	.	.
Norway	36	39	8	10	5	2	2
Poland	88	11	0	0	0	0	0
Portugal	.	.	.	.	.	.	.
Romania	.	.	.	.	.	.	.
Russia	.	.	.	.	.	.	.
Slovak Republic	61	37	2	0	0	0	1
Slovenia	.	.	.	.	.	.	.
Sweden	31	38	11	12	5	3	2
Switzerland	.	.	.	.	.	.	.
Ukraine	.	.	.	.	.	.	.
United Kingdom	46	37	4	8	3	2	1
Average (unw.)	47	35	8	7	2	1	1
Denmark	.	.	.	.	.	.	.
Spain	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.

^{a)} No response also includes inconsistent responses regarding stated consumption of respective beverage on last occasion versus the question of quantities of the beverage consumed on last occasion.

Question 14.3, 14b

Table 12b. Quantities of cider consumed during the last alcohol drinking day among students reporting cider drinking on the last day of alcohol consumption, by gender. 2007. Percentages.

Country	Never drink cider		Centilitres										No response ^{a)}		
	Boys	Girls	0		<50		50–100		101–200		201+		Boys	Girls	
			Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls			
Armenia	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Austria	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Belgium (Flanders)	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Bulgaria	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Croatia	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Cyprus	74	82	24	17	1	1	1	0	0	0	0	0	0	1	0
Czech Republic	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Estonia	21	14	54	42	10	22	10	18	3	3	1	1	2	2	
Faroe Islands	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Finland	38	23	41	35	11	17	7	16	2	6	1	2	1	1	
France	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Germany (7 Bundesl.)	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Greece	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Hungary	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Iceland	73	62	25	33	1	3	1	2	0	0	0	0	1	1	
Ireland	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Isle of Man	38	43	40	50	3	3	9	3	3	1	7	1	2	1	
Italy	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Latvia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Lithuania	22	11	40	28	19	41	15	18	3	2	2	1	3	3	
Malta	54	60	44	38	1	1	1	0	0	0	0	0	1	0	
Monaco	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Netherlands	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Norway	40	32	39	38	6	9	9	12	4	6	2	2	2	2	
Poland	86	90	13	10	0	0	0	0	0	0	0	0	0	0	
Portugal	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Romania	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Russia	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Slovak Republic	63	58	35	40	2	2	0	0	0	0	0	0	0	1	
Slovenia	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Sweden	37	26	38	37	9	14	11	13	3	7	2	3	2	2	
Switzerland	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Ukraine	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
United Kingdom	43	48	36	38	4	4	9	8	5	1	4	1	1	1	
Average (unw.)	49	46	36	34	6	10	6	8	2	2	2	1	1	1	1
Denmark	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Spain	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

^{a)} No response also includes inconsistent responses regarding stated consumption of respective beverage on last occasion versus the question of quantities of the beverage consumed on last occasion.

Question 14.4, 14c

Table 13a. Quantities of alcopops consumed during the last alcohol drinking day among students reporting alcopops drinking on the last day of alcohol consumption. All students. 2007. Percentages.

Country	Never drink alcopops	Centilitres					No response ^{a)}
	0	0	<50	50–100	101–200	201+	
Armenia	.	.	.	.	.	.	.
Austria	30	54	9	4	1	1	17
Belgium (Flanders)	33	39	12	12	4	1	3
Bulgaria	48	46	6	1	0	0	2
Croatia	49	41	7	2	1	0	1
Cyprus	.	.	.	.	.	.	.
Czech Republic	28	61	7	2	0	0	4
Estonia	20	56	15	7	2	1	4
Faroe Islands	.	.	.	.	.	.	.
Finland	37	41	9	8	3	2	1
France	.	.	.	.	.	.	.
Germany (7 Bundesl.)	28	48	13	7	2	1	2
Greece	27	50	18	4	0	0	3
Hungary	30	49	16	4	1	0	4
Iceland	50	26	8	9	4	3	2
Ireland	46	36	7	5	4	2	1
Isle of Man	22	40	13	12	8	5	3
Italy	35	39	21	4	1	0	4
Latvia	..	..	..	..	..	..	..
Lithuania	37	56	6	1	0	0	1
Malta	46	44	8	2	1	0	1
Monaco	.	.	.	.	.	.	.
Netherlands	26	32	15	17	8	3	3
Norway	40	35	12	8	4	1	3
Poland	88	12	0	0	0	0	0
Portugal	46	38	12	3	1	0	2
Romania	60	35	4	1	0	0	1
Russia	47	41	7	4	1	0	3
Slovak Republic	57	39	4	0	0	0	2
Slovenia	22	39	23	11	3	1	3
Sweden	49	41	5	3	1	0	2
Switzerland	30	39	16	11	3	1	5
Ukraine	33	50	10	6	0	0	4
United Kingdom	32	38	11	10	5	3	1
Average (unw.)	39	42	11	6	2	1	3
Denmark	17	35	16	17	11	5	5
Spain	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.

^{a)} No response also includes inconsistent responses regarding stated consumption of respective beverage on last occasion versus the question of quantities of the beverage consumed on last occasion.

Question 14.4, 14C

Table 13b. Quantities of cider consumed during the last alcohol drinking day among students reporting cider drinking on the last day of alcohol consumption, by gender. 2007. Percentages.

Country	Never drink alcopops		Centilitres										No response ^{a)}	
	Boys	Girls	0		<50		50–100		101–200		201+		Boys	Girls
			Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls		
Armenia	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Austria	34	24	53	56	7	12	4	4	1	2	1	2	14	21
Belgium (Flanders)	37	29	40	37	9	14	10	15	3	4	1	1	3	3
Bulgaria	49	46	45	46	4	7	1	1	0	0	0	0	1	4
Croatia	53	43	38	45	5	9	2	2	1	0	1	0	1	2
Cyprus	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Czech Republic	37	21	56	66	5	9	2	3	0	0	0	0	3	6
Estonia	23	17	58	54	9	20	7	8	3	2	1	0	3	4
Faroe Islands	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Finland	41	34	42	40	7	11	6	11	2	3	2	2	1	2
France	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Germany (7 Bundesl.)	33	23	48	48	9	17	7	8	3	2	1	1	2	2
Greece	28	27	53	48	13	22	5	3	0	0	1	0	3	3
Hungary	36	25	50	49	10	22	4	3	0	1	1	0	3	4
Iceland	59	41	28	24	5	11	5	13	1	7	1	4	1	2
Ireland	55	38	36	36	4	10	3	7	1	6	0	3	1	1
Isle of Man	31	13	44	36	8	18	9	15	4	12	4	6	2	4
Italy	34	35	42	37	17	24	5	3	1	1	1	0	3	4
Latvia	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Lithuania	39	34	54	57	5	7	1	1	1	0	0	0	1	1
Malta	44	47	47	41	6	9	2	2	1	1	0	0	1	2
Monaco	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Netherlands	32	19	35	29	10	19	13	21	7	9	3	3	2	3
Norway	45	34	38	33	9	15	5	11	2	6	1	1	3	3
Poland	86	89	13	10	0	0	0	0	0	0	0	0	0	0
Portugal	46	47	38	38	11	12	4	3	1	0	0	0	2	2
Romania	55	64	42	29	2	6	1	1	0	0	0	0	1	1
Russia	49	44	42	40	5	10	3	5	1	1	0	0	2	3
Slovak Republic	62	52	34	44	3	4	1	0	0	0	0	0	2	2
Slovenia	25	19	42	36	17	29	11	12	3	3	2	1	3	3
Sweden	55	44	37	46	4	6	2	3	1	1	1	0	2	2
Switzerland	31	29	41	36	13	18	10	13	3	3	2	1	4	6
Ukraine	41	25	49	51	6	15	3	8	0	1	0	0	3	5
United Kingdom	42	24	39	37	8	14	6	14	3	7	2	4	1	1
Average (unw.)	43	35	42	41	8	13	5	7	2	3	1	1	2	3
Denmark	20	15	41	30	14	17	12	21	9	12	5	5	4	5
Spain	.	.	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.	.	.

^{a)} No response also includes inconsistent responses regarding stated consumption of respective beverage on last occasion versus the question of quantities of the beverage consumed on last occasion.

Question 14.5, 14d

Table 14a. Quantities of wine consumed during the last alcohol drinking day among students reporting wine drinking on the last day of alcohol consumption. All students. 2007. Percentages.

Country	Never drink wine	Centilitres					No response ^{a)}
	0	0	<20	20–40	41–74	75+	
Armenia	34	23	39	3	1	0	15
Austria	24	64	6	4	1	1	13
Belgium (Flanders)	28	53	11	6	1	0	2
Bulgaria	43	47	7	2	1	1	2
Croatia	33	32	16	9	5	5	2
Cyprus	45	44	10	1	0	0	2
Czech Republic	29	55	7	6	3	1	6
Estonia	21	62	11	4	1	0	1
Faroe Islands	..	..	..	..	..	..	..
Finland	46	42	9	2	1	1	1
France	57	31	8	2	1	1	2
Germany (7 Bundesl.)	24	49	18	6	2	1	1
Greece	28	49	16	5	1	1	2
Hungary	31	37	18	7	3	3	2
Iceland	69	26	4	1	0	0	1
Ireland	53	35	9	1	1	1	1
Isle of Man	31	49	12	5	1	2	1
Italy	43	36	13	4	2	2	1
Latvia	..	..	..	..	..	..	..
Lithuania	47	43	8	1	0	0	1
Malta	22	44	22	8	2	1	2
Monaco	46	40	12	2	1	0	3
Netherlands	59	28	6	5	2	1	1
Norway	44	46	7	2	1	1	1
Poland	43	42	10	3	1	1	2
Portugal	..	..	..	..	..	..	..
Romania	32	47	14	5	1	1	2
Russia ^{b)}	34	46	14	4	1	1	2
Slovak Republic	24	42	19	10	3	2	3
Slovenia	34	40	11	7	4	4	1
Sweden	57	33	7	2	1	1	1
Switzerland	48	36	11	3	1	1	2
Ukraine	27	53	12	6	1	0	4
United Kingdom	35	42	12	6	2	2	1
Average (unw.)	39	42	12	4	1	1	3
Denmark	50	36	7	4	2	2	2
Spain	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.

^{a)} No response also includes inconsistent responses regarding stated consumption of respective beverage on last occasion versus the question of quantities of the beverage consumed on last occasion.

^{b)} Russia: Also includes “champagne”, asked as a separate item.

Question 14.5, 14d

Table 14b. Quantities of wine consumed during the last alcohol drinking day among students reporting wine drinking on the last day of alcohol consumption, by gender. 2007. Percentages.

Country	Never drink wine		Centilitres										No response ^{a)}	
	Boys	Girls	0		<20		20–40		41–74		75+		Boys	Girls
			Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls		
Armenia	30	38	33	14	29	46	5	1	1	0	1	0	12	18
Austria	27	20	62	65	5	8	3	5	1	1	1	1	9	17
Belgium (Flanders)	29	26	55	51	8	15	6	6	1	1	0	1	2	1
Bulgaria	43	42	48	47	6	8	1	2	1	0	1	0	1	2
Croatia	31	35	31	32	15	18	10	8	6	4	8	2	2	1
Cyprus	41	48	50	38	7	12	1	1	0	0	0	0	2	2
Czech Republic	35	22	54	57	4	9	4	8	2	3	1	1	4	8
Estonia	24	18	64	60	7	14	3	6	1	1	1	0	1	2
Faroe Islands	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Finland	48	44	41	43	8	10	2	2	1	1	1	1	0	1
France	51	63	35	27	8	8	3	1	2	1	1	0	2	1
Germany (7 Bundesl.)	32	17	49	49	13	23	4	8	1	2	1	1	1	1
Greece	26	29	51	47	15	18	6	4	2	1	1	1	3	2
Hungary	28	33	39	36	17	20	8	7	4	2	4	2	1	2
Iceland	69	69	26	25	3	4	1	1	0	1	0	0	1	0
Ireland	58	49	34	35	6	12	1	2	0	1	1	1	1	1
Isle of Man	38	24	50	48	8	17	4	7	0	1	1	2	1	2
Italy	36	49	40	33	15	12	5	4	2	1	2	1	1	1
Latvia	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Lithuania	53	42	40	45	4	11	1	1	0	0	1	0	1	1
Malta	19	25	49	40	20	24	8	8	2	2	2	0	1	2
Monaco	42	50	43	37	13	12	2	2	1	0	0	0	3	3
Netherlands	70	47	25	31	3	8	2	9	0	3	0	1	1	1
Norway	46	42	45	47	6	7	1	2	1	1	0	1	1	1
Poland	46	41	42	42	7	12	3	3	2	0	1	1	1	2
Portugal	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Romania	24	39	54	40	12	16	7	4	2	1	2	0	2	2
Russia ^{b)}	42	27	44	48	9	18	4	5	1	1	1	1	2	2
Slovak Republic	28	20	41	43	17	22	9	11	3	3	3	1	2	3
Slovenia	32	35	39	41	9	12	8	7	5	3	7	2	1	1
Sweden	63	51	30	36	5	10	1	2	1	1	1	1	1	1
Switzerland	47	49	37	35	10	13	3	3	1	1	1	0	2	3
Ukraine	34	20	53	53	7	18	4	8	1	2	1	0	3	6
United Kingdom	43	29	43	41	8	16	3	9	1	3	1	3	1	1
Average (unw.)	40	37	43	41	10	15	4	5	1	1	1	1	2	3
Denmark	55	46	33	39	6	7	3	4	3	1	0	3	1	2
Spain	.	.	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.	.	.

^{a)} No response also includes inconsistent responses regarding stated consumption of respective beverage on last occasion versus the question of quantities of the beverage consumed on last occasion.

^{b)} Russia: Also includes “champagne”, asked as a separate item.

Question 14.6, 14e

Table 15a. Quantities of spirits consumed during the last alcohol drinking day among students reporting spirits drinking on the last day of alcohol consumption. All students. 2007. Percentages.

Country	Never drink spirits	Centilitres					No response ^{a)}
	0	0	<8	8–15	16–24	25+	
Armenia	70	22	4	2	1	1	1
Austria	22	38	12	12	8	7	2
Belgium (Flanders)	40	46	6	5	2	1	2
Bulgaria	47	35	8	6	2	2	1
Croatia	35	26	16	13	6	5	2
Cyprus	51	32	7	5	2	2	2
Czech Republic	23	54	6	7	6	5	2
Estonia	23	44	8	11	7	7	1
Faroe Islands	31	22	5	10	17	14	3
Finland	39	32	11	9	5	4	1
France	41	27	12	9	6	5	3
Germany (7 Bundesl.)	26	39	13	11	7	4	2
Greece	33	32	16	11	4	3	2
Hungary	35	27	17	11	6	3	3
Iceland	55	17	12	9	5	2	1
Ireland	..	..	..	..	..	..	..
Isle of Man	25	40	11	10	7	8	2
Italy	39	29	15	10	4	3	2
Latvia	..	..	..	..	..	..	..
Lithuania	36	48	4	4	4	4	1
Malta	26	25	22	17	7	4	2
Monaco	40	28	13	10	4	5	3
Netherlands	38	41	5	10	4	2	1
Norway	48	24	8	9	6	5	2
Poland	42	39	7	4	5	5	2
Portugal	..	..	..	..	..	..	..
Romania	60	32	5	2	1	1	2
Russia	61	31	2	2	2	1	1
Slovak Republic	28	31	11	15	10	5	2
Slovenia	37	36	11	10	3	3	1
Sweden	41	24	10	11	7	7	2
Switzerland	37	35	13	9	4	2	5
Ukraine	47	45	1	3	2	1	1
United Kingdom	30	39	10	10	6	4	1
Average (unw.)	39	34	10	9	5	4	2
Denmark	16	43	9	13	10	8	3
Spain	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.

^{a)} No response also includes inconsistent responses regarding stated consumption of respective beverage on last occasion versus the question of quantities of the beverage consumed on last occasion.

Question 14.6, 14e

Table 15b. Quantities of spirits consumed during the last alcohol drinking day among students reporting spirits drinking on the last day of alcohol consumption, by gender. 2007. Percentages.

Country	Never drink spirits		Centilitres										No response ^{a)}	
	Boys	Girls	0		<8		8–15		16–24		25+		Boys	Girls
			Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls		
Armenia	55	81	31	15	5	3	4	1	3	0	2	0	2	1
Austria	23	22	40	37	10	14	10	14	8	9	9	5	2	2
Belgium (Flanders)	38	42	48	44	6	6	4	5	3	2	1	1	3	2
Bulgaria	47	47	36	34	6	9	5	6	3	2	3	2	1	2
Croatia	39	31	31	21	12	20	9	17	6	7	5	4	2	3
Cyprus	41	61	38	27	7	8	7	3	4	1	2	1	3	2
Czech Republic	23	23	54	54	5	6	6	8	6	6	6	4	2	2
Estonia	24	23	42	45	6	10	10	12	8	7	11	3	1	1
Faroe Islands	27	36	31	15	3	7	9	12	15	18	17	12	3	3
Finland	40	37	33	31	9	13	8	10	4	6	6	3	1	1
France	39	42	27	28	11	12	10	9	6	5	7	4	2	3
Germany (7 Bundesl.)	26	26	42	37	11	15	11	11	6	7	5	4	2	2
Greece	31	35	35	30	13	20	12	10	5	3	5	2	3	2
Hungary	37	34	27	28	12	21	13	10	7	5	4	2	3	4
Iceland	58	52	16	18	10	13	8	10	4	5	3	2	1	1
Ireland	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Isle of Man	27	23	43	36	12	10	7	12	5	10	7	9	2	2
Italy	37	41	31	27	13	17	10	9	5	4	4	2	2	3
Latvia	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Lithuania	34	38	49	47	3	5	4	4	5	3	6	3	2	1
Malta	24	27	28	22	17	26	16	18	9	5	6	2	2	3
Monaco	37	44	27	29	10	16	11	9	7	1	8	2	1	4
Netherlands	41	36	40	42	4	5	9	10	4	4	2	2	1	1
Norway	50	46	23	24	6	10	9	10	6	6	6	5	2	2
Poland	37	45	40	37	6	7	4	4	6	4	7	3	2	2
Portugal	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Romania	51	68	40	25	4	5	3	2	1	0	0	1	2	2
Russia	57	66	34	28	2	2	3	2	2	1	2	1	1	1
Slovak Republic	29	26	32	30	8	14	13	16	10	10	7	4	2	1
Slovenia	40	34	38	33	8	14	8	12	3	4	4	2	2	1
Sweden	45	37	23	24	9	11	9	14	6	8	7	6	3	2
Switzerland	35	40	38	32	10	15	9	9	5	3	3	1	4	6
Ukraine	43	51	47	42	1	2	3	2	3	2	2	1	2	1
United Kingdom	33	28	42	36	9	11	8	12	4	8	3	5	1	1
Average (unw.)	38	40	36	32	8	11	8	9	5	5	5	3	2	2
Denmark	16	17	45	42	7	11	13	14	9	11	10	5	2	3
Spain	.	.	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.	.	.

^{a)} No response also includes inconsistent responses regarding stated consumption of respective beverage on last occasion versus the question of quantities of the beverage consumed on last occasion.

Question 14.2–6, 14a–e

Table 16. Consumption of beer, cider, alcopops, wine and spirits exceeding certain quantities (centilitres) during the last alcohol drinking day, by gender. 2007. Percentages.

Country	Beer, 101+ cl			Cider, 101+ cl			Alcopops, 101+ cl			Wine, 41+ cl			Spirits, 16+ cl		
	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All
Armenia	3	0	1	.	.	.	.	.	.	2	0	1	5	0	2
Austria	28	5	17	.	.	.	2	3	.	3	2	3	17	14	16
Belgium (Flanders)	26	9	18	.	.	.	4	5	4	1	2	2	3	3	3
Bulgaria	20	6	13	.	.	.	0	0	0	2	1	2	6	4	5
Croatia	19	5	12	.	.	.	2	0	1	13	6	10	10	11	11
Cyprus	11	2	6	0	0	0	.	.	.	1	0	1	6	2	4
Czech Republic	24	7	15	.	.	.	1	1	1	3	5	4	12	10	11
Estonia	14	1	7	4	3	4	3	2	3	1	1	1	19	10	15
Faroe Islands	..	..	..	.	.	.	.	.	.	..	..	..	31	31	31
Finland	27	13	19	3	8	6	4	5	5	1	2	2	10	9	9
France	13	6	9	.	.	.	.	.	.	3	1	2	14	9	11
Germany (7 Bundesl.)	22	6	14	.	.	.	4	3	4	2	3	2	11	11	11
Greece	5	1	3	.	.	.	1	0	1	3	2	2	9	5	7
Hungary	9	2	6	.	.	.	1	1	1	8	4	6	12	7	9
Iceland	17	11	14	0	1	0	2	11	6	1	1	1	7	7	7
Ireland	..	..	..	.	.	.	2	9	6	1	3	2	..	..	..
Isle of Man	34	8	21	10	1	6	8	17	13	1	4	2	12	19	15
Italy	9	3	7	.	.	.	2	1	1	5	2	3	9	6	7
Latvia	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Lithuania	14	2	8	5	3	4	1	0	1	1	0	1	10	6	8
Malta	7	1	4	0	0	0	1	1	1	5	3	4	15	7	11
Monaco	4	2	3	.	.	.	.	.	.	1	0	1	15	3	9
Netherlands	25	5	15	.	.	.	9	11	10	0	4	2	7	6	6
Norway	23	14	19	6	9	8	3	7	5	1	2	2	12	10	11
Poland	15	8	11	0	0	0	0	0	0	3	1	2	13	7	9
Portugal	5	1	3	.	.	.	1	0	1	..	..	..	..	..	..
Romania	11	1	6	.	.	.	0	0	0	4	1	2	2	1	1
Russia	10	3	7	.	.	.	1	1	1	2 ^{a)}	2 ^{a)}	2 ^{a)}	4	2	3
Slovak Republic	8	1	5	0	0	0	0	0	0	6	4	5	17	14	15
Slovenia	13	2	7	.	.	.	5	4	5	11	5	8	7	6	6
Sweden	18	8	13	6	10	8	2	1	1	1	2	1	14	14	14
Switzerland	15	2	9	.	.	.	5	4	5	2	1	1	8	4	6
Ukraine	9	1	5	.	.	.	0	1	1	2	2	2	5	2	4
United Kingdom	31	6	17	9	2	5	5	11	8	2	6	4	7	14	11
Average (unw.)	16	5	10	4	3	3	2	4	3	3	2	3	11	8	9
Denmark	39	13	26	.	.	.	13	17	15	3	4	3	19	16	17
Spain	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

b) Russia: Also includes “champagne”, asked as a separate item.

Question 14.2-6, 14a-e

Table 17a. Estimated average alcohol consumption during the last alcohol drinking day, per beverage and total ^{a)}. All students. 2007.

Country	Centilitres of 100% alcohol						Beverage proportion (percentages)					
	Beer	Cider	Alcopops	Wine	Spirits	Total	Beer	Cider	Alcopops	Wine	Spirits	Total
Armenia	0.6	.	.	0.7	0.4	1.6	35	.	.	43	22	100
Austria	2.4	.	0.5	0.5	2.1	5.5	44	.	10	9	38	100
Belgium (Flanders)	2.4	.	0.9	0.5	0.6	4.3	55	.	20	11	13	100
Bulgaria	2.4	.	0.1	0.2	0.8	3.5	67	.	3	7	23	100
Croatia	1.9	.	0.2	1.3	1.7	5.2	37	.	4	25	33	100
Cyprus	1.2	0.0	.	0.2	0.7	2.1	56	2	.	10	32	100
Czech Republic	2.3	.	0.2	0.6	1.3	4.5	51	.	5	14	30	100
Estonia	1.2	1.0	0.6	0.4	1.9	5.1	23	20	12	8	36	100
Faroe Islands	..	.	.	..	3.1	..	..	..	..	..	..	..
Finland	2.2	1.1	0.7	0.3	1.4	5.7	39	19	13	5	24	100
France	1.5	.	.	0.3	1.6	3.6	43	.	.	10	46	100
Germany (7 Bundesl.)	2.1	.	0.7	0.6	1.6	5.1	42	.	13	13	30	100
Greece	0.9	.	0.4	0.6	1.3	3.1	27	.	12	18	43	100
Hungary	1.0	.	0.4	1.0	1.6	4.0	26	.	9	25	39	100
Iceland	1.9	0.1	0.9	0.1	1.1	4.1	45	3	21	3	28	100
Ireland	..	.	0.7	0.3	..	..	..	..	..	..	..	..
Isle of Man	2.5	0.8	1.5	0.5	1.9	7.3	35	11	21	7	26	100
Italy	1.3	.	0.5	0.6	1.3	3.6	37	.	13	16	35	100
Latvia	..	..	..	..	..	..	..	..	..	..	..	..
Lithuania	1.3	1.3	0.2	0.2	1.0	4.0	33	34	4	5	24	100
Malta	0.8	0.0	0.2	0.8	2.0	3.9	21	1	5	21	52	100
Monaco	0.8	.	.	0.2	1.4	2.5	33	.	.	10	57	100
Netherlands	2.0	.	1.5	0.4	1.0	4.9	40	.	31	9	21	100
Norway	2.2	1.1	0.8	0.3	1.5	5.9	38	19	13	5	25	100
Poland	2.4	0.0	0.0	0.4	1.1	3.9	61	0	1	10	28	100
Portugal	0.8	.	0.3	..	..	..	..	..	..	..	..	..
Romania	1.6	.	0.1	0.5	0.3	2.5	62	.	3	22	12	100
Russia	1.6	.	0.3	0.5 ^{b)}	0.4	2.8	58	.	10	17 ^{b)}	15	100
Slovak Republic	1.0	0.0	0.1	1.0	2.1	4.2	24	1	2	23	50	100
Slovenia	1.3	.	1.0	1.1	1.2	4.5	29	.	22	24	26	100
Sweden	1.6	1.2	0.3	0.3	1.8	5.2	32	23	5	5	35	100
Switzerland	1.6	.	0.9	0.3	1.1	3.9	40	.	23	9	28	100
Ukraine	1.4	.	0.4	0.5	0.5	2.8	47	.	14	19	19	100
United Kingdom	2.1	0.8	1.1	0.7	1.5	6.2	34	13	17	12	24	100
Average (unw.)	1.6^{c)}	0.6^{c)}	0.5^{c)}	0.5^{c)}	1.4^{c)}	4.2^{d)}	40^{e)}	6^{e)}	11^{e)}	13^{e)}	30^{e)}	100
Denmark	3.0	.	1.8	0.5	2.2	7.5	39	.	24	7	30	100
Spain	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.

a) The results are related to all participating students, not only consumers of a specific beverage. However, only students responding consistent to all quantity questions are considered when computing the volumes per beverage and for the total consumption. Aggregated non-response/inconsistent response all students: 7%. Countries with uncomparable beverage items are not used when computing average total and average percentages.

b) Russia: Also includes alcohol consumption from “champagne”, asked as a separate item.

c) Average only for countries with volumes presented for respective beverage. Hence, these volumes can not be summarised into a total average.

d) Average only for countries with a calculated total volume.

e) Average percentages valid for all countries (with a calculated total volume). Non relevant beverages volumes set to zero.

Question 14.2–6, 14a–e

Table 17b. Estimated average alcohol consumption during the last alcohol drinking day, per beverage and total ^{a)}. Boys. 2007.

Country	Centilitres of 100% alcohol						Beverage proportion (percentages)					
	Beer	Cider	Alcopops	Wine	Spirits	Total	Beer	Cider	Alcopops	Wine	Spirits	Total
Armenia	1.1	.	.	0.7	0.7	2.6	44	.	.	29	28	100
Austria	3.5	.	0.4	0.4	2.0	6.4	55	.	7	7	32	100
Belgium (Flanders)	3.2	.	0.7	0.4	0.6	5.0	65	.	14	9	12	100
Bulgaria	3.2	.	0.1	0.2	0.9	4.4	73	.	2	5	19	100
Croatia	2.7	.	0.2	1.6	1.4	5.9	45	.	4	27	24	100
Cyprus	1.8	0.1	.	0.2	1.0	3.1	60	2	.	7	31	100
Czech Republic	3.2	.	0.2	0.4	1.4	5.2	62	.	3	8	26	100
Estonia	2.1	0.9	0.6	0.3	2.2	6.0	35	15	9	6	36	100
Faroe Islands	..	.	.	..	3.1	..	..	..	..	..	..	..
Finland	3.0	0.6	0.6	0.3	1.3	5.8	51	11	10	5	23	100
France	1.9	.	.	0.4	1.8	4.2	46	.	.	11	44	100
Germany (7 Bundesl.)	3.0	.	0.7	0.5	1.6	5.8	52	.	11	8	28	100
Greece	1.2	.	0.4	0.6	1.6	3.8	32	.	10	16	41	100
Hungary	1.6	.	0.3	1.1	1.7	4.8	33	.	6	24	37	100
Iceland	2.1	0.1	0.4	0.1	1.1	3.8	55	2	11	3	29	100
Ireland	..	.	0.3	0.2	..	..	..	..	..	..	..	..
Isle of Man	3.9	1.3	1.1	0.3	1.5	8.1	48	16	13	3	19	100
Italy	1.8	.	0.5	0.7	1.4	4.4	40	.	12	17	31	100
Latvia	..	..	.	..	..	..	..	..	..	..	..	..
Lithuania	2.3	1.2	0.2	0.2	1.2	5.0	45	25	3	4	23	100
Malta	1.3	0.1	0.2	0.9	2.2	4.7	28	1	4	19	47	100
Monaco	1.1	.	.	0.3	1.9	3.3	33	.	.	9	58	100
Netherlands	3.0	.	1.3	0.1	1.0	5.4	56	.	23	3	18	100
Norway	2.6	0.9	0.5	0.2	1.5	5.8	45	16	9	4	26	100
Poland	2.8	0.0	0.0	0.4	1.3	4.6	62	0	0	9	29	100
Portugal	1.2	.	0.3	..	..	..	..	..	..	..	..	..
Romania	2.5	.	0.1	0.7	0.3	3.6	69	.	2	20	10	100
Russia	2.1	.	0.2	0.5 ^{b)}	0.5	3.3	64	.	7	12 ^{b)}	17	100
Slovak Republic	1.5	0.0	0.1	1.0	2.1	4.7	32	1	2	20	45	100
Slovenia	1.9	.	0.9	1.3	1.0	5.2	37	.	18	26	20	100
Sweden	2.2	1.0	0.3	0.2	1.6	5.2	41	18	5	4	31	100
Switzerland	2.3	.	0.9	0.4	1.2	4.8	48	.	19	8	25	100
Ukraine	2.0	.	0.2	0.4	0.7	3.3	60	.	7	12	21	100
United Kingdom	3.5	1.2	0.7	0.4	1.1	6.9	51	17	10	6	16	100
Average (unw.)	2.3^{c)}	0.6^{c)}	0.4^{c)}	0.5^{c)}	1.4^{c)}	4.8^{d)}	49^{e)}	5^{e)}	8^{e)}	10^{e)}	28^{e)}	100
Denmark	4.1	.	1.5	0.4	2.3	8.3	49	.	18	5	28	100
Spain	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.

^{a)} The results are related to all participating students, not only consumers of a specific beverage. However, only students responding consistent to all quantity questions are considered when computing the volumes per beverage and for the total consumption. Aggregated non-response/inconsistent response all students: 7%. Countries with incomparable beverage items are not used when computing average total and average percentages.

^{b)} Russia: Also includes alcohol consumption from “champagne”, asked as a separate item.

^{c)} Average only for countries with volumes presented for respective beverage. Hence, these volumes can not be summarised into a total average.

^{d)} Average only for countries with a calculated total volume.

^{e)} Average percentages valid for all countries (with a calculated total volume). Non relevant beverages volumes set to zero.

Question 14.2–6, 14a–e

Table 17c. Estimated average alcohol consumption during the last alcohol drinking day, per beverage and total ^{a)}. Girls. 2007.

Country	Centilitres of 100% alcohol						Beverage proportion (percentages)					
	Beer	Cider	Alcopops	Wine	Spirits	Total	Beer	Cider	Alcopops	Wine	Spirits	Total
Armenia	0.1	.	.	0.6	0.1	0.9	14	.	.	75	11	100
Austria	0.9	.	0.7	0.6	2.2	4.3	21	.	16	14	50	100
Belgium (Flanders)	1.5	.	1.0	0.5	0.6	3.7	42	.	28	15	15	100
Bulgaria	1.5	.	0.1	0.2	0.8	2.6	57	.	5	9	29	100
Croatia	1.1	.	0.2	1.0	2.0	4.3	25	.	5	24	46	100
Cyprus	0.6	0.0	.	0.2	0.4	1.2	48	2	.	17	33	100
Czech Republic	1.4	.	0.3	0.8	1.3	3.8	37	.	7	21	35	100
Estonia	0.3	1.2	0.6	0.5	1.6	4.2	7	28	15	12	37	100
Faroe Islands	..	.	.	..	3.2	..	..	..	..	..	..	..
Finland	1.6	1.4	0.8	0.3	1.4	5.5	28	26	15	6	25	100
France	1.1	.	.	0.3	1.4	2.7	40	.	.	9	51	100
Germany (7 Bundesl.)	1.3	.	0.7	0.8	1.6	4.4	30	.	15	18	37	100
Greece	0.5	.	0.4	0.5	1.1	2.5	21	.	15	19	45	100
Hungary	0.5	.	0.4	0.9	1.4	3.2	17	.	14	27	43	100
Iceland	1.6	0.1	1.3	0.2	1.2	4.4	36	3	31	4	26	100
Ireland	..	.	1.1	0.4	..	..	..	..	..	..	..	..
Isle of Man	1.1	0.3	2.0	0.7	2.3	6.4	17	4	31	12	36	100
Italy	0.9	.	0.4	0.4	1.2	2.9	31	.	15	15	39	100
Latvia	..	..	.	..	..	..	..	..	..	..	..	..
Lithuania	0.5	1.4	0.1	0.2	0.8	3.0	15	47	4	7	26	100
Malta	0.3	0.0	0.2	0.8	1.8	3.1	10	1	7	24	57	100
Monaco	0.6	.	.	0.2	0.9	1.7	33	.	.	12	55	100
Netherlands	0.9	.	1.8	0.7	1.1	4.5	20	.	40	16	24	100
Norway	1.8	1.3	1.0	0.3	1.5	5.9	30	22	18	6	25	100
Poland	2.0	0.0	0.0	0.4	0.9	3.2	61	0	1	11	27	100
Portugal	0.5	.	0.3	..	..	..	..	..	..	..	..	..
Romania	0.8	.	0.1	0.4	0.2	1.5	52	.	6	26	15	100
Russia	1.1	.	0.5	0.7 ^{b)}	0.3	2.2	47	.	16	25 ^{b)}	12	100
Slovak Republic	0.6	0.0	0.1	1.0	2.1	3.8	15	1	2	26	57	100
Slovenia	0.6	.	1.0	0.8	1.3	3.7	16	.	28	21	35	100
Sweden	1.2	1.4	0.2	0.3	2.0	5.1	23	28	5	6	38	100
Switzerland	0.8	.	0.9	0.3	1.0	3.0	27	.	30	10	32	100
Ukraine	0.7	.	0.6	0.7	0.3	2.3	32	.	24	29	15	100
United Kingdom	0.9	0.6	1.4	1.0	1.8	5.7	15	10	25	17	32	100
Average (unw.)	0.9^{c)}	0.7^{c)}	0.7^{c)}	0.5^{c)}	1.3^{c)}	3.5^{d)}	27^{e)}	7^{e)}	16^{e)}	15^{e)}	34^{e)}	100
Denmark	1.9	.	2.1	0.6	2.2	6.8	28	.	31	9	32	100
Spain	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.

^{a)} The results are related to all participating students, not only consumers of a specific beverage. However, only students responding consistent to all quantity questions are considered when computing the volumes per beverage and for the total consumption. Aggregated non-response/inconsistent response all students: 7%. Countries with uncomparable beverage items are not used when computing average total and average percentages.

^{b)} Russia: Also includes alcohol consumption from “champagne”, asked as a separate item.

^{c)} Average only for countries with volumes presented for respective beverage. Hence, these volumes can not be summarised into a total average.

^{d)} Average only for countries with a calculated total volume.

^{e)} Average percentages valid for all countries (with a calculated total volume). Non relevant beverages volumes set to zero.

Question 14f

Table 18. Self estimated level of intoxication during the last alcohol drinking day by gender, 2007.

Country	Never drink alcohol (%)			Mean intoxication rate (1–10 scale) ^{a)}			No response		
	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All
Armenia	17	28	23	2.0	1.2	1.6	7	5	6
Austria	5	5	5	4.1	3.5	3.8	1	1	1
Belgium (Flanders)	8	10	9	2.7	2.3	2.5	4	4	4
Bulgaria	9	12	10	3.4	2.5	3.0	2	2	2
Croatia	9	9	9	4.1	3.3	3.7	1	0	1
Cyprus ^{b)}	8	15	11	2.9	2.2	2.5	2	1	1
Czech Republic	5	3	4	3.8	3.3	3.5	0	1	1
Estonia	6	5	5	4.0	3.2	3.6	1	0	1
Faroe Islands	29	34	32	5.8	5.1	5.4	7	6	7
Finland	19	17	18	3.6	3.7	3.6	1	1	1
France	16	17	16	3.3	2.9	3.1	2	2	2
Germany (7 Bundesl.)	6	6	6	3.4	3.2	3.3	0	0	0
Greece	8	9	9	2.6	2.1	2.3	1	1	1
Hungary	7	8	8	3.2	2.7	2.9	1	1	1
Iceland	..	..	..	..	..	..	..	..	..
Ireland	14	15	14	4.1	3.8	4.0	1	2	2
Isle of Man	6	3	4	4.3	4.3	4.3	7	4	5
Italy	9	13	11	3.2	2.9	3.1	1	0	0
Latvia	5	5	5	3.5	2.7	3.1	0	–	0
Lithuania	6	5	5	3.3	2.6	2.9	3	3	3
Malta ^{c)}	8	13	11	3.1	2.6	2.8	4	2	3
Monaco	9	11	10	3.0	2.8	2.9	2	1	1
Netherlands	15	12	14	3.5	3.1	3.3	0	1	1
Norway	25	22	23	4.2	4.5	4.4	2	2	2
Poland	13	15	14	3.3	2.9	3.1	0	1	1
Portugal	20	20	20	2.4	2.1	2.2	1	0	0
Romania	8	21	15	3.0	2.0	2.5	2	0	1
Russia	11	13	12	3.0	2.5	2.7	1	1	1
Slovak Republic	11	9	10	3.7	3.3	3.5	1	1	1
Slovenia	9	7	8	3.8	3.3	3.6	2	1	1
Sweden	23	20	22	3.9	4.0	4.0	3	2	2
Switzerland	11	13	12	3.4	2.9	3.1	0	1	1
Ukraine	27	36	32	3.3	2.8	3.1	1	1	1
United Kingdom	9	9	9	4.0	4.2	4.1	1	1	1
Average (unw.)	12	13	13	3.5	3.1	3.3	2	2	2
Denmark	..	..	..	..	..	..	..	..	..
Spain	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.

^{a)} The average scores are computed only for students indicating values between 1 and 10.

^{b)} Cyprus: Square bracket not set at 10.

^{c)} Malta: Response boxes not labeled with numbers.

Question 18a

Table 19a. Frequency of lifetime drunkenness. All students. 2007. Percentages.

Country	Number of occasions							No response
	0	1–2	3–5	6–9	10–19	20–39	40+	
Armenia	85	12	2	1	0	0	0	1
Austria	34	26	15	9	7	5	4	1
Belgium (Flanders)	61	23	8	4	2	0	1	0
Bulgaria	47	23	12	6	5	3	4	4
Croatia	43	25	13	7	6	3	2	1
Cyprus	76	16	4	2	1	0	1	2
Czech Republic	38	31	15	7	5	2	2	1
Estonia	45	31	13	5	3	1	2	1
Faroe Islands	50	21	14	6	4	2	2	1
Finland ^{a)}	48	19	13	7	7	4	3	1
France	54	22	10	5	4	2	2	1
Germany (7 Bundesl.)	39	26	17	8	5	3	2	0
Greece	64	25	6	3	1	1	1	1
Hungary	46	24	12	7	5	3	3	5
Iceland	..	..	..	..	..	..	..	..
Ireland	47	19	11	7	8	4	5	2
Isle of Man	31	25	14	9	9	7	6	1
Italy	62	21	7	4	3	2	1	2
Latvia	35	33	16	6	4	2	3	1
Lithuania	38	30	15	7	4	3	3	1
Malta	55	23	11	5	4	2	1	1
Monaco	53	28	10	4	3	1	1	0
Netherlands	55	23	12	5	3	1	1	0
Norway	54	20	11	6	6	2	2	1
Poland	56	24	10	5	3	2	2	1
Portugal	69	17	7	3	2	1	0	2
Romania	66	21	7	3	2	1	1	2
Russia	40	30	12	6	5	3	3	2
Slovak Republic	39	27	14	7	6	3	4	2
Slovenia	45	26	14	6	4	3	2	1
Sweden	55	19	11	6	5	2	2	1
Switzerland	51	24	11	6	5	2	1	1
Ukraine	49	31	9	5	3	1	2	2
United Kingdom	35	19	15	9	10	7	6	2
Average (unw.)	50	24	11	6	4	2	2	1
Denmark	21	18	18	12	13	8	9	2
Spain	45	19	15	7	6	4	5	..
USA	59	16	8	5	5	3	4	..

^{a)} Finland: Only half of the students answered this question due to a split-half test.

Question 18a

Table 19b. Frequency of lifetime drunkenness by gender. 2007. Percentages.

Country	Number of occasions														No response	
	0		1-2		3-5		6-9		10-19		20-39		40+		Boys	Girls
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls		
Armenia	75	91	18	8	4	1	1	0	1	0	1	0	0	0	1	1
Austria	33	36	24	28	13	17	10	9	8	6	6	4	6	2	2	1
Belgium (Flanders)	58	64	24	23	9	8	5	4	2	1	1	0	1	0	1	0
Bulgaria	41	53	25	21	13	12	6	6	6	3	3	2	6	2	4	4
Croatia	37	50	25	26	15	11	9	6	7	5	4	2	3	1	2	0
Cyprus	71	80	18	15	5	3	2	1	1	0	1	0	1	0	2	2
Czech Republic	38	38	30	32	14	16	7	7	5	4	3	2	3	1	1	0
Estonia	43	47	29	33	15	12	6	5	4	3	2	1	2	1	1	1
Faroe Islands	49	52	23	19	13	15	5	7	4	4	3	2	3	2	2	1
Finland ^{a)}	52	45	18	19	11	14	6	9	7	7	3	4	3	2	1	0
France	53	56	21	23	10	10	6	5	5	3	3	2	3	1	1	0
Germany (7 Bundesl.)	38	40	24	28	17	17	8	7	6	4	3	2	2	1	1	0
Greece	61	66	25	25	6	5	4	2	2	1	1	0	1	0	1	1
Hungary	45	48	22	26	12	11	9	6	6	5	3	2	4	2	5	4
Iceland	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ireland	46	47	18	19	11	12	8	6	8	7	4	4	5	5	2	2
Isle of Man	32	30	25	25	13	15	10	7	9	9	6	7	5	7	1	1
Italy	61	63	20	22	7	7	4	4	4	2	2	1	1	1	2	1
Latvia	30	40	34	33	17	15	7	6	6	3	3	1	5	1	1	1
Lithuania	36	39	26	34	15	14	7	6	6	3	4	2	6	1	2	1
Malta	54	56	24	22	11	11	4	6	4	3	2	1	2	1	1	1
Monaco	60	46	26	30	7	14	4	4	2	4	1	1	0	1	0	0
Netherlands	55	56	22	24	12	12	5	4	4	2	1	1	2	1	0	0
Norway	59	50	18	21	9	12	5	7	5	6	2	2	2	2	2	1
Poland	52	59	24	24	12	8	5	4	3	3	2	2	3	1	1	1
Portugal	67	71	17	18	8	6	4	3	3	2	1	0	1	0	3	2
Romania	51	79	27	15	10	4	5	1	4	1	2	0	2	0	2	1
Russia	38	42	28	32	13	12	7	6	7	4	3	3	4	2	2	2
Slovak Republic	39	39	26	27	12	16	6	8	7	5	4	3	6	2	2	2
Slovenia	43	47	25	27	15	13	6	6	4	3	3	2	3	1	1	0
Sweden	59	52	18	19	9	12	5	7	4	6	3	2	3	2	2	1
Switzerland	49	53	22	26	12	10	6	6	6	3	3	1	2	1	1	1
Ukraine	46	52	31	31	9	9	5	4	4	2	1	1	3	1	2	1
United Kingdom	37	33	19	18	13	16	8	10	10	10	7	7	7	5	2	1
Average (unw.)	49	52	24	24	11	11	6	5	5	4	3	2	3	2	2	1
Denmark	18	24	20	17	18	18	10	14	11	14	10	7	12	6	1	2
Spain	49	42	18	20	12	17	6	8	6	6	4	3	6	5	..	..
USA	60	58	14	17	7	9	5	6	5	5	4	3	5	3	..	..

^{a)} Finland: Only half of the students answered this question due to a split-half test.

Question 18b

Table 20a. Frequency of being drunk during the last 12 months. All students. 2007. Percentages.

Country	Number of occasions							No response
	0	1–2	3–5	6–9	10–19	20–39	40+	
Armenia	92	6	1	0	0	0	0	1
Austria	44	29	12	7	5	3	1	2
Belgium (Flanders)	71	21	5	2	1	0	0	1
Bulgaria	55	26	9	4	4	2	1	3
Croatia	57	25	9	6	3	1	1	2
Cyprus	82	13	3	1	1	0	0	2
Czech Republic	52	31	9	4	2	1	0	2
Estonia	58	30	7	2	2	1	0	2
Faroe Islands	59	22	10	4	4	1	1	4
Finland ^{a)}	55	22	11	5	4	2	1	1
France	64	22	8	3	2	1	0	1
Germany (7 Bundesl.)	50	30	11	5	3	1	1	1
Greece	74	20	3	1	1	0	0	1
Hungary	58	24	9	5	3	1	1	4
Iceland	..	..	..	..	..	..	..	..
Ireland	53	21	10	6	6	3	2	3
Isle of Man	39	28	14	7	7	3	3	3
Italy	73	17	5	3	2	1	0	2
Latvia	55	30	7	3	2	2	1	3
Lithuania	57	27	8	3	2	1	1	3
Malta	62	23	8	3	2	1	0	1
Monaco	65	26	6	2	2	0	0	1
Netherlands	64	23	8	2	1	1	0	1
Norway	60	22	8	5	3	1	1	3
Poland	69	20	6	3	2	1	0	1
Portugal	74	18	4	2	1	0	0	2
Romania	74	17	5	2	1	0	1	3
Russia	60	24	7	4	3	1	1	3
Slovak Republic	50	28	10	6	3	2	1	2
Slovenia	57	26	8	4	2	1	1	1
Sweden	63	19	9	4	3	1	1	3
Switzerland	59	25	8	4	2	1	0	1
Ukraine	68	21	4	3	2	1	1	2
United Kingdom	43	23	13	9	8	3	2	3
Average (unw.)	61	23	8	4	3	1	1	2
Denmark	27	27	17	11	11	5	2	3
Spain	54	21	12	5	4	2	2	..
USA	66	16	7	4	4	2	2	..

^{a)} Finland: Only half of the students answered this question due to a split-half test.

Question 18b

Table 20b. Frequency of being drunk during the last 12 months by gender. 2007. Percentages.

Country	Number of occasions														No response	
	0		1-2		3-5		6-9		10-19		20-39		40+		Boys	Girls
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls		
Armenia	87	96	10	3	1	0	1	0	0	0	0	0	0	2	1	
Austria	41	47	28	30	13	12	7	6	6	3	4	1	2	2	1	
Belgium (Flanders)	68	74	22	19	6	5	2	1	1	1	0	0	0	1	1	
Bulgaria	52	58	25	27	10	8	5	3	5	3	3	1	1	3	2	
Croatia	52	62	26	24	10	7	6	5	4	1	2	1	1	3	1	
Cyprus	77	86	14	11	4	2	2	0	1	0	1	0	0	2	1	
Czech Republic	52	52	30	32	8	10	4	4	3	2	1	0	1	2	1	
Estonia	58	59	29	31	7	7	3	2	2	1	1	1	1	2	2	
Faroe Islands	59	59	24	21	8	12	4	4	4	4	1	0	1	5	3	
Finland ^{a)}	60	51	20	24	9	13	5	6	4	4	1	2	1	1	1	
France	63	65	21	23	9	7	3	2	2	2	2	1	1	2	1	
Germany (7 Bundesl.)	48	51	29	30	12	11	6	4	3	2	1	1	1	1	0	
Greece	72	75	20	21	4	3	2	1	1	0	1	0	0	1	1	
Hungary	56	59	23	24	9	8	6	4	3	3	1	1	2	5	4	
Iceland	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ireland	53	54	22	20	10	10	6	5	5	7	2	3	2	4	2	
Isle of Man	43	36	27	29	14	14	7	6	6	8	2	3	2	4	2	
Italy	72	73	16	17	5	5	3	2	2	1	1	0	1	3	1	
Latvia	52	59	31	29	7	8	4	3	3	1	2	1	1	4	2	
Lithuania	55	59	25	28	9	7	4	2	3	2	1	1	2	3	2	
Malta	60	64	25	21	7	9	4	3	2	2	1	1	1	1	1	
Monaco	68	62	25	27	6	7	1	2	1	2	0	0	0	0	1	
Netherlands	64	65	23	24	8	7	2	2	1	1	1	0	1	1	1	
Norway	64	56	20	25	7	9	4	6	2	3	1	1	1	3	3	
Poland	66	71	21	19	7	5	3	2	2	2	1	1	0	1	1	
Portugal	73	76	18	18	4	4	3	2	1	0	0	0	0	2	1	
Romania	62	85	23	12	8	2	3	0	2	0	1	0	1	4	2	
Russia	60	60	22	26	8	6	5	3	3	3	1	1	2	4	2	
Slovak Republic	51	48	26	29	9	12	6	6	3	2	3	1	2	3	2	
Slovenia	55	58	26	27	9	8	5	4	3	2	1	1	1	2	1	
Sweden	67	59	17	21	7	11	3	5	3	3	1	1	1	3	2	
Switzerland	56	61	24	26	9	7	5	3	3	2	1	0	1	2	1	
Ukraine	65	71	22	21	5	4	4	2	2	1	1	0	1	2	2	
United Kingdom	46	41	21	25	13	14	9	8	8	7	2	3	2	4	3	
Average (unw.)	60	62	23	23	8	8	4	3	3	2	1	1	1	2	2	
Denmark	25	29	28	26	15	18	10	12	11	10	7	4	3	3	3	
Spain	57	52	20	22	10	15	6	5	4	4	2	2	2	..	..
USA	66	65	15	17	7	7	4	5	4	3	2	1	2	..	..

^{a)} Finland: Only half of the students answered this question due to a split-half test.

Question 18c

Table 21a. Frequency of being drunk during the last 30 days. All students. 2007. Percentages.

Country	Number of occasions							No response
	0	1–2	3–5	6–9	10–19	20–39	40+	
Armenia	98	2	0	0	0	0	0	1
Austria	69	22	6	2	1	0	0	1
Belgium (Flanders)	90	9	1	0	0	0	0	1
Bulgaria	79	14	4	2	1	0	0	3
Croatia	79	15	4	1	1	0	0	2
Cyprus	91	6	1	1	1	0	0	2
Czech Republic	80	16	2	1	0	0	0	1
Estonia	88	10	1	1	0	0	0	2
Faroe Islands	87	11	1	0	0	0	0	3
Finland ^{a)}	79	17	3	1	0	0	0	1
France	82	14	2	1	0	0	0	1
Germany (7 Bundesl.)	78	17	4	1	0	0	0	1
Greece	88	9	1	1	0	0	0	1
Hungary	81	14	3	1	1	0	0	3
Iceland	..	..	..	..	..	..	..	..
Ireland	74	17	6	2	1	0	0	3
Isle of Man	65	23	7	2	2	1	0	2
Italy	88	8	2	1	1	0	0	1
Latvia	82	13	2	1	1	0	0	2
Lithuania	80	15	2	1	1	0	0	2
Malta	81	15	3	1	0	0	0	1
Monaco	87	12	1	1	0	0	0	1
Netherlands	84	13	2	1	0	0	0	1
Norway	80	16	3	0	0	0	0	3
Poland	87	10	2	1	1	0	0	1
Portugal	89	9	1	0	0	0	0	2
Romania	89	8	1	1	0	0	0	3
Russia	81	14	2	2	1	0	0	3
Slovak Republic	75	17	5	2	1	0	0	2
Slovenia	80	15	3	1	0	0	0	1
Sweden	83	14	3	1	0	0	0	2
Switzerland	80	15	3	1	0	0	0	2
Ukraine	88	9	2	1	0	0	0	1
United Kingdom	67	22	7	2	1	0	0	3
Average (unw.)	82	13	3	1	0	0	0	2
Denmark	51	29	12	3	3	2	1	18
Spain	75	17	6	1	1	0	.	..
USA	82	11	4	2	1	0	0	..

^{a)} Finland: Only half of the students answered this question due to a split-half test.

Question 18c

Table 21b. Frequency of being drunk during the last 30 days by gender. 2007. Percentages.

Country	Number of occasions														No response	
	0		1-2		3-5		6-9		10-19		20-39		40+		Boys	Girls
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls		
Armenia	96	99	3	1	1	0	0	0	0	0	0	0	0	0	2	1
Austria	66	72	22	22	8	4	2	1	1	0	0	0	0	0	2	1
Belgium (Flanders)	88	92	11	7	1	1	0	0	0	0	0	0	0	0	1	1
Bulgaria	75	82	15	13	5	3	2	1	2	1	1	0	1	0	3	3
Croatia	75	84	17	13	5	2	2	1	1	0	0	0	0	0	2	1
Cyprus	87	94	7	5	2	1	1	0	1	0	1	0	1	0	2	1
Czech Republic	79	81	16	16	3	2	1	1	1	0	0	0	0	0	1	1
Estonia	86	90	10	9	2	1	1	0	0	0	0	0	0	0	2	2
Faroe Islands	89	86	10	12	1	1	0	0	0	0	0	0	0	0	4	1
Finland ^{a)}	81	77	15	18	3	3	1	1	0	1	0	0	0	0	1	1
France	80	84	15	13	3	2	1	1	1	0	0	0	0	0	2	1
Germany (7 Bundesl.)	78	79	17	17	4	3	1	1	0	0	0	0	0	0	1	0
Greece	86	90	10	8	2	1	1	0	0	0	0	0	0	0	1	0
Hungary	79	82	15	14	3	3	2	1	1	1	0	0	0	0	4	3
Iceland	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Ireland	76	72	16	17	5	7	2	2	1	1	0	0	1	0	3	3
Isle of Man	69	61	21	26	6	8	2	2	2	2	0	1	0	0	3	1
Italy	86	89	9	8	2	2	1	0	1	0	0	0	0	0	2	1
Latvia	78	86	15	12	3	1	2	1	1	0	1	0	1	0	3	2
Lithuania	79	81	14	16	3	2	1	1	1	0	0	0	1	0	2	2
Malta	80	81	15	15	3	2	1	1	0	0	0	0	0	0	1	1
Monaco	88	87	10	13	1	0	0	1	0	0	0	0	0	0	0	1
Netherlands	83	85	14	12	2	1	1	1	0	0	0	0	0	0	1	1
Norway	83	78	14	18	3	4	1	0	0	0	0	0	0	0	3	2
Poland	84	89	11	9	2	2	2	0	1	0	0	0	0	0	1	1
Portugal	88	90	10	9	1	1	1	0	0	0	0	0	0	0	3	2
Romania	83	95	13	5	2	0	1	0	0	0	0	0	0	0	4	2
Russia	81	82	14	15	3	2	2	1	1	1	0	0	0	0	4	2
Slovak Republic	74	76	17	18	5	4	2	1	1	0	0	0	0	0	2	1
Slovenia	78	82	16	14	3	3	1	1	1	0	0	0	0	0	2	1
Sweden	84	81	12	15	3	3	1	0	0	0	0	0	0	0	3	2
Switzerland	77	84	17	13	3	2	1	1	0	0	0	0	0	0	2	1
Ukraine	85	90	10	7	2	2	1	1	1	0	0	0	1	0	2	1
United Kingdom	69	66	20	23	8	7	2	2	1	1	0	0	0	0	3	2
Average (unw.)	81	83	14	13	3	2	1	1	1	0	0	0	0	0	2	1
Denmark	49	53	28	31	13	10	3	2	4	2	3	1	1	1	17	18
Spain	76	75	16	19	6	6	1	1	1	0	0	0	..	..	..	..
USA	81	83	11	12	4	3	2	1	1	1	0	0	0	0	..	..

^{a)} Finland: Only half of the students answered this question due to a split-half test.

Question 17

Table 22a. Frequency of having had five or more drinks^{a)} on one occasion during the last 30 days. All students. 2007. Percentages.

Country	Number of occasions						No response
	0	1	2	3–5	6–9	10+	
Armenia	..	..	..	..	..	..	..
Austria	..	..	..	..	..	..	..
Belgium (Flanders)	59	16	10	9	3	2	0
Bulgaria	53	16	11	11	5	4	1
Croatia	50	14	12	15	4	4	0
Cyprus	66	15	8	7	3	2	1
Czech Republic	48	19	13	12	5	3	0
Estonia	46	13	11	15	9	5	1
Faroe Islands	58	14	9	11	4	4	1
Finland	66	13	8	8	4	2	1
France	57	15	10	9	4	5	0
Germany (7 Bundesl.)	..	..	..	..	..	..	..
Greece	59	17	11	8	3	3	1
Hungary	64	14	9	9	2	2	3
Iceland ^{b)}	78	8	6	5	2	1	1
Ireland	..	..	..	..	..	..	..
Isle of Man	39	14	14	17	8	8	1
Italy	62	14	10	9	3	2	1
Latvia ^{c)}	46	21	14	10	4	3	0
Lithuania	59	18	11	8	2	2	1
Malta	43	13	12	16	8	7	0
Monaco	61	22	7	5	2	3	0
Netherlands	..	..	..	..	..	..	..
Norway	62	10	9	11	5	3	1
Poland	61	16	9	9	2	2	1
Portugal	44	33	10	8	3	2	4
Romania	67	17	8	5	1	1	0
Russia	68	14	8	6	2	2	0
Slovak Republic	50	17	13	12	5	3	0
Slovenia	49	18	13	12	4	3	0
Sweden	63	13	8	9	3	4	1
Switzerland	65	16	9	7	2	1	1
Ukraine	64	17	9	7	3	2	0
United Kingdom	46	14	13	14	7	6	1
Average (unw.)	57	16	10	10	4	3	1
Denmark	40	17	16	19	5	3	1
Spain	71	9	7	10	3	1	..
USA	..	..	..	..	..	..	..

a) "A 'drink' is a glass/bottle/can of beer (ca 50 cl), a glass/bottle/can of cider (ca 50 cl), 2 glasses/bottles of alcopops (ca 50 cl), a glass of wine (ca 15 cl), a glass of spirits (ca 5 cl) or a mixed drink."

b) Iceland: Old (2003) wording used. However, a questionnaire test found no significant differences between the different versions.

c) Latvia: Non standard (smaller) quantity for spirits used.

Question 17

Table 22b. Frequency of having had five or more drinks ^{a)} on one occasion during the last 30 days by gender. 2007. Percentages.

Country	Number of occasions												No response	
	0		1		2		3–5		6–9		10+		Boys	Girls
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls		
Armenia	..	..	..	..	..	..	..	..	..	..	..	..	..
Austria	..	..	..	..	..	..	..	..	..	..	..	..	..
Belgium (Flanders)	52	67	17	14	12	9	12	6	4	3	2	2	0	0
Bulgaria	44	62	18	15	12	9	14	8	7	3	5	2	0	1
Croatia	45	55	14	14	13	11	17	14	6	2	5	3	1	0
Cyprus	56	76	17	13	11	6	9	4	4	2	3	1	1	0
Czech Republic	45	52	19	19	13	12	13	11	6	4	4	2	0	0
Estonia	43	49	12	14	12	11	16	14	10	8	7	3	1	1
Faroe Islands	57	58	14	13	9	9	12	11	4	4	4	4	1	0
Finland	65	67	12	13	9	8	8	8	4	4	2	1	1	0
France	53	61	14	15	11	9	10	8	6	3	7	3	1	0
Germany (7 Bundesl.)	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Greece	50	67	18	16	13	9	10	6	5	1	4	1	1	0
Hungary	61	67	14	14	11	8	9	8	3	2	3	1	3	2
Iceland ^{b)}	80	76	7	9	6	6	4	6	2	2	2	1	1	1
Ireland	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Isle of Man	38	39	15	12	14	14	17	18	7	10	9	8	1	0
Italy	55	68	15	14	11	8	11	7	4	2	4	1	1	1
Latvia ^{c)}	40	52	20	22	16	13	12	9	6	3	5	1	0	0
Lithuania	52	65	19	18	13	9	11	6	4	1	2	1	1	1
Malta	38	48	14	13	12	12	18	14	9	8	9	5	0	0
Monaco	57	66	26	17	7	6	5	6	2	2	3	3	0	0
Netherlands	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Norway	65	58	9	11	8	9	9	13	5	5	4	3	1	1
Poland	56	66	18	15	10	8	10	8	3	2	3	1	1	1
Portugal	42	47	33	34	10	9	10	7	3	2	2	1	3	5
Romania	55	78	20	14	12	5	8	2	2	0	2	0	0	0
Russia	64	72	15	14	9	7	7	5	2	1	3	1	0	0
Slovak Republic	48	52	16	17	13	13	12	13	6	4	5	2	0	0
Slovenia	45	53	17	20	14	12	15	10	5	3	5	1	1	0
Sweden	64	61	10	15	8	8	9	9	3	3	5	4	1	1
Switzerland	60	69	16	16	11	7	10	5	3	1	1	0	1	1
Ukraine	58	70	18	15	10	7	8	5	4	1	3	1	0	0
United Kingdom	48	45	13	14	13	14	13	15	6	7	7	5	1	1
Average (unw.)	53	61	16	16	11	9	11	9	5	3	4	2	1	1
Denmark	37	43	17	17	17	16	20	17	6	4	3	2	1	1
Spain	68	73	9	8	7	6	11	9	3	3	2	0	..	..
USA	..	..	..	..	..	..	..	..	..	..	..	..	..	..

^{a)} "A 'drink' is a glass/bottle/can of beer (ca 50 cl), a glass/bottle/can of cider (ca 50 cl), 2 glasses/bottles of alcopops (ca 50 cl), a glass of wine (ca 15 cl), a glass of spirits (ca 5 cl) or a mixed drink."

^{b)} Iceland: Old (2003) wording used. However, a questionnaire test found no significant differences between the different versions.

^{c)} Latvia: Non standard (smaller) quantity for spirits used.

Question 19a-f

Table 23a. Age of onset for alcohol consumption and drunkenness. Proportion of students having tried various alcoholic beverages and having been drunk respectively, at the age of 13 or younger. All students. 2007. Percentages.

Country	Onset age 13 or younger						No response					
	Beer	Cider	Alcopops	Wine	Spirits	Been drunk	Beer	Cider	Alcopops	Wine	Spirits	Been drunk
Armenia	34	.	16	42	13	5	4	.	7	5	6	5
Austria	45	.	40	52	24	17	0	.	1	1	1	1
Belgium (Flanders)	40	.	29	39	12	8	1	.	1	2	2	1
Bulgaria	63	.	28	53	28	18	1	.	4	4	3	1
Croatia	54	.	21	46	22	14	1	.	1	2	2	1
Cyprus	49	9	36	42	24	8	1	2	1	2	2	3
Czech Republic	66	.	34	52	30	18	0	.	1	1	2	1
Estonia	56	61	45	48	30	30	1	1	2	2	2	1
Faroe Islands	34	.	.	21	21	12	1	.	.	5	3	3
Finland	34	35	23	27	15	19	1	1	1	2	1	1
France ^{a)}	42	59	24	40	17	9	1	1	2	3	2	1
Germany (7 Bundesl.)	49	.	32	55	20	14	0	.	1	1	1	1
Greece	45	.	37	50	16	6	1	.	1	1	1	0
Hungary	50	.	49	45	22	11	1	.	1	1	1	1
Iceland	22	10	14	13	10	9	0	1	1	1	1	1
Ireland	33	24	23	31	21	16	2	3	4	4	3	3
Isle of Man	61	41	59	59	34	30	0	1	1	2	2	0
Italy	44	.	31	41	20	7	1	.	1	1	1	1
Latvia	71	60	40	56	26	21	0	1	1	1	2	1
Lithuania	60	55	32	37	22	17	2	2	3	4	3	2
Malta	49	18	22	56	34	10	1	2	2	2	2	1
Monaco ^{a)}	43	48	22	52	15	8	0	1	3	2	2	0
Netherlands	39	.	39	21	13	8	1	.	1	1	1	1
Norway	25	25	20	16	9	10	2	4	4	5	5	3
Poland	43	4	4	31	18	9	1	3	4	2	2	1
Portugal	39	.	23	29	22	7	0	.	1	1	1	1
Romania	56	.	21	49	22	12	1	.	5	4	3	2
Russia	49	.	30	38 ^{b)}	14	21	1	.	5	4	4	4
Slovak Republic	59	34	25	56	32	19	1	2	2	2	2	1
Slovenia	57	.	49	52	26	16	0	.	1	1	2	1
Sweden	32	39	19	19	14	13	1	2	4	4	3	2
Switzerland	40	.	22	35	19	9	1	.	1	1	1	2
Ukraine	52	.	31	46	16	11	1	.	1	1	1	2
United Kingdom	47	33	48	49	27	24	1	2	6	3	2	1
Average (unw.)	47	35	30	41	21	14	1	2	2	2	2	2
Denmark	52	.	45	38	33	25	2	.	2	3	2	2
Spain	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	8	.	.	.	.	.	..

^{a)} France and Monaco: The first age category was labeled “9 years old” instead of “9 years old or less”.

^{b)} Russia: Also includes “champagne”, asked as a separate item.

Question 19a–f

Table 23b. Age of onset for alcohol consumption and drunkenness. Proportion of students having tried various alcoholic beverages and having been drunk respectively, at the age of 13 or younger, by gender. 2007. Percentages.

Country	Onset age 13 or younger											
	Beer		Cider		Alcopops		Wine		Spirits		Been drunk	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Armenia	50	22	.	.	23	11	55	32	22	7	9	1
Austria	51	38	.	.	40	39	51	52	25	22	18	15
Belgium (Flanders)	46	33	.	.	29	28	44	35	14	10	9	7
Bulgaria	68	56	.	.	30	25	56	50	31	25	21	15
Croatia	62	45	.	.	23	18	52	41	25	19	20	8
Cyprus	60	39	13	5	44	29	50	35	35	14	11	5
Czech Republic	70	62	.	.	35	34	53	51	35	25	20	15
Estonia	66	45	62	59	48	42	51	45	34	25	36	24
Faroe Islands	35	33	.	.	.	.	24	18	22	21	11	13
Finland	40	29	36	34	24	22	30	25	17	14	18	20
France ^{a)}	46	38	60	58	26	21	45	36	20	14	11	7
Germany (7 Bundesl.)	54	44	.	.	31	32	50	58	21	20	15	13
Greece	55	36	.	.	45	30	59	43	21	12	8	4
Hungary	57	44	.	.	51	47	51	41	24	21	14	8
Iceland	24	20	11	10	15	14	16	10	11	9	10	9
Ireland	39	28	28	20	20	26	32	31	20	22	17	16
Isle of Man	68	54	46	37	60	58	57	61	35	33	32	29
Italy	50	38	.	.	36	27	47	36	23	16	10	6
Latvia	74	69	60	60	44	37	58	55	33	19	27	16
Lithuania	65	54	56	54	35	30	40	34	27	17	23	12
Malta	57	43	21	15	24	20	61	51	35	33	12	9
Monaco ^{a)}	48	38	45	50	20	23	58	45	15	15	6	9
Netherlands	48	29	.	.	40	38	20	21	14	11	9	7
Norway	28	22	27	22	21	19	18	13	10	8	11	10
Poland	53	35	5	3	5	3	34	28	24	13	11	7
Portugal	41	37	.	.	24	22	31	28	23	22	8	6
Romania	65	47	.	.	28	14	60	40	31	14	20	6
Russia	54	43	.	.	32	29	40 ^{b)}	35 ^{b)}	18	10	25	17
Slovak Republic	62	57	36	32	26	25	58	54	37	27	23	17
Slovenia	62	52	.	.	51	47	55	49	28	24	19	14
Sweden	37	28	42	37	20	19	20	18	16	13	14	13
Switzerland	47	33	.	.	24	20	38	32	22	16	11	7
Ukraine	56	47	.	.	31	30	46	46	20	12	15	8
United Kingdom	56	40	37	29	45	50	49	48	28	26	26	23
Average (unw.)	53	41	37	33	32	28	44	38	24	18	16	12
Denmark	64	41	.	.	51	40	46	31	39	29	28	23
Spain	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.

^{a)} France and Monaco: The first age category was labeled “9 years old” instead of “9 years old or less”.

^{b)} Russia: Also includes “champagne”, asked as a separate item.

Question 15a–e

Table 24a. Purchase of alcoholic beverages during the last 30 days in a store for own consumption (off-premise). All students. 2007. Percentages.

Country	Number of occasions														
	Beer			Cider			Alcopops			Wine			Spirits		
	0	1–2	3+	0	1–2	3+	0	1–2	3+	0	1–2	3+	0	1–2	3+
Armenia	80	14	6	.	.	.	94	4	2	78	18	5	91	6	3
Austria	67	16	17	.	.	.	83	11	6	77	13	10	81	10	9
Belgium (Flanders)	79	12	9	.	.	.	82	11	7	96	3	1	89	8	3
Bulgaria	45	27	28	.	.	.	81	12	7	83	10	6	73	15	13
Croatia	72	16	13	.	.	.	91	6	3	79	12	9	80	13	8
Cyprus	78	14	8	94	3	3	69	19	12	90	6	4	85	9	7
Czech Republic	68	19	14	.	.	.	85	11	4	82	12	7	80	14	7
Estonia	81	10	9	78	14	8	80	11	8	92	5	3	80	11	8
Faroe Islands	83	12	5	.	.	.	.	.	.	99	1	0	83	13	4
Finland	86	9	5	91	7	2	93	5	2	98	1	1	92	5	2
France	75	15	10	93	5	2	83	10	7	93	4	3	79	12	9
Germany (7 Bundesl.)	64	20	16	.	.	.	82	11	7	88	9	3	85	10	5
Greece	74	18	9	.	.	.	71	21	9	82	12	6	77	14	10
Hungary	80	13	7	.	.	.	82	13	5	82	12	6	79	13	8
Iceland	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Ireland	80	11	9	83	9	7	85	8	7	93	5	2	76	12	12
Isle of Man	81	10	9	91	5	4	83	9	8	94	4	2	81	10	9
Italy	69	17	13	.	.	.	76	14	10	85	9	7	79	11	10
Latvia	68	19	13	75	17	8	78	14	8	86	9	5	79	13	7
Lithuania	69	19	12	62	24	14	84	10	6	92	5	2	83	10	6
Malta	68	17	15	90	7	3	80	11	8	69	17	14	59	16	26
Monaco	84	13	3	93	5	1	84	10	6	95	4	1	85	10	5
Netherlands	80	10	10	.	.	.	78	13	9	94	5	2	86	9	5
Norway	84	10	6	88	8	4	87	8	4	96	2	1	90	6	4
Poland	63	23	15	.	.	.	.	.	.	92	5	3	89	8	3
Portugal	81	11	8	.	.	.	91	6	3	94	3	2	87	8	5
Romania	54	28	18	.	.	.	89	8	3	76	16	7	88	9	3
Russia	59	23	17	.	.	.	79	14	7	89 ^{a)}	7 ^{a)}	4 ^{a)}	91	6	3
Slovak Republic	70	16	14	95	3	2	91	7	3	74	16	11	71	16	13
Slovenia	78	13	8	.	.	.	75	16	9	85	8	6	83	11	6
Sweden	91	6	3	90	6	4	96	3	1	97	2	1	93	4	3
Switzerland	69	19	12	.	.	.	77	14	9	94	5	1	85	10	5
Ukraine	48	30	22	.	.	.	74	18	8	82	14	5	86	9	5
United Kingdom	85	7	8	89	6	5	85	8	7	91	5	4	84	9	7
Average (unw.)	73	16	11	87	9	5	83	11	6	88	8	4	83	10	7
Denmark	63	19	18	.	.	.	65	23	12	92	6	2	66	21	13
Spain	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

a) Russia: Also includes “champagne”, asked as a separate item.

Question 15a–e

Table 24b. Purchase of alcoholic beverages during the last 30 days in a store for own consumption (off-premise). Boys, 2007. Percentages.

Country	Number of occasions														
	Beer			Cider			Alcopops			Wine			Spirits		
	0	1–2	3+	0	1–2	3+	0	1–2	3+	0	1–2	3+	0	1–2	3+
Armenia	62	25	12	.	.	.	90	6	4	71	21	8	84	9	6
Austria	55	19	26	.	.	.	83	11	6	76	11	13	78	11	11
Belgium (Flanders)	71	15	13	.	.	.	81	12	8	95	4	1	87	10	3
Bulgaria	34	28	38	.	.	.	78	13	9	81	11	8	68	16	16
Croatia	61	20	19	.	.	.	90	6	4	75	13	12	80	12	8
Cyprus	66	20	14	91	4	4	64	20	16	86	9	6	77	12	10
Czech Republic	57	23	20	.	.	.	85	10	5	84	9	6	75	16	8
Estonia	69	16	15	79	14	8	80	10	9	92	5	3	76	13	11
Faroe Islands	77	16	7	.	.	.	.	.	.	99	1	0	84	14	2
Finland	83	11	7	94	4	2	94	4	2	98	1	1	92	5	2
France	69	16	15	93	4	3	82	10	8	91	5	4	76	13	12
Germany (7 Bundesl.)	51	24	25	.	.	.	80	11	9	90	8	2	81	12	7
Greece	63	23	15	.	.	.	66	22	11	78	14	8	70	16	14
Hungary	71	18	10	.	.	.	83	11	6	79	13	8	75	13	11
Iceland	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Ireland	73	14	13	80	11	10	91	5	4	95	3	2	80	11	9
Isle of Man	73	14	13	89	6	5	87	7	7	95	3	2	84	10	7
Italy	61	20	19	.	.	.	72	15	13	80	10	9	74	13	13
Latvia	53	27	20	75	15	10	78	13	9	85	9	6	72	16	12
Lithuania	54	26	19	62	21	16	82	10	8	89	7	4	78	13	9
Malta	54	21	24	87	9	4	78	12	10	66	19	15	54	16	30
Monaco	80	16	4	94	5	1	84	10	6	96	4	1	83	11	6
Netherlands	69	14	17	.	.	.	78	12	10	97	2	1	84	10	6
Norway	83	10	8	90	6	4	90	6	4	97	2	1	91	5	4
Poland	54	25	21	.	.	.	.	.	.	90	6	5	83	12	6
Portugal	74	13	12	.	.	.	89	7	4	93	4	3	85	9	7
Romania	36	33	30	.	.	.	84	11	4	67	21	11	82	12	5
Russia	52	26	22	.	.	.	81	13	7	89 ^{a)}	6 ^{a)}	5 ^{a)}	87	8	5
Slovak Republic	62	18	20	94	4	3	90	7	3	74	13	12	68	15	17
Slovenia	72	16	12	.	.	.	75	15	10	84	8	7	83	10	6
Sweden	88	7	5	90	6	4	95	4	2	97	2	1	92	4	4
Switzerland	60	22	18	.	.	.	76	14	9	92	6	2	82	12	6
Ukraine	38	31	31	.	.	.	80	13	7	82	12	5	81	11	7
United Kingdom	78	10	12	87	7	6	89	6	5	94	3	3	86	8	6
Average (unw.)	64	19	17	80	8	5	82	11	7	87	8	5	80	11	9
Denmark	52	21	27	.	.	.	66	22	12	95	4	1	61	25	14
Spain	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

^{a)} Russia: Also includes “champagne”, asked as a separate item.

Question 15a–e

Table 24c. Purchase of alcoholic beverages during the last 30 days in a store for own consumption (off-premise). Girls, 2007. Percentages.

Country	Number of occasions														
	Beer			Cider			Alcopops			Wine			Spirits		
	0	1–2	3+	0	1–2	3+	0	1–2	3+	0	1–2	3+	0	1–2	3+
Armenia	93	6	2	.	.	.	96	3	1	83	15	2	96	4	1
Austria	80	13	7	.	.	.	82	12	6	78	14	8	84	9	6
Belgium (Flanders)	87	8	4	.	.	.	84	10	6	96	3	1	92	6	3
Bulgaria	57	27	17	.	.	.	85	10	4	86	10	5	77	14	9
Croatia	83	11	6	.	.	.	92	6	2	84	10	6	80	13	7
Cyprus	88	8	3	97	2	1	74	18	8	94	4	2	91	6	3
Czech Republic	77	15	8	.	.	.	84	11	4	79	14	7	84	12	5
Estonia	93	5	2	78	14	8	80	12	7	92	5	3	85	10	6
Faroe Islands	89	8	3	.	.	.	.	.	.	98	2	0	83	12	6
Finland	89	8	4	88	9	3	92	6	2	98	1	0	92	6	2
France	81	14	5	93	6	2	84	10	6	95	3	2	82	12	7
Germany (7 Bundesl.)	75	17	8	.	.	.	84	11	5	87	10	3	88	8	4
Greece	83	13	4	.	.	.	74	20	6	86	10	4	83	11	6
Hungary	89	8	3	.	.	.	81	15	4	85	10	5	82	13	5
Iceland	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Ireland	85	8	6	86	8	6	80	11	9	92	6	3	73	13	14
Isle of Man	89	6	4	93	5	2	79	11	10	92	5	2	78	10	12
Italy	77	15	8	.	.	.	80	13	7	89	7	4	84	10	6
Latvia	83	11	6	75	18	7	78	15	6	88	9	3	86	11	3
Lithuania	83	12	5	62	27	11	85	11	4	95	4	1	89	8	3
Malta	80	13	7	93	5	2	82	11	7	72	16	13	63	15	22
Monaco	88	10	2	93	6	2	84	9	7	94	4	2	88	8	3
Netherlands	91	6	3	.	.	.	78	14	8	91	7	3	88	8	5
Norway	85	10	5	86	9	5	85	10	5	96	3	1	89	7	3
Poland	71	20	9	.	.	.	.	.	.	94	5	1	94	5	1
Portugal	87	8	5	.	.	.	93	5	2	95	3	2	88	8	4
Romania	70	23	7	.	.	.	94	5	2	85	12	3	92	6	2
Russia	67	21	12	.	.	.	78	16	6	90 ^{a)}	8 ^{a)}	2 ^{a)}	95	3	2
Slovak Republic	77	15	8	97	2	1	91	6	2	73	18	9	75	16	9
Slovenia	86	10	4	.	.	.	75	17	8	87	9	5	83	12	5
Sweden	93	5	2	91	6	3	97	2	1	97	2	1	94	4	3
Switzerland	79	15	6	.	.	.	78	14	8	95	4	1	89	8	3
Ukraine	59	28	13	.	.	.	68	23	9	81	15	4	90	7	3
United Kingdom	92	5	3	91	5	4	82	10	8	89	6	4	82	10	9
Average (unw.)	82	12	6	87	9	4	83	11	5	89	8	3	85	9	6
Denmark	72	18	10	.	.	.	64	24	12	90	7	3	70	18	12
Spain	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

^{a)} Russia: Also includes “champagne”, asked as a separate item.

Question 16a–e

Table 25a. Consumption of alcoholic beverages in bars, discos etc (on-premise) during the last 30 days. All students. 2007. Percentages.

Country	Number of occasions														
	Beer			Cider			Alcopops			Wine			Spirits		
	0	1–2	3+	0	1–2	3+	0	1–2	3+	0	1–2	3+	0	1–2	3+
Armenia	84	10	6	.	.	.	95	4	2	85	12	3	95	3	2
Austria	48	21	31	.	.	.	65	21	14	51	21	28	50	21	30
Belgium (Flanders)	59	23	19	.	.	.	77	15	8	79	16	5	89	7	4
Bulgaria	41	30	28	.	.	.	78	14	8	84	10	6	70	16	14
Croatia	58	22	21	.	.	.	80	12	7	69	16	15	60	20	20
Cyprus	67	21	12	92	5	3	59	26	15	84	11	5	75	14	11
Czech Republic	45	28	27	.	.	.	69	21	11	77	16	7	62	21	17
Estonia	83	12	6	77	17	6	80	13	7	89	8	3	79	12	9
Faroe Islands	82	12	6	.	.	.	.	.	.	98	1	0	84	10	7
Finland	90	7	3	92	6	1	93	5	2	97	2	1	93	5	2
France	70	18	12	92	6	2	81	11	8	91	6	3	76	13	11
Germany (7 Bundesl.)	56	24	20	.	.	.	75	15	11	85	12	3	68	17	15
Greece	67	20	13	.	.	.	62	26	13	74	18	7	57	24	19
Hungary	73	17	9	.	.	.	75	18	7	76	15	9	67	20	14
Iceland	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Ireland	80	13	7	83	10	7	83	8	8	92	6	2	75	14	12
Isle of Man	75	14	11	89	6	5	76	13	11	85	12	4	77	13	10
Italy	57	24	19	.	.	.	60	24	17	78	13	9	64	18	18
Latvia	70	20	9	74	19	7	78	15	7	83	12	5	77	14	8
Lithuania	79	15	6	71	21	8	88	8	4	93	5	2	89	7	4
Malta	62	20	18	88	8	4	75	14	10	63	23	15	42	19	39
Monaco	82	13	5	90	7	2	76	14	10	86	10	4	70	20	10
Netherlands	61	13	26	.	.	.	64	18	18	86	9	5	74	14	12
Norway	89	7	3	93	5	2	92	6	3	96	3	1	92	5	3
Poland	69	19	12	.	.	.	.	.	.	92	5	2	88	7	5
Portugal	68	17	15	.	.	.	77	14	8	93	5	2	57	23	20
Romania	56	27	17	.	.	.	86	11	4	77	17	6	85	11	4
Russia	72	19	10	.	.	.	87	8	4	90 ^{a)}	7 ^{a)}	3 ^{a)}	93	5	3
Slovak Republic	63	20	17	94	4	2	88	8	4	70	18	11	64	18	19
Slovenia	63	21	16	.	.	.	56	27	17	79	12	9	66	19	15
Sweden	92	6	2	92	5	2	96	3	2	96	3	1	94	3	2
Switzerland	64	23	14	.	.	.	73	16	11	90	8	2	74	16	10
Ukraine	59	25	15	.	.	.	79	15	6	87	9	4	88	7	5
United Kingdom	73	16	11	87	9	5	76	16	9	81	13	6	77	14	9
Average (unw.)	68	18	14	81	9	4	77	14	9	84	11	6	75	14	12
Denmark	70	20	10	.	.	.	75	14	11	91	7	2	72	16	12
Spain	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

^{a)} Russia: Also includes “champagne”, asked as a separate item.

Question 16a–e

Table 25b. Consumption of alcoholic beverages in bars, discos etc (on-premise) during the last 30 days. Boys. 2007. Percentages.

Country	Number of occasions														
	Beer			Cider			Alcopops			Wine			Spirits		
	0	1–2	3+	0	1–2	3+	0	1–2	3+	0	1–2	3+	0	1–2	3+
Armenia	67	20	13	.	.	.	91	5	3	80	15	5	89	7	4
Austria	35	21	44	.	.	.	69	18	13	55	19	26	51	18	31
Belgium (Flanders)	52	24	24	.	.	.	80	13	7	81	14	5	89	7	4
Bulgaria	32	31	37	.	.	.	76	14	11	82	11	7	68	16	16
Croatia	47	24	29	.	.	.	80	11	8	67	16	17	66	17	17
Cyprus	53	27	20	89	6	5	57	24	19	80	12	7	67	16	17
Czech Republic	40	27	33	.	.	.	75	17	8	85	10	5	63	19	18
Estonia	74	17	9	82	12	5	85	11	5	92	5	3	81	10	9
Faroe Islands	82	12	6	.	.	.	.	.	.	99	1	0	87	10	3
Finland	89	8	3	95	4	1	94	4	2	98	1	1	93	5	2
France	66	18	15	93	5	3	84	8	8	90	6	4	77	11	12
Germany (7 Bundesl.)	48	25	27	.	.	.	79	12	9	89	9	2	69	16	15
Greece	56	25	19	.	.	.	62	23	15	72	19	9	54	22	24
Hungary	65	22	13	.	.	.	79	14	7	75	16	10	68	17	15
Iceland	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Ireland	73	16	10	78	13	9	90	5	4	94	4	2	79	13	8
Isle of Man	64	19	17	84	8	7	81	10	9	91	6	3	80	11	9
Italy	49	26	26	.	.	.	59	23	19	74	14	12	62	18	21
Latvia	61	25	14	77	16	7	81	12	7	84	10	6	74	15	11
Lithuania	68	22	10	73	17	9	87	8	4	92	5	3	84	9	6
Malta	48	25	28	86	9	5	75	13	12	61	24	15	42	16	41
Monaco	80	15	5	93	6	1	83	10	8	85	9	6	74	14	12
Netherlands	53	11	36	.	.	.	71	14	14	95	4	1	76	12	11
Norway	89	8	3	94	3	3	94	4	3	97	2	1	93	5	2
Poland	70	18	13	.	.	.	.	.	.	93	4	3	87	7	6
Portugal	62	18	19	.	.	.	77	14	9	92	5	3	60	20	19
Romania	39	31	30	.	.	.	82	13	5	67	23	10	82	12	6
Russia	70	19	11	.	.	.	88	7	4	91 ^{a)}	5 ^{a)}	3 ^{a)}	91	6	4
Slovak Republic	56	21	23	93	5	2	90	6	4	74	15	11	64	16	20
Slovenia	53	23	24	.	.	.	58	24	18	75	14	11	70	16	14
Sweden	89	7	3	93	5	3	96	2	2	97	2	1	94	4	3
Switzerland	56	25	19	.	.	.	76	15	10	91	7	2	76	14	9
Ukraine	48	30	21	.	.	.	84	9	6	88	8	4	84	10	6
United Kingdom	61	21	18	83	11	6	84	10	6	88	8	4	82	12	6
Average (unw.)	60	21	19	87	9	5	80	12	8	84	10	6	75	13	12
Denmark	65	21	13	.	.	.	77	12	11	92	6	2	74	14	12
Spain	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

^{a)} Russia: Also includes “champagne”, asked as a separate item.

Question 16a–e

Table 25c. Consumption of alcoholic beverages in bars, discos etc (on-premise) during the last 30 days. Girls. 2007. Percentages.

Country	Number of occasions														
	Beer			Cider			Alcopops			Wine			Spirits		
	0	1–2	3+	0	1–2	3+	0	1–2	3+	0	1–2	3+	0	1–2	3+
Armenia	97	3	1	.	.	.	97	2	0	89	10	1	98	1	0
Austria	63	21	16	.	.	.	60	25	16	46	23	31	47	24	29
Belgium (Flanders)	65	22	13	.	.	.	74	18	8	77	19	5	88	8	4
Bulgaria	51	30	19	.	.	.	80	14	6	86	9	5	72	15	13
Croatia	69	20	12	.	.	.	81	13	6	71	17	12	55	23	22
Cyprus	79	16	5	95	3	1	62	27	11	87	11	2	82	11	6
Czech Republic	50	29	21	.	.	.	63	25	13	70	21	9	61	23	16
Estonia	92	6	2	71	22	7	75	16	9	87	10	3	78	14	8
Faroe Islands	82	12	7	.	.	.	.	.	.	98	2	1	81	9	10
Finland	91	7	2	90	9	2	93	6	2	96	3	1	93	5	2
France	74	18	8	92	7	1	79	14	8	92	6	2	76	14	10
Germany (7 Bundesl.)	63	24	14	.	.	.	70	18	12	82	15	4	68	17	15
Greece	77	16	7	.	.	.	61	28	11	77	18	6	60	26	14
Hungary	80	13	7	.	.	.	71	22	8	77	15	8	66	22	12
Iceland	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Ireland	85	10	5	87	8	5	77	11	12	90	7	3	71	14	14
Isle of Man	85	9	6	93	5	2	71	15	14	79	17	4	74	15	11
Italy	65	23	12	.	.	.	60	25	15	82	11	7	66	19	15
Latvia	79	16	5	71	22	7	75	18	7	83	13	4	80	14	6
Lithuania	90	8	2	69	24	7	89	8	3	94	5	1	93	5	2
Malta	75	16	9	90	7	3	75	15	9	64	22	14	41	22	37
Monaco	85	11	4	88	9	3	69	20	12	86	11	3	66	25	9
Netherlands	69	15	15	.	.	.	57	21	21	77	14	9	72	16	12
Norway	90	7	3	92	6	2	89	8	3	96	3	1	91	6	3
Poland	68	21	12	.	.	.	.	.	.	92	6	2	88	8	4
Portugal	73	16	11	.	.	.	78	15	8	93	5	2	55	25	21
Romania	72	23	5	.	.	.	89	8	2	86	11	3	88	10	2
Russia	73	18	8	.	.	.	87	9	4	88 ^{a)}	9 ^{a)}	3 ^{a)}	95	3	2
Slovak Republic	70	19	10	95	4	1	87	10	3	67	21	12	63	19	17
Slovenia	74	18	8	.	.	.	54	30	16	83	11	7	62	23	15
Sweden	94	4	1	92	6	2	95	3	1	96	3	1	95	3	2
Switzerland	71	20	9	.	.	.	70	18	12	89	9	2	72	18	10
Ukraine	71	20	9	.	.	.	73	20	6	86	10	4	93	4	3
United Kingdom	82	12	6	90	7	3	69	20	11	75	17	8	72	16	12
Average (unw.)	76	16	8	87	10	3	75	16	9	83	12	5	75	14	11
Denmark	74	19	7	.	.	.	74	16	11	90	8	2	71	18	12
Spain	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

^{a)} Russia: Also includes “champagne”, asked as a separate item.

Question 20a-k

Table 26a. Expected positive and negative consequences from alcohol consumption. All students. 2007. Percentages.

Country	Positive consequences “likely” or “very likely” to appear						Negative consequences “likely” or “very likely” to appear						
	Feel relaxed	Feel happy	Forget my problems	Feel more friendly and outgoing	Have a lot of fun	Average	Get into trouble with police	Harm my health	Not be able to stop drinking	Get a hang-over	Do something I would regret	Feel sick	Average
Armenia	33	29	28	37	53	36	15	26	15	33	25	26	23
Austria	51	51	45	67	77	58	13	41	14	28	31	9	23
Belgium (Flanders)	43	40	35	47	72	47	12	23	10	28	30	27	22
Bulgaria	61	60	58	63	76	64	41	52	33	56	59	51	49
Croatia	59	46	50	67	64	57	56	72	26	58	51	58	54
Cyprus	41	38	40	45	57	44	14	36	19	51	38	36	32
Czech Republic	68	48	56	69	75	63	15	24	9	42	33	38	27
Estonia	61	47	53	58	81	60	26	69	12	37	36	23	34
Faroe Islands	46	81	60	74	80	68	22	63	25	58	69	39	46
Finland	58	66	48	53	68	59	8	26	12	36	33	30	24
France	.	.	.	.	.	.	.	.	.	.	.	.	.
Germany (7 Bundesl.)	50	50	41	63	74	56	9	37	10	20	25	8	18
Greece	50	48	37	55	62	50	9	29	16	45	34	30	27
Hungary	59	49	42	50	60	52	13	43	12	41	27	18	26
Iceland	.	.	.	.	.	.	.	.	.	.	.	.	.
Ireland	62	75	51	74	77	68	22	36	19	44	46	39	34
Isle of Man	67	78	57	78	83	73	20	31	19	35	43	29	30
Italy	33	51	50	50	55	48	21	56	20	62	51	55	44
Latvia	66	49	55	58	75	61	32	63	17	49	50	45	43
Lithuania	65	42	50	58	25	48	30	61	14	45	45	48	41
Malta	47	61	49	62	59	56	15	39	23	37	35	45	32
Monaco	.	.	.	.	.	.	.	.	.	.	.	.	.
Netherlands	53	48	39	63	77	56	9	27	8	30	19	15	18
Norway	49	70	52	62	75	62	19	21	17	44	46	50	33
Poland	49	38	42	47	56	46	24	46	14	45	33	34	33
Portugal	36	52	44	54	59	49	13	46	19	45	38	22	31
Romania	36	39	48	42	62	45	37	70	21	41	54	68	49
Russia	57	52	41	53	45	50	9	28	10	38	25	26	23
Slovak Republic	61	45	53	61	69	58	24	50	16	53	40	18	34
Slovenia	60	49	62	60	69	60	22	63	15	56	39	52	41
Sweden	52	70	52	61	69	61	10	40	17	45	43	42	33
Switzerland	50	50	52	45	69	53	27	62	14	35	31	43	35
Ukraine	58	56	39	53	69	55	9	35	12	19	27	19	20
United Kingdom	66	77	54	76	80	71	18	28	20	35	38	31	28
Average (unw.)	53	53	48	58	67	56	20	43	16	42	39	35	32
Denmark	52	85	56	83	90	73	7	23	15	56	48	20	28
Spain	.	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.	.

Question 20a–k

Table 26b. Expected positive personal consequences from alcohol consumption by gender. 2007. Percentages.

Country	Positive consequences “likely” or “very likely” to appear										Average	
	Feel relaxed		Feel happy		Forget my problems		Feel more friendly and outgoing		Have a lot of fun			
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Armenia	40	27	39	22	30	27	46	31	60	48	43	31
Austria	56	45	53	48	45	45	67	67	79	76	60	56
Belgium (Flanders)	43	42	39	41	34	36	45	50	72	72	47	48
Bulgaria	62	59	60	61	60	56	63	62	78	75	65	63
Croatia	60	59	48	44	53	47	68	66	67	60	59	55
Cyprus	43	40	38	38	42	38	46	44	59	55	46	43
Czech Republic	66	70	45	51	54	57	67	71	74	76	61	65
Estonia	60	61	46	49	54	52	57	59	79	84	59	61
Faroe Islands	48	43	80	81	62	59	74	75	78	81	68	68
Finland	57	59	60	71	47	48	49	57	64	72	55	61
France	.	.	.	.	.	.	.	.	.	.	.	.
Germany (7 Bundesl.)	55	45	52	47	41	41	64	63	76	72	58	54
Greece	52	49	45	50	38	35	54	55	64	61	51	50
Hungary	56	62	49	49	43	41	48	52	58	62	51	53
Iceland	.	.	.	.	.	.	.	.	.	.	.	.
Ireland	64	60	74	76	49	53	72	75	77	78	67	68
Isle of Man	68	65	75	81	58	56	76	80	81	84	72	73
Italy	35	32	47	55	46	53	47	54	52	58	45	50
Latvia	67	66	51	47	56	53	59	56	74	76	61	60
Lithuania	63	66	43	41	53	48	58	58	31	20	50	47
Malta	50	44	60	61	51	46	62	62	60	58	57	54
Monaco	.	.	.	.	.	.	.	.	.	.	.	.
Netherlands	53	53	47	50	36	41	60	67	74	79	54	58
Norway	52	47	65	76	51	53	55	70	71	79	59	65
Poland	51	48	37	38	42	43	49	46	55	57	47	46
Portugal	38	34	50	53	44	45	52	56	57	61	48	50
Romania	43	30	42	36	49	47	44	39	68	55	49	41
Russia	58	57	49	55	42	41	53	54	42	47	49	51
Slovak Republic	57	63	42	48	53	53	58	63	67	72	55	60
Slovenia	55	65	47	51	59	64	60	61	68	71	58	62
Sweden	49	56	62	76	45	58	55	68	64	74	55	66
Switzerland	53	47	54	46	55	49	46	45	70	68	56	51
Ukraine	58	59	52	61	37	40	53	52	64	74	53	57
United Kingdom	68	63	74	79	54	55	73	79	78	81	69	71
Average (unw.)	54	52	52	54	48	48	57	59	66	67	56	56
Denmark	54	51	83	87	55	56	81	85	89	91	72	74
Spain	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.

Question 20a-k

Table 26c. Expected negative personal consequences from alcohol consumption by gender. 2007. Percentages.

Country	Negative consequences “likely” or “very likely” to appear													
	Get into trouble with police		Harm my health		Not be able to stop drinking		Get a hangover		Do something I would regret		Feel sick		Average	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Armenia	18	12	26	26	16	14	33	33	25	24	23	28	24	23
Austria	16	10	41	42	16	12	25	32	29	34	9	9	23	23
Belgium (Flanders)	15	9	24	22	10	11	25	30	29	30	24	31	21	22
Bulgaria	46	36	53	50	35	30	56	56	59	59	50	52	50	47
Croatia	57	54	70	74	28	25	57	59	49	53	54	63	53	55
Cyprus	19	10	37	35	21	17	49	52	40	36	30	41	33	32
Czech Republic	18	13	24	25	10	9	42	42	29	36	35	41	26	28
Estonia	30	21	65	74	13	11	41	33	35	37	23	23	35	33
Faroe Islands	27	18	57	68	24	26	59	58	67	71	33	44	45	48
Finland	9	8	23	29	10	14	34	38	27	39	24	35	21	27
France	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Germany (7 Bundesl.)	11	7	37	37	12	9	18	21	25	25	7	8	18	18
Greece	11	6	29	29	17	16	39	50	33	35	25	33	26	28
Hungary	15	10	42	44	13	10	41	41	28	27	18	18	26	25
Iceland	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Ireland	24	20	32	39	17	21	42	46	42	49	36	42	32	36
Isle of Man	22	18	29	34	16	21	34	36	42	45	29	29	29	31
Italy	26	18	55	57	20	21	56	68	47	55	49	61	42	47
Latvia	37	28	62	63	19	15	51	47	49	51	45	44	44	41
Lithuania	37	24	60	63	16	11	47	42	44	45	46	49	42	39
Malta	16	14	35	42	22	25	33	41	33	37	39	50	30	35
Monaco	.	.	.	.	.	.	.	.	.	.	.	.	.	.
Netherlands	11	7	26	29	9	8	28	33	15	23	13	18	17	20
Norway	21	16	21	22	16	18	41	48	44	48	48	51	32	34
Poland	27	22	41	50	15	13	43	46	30	36	28	40	31	35
Portugal	16	11	45	47	19	20	43	46	37	39	21	23	30	31
Romania	34	39	64	75	20	22	39	42	47	61	61	75	44	52
Russia	14	5	28	27	13	7	34	41	26	25	25	27	23	22
Slovak Republic	27	21	48	52	17	16	53	53	37	44	18	18	33	34
Slovenia	27	18	62	65	16	14	51	61	37	41	47	58	40	43
Sweden	13	7	38	43	16	18	42	48	39	47	38	46	31	35
Switzerland	30	23	61	62	13	14	33	37	30	33	40	47	35	36
Ukraine	13	5	37	33	15	10	21	17	25	29	19	19	22	19
United Kingdom	23	13	29	28	19	20	34	36	38	39	28	35	29	29
Average (unw.)	23	17	42	45	17	16	40	43	37	40	32	37	32	33
Denmark	11	4	23	22	16	15	50	62	49	48	18	21	28	29
Spain	.	.	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.	.	.

Question 21a–j

Table 27a. Experienced individual, relational, sexual and delinquency problems related to personal alcohol use during the last 12 months. All students. 2007. Percentages.

Country	Individual problems				Relational problems			Sexual problems			Delinquency problems			
	Accident or injury	Performed poorly at school or work	Hospitalised or admitted to an emergency room	Average	Serious problems with friends	Serious problems with parents	Average	Regretted engagement in sexual intercourse	Engaged unprotected sexual intercourse	Average	Victimised by physical fight or robbery	Trouble with police	Average	
Armenia	2	18	3	8	10	7	9	3	5	4	11	1	2	5
Austria ^{a)}	15	..	3	9	..	..	..	11	10	11	17	2	8	9
Belgium (Flanders)	6	8	2	5	6	10	8	6	5	6	9	2	5	5
Bulgaria	17	20	5	14	19	19	19	11	15	13	17	4	9	10
Croatia	11	12	2	8	10	15	13	6	8	7	12	2	8	7
Cyprus	6	11	5	7	10	11	11	6	8	7	11	3	4	6
Czech Republic	17	18	2	12	23	23	23	13	12	13	15	3	7	8
Estonia	17	16	3	12	21	23	22	5	5	5	12	2	13	9
Faroe Islands	8	12	3	8	..	12	12	10	10	10	11	5	6	7
Finland	15	10	2	9	..	..	..	6	7	7	..	2	7	..
France	14	10	3	9	12	12	12	7	7	7	12	3	6	7
Germany (7 Bundesl.) ^{a)}	14	..	2	8	..	..	..	7	7	7	12	2	6	7
Greece	6	9	3	6	9	11	10	10	10	10	8	2	3	4
Hungary	11	16	1	9	12	12	12	6	6	6	11	3	4	6
Iceland	11	11	4	9	14	17	16	7	10	9	10	7	8	8
Ireland	17	13	3	11	14	17	16	.	.	.	15	4	13	11
Isle of Man	26	14	6	15	18	18	18	13	14	14	16	3	18	12
Italy	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Latvia	17	17	3	12	17	24	21	7	10	9	17	5	11	11
Lithuania	7	20	3	10	18	25	22	5	7	6	19	3	8	10
Malta	9	15	2	9	13	14	14	6	10	8	13	2	4	6
Monaco	9	9	1	6	10	8	9	6	4	5	9	2	4	5
Netherlands	7	8	2	6	5	11	8	5	6	6	13	2	8	8
Norway	15	8	4	9	10	12	11	8	11	10	17	4	7	9
Poland	10	12	2	8	9	14	12	4	5	5	10	2	7	6
Portugal	4	10	2	5	7	7	7	3	2	3	4	1	2	2
Romania	6	14	2	7	13	11	12	5	7	6	10	2	6	6
Russia	11	13	1	8	13	20	17	6	8	7	19	3	7	10
Slovak Republic	16	19	3	13	19	18	19	6	10	8	17	3	7	9
Slovenia	12	10	2	8	11	14	13	5	6	6	10	2	6	6
Sweden	10	7	2	6	10	10	10	8	11	10	11	4	6	7
Switzerland	8	8	1	6	7	11	9	5	4	5	9	2	7	6
Ukraine	8	18	2	9	17	20	19	5	6	6	20	2	5	9
United Kingdom	26	12	3	14	17	18	18	11	11	11	17	4	15	12
Average (unw.)	12	13	3	9	13	15	14	7	8	7	13	3	7	8
Denmark	7	17	3	9	18	14	16	13	17	15	15	11	8	11
Spain	.	.	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.	.	.

^{a)} Austria and Germany: 'Because of alcohol use', not 'your own alcohol use'.

Question 21a–j

Table 27b. Experienced individual and relational problems related to personal alcohol use during the last 12 months, by gender. 2007. Percentages.

Country	Individual problems						Relational problems							
	Accident or injury		Performed poorly at school or work		Hospitalised or admitted to an emergency room		Average		Serious problems with friends		Serious problems with parents		Average	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Armenia	3	1	25	13	4	2	11	5	16	6	12	4	14	5
Austria ^{a)}	18	12	..	..	3	3	..	..	..	..	..	..	..	..
Belgium (Flanders)	6	5	9	8	2	1	6	5	6	7	11	10	9	9
Bulgaria	22	11	22	16	7	3	17	10	19	20	21	17	20	19
Croatia	13	9	13	10	2	2	9	7	9	10	17	12	13	11
Cyprus	9	3	15	8	7	3	10	5	12	8	13	8	13	8
Czech Republic	19	15	18	18	2	1	13	11	19	26	21	25	20	26
Estonia	18	16	17	16	4	2	13	11	19	23	24	21	22	22
Faroe Islands	7	10	11	13	3	2	7	8	..	..	14	11	..	..
Finland	12	18	8	11	2	2	7	10	..	..	..	..	..	..
France	16	12	9	10	4	2	10	8	10	14	12	11	11	13
Germany (7 Bundesl.) ^{a)}	16	13	..	..	1	2	.	.	..	..	..	..	..	..
Greece	9	4	12	7	4	2	8	4	11	7	14	8	13	8
Hungary	13	9	18	13	2	1	11	8	10	13	13	11	12	12
Iceland	13	9	12	10	6	3	10	7	11	18	15	20	13	19
Ireland	16	18	12	14	3	2	10	11	11	17	16	18	14	18
Isle of Man	24	29	14	14	6	6	15	16	15	20	14	22	15	21
Italy	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Latvia	20	14	18	16	5	2	14	11	17	17	26	22	22	20
Lithuania	11	4	21	19	4	2	12	8	18	18	28	22	23	20
Malta	11	7	16	14	3	1	10	7	14	13	15	12	15	13
Monaco	7	11	7	12	1	1	5	8	9	11	8	9	9	10
Netherlands	8	5	9	7	2	1	6	4	4	6	12	10	8	8
Norway	12	17	8	8	4	3	8	9	7	14	9	15	8	15
Poland	11	9	11	13	3	1	8	8	9	9	15	13	12	11
Portugal	6	3	11	9	2	1	6	4	6	7	7	7	7	7
Romania	10	3	19	9	2	1	10	4	15	10	16	7	16	9
Russia	14	8	13	13	2	1	10	7	11	15	21	19	16	17
Slovak Republic	16	16	18	19	3	2	12	12	15	22	16	19	16	21
Slovenia	12	12	10	10	2	1	8	8	10	11	13	16	12	14
Sweden	10	11	6	8	2	2	6	7	7	12	7	13	7	13
Switzerland	10	7	8	8	2	1	7	5	6	9	10	13	8	11
Ukraine	11	6	20	15	3	1	11	7	18	17	22	17	20	17
United Kingdom	25	26	11	13	4	2	13	14	15	20	15	20	15	20
Average (unw.)	13	11	14	12	3	2	10	8	12	14	15	14	14	14
Denmark	7	6	16	19	3	3	9	9	13	22	14	14	14	18
Spain	.	.	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.	.	.

^{a)} Austria and Germany: 'Because of alcohol use', not 'your own alcohol use'.

Question 21a–j

Table 27c. Experienced sexual and delinquency problems related to personal alcohol use during the last 12 months, by gender. 2007. Percentages.

Country	Sexual problems						Delinquency problems							
	Regretted engagement in sexual intercourse		Engaged in unprotected sexual intercourse		Average		Physical fight		Victimised by robbery or theft		Trouble with police		Average	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Armenia	7	0	11	0	9	0	24	1	1	1	5	0	10	1
Austria ^{a)}	12	9	11	7	12	8	24	8	3	2	10	6	12	5
Belgium (Flanders)	7	4	6	4	7	4	13	5	2	2	8	3	8	3
Bulgaria	16	6	20	9	18	8	25	9	6	3	14	5	15	6
Croatia	8	4	11	4	10	4	18	5	3	2	12	4	11	4
Cyprus	10	2	15	2	13	2	16	6	5	1	8	1	10	3
Czech Republic	12	15	13	11	13	13	22	9	3	2	9	5	11	5
Estonia	6	3	6	5	6	4	19	5	3	2	16	9	13	5
Faroe Islands	8	11	5	15	7	13	16	6	4	6	10	2	10	5
Finland	4	7	5	8	5	8	..	..	1	2	7	8	..	..
France	8	6	8	7	8	7	17	8	3	2	8	3	9	4
Germany (7 Bundesl.) ^{a)}	8	6	8	6	8	6	18	7	2	2	9	5	10	5
Greece	17	4	16	5	17	5	15	2	3	1	6	1	8	1
Hungary	8	4	9	4	9	4	16	6	4	3	7	2	9	4
Iceland	6	9	7	13	7	11	14	6	7	8	9	7	10	7
Ireland	.	.	.	.	.	.	17	12	4	3	14	13	12	9
Isle of Man	12	14	14	14	13	14	18	13	4	3	16	19	13	12
Italy	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Latvia	10	5	13	7	12	6	24	9	7	3	15	7	15	6
Lithuania	8	2	11	3	10	3	29	9	5	2	12	4	15	5
Malta	6	5	12	9	9	7	18	9	3	1	6	2	9	4
Monaco	4	9	2	6	3	8	12	7	1	3	5	4	6	5
Netherlands	5	4	7	6	6	5	17	10	3	2	12	4	11	5
Norway	7	9	11	12	9	11	18	17	3	4	8	5	10	9
Poland	5	3	8	3	7	3	14	7	3	1	9	5	9	4
Portugal	5	2	3	1	4	2	7	2	2	1	3	1	4	1
Romania	7	2	12	2	10	2	16	4	2	1	10	2	9	2
Russia	8	4	12	4	10	4	28	10	5	2	10	4	14	5
Slovak Republic	6	5	12	7	9	6	24	11	4	3	10	5	13	6
Slovenia	6	4	7	4	7	4	15	4	3	2	8	3	9	3
Sweden	7	8	11	12	9	10	14	9	3	5	8	5	8	6
Switzerland	6	5	5	3	6	4	14	5	2	1	10	4	9	3
Ukraine	7	4	9	3	8	4	30	9	3	2	8	2	14	4
United Kingdom	11	12	11	12	11	12	22	14	4	3	18	13	15	10
Average (unw.)	8	6	10	7	9	6	19	8	3	2	10	5	11	5
Denmark	12	13	18	16	15	15	19	11	10	13	11	5	13	10
Spain	.	.	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.	.	.

^{a)} Austria and Germany: 'Because of alcohol use', not 'your own alcohol use'.

Question 23

Table 28. Perceived availability of cannabis. Percentages responding marijuana or hashish “fairly easy” or “very easy” to obtain. 2007.

	Boys	Girls	All	No response		
				Boys	Girls	All
Armenia	6	3	4	1	1	1
Austria	36	31	34	1	1	1
Belgium (Flanders)	43	36	40	1	0	1
Bulgaria	42	39	41	1	1	1
Croatia	47	46	46	1	1	1
Cyprus	16	10	13	2	2	2
Czech Republic	67	65	66	0	0	0
Estonia	36	32	34	0	0	0
Faroe Islands	23	30	27	1	1	1
Finland	12	11	12	1	1	1
France	46	39	42	1	0	1
Germany (7 Bundesl.)	41	36	38	0	1	1
Greece	23	21	22	0	1	1
Hungary	35	32	33	0	1	1
Iceland	24	23	23	1	0	1
Ireland	45	41	43	1	1	1
Isle of Man	46	44	45	0	0	0
Italy	39	33	36	1	1	1
Latvia	32	26	29	0	0	0
Lithuania	29	27	28	1	1	1
Malta	28	27	27	0	0	0
Monaco	42	40	41	0	1	1
Netherlands	56	42	49	0	0	0
Norway	27	28	28	2	2	2
Poland	36	34	35	0	0	0
Portugal	32	26	29	0	0	0
Romania	14	10	12	1	0	1
Russia	19	13	16	2	1	2
Slovak Republic	55	49	52	1	0	1
Slovenia	51	43	47	0	0	0
Sweden	27	29	28	1	1	1
Switzerland	49	36	43	1	1	1
Ukraine	16	9	13	2	1	1
United Kingdom	53	48	51	1	0	1
Average (unw.)	35	31	33	1	1	1
Denmark	64	55	59	1	1	1
Spain	58	52	55	..	..	..
USA	70	69	69	..	..	..

Question 27a–d

Table 29. Perceived availability of various substances by gender. Percentages responding “fairly easy” or “very easy” to obtain. 2007.

Country	Amphetamines			Ecstasy			Inhalants ^{a)}			Tranquillisers or sedatives		
	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All
Armenia	1	1	1	2	1	1	29	21	24	2	1	1
Austria	23	21	22	21	20	21	72	67	70	13	14	13
Belgium (Flanders)	22	21	21	22	21	22	42	36	39	21	23	22
Bulgaria	21	25	23	24	24	24	34	33	33	17	19	18
Croatia	23	27	25	26	30	28	48	51	50	25	36	30
Cyprus	7	5	6	9	7	8	32	30	31	29	30	30
Czech Republic	9	10	10	21	24	23	33	25	29	20	29	25
Estonia	16	17	16	23	28	26	48	45	47	17	27	22
Faroe Islands	7	10	8	14	18	16	63	62	62	24	24	24
Finland	2	3	3	4	5	5	63	54	58	15	24	20
France	13	12	12	12	10	11	38	40	39	31	41	36
Germany (7 Bundesl.)	20	20	20	18	16	17	75	70	72	10	13	12
Greece	12	9	10	14	12	13	42	39	40	34	37	35
Hungary	17	20	19	22	25	24	50	52	51	40	52	46
Iceland	24	26	25	13	14	13	40	35	38	15	17	16
Ireland	22	27	25	27	34	31	73	72	72	13	18	16
Isle of Man	19	25	22	25	24	24	67	71	69	17	18	18
Italy	13	11	12	15	13	14	16	15	15	25	37	31
Latvia	19	21	20	28	31	30	50	57	54	18	19	18
Lithuania	14	16	15	18	15	16	33	39	36	27	44	36
Malta	18	18	18	21	21	21	45	46	46	24	29	26
Monaco	10	14	12	15	11	13	36	34	35	32	43	37
Netherlands	20	14	17	22	17	20	47	38	43	29	32	30
Norway	14	14	14	14	14	14	43	40	41	18	22	20
Poland	19	18	18	21	19	20	44	45	45	40	57	49
Portugal	15	15	15	17	16	16	26	21	23	20	29	25
Romania	8	5	6	9	8	8	38	36	37	12	16	14
Russia	4	5	5	8	7	7	37	33	35	6	7	6
Slovak Republic	12	12	12	25	26	25	38	29	33	15	19	17
Slovenia	21	21	21	28	30	29	55	58	57	26	36	31
Sweden	13	12	13	16	16	16	54	50	52	32	39	36
Switzerland	11	10	11	11	8	10	36	29	32	25	32	29
Ukraine	5	3	4	7	5	6	28	28	28	9	12	10
United Kingdom	21	23	22	26	28	27	64	67	66	14	16	15
Average (unw.)	15	15	15	18	18	18	45	43	44	21	27	24
Denmark	34	27	30	37	29	33	49	40	44	29	33	31
Spain	21	17	19	21	17	20	.	.	.	39	41	40
USA	31	36	33	27	29	28	.	.	.	23 ^{b)}	27 ^{b)}	25 ^{b)}

a) “Glue and other national examples”.

b) USA: Data for tranquillisers only.

Question 24a, 28a, 30b, 30c, 30d, 30e, 30g

Table 30a. Frequency of lifetime use of any illicit drug ^{a)}. All students. 2007. Percentages.

Country	Number of occasions							No response
	0	1–2	3–5	6–9	10–19	20–39	40+	
Armenia	96	2	1	0	0	0	0	0
Austria	78	8	4	3	3	1	3	0
Belgium (Flanders)	75	8	4	3	3	3	5	0
Bulgaria	76	8	4	3	3	2	4	0
Croatia	81	8	3	2	2	1	2	0
Cyprus	93	2	1	1	1	1	2	0
Czech Republic	54	15	8	6	6	4	8	0
Estonia	72	11	5	3	3	2	3	0
Faroe Islands	94	4	1	1	0	0	0	0
Finland	92	4	2	1	1	0	1	0
France	67	10	6	3	4	3	7	0
Germany (7 Bundesl.)	77	9	5	3	2	2	3	0
Greece	91	4	1	1	1	1	1	0
Hungary	85	5	3	2	2	2	2	0
Iceland	90	4	2	1	1	1	2	0
Ireland	78	7	4	3	2	2	5	0
Isle of Man	65	9	6	5	4	3	9	0
Italy	75	7	4	3	3	3	6	0
Latvia	78	9	4	3	2	1	3	0
Lithuania	80	9	4	3	1	1	1	0
Malta	85	5	3	2	2	1	2	0
Monaco	71	10	6	3	2	2	6	0
Netherlands	71	7	5	3	4	2	8	0
Norway	94	2	1	1	1	1	1	0
Poland	82	7	4	2	2	1	2	0
Portugal	86	5	3	2	1	1	2	0
Romania	95	3	1	1	0	0	0	0
Russia	80	9	4	2	2	1	2	0
Slovak Republic	67	11	6	5	4	3	4	0
Slovenia	76	8	4	3	2	2	4	0
Sweden	92	3	1	1	1	1	1	0
Switzerland	66	12	5	4	4	3	6	0
Ukraine	85	7	3	2	1	1	1	0
United Kingdom	71	9	5	4	4	3	4	0
Average (unw.)	80	7	4	3	2	2	3	0
Denmark	72	10	5	3	3	2	5	0
Spain	62				38			..
USA	.	.	.	.	.	.	.	.

^{a)} "Any illicit drug" include cannabis, ecstasy, amphetamines, LSD or other hallucinogens, crack, cocaine and heroin.

Question 24a, 28a, 30b, 30c, 30d, 30e, 30g

Table 30b. Frequency of lifetime use of any illicit drug ^{a)} by gender. 2007. Percentages.

Country	Number of occasions														No response	
	0		1–2		3–5		6–9		10–19		20–39		40+		Boys	Girls
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls		
Armenia	92	99	4	0	1	0	1	0	1	0	0	0	1	0	0	0
Austria	77	81	7	9	4	4	4	2	3	2	2	1	4	2	0	0
Belgium (Flanders)	71	79	9	7	5	4	3	2	4	2	3	2	6	4	0	0
Bulgaria	71	81	9	6	5	3	4	3	3	3	2	2	5	2	0	0
Croatia	79	83	9	7	4	3	2	2	2	2	1	1	3	1	0	0
Cyprus	90	96	3	1	1	1	1	0	1	0	1	0	4	1	0	0
Czech Republic	52	57	14	15	8	8	6	6	6	6	4	3	11	5	0	0
Estonia	65	79	15	8	6	5	4	3	4	2	2	2	5	1	0	0
Faroe Islands	93	94	4	4	2	0	1	0	0	1	0	0	0	1	0	0
Finland	91	92	4	4	2	1	1	1	1	0	1	0	1	1	0	0
France	63	71	11	8	6	6	3	4	5	4	4	2	9	5	0	0
Germany (7 Bundesl.)	73	80	9	8	6	5	3	2	3	2	2	1	4	2	0	0
Greece	86	96	6	2	2	1	1	0	1	0	1	0	2	0	0	0
Hungary	82	87	5	5	3	3	2	2	2	1	2	1	2	1	0	0
Iceland	89	91	4	3	2	1	1	1	1	1	1	1	3	1	0	0
Ireland	75	79	7	6	4	4	3	3	2	2	2	2	6	3	0	0
Isle of Man	64	66	8	9	6	6	4	6	3	4	3	3	12	5	0	0
Italy	71	77	7	7	4	4	4	3	3	3	3	2	8	4	0	0
Latvia	73	83	9	9	6	3	4	2	3	1	1	1	4	1	0	0
Lithuania	74	86	11	7	5	3	4	2	2	1	2	1	2	1	0	0
Malta	82	87	6	4	3	2	3	2	2	2	1	1	2	2	0	0
Monaco	75	67	10	10	4	8	1	4	1	3	3	1	4	7	0	0
Netherlands	69	73	7	7	5	5	3	3	4	4	2	2	10	5	0	0
Norway	93	95	2	2	1	1	1	0	1	1	1	0	1	1	0	0
Poland	76	87	7	6	4	3	3	1	3	1	2	1	3	1	0	0
Portugal	82	90	5	4	4	2	2	1	2	1	2	1	3	1	0	0
Romania	93	96	4	2	1	1	1	1	1	0	0	0	1	0	0	0
Russia	74	86	12	7	5	3	3	2	2	1	1	1	3	0	0	0
Slovak Republic	62	71	13	10	6	6	6	4	5	4	3	2	6	3	0	0
Slovenia	74	79	9	7	5	4	3	3	2	2	2	2	5	3	0	0
Sweden	90	93	3	3	2	1	1	1	1	1	1	0	2	1	0	0
Switzerland	60	72	12	11	6	5	4	3	4	3	5	2	8	4	0	0
Ukraine	80	91	10	4	4	2	2	1	1	1	1	0	2	0	0	0
United Kingdom	69	72	9	9	5	6	4	4	3	4	4	2	6	3	0	0
Average (unw.)	77	83	8	6	4	3	3	2	2	2	2	1	4	2	0	0
Denmark	67	76	11	8	6	4	4	3	3	3	1	3	7	3	0	0
Spain	61	64						39	36						..	..
USA	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

^{a)} "Any illicit drug" include cannabis, ecstasy, amphetamines, LSD or other hallucinogens, crack, cocaine and heroin.

Question 24a

Table 31a. Frequency of lifetime use of marijuana or hashish. All students. 2007. Percentages.

Country	Number of occasions							No response
	0	1–2	3–5	6–9	10–19	20–39	40+	
Armenia	97	2	0	0	0	0	0	0
Austria	83	7	3	2	2	1	2	0
Belgium (Flanders)	76	9	4	2	3	2	4	1
Bulgaria	78	9	4	2	3	2	3	1
Croatia	82	8	3	2	2	1	2	1
Cyprus	95	2	1	0	0	0	1	1
Czech Republic	55	15	8	5	6	4	7	1
Estonia	74	13	5	3	2	1	2	0
Faroe Islands	94	5	0	0	0	0	0	1
Finland	92	4	1	1	0	0	1	0
France	69	11	5	3	4	3	6	0
Germany (7 Bundesl.)	80	8	4	2	2	1	2	1
Greece	94	3	1	0	0	0	1	0
Hungary	87	6	3	1	1	1	1	1
Iceland	91	4	2	1	1	1	1	1
Ireland	80	7	3	2	2	2	4	1
Isle of Man	66	11	6	5	3	3	7	0
Italy	77	7	4	3	3	3	5	1
Latvia	82	10	3	2	1	1	1	0
Lithuania	82	10	4	2	1	1	1	0
Malta	87	5	2	2	1	1	1	0
Monaco	72	13	4	2	2	2	6	1
Netherlands	72	7	5	3	4	2	7	0
Norway	94	3	1	1	1	0	1	1
Poland	84	8	3	2	2	1	2	0
Portugal	87	6	2	1	1	1	2	1
Romania	96	3	0	0	0	0	0	0
Russia	81	10	3	2	1	1	1	1
Slovak Republic	68	12	6	4	4	2	4	1
Slovenia	78	9	4	3	2	2	3	0
Sweden	93	4	1	1	1	0	1	0
Switzerland	67	12	5	3	4	3	6	1
Ukraine	86	8	3	1	1	0	1	1
United Kingdom	71	10	5	3	3	2	4	1
Average (unw.)	81	8	3	2	2	1	3	1
Denmark	75	10	4	3	3	1	4	1
Spain	64	9	6	3	4	4	10	..
USA	69	9	5	3	3	3	8	..

Question 24a

Table 31b. Frequency of lifetime use of marijuana or hashish by gender. 2007. Percentages.

Country	Number of occasions														No response	
	0		1-2		3-5		6-9		10-19		20-39		40+		Boys	Girls
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls		
Armenia	93	100	5	0	1	0	1	0	0	0	0	0	0	0	0	0
Austria	81	85	7	8	3	2	2	2	2	2	1	1	3	1	0	0
Belgium (Flanders)	72	81	10	7	4	3	2	2	3	2	3	2	5	3	1	0
Bulgaria	73	82	11	7	5	3	2	2	3	2	2	1	4	2	1	1
Croatia	79	84	9	8	4	3	2	2	2	2	1	1	3	1	1	1
Cyprus	92	97	4	1	1	0	1	0	1	0	1	0	1	0	1	0
Czech Republic	52	58	15	16	8	8	5	5	6	6	4	3	10	5	1	1
Estonia	67	81	16	9	6	4	3	2	3	1	2	1	4	1	1	0
Faroe Islands	94	94	5	5	1	0	1	0	0	1	0	0	0	1	1	0
Finland	92	93	4	5	2	1	1	1	1	0	0	0	1	0	0	0
France	65	72	13	10	4	5	3	3	5	3	3	2	8	4	1	0
Germany (7 Bundesl.)	76	83	10	7	5	4	2	2	2	1	2	1	3	1	0	1
Greece	90	97	5	2	1	1	1	0	1	0	0	0	1	0	0	0
Hungary	84	89	6	6	4	2	2	1	2	1	1	1	2	1	0	1
Iceland	90	92	4	3	2	1	1	1	1	1	0	1	2	1	1	0
Ireland	77	83	9	6	3	3	2	2	2	2	2	1	5	3	1	1
Isle of Man	65	66	10	11	4	7	4	6	4	3	3	2	9	5	0	0
Italy	74	79	7	7	3	4	3	3	3	3	3	2	7	3	2	1
Latvia	76	87	12	8	4	2	3	1	2	1	1	0	2	1	0	0
Lithuania	76	87	12	8	5	2	3	1	2	0	1	0	2	0	1	0
Malta	85	89	6	4	3	2	2	1	2	1	1	1	1	2	0	0
Monaco	76	69	12	14	4	5	0	4	2	2	2	1	4	7	0	1
Netherlands	69	74	8	7	5	5	3	3	4	4	3	2	9	4	0	0
Norway	93	95	3	3	1	1	1	0	1	0	1	0	1	0	1	1
Poland	78	89	9	6	5	2	3	1	2	1	1	0	2	1	0	0
Portugal	83	91	7	5	3	1	1	1	2	1	1	1	3	1	1	1
Romania	95	98	4	2	0	0	1	0	0	0	0	0	0	0	1	0
Russia	75	88	12	7	5	2	3	1	2	1	1	1	2	0	1	1
Slovak Republic	63	72	13	11	6	6	5	4	4	3	3	2	5	2	1	1
Slovenia	76	80	10	8	4	4	2	3	2	2	2	1	4	2	0	0
Sweden	91	94	4	4	1	1	1	0	1	0	0	0	1	0	0	0
Switzerland	61	73	12	12	5	4	4	3	4	3	5	1	8	4	1	1
Ukraine	81	92	11	5	4	2	2	1	1	1	1	0	1	0	1	1
United Kingdom	70	72	10	11	5	5	3	4	3	4	3	2	6	3	1	0
Average (unw.)	78	84	9	7	4	3	2	2	2	2	2	1	4	2	1	0
Denmark	68	80	13	8	5	4	3	3	3	2	1	1	7	2	1	1
Spain	63	65	9	8	5	7	3	4	4	4	4	4	12	9	..	..
USA	67	72	9	9	5	4	3	3	3	4	3	3	10	6	..	..

Question 24b-c

Table 32a. Frequency of use of marijuana or hashish during the last 12 months and last 30 days. All students. 2007. Percentages.

Country	Number of occasions										No response	
	Last 12 months					Last 30 days					Last 12 months	Last 30 days
	0	1-2	3-5	6-9	10+	0	1-2	3-5	6+			
Armenia	98	1	0	0	0	99	1	0	0	0	0	0
Austria	87	6	3	1	3	94	3	1	2	1	1	1
Belgium (Flanders)	81	7	3	2	7	88	7	2	4	1	1	1
Bulgaria	83	8	3	2	4	93	3	1	3	1	1	1
Croatia	87	6	2	2	3	94	3	1	2	1	1	1
Cyprus	96	2	1	1	1	97	1	1	2	1	1	1
Czech Republic	65	13	7	5	10	82	9	4	6	2	2	2
Estonia	81	10	3	2	3	94	4	1	1	1	1	1
Faroe Islands	96	3	0	1	0	99	1	0	0	1	1	1
Finland	94	4	1	0	1	98	1	0	0	0	0	0
France	76	9	4	3	8	85	6	3	6	1	1	1
Germany (7 Bundesl.)	85	7	3	2	3	93	4	1	2	1	1	1
Greece	95	3	1	0	1	97	2	0	1	0	0	0
Hungary	90	5	2	1	2	95	3	1	1	1	1	1
Iceland	94	3	1	1	2	97	2	0	1	1	1	1
Ireland	85	6	2	1	5	91	4	1	4	2	2	2
Isle of Man	74	9	5	3	10	84	6	3	7	1	1	1
Italy	81	6	3	2	7	87	5	2	6	1	1	1
Latvia	89	7	2	1	2	96	2	1	1	1	1	1
Lithuania	88	8	2	1	1	95	3	1	1	1	1	1
Malta	89	5	2	1	2	95	3	1	1	0	0	0
Monaco	79	8	4	2	6	90	4	1	5	1	1	1
Netherlands	75	9	5	2	9	85	7	2	6	1	1	1
Norway	96	2	1	1	1	98	1	0	1	1	1	1
Poland	88	7	2	2	2	94	4	1	1	0	0	0
Portugal	90	4	2	1	2	94	4	1	2	1	1	1
Romania	98	2	0	0	0	99	0	0	0	1	1	1
Russia	88	7	2	1	2	96	2	1	1	2	2	2
Slovak Republic	76	11	4	4	6	89	6	2	3	2	2	2
Slovenia	82	7	3	2	5	91	5	2	3	0	0	0
Sweden	95	3	1	1	1	98	1	0	0	1	1	1
Switzerland	73	10	5	3	9	85	7	2	6	1	1	1
Ukraine	93	5	1	1	1	97	1	0	1	2	2	2
United Kingdom	78	9	5	3	5	89	5	2	4	1	1	1
Average (unw.)	86	6	3	2	4	93	4	1	2	1	1	1
Denmark	79	9	5	3	4	90	6	2	2	2	2	2
Spain	70	9	6	3	13	80	7	5	8	..	..	..
USA	75	8	4	3	10	86	6	3	6	..	..	..

Question 24b-c

Table 32b. Frequency of use of marijuana or hashish during the last 12 months and last 30 days by gender. 2007. Percentages.

Country	Number of occasions																		
	Last 12 months										Last 30 days								
	0		1-2		3-5		6-9		10+		0		1-2		3-5		6+		
Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls		
Armenia	96	100	3	0	1	0	0	0	0	0	0	98	100	1	0	0	0	0	0
Austria	86	88	6	7	3	2	1	2	4	2	2	92	96	4	3	2	1	3	1
Belgium (Flanders)	77	85	9	5	4	2	2	2	8	5	5	85	90	8	5	3	2	5	3
Bulgaria	79	86	9	7	4	2	2	1	6	3	3	90	95	4	3	2	1	4	1
Croatia	85	88	6	6	3	2	1	2	4	2	2	93	95	4	3	1	1	3	1
Cyprus	93	98	3	1	1	0	1	0	2	1	1	94	99	2	1	1	0	3	1
Czech Republic	62	68	13	13	6	7	5	4	14	8	8	79	84	9	8	4	3	8	4
Estonia	76	87	13	8	4	3	3	1	5	1	1	91	96	5	3	2	0	2	1
Faroe Islands	97	96	3	3	0	0	0	1	0	1	1	100	98	0	2	0	0	0	0
Finland	94	94	4	4	1	1	0	0	1	1	1	97	98	1	1	0	0	1	0
France	72	79	10	9	4	4	3	3	11	5	5	82	88	6	6	4	2	8	4
Germany (7 Bundesl.)	82	88	8	7	3	3	3	1	5	1	1	90	96	5	3	2	0	3	1
Greece	92	97	4	2	1	1	0	0	2	0	0	95	99	3	1	1	0	2	0
Hungary	88	92	6	4	2	2	1	1	3	1	1	94	96	3	3	1	1	2	1
Iceland	93	94	3	3	1	1	1	1	2	1	1	97	98	2	1	0	0	1	0
Ireland	83	86	7	6	2	3	2	1	7	4	4	89	93	5	4	2	1	5	3
Isle of Man	72	75	8	10	4	5	2	3	13	7	7	81	88	5	6	4	2	10	4
Italy	78	83	7	6	3	4	3	2	10	5	5	84	90	5	5	3	2	8	4
Latvia	85	92	8	5	2	1	1	1	3	1	1	95	97	3	2	1	1	2	0
Lithuania	85	92	10	6	2	2	2	0	1	1	1	94	96	3	3	1	0	2	0
Malta	88	91	7	3	2	2	1	1	2	3	3	94	95	4	2	1	1	1	1
Monaco	84	75	6	11	3	5	2	2	6	7	7	91	88	4	5	1	2	4	5
Netherlands	73	78	9	8	5	5	2	2	11	7	7	82	89	7	6	3	2	8	4
Norway	95	97	2	2	1	1	1	1	1	1	1	97	98	1	1	1	0	1	0
Poland	84	92	8	5	3	1	2	1	3	1	1	91	97	5	2	2	0	2	1
Portugal	86	94	6	3	3	1	1	1	4	1	1	92	96	4	3	1	0	3	1
Romania	97	99	2	1	0	0	0	0	0	0	0	99	100	1	0	0	0	0	0
Russia	84	93	9	5	4	1	1	1	3	1	1	94	98	3	1	1	0	1	0
Slovak Republic	73	79	12	10	5	4	4	4	7	4	4	87	90	6	6	2	2	5	2
Slovenia	82	83	7	8	3	3	3	2	6	4	4	91	90	4	6	2	1	3	3
Sweden	94	96	3	3	1	1	1	0	1	0	0	97	99	2	1	0	0	1	0
Switzerland	68	78	11	10	5	5	4	2	12	6	6	81	88	7	6	3	2	8	4
Ukraine	90	95	6	3	2	1	1	0	1	0	0	96	99	2	1	1	0	1	0
United Kingdom	76	79	9	10	5	5	3	3	8	4	4	87	90	5	5	3	2	6	2
Average (unw.)	84	88	7	6	3	2	2	1	5	3	3	91	94	4	3	2	1	3	2
Denmark	73	85	11	7	7	4	3	2	6	3	3	88	92	7	6	3	1	3	2
Spain	69	71	9	8	5	6	3	4	14	11	11	79	81	6	8	5	5	10	6
USA	73	78	8	8	4	4	3	3	12	7	7	84	88	6	6	3	2	8	4

Question 24a–c, 25, 26

Table 33. Frequency of opportunities to try marijuana or hashish among students reporting no lifetime prevalence of cannabis, by gender. 2007. Percentages.

Country	Number of opportunities									No response		
	0			1–2			3+			Boys	Girls	All
	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All			
Armenia	78	98	90	15	1	7	6	1	3	2	1	1
Austria	74	77	76	15	14	14	11	9	10	1	1	1
Belgium (Flanders)	62	67	65	26	21	23	12	12	12	0	0	0
Bulgaria	68	70	69	17	16	17	15	14	14	6	4	5
Croatia	62	65	63	20	20	20	19	15	17	3	2	2
Cyprus	93	96	95	4	3	4	3	1	2	2	1	1
Czech Republic	45	43	44	25	31	28	30	26	28	1	1	1
Estonia	67	60	63	21	24	23	12	16	14	0	0	0
Faroe Islands	79	74	77	14	15	15	7	11	9	0	1	1
Finland	85	83	84	12	13	13	3	4	4	0	0	0
France	48	52	50	33	30	32	19	18	18	7	7	7
Germany (7 Bundesl.)	70	74	72	17	17	17	13	9	11	0	0	0
Greece	84	86	85	11	10	11	5	4	4	3	2	2
Hungary	67	68	67	22	21	21	11	12	11	15	9	12
Iceland	79	75	77	14	16	15	7	9	8	1	0	1
Ireland	66	71	69	21	17	19	14	12	13	6	5	5
Isle of Man	71	69	70	15	17	16	14	14	14	1	2	2
Italy	75	76	76	13	13	13	13	11	12	4	2	3
Latvia	70	73	71	19	16	17	11	11	11	1	0	1
Lithuania	76	75	75	16	17	16	8	9	8	2	3	3
Malta	75	76	76	16	14	15	9	9	9	1	1	1
Monaco	48	56	52	34	33	34	18	11	15	3	4	4
Netherlands	62	66	64	19	20	20	19	14	16	2	2	2
Norway	82	78	80	13	16	14	5	6	6	4	2	3
Poland	73	70	71	16	18	17	11	11	11	1	1	1
Portugal	72	74	73	13	14	14	15	12	13	1	0	1
Romania	82	88	85	12	8	10	5	4	5	1	1	1
Russia	64	75	70	24	17	20	12	7	10	2	0	1
Slovak Republic	66	65	66	15	19	17	19	15	17	0	1	0
Slovenia	58	63	60	21	21	21	21	17	19	1	1	1
Sweden	81	81	81	12	13	13	6	5	6	1	1	1
Switzerland	61	64	63	19	18	19	20	17	18	1	2	2
Ukraine	71	80	76	18	14	16	10	7	8	1	0	1
United Kingdom	60	62	61	23	22	23	17	16	16	1	0	0
Average (unw.)	70	72	71	18	17	17	12	11	12	2	2	2
Denmark	48	52	51	32	31	32	20	16	18	4	3	3
Spain	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.

Question 28a, 30b, 30c, 30d, 30e, 30g

Table 34a. Frequency of lifetime use of any illicit drugs other than marijuana or hashish ^{a)}. All students. 2007. Percentages.

Country	Number of occasions							No response ^{b)}
	0	1–2	3–5	6–9	10–19	20–39	40+	
Armenia	98	1	0	0	0	0	0	0
Austria	89	4	2	2	1	1	1	0
Belgium (Flanders)	91	3	2	1	1	1	1	0
Bulgaria	91	3	2	1	1	1	1	0
Croatia	96	1	1	0	1	0	1	0
Cyprus	95	1	1	0	0	1	2	0
Czech Republic	91	4	2	1	1	0	1	0
Estonia	91	4	2	2	1	1	1	0
Faroe Islands	99	1	0	0	0	0	0	0
Finland	97	1	1	0	0	0	0	0
France	89	4	2	2	1	1	1	0
Germany (7 Bundesl.)	92	4	2	1	1	1	1	0
Greece	95	2	1	0	0	0	1	0
Hungary	93	3	2	1	1	1	1	0
Iceland	95	2	1	1	1	0	1	0
Ireland	90	4	2	1	1	0	1	0
Isle of Man	84	5	3	3	2	1	3	0
Italy	91	3	1	1	1	1	2	0
Latvia	89	5	2	1	1	1	1	0
Lithuania	93	3	1	1	1	1	1	0
Malta	91	3	2	1	1	1	1	0
Monaco	90	4	2	1	1	0	2	0
Netherlands	93	2	2	1	1	1	1	0
Norway	97	1	0	0	0	0	0	0
Poland	93	2	2	1	1	0	1	0
Portugal	94	2	1	1	1	0	0	0
Romania	97	1	1	1	0	0	0	0
Russia	95	2	1	0	1	0	0	0
Slovak Republic	91	4	2	1	1	0	1	0
Slovenia	92	3	1	1	1	0	1	0
Sweden	96	2	1	0	0	0	1	0
Switzerland	93	3	1	1	1	0	0	0
Ukraine	96	2	0	0	0	0	0	0
United Kingdom	91	3	3	1	1	1	0	0
Average (unw.)	93	3	1	1	1	0	1	0
Denmark	90	4	2	1	1	1	1	0
Spain	91				9			
USA	.	.	.	.	.	.	.	.

^{a)} Any illicit drug but cannabis includes ecstasy, amphetamines, LSD or other hallucinogens, crack, cocaine and heroin.

^{b)} The low non response rates (all below 0.5%) is due to the fact that this index only classifies non-responders as those who left all items unresponded.

Question 28a, 30b, 30c, 30d, 30e, 30g

Table 34b. Frequency of lifetime use of any illicit drugs other than marijuana or hashish^{a)} by gender. 2007. Percentages.

Country	Number of occasions														No response ^{b)}	
	0		1–2		3–5		6–9		10–19		20–39		40+			
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Armenia	97	100	1	0	0	0	0	0	0	0	0	0	1	0	0	0
Austria	88	91	4	4	2	2	2	1	1	1	1	1	2	0	0	0
Belgium (Flanders)	90	92	4	2	2	2	2	1	1	1	1	0	1	1	0	0
Bulgaria	89	93	2	3	3	1	1	0	1	1	2	1	2	1	0	0
Croatia	96	97	1	1	1	1	0	0	1	0	0	0	1	0	0	0
Cyprus	93	98	1	1	1	0	1	0	0	0	1	0	3	0	0	0
Czech Republic	90	91	4	4	2	2	1	1	1	1	1	0	1	1	0	0
Estonia	90	91	4	4	2	2	2	1	1	1	1	0	1	0	0	0
Faroe Islands	99	98	1	1	0	0	0	0	0	0	0	0	0	0	0	0
Finland	97	97	1	1	1	1	0	0	0	0	0	0	1	0	0	0
France	88	91	4	3	2	2	2	1	1	1	1	1	2	1	0	0
Germany (7 Bundesl.)	91	92	4	3	2	2	1	1	1	1	1	1	1	0	0	0
Greece	93	98	3	1	1	1	1	0	1	0	0	0	1	0	0	0
Hungary	92	93	3	2	2	2	1	1	1	0	1	1	1	1	0	0
Iceland	94	95	2	2	1	1	1	1	1	1	0	0	2	1	0	0
Ireland	91	90	4	5	2	2	1	2	1	1	1	0	2	1	0	0
Isle of Man	82	85	5	5	3	3	3	4	2	2	1	1	5	1	0	0
Italy	89	93	3	2	2	1	1	1	1	1	1	1	2	1	0	0
Latvia	86	91	6	5	3	2	1	1	1	1	1	1	2	1	0	0
Lithuania	92	95	3	2	2	1	1	1	1	1	1	0	1	0	0	0
Malta	89	93	4	2	2	2	2	1	1	1	0	1	1	1	0	0
Monaco	91	89	2	6	3	2	0	2	1	1	0	0	1	2	0	0
Netherlands	92	94	2	2	2	1	1	0	1	1	1	1	1	1	0	0
Norway	97	97	1	1	0	0	0	1	0	0	1	0	0	0	0	0
Poland	91	95	2	2	2	1	2	1	1	0	1	0	1	1	0	0
Portugal	93	96	3	2	2	1	1	1	1	0	0	0	1	0	0	0
Romania	97	97	1	2	1	0	1	0	0	0	0	0	0	0	0	0
Russia	93	96	3	2	1	1	0	1	1	0	0	0	1	0	0	0
Slovak Republic	90	92	4	4	2	2	1	1	1	1	1	0	1	0	0	0
Slovenia	93	92	3	4	1	2	1	1	1	1	1	0	1	1	0	0
Sweden	95	97	2	1	1	1	0	1	1	0	0	0	1	0	0	0
Switzerland	92	94	4	3	2	1	1	1	1	0	1	0	1	0	0	0
Ukraine	95	97	2	2	1	0	1	0	1	0	1	0	1	0	0	0
United Kingdom	91	91	3	3	3	2	1	1	1	1	1	0	0	1	0	0
Average (unw.)	92	94	3	3	2	1	1	1	1	1	1	0	1	1	0	0
Denmark	89	91	5	2	2	1	0	2	1	0	1	2	1	1	0	0
Spain	90	92							10	8					..	..
USA	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

^{a)} Any illicit drug but cannabis includes ecstasy, amphetamines, LSD or other hallucinogens, crack, cocaine and heroin.

^{b)} The low non-response rates (all below 0.5%) is due to the fact that this index only classifies non-responders as those who left all items unresponded.

Question 28a

Table 35a. Frequency of lifetime use of ecstasy. All students. 2007. Percentages.

Country	Number of occasions							No response
	0	1–2	3–5	6–9	10–19	20–39	40+	
Armenia	99	0	0	0	0	0	0	0
Austria	97	1	0	1	0	0	0	0
Belgium (Flanders)	95	3	1	0	0	0	0	0
Bulgaria	94	3	1	1	0	0	0	0
Croatia	98	1	0	0	0	0	0	0
Cyprus	97	1	1	0	0	0	0	0
Czech Republic	95	3	1	0	0	0	0	0
Estonia	94	3	1	1	1	0	0	0
Faroe Islands	99	0	0	0	0	0	0	0
Finland	98	1	0	0	0	0	0	0
France	96	2	0	0	0	0	0	1
Germany (7 Bundesl.)	97	2	0	0	0	0	0	0
Greece	98	1	0	0	0	0	0	0
Hungary	95	2	1	0	1	0	0	0
Iceland	98	1	0	0	0	0	0	0
Ireland	96	2	0	0	0	0	0	1
Isle of Man	93	4	1	1	1	1	0	0
Italy	97	2	0	0	0	0	0	1
Latvia	93	4	1	1	0	0	0	0
Lithuania	97	2	1	0	0	0	0	0
Malta	96	2	1	0	0	0	0	0
Monaco	96	3	1	0	0	0	0	1
Netherlands	96	2	1	0	1	0	0	0
Norway	99	1	0	0	0	0	0	2
Poland	96	2	1	0	0	0	0	0
Portugal	98	1	0	0	0	0	0	0
Romania	99	1	0	0	0	0	0	0
Russia	97	2	0	0	0	0	0	0
Slovak Republic	94	4	1	0	0	0	0	0
Slovenia	97	2	0	0	0	0	0	0
Sweden	98	1	0	0	0	0	0	0
Switzerland	98	1	0	0	0	0	0	0
Ukraine	97	2	0	0	0	0	0	0
United Kingdom	96	2	1	0	0	0	0	0
Average (unw.)	97	2	0	0	0	0	0	0
Denmark	95	2	1	1	1	1	0	0
Spain	97	2	0	0	0	0	0	..
USA	95	3	1	1	0	0	0	..

Question 28a

Table 35b. Frequency of lifetime use of ecstasy by gender. 2007. Percentages.

Country	Number of occasions														No response	
	0		1-2		3-5		6-9		10-19		20-39		40+		Boys	Girls
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls				
Armenia	98	100	1	0	0	0	0	0	0	0	0	0	0	0	0	
Austria	97	97	1	1	0	1	1	0	0	0	0	0	0	0	0	
Belgium (Flanders)	94	95	3	3	1	1	0	0	0	0	0	0	1	0	0	
Bulgaria	92	96	4	2	1	0	1	0	0	1	0	0	1	0	0	
Croatia	98	99	2	1	0	0	0	0	0	0	0	0	0	0	0	
Cyprus	96	99	1	1	1	0	1	0	0	0	0	0	1	0	0	
Czech Republic	95	96	3	3	1	1	0	0	0	0	0	0	0	0	0	
Estonia	94	95	4	3	1	1	1	1	0	1	0	0	1	0	0	
Faroe Islands	100	99	0	1	0	0	0	0	0	0	0	0	0	0	0	
Finland	98	99	1	1	0	0	0	0	0	0	0	0	0	0	0	
France	96	96	3	2	1	0	0	0	0	0	0	0	0	0	1	
Germany (7 Bundesl.)	97	97	2	2	0	0	0	0	0	0	0	0	0	0	1	
Greece	97	99	2	1	0	0	0	0	0	0	0	0	0	0	0	
Hungary	95	96	3	2	1	0	0	0	1	1	0	0	0	0	0	
Iceland	98	98	1	1	0	0	0	0	0	0	0	0	0	0	1	
Ireland	97	96	2	3	0	0	0	0	0	0	0	0	1	0	0	
Isle of Man	92	93	4	4	1	1	1	1	1	0	1	0	1	0	0	
Italy	96	97	2	2	1	0	0	0	0	0	0	0	0	0	2	
Latvia	93	94	3	4	1	1	1	1	1	0	0	0	0	0	0	
Lithuania	95	98	3	1	1	1	0	0	0	0	0	0	0	0	0	
Malta	96	97	2	2	1	1	1	0	0	0	0	0	0	0	0	
Monaco	96	97	3	2	1	0	0	0	0	1	0	0	0	1	0	
Netherlands	95	96	3	1	1	1	0	0	0	1	1	0	0	0	0	
Norway	99	99	1	1	0	0	0	0	0	0	0	0	0	0	3	
Poland	95	98	3	1	1	1	0	0	0	0	0	0	1	0	0	
Portugal	97	99	2	1	0	0	0	0	0	0	0	0	0	0	1	
Romania	98	99	1	1	0	0	0	0	0	0	0	0	0	0	0	
Russia	96	97	2	2	0	0	0	0	0	0	0	0	0	0	1	
Slovak Republic	93	96	4	3	1	1	0	0	0	0	0	0	0	0	0	
Slovenia	97	97	2	2	0	0	0	1	0	0	0	0	0	0	0	
Sweden	97	99	2	1	0	0	0	0	0	0	0	0	0	0	0	
Switzerland	97	98	2	1	0	0	0	0	0	0	0	0	0	0	0	
Ukraine	96	99	2	1	1	0	0	0	0	0	0	0	0	0	0	
United Kingdom	95	97	2	2	1	1	0	0	0	0	0	0	0	0	0	
Average (unw.)	96	97	2	2	1	0	0	0	0	0	0	0	0	0	0	
Denmark	95	95	3	2	1	1	0	1	1	0	0	1	0	0	0	
Spain	96	98	2	1	1	0	0	0	0	0	0	0	1	0	..	
USA	95	95	3	3	1	1	0	0	0	0	0	0	1	0	..	

Question 28b–c

Table 36a. Frequency of ecstasy use during the last 12 months and last 30 days. All students. 2007. Percentages.

Country	Number of occasions										No response	
	Last 12 months					Last 30 days					Last 12 months	Last 30 days
	0	1–2	3–5	6–9	10+	0	1–2	3–5	6+			
Armenia	100	0	0	0	0	100	0	0	0	0	0	0
Austria	98	1	1	0	0	99	0	0	0	0	0	0
Belgium (Flanders)	96	2	1	0	1	99	1	0	0	0	0	0
Bulgaria	96	2	1	0	1	98	1	0	1	1	1	1
Croatia	99	1	0	0	0	99	0	0	0	0	0	0
Cyprus	97	1	0	0	1	98	1	0	1	0	0	0
Czech Republic	97	2	0	0	0	99	1	0	0	0	0	0
Estonia	96	2	0	0	1	99	1	0	0	0	0	0
Faroe Islands	99	0	0	0	0	100	0	0	0	0	0	0
Finland	99	1	0	0	0	99	0	0	0	0	0	0
France	98	1	1	0	0	99	1	0	1	1	1	1
Germany (7 Bundesl.)	98	1	0	0	0	99	1	0	0	0	0	0
Greece	98	1	0	0	0	99	0	0	0	0	0	0
Hungary	97	1	0	0	0	99	1	0	0	0	0	0
Iceland	98	1	0	0	0	99	0	0	0	0	0	0
Ireland	97	2	0	0	1	99	1	0	1	1	1	1
Isle of Man	94	4	2	0	1	96	3	0	1	0	0	0
Italy	98	1	0	0	1	98	1	0	1	1	1	1
Latvia	96	2	1	1	0	98	1	0	1	0	0	0
Lithuania	98	1	0	0	0	99	0	0	0	0	0	0
Malta	97	2	1	0	0	98	1	0	0	0	0	0
Monaco	98	1	1	0	0	100	0	0	0	1	1	1
Netherlands	97	1	1	0	1	98	1	1	0	0	0	0
Norway	99	1	0	0	0	99	0	0	0	2	2	2
Poland	98	1	0	0	0	99	0	0	1	0	0	0
Portugal	99	1	0	0	0	99	0	0	0	0	0	0
Romania	99	0	0	0	0	100	0	0	0	0	0	0
Russia	98	1	0	0	0	99	0	0	0	1	1	1
Slovak Republic	97	3	0	0	0	99	1	0	0	0	0	0
Slovenia	98	1	0	0	0	99	1	0	0	0	0	0
Sweden	98	1	0	0	0	99	0	0	0	0	0	0
Switzerland	98	1	0	0	0	99	0	0	0	0	0	0
Ukraine	98	1	0	0	0	99	0	0	0	0	0	0
United Kingdom	97	2	1	0	0	98	1	1	0	0	0	0
Average (unw.)	98	1	0	0	0	99	1	0	0	0	0	0
Denmark	98	1	0	0	0	100	0	0	0	0	0	0
Spain	98	1	0	0	0	99	1	0	0	..	..	..
USA	97	2	1	0	1	99	1	0	0	..	..	..

Question 28b-c

Table 36b. Frequency of ecstasy use during the last 12 months and last 30 days by gender. 2007. Percentages.

Country	Number of occasions																	
	Last 12 months										Last 30 days							
	0		1-2		3-5		6-9		10+		0		1-2		3-5		6+	
Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
Armenia	99	100	0	0	0	0	0	0	0	99	100	0	0	0	0	0	0	
Austria	98	98	1	1	1	0	0	0	1	0	98	99	1	0	0	0	1	0
Belgium (Flanders)	96	97	2	2	1	1	0	0	1	1	98	99	1	1	0	0	1	0
Bulgaria	95	98	3	1	1	0	0	0	1	0	97	99	1	0	0	0	2	0
Croatia	98	99	1	0	0	0	0	0	0	0	99	100	0	0	0	0	1	0
Cyprus	96	99	1	0	1	0	1	0	1	0	96	99	1	0	1	0	2	0
Czech Republic	97	97	2	2	0	0	0	0	0	0	99	99	1	1	0	0	0	0
Estonia	96	96	2	3	0	0	0	0	1	0	98	99	1	1	1	0	1	0
Faroe Islands	100	99	0	1	0	0	0	0	0	0	100	100	0	0	0	0	0	0
Finland	99	99	1	1	0	0	0	0	0	0	99	100	0	0	0	0	1	0
France	97	98	1	1	1	0	0	0	0	0	99	99	1	1	0	0	1	0
Germany (7 Bundesl.)	98	99	1	1	0	0	0	0	0	0	99	99	1	1	0	0	0	0
Greece	98	99	1	0	0	0	0	0	1	0	98	100	1	0	1	0	1	0
Hungary	97	98	2	1	1	0	0	0	0	0	98	99	1	0	0	0	1	0
Iceland	98	98	1	1	0	0	0	0	0	0	99	100	1	0	0	0	0	0
Ireland	97	97	2	2	0	0	0	0	1	0	99	98	0	1	0	0	1	0
Isle of Man	93	95	4	4	2	1	0	0	1	0	95	97	3	3	1	0	1	0
Italy	97	98	1	1	1	0	0	0	1	0	97	99	1	0	1	0	1	1
Latvia	95	97	2	2	1	1	1	1	1	0	97	99	2	1	1	0	1	0
Lithuania	97	99	2	1	0	0	0	0	1	0	99	99	1	0	0	0	1	0
Malta	97	97	2	2	1	0	0	0	0	1	98	98	1	1	0	0	0	0
Monaco	98	99	2	1	0	1	0	0	0	0	100	100	0	0	0	0	0	0
Netherlands	96	97	2	1	1	1	0	1	1	0	98	98	0	1	1	1	0	0
Norway	99	99	1	1	0	0	0	0	0	0	99	100	0	0	0	0	0	0
Poland	97	99	2	1	1	0	0	0	0	0	98	99	1	0	0	0	1	0
Portugal	98	99	1	0	0	0	0	0	0	0	99	100	1	0	0	0	0	0
Romania	99	100	0	0	0	0	0	0	0	0	99	100	1	0	0	0	0	0
Russia	98	99	1	1	0	0	0	0	1	0	99	100	0	0	0	0	0	0
Slovak Republic	96	98	3	2	0	0	0	0	0	0	99	99	1	1	0	0	0	0
Slovenia	98	98	1	1	1	0	0	1	1	0	99	99	1	1	0	0	0	0
Sweden	98	99	1	1	0	0	0	0	1	0	99	100	0	0	0	0	1	0
Switzerland	98	99	1	1	0	0	0	0	1	0	99	100	1	0	0	0	0	0
Ukraine	97	99	2	0	0	0	0	0	0	0	99	100	1	0	0	0	0	0
United Kingdom	96	97	2	2	1	1	0	0	1	0	98	99	1	1	1	0	0	0
Average (unw.)	97	98	2	1	0	0	0	0	1	0	98	99	1	0	0	0	1	0
Denmark	99	98	1	1	0	0	0	1	0	0	100	99	0	0	0	0	0	0
Spain	97	99	2	1	1	0	0	0	1	0	98	99	1	1	0	0	1	0
USA	96	97	2	2	1	0	0	0	1	0	99	99	1	1	0	0	0	0

Question 24a, 28a, 30b, 30c, 30d, 30e, 30g

Table 37a. Lifetime use of various illicit drugs. All students. 2007. Percentages.

Country	Cannabis	Ecstasy	Amphetamines	LSD or other hallucinogens	Crack	Cocaine	Heroin	No response						
								Cannabis	Ecstasy	Amphetamines	LSD or other hallucinogens	Crack	Cocaine	Heroin
Armenia	3	1	0	0	0	1	1	0	0	0	2	2	2	2
Austria	17	3	8	2	2	3	1	0	0	0	0	0	0	0
Belgium (Flanders)	24	5	5	3	2	4	1	1	0	0	1	1	1	1
Bulgaria	22	6	6	3	2	3	2	1	0	1	1	1	1	1
Croatia	18	2	2	2	2	2	1	1	0	0	0	0	0	0
Cyprus	5	3	3	2	2	3	2	1	0	0	1	1	1	1
Czech Republic	45	5	3	5	1	1	1	1	0	0	0	0	0	0
Estonia	26	6	4	3	3	2	1	0	0	0	1	1	1	1
Faroe Islands	6	1	1	1	1	1	1	1	0	1	1	1	1	1
Finland	8	2	1	1	1	1	1	0	0	0	0	0	0	0
France	31	4	4	2	6	5	3	0	1	0	0	0	0	1
Germany (7 Bundesl.)	20	3	5	2	2	3	1	1	0	0	0	0	0	0
Greece	6	2	3	2	2	1	1	0	0	0	1	1	0	1
Hungary	13	5	4	3	1	2	1	1	0	0	1	1	1	1
Iceland	9	2	4	1	1	3	1	1	0	0	0	1	1	1
Ireland	20	4	3	3	4	4	1	1	1	1	1	1	1	1
Isle of Man	34	7	5	9	5	10	2	0	0	0	0	0	0	0
Italy	23	3	4	4	3	5	3	1	1	1	1	1	2	1
Latvia	18	7	6	4	1	2	1	0	0	0	0	0	0	0
Lithuania	18	3	3	2	1	2	1	0	0	0	1	1	1	1
Malta	13	4	5	2	2	4	1	0	0	0	0	0	0	0
Monaco	28	4	2	2	4	6	2	1	1	0	0	0	0	0
Netherlands	28	4	2	3	2	3	1	0	0	0	0	0	0	0
Norway	6	1	1	1	1	1	1	1	2	2	5	6	5	6
Poland	16	4	4	2	1	2	2	0	0	0	1	1	1	1
Portugal	13	2	2	1	2	2	2	1	0	1	1	1	1	1
Romania	4	1	1	1	0	2	0	0	0	0	1	1	1	1
Russia	19	3	1	3	1	0	0	1	0	0	1	1	1	1
Slovak Republic	32	6	2	4	1	3	1	1	0	0	1	1	1	1
Slovenia	22	3	2	2	2	3	2	0	0	0	0	0	0	0
Sweden	7	2	2	2	2	2	1	0	0	0	1	1	1	1
Switzerland	33	2	3	2	2	3	1	1	0	1	3	2	2	3
Ukraine	14	3	1	1	0	1	0	1	0	0	2	2	2	2
United Kingdom	29	4	2	3	3	5	1	1	0	0	1	0	0	1
Average (unw.)	19	3	3	2	2	3	1	1	0	0	1	1	1	1
Denmark	25	5	5	1	2	3	2	1	0	0	1	1	0	0
Spain	37	3	3	4	3	4	1	..	..	..	..	..	..	..
USA	31	5	11	6	2	5	2	..	..	..	..	..	..	..

Question 24a, 28a, 30b, 30c, 30d, 30e, 30g

Table 37b. Lifetime use of various illicit drugs by gender. 2007. Percentages.

Country	Cannabis		Ecstasy		Amphetamines		LSD or other hallucinogens		Crack		Cocaine		Heroin	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Armenia	7	0	2	0	1	0	0	0	0	0	1	0	1	0
Austria	19	15	3	3	8	6	3	2	3	1	3	3	2	1
Belgium (Flanders)	28	19	6	5	5	4	3	3	2	1	4	4	1	1
Bulgaria	27	18	8	4	7	5	4	1	3	1	4	2	3	1
Croatia	21	16	2	1	2	1	2	1	2	1	2	1	1	1
Cyprus	8	3	4	1	4	1	4	1	4	1	4	1	4	1
Czech Republic	48	42	5	4	3	3	5	5	1	0	1	1	1	1
Estonia	33	19	6	5	4	3	3	3	4	2	2	2	2	1
Faroe Islands	6	6	0	1	0	1	0	1	0	1	1	1	0	1
Finland	8	7	2	1	1	1	1	1	1	1	1	1	1	1
France	35	28	4	4	4	4	2	2	7	5	6	5	4	3
Germany (7 Bundesl.)	24	17	3	3	5	5	2	2	2	2	2	3	1	1
Greece	10	3	3	1	4	1	3	1	3	0	2	1	2	0
Hungary	16	11	5	4	4	3	3	3	1	1	2	2	2	1
Iceland	10	8	2	2	4	4	2	1	2	1	3	2	1	1
Ireland	23	17	3	4	3	2	3	3	4	4	4	5	2	1
Isle of Man	35	34	8	7	5	5	10	8	5	4	10	9	3	2
Italy	26	21	4	3	5	3	5	3	3	2	6	4	4	3
Latvia	24	13	7	6	7	4	5	3	2	1	2	2	2	1
Lithuania	24	13	5	2	4	2	3	2	2	1	2	1	1	1
Malta	15	11	4	3	6	4	3	2	3	1	4	4	1	1
Monaco	24	31	4	3	1	3	2	2	5	3	6	6	1	3
Netherlands	31	26	5	4	2	1	3	3	2	2	3	2	1	1
Norway	7	5	1	1	1	1	1	1	1	1	2	1	1	1
Poland	22	11	5	2	5	3	3	2	2	0	3	2	3	1
Portugal	17	9	3	1	3	2	2	1	2	1	3	2	3	1
Romania	5	2	2	1	1	1	1	1	0	0	1	2	0	0
Russia	25	12	4	3	2	1	3	2	1	0	1	0	1	0
Slovak Republic	37	28	7	4	2	2	4	3	2	1	3	2	2	1
Slovenia	24	20	3	3	2	2	2	2	2	2	3	3	2	2
Sweden	9	6	3	1	2	1	2	1	3	1	2	2	2	1
Switzerland	39	27	3	2	3	3	3	2	2	1	3	2	1	1
Ukraine	19	8	4	1	1	1	2	1	1	0	1	0	1	0
United Kingdom	30	28	5	3	2	2	3	2	2	3	5	4	1	1
Average (unw.)	22	16	4	3	3	3	3	2	2	1	3	2	2	1
Denmark	32	20	5	5	6	4	1	1	3	2	3	3	1	2
Spain	38	35	4	2	3	2	5	3	4	2	5	3	2	0
USA	34	28	5	5	10	12	8	5	3	2	5	5	1	2

Question 22, 30a, 30h, 30i, 30j, 30k, 30l

Table 38a. Lifetime use of various substances, intravenous drug use and mixing alcohol with pills. All students. 2007. Percentages.

Country	Tranquilisers or sedatives on doctor's order	Tranquilisers or sedatives without prescription	Magic mushrooms	GHB	Anabolic steroids	Drugs by injection	Alcohol together with pills in order to get high ^{a)}	No response						
								Tranquilisers or sedatives on doctor's order	Tranquilisers or sedatives without prescription	Magic mushrooms	GHB	Anabolic steroids	Drugs by injection	Alcohol together with pills in order to get high ^{a)}
Armenia	1	0	.	.	.	0	1	2	0	.	.	.	2	2
Austria	3	2	4	2	1	1	12	0	0	0	0	0	0	0
Belgium (Flanders)	11	9	3	1	1	0	4	0	1	1	1	1	1	1
Bulgaria	5	3	3	1	3	2	3	1	1	1	1	1	1	1
Croatia	9	5	1	1	2	1	8	1	0	0	1	0	0	0
Cyprus	6	7	2	2	3	2	3 ^{b)}	1	0	1	1	1	1	0 ^{b)}
Czech Republic	10	9	7	1	4	1	18	0	0	0	1	0	0	0
Estonia	6	7	3	1	1	0	5	1	0	1	1	1	1	0
Faroe Islands	4	3	1	0	0	1	6	1	1	1	1	1	1	1
Finland	5	7	2	1	1	1	9	1	0	0	0	0	1	0
France	14	15	4	1	1	2	6	1	0	1	1	1	1	0
Germany (7 Bundesl.)	3	3	3	2	1	1	7	0	0	0	1	1	0	0
Greece	3	4	2	1	3	1	3	1	0	1	2	1	0	0
Hungary	9	9	1	1	1	1	12	1	0	1	1	1	1	0
Iceland	8	7	2	1	1	1	4	1	0	1	1	1	1	0
Ireland	10	3	4	1	2	1	7	3	1	1	1	1	1	1
Isle of Man	7	7	10	2	1	2	12	0	0	0	0	1	0	0
Italy	8	10	4	2	3	1	4	1	1	1	1	1	1	1
Latvia	10	4	2	1	1	1	8	0	0	0	0	0	0	0
Lithuania	12	16	1	1	2	1	5	1	0	0	1	1	1	0
Malta	7	5	2	1	2	1	11	0	0	0	1	1	0	0
Monaco	10	12	2	1	1	2	5	1	0	0	0	2	0	1
Netherlands	8	7	3	1	0	1	4	0	0	0	0	1	0	0
Norway	11	4	1	1	1	1	4	1	2	7	7	7	8	3
Poland	12	18	3	1	2	1	5	0	0	1	1	1	1	1
Portugal	13	6	2	1	1	0	3	1	0	1	1	1	1	1
Romania	5	4	0	0	1	1	4 ^{c)}	1	0	1	1	1	1	0 ^{c)}
Russia	3	2	2	0	1	0	4	1	0	1	1	1	1	1
Slovak Republic	13	5	5	0	2	1	12	1	0	1	1	1	2	0
Slovenia	5	5	2	1	1	1	4	0	0	0	0	1	0	0
Sweden	6	7	1	1	1	1	7	1	0	1	1	1	1	0
Switzerland	10	8	3	1	1	1	6	2	1	2	3	4	3	1
Ukraine	6	4	1	0	1	0	1	1	0	2	2	2	2	1
United Kingdom	5	2	4	1	1	1	7	1	0	0	1	1	0	1
Average (unw.)	8	6	3	1	1	1	6	1	0	1	1	1	1	1
Denmark	7	5	1	2	0	0	6	1	0	0	0	1	0	0
Spain	11	8	.	1	.	.	.	..	..	..	..	..	..	..
USA	.	7 ^{d)}	.	.	2	.	.	.	..	.	..	..	.	.

^{a)} Armenia, Czech Republic, Croatia, Denmark, Hungary, Latvia, Netherlands and Switzerland used the 2003 wording (without "in order to get high"). However, a questionnaire test found no significant differences between the different versions.

^{b)} Cyprus: "To feel differently".

^{c)} Romania: "To feel better".

^{d)} USA: Data for tranquilisers only.

Question 22, 30a, 30h, 30i, 30j, 30k, 30l

Table 38b. Lifetime use of various substances, intravenous drug use and mixing alcohol with pills, by gender. 2007. Percentages.

Country	Tranquillisers or sedatives on doctor's order		Tranquillisers or sedatives without prescription		Magic mushrooms		GHB		Anabolic steroids		Drugs by injection		Alcohol together with pills in order to get high ^{a)}	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Armenia	2	1	1	0	.	.	.	.	.	.	0	0	1	1
Austria	3	4	2	2	5	3	2	2	1	0	1	1	10	14
Belgium (Flanders)	11	11	6	11	4	2	1	1	1	0	1	0	4	4
Bulgaria	5	4	3	2	4	2	3	0	5	1	3	1	4	3
Croatia	10	9	3	6	1	1	1	0	3	1	1	0	6	10
Cyprus	8	5	8	6	4	1	3	0	5	1	4	1	4 ^{b)}	2 ^{b)}
Czech Republic	9	10	6	12	9	6	1	0	7	2	1	1	14	23
Estonia	6	6	6	8	4	2	1	1	2	1	1	0	4	6
Faroe Islands	4	4	3	4	0	1	0	1	0	0	0	1	4	9
Finland	4	6	4	9	2	1	1	1	1	0	1	1	4	13
France	11	17	12	18	5	3	2	1	1	1	2	1	5	8
Germany (7 Bundesl.)	3	4	2	3	5	2	2	2	1	0	1	1	6	9
Greece	2	3	4	5	3	1	2	0	4	1	2	0	3	3
Hungary	8	9	6	12	1	1	1	1	2	0	1	1	9	14
Iceland	9	7	7	8	2	1	1	0	1	0	1	0	3	5
Ireland	11	9	2	4	5	4	1	0	2	1	1	0	5	9
Isle of Man	8	6	7	6	12	8	3	2	3	0	3	2	9	16
Italy	6	10	7	13	5	3	3	2	4	2	2	1	4	3
Latvia	7	12	4	5	3	1	1	0	2	0	2	1	6	10
Lithuania	10	15	9	21	2	1	1	1	4	1	1	1	4	6
Malta	7	7	3	6	2	2	1	0	3	1	1	1	10	12
Monaco	8	13	7	18	2	3	1	0	1	1	1	2	3	7
Netherlands	8	9	6	8	3	3	1	1	1	0	1	1	3	6
Norway	11	11	3	5	2	1	1	1	2	0	1	1	3	5
Poland	8	15	11	24	5	1	2	0	3	1	2	0	4	6
Portugal	8	18	4	9	2	1	1	1	1	1	1	0	3	3
Romania	4	6	2	6	0	0	0	0	2	0	1	1	5 ^{c)}	4 ^{c)}
Russia	3	4	2	3	3	1	0	0	1	0	0	0	4	5
Slovak Republic	14	12	3	7	6	4	1	0	4	1	1	0	8	16
Slovenia	4	5	3	8	2	2	1	0	1	0	1	0	3	6
Sweden	6	7	6	9	2	1	2	0	2	0	1	1	4	10
Switzerland	9	11	5	10	4	2	1	0	1	0	1	1	5	6
Ukraine	5	6	3	5	1	0	0	0	1	0	0	0	1	1
United Kingdom	6	4	2	1	5	3	1	1	2	1	1	0	6	9
Average (unw.)	7	8	5	8	3	2	1	1	2	1	1	1	5	8
Denmark	7	7	4	6	1	1	2	2	0	0	0	0	4	8
Spain	9	13	6	9	.	.	2	1	.	.	.	.	.	.
USA	.	.	7 ^{d)}	8 ^{d)}	.	.	.	.	3	1	.	.	.	.

a) Armenia, Czech Republic, Croatia, Denmark, Hungary, Latvia, Netherlands and Switzerland used the 2003 wording (without "in order to get high"). However, a questionnaire test found no significant differences between the different versions.

b) Cyprus: "To feel differently".

c) Romania: "To feel better".

d) USA: Data for tranquillisers only.

Question 29a

Table 39a. Frequency of lifetime use of inhalants^{a)}. All students. 2007. Percentages.

Country	Number of occasions							No response
	0	1–2	3–5	6–9	10–19	20–39	40+	
Armenia	95	3	1	0	0	0	0	0
Austria	86	9	2	1	0	0	1	0
Belgium (Flanders)	92	5	1	0	0	0	0	0
Bulgaria	97	2	0	0	0	0	0	0
Croatia	89	6	2	1	1	0	1	0
Cyprus	84	7	2	2	2	1	2	0
Czech Republic	93	5	1	1	0	0	0	0
Estonia	91	6	1	1	0	0	0	0
Faroe Islands	92	6	1	0	0	0	1	0
Finland	90	7	2	0	0	0	0	0
France	88	7	2	1	1	0	0	0
Germany (7 Bundesl.)	89	7	1	1	1	0	0	0
Greece	91	5	1	1	1	0	1	0
Hungary	92	5	1	1	1	0	1	0
Iceland	96	2	1	0	0	0	0	0
Ireland	85	9	2	1	1	1	1	1
Isle of Man	83	11	3	1	1	1	1	0
Italy	95	3	1	0	0	0	1	1
Latvia	87	8	2	1	1	0	1	0
Lithuania	97	2	0	0	0	0	0	0
Malta	84	8	3	2	1	1	1	0
Monaco	92	4	1	2	1	1	1	1
Netherlands	94	4	1	0	0	0	0	0
Norway	93	4	1	1	1	0	0	2
Poland	94	5	1	0	0	0	0	0
Portugal	96	2	0	1	0	0	0	0
Romania	96	3	1	0	0	0	0	0
Russia	93	5	1	0	1	0	0	0
Slovak Republic	87	9	2	1	1	0	0	0
Slovenia	84	10	3	2	1	0	1	0
Sweden	91	5	2	1	1	0	0	0
Switzerland	91	6	1	1	0	0	0	1
Ukraine	97	2	0	0	0	0	0	0
United Kingdom	91	6	1	1	1	0	0	0
Average (unw.)	91	6	1	1	1	0	0	0
Denmark	94	4	1	1	0	0	0	0
Spain	97	1	1	0	0	0	1	..
USA	86	8	3	1	1	1	1	..

^{a)} Inhalants: “...(glue etc) in order to get high”.

Question 29a

Table 39b. Frequency of lifetime use of inhalants ^{a)} by gender, 2007. Percentages.

Country	Number of occasions														No response	
	0		1-2		3-5		6-9		10-19		20-39		40+		Boys	Girls
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls		
Armenia	93	97	4	2	1	0	1	0	0	0	0	0	1	0	0	0
Austria	83	89	10	8	3	2	1	1	1	0	0	0	1	0	0	0
Belgium (Flanders)	92	93	6	4	1	1	0	1	0	1	0	0	0	0	0	0
Bulgaria	96	98	2	2	0	0	1	0	0	0	0	0	1	0	0	0
Croatia	89	88	6	6	2	2	1	1	0	1	0	0	1	1	0	0
Cyprus	83	86	7	6	3	2	2	1	2	1	1	1	3	2	1	0
Czech Republic	93	93	5	5	1	1	1	1	0	0	0	0	0	0	0	0
Estonia	89	93	6	5	2	1	1	1	0	0	0	0	1	0	0	0
Faroe Islands	93	91	5	8	1	0	0	0	0	0	0	0	0	1	0	0
Finland	89	90	7	7	2	2	1	0	1	0	0	0	1	0	0	0
France	87	89	8	7	3	2	1	1	1	1	0	0	1	0	1	0
Germany (7 Bundesl.)	88	91	8	7	2	1	1	1	1	0	0	0	0	0	0	1
Greece	89	93	6	4	2	1	1	0	1	0	0	0	1	1	0	0
Hungary	91	93	6	4	1	1	1	1	1	1	0	0	1	0	0	0
Iceland	96	97	2	2	1	0	0	0	0	0	0	0	0	0	1	0
Ireland	86	84	10	9	2	3	1	2	1	1	0	1	0	1	1	1
Isle of Man	84	81	9	14	3	2	1	1	1	1	1	1	2	1	0	0
Italy	94	95	3	3	1	1	1	0	1	0	0	0	1	1	2	1
Latvia	87	87	8	7	1	2	2	1	1	1	0	0	1	1	0	0
Lithuania	97	98	2	2	1	0	0	0	0	0	0	0	0	0	0	0
Malta	82	85	9	8	4	3	2	2	1	1	1	0	1	1	0	0
Monaco	96	88	2	7	0	1	2	1	0	1	0	1	0	1	0	1
Netherlands	94	94	4	4	2	1	0	0	0	1	0	0	0	0	0	0
Norway	92	94	4	4	2	1	1	1	0	1	0	0	0	0	2	1
Poland	92	95	6	3	1	0	0	1	0	0	0	0	1	0	0	0
Portugal	95	97	3	2	1	0	1	1	0	0	0	0	0	0	0	0
Romania	96	96	3	3	0	1	1	0	0	0	0	0	0	0	0	0
Russia	91	95	5	4	2	0	1	0	1	0	0	0	1	0	0	1
Slovak Republic	87	87	8	9	2	2	1	1	1	0	0	0	1	0	0	0
Slovenia	84	85	10	10	3	2	1	2	1	1	0	0	1	0	0	0
Sweden	91	91	5	5	1	2	1	1	1	0	0	0	1	0	0	0
Switzerland	91	92	7	5	1	1	0	1	0	0	0	0	1	0	1	1
Ukraine	97	98	2	2	0	0	0	0	0	0	0	0	0	0	0	0
United Kingdom	92	90	5	6	1	1	1	1	1	1	0	0	0	0	0	0
Average (unw.)	91	92	6	5	2	1	1	1	1	0	0	0	1	0	0	0
Denmark	93	95	5	3	0	1	1	1	0	0	0	0	0	0	0	0
Spain	96	98	2	1	1	0	0	0	0	0	0	0	1	0	..	..
USA	87	85	7	9	3	3	1	1	1	1	1	0	1	1	..	..

^{a)} Inhalants: "...(glue etc) in order to get high".

Question 29b–c

Table 40a. Frequency of use of inhalants^{a)} during the last 12 months and last 30 days. All students. 2007. Percentages.

Country	Number of occasions										No response	
	Last 12 months					Last 30 days					Last 12 months	Last 30 days
	0	1–2	3–5	6–9	10+	0	1–2	3–5	6+			
Armenia	98	1	0	0	0	99	1	0	0	0	0	0
Austria	94	4	1	0	1	97	2	1	1	0	0	0
Belgium (Flanders)	96	2	1	0	1	98	1	0	0	0	0	0
Bulgaria	98	1	0	0	1	99	0	0	1	0	0	0
Croatia	95	3	1	0	1	98	1	0	1	1	1	1
Cyprus	88	5	2	2	3	91	4	2	3	1	1	1
Czech Republic	97	2	1	0	0	98	1	0	0	0	0	0
Estonia	96	2	1	0	0	99	1	0	0	0	0	0
Faroe Islands	97	2	0	0	1	99	1	0	0	1	1	1
Finland	96	3	1	0	0	99	1	0	0	0	0	0
France	93	4	1	1	1	97	2	0	1	1	0	0
Germany (7 Bundesl.)	95	4	1	0	0	98	1	1	0	1	1	1
Greece	94	3	1	0	1	97	2	0	1	0	0	0
Hungary	97	2	1	0	0	98	1	0	0	0	0	0
Iceland	98	1	0	0	0	99	0	0	0	0	0	0
Ireland	92	5	1	0	1	97	2	1	1	1	1	1
Isle of Man	91	5	2	0	2	96	3	0	1	0	0	0
Italy	97	1	0	0	1	98	1	0	1	2	1	1
Latvia	95	3	1	0	1	98	1	1	1	0	0	0
Lithuania	99	1	0	0	0	99	1	0	0	0	0	0
Malta	89	6	2	1	1	94	4	1	1	0	0	0
Monaco	95	2	2	1	1	97	1	1	1	1	1	1
Netherlands	97	2	1	0	0	99	1	0	0	0	0	0
Norway	96	2	1	1	0	98	1	0	0	2	2	2
Poland	97	2	0	0	0	99	1	0	0	0	0	0
Portugal	98	1	1	0	0	99	1	0	0	0	0	0
Romania	98	1	0	0	0	99	1	0	0	0	0	0
Russia	98	1	0	0	0	99	0	0	0	1	1	1
Slovak Republic	93	5	1	0	0	97	2	0	0	1	1	1
Slovenia	93	5	1	1	1	96	2	1	1	0	0	0
Sweden	95	3	1	0	0	98	1	0	0	0	0	0
Switzerland	96	3	0	0	1	99	1	0	0	1	1	1
Ukraine	99	1	0	0	0	100	0	0	0	0	0	0
United Kingdom	95	4	1	1	1	98	1	1	1	0	0	0
Average (unw.)	95	3	1	0	1	98	1	0	0	0	0	0
Denmark	97	2	0	0	0	99	1	0	0	0	0	0
Spain	98	1	0	0	1	99	1	1	0	..	..	..
USA	93	4	1	1	1	98	2	1	1	..	..	..

^{a)} Inhalants: "...(glue etc) in order to get high".

Question 29b-c

Table 40b. Frequency of use of inhalants^{a)} during the last 12 months and last 30 days by gender. 2007. Percentages.

Country	Number of occasions																	
	Last 12 months										Last 30 days							
	0		1-2		3-5		6-9		10+		0		1-2		3-5		6+	
Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
Armenia	97	99	2	1	1	0	0	0	0	99	99	1	0	0	0	0	0	
Austria	92	96	5	3	1	1	0	0	1	0	96	98	2	1	1	0	1	0
Belgium (Flanders)	96	96	3	2	1	1	0	1	1	1	98	98	1	1	0	0	0	0
Bulgaria	97	99	1	1	1	0	0	0	1	0	98	100	0	0	0	0	2	0
Croatia	96	95	2	3	1	1	0	0	1	1	98	97	1	1	0	0	1	1
Cyprus	86	90	5	4	3	1	2	1	3	3	89	92	5	4	2	1	4	2
Czech Republic	97	97	2	2	1	1	0	0	0	0	98	99	1	1	0	0	1	0
Estonia	95	97	2	2	1	1	0	0	1	0	98	99	1	0	1	0	1	0
Faroe Islands	97	96	2	3	0	0	0	0	0	1	99	99	1	1	0	0	0	1
Finland	96	96	2	3	1	1	0	0	1	0	98	99	1	1	0	0	1	0
France	93	94	4	4	1	1	1	0	1	0	97	97	2	2	0	0	1	0
Germany (7 Bundesl.)	95	95	3	4	1	0	0	0	0	0	98	98	1	1	1	0	0	0
Greece	93	96	4	2	1	0	0	0	1	1	96	98	2	1	1	0	1	1
Hungary	96	97	2	2	1	1	0	0	1	0	98	99	1	1	0	1	0	0
Iceland	98	98	1	1	0	0	0	0	1	0	99	99	0	0	0	0	1	0
Ireland	94	91	5	5	1	2	0	0	1	1	98	96	1	2	0	1	1	1
Isle of Man	92	90	4	7	2	1	0	1	2	1	96	96	2	3	1	0	2	1
Italy	96	98	2	1	0	0	0	0	1	1	97	98	1	1	0	0	1	1
Latvia	94	96	3	2	1	1	1	0	1	1	97	98	1	1	0	1	1	0
Lithuania	98	99	1	1	0	0	0	0	0	0	99	99	1	1	0	0	0	0
Malta	87	90	7	5	3	2	2	1	1	2	93	95	5	3	1	2	1	1
Monaco	96	94	2	2	2	2	0	1	0	2	98	96	1	1	1	1	0	2
Netherlands	97	97	2	2	1	1	0	0	0	0	99	99	1	1	0	0	0	0
Norway	96	97	2	2	1	1	1	0	0	0	98	98	1	1	1	0	1	0
Poland	96	98	2	2	1	0	0	0	1	0	98	99	1	0	1	0	1	0
Portugal	97	98	2	1	1	0	0	0	0	0	98	99	1	1	0	0	0	0
Romania	98	98	1	1	0	0	0	0	0	0	99	99	0	1	0	0	0	0
Russia	97	99	2	1	1	0	0	0	0	0	99	100	1	0	0	0	0	0
Slovak Republic	93	94	5	4	1	1	0	0	1	0	97	98	2	2	0	0	1	0
Slovenia	92	93	4	5	1	2	1	1	1	1	96	97	2	2	1	0	1	0
Sweden	95	95	3	3	1	1	1	0	0	0	98	98	1	1	0	0	1	0
Switzerland	95	96	3	3	0	0	0	0	1	0	98	99	1	1	0	0	1	0
Ukraine	99	99	1	1	0	0	0	0	0	0	100	100	0	0	0	0	0	0
United Kingdom	94	95	4	3	0	1	1	1	0	1	97	98	1	1	1	0	0	1
Average (unw.)	95	96	3	3	1	1	0	0	1	1	97	98	1	1	0	0	1	0
Denmark	97	97	2	2	0	0	0	0	0	0	99	99	0	1	0	0	0	0
Spain	97	99	2	1	0	0	0	0	1	0	98	99	1	0	1	0	1	0
USA	94	93	4	4	1	1	0	1	1	1	97	98	2	2	0	1	1	0

^{a)} Inhalants: "...(glue etc) in order to get high".

Question 25, 31a–e

Table 41a. Age of onset for various substances and combinations of substances. Proportion answering at the age of 13 or younger. All students. 2007. Percentages.

Country	Onset age 13 or younger						No response					
	Marijuana or hashish	Ampheta-mines	Tranquil-lisers or sedatives ^{a)}	Ecstasy	Inhalants ^{b)}	Alcohol together with pills ^{c)}	Marijuana or hashish	Ampheta-mines	Tranquil-lisers or sedatives ^{a)}	Ecstasy	Inhalants ^{b)}	Alcohol together with pills ^{c)}
Armenia	1	0	0	0	1	0	0	0	0	0	0	2
Austria	3	2	1	1	6	2	0	0	0	0	0	0
Belgium (Flanders)	5	0	3	1	1	0	1	0	1	0	0	1
Bulgaria	4	1	1	1	1	1	0	1	1	1	0	1
Croatia	2	1	1	1	6	1	1	0	0	0	0	0
Cyprus	2	1	4	2	7	2	1	0	0	0	1	0
Czech Republic	9	0	2	1	2	2	0	0	0	0	0	0
Estonia	5	1	3	1	4	1	0	0	1	0	0	0
Faroe Islands	0	0	1	0	2	0	1	1	1	0	1	1
Finland	1	0	2	0	6	2	0	0	0	0	0	0
France	8	..	..	..	..	..	..	..	..	..	..	..
Germany (7 Bundesl.)	6	2	1	1	5	2	0	0	0	0	0	0
Greece	1	1	2	1	4	1	0	0	0	0	0	0
Hungary	2	1	3	1	3	3	1	0	0	0	0	0
Iceland	2	1	2	1	2	1	1	0	1	0	0	0
Ireland	7	1	1	1	7	2	0	1	1	1	1	1
Isle of Man	14	1	2	2	9	4	0	0	0	0	0	1
Italy	4	1	3	1	3	1	1	1	1	1	1	1
Latvia	4	1	1	2	4	1	0	0	0	0	0	0
Lithuania	3	1	5	1	1	1	0	0	1	0	0	0
Malta	3	1	2	1	5	2	0	0	0	0	0	0
Monaco	9	..	..	..	..	..	..	..	..	..	..	..
Netherlands	6	1	3	1	3	1	0	0	0	0	0	0
Norway	1	0	1	0	2	1	1	2	2	2	2	3
Poland	3	1	6	1	2	1	0	0	0	0	0	1
Portugal	3	1	2	1	1	1	0	1	1	0	0	1
Romania	0	0	1	0	2	1	0	0	0	0	0	1
Russia	4	0	0	1	2	1	0	1	1	0	0	1
Slovak Republic	7	1	2	1	4	3	0	0	0	0	0	0
Slovenia	5	1	2	0	7	1	0	0	0	0	0	0
Sweden	2	1	2	1	4	1	0	0	0	0	1	1
Switzerland	9	1	3	0	3	1	1	1	1	0	1	1
Ukraine	3	0	1	1	1	1	1	0	0	0	0	1
United Kingdom	9	1	1	1	4	2	0	0	0	0	0	1
Average (unw.)	4	1	2	1	4	1	0	0	0	0	0	1
Denmark	5	1	1	0	1	1	1	0	0	0	0	0
Spain	7	0	0	0	0	.	..	..	..	..	..	..
USA	8	2	1 ^{d)}	.	7	.	..	..	..	.	..	.

a) "Without a doctor's prescription".

b) Inhalants: "...(glue etc) in order to get high".

c) "...in order to get high". Armenia, Czech Republic, Croatia, Denmark, Hungary, Latvia and Switzerland used the 2003 wording (without "in order to get high"). A questionnaire test found only trivial and borderline significant differences between the different versions though. Cyprus used the wording "to feel differently" and Romania "to feel better".

d) USA: Data for tranquillisers only.

Question 25, 31a–e

Table 41b. Lifetime use of various substances, intravenous drug use and mixing alcohol with pills, by gender. 2007. Percentages.

Country	Onset age 13 or younger											
	Marijuana or hashish		Amphetamines		Tranquillisers or sedatives ^{a)}		Ecstasy		Inhalants ^{b)}		Alcohol together with pills ^{c)}	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Armenia	1	0	0	0	0	0	0	0	2	1	1	0
Austria	4	3	3	2	1	0	1	1	6	5	2	3
Belgium (Flanders)	5	4	0	0	2	3	1	1	1	2	0	0
Bulgaria	6	3	2	1	2	1	2	1	2	1	2	1
Croatia	3	2	1	0	2	1	1	1	5	6	1	1
Cyprus	3	1	2	0	5	3	3	1	8	6	3	1
Czech Republic	10	8	1	0	1	2	1	1	3	2	2	2
Estonia	7	3	1	1	2	3	1	1	6	2	1	1
Faroe Islands	0	1	0	0	1	1	0	0	3	1	0	0
Finland	2	1	0	0	1	2	1	0	7	5	1	2
France	10	6	..	..	..	..	..	..	..	..	..	..
Germany (7 Bundesl.)	6	5	2	2	1	1	1	1	5	4	1	2
Greece	2	0	2	0	2	1	1	0	5	3	2	0
Hungary	3	2	1	1	2	3	1	0	4	2	2	3
Iceland	3	2	1	0	2	2	1	0	2	2	1	1
Ireland	7	6	2	0	1	1	2	1	6	7	2	2
Isle of Man	17	11	2	1	3	1	2	1	8	9	4	4
Italy	5	3	1	1	3	3	1	1	3	2	1	1
Latvia	6	2	1	1	2	1	2	2	5	4	2	1
Lithuania	4	2	1	1	3	6	1	1	1	1	1	1
Malta	3	3	1	1	2	2	1	1	5	6	2	2
Monaco	8	10	..	..	..	..	..	..	..	..	..	..
Netherlands	7	6	1	1	3	4	0	1	2	3	0	1
Norway	2	1	1	0	1	1	1	0	2	2	1	1
Poland	4	2	1	1	4	8	1	0	4	1	2	1
Portugal	3	2	1	0	1	3	1	1	1	1	1	1
Romania	1	0	0	0	1	1	1	0	2	2	1	1
Russia	6	3	0	0	0	0	1	0	3	2	1	0
Slovak Republic	9	6	1	1	2	2	1	0	6	3	2	3
Slovenia	5	5	1	0	2	2	1	0	7	7	1	1
Sweden	2	1	1	0	2	3	1	0	4	4	1	1
Switzerland	11	6	1	1	2	4	0	0	3	3	1	0
Ukraine	4	1	0	0	1	1	1	0	1	1	1	0
United Kingdom	10	9	0	1	1	1	1	1	4	5	1	2
Average (unw.)	5	4	1	1	2	2	1	1	4	3	1	1
Denmark	6	5	1	1	1	2	0	0	1	1	0	1
Spain	9	5	0	0	0	0	0	0	0	0	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.

a) "Without a doctor's prescription".

b) Inhalants: "... (glue etc) in order to get high".

c) "...in order to get high". Armenia, Czech Republic, Croatia, Denmark, Hungary, Latvia and Switzerland used the 2003 wording (without "in order to get high"). A questionnaire test found only trivial and borderline significant differences between the different versions though. Cyprus used the wording "to feel differently" and Romania "to feel better".

Question 32a-j

Table 42a. Experienced individual, relational, sexual and delinquency problems related to personal drug use ^{a)} during the last 12 months. All students. 2007. Percentages.

Country	Individual problems			Relational problems			Sexual problems		Delinquency problems					
	Accident or injury	Performed poorly at school or work	Hospitalised or admitted to an emergency room	Average	Serious problems with friends	Serious problems with parents	Average	Regretted engagement in sexual intercourse	Engaged in unprotected sexual intercourse	Average	Physical fight	Victimised by robbery or theft	Trouble with police	Average
Armenia	0	4	1	2	3	1	2	1	2	2	3	0	1	1
Austria	2	..	0	1	..	..	..	2	2	2	2	1	1	1
Belgium (Flanders)	2	4	0	2	2	3	3	2	2	2	3	1	2	2
Bulgaria	4	4	2	3	4	4	4	4	4	4	4	2	3	3
Croatia	2	3	1	2	2	2	2	1	2	2	3	1	2	2
Cyprus	2	4	3	3	3	3	3	3	3	3	4	2	2	3
Czech Republic	4	9	1	5	8	7	8	4	5	5	4	1	2	2
Estonia	2	3	1	2	3	2	3	2	2	2	1	1	1	1
Faroe Islands	3	4	2	3	..	5	5	5	5	5	5	2	3	3
Finland	1	1	1	1	..	..	..	1	1	1	..	0	1	1
France	5	6	2	4	6	4	5	3	4	4	6	1	4	4
Germany (7 Bundesl.)	2	..	0	1	..	..	..	2	2	2	2	0	2	1
Greece	2	2	1	2	2	2	2	2	3	3	2	1	1	1
Hungary	2	4	1	2	3	2	3	2	2	2	3	1	1	2
Iceland	2	4	2	3	4	3	4	2	3	3	3	2	2	2
Ireland	3	5	1	3	4	4	4	.	.	.	4	2	4	3
Isle of Man	5	6	2	4	5	4	5	4	5	5	5	2	5	4
Italy	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Latvia	2	3	1	2	3	3	3	2	3	3	3	1	2	2
Lithuania	2	3	1	2	3	3	3	1	2	2	4	1	1	2
Malta	2	5	1	3	4	3	4	2	3	3	3	1	2	2
Monaco	3	7	1	4	3	5	4	4	2	3	3	1	4	3
Netherlands	2	5	1	3	3	4	4	2	3	3	4	1	3	3
Norway	1	2	1	1	1	2	2	1	2	2	2	1	1	1
Poland	2	3	1	2	2	2	2	1	2	2	2	1	1	1
Portugal	1	3	1	2	2	2	2	1	1	1	1	0	1	1
Romania	1	1	0	1	2	1	2	1	1	1	2	0	1	1
Russia	1	2	0	1	1	2	2	1	1	1	2	0	1	1
Slovak Republic	3	6	1	3	4	3	4	2	3	3	3	1	2	2
Slovenia	2	4	1	2	3	3	3	1	2	2	2	1	2	2
Sweden	2	2	1	2	2	2	2	1	2	2	3	1	2	2
Switzerland	3	5	1	3	3	5	4	1	2	2	3	1	4	3
Ukraine	1	2	1	1	2	2	2	1	1	1	3	0	1	1
United Kingdom	5	4	1	3	3	3	3	3	2	3	3	1	3	2
Average (unw.)	2	4	1	2	3	3	3	2	2	2	3	1	2	2
Denmark	1	7	1	3	4	3	4	3	3	3	4	1	3	3
Spain	.	.	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.	.	.

a) "For example cannabis, ecsatsy or amphetamines".

Question 32a-j

Table 42b. Experienced individual and relational problems related to personal drug use ^{a)} during the last 12 months, by gender. 2007. Percentages.

Country	Individual problems							Relational problems						
	Accident or injury		Performed poorly at school or work		Hospitalised or admitted to an emergency room		Average		Serious problems with friends		Serious problems with parents		Average	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Armenia	1	0	6	3	1	0	3	1	4	1	2	1	3	1
Austria	2	2	..	..	1	0	..	..	..	..	..	..	..	..
Belgium (Flanders)	2	1	3	4	1	0	2	2	2	3	3	2	3	3
Bulgaria	5	2	5	4	3	1	4	2	5	4	5	2	5	3
Croatia	2	3	3	4	1	1	2	3	2	3	2	3	2	3
Cyprus	4	1	6	2	4	1	5	1	5	1	5	2	5	2
Czech Republic	5	4	10	9	1	1	5	5	7	9	6	8	7	9
Estonia	2	1	4	3	2	0	3	1	3	3	3	1	3	2
Faroe Islands	4	3	3	5	2	1	3	3	..	..	4	5	..	..
Finland	1	1	1	1	1	0	1	1	..	..	..	..	..	..
France	7	4	6	5	2	1	5	3	5	6	4	4	5	5
Germany (7 Bundesl.)	2	2	..	..	1	0	..	..	..	..	..	..	..	..
Greece	2	1	4	1	2	0	3	1	3	1	3	1	3	1
Hungary	3	2	4	3	1	0	3	2	3	3	2	2	3	3
Iceland	3	2	4	4	2	1	3	2	3	5	3	3	3	4
Ireland	3	2	6	5	2	1	4	3	4	4	4	4	4	4
Isle of Man	6	4	7	4	3	1	5	3	7	4	5	2	6	3
Italy	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Latvia	3	1	4	3	2	1	3	2	3	3	3	2	3	3
Lithuania	3	1	4	3	1	1	3	2	3	2	3	2	3	2
Malta	3	2	5	5	1	0	3	2	4	3	3	3	4	3
Monaco	1	4	5	8	0	1	2	4	3	3	5	6	4	5
Netherlands	3	2	5	4	1	0	3	2	2	3	4	4	3	4
Norway	1	2	2	2	1	0	1	1	1	2	1	2	1	2
Poland	2	1	3	2	1	0	2	1	2	1	3	1	3	1
Portugal	2	0	3	2	1	1	2	1	2	1	2	1	2	1
Romania	1	0	2	1	1	0	1	0	2	2	2	1	2	2
Russia	2	1	2	2	1	0	2	1	1	1	2	1	2	1
Slovak Republic	4	2	6	5	1	1	4	3	5	4	4	3	5	4
Slovenia	2	2	4	4	1	1	2	2	2	3	3	3	3	3
Sweden	3	1	3	2	1	1	2	1	2	2	2	2	2	2
Switzerland	3	2	5	5	1	0	3	2	3	3	5	4	4	4
Ukraine	2	0	4	1	1	0	2	0	3	1	3	1	3	1
United Kingdom	5	4	5	4	1	1	4	3	3	3	4	3	4	3
Average (unw.)	3	2	4	4	1	1	3	2	3	3	3	3	3	3
Denmark	1	1	8	6	1	1	3	3	3	4	3	3	3	4
Spain	.	.	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.	.	.

^{a)} "For example cannabis, ecstasy or amphetamines".

Question 32a-j

Table 42c. Experienced sexual and delinquency problems related to personal drug use ^{a)} during the last 12 months, by gender. 2007. Percentages.

Country	Sexual problems						Delinquency problems							
	Regretted engagement in sexual intercourse		Engaged in unprotected sexual intercourse		Average		Physical fight		Victimised by robbery or theft		Trouble with police		Average	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Armenia	2	0	4	0	3	0	7	0	1	0	2	0	3	0
Austria	2	2	2	1	2	2	3	1	1	0	2	1	2	1
Belgium (Flanders)	3	2	3	2	3	2	5	1	1	1	3	1	3	1
Bulgaria	6	1	6	2	6	2	7	1	3	1	4	1	5	1
Croatia	1	1	2	2	2	2	3	2	1	1	3	1	2	1
Cyprus	5	1	6	1	6	1	7	1	3	1	4	1	5	1
Czech Republic	4	3	6	4	5	4	6	2	2	1	3	1	4	1
Estonia	2	1	2	1	2	1	2	0	1	0	3	0	2	0
Faroe Islands	5	5	3	7	4	6	7	2	2	2	4	1	4	2
Finland	1	1	1	1	1	1	..	..	0	0	1	1	..	..
France	4	3	5	3	5	3	8	4	2	1	5	2	5	2
Germany (7 Bundesl.)	2	2	3	1	3	2	4	1	1	0	3	1	3	1
Greece	4	1	4	1	4	1	4	0	1	0	3	0	3	0
Hungary	3	1	3	1	3	1	4	2	1	1	2	1	2	1
Iceland	2	2	3	3	3	3	4	1	2	1	3	2	3	1
Ireland	.	.	.	.	.	.	4	3	3	1	4	4	4	3
Isle of Man	4	3	5	5	5	4	6	4	3	2	6	4	5	3
Italy	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Latvia	2	1	5	1	4	1	5	1	2	1	3	1	3	1
Lithuania	1	0	3	1	2	1	6	1	1	1	2	1	3	1
Malta	2	2	4	3	3	3	4	2	1	1	3	1	3	1
Monaco	2	6	2	3	2	5	3	2	1	1	5	3	3	2
Netherlands	2	1	3	2	3	2	6	2	1	1	4	2	4	2
Norway	1	1	2	1	2	1	2	2	1	0	2	1	2	1
Poland	2	1	3	1	3	1	3	1	1	0	2	1	2	1
Portugal	1	1	1	0	1	1	2	0	1	0	2	0	2	0
Romania	2	0	2	0	2	0	3	1	0	0	1	0	1	0
Russia	2	0	2	0	2	0	3	1	0	0	2	1	2	1
Slovak Republic	2	1	3	2	3	2	5	2	1	0	3	0	3	1
Slovenia	1	1	3	1	2	1	3	1	1	0	3	2	2	1
Sweden	2	1	2	2	2	2	4	2	1	1	2	1	2	1
Switzerland	2	1	2	1	2	1	4	2	2	0	5	2	4	1
Ukraine	2	0	2	0	2	0	5	1	1	0	2	0	3	0
United Kingdom	3	2	3	2	3	2	5	2	2	1	5	2	4	2
Average (unw.)	2	2	3	2	3	2	5	2	1	1	3	1	3	1
Denmark	2	3	4	3	3	3	5	3	0	1	5	2	3	2
Spain	.	.	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.	.	.

^{a)} "For example cannabis, ecstasy or amphetamines".

Question 36a-l

Table 43a. Perceived risk from use of various substances. Percentages answering “great risk” that people harm themselves if they do any of the following. All students. 2007.

Country	Smoke cigarettes occasionally	Smoke one or more packs cigarettes per day	Have one or two drinks nearly every day	Have four or five drinks nearly every day	Have five or more drinks every weekend	Try cannabis once or twice	Smoke cannabis occasionally	Smoke cannabis regularly	Try ecstasy once or twice	Take ecstasy regularly	Try amphetamines once or twice	Take amphetamines regularly
Armenia	17	51	25	49	44	36	52	64	33	49	32	49
Austria	11	65	24	67	32	25	37	69	35	78	29	71
Belgium (Flanders)	6	79	13	53	31	18	20	60	27	70	29	67
Bulgaria	15	58	23	51	36	40	39	64	42	67	42	67
Croatia	11	54	28	59	35	36	46	71	46	78	46	76
Cyprus	13	59	34	66	52	49	50	76	39	72	36	63
Czech Republic	6	52	14 ^{a)}	48 ^{a)}	36	18	19	60	26	68	42	79
Estonia	17	71	28	55	37	31	40	73	34	72	41	78
Faroe Islands	12	82	39	74	20	45	61	88	69	93	57	89
Finland	5	66	32	70	44	36	50	85	36	84	41	88
France	10	75	19	64	42	17	23	71	.	.	27	65
Germany (7 Bundesl.)	10	73	25	71	37	20	33	76	32	83	28	78
Greece	14	66	32	70	50	46	55	82	43	75	37	63
Hungary	12	70	26	65	49	42	57	81	36	78	38	79
Iceland	17	73	37	72	38	49	65	84	72	88	66	87
Ireland	23	66	28	67	27	28	42	67	50	82	44	75
Isle of Man	19	61	18	55	21	16	25	59	39	73	36	68
Italy	12	58	21	49	45	42	47	72	57	76	54	75
Latvia	17	63	34	63	41	35	39	72	35	69	39	73
Lithuania	23	62	39	65	42	48	52	71	43	73	49	74
Malta	8	50	11	46	26	35	38	73	38	80	32	66
Monaco	14	79	24	73	43	19	25	75	.	.	26	70
Netherlands	6	69	25	68	27	11	12	52	29	59	26	73
Norway	10	59	37	65	27	27	39	75	36	76	35	78
Poland	14	71	28	64	46	40	45	75	41	75	46	79
Portugal	8	70	25	68	40	40	51	82	39	74	42	74
Romania	14	71	36	67	44	52	49	72	45	71	44	63
Russia	14	46	40	60	45	48	46	71	39	67	45	67
Slovak Republic	12	51	16	44	42	24	25	63	26	67	28	65
Slovenia	13	57	25	60	37	34	38	70	39	80	39	74
Sweden	13	63	33	65	46	34	47	79	32	78	34	80
Switzerland	14	76	25	69	39	17	30	71	30	78	29	74
Ukraine	12	35	30	48	40	41	42	59	35	56	40	58
United Kingdom	17	59	19	58	36	21	30	61	40	75	39	68
Average (unw.)	13	64	27	61	38	33	40	71	39	74	39	72
Denmark	9	74	21	68	26	24	33	77	42	86	40	86
Spain	41	80	43	82	47	63	.	81	78	86	77	85
USA ^{b)}	.	69	34	.	55	23	37	66	51	.	.	.

^{a)} Czech Republic: The word ‘nearly’ was omitted.

^{b)} USA: The US questionnaire contains the response category “can’t say, drug unfamiliar”. Those reporting this category were considered missing data and excluded from the analysis.

Question 36a-l

Table 43b. Perceived risk from use of various substances. Percentages answering “great risk” that people harm themselves if they do any of the following. Boys. 2007.

Country	Smoke cigarettes occasionally	Smoke one or more packs cigarettes per day	Have one or two drinks nearly every day	Have four or five drinks nearly every day	Have five or more drinks every weekend	Try cannabis once or twice	Smoke cannabis occasionally	Smoke cannabis regularly	Try ecstasy once or twice	Take ecstasy regularly	Try amphetamines once or twice	Take amphetamines regularly
Armenia	17	44	19	39	34	29	45	55	26	41	26	40
Austria	12	63	18	60	33	26	36	64	36	75	30	66
Belgium (Flanders)	7	77	11	46	28	18	22	58	30	68	32	66
Bulgaria	18	54	21	47	34	39	37	58	42	61	42	63
Croatia	12	49	21	49	33	35	42	64	46	71	46	69
Cyprus	13	51	28	56	47	45	46	69	35	66	34	57
Czech Republic	6	48	11 ^{a)}	40 ^{a)}	36	18	19	51	26	60	41	72
Estonia	18	63	21	47	35	31	38	65	37	67	44	72
Faroe Islands	12	79	30	65	18	44	59	84	68	89	59	86
Finland	5	59	20	57	36	38	51	80	40	79	44	84
France	11	71	16	57	40	18	22	66	.	.	27	62
Germany (7 Bundesl.)	11	70	18	63	34	21	31	71	33	79	30	74
Greece	15	58	25	59	46	43	53	76	40	69	34	58
Hungary	12	67	19	57	46	41	55	75	35	73	37	74
Iceland	17	67	30	65	36	45	60	78	70	85	64	83
Ireland	23	64	21	61	23	26	40	64	48	82	43	73
Isle of Man	21	55	14	45	19	14	23	54	36	68	34	63
Italy	14	56	18	42	43	41	46	67	57	73	53	71
Latvia	18	56	25	52	36	30	32	62	34	61	39	66
Lithuania	24	54	31	55	37	44	45	62	42	64	47	65
Malta	8	46	7	37	23	33	37	69	36	74	29	60
Monaco	13	81	20	66	42	20	31	74	.	.	29	70
Netherlands	7	66	20	60	23	9	11	50	26	55	24	67
Norway	11	56	31	58	26	28	40	71	38	72	37	74
Poland	15	64	20	53	40	38	41	66	38	66	43	71
Portugal	10	65	21	61	38	37	47	77	38	70	41	70
Romania	14	68	32	62	39	49	46	67	43	66	41	59
Russia	14	40	34	53	39	43	40	63	37	61	43	60
Slovak Republic	13	47	14	38	37	23	23	56	25	61	29	58
Slovenia	15	53	19	51	34	34	37	63	41	75	41	68
Sweden	15	59	27	56	44	33	44	73	32	72	34	75
Switzerland	14	73	19	63	37	17	27	67	31	75	31	71
Ukraine	11	30	24	41	34	35	35	51	33	50	37	51
United Kingdom	17	56	15	52	35	20	28	58	40	73	39	65
Average (unw.)	14	59	21	53	35	31	38	66	39	69	38	67
Denmark	10	69	12	58	24	23	32	71	44	83	43	83
Spain	41	75	46	78	44	58	.	76	73	81	72	80
USA ^{b)}	.	66	30	.	52	23	35	61	52	.	.	.

a) Czech Republic: The word ‘nearly’ was omitted.

b) USA: The US questionnaire contains the response category “can’t say, drug unfamiliar”. Those reporting this category were considered missing data and excluded from the analysis.

Question 36a-l

Table 43c. Perceived risk from use of various substances. Percentages answering “great risk” that people harm themselves if they do any of the following. Girls. 2007.

Country	Smoke cigarettes occasionally	Smoke one or more packs cigarettes per day	Have one or two drinks nearly every day	Have four or five drinks nearly every day	Have five or more drinks every weekend	Try cannabis once or twice	Smoke cannabis occasionally	Smoke cannabis regularly	Try ecstasy once or twice	Take ecstasy regularly	Try amphetamines once or twice	Take amphetamines regularly
Armenia	17	56	29	57	51	41	58	70	38	55	36	56
Austria	10	69	30	74	32	23	37	75	34	83	28	77
Belgium (Flanders)	5	80	15	61	35	18	19	62	25	72	26	69
Bulgaria	12	62	25	55	37	42	41	69	42	72	42	72
Croatia	10	60	36	70	36	37	50	78	47	84	46	82
Cyprus	12	67	39	74	56	54	53	83	43	78	39	68
Czech Republic	6	56	17 ^{a)}	55 ^{a)}	37	19	19	68	27	75	42	85
Estonia	16	78	35	62	39	30	42	81	31	77	38	83
Faroe Islands	12	84	47	82	22	46	63	93	70	97	56	93
Finland	4	72	42	81	50	34	50	90	33	89	39	91
France	9	79	22	72	44	16	25	77	.	.	27	69
Germany (7 Bundesl.)	9	77	32	79	40	19	34	81	31	86	26	81
Greece	12	73	39	78	53	49	58	86	45	80	39	69
Hungary	12	73	32	72	52	43	59	86	37	84	39	83
Iceland	17	78	45	80	41	53	70	90	74	92	69	92
Ireland	23	67	34	72	31	29	44	70	51	83	44	76
Isle of Man	16	66	21	65	22	18	27	64	42	78	37	72
Italy	10	60	24	56	48	44	49	76	57	80	55	78
Latvia	16	71	42	73	47	40	45	80	35	77	39	80
Lithuania	22	69	47	75	46	53	58	80	44	82	50	83
Malta	8	53	14	53	30	38	39	76	41	84	35	72
Monaco	14	78	28	81	44	19	19	75	.	.	22	71
Netherlands	5	73	31	76	31	13	14	54	31	63	27	78
Norway	9	63	44	72	28	26	39	79	35	80	33	81
Poland	13	76	35	73	51	42	48	82	43	82	49	87
Portugal	7	75	28	74	42	43	54	86	40	79	43	77
Romania	14	75	39	72	49	55	51	77	46	76	48	66
Russia	15	52	46	67	52	53	52	80	41	73	47	74
Slovak Republic	12	54	18	50	46	25	27	70	26	73	28	71
Slovenia	12	62	32	70	41	34	40	77	37	86	36	80
Sweden	11	67	39	73	48	34	49	84	32	82	35	85
Switzerland	15	79	30	75	41	18	32	76	28	81	27	77
Ukraine	13	41	35	56	46	47	49	67	38	63	44	65
United Kingdom	16	61	22	64	36	22	32	65	41	77	38	70
Average (unw.)	12	68	32	69	41	35	43	77	40	79	39	77
Denmark	8	78	28	77	29	25	34	82	40	89	37	89
Spain	42	80	59	86	51	67	.	85	82	89	82	89
USA ^{b)}	.	73	38	.	58	22	38	71	50	.	.	.

a) Czech Republic: The word ‘nearly’ was omitted.

b) USA: The US questionnaire contains the response category “can’t say, drug unfamiliar”. Those reporting this category were considered missing data and excluded from the analysis.

Question 7, 11a, 24a, 28a, 29a, 30a–e, 30g

Table 44a. Lifetime abstinence from various substances. All students. 2007. Percentages.

Country	Tranquillisers or sedatives ^{a)}	Inhalants ^{b)}	Illicit drugs ^{c)}	Cigarettes	Alcohol	All of these substances
Armenia	100	95	96	76	23	20
Austria	98	86	78	25	4	3
Belgium (Flanders)	91	92	75	53	11	8
Bulgaria	97	97	76	35	13	9
Croatia	95	89	81	33	7	5
Cyprus	93	84	93	54	15	10
Czech Republic	91	93	54	22	3	2
Estonia	93	91	72	25	6	5
Faroe Islands	97	92	94	27	.	..
Finland	93	90	92	40	15	12
France	85	88	67	40	12	8
Germany (7 Bundesl.)	97	89	77	31	5	4
Greece	96	91	91	55	7	5
Hungary	91	92	85	35	7	5
Iceland	93	96	90	63	34	31
Ireland	97	85	78	48	14	11
Isle of Man	93	83	65	48	3	3
Italy	90	95	75	39	10	7
Latvia	96	87	78	20	3	2
Lithuania	84	97	80	29	5	3
Malta	95	84	85	54	8	7
Monaco	88	92	71	47	7	6
Netherlands	93	94	71	46	10	7
Norway	96	93	94	54	23	19
Poland	82	94	82	44	12	9
Portugal	94	96	86	48	16	12
Romania	96	96	95	46	19	14
Russia	98	93	80	34	11	8
Slovak Republic	95	87	67	27	5	4
Slovenia	95	84	76	39	6	5
Sweden	93	91	92	49	19	16
Switzerland	92	91	66	41	9	7
Ukraine	96	97	85	36	8	6
United Kingdom	98	91	71	48	8	6
Average (unw.)	94	91	80	42	11	8
Denmark	95	94	72	40	4	2
Spain	93	97	62	54	19	16
USA	93 ^{d)}	86	64	65	38	..

a) "Without a doctor's prescription".

b) Inhalants: "... (glue etc) in order to get high".

c) "Illicit drugs" includes cannabis, ecstasy, amphetamines, LSD or other hallucinogens, crack, cocaine and heroin.

d) USA: Data for tranquillisers only.

Question 7, 11a, 24a, 28a, 29a, 30a–e, 30g

Table 44b. Lifetime abstinence from various substances, by gender. 2007. Percentages.

Country	Tranquillisers or sedatives ^{a)}		Inhalants ^{b)}		Illicit drugs ^{c)}		Cigarettes		Alcohol		All of these substances	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Armenia	99	100	93	97	92	99	53	92	13	30	10	28
Austria	98	98	83	89	77	81	26	24	4	5	2	4
Belgium (Flanders)	94	89	92	93	71	79	52	54	10	12	7	10
Bulgaria	97	98	96	98	71	81	37	33	11	16	8	11
Croatia	97	94	89	88	79	83	36	31	7	7	5	6
Cyprus	92	94	83	86	90	96	47	62	10	19	6	13
Czech Republic	94	88	93	93	52	57	24	20	3	2	2	1
Estonia	94	92	89	93	65	79	20	30	6	5	5	4
Faroe Islands	97	96	93	91	93	94	25	28	.	.	..	..
Finland	96	91	89	90	91	92	40	40	15	14	12	12
France	88	82	87	89	63	71	42	38	12	12	8	8
Germany (7 Bundesl.)	98	97	88	91	73	80	31	31	5	5	4	4
Greece	96	95	89	93	86	96	54	55	6	7	5	6
Hungary	94	88	91	93	82	87	37	34	7	7	6	5
Iceland	93	92	96	97	89	91	65	62	35	32	32	31
Ireland	98	96	86	84	75	79	50	47	13	14	11	12
Isle of Man	93	94	84	81	64	66	55	40	4	2	3	2
Italy	93	87	94	95	71	77	41	36	9	12	7	8
Latvia	96	95	87	87	73	83	15	24	4	3	2	2
Lithuania	91	79	97	98	74	86	24	34	5	4	3	3
Malta	97	94	82	85	82	87	55	53	6	10	6	8
Monaco	93	82	96	88	75	67	55	39	8	6	7	4
Netherlands	94	92	94	94	69	73	48	44	11	9	9	6
Norway	97	95	92	94	93	95	57	51	25	22	21	18
Poland	89	76	92	95	76	87	42	46	11	12	9	9
Portugal	96	91	95	97	82	90	47	48	14	19	11	13
Romania	98	94	96	96	93	96	42	50	11	26	8	19
Russia	98	97	91	95	74	86	27	43	11	11	8	9
Slovak Republic	97	93	87	87	62	71	26	27	5	4	4	3
Slovenia	97	92	84	85	74	79	39	39	7	6	5	5
Sweden	94	91	91	91	90	93	52	47	21	17	18	15
Switzerland	95	90	91	92	60	72	40	41	9	10	6	7
Ukraine	97	95	97	98	80	91	28	44	9	8	5	6
United Kingdom	98	99	92	90	69	72	54	43	7	8	6	7
Average (unw.)	95	92	91	92	77	83	41	42	10	11	8	9
Denmark	96	94	93	95	67	76	38	42	3	5	1	3
Spain	94	92	96	98	61	64	59	49	21	17	18	14
USA	94 ^{d)}	92 ^{d)}	87	85	63	66	65	66	40	36	..	..

a) "Without a doctor's prescription".

b) Inhalants: "... (glue etc) in order to get high".

c) "Illicit drugs" includes cannabis, ecstasy, amphetamines, LSD or other hallucinogens, crack, cocaine and heroin.

d) USA: Data for tranquillisers only.

Table 45. Lifetime use of cigarettes by gender. Percentages. 1995–2007.

Country	Boys				Girls				All students			
	1995	1999	2003	2007	1995	1999	2003	2007	1995	1999	2003	2007
Austria	.	.	78	74	.	.	82	76	.	.	80	75
Belgium (Flanders)	.	.	61	48	.	.	60	46	.	.	61	47
Bulgaria	.	73	69	63	.	73	72	67	.	73	71	65
Croatia	70	70	69	64	67	69	70	69	69	69	70	67
Cyprus	62	60	64	53	43	43	43	38	53	50	52	46
Czech Republic	78	82	80	76	70	76	79	80	74	79	80	78
Denmark	67	72	63	..	69	74	64	..	68	73	64	..
Estonia	85	84	82	80	62	65	71	70	72	74	77	75
Faroe Islands	86	86	82	75	88	81	84	72	87	84	83	73
Finland	78	77	70	60	75	73	70	60	77	75	70	60
France	.	69	66	58	.	74	71	62	.	72	68	60
Germany (6 Bundesl.)	.	.	76	69	.	.	78	69	.	.	77	69
Greece	.	59	49	46	.	59	52	45	.	59	50	45
Greenland	.	83	74	.	.	89	85	.	.	86	79	.
Hungary	71	72	73	63	67	70	71	66	69	72	72	65
Iceland	60	54	47	35	62	57	45	38	61	56	46	37
Ireland	72	68	62	50	75	77	71	53	74	73	67	52
Isle of Man	.	.	51	45	.	.	68	60	.	.	60	52
Italy	63	62	61	59	66	66	67	64	64	64	64	61
Latvia	..	83	83	85	..	71	74	76	..	77	78	80
Lithuania	79	85	87	76	53	68	73	66	65	77	80	71
Malta	55	55	49	45	56	58	48	47	55	57	48	46
Netherlands	.	..	57	52	.	..	58	56	.	..	57	54
Norway	66	69	60	43	64	72	64	49	65	71	62	46
Poland	74	75	71	58	59	62	62	54	66	68	67	56
Portugal	56	59	62	53	57	59	63	52	56	59	62	52
Romania	.	67	70	58	.	51	59	50	.	57	64	54
Russia (Moscow)	.	78	76	67	.	71	72	71	.	74	74	69
Slovak Republic	76	76	77	74	55	68	71	73	66	72	74	73
Slovenia	60	66	67	61	57	63	66	61	59	64	67	61
Sweden	69	67	60	48	72	67	60	53	71	67	60	51
Switzerland	.	.	64	60	.	.	64	59	.	.	64	59
Ukraine	79	80	81	72	55	59	60	56	66	69	70	64
United Kingdom	63	60	53	46	71	70	64	57	68	65	58	52
Average (unw.) all	70	71	67	60	64	67	67	60	67	69	67	60
Average (unw.) 20 countries	70	70	68	60	64	66	65	59	67	68	66	59

Table 46. Lifetime use of cigarettes 40 times or more by gender. Percentages. 1995–2007.

Country	Boys				Girls				All students			
	1995	1999	2003	2007	1995	1999	2003	2007	1995	1999	2003	2007
Austria	.	.	41	33	.	.	44	38	.	.	42	35
Belgium (Flanders)	.	.	30	17	.	.	24	16	.	.	27	17
Bulgaria	.	35	32	26	.	38	37	32	.	36	35	29
Croatia	27	31	32	30	18	25	29	27	23	28	30	28
Cyprus	26	26	27	21	9	8	11	12	18	16	18	17
Czech Republic	30	39	39	32	20	34	38	37	26	36	39	34
Denmark	22	31	26	..	24	32	28	..	23	32	27	..
Estonia	36	38	41	32	17	18	29	22	25	27	35	27
Faroe Islands	42	47	39	33	41	40	42	33	42	43	41	33
Finland	33	41	32	27	36	38	32	25	35	39	32	26
France	.	..	..	20	.	..	..	20	.	..	..	20
Germany (6 Bundesl.)	.	.	40	27	.	.	39	28	.	.	40	28
Greece	.	28	19	16	.	27	21	13	.	27	20	14
Greenland	.	41	34	.	.	55	49	.	.	50	42	.
Hungary	32	31	33	24	24	25	30	24	28	28	31	24
Iceland	27	24	19	13	27	26	17	15	27	25	18	14
Ireland	36	31	25	13	38	36	29	18	37	34	27	16
Isle of Man	.	.	15	16	.	.	28	21	.	.	22	18
Italy	25	22	25	24	24	28	25	24	25	25	25	24
Latvia	..	38	39	37	..	23	25	28	..	30	32	32
Lithuania	29	46	49	31	12	23	28	20	20	35	39	26
Malta	20	20	17	16	18	21	16	15	19	20	16	15
Netherlands	.	..	28	22	.	..	26	26	.	..	27	24
Norway	25	31	23	12	25	34	29	16	25	33	26	14
Poland	27	32	32	18	13	20	21	15	20	26	26	16
Portugal	14	16	18	15	12	15	17	10	13	17	18	12
Romania	.	24	26	18	.	10	15	14	.	16	20	16
Russia (Moscow)	.	46	42	34	.	38	38	30	.	42	40	32
Slovak Republic	26	35	35	30	13	26	30	28	20	30	32	29
Slovenia	16	25	26	21	17	26	28	23	16	26	27	22
Sweden	28	26	20	17	28	25	24	18	28	25	22	17
Switzerland	.	.	24	20	.	.	24	15	.	.	24	18
Ukraine	41	39	38	27	18	18	19	15	29	29	28	21
United Kingdom	25	24	19	13	30	28	24	18	27	26	22	15
Average (unw.) all	28	32	30	23	22	27	28	22	25	30	29	22
Average (unw.) 20 countries	28	31	29	22	22	26	26	21	25	28	28	22

Table 47. Cigarette use during the last 30 days by gender. Percentages. 1995–2007.

Country	Boys				Girls				All students			
	1995	1999	2003	2007	1995	1999	2003	2007	1995	1999	2003	2007
Austria	.	.	48	42	.	.	56	48	.	.	49	45
Belgium (Flanders)	.	.	33	24	.	.	30	23	.	.	32	23
Bulgaria	.	48	42	36	.	51	50	44	.	50	46	40
Croatia	34	40	36	38	28	36	37	38	32	38	36	38
Cyprus	32	25	33	29	15	9	18	17	23	16	25	23
Czech Republic	37	46	43	36	31	43	43	45	34	44	43	41
Denmark	24	34	27	..	32	41	32	..	28	38	30	..
Estonia	37	41	40	32	22	24	33	27	28	32	37	29
Faroe Islands	40	42	42	31	43	41	41	34	42	41	41	33
Finland	36	44	35	29	39	43	41	31	37	43	38	30
France	.	41	31	29	.	47	36	31	.	44	33	30
Germany (6 Bundesl.)	.	.	43	31	.	.	46	35	.	.	45	33
Greece	.	34	27	23	.	36	30	21	.	35	29	22
Greenland	.	62	56	.	.	71	65	.	.	67	60	.
Hungary	36	37	39	31	32	35	40	34	34	36	39	33
Iceland	30	26	20	15	33	30	20	18	32	28	20	16
Ireland	37	32	28	19	45	42	37	27	41	37	33	23
Isle of Man	.	.	23	19	.	.	36	28	.	.	30	24
Italy	36	37	35	34	37	43	40	39	36	40	38	37
Latvia	..	48	46	44	..	34	36	39	..	40	40	41
Lithuania	34	49	49	39	18	30	33	29	25	40	41	34
Malta	33	29	28	26	30	34	26	26	31	32	27	26
Netherlands	.	..	32	27	.	..	31	33	.	..	31	30
Norway	33	36	24	17	39	44	32	22	36	40	28	19
Poland	34	39	35	22	23	28	27	20	28	33	31	21
Portugal	22	32	28	20	25	30	27	18	24	31	28	19
Romania	.	31	32	26	.	20	26	23	.	24	28	25
Russia (Moscow)	.	48	44	38	.	42	44	36	.	45	44	37
Slovak Republic	34	40	39	35	20	34	36	38	27	37	37	37
Slovenia	26	36	35	28	27	38	38	31	26	36	36	29
Sweden	28	29	20	19	33	32	26	24	30	30	23	21
Switzerland	.	.	33	30	.	.	34	29	.	.	34	29
Ukraine	51	50	49	38	28	29	28	24	38	40	39	31
United Kingdom	32	31	25	17	40	37	34	25	36	34	29	22
Average (unw.) all	34	39	35	29	30	37	36	30	32	38	35	29
Average (unw.) 20 countries	34	37	34	28	30	34	33	28	32	35	33	28

Table 48. Daily cigarette use at the age of 13 or younger by gender. Percentages. 1995–2007.

Country	Boys				Girls				All students			
	1995	1999	2003	2007	1995	1999	2003	2007	1995	1999	2003	2007
Austria	.	.	13	10	.	.	14	9	.	.	13	10
Belgium (Flanders)	.	.	10	4	.	.	9	6	.	.	9	5
Bulgaria	.	11	10	7	.	8	11	8	.	9	10	7
Croatia	15	14	13	11	7	8	9	6	11	11	11	9
Cyprus	5	8	10	8	2	3	4	5	3	5	6	6
Czech Republic	10	12	14	14	6	9	11	12	8	11	13	13
Denmark	9	12	11	..	10	12	13	..	9	12	12	..
Estonia	15	12	21	17	4	4	13	8	9	8	17	12
Faroe Islands	21	16	21	11	18	10	20	12	19	13	20	11
Finland	18	17	15	9	16	14	15	7	17	15	15	8
France	.	..	..	7	.	..	..	7	.	..	..	7
Germany (6 Bundesl.)	.	.	18	9	.	.	19	11	.	.	18	10
Greece	.	5	4	3	.	3	4	1	.	3	4	2
Greenland	.	9	9	.	.	20	21	.	.	14	15	.
Hungary	9	11	7	7	5	8	5	6	7	9	6	7
Iceland	11	9	9	4	12	9	8	5	12	9	8	5
Ireland	20	17	12	6	16	19	16	10	18	18	14	8
Isle of Man	.	.	7	8	.	.	18	11	.	.	13	10
Italy	5	5	6	6	4	7	6	5	5	6	6	5
Latvia	..	13	19	16	..	6	10	8	..	9	14	12
Lithuania	13	17	19	10	3	6	7	4	8	11	13	7
Malta	9	9	5	6	8	10	8	6	8	10	7	6
Netherlands	.	..	10	5	.	..	14	8	.	..	12	6
Norway	9	11	10	5	11	10	12	6	10	11	11	5
Poland	9	10	13	7	3	3	5	4	6	6	9	6
Portugal	9	9	8	5	8	8	10	5	8	8	9	5
Romania	.	7	8	6	.	2	3	2	.	4	5	4
Russia (Moscow)	.	18	18	12	.	15	13	10	.	16	15	11
Slovak Republic	11	12	15	16	4	7	11	12	7	10	13	14
Slovenia	5	5	7	6	4	5	7	5	5	5	7	5
Sweden	11	9	8	6	12	10	11	7	12	10	9	6
Switzerland	.	.	9	6	.	.	9	5	.	.	9	5
Ukraine	14	15	16	11	4	5	5	5	9	10	11	8
United Kingdom	15	16	9	7	22	24	18	11	19	20	13	9
Average (unw.) all	12	11	12	8	9	9	11	7	10	10	11	8
Average (unw.) 20 countries	12	12	12	9	8	9	10	7	10	10	11	8

Table 49. Lifetime use of any alcoholic beverage by gender. Percentages. 1995–2007.

Country	Boys				Girls				All students			
	1995	1999	2003	2007	1995	1999	2003	2007	1995	1999	2003	2007
Austria	.	.	95	96	.	.	97	95	.	.	96	96
Belgium (Flanders)	.	.	96	90	.	.	92	88	.	.	94	89
Bulgaria	.	88	88	89	.	85	88	84	.	86	88	87
Croatia	85	89	91	93	79	85	89	93	82	87	90	93
Cyprus	92	90	91	90	88	83	82	81	90	86	86	85
Czech Republic	97	98	98	97	97	98	98	98	97	98	98	97
Denmark	97	98	98	..	95	97	95	..	96	98	96	..
Estonia	94	96	96	94	93	95	96	95	93	95	96	94
Faroe Islands	79	88	89	.	80	84	86	.	79	86	87	.
Finland	88	91	88	85	89	91	88	86	89	91	88	85
France	.	86	87	88	.	85	87	88	.	85	87	88
Germany (6 Bundesl.)	.	.	96	95	.	.	96	95	.	.	96	95
Greece	.	98	97	94	.	97	95	93	.	98	96	93
Greenland	.	82	81	.	.	83	80	.	.	83	80	.
Hungary	92	90	92	93	91	91	93	93	91	91	93	93
Iceland	78	79	76	65	80	79	75	68	79	79	75	66
Ireland	91	92	92	87	91	92	93	86	91	92	92	86
Isle of Man	.	.	95	96	.	.	97	98	.	.	96	97
Italy	89	86	92	91	86	84	88	88	88	85	90	90
Latvia	..	95	96	96	..	97	96	97	..	96	96	97
Lithuania	94	97	98	95	95	96	98	96	95	96	98	95
Malta	92	95	94	94	92	93	93	90	92	94	94	92
Netherlands	.	..	88	89	.	..	90	91	.	..	89	90
Norway	79	84	82	75	80	87	85	78	79	85	84	77
Poland	93	93	94	89	90	88	92	88	92	90	93	88
Portugal	80	79	81	86	78	77	76	81	79	78	78	84
Romania	.	89	93	89	.	82	85	74	.	85	88	81
Russia (Moscow)	.	92	91	88	.	95	95	93	.	94	93	91
Slovak Republic	96	96	96	95	94	95	97	96	96	96	97	95
Slovenia	88	91	93	93	86	91	91	94	87	91	92	94
Sweden	89	90	89	79	89	90	85	83	89	90	87	81
Switzerland	.	.	94	91	.	.	92	90	.	.	93	91
Ukraine	86	86	88	91	88	89	89	92	87	88	88	92
United Kingdom	94	94	93	93	94	94	95	92	94	94	94	92
Average (unw.) all	89	90	91	90	88	89	90	89	89	90	91	89
Average (unw.) 19 countries	89	90	91	89	88	89	90	88	89	90	90	88

Table 50. Lifetime use of any alcoholic beverage 40 times or more by gender. Percentages. 1995–2007.

Country	Boys				Girls				All students			
	1995	1999	2003	2007	1995	1999	2003	2007	1995	1999	2003	2007
Austria	.	.	53	55	.	.	41	48	.	.	48	52
Belgium (Flanders)	.	.	50	41	.	.	30	26	.	.	40	34
Bulgaria	.	21	33	40	.	12	21	23	.	16	27	32
Croatia	21	24	38	36	6	10	16	21	14	18	27	29
Cyprus	44	32	34	32	21	12	12	13	32	21	21	22
Czech Republic	38	51	54	45	25	32	40	37	32	41	46	41
Denmark	55	66	57	..	44	53	42	..	49	59	50	..
Estonia	17	27	38	33	10	17	26	26	13	21	32	29
Faroe Islands	28	29	34	.	23	17	30	.	26	23	32	.
Finland	16	21	20	17	16	19	20	15	16	20	20	16
France	.	28	30	39	.	13	15	22	.	20	22	30
Germany (6 Bundesl.)	.	.	43	49	.	.	31	34	.	.	37	41
Greece	.	54	43	37	.	33	28	20	.	42	35	28
Greenland	.	13	17	.	.	15	9	.	.	14	13	.
Hungary	20	17	27	26	10	9	14	19	15	13	21	22
Iceland	14	15	16	10	13	14	12	9	14	14	14	9
Ireland	37	41	42	27	31	39	36	20	34	40	39	23
Isle of Man	.	.	45	46	.	.	44	43	.	.	45	44
Italy	33	23	33	30	15	13	16	17	26	17	24	24
Latvia	..	24	30	35	..	17	23	31	..	20	26	33
Lithuania	14	29	45	33	10	17	31	26	12	23	38	29
Malta	39	44	41	41	29	29	27	27	34	36	33	33
Netherlands	.	..	55	48	.	..	35	32	.	..	45	40
Norway	10	18	17	11	7	13	14	10	8	16	15	11
Poland	25	35	36	30	12	18	18	17	18	26	27	23
Portugal	22	21	20	25	10	10	8	17	15	15	14	21
Romania	.	27	26	27	.	12	12	6	.	18	18	16
Russia (Moscow)	.	34	44	34	.	26	34	28	.	30	39	31
Slovak Republic	24	31	42	35	13	23	28	26	19	27	34	30
Slovenia	19	29	32	38	9	16	18	24	14	23	25	31
Sweden	19	23	21	15	13	15	14	12	16	19	17	14
Switzerland	.	.	33	28	.	.	20	16	.	.	27	22
Ukraine	16	18	24	27	13	18	19	20	14	18	22	23
United Kingdom	45	51	47	43	39	43	39	35	42	47	43	39
Average (unw.) all	26	30	36	33	18	20	24	23	22	25	30	28
Average (unw.) 19 countries	25	29	33	29	16	19	21	21	20	24	27	25

Table 51. Use of any alcoholic beverage during the last 12 months by gender. Percentages. 1995–2007.

Country	Boys				Girls				All students			
	1995	1999	2003	2007	1995	1999	2003	2007	1995	1999	2003	2007
Austria	.	.	92	92	.	.	94	97	.	.	93	92
Belgium (Flanders)	.	.	91	85	.	.	89	82	.	.	90	83
Bulgaria	.	84	87	84	.	81	86	81	.	82	86	83
Croatia	75	77	85	83	65	68	79	84	70	73	82	84
Cyprus	90	84	84	84	80	75	74	73	85	79	79	79
Czech Republic	91	95	95	92	92	94	95	95	91	94	95	97
Denmark	95	97	96	..	94	96	95	..	94	96	95	..
Estonia	85	88	86	84	85	89	89	90	85	89	87	87
Faroe Islands	69	76	76	.	70	73	76	.	70	75	76	.
Finland	83	84	78	75	86	87	81	78	85	86	80	77
France	.	79	82	80	.	76	78	81	.	77	80	81
Germany (6 Bundesl.)	.	.	93	91	.	.	93	92	.	.	93	91
Greece	.	95	93	89	.	92	90	86	.	94	91	87
Greenland	.	79	68	.	.	83	77	.	.	81	73	.
Hungary	80	79	84	83	80	81	84	85	80	80	84	84
Iceland	71	69	62	52	73	69	65	60	72	69	64	56
Ireland	85	89	86	79	85	89	90	77	86	89	88	78
Isle of Man	.	.	92	91	.	.	96	94	.	.	94	93
Italy	85	80	85	84	78	72	80	79	83	75	82	81
Latvia	..	88	86	88	..	88	88	91	..	88	87	89
Lithuania	84	92	94	86	88	90	94	89	87	91	94	87
Malta	88	91	91	90	89	91	89	86	89	91	90	87
Netherlands	.	..	86	83	.	..	85	86	.	..	85	84
Norway	70	75	74	63	73	81	79	70	72	78	76	66
Poland	84	86	88	79	77	78	83	78	80	82	85	78
Portugal	76	75	76	80	73	73	72	79	74	74	74	79
Romania	.	85	84	83	.	75	77	66	.	79	80	74
Russia (Moscow)	.	85	82	76	.	89	89	85	.	87	86	80
Slovak Republic	85	91	90	87	86	89	91	89	85	90	90	88
Slovenia	74	84	85	86	71	82	81	87	73	83	83	87
Sweden	81	82	77	67	82	84	77	74	82	83	77	71
Switzerland	.	.	88	85	.	.	87	84	.	.	88	85
Ukraine	76	79	83	82	81	84	85	85	79	81	84	83
United Kingdom	90	92	90	88	90	91	92	88	90	91	91	88
Average (unw.) all	82	84	85	82	81	83	85	83	82	83	85	83
Average (unw.) 19 countries	82	84	84	80	81	82	83	81	81	83	83	81

Table 52. Use of any alcoholic beverage 20 times or more during the last 12 months by gender. Percentages. 1995–2007.

Country	Boys				Girls				All students			
	1995	1999	2003	2007	1995	1999	2003	2007	1995	1999	2003	2007
Austria	.	.	46	51	.	.	36	44	.	.	41	47
Belgium (Flanders)	.	.	41	36	.	.	25	23	.	.	34	30
Bulgaria	.	14	26	30	.	9	14	18	.	11	19	24
Croatia	13	18	28	28	5	7	13	18	10	13	21	23
Cyprus	35	24	26	22	13	9	9	8	24	16	17	15
Czech Republic	29	39	42	34	20	22	28	28	24	30	34	31
Denmark	45	60	48	..	39	34	36	..	42	51	42	..
Estonia	12	17	24	22	7	11	19	19	9	14	21	20
Faroe Islands	17	23	26	.	19	14	26	.	18	18	27	.
Finland	10	17	13	11	14	15	13	11	13	16	13	11
France	.	17	17	26	.	7	8	15	.	12	12	20
Germany (6 Bundesl.)	.	.	35	44	.	.	23	31	.	.	29	37
Greece	.	41	32	28	.	26	23	15	.	32	27	21
Greenland	.	10	10	.	.	15	11	.	.	12	11	.
Hungary	16	12	20	19	7	6	10	14	12	9	15	16
Iceland	11	11	10	6	12	11	8	7	11	10	9	7
Ireland	34	39	31	23	30	39	39	20	32	39	35	21
Isle of Man	.	.	32	38	.	.	30	35	.	.	31	36
Italy	25	17	27	23	13	9	12	14	20	12	19	19
Latvia	..	15	19	22	..	11	15	21	..	13	17	21
Lithuania	8	20	29	22	5	11	17	17	7	16	23	19
Malta	33	38	39	38	23	27	26	28	27	32	32	32
Netherlands	.	..	47	42	.	..	28	30	.	..	37	36
Norway	9	15	13	8	5	11	12	8	7	13	12	8
Poland	16	26	24	20	7	12	13	11	11	19	18	15
Portugal	16	17	16	20	6	8	5	14	10	12	11	17
Romania	.	21	18	24	.	6	7	7	.	12	11	15
Russia (Moscow)	.	24	31	23	.	18	23	18	.	21	26	21
Slovak Republic	14	21	27	25	7	14	16	21	11	17	22	23
Slovenia	13	21	23	28	6	12	12	19	9	17	18	24
Sweden	12	15	11	11	11	11	9	9	11	13	10	10
Switzerland	.	.	29	24	.	.	16	15	.	.	23	20
Ukraine	10	10	16	19	7	10	11	13	9	10	14	16
United Kingdom	34	41	38	34	30	30	31	28	32	36	34	31
Average (unw.) all	20	23	27	26	14	15	18	19	17	19	23	22
Average (unw.) 19 countries	18	22	24	22	12	14	16	16	15	18	20	19

Table 53. Use of any alcoholic beverage during the last 30 days by gender. Percentages. 1995–2007.

Country	Boys				Girls				All students			
	1995	1999	2003	2007	1995	1999	2003	2007	1995	1999	2003	2007
Austria	.	.	82	80	.	.	82	80	.	.	82	80
Belgium (Flanders)	.	.	81	72	.	.	74	68	.	.	77	70
Bulgaria	.	60	69	71	.	54	62	61	.	57	65	66
Croatia	48	53	70	66	27	36	56	62	39	46	63	64
Cyprus	79	71	72	72	60	53	53	53	69	61	62	62
Czech Republic	68	80	76	75	66	75	77	76	67	77	77	76
Denmark	82	88	83	..	81	83	80	..	81	85	81	..
Estonia	51	64	61	58	50	60	61	62	51	62	61	60
Faroe Islands	47	52	64	.	43	45	60	.	45	48	62	.
Finland	55	59	52	46	61	63	56	49	58	61	54	48
France	.	63	61	66	.	57	54	62	.	60	58	64
Germany (6 Bundesl.)	.	.	78	77	.	.	78	74	.	.	78	75
Greece	.	82	78	75	.	73	72	67	.	77	75	71
Greenland	.	61	50	.	.	57	52	.	.	59	51	.
Hungary	52	54	57	59	44	48	56	58	48	51	56	59
Iceland	55	44	34	28	56	43	39	35	56	43	37	31
Ireland	69	73	71	57	69	75	74	56	69	74	73	56
Isle of Man	.	.	75	77	.	.	82	76	.	.	79	76
Italy	73	63	70	69	55	48	58	58	66	54	64	63
Latvia	..	59	61	66	..	58	62	65	..	58	61	65
Lithuania	57	76	78	65	62	71	76	65	59	73	77	65
Malta	69	77	79	76	63	74	73	70	66	75	75	73
Netherlands	.	..	75	69	.	..	70	69	.	..	73	69
Norway	41	51	49	39	45	59	54	46	43	55	51	42
Poland	60	67	71	61	48	54	60	54	54	61	65	57
Portugal	54	55	55	62	45	43	42	58	49	49	48	60
Romania	.	66	64	66	.	48	48	40	.	55	55	52
Russia (Moscow)	.	63	61	56	.	63	64	55	.	63	62	56
Slovak Republic	55	63	66	62	49	57	59	63	53	60	63	63
Slovenia	49	65	63	68	44	58	57	63	46	62	60	65
Sweden	55	55	52	41	56	56	49	47	55	56	51	44
Switzerland	.	.	77	70	.	.	74	64	.	.	75	67
Ukraine	52	53	59	62	57	59	58	61	55	56	58	61
United Kingdom	74	78	73	69	73	75	75	71	74	76	74	70
Average (unw.) all	59	64	67	64	55	59	63	61	57	61	65	62
Average (unw.) 19 countries	59	63	64	60	54	58	60	58	57	61	62	59

Table 54. Use of any alcoholic beverage 10 times or more during the last 30 days by gender. Percentages. 1995–2007.

Country	Boys				Girls				All students			
	1995	1999	2003	2007	1995	1999	2003	2007	1995	1999	2003	2007
Austria	.	.	27	34	.	.	15	25	.	.	21	30
Belgium (Flanders)	.	.	29	23	.	.	14	11	.	.	23	17
Bulgaria	.	6	13	17	.	4	7	8	.	5	9	13
Croatia	7	9	15	16	1	3	11	9	6	6	13	13
Cyprus	19	14	16	17	6	4	8	6	12	8	11	11
Czech Republic	12	21	17	14	5	8	10	10	9	14	13	12
Denmark	19	23	18	..	10	13	10	..	15	18	13	..
Estonia	3	5	8	6	1	3	5	5	2	4	6	5
Faroe Islands	4	3	6	.	3	2	4	0	4	4	4	.
Finland	1	2	3	2	1	1	2	2	1	1	2	2
France	.	12	10	18	.	5	5	9	.	8	7	13
Germany (6 Bundesl.)	.	.	15	25	.	.	9	13	.	.	11	19
Greece	.	19	18	16	.	10	9	8	.	14	13	12
Greenland	.	4	5	.	.	3	4	.	.	3	3	.
Hungary	6	6	8	8	1	2	4	5	4	5	6	6
Iceland	2	1	2	1	1	1	1	1	1	1	1	1
Ireland	14	18	17	11	9	16	14	10	12	16	16	10
Isle of Man	.	.	19	17	.	.	13	16	.	.	15	16
Italy	18	12	17	18	5	4	6	9	13	7	12	14
Latvia	..	4	7	10	..	2	4	5	..	2	6	7
Lithuania	3	9	13	9	1	6	5	7	2	8	8	8
Malta	20	25	25	23	12	16	16	18	16	20	20	20
Netherlands	.	..	34	29	.	..	17	18	.	..	25	24
Norway	1	3	3	2	1	1	2	2	1	3	3	2
Poland	6	12	13	11	2	5	6	4	4	8	10	7
Portugal	8	10	11	15	2	4	3	11	5	7	7	13
Romania	.	7	9	13	.	1	3	3	.	4	5	8
Russia (Moscow)	.	11	16	10	.	5	10	8	.	8	12	9
Slovak Republic	6	9	12	12	1	5	6	8	4	7	9	10
Slovenia	6	10	10	13	2	5	4	6	5	8	7	10
Sweden	1	2	2	2	1	1	1	1	1	2	1	2
Switzerland	.	.	18	12	.	.	7	5	.	.	13	9
Ukraine	4	5	6	10	3	4	4	7	3	5	5	8
United Kingdom	16	17	18	16	11	13	15	12	13	16	17	14
Average (unw.) all	8	10	14	14	4	5	7	8	6	8	10	11
Average (unw.) 19 countries	8	10	11	11	3	5	6	7	6	8	9	9

Table 55. Beer consumption during the last 30 days by gender. Percentages. 1995–2007.

Country	Boys				Girls				All students			
	1995	1999	2003	2007	1995	1999	2003	2007	1995	1999	2003	2007
Austria	.	.	70	72	.	.	40	47	.	.	57	60
Belgium (Flanders)	.	.	69	66	.	.	49	48	.	.	59	57
Bulgaria	.	70	78	77	.	49	63	63	.	59	70	70
Croatia	35	54	62	61	18	30	34	40	27	43	48	51
Cyprus	76	71	67	67	49	47	39	37	62	57	52	52
Czech Republic	65	77	73	71	40	51	54	62	53	63	63	66
Denmark	75	85	74	..	69	72	64	..	72	78	69	..
Estonia	50	68	62	49	22	40	35	21	34	53	49	35
Faroe Islands	45	50	59	45	40	41	47	41	42	46	53	43
Finland	54	51	50	43	46	34	38	33	50	43	44	38
France	..	54	48	53	..	38	33	40	..	46	40	47
Germany (6 Bundesl.)	.	.	67	73	.	.	42	56	.	.	54	64
Greece	..	74	63	54	..	54	41	32	..	63	51	42
Greenland	.	63	52	.	.	65	51	.	.	64	52	.
Hungary	42	38	45	48	18	20	25	29	29	29	35	38
Iceland	53	49	42	31	50	44	42	32	52	46	42	31
Ireland	64	64	68	49	52	50	48	31	58	57	59	39
Isle of Man	.	.	63	67	.	.	32	43	.	.	47	55
Italy	60	70	64	61	41	48	47	46	53	57	55	53
Latvia	..	67	68	64	..	45	50	38	..	56	59	51
Lithuania	33	67	70	61	15	48	50	31	24	58	60	46
Malta	64	67	66	63	35	41	35	33	48	53	49	47
Netherlands	.	..	66	61	.	..	42	41	.	..	54	51
Norway	33	46	36	34	33	47	36	33	33	46	36	34
Poland	59	60	76	65	32	45	62	55	45	53	68	59
Portugal	44	45	45	59	32	30	27	50	37	37	35	54
Romania	.	66	78	74	.	48	63	50	.	55	69	61
Russia (Moscow)	.	67	63	51	.	55	50	35	.	61	56	43
Slovak Republic	50	53	56	53	22	30	35	38	37	41	45	45
Slovenia	53	61	57	57	32	35	34	38	43	49	46	48
Sweden	55	56	52	40	48	45	36	35	52	51	44	37
Switzerland	.	.	61	63	.	.	36	45	.	.	48	54
Ukraine	36	60	72	70	16	44	50	56	25	52	61	63
United Kingdom	65	72	65	60	42	47	39	38	53	59	52	48
Average (unw.) all	53	62	62	58	36	44	43	41	44	53	52	49
Average (unw.) 20 countries	52	59	59	54	34	41	41	39	43	50	50	46

Table 56. Wine consumption during the last 30 days by gender. Percentages. 1995–2007.

Country	Boys				Girls				All students			
	1995	1999	2003	2007	1995	1999	2003	2007	1995	1999	2003	2007
Austria	.	.	49	48	.	.	58	57	.	.	53	52
Belgium (Flanders)	.	.	46	26	.	.	48	32	.	.	47	29
Bulgaria	.	41	38	33	.	36	32	28	.	39	35	31
Croatia	41	37	45	51	27	29	33	42	34	33	39	47
Cyprus	36	34	39	41	29	26	32	31	33	29	35	36
Czech Republic	41	45	45	39	51	57	59	54	46	51	53	47
Denmark	40	37	29	..	47	48	33	..	44	43	31	..
Estonia	23	44	37	25	27	57	49	35	25	51	43	30
Faroe Islands	22	27	21	13	28	26	18	17	25	26	20	15
Finland	34	26	24	14	40	32	27	18	37	29	26	17
France	..	35	31	34	..	25	18	23	..	30	24	29
Germany (6 Bundesl.)	.	.	38	37	.	.	60	51	.	.	49	44
Greece	..	53	56	54	..	39	46	43	..	45	50	48
Greenland	.	14	18	.	.	17	22	.	.	15	20	.
Hungary	41	38	48	50	30	27	46	50	36	32	47	50
Iceland	30	18	19	11	32	19	18	10	31	19	18	11
Ireland	22	24	24	17	27	32	37	25	25	28	30	21
Isle of Man	.	.	36	29	.	.	58	46	.	.	48	37
Italy	58	54	55	50	41	35	37	34	52	43	45	42
Latvia	..	40	36	30	..	53	49	34	..	47	43	32
Lithuania	21	59	44	22	25	62	60	25	23	60	52	23
Malta	65	72	72	66	57	65	64	61	61	68	68	63
Netherlands	.	..	18	14	.	..	27	34	.	..	23	24
Norway	16	25	16	10	18	35	20	16	17	30	18	13
Poland	35	30	26	28	31	17	22	25	33	34	24	26
Portugal	18	18	20	35	11	13	10	32	14	15	15	33
Romania	.	54	50	59	.	40	38	36	.	46	43	47
Russia (Moscow)	.	30	39	30	.	45	54	37	.	38	47	34
Slovak Republic	48	51	48	49	48	53	49	53	48	52	48	51
Slovenia	37	51	54	46	31	48	45	37	34	50	50	42
Sweden	26	27	28	17	37	37	32	23	32	32	29	20
Switzerland	.	.	32	32	.	.	26	27	.	.	29	30
Ukraine	41	43	43	35	50	55	53	47	46	49	48	41
United Kingdom	42	38	35	30	55	52	51	47	49	45	43	39
Average (unw.) all	35	38	37	34	35	39	39	35	35	39	38	35
Average (unw.) 20 countries	35	38	37	32	35	39	38	34	35	39	38	33

Table 57. Proportion reporting having had five or more drinks^{a)} on one occasion during the last 30 days by gender. Percentages. 1995–2007.^{b)}

Country	Boys				Girls				All students			
	1995	1999	2003	2007	1995	1999	2003	2007	1995	1999	2003	2007
Austria	.	.	..	..	.	.	..	..	.	.	..	..
Belgium (Flanders)	.	.	60	48	.	.	43	33	.	.	52	41
Bulgaria	.	43	47	56	.	25	32	38	.	33	39	47
Croatia	36	38	42	55	18	24	30	45	27	31	36	50
Cyprus	..	51	44	44	..	27	24	24	..	38	33	34
Czech Republic	46	54	54	55	28	34	41	48	38	43	47	52
Denmark	63	72	67	..	59	56	53	..	61	64	60	..
Estonia	47	55	53	57	32	41	40	51	39	47	46	54
Faroe Islands	36	40	50	43	26	29	40	42	31	34	45	42
Finland	53	53	42	35	49	43	38	33	51	48	40	34
France	.	40	34	47	.	25	23	39	.	33	28	43
Germany (6 Bundesl.)	.	.	..	..	.	.	..	..	.	.	..	..
Greece	.	41	45	50	.	24	33	33	.	31	39	41
Greenland	.	60	48	.	.	59	46	.	.	59	47	.
Hungary	32	29	37	39	15	18	23	33	23	23	30	36
Iceland	38	31	31	20	34	26	28	24	36	28	30	22
Ireland	52	57	57	..	42	56	57	..	47	57	57	..
Isle of Man	.	.	55	62	.	.	59	61	.	.	57	61
Italy	38	..	43	45	20	..	25	32	31	..	34	38
Latvia	..	51	49	60	..	40	36	48	..	45	42	54
Lithuania	44	47	45	48	34	26	33	35	38	36	39	41
Malta	49	56	58	62	32	42	43	52	40	48	50	57
Netherlands	.	..	66	..	.	..	50	..	.	..	58	..
Norway	38	50	44	35	35	51	49	42	37	50	47	38
Poland	43	56	35	44	26	37	15	34	34	46	23	39
Portugal	18	29	33	58	11	18	19	53	14	23	25	56
Romania	.	38	35	45	.	19	16	22	.	27	24	33
Russia (Moscow)	.	46	44	33	.	35	33	29	.	40	38	31
Slovak Republic	39	38	49	52	18	25	34	48	29	31	41	50
Slovenia	28	51	48	55	17	42	39	47	23	47	44	51
Sweden	44	47	39	36	38	38	35	39	41	43	37	37
Switzerland	.	.	49	40	.	.	32	31	.	.	41	35
Ukraine	50	41	46	42	41	29	31	30	46	35	39	36
United Kingdom	51	57	52	52	49	55	56	55	50	56	54	54
Average (unw.) all	42	47	47	47	31	35	36	39	37	41	41	43
Average (unw.) 17 countries	41	45	45	46	30	34	35	42	35	39	40	44

^{a)} “A ‘drink’ is a glass/bottle/can of beer (ca 50 cl), a glass/bottle/can of cider (ca 50 cl), 2 glasses/bottles of alcopops (ca 50 cl), a glass of wine (ca 15 cl), a glass of spirits (ca 5 cl) or a mixed drink.”

^{b)} The question referred to “five or more drinks in a row” 1995–2003 and nor cider or alcopops were included among the examples. However, a questionnaire test in eight countries found no significant differences between the two versions.

Table 58. Proportion reporting having had five or more drinks ^{a)} on one occasion, three times or more during the last 30 days, by gender. Percentages. 1995–2007. ^{b)}

Country	Boys				Girls				All students			
	1995	1999	2003	2007	1995	1999	2003	2007	1995	1999	2003	2007
Austria	.	.	..	..	.	.	..	..	.	.	..	..
Belgium (Flanders)	.	.	28	19	.	.	13	11	.	.	20	15
Bulgaria	.	15	26	26	.	6	16	14	.	11	21	20
Croatia	13	15	19	28	3	7	10	19	8	12	15	24
Cyprus	..	18	15	16	..	6	5	6	..	12	10	11
Czech Republic	19	25	24	23	7	11	13	17	14	17	18	20
Denmark	26	37	31	..	19	22	18	..	22	30	24	..
Estonia	14	18	26	32	5	12	15	25	10	14	20	29
Faroe Islands	18	21	21	20	6	8	17	20	12	15	19	20
Finland	22	21	19	14	18	15	14	13	19	18	16	13
France	.	16	13	22	.	7	7	14	.	12	9	18
Germany (6 Bundesl.)	.	.	..	..	.	.	..	..	.	.	..	..
Greece	.	24	14	19	.	18	8	9	.	13	11	14
Greenland	.	25	23	.	.	22	16	.	.	25	19	.
Hungary	18	18	12	15	7	8	5	11	13	12	8	13
Iceland	12	18	13	7	9	15	9	9	11	17	11	8
Ireland	25	32	31	..	20	32	33	..	23	31	32	..
Isle of Man	.	.	26	33	.	.	30	35	.	.	27	34
Italy	25	..	19	18	9	..	8	11	20	..	13	14
Latvia	..	19	24	23	..	9	18	13	..	14	22	18
Lithuania	13	12	19	17	6	5	7	8	10	9	13	12
Malta	20	25	32	36	11	18	19	27	16	22	25	32
Netherlands	.	..	37	..	.	..	20	..	.	..	28	..
Norway	19	26	25	18	15	23	24	21	17	24	24	19
Poland	18	41	18	16	7	23	5	11	11	31	10	14
Portugal	5	11	20	15	2	4	10	10	4	7	15	12
Romania	.	18	19	13	.	6	5	3	.	11	11	8
Russia (Moscow)	.	20	22	13	.	12	12	9	.	16	17	11
Slovak Republic	10	12	20	23	3	7	12	18	7	8	15	21
Slovenia	10	29	23	24	5	19	18	15	7	25	22	19
Sweden	19	22	18	17	12	13	14	16	16	17	16	16
Switzerland	.	.	21	13	.	.	11	7	.	.	15	10
Ukraine	14	12	28	14	9	8	15	8	11	10	22	11
United Kingdom	24	33	26	26	20	27	29	28	22	30	27	27
Average (unw.) all	17	22	22	20	10	13	15	15	14	17	18	17
Average (unw.) 17 countries	16	21	22	20	9	13	14	16	12	17	18	18

^{a)} "A 'drink' is a glass/bottle/can of beer (ca 50 cl), a glass/bottle/can of cider (ca 50 cl), 2 glasses/bottles of alcopops (ca 50 cl), a glass of wine (ca 15 cl), a glass of spirits (ca 5 cl) or a mixed drink."

^{b)} The question referred to "five or more drinks in a row" 1995–2003 and nor cider or alcopops were included among the examples. However, a questionnaire test in eight countries found no significant differences between the two versions.

Table 59. Lifetime use of any illicit drug^{a)} by gender. Percentages. 1995–2007.

Country	Boys				Girls				All students			
	1995	1999	2003	2007	1995	1999	2003	2007	1995	1999	2003	2007
Austria	.	.	25	23	.	.	21	19	.	.	23	22
Belgium (Flanders)	.	.	38	29	.	.	25	21	.	.	31	25
Bulgaria	.	15	24	29	.	12	19	19	.	14	22	24
Croatia	10	19	24	21	5	14	22	17	8	17	23	19
Cyprus	11	6	8	10	3	2	3	4	6	3	5	7
Czech Republic	26	40	48	48	19	30	40	43	23	35	44	46
Denmark	20	31	27	..	15	20	19	..	18	25	23	..
Estonia	11	21	28	35	5	12	19	21	8	16	24	28
Faroe Islands	12	9	9	7	11	6	10	6	12	8	10	6
Finland	5	11	11	9	6	10	12	8	5	10	11	8
France	.	38	43	37	.	32	34	29	.	35	38	33
Germany (6 Bundesl.)	.	.	33	27	.	.	27	20	.	.	30	23
Greece	.	13	8	14	.	7	5	4	.	10	7	9
Greenland	.	21	29	.	.	21	26	.	.	21	27	.
Hungary	5	17	18	18	4	8	14	13	5	12	16	15
Iceland	12	18	15	11	8	13	11	9	10	16	13	10
Ireland	42	35	41	25	32	29	40	21	37	32	40	22
Isle of Man	.	.	42	36	.	.	39	34	.	.	40	35
Italy	24	29	33	29	17	24	24	23	21	26	28	25
Latvia	..	26	21	27	..	18	13	17	..	22	17	22
Lithuania	4	21	21	26	3	10	10	14	3	15	16	20
Malta	3	9	13	18	2	8	9	13	2	8	11	15
Netherlands	.	..	32	31	.	..	24	27	.	..	29	29
Norway	8	15	9	7	5	11	10	5	6	13	9	6
Poland	13	23	25	24	6	13	14	13	9	18	19	18
Portugal	11	16	21	18	6	9	15	10	8	12	18	14
Romania	.	10	5	7	.	9	2	4	.	10	3	5
Russia (Moscow)	.	26	26	31	.	22	19	23	.	24	22	27
Slovak Republic	13	24	32	38	6	17	22	29	10	20	27	33
Slovenia	15	28	31	26	12	23	27	21	13	26	29	24
Sweden	7	11	10	10	5	6	7	7	6	9	8	8
Switzerland	.	.	45	40	.	.	37	28	.	.	41	34
Ukraine	20	27	29	20	9	14	12	9	14	21	21	15
United Kingdom	44	39	42	31	40	33	35	28	42	36	38	29
Average (unw.) all	15	21	25	24	10	15	20	17	13	18	22	21
Average (unw.) 20 countries	15	21	23	22	10	15	18	16	12	18	21	18

a) "Any illicit drug" includes cannabis, ecstasy, amphetamines, LSD or other hallucinogens, crack, cocaine and heroin.

Table 60. Lifetime use of marijuana or hashish by gender. Percentages. 1995–2007.

Country	Boys				Girls				All students			
	1995	1999	2003	2007	1995	1999	2003	2007	1995	1999	2003	2007
Austria	.	.	23	19	.	.	18	15	.	.	21	17
Belgium (Flanders)	.	.	37	28	.	.	25	19	.	.	31	24
Bulgaria	.	14	23	27	.	11	19	18	.	12	21	22
Croatia	13	18	24	21	5	13	20	16	9	16	22	18
Cyprus	7	5	7	8	2	1	2	3	5	2	4	5
Czech Republic	25	40	48	48	18	30	40	42	22	35	44	45
Denmark	20	30	27	..	15	20	18	..	17	24	23	..
Estonia	10	18	28	33	5	8	18	19	7	13	23	26
Faroe Islands	11	8	9	6	11	6	10	6	11	7	9	6
Finland	5	10	11	8	5	9	11	7	5	10	11	8
France	.	38	42	35	.	32	35	28	.	35	38	31
Germany (6 Bundesl.)	.	.	31	24	.	.	24	17	.	.	27	20
Greece	.	11	7	10	.	7	5	3	.	9	6	6
Greenland	.	23	29	.	.	23	26	.	.	23	27	.
Hungary	5	16	18	16	4	7	13	11	4	11	16	13
Iceland	12	18	14	10	8	13	11	8	10	15	13	9
Ireland	42	35	38	23	31	29	39	17	37	32	39	20
Isle of Man	.	.	41	35	.	.	38	34	.	.	39	34
Italy	21	28	31	26	16	23	23	21	19	25	27	23
Latvia	..	22	20	24	..	12	12	13	..	17	16	18
Lithuania	2	17	18	24	1	6	9	13	1	12	13	18
Malta	10	7	13	15	7	7	8	11	8	7	10	13
Netherlands	.	..	32	31	.	..	24	26	.	..	28	28
Norway	7	14	9	7	5	10	9	5	6	12	9	6
Poland	12	19	23	22	5	10	13	11	8	14	18	16
Portugal	9	12	18	17	5	7	12	9	7	9	15	13
Romania	.	2	4	5	.	1	2	2	.	1	3	4
Russia (Moscow)	.	25	26	29	.	20	18	22	.	22	22	26
Slovak Republic	12	24	32	37	6	15	22	28	9	19	27	32
Slovenia	14	27	31	24	12	23	26	20	13	25	28	22
Sweden	7	11	9	9	5	6	6	6	6	8	7	7
Switzerland	.	.	44	39	.	.	36	27	.	.	40	33
Ukraine	20	26	29	19	9	13	12	8	14	20	21	14
United Kingdom	44	39	41	30	38	32	35	28	41	35	38	29
Average (unw.) all	15	20	25	22	10	14	19	16	12	17	22	19
Average (unw.) 20 countries	14	20	23	20	10	13	17	14	12	16	20	17

Table 61. Use of marijuana or hashish during the last 12 months by gender. Percentages. 1995–2007.

Country	Boys				Girls				All students			
	1995	1999	2003	2007	1995	1999	2003	2007	1995	1999	2003	2007
Austria	.	.	19	14	.	.	15	12	.	.	17	13
Belgium (Flanders)	.	.	32	23	.	.	22	15	.	.	27	19
Bulgaria	.	10	18	21	.	7	15	14	.	8	16	17
Croatia	10	14	17	15	4	10	15	12	6	12	16	13
Cyprus	4	3	4	7	1	0	1	2	3	2	3	4
Czech Republic	19	32	38	38	13	23	33	32	16	27	36	35
Denmark	17	23	21	..	12	14	13	..	14	19	17	..
Estonia	..	13	18	24	..	6	11	13	..	9	14	19
Faroe Islands	7	5	3	3	10	4	5	4	9	5	4	4
Finland	3	9	7	6	5	7	8	6	4	8	8	6
France	.	33	35	28	.	28	28	21	.	31	31	24
Germany (6 Bundesl.)	.	.	24	18	.	.	19	12	.	.	21	15
Greece	.	10	6	8	.	5	4	3	.	7	5	5
Greenland	.	16	25	.	.	15	18	.	.	16	25	.
Hungary	3	12	13	12	3	5	9	8	3	8	11	10
Iceland	10	13	11	7	6	9	9	6	8	11	10	6
Ireland	39	31	31	17	27	22	32	14	33	26	31	15
Isle of Man	.	.	36	28	.	.	32	25	.	.	34	26
Italy	18	23	26	22	15	19	19	17	18	20	22	19
Latvia	..	15	12	15	..	7	7	8	..	11	9	11
Lithuania	1	15	15	15	0	4	6	8	1	10	11	12
Malta	7	5	10	12	5	5	7	9	6	5	9	11
Netherlands	.	..	27	27	.	..	18	22	.	..	23	25
Norway	6	10	6	5	3	8	6	3	5	9	6	4
Poland	8	16	19	16	4	8	9	8	6	12	14	12
Portugal	8	12	15	14	4	6	11	6	6	9	13	10
Romania	.	1	2	3	.	0	1	1	.	1	2	2
Russia (Moscow)	.	15	18	20	.	13	14	13	.	14	16	17
Slovak Republic	8	18	24	27	4	12	16	21	6	15	20	24
Slovenia	11	23	24	18	10	23	22	17	10	21	23	18
Sweden	5	8	5	6	4	4	4	4	4	6	5	5
Switzerland	.	.	35	32	.	.	28	22	.	.	31	27
Ukraine	12	18	18	10	5	8	6	5	8	13	12	7
United Kingdom	38	32	34	24	32	26	28	21	35	29	31	22
Average (unw.) all	12	16	19	17	8	11	14	12	10	13	17	14
Average (unw.) 19 countries	11	16	17	14	8	11	13	11	10	13	15	12

Table 62. Use of marijuana or hashish during the last 30 days by gender. Percentages. 1995–2007.

Country	Boys				Girls				All students			
	1995	1999	2003	2007	1995	1999	2003	2007	1995	1999	2003	2007
Austria	.	.	12	8	.	.	7	4	.	.	10	6
Belgium (Flanders)	.	.	18	15	.	.	9	10	.	.	14	12
Bulgaria	.	5	10	10	.	3	7	5	.	4	8	7
Croatia	4	7	9	7	1	5	7	5	3	6	8	6
Cyprus	2	2	3	6	1	0	1	1	2	1	2	3
Czech Republic	8	20	21	21	6	13	17	16	7	16	19	18
Denmark	8	11	10	..	4	6	5	..	6	8	8	..
Estonia	..	7	8	9	..	3	4	4	..	5	6	6
Faroe Islands	2	2	2	0	3	0	1	2	2	1	1	1
Finland	1	3	3	3	1	2	2	2	1	2	3	2
France	.	25	26	18	.	19	18	12	.	22	22	15
Germany (6 Bundesl.)	.	.	14	10	.	.	9	4	.	.	12	7
Greece	.	7	2	5	.	2	2	1	.	4	3	3
Greenland	.	12	12	.	.	8	11	.	.	10	11	.
Hungary	1	5	7	6	1	2	5	4	1	4	6	5
Iceland	5	5	4	3	3	3	4	2	4	4	4	3
Ireland	25	18	16	11	12	11	17	7	19	15	17	9
Isle of Man	.	.	24	19	.	.	19	12	.	.	21	16
Italy	13	17	19	16	10	12	12	10	13	14	15	13
Latvia	..	8	5	5	..	3	2	3	..	5	4	4
Lithuania	1	6	8	6	0	2	3	4	0	4	6	5
Malta	3	3	5	6	1	2	3	5	2	3	4	5
Netherlands	.	..	17	18	.	..	9	11	.	..	13	15
Norway	4	5	3	3	2	3	2	2	3	4	3	2
Poland	4	10	10	9	1	4	5	3	3	7	8	6
Portugal	4	7	11	8	2	3	5	4	4	5	7	6
Romania	.	1	1	1	.	0	0	0	.	0	1	1
Russia (Moscow)	.	5	7	9	.	5	6	5	.	5	7	7
Slovak Republic	5	8	10	13	1	5	9	10	3	6	10	11
Slovenia	7	14	14	9	5	11	14	10	5	13	14	9
Sweden	2	3	2	3	1	1	1	1	1	2	1	2
Switzerland	.	.	23	19	.	.	17	12	.	.	20	15
Ukraine	6	7	8	4	2	3	2	1	5	5	5	3
United Kingdom	29	18	23	13	20	15	16	10	24	16	20	11
Average (unw.) all	7	9	11	9	4	5	7	6	5	7	9	7
Average (unw.) 19 countries	7	8	9	7	4	5	6	5	5	6	8	6

Table 63. Cannabis use at the age of 13 or younger, by gender. Percentages. 1995–2007.

Country	Boys				Girls				All students			
	1995	1999	2003	2007	1995	1999	2003	2007	1995	1999	2003	2007
Austria	.	.	5	4	.	.	5	3	.	.	5	3
Belgium (Flanders)	.	.	10	5	.	.	6	4	.	.	8	5
Bulgaria	.	2	4	6	.	1	2	3	.	2	3	4
Croatia	3	3	4	3	1	1	3	2	1	2	4	2
Cyprus	..	1	1	3	..	0	0	1	..	1	1	2
Czech Republic	1	4	6	10	1	4	7	8	1	1	6	9
Denmark	5	6	6	..	2	4	5	..	4	5	6	..
Estonia	1	3	6	7	0	1	2	3	0	2	4	5
Faroe Islands	3	2	1	0	1	0	1	1	2	1	1	0
Finland	1	1	2	2	1	1	2	1	1	1	2	1
France	.	9	..	10	.	6	..	6	.	7	..	8
Germany (6 Bundesl.)	.	.	9	6	.	.	8	6	.	.	9	6
Greece	.	2	1	2	.	1	1	0	.	1	1	1
Greenland	.	3	7	.	.	4	6	.	.	4	6	.
Hungary	1	1	2	3	0	0	2	2	0	1	2	2
Iceland	1	3	3	3	1	2	2	2	1	3	3	2
Ireland	10	9	8	7	4	5	7	6	7	7	8	7
Isle of Man	.	.	12	17	.	.	13	11	.	.	12	14
Italy	2	3	5	5	2	3	3	3	2	3	4	4
Latvia	..	3	4	6	..	1	2	2	..	2	3	4
Lithuania	0	1	2	4	0	0	1	2	0	1	1	3
Malta	1	2	2	3	1	1	2	3	1	1	2	3
Netherlands	.	..	9	7	.	..	7	6	.	..	8	6
Norway	1	3	3	2	1	1	2	1	1	2	3	1
Poland	1	2	4	4	0	1	1	2	1	1	1	3
Portugal	2	3	5	3	1	2	4	2	2	2	4	3
Romania	.	0	0	1	.	0	0	0	.	0	0	0
Russia (Moscow)	.	5	5	5	.	4	3	5	.	4	4	5
Slovak Republic	1	2	6	9	0	2	4	6	1	2	5	7
Slovenia	2	4	8	5	2	3	6	5	2	4	7	5
Sweden	1	2	2	2	0	0	1	1	1	1	1	2
Switzerland	.	.	13	11	.	.	9	6	.	.	11	9
Ukraine	2	4	5	4	0	1	1	1	1	2	3	3
United Kingdom	16	14	14	10	13	14	12	9	14	14	13	9
Average (unw.) all	3	3	5	5	2	2	4	4	2	3	5	4
Average (unw.) 19 countries	3	3	4	4	1	2	3	3	2	3	4	4

Table 64. Lifetime use of any illicit drug other than marijuana or hashish ^{a)} by gender. Percentages. 1995–2007.

Country	Boys				Girls				All students			
	1995	1999	2003	2007	1995	1999	2003	2007	1995	1999	2003	2007
Austria	.	.	8	12	.	.	8	9	.	.	8	11
Belgium (Flanders)	.	.	10	10	.	.	7	8	.	.	8	9
Bulgaria	.	5	5	11	.	5	4	7	.	5	4	9
Croatia	5	6	6	4	3	5	6	3	4	6	6	4
Cyprus	4	4	4	7	1	1	1	2	2	2	3	5
Czech Republic	5	10	11	10	4	8	12	9	4	9	11	9
Denmark	3	9	7	..	3	5	5	..	3	7	6	..
Estonia	3	11	10	10	1	7	11	9	2	9	10	9
Faroe Islands	3	3	1	1	1	3	3	2	2	3	2	1
Finland	1	1	2	3	1	3	3	3	1	2	3	3
France	.	6	8	12	.	5	7	9	.	5	7	11
Germany (6 Bundesl.)	.	.	9	9	.	.	10	8	.	.	10	9
Greece	.	6	3	7	.	2	2	2	.	4	3	5
Greenland	.	5	3	.	.	4	4	.	.	4	4	.
Hungary	1	6	5	8	1	4	5	7	1	5	5	7
Iceland	5	5	7	6	3	4	5	5	4	5	6	5
Ireland	19	11	8	9	12	8	10	10	16	9	9	10
Isle of Man	.	.	10	18	.	.	10	15	.	.	10	16
Italy	9	9	11	11	6	7	6	7	8	8	8	9
Latvia	..	12	5	14	..	10	4	9	..	11	5	11
Lithuania	2	11	8	8	1	6	6	5	2	9	7	7
Malta	2	3	4	11	1	3	4	7	1	3	4	9
Netherlands	.	..	8	8	.	..	5	6	.	..	6	7
Norway	4	7	2	3	2	5	3	3	3	6	3	3
Poland	5	15	9	9	3	8	6	5	4	11	7	7
Portugal	4	8	9	7	2	4	6	4	3	6	7	6
Romania	.	9	2	3	.	9	1	3	.	9	2	3
Russia (Moscow)	.	7	5	10	.	10	4	7	.	9	4	8
Slovak Republic	3	6	6	10	1	5	5	8	2	5	6	9
Slovenia	3	7	4	7	2	7	5	8	3	7	5	8
Sweden	2	4	3	5	1	2	3	3	2	3	3	4
Switzerland	.	.	6	8	.	.	5	6	.	.	6	7
Ukraine	2	5	3	5	1	3	1	3	1	4	2	4
United Kingdom	23	13	9	9	20	11	9	9	22	12	9	9
Average (unw.) all	5	7	6	8	3	6	5	6	4	6	6	7
Average (unw.) 20 countries	5	7	6	7	3	5	6	6	4	6	6	6

^{a)} Any illicit drug but cannabis includes ecstasy, amphetamines, LSD or other hallucinogens, crack, cocaine and heroin.

Table 65. Lifetime use of ecstasy by gender. Percentages. 1995–2007.

Country	Boys				Girls				All students			
	1995	1999	2003	2007	1995	1999	2003	2007	1995	1999	2003	2007
Austria	.	.	3	3	.	.	3	3	.	.	3	3
Belgium (Flanders)	.	.	5	6	.	.	4	5	.	.	4	5
Bulgaria	.	2	3	8	.	1	2	4	.	1	3	6
Croatia	3	4	5	2	2	2	4	1	2	3	5	2
Cyprus	2	2	2	4	1	0	1	1	2	1	2	3
Czech Republic	0	4	8	5	0	3	8	4	0	4	8	5
Denmark	1	4	3	..	0	2	2	..	1	3	2	..
Estonia	0	4	5	6	0	3	5	5	0	3	5	6
Faroe Islands	0	1	0	0	0	0	2	1	0	1	1	1
Finland	0	1	1	2	0	1	2	1	0	1	1	2
France	.	4	4	4	.	2	3	4	.	3	3	4
Germany (6 Bundesl.)	.	.	3	3	.	.	4	3	.	.	3	3
Greece	.	4	2	3	.	1	1	1	.	2	2	2
Greenland	.	0	2	.	.	0	2	.	.	0	2	.
Hungary	0	4	3	5	1	3	4	4	0	3	3	5
Iceland	2	1	2	2	1	1	3	2	2	1	3	2
Ireland	11	6	4	3	6	4	5	4	9	5	5	4
Isle of Man	.	.	7	8	.	.	6	7	.	.	7	7
Italy	4	3	4	4	3	1	2	3	4	2	3	3
Latvia	..	8	3	7	..	5	3	6	..	6	3	7
Lithuania	0	6	3	5	0	2	1	2	0	4	2	3
Malta	2	3	1	4	1	2	1	3	2	2	1	4
Netherlands	.	..	6	5	.	..	3	4	.	..	5	4
Norway	3	3	2	1	1	2	1	1	2	3	2	1
Poland	1	3	3	5	0	2	2	2	1	3	3	4
Portugal	1	3	5	3	0	2	3	1	1	2	4	2
Romania	.	0	1	2	.	0	0	1	.	0	1	1
Russia (Moscow)	.	3	3	6	.	2	2	5	.	2	3	6
Slovak Republic	0	2	3	7	0	1	3	4	0	2	3	6
Slovenia	2	4	3	3	1	4	4	3	1	4	3	3
Sweden	1	2	2	3	0	1	1	1	1	1	2	2
Switzerland	.	.	2	3	.	.	2	2	.	.	2	2
Ukraine	0	3	2	4	0	1	0	1	0	2	1	3
United Kingdom	9	3	5	5	7	3	5	3	8	3	5	4
Average (unw.) all	2	3	3	4	1	2	3	3	2	2	3	4
Average (unw.) 20 countries	2	3	3	4	1	2	3	2	2	3	3	3

Table 66. Lifetime use of tranquillisers or sedatives without a doctor's prescription by gender. Percentages. 1995–2007.

Country	Boys				Girls				All students			
	1995	1999	2003	2007	1995	1999	2003	2007	1995	1999	2003	2007
Austria	.	.	1	2	.	.	2	2	.	.	2	2
Belgium (Flanders)	.	.	10	6	.	.	10	11	.	.	10	9
Bulgaria	.	3	2	3	.	4	2	2	.	4	2	3
Croatia	6	6	4	3	11	9	9	6	8	8	6	5
Cyprus	7	6	7	8	9	5	5	6	8	6	6	7
Czech Republic	8	14	8	6	15	21	14	12	11	18	11	9
Denmark	9	5	4	..	12	5	5	..	11	5	4	..
Estonia	2	2	5	6	2	1	13	8	2	2	9	7
Faroe Islands	5	5	5	3	2	2	5	4	4	3	5	3
Finland	4	3	4	4	6	9	9	9	5	6	7	7
France	.	10	10	12	.	14	15	18	.	12	13	15
Germany (6 Bundesl.)	.	.	1	2	.	.	2	3	.	.	2	3
Greece	.	5	3	4	.	5	5	5	.	5	4	4
Greenland	.	3	3	.	.	2	4	.	.	3	3	.
Hungary	5	7	7	6	11	13	13	12	8	10	10	9
Iceland	9	10	8	7	10	10	10	8	9	10	9	7
Ireland	6	5	2	2	9	4	2	4	7	5	2	3
Isle of Man	.	.	6	7	.	.	3	6	.	.	5	7
Italy	8	5	5	7	15	8	7	13	11	7	6	10
Latvia	..	3	2	4	..	4	4	5	..	3	3	4
Lithuania	8	8	10	9	20	17	18	21	15	12	14	16
Malta	8	5	2	3	10	5	3	6	9	5	3	5
Netherlands	.	..	7	6	.	..	10	8	.	..	8	7
Norway	2	4	3	3	3	3	3	5	3	4	3	4
Poland	11	13	12	11	25	24	22	24	18	18	17	18
Portugal	8	6	4	4	8	9	7	9	8	8	5	6
Romania	.	4	3	2	.	7	7	6	.	5	6	4
Russia (Moscow)	.	4	2	2	.	9	3	4	.	6	3	3
Slovak Republic	3	5	3	3	6	9	5	7	4	7	4	5
Slovenia	5	7	3	3	10	9	8	8	8	8	5	5
Sweden	5	5	5	6	7	6	7	9	6	6	6	7
Switzerland	.	.	4	5	.	.	7	10	.	.	6	8
Ukraine	3	3	3	3	3	2	1	5	3	3	2	4
United Kingdom	7	6	2	2	10	3	1	1	8	4	2	2
Average (unw.) all	6	6	5	5	10	8	7	8	8	7	6	7
Average (unw.) 20 countries	6	6	5	5	10	8	8	9	8	8	7	7

Table 67. Lifetime use of alcohol together with pills^{a)} by gender. Percentages. 1995–2007.

Country	Boys				Girls				All students			
	1995	1999	2003	2007	1995	1999	2003	2007	1995	1999	2003	2007
Austria	.	.	8	10	.	.	20	14	.	.	13	12
Belgium (Flanders)	.	.	8	4	.	.	7	4	.	.	8	4
Bulgaria	.	3	3	4	.	5	5	3	.	4	4	3
Croatia	6	9	7	6	7	11	12	10	6	10	9	8
Cyprus ^{b)}	5	4	3	4	4	2	2	2	5	3	2	3
Czech Republic	8	9	7	14	10	19	15	23	9	14	12	18
Denmark	9	11	6	..	16	19	8	..	13	15	7	..
Estonia	..	3	4	4	..	5	8	6	..	4	6	5
Faroe Islands	7	9	4	4	13	12	16	9	10	11	10	6
Finland	11	7	5	4	25	19	18	13	17	13	12	9
France	.	6	5	5	.	9	10	8	.	8	7	6
Germany (6 Bundesl.)	.	.	10	6	.	.	22	9	.	.	16	7
Greece	.	4	2	3	.	4	3	3	.	4	2	3
Greenland	.	3	2	.	.	1	2	.	.	2	2	.
Hungary	9	7	8	9	11	8	13	14	10	8	11	12
Iceland	..	8	6	3	..	13	11	5	..	10	8	4
Ireland	..	9	6	5	..	14	13	9	..	11	9	7
Isle of Man	.	.	9	9	.	.	11	16	.	.	10	12
Italy	5	3	4	4	7	3	2	3	6	3	3	4
Latvia	..	7	5	6	..	7	7	10	..	7	6	8
Lithuania	2	7	6	4	2	6	8	6	2	7	7	5
Malta	10	9	7	10	15	14	11	12	13	12	9	11
Netherlands	.	..	5	3	.	..	4	6	.	..	4	4
Norway	7	6	3	3	12	10	6	5	9	8	5	4
Poland	6	8	6	4	8	12	11	6	7	10	9	5
Portugal	4	4	3	3	5	6	4	3	5	5	4	3
Romania ^{c)}	.	4	2	5	.	4	4	4	.	4	3	4
Russia (Moscow)	.	5	6	6	.	9	6	7	.	7	6	7
Slovak Republic	5	7	11	8	5	13	18	16	5	11	15	12
Slovenia	6	7	4	3	8	12	9	6	7	9	6	4
Sweden	12	9	5	4	24	18	12	10	18	14	8	7
Switzerland	.	.	4	5	.	.	5	6	.	.	4	6
Ukraine	5	3	4	1	3	3	4	1	4	3	4	1
United Kingdom	14	9	6	6	25	13	8	9	20	11	7	7
Average (unw.) all	7	6	5	5	11	10	9	8	9	8	7	7
Average (unw.) 17 countries	7	7	5	5	11	11	10	9	9	9	8	7

a) In 2007 “...in order to get high” was added in the wording. However, a questionnaire test found no significant differences between the two different versions.

b) Cyprus 2007 “to feel differently”.

c) Romania 2007 “to feel better”.

Table 68. Lifetime use of inhalants^{a)} by gender. Percentages. 1995–2007.

Country	Boys				Girls				All students			
	1995	1999	2003	2007	1995	1999	2003	2007	1995	1999	2003	2007
Austria	.	.	14	17	.	.	14	11	.	.	14	14
Belgium (Flanders)	.	.	9	8	.	.	4	7	.	.	6	8
Bulgaria	.	4	4	4	.	2	3	2	.	3	3	3
Croatia	13	15	14	11	14	12	14	12	13	13	14	11
Cyprus	3	..	19	17	1	..	16	14	3	..	18	16
Czech Republic	8	8	9	7	7	6	9	7	8	7	9	7
Denmark	6	7	9	..	6	8	7	..	6	7	8	..
Estonia	8	8	9	11	7	6	7	7	8	7	8	9
Faroe Islands	12	7	10	7	4	3	13	9	8	5	11	8
Finland	5	5	8	11	4	6	8	10	4	5	8	10
France	.	12	12	13	.	9	10	11	.	11	11	12
Germany (6 Bundesl.)	.	.	12	12	.	.	11	9	.	.	11	11
Greece	.	18	17	11	.	12	13	7	.	14	15	9
Greenland	.	21	23	.	.	17	22	.	.	19	22	.
Hungary	7	6	6	9	5	3	4	7	6	4	5	8
Iceland	6	13	12	4	10	8	11	3	8	11	12	4
Ireland	..	22	14	14	..	21	21	16	..	22	18	15
Isle of Man	.	.	18	16	.	.	20	19	.	.	19	17
Italy	9	7	8	6	6	5	5	5	8	6	6	5
Latvia	..	7	8	13	..	4	7	13	..	6	7	13
Lithuania	18	13	6	3	14	6	4	2	16	10	5	3
Malta	17	15	16	18	17	17	15	15	17	16	16	16
Netherlands	.	..	7	6	.	..	5	6	.	..	6	6
Norway	7	6	6	8	7	5	4	6	7	6	5	7
Poland	11	10	10	8	8	7	8	5	9	9	9	6
Portugal	4	4	10	5	2	3	6	3	3	3	8	4
Romania	.	2	2	4	.	1	1	4	.	1	2	4
Russia (Moscow)	.	11	7	7	.	8	6	4	.	9	7	6
Slovak Republic	8	8	10	13	5	6	7	13	6	7	9	13
Slovenia	14	15	15	16	10	13	15	15	12	14	15	16
Sweden	15	9	8	9	9	8	8	9	12	8	8	9
Switzerland	.	.	9	9	.	.	6	8	.	.	7	9
Ukraine	7	9	9	3	4	7	4	2	5	8	6	3
United Kingdom	20	14	12	8	21	17	13	10	20	15	12	9
Average (unw.) all	10	10	11	10	8	8	9	8	9	9	10	9
Average (unw.) 18 countries	11	10	10	9	9	8	9	8	9	9	9	8

a) “...(glue, etc)in order to get high”. The definition of inhalant use was rephrased in the 2007 questionnaire. However, a questionnaire test in eight countries found no significant differences between the old and the new version.

Table 69. Lifetime abstinence from tobacco, alcohol, inhalants, tranquillisers or sedatives ^{a)} and illicit drugs ^{b)}, by gender. 1995–2007.

Country	Boys				Girls				All students			
	1995	1999	2003	2007	1995	1999	2003	2007	1995	1999	2003	2007
Austria	.	.	4	2	.	.	2	4	.	.	3	3
Belgium (Flanders)	.	.	3	7	.	.	7	10	.	.	5	8
Bulgaria	.	6	5	8	.	8	7	11	.	7	6	9
Croatia	7	7	6	5	12	10	7	6	9	8	7	5
Cyprus	5	..	6	6	9	..	12	13	7	..	9	10
Czech Republic	2	1	1	2	2	1	1	1	2	1	1	2
Denmark	2	1	2	..	3	2	3	..	2	2	3	..
Estonia	3	..	3	5	5	..	4	4	4	..	3	5
Faroe Islands	6	4	5	..	6	7	6	..	6	5	6	..
Finland	6	6	8	12	7	7	9	12	7	7	9	12
France	.	8	8	8	.	9	8	8	.	9	8	8
Germany (6 Bundesl.)	.	.	3	4	.	.	2	4	.	.	3	4
Greece	.	1	2	5	.	2	4	6	.	2	3	5
Greenland	.	5	11	.	.	3	6	.	.	4	8	.
Hungary	6	6	6	6	6	6	6	5	6	6	6	5
Iceland	17	18	22	32	16	18	23	31	17	18	23	31
Ireland	6	6	7	11	6	5	5	12	6	6	6	11
Isle of Man	.	.	5	3	.	.	3	2	.	.	4	3
Italy	3	8	6	7	10	9	8	8	9	9	7	7
Latvia	..	3	3	2	..	3	4	2	..	3	3	2
Lithuania	3	2	1	3	4	3	2	3	3	3	1	3
Malta	6	4	4	6	6	5	6	8	6	4	5	7
Netherlands	.	..	10	9	.	..	9	6	.	..	9	7
Norway	14	10	14	21	15	9	12	18	14	10	13	19
Poland	4	5	5	9	7	9	6	9	5	7	6	9
Portugal	17	14	12	11	17	15	15	13	17	15	13	12
Romania	.	8	5	8	.	12	9	19	.	10	8	14
Russia (Moscow)	.	5	6	9	.	4	4	6	.	4	5	7
Slovak Republic	0	2	2	4	0	3	2	3	0	3	2	4
Slovenia	9	6	5	5	11	7	6	5	10	7	6	5
Sweden	8	7	10	18	8	8	13	15	8	8	11	16
Switzerland	.	.	5	6	.	.	5	7	.	.	5	7
Ukraine	9	6	6	5	13	7	9	6	11	7	7	6
United Kingdom	3	4	5	6	3	4	4	7	3	4	5	6
Average (unw.) all	6	6	6	8	8	7	7	9	7	7	6	8
Average (unw.) 17 countries	7	6	7	9	8	7	7	9	7	7	7	9

^{a)} “Without a doctor’s prescription”.

^{b)} “Illicit drugs” includes cannabis, ecstasy, amphetamines, LSD or other hallucinogens, crack, cocaine and heroin.



APPENDIX IV

Student questionnaire

Your own
logo

ESPAD

The European School Survey Project on Alcohol and Other Drugs



Final version

January 9, 2007

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 35 European countries. The project is done in cooperation with the Pompidou Group at the Council of Europe. This is the fourth study. The first one was done in 1995, the second in 1999 and the third in 2003.

In your country the survey is done by The results will be presented in a national report as well as in an international comparison of the results from all participating countries. The report will not include any results of single classes and schools.

Your class has been randomly selected to take part in this study. You are one out of about 2.800 students in participating in the study.

This is an anonymous questionnaire – it does not include your name or any other information, which would identify you individually. When you have finished the questionnaire, please put it in the enclosed envelope and seal it yourself. Do not write your name on that either. Your teacher/survey administrator will collect the envelopes after completion.

If the study is to be successful, it is important that you answer each question as thoughtfully and frankly as possible. Remember your answers are totally anonymous.

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.

**Before beginning be sure to read the instructions on the cover.
Please mark your answer to each question by marking 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?

Optional

Year 19 Month: (Mark 01 for January, 02 for February ...
..... and 12 for December)

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) Play computer games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Actively participate in sports, athletics or exercising.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Read books for enjoyment (do not count schoolbooks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Go out in the evening (to a disco, cafe, party etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Other hobbies (play an instrument, sing, draw, write)...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Go around with friends to shopping centres, streets, parks etc just for fun.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Use the Internet for leisure activities (chats, looking for music, playing games etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Play on slot machines (the kind in which you may win money).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

4 During the LAST 30 DAYS on how many days have you missed one or more lessons?

Mark one box for each line.

	None	1 day	2 days	3–4 days	5–6 days	7 days or more
a) Because of illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Because you skipped or "cut"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) For other reasons.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6

5 Which of the following best describes your average grade at the end of the last term?

- 1 A (93–100)
2 A– (90–92)
3 B+ (87–89)
4 B (83–86)
5 B– (80–82)
6 C+ (77–79)
7 C (73–76)
8 C– (70–72)

The next major section of this questionnaire deals with cigarettes, alcohol and various other drugs. There is a lot of talk these days about these subjects, but very little accurate information. Therefore, we still have a lot to learn about the actual experiences and attitudes of people your age.

The following questions are about CIGARETTE SMOKING.

6 How difficult do you think it would be for you to get cigarettes if you wanted?

- 1 Impossible
 2 Very difficult
 3 Fairly difficult
 4 Fairly easy
 5 Very easy
 6 Don't know

7 On how many occasions (if any) during your lifetime have you smoked cigarettes?

- | Number of occasions | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0 | 1-2 | 3-5 | 6-9 | 10-19 | 20-39 | 40 or more |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

8 How frequently have you smoked cigarettes during the LAST 30 DAYS?

- 1 Not at all
 2 Less than 1 cigarette per week
 3 Less than 1 cigarette per day
 4 1-5 cigarettes per day
 5 6-10 cigarettes per day
 6 11-20 cigarettes per day
 7 More than 20 cigarettes per day

9 When (if ever) did you FIRST do each of the following things?

Mark one box for each line.

- | | Never | 9 years
old or less | 10 years
old | 11 years
old | 12 years
old | 13 years
old | 14 years
old | 15 years
old | 16 years
or older |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Smoke your first cigarette | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Smoke cigarettes on a daily basis . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

The next questions are about **ALCOHOLIC BEVERAGES** – including beer, cider, alcopops (premixed drinks), wine and spirits.

10 How difficult do you think it would be for you to get each of the following, if you wanted?

Mark one box for each line.

	Impossible	Very difficult	Fairly difficult	Fairly easy	Very easy	Don't know
a) Beer (do not include alcohol free or low alcohol beer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Cider (do not include low alcohol cider)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Alcopops (premixed drinks with an alcohol content of about 5%)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Spirits (whisky, cognac, shot drinks etc), (also include spirits mixed with soft drinks, excluding alcopops)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6

* Optional

11 On how many occasions (if any) have you had any alcoholic beverage to drink?

Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) In your lifetime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) During the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) During the last 30 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

12 Think back over the LAST 30 DAYS. On how many occasions (if any) have you had any of the following to drink?

Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) Beer (do not include alcohol free or low alcohol beer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Cider (do not include low alcohol cider)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Alcopops (premixed drinks with an alcohol content of about 5%)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Spirits (whisky, cognac, shot drinks etc) (also include spirits mixed with soft drinks, excluding alcopops)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

* Optional

The following questions are about the last day you drank alcohol.

13 When was the last day you drank alcohol?

- 1 I never drink alcohol
- 2 1-7 days ago
- 3 8-14 days ago
- 4 15-30 days ago
- 5 1 month – 1 year ago
- 6 More than 1 year ago

14 Think of the LAST DAY that you drank any alcohol. Which of the following beverages did you drink on that day?

Mark all that apply.

- 1 I never drink alcohol
- 1 Beer (do not include alcohol free or low alcohol beer)
- 1 Cider (do not include low alcohol cider)*
- 1 Alcopops (premixed drinks with an alcohol content of about 5%)*
- 1 Wine
- 1 Spirits

* Optional

Please observe that glasses, bottles and cans in Q14a–14e only are possible examples. In the end it is up to each researcher to describe the cl's in each category in glasses, bottles or cans suitable for his/her country.

14a If you drank beer that last day you drank any alcohol, how much did you drink? (Do not include alcohol free or low alcohol beer.)

- 1 I never drink beer
- 2 I did not drink beer on the last day that I drank alcohol
- 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 More than 4 regular bottles or cans (>200 cl)

Optional

14b If you drank cider that last day you drank any alcohol, how much did you drink? (Do not include alcohol free or low alcohol cider.)

- 1 I never drink cider
- 2 I did not drink cider on the last day that I drank alcohol
- 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 More than 4 regular bottles or cans (>200 cl)

Optional

14c If you drank alcopops (premixed drinks with an alcohol content of about 5%) that last day you drank any alcohol, how much did you drink?

- 1 I never drink alcopops
- 2 I did not drink alcopops on the last day that I drank alcohol
- 3 Less than 2 regular bottles (<50 cl)
- 4 2–3 regular bottles (50–100 cl)
- 5 4–6 regular bottles (101–200 cl)
- 6 7 or more regular bottles (>200 cl)

14d If you drank wine that last day you drank any alcohol, how much did you drink?

- 1 I never drink wine
- 2 I did not drink wine on the last day that I drank alcohol
- 3 Less than 2 glasses (<20 cl)
- 4 2–3 glasses or half a bottle (20–40 cl)
- 5 4–6 glasses (41–74 cl)
- 6 More than 6 glasses (a bottle or more) (≥75 cl)

14e If you drank spirits that last day you drank any alcohol, how much did you drink?

- 1 I never drink spirits
- 2 I did not drink spirits on the last day that I drank alcohol
- 3 Less than 2 drinks (<7 cl)
- 4 2–3 drinks (8–15 cl)
- 5 4–6 drinks (16–24 cl)
- 6 More than 6 drinks (≥25 cl)

14f Please indicate on this scale from 1 to 10 how drunk you would say you were that last day you drank alcohol. (If you felt no effect at all you should mark "1".)

Heavily intoxicated, for example not remembering what happened

Not at all

1 2 3 4 5 6 7 8 9 10

I never drink alcohol

11

The next questions are about alcohol consumption during the last 30 days.

15 Think back over the LAST 30 DAYS. On how many occasions (if any) have you bought beer, cider, alcopops, wine or spirits in a store (grocery store, liquor store, kiosk or petrol station) for your own consumption (off-premise)?

Mark one box for each line.

	Number of occasions					
	0	1-2	3-5	6-9	10-19	20 or more
a) Beer (do not include alcohol free or low alcohol beer).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Cider (do not include low alcohol cider)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Alcopops (premixed drinks with an alcohol content of about 5%)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Wine.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Spirits (whisky, cognac, shot drinks etc) (also include spirits mixed with soft drinks, excluding alcopops)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6

* Optional

16 Think back once more over the LAST 30 DAYS. On how many occasions (if any) have you drunk beer, cider, alcopops, wine or spirits in a pub, bar, restaurant or disco (on-premise)?

Mark one box for each line.

	Number of occasions					
	0	1-2	3-5	6-9	10-19	20 or more
a) Beer (do not include alcohol free or low alcohol beer).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Cider (do not include low alcohol cider)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Alcopops (premixed drinks with an alcohol content of about 5%)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Wine.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Spirits (whisky, cognac, shot drinks etc) (also include spirits mixed with soft drinks, excluding alcopops)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6

* Optional

17 Think back again over the LAST 30 DAYS. How many times (if any) have you had five or more drinks on one occasion? (A "drink" is a glass/bottle/can of beer (ca 50 cl), a glass/bottle/can of cider (ca 50 cl), 2 glasses/bottles of alcopops (ca 50 cl), a glass of wine (ca 15 cl), a 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

Please observe that glasses, bottles and cans only are possible examples. In the end it is up to each researcher to describe the cls in each category in glasses, bottles or cans suitable for his/her country.

The next couple of questions are also about alcohol.

18 On how many occasions (if any) have you been intoxicated from drinking alcoholic beverages, for example staggered when walking, not being able to speak properly, throwing up or not remembering what happened?

Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) In your lifetime.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) During the last 12 months.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) During the last 30 days.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

19 When (if ever) did you FIRST do each of the following things?

Mark one box for each line.

	Never	9 years old or less	10 years old	11 years old	12 years old	13 years old	14 years old	15 years old	16 years or older
a) Drink beer (at least one glass).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Drink cider (at least one glass)*.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Drink alcopops (at least one glass)*.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Drink wine (at least one glass).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Drink spirits (at least one glass).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Get drunk on alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7	8	9

* Optional

20 How likely is it that each of the following things would happen to you personally, if you drink alcohol?

Mark one box for each line.

	Very likely	Likely	Unsure	Unlikely	Very unlikely
a) Feel relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Get into trouble with police.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Harm my health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Feel happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Forget my problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Not be able to stop drinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Get a hangover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Feel more friendly and outgoing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Do something I would regret	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Have a lot of fun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Feel sick.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

21 BECAUSE OF YOUR OWN ALCOHOL USE, how often during the LAST 12 MONTHS have you experienced the following?

Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) Physical fight.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Accident or injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Serious problems with your parents.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Serious problems with your friends.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Performed poorly at school or work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Victimized by robbery or theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Trouble with police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Hospitalised or admitted to an emergency room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Engaged in sexual intercourse without a condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Engaged in sexual intercourse you regretted the next day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

Tranquillisers and sedatives, like (give examples that are appropriate) are sometimes prescribed by doctors to help people to calm down, get to sleep or to relax. Pharmacies are not supposed to sell them without a prescription.

22 Have you ever taken tranquillisers or sedatives because a doctor told you to take them?

- 1 No, never
- 2 Yes, but for less than 3 weeks
- 3 Yes, for 3 weeks or more

The next questions ask about marihuana or hashish (cannabis).

23 How difficult do you think it would be for you to get marihuana or hashish (cannabis) if you wanted?

- 1 Impossible
- 2 Very difficult
- 3 Fairly difficult
- 4 Fairly easy
- 5 Very easy
- 6 Don't know

24 On how many occasions (if any) have you used marihuana or hashish (cannabis)?

Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) In your lifetime.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) During the last 12 months.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) During the last 30 days.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

25 When (if ever) did you FIRST try marihuana or hashish (cannabis)?

- 1 Never
- 2 9 years old or less
- 3 10 years old
- 4 11 years old
- 5 12 years old
- 6 13 years old
- 7 14 years old
- 8 15 years old
- 9 16 years or older

26 Have you ever had the possibility to try marihuana or hashish (cannabis) without trying it?

- 1 No
- 2 Yes → **How many times has this happened in your life?**
 - 1 1-2
 - 2 3-5
 - 3 6-9
 - 4 10-19
 - 5 20-39
 - 6 40 or more

The next questions ask about some other drugs.

27 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) Amphetamines (uppers, pep pills, bennies, speed).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Tranquillisers or sedatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Ecstasy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Inhalants (glue and other national examples).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6

28 On how many occasions (if any) have you used ecstasy?

Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) In your lifetime.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) During the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) During the last 30 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

29 On how many occasions (if any) have you used inhalants (glue, etc) to get high?

Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) In your lifetime.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) During the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) During the last 30 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

30 On how many occasions in your lifetime (if any) have you used any of the following drugs?

Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) Tranquillisers or sedatives (without a doctor's prescription).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Amphetamines.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) LSD or some other hallucinogens.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Crack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Cocaine.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Relevin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) "Magic mushrooms"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) GHB.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Anabolic steroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Drugs by injection with a needle (like heroin, cocaine, amphetamine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Alcohol together with pills (medicaments) in order to get high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Optional drug*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

* Optional

31 When (if ever) did you FIRST do each of the following things?

Mark one box for each line.

	Never	9 years old or less	10 years old	11 years old	12 years old	13 years old	14 years old	15 years old	16 years or older
a) Try amphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Try tranquillisers or sedatives (without a doctor's prescription)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Try ecstasy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Try inhalants (glue, etc) in order to get high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Try alcohol together with pills (medicaments) in order to get high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7	8	9

32 BECAUSE OF YOUR OWN DRUG USE (for example cannabis, ecstasy or amphetamines), how often during the LAST 12 MONTHS have you experienced the following?

Mark all that apply for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) Physical fight.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Accident or injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Serious problems with your parents.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Serious problems with your friends.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Performed poorly at school or work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Victimized by robbery or theft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Trouble with police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Hospitalised or admitted to an emergency room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Engaged in sexual intercourse without a condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Engaged in sexual intercourse you regretted the next day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

The next questions ask about different substances.

33 Think back of the LAST 30 DAYS. How much money have you spent on tobacco, alcohol and cannabis?

Mark one box for each line.

	Amount in Euro						
	0	1-3 or less (1 Big Mac)	4-6 (2 Big Mac)	7-15 (3-5 Big Mac)	16-30 (6-10 Big Mac)	31-70 (11-23 Big Mac)	71 or more (24+ Big Mac)
a) Tobacco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Cannabis.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

34 How many of your friends would you estimate ...

Mark one box for each line.

	None	A few	Some	Most	All
a) smoke cigarettes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) drink alcoholic beverages (beer, cider, alcopops, wine, spirits).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) get drunk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) smoke marihuana or hashish (cannabis).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) take tranquillisers or sedatives (without a doctor's prescription).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) take ecstasy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) use inhalants.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

35 Do any of your older siblings ...

Mark one box for each line.

	Yes	No	Don't know	Don't have any older siblings
a) smoke cigarettes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) drink alcoholic beverages (beer, cider, alcopops, wine, spirits).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) get drunk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) smoke marihuana or hashish (cannabis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) take tranquillisers or sedatives (without a doctor's prescription).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) take ecstasy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) use inhalants.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

36 How much do you think PEOPLE RISK harming themselves (physically or in other ways), if they ...

Mark one box for each line.

	No risk	Slight risk	Moderate risk	Great risk	Don't know
a) smoke cigarettes occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) smoke one or more packs of cigarettes per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) have one or two drinks nearly every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) have four or five drinks nearly every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) have five or more drinks each weekend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) try marihuana or hashish (cannabis) once or twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) smoke marihuana or hashish (cannabis) occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) smoke marihuana or hashish (cannabis) regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) try ecstasy once or twice.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) take ecstasy regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) try an amphetamine (uppers, pep pills, bennie, speed) once or twice.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) take amphetamines regularly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

The next questions ask about your parents. If mostly foster parents, step-parents or others brought you up answer for them. For example, if you have both a stepfather and a natural father, answer for the one that is the most important in bringing you up.

37 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
 7 Does not apply

38 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
 7 Does not apply

39 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

40 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)
 1 Sister(s)
 1 Grandparent(s)
 1 Other relative(s)
 1 Non-relative(s)

41 How satisfied are you usually with ...

	Very satisfied	Satisfied	Neither satisfied nor not satisfied	Not so satisfied	Not at all satisfied	There is no such person
a) your relationship to your mother?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) your relationship to your father?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) your relationship to your friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6

42 How often do the following statements apply to you?

Mark one box for each line.

	Almost always	Often	Sometimes	Seldom	Almost never
a) My parent(s) set definite rules about what I can do at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) My parent(s) set definite rules about what I can do outside the home.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) My parent(s) know whom I am with in the evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) My parent(s) know where I am in the evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I can easily get warmth and caring from my mother and/or father.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I can easily get emotional support from my mother and/or father.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I can easily borrow money from my mother and/or father.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) I can easily get money as a gift from my mother and/or father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) I can easily get warmth and caring from my best friend.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) I can easily get emotional support from my best friend.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

43 Do your parents know where you spend Saturday nights?

1 Know always
 2 Know quite often
 3 Know sometimes
 4 Usually don't know

44 If you have ever used marihuana or hashish (cannabis), do you think that you would have said so in this questionnaire?

1 I already said that I have used it
 2 Definitely yes
 3 Probably yes
 4 Probably not
 5 Definitely not

The next section includes questions about your parents' thoughts about alcohol and drug use.

A1 If you wanted to smoke (or already do), do you think your father and mother would allow you to do so?

Mark one box for each line.

	Would allow (allows me) to smoke	Would not (does not) allow smoking at home	Would not (does not) allow smoking at all	Don't know
a) Father.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Mother.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

A2 What do you think your mother's reaction would be if you do the following things?

Mark one box for each line.

	She would not allow it	She would discourage it	She would not mind	She would approve of it	Don't know
a) Get drunk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Use marihuana/hashish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Use ecstasy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

A3 What do you think your father's reaction would be if you do the following things?

Mark one box for each line.

	He would not allow it	He would discourage it	He would not mind	He would approve of it	Don't know
a) Get drunk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Use marihuana/hashish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Use ecstasy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

A4 How satisfied are you usually with ...

Mark one box for each line.

	Very satisfied	Satisfied	Neither satisfied or not satisfied	Not so satisfied	Not at all satisfied
a) the financial situation of your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) your health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) yourself?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

A5 How much money do you usually spend a week for your personal needs without your parents' control?

--	--	--	--	--

National currency

The following section is about what you think of yourself.

B1 Below is a list of statements dealing with your general feelings about yourself.

Mark one box for each line to indicate if you agree or disagree.

	Strongly agree	Agree	Disagree	Strongly disagree
a) On the whole, I am satisfied with myself.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) At times I think I am no good at all.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I feel that I have a number of good qualities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I am able to do things as well as most other people.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I feel I do not have much to be proud of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I certainly feel useless at times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I feel that I'm a person of worth, at least on an equal plane with others.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) I wish I could have more respect for myself.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) All in all, I am inclined to feel that I am a failure.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) I take a positive attitude toward myself.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

B2 During the LAST 7 DAYS, how often

Mark one box for each line.

	Rarely or never	Some- times	Several times	Most of the times
a) have you lost your appetite, you did not want to eat.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) have you had difficulty in concentrating on what you want to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) have you felt depressed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) have you felt that you had to put great effort and pressure to do the things you had to do.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) have you felt sad.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) couldn't you do your work (at home, at work, at school).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4

B3 How much do you agree or disagree with the following statements?

Mark one box for each line.

	Totally agree	Rather agree	Don't know	Rather disagree	Totally disagree
a) You can break most rules if they don't seem to apply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I follow whatever rules I want to follow.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) In fact there are very few rules absolute in life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) It is difficult to trust anything, because everything changes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) In fact nobody knows what is expected of him/her in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) You can never be certain of anything in life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

The following questions concern behaviours, which may be against some social rules or the law. We hope that you will answer all the questions. Nevertheless, if you come across a question, which you cannot answer honestly, we prefer that you leave it unanswered. Remember that your answers are anonymous.

B4 During the LAST 12 MONTHS, how often have you ...

Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) hit one of your teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) got mixed into a fight at school or at work.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) taken part in a fight where a group of your friends were against another group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) hurt somebody badly enough to need bandages or a doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) used any kind of weapon to get something from a person.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) taken something not belonging to you, worth over (the equivalent of) \$ 10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) taken something from a shop without paying for it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) set fire to somebody else's property on purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) damaged school property on purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) got into trouble with the police for some- thing you did.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

B5 Has any of the following ever happened to you?

Mark one box for each line.

	Not at all	Once	Twice	3-4 times	5 or more times
a) Run away from home for more than one day.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Thought of harming yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Attempted suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

The following questions concern behaviours, which may be against some social rules or the law. We hope that you will answer all the questions. Nevertheless, if you come across a question, which you cannot answer honestly, we prefer that you leave it unanswered. Remember that your answers are anonymous.

C1 During the LAST 12 MONTHS, how often have you ...

Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) participated in a group teasing an individual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) participated in a group bruising an individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) participated in a group starting a fight with another group.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) started a fight with another individual.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) stolen something worth (give a rounded sum approx equivalent to 2-3 movie theatre tickets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) broken into a place to steal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) damaged public or private property on purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) sold stolen goods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

C2 During the LAST 12 MONTHS, how often have you ...

Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) been individually teased by a whole group of people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) been bruised by a whole group of people.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) been in a group that was attacked by another group.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) had someone start a fight with you individually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) had something worth (give a rounded sum approx equivalent to 2-3 movie theatre tickets) stolen from you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) had someone break into your home to steal something	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) had someone damage your belongings on purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) bought stolen goods.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

This section includes some more questions about cannabis.

D1 Have you used cannabis during the LAST 12 MONTHS?

1 No

2 Yes → **Has the following happened to you during the LAST 12 MONTHS?**

Mark one box for each line.

	Never	Rarely	From time to time	Fairly often	Very often
a) Have you ever smoked cannabis before midday?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Have you ever smoked cannabis when you were alone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Have you ever had memory problems when you smoke cannabis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Have friends or members of your family ever told you that you ought to reduce or stop your cannabis use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Have you ever tried to reduce or stop your cannabis use without succeeding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Have you ever had problems because of your use of cannabis (argument, fight, accident, bad result at school, etc)?					
Which:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

D2 Are you part of a clique of friends, where using cannabis is part of your behaviour when you meet?

1 No

2 Yes → **How often per month do you meet with members of this clique?**

- 1 (Almost) daily
- 2 3–4 times a week
- 3 1–2 times a week
- 4 1–3 times a month
- 5 Less than once a month

The next questions ask once more about cannabis.

O1 In which of the following places do you think you could easily buy marihuana or hashish (cannabis) 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 Via the Internet
- 1 Coffee shop*
- 1 Other(s), please specify

* Optional

02 How likely is it that each of the following would happen to you if you use marihuana or hashish (cannabis)?

Mark one box for each line.

	Not at all	Unlikely	Maybe	Quite likely	Definitely
a) I perceive things more intensely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) I can no longer follow a conversation properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I loose thread more quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) I am not so shy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) I have difficulty concentrating.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) I am more outgoing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) I can enjoy the moment more intensely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) I experience feelings more intensely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) I am less inhibited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) I may feel people are against me or persecuting me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

We want to find out how people begin to take illegal 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 strictly confidential/anonymous. Your name is not on this questionnaire and nobody can find it out).

03 If you have ever used any illegal drug like marihuana or hashish (cannabis), ecstasy or amphetamines, how did you get it?

Mark all that apply.

- I have never used any illegal drug like marihuana or hashish (cannabis), ecstasy or amphetamines.
 - Given to me by an older brother or sister
 - Given to me by a friend, a boy or a girl, older than me
 - Given to me by a friend my own age or younger
 - Given to me by someone I have heard about but did not know personally
 - Given to me by a stranger
 - It was shared around a group of friends
 - Bought from a friend
 - Bought from someone I have heard about but did not know personally
 - Bought from a stranger
 - Given to me by one of my parents
 - Took it at home without my parents permission
 - None of these (please describe briefly how you did get it).....
-

04 What was (what were) the reason(s) for you to try this drug?

Mark all that apply.

- I have never used any illegal drug like marihuana or hashish (cannabis), amphetamines or ecstasy
- I wanted to feel high
- I did not want to stand out from the group
- I had nothing to do
- I was curious
- I wanted to forget my problems
- Other reason(s), please specify.....
- Don't remember

This section of the questionnaire includes some questions about alcohol and moist snuff.

05 Think back over the LAST 30 DAYS. On how many days have you had any alcohol such as beer, cider, alcopops, wine or spirits to drink?

- 1 Never during the last 30 days
- 2 1 day during the last 30 days
- 3 2 days during the last 30 days
- 4 3 days during the last 30 days
- 5 1 day a week
- 6 2 days a week
- 7 3–4 days a week
- 8 Every day or nearly every day during the last 30 days

06 On a typical day during the LAST 30 DAYS when you drank alcohol such as beer, cider, alcopops, wine or spirits, how many drinks did you have? (A “drink” is approximately a glass/bottle/can of beer (25–33 cl), a glass/bottle/can of cider (25–33 cl), a bottle of alcopops (27 cl), a glass of wine (10–12.5 cl) or a glass of spirits (4 cl)).

- 1 I never drink alcohol
- 2 I have not been drinking alcohol during the last 30 days
- 3 1 drink
- 4 2 drinks
- 5 3 drinks
- 6 4 drinks
- 7 5 drinks
- 8 6 drinks
- 9 7 drinks
- 10 8 drinks
- 11 9 drinks
- 12 10 or more drinks

Please observe that glasses, bottles and cans only are possible examples. In the end it is up to each researcher to describe the cl's in each category in glasses, bottles or cans suitable for his/her country.

07 Now think back over the LAST 30 DAYS. On how many occasions (if any) have you had any home made or smuggled alcohol to drink?

Mark one box for each line.

	Number of occasions						
	0	1–2	3–5	6–9	10–19	20–39	40 or more
a) Home made beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Home made wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Home made spirits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Smuggled beer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Smuggled wine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Smuggled spirits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

O8 Do you think that heavy drinking influences the following problems?

Mark one box for each line.

	Yes, con- siderably	Yes, quite a lot	Yes, to some extent	Yes, but only a little	No
a) Traffic accidents.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Other accidents.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Violent crime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Family problems.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Health problems.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Relationship problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Financial problems.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5

O9 Think of that 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)

O10 On how many occasions (if any) have you used moist snuff?

Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) In your lifetime.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) During the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) During the last 30 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

O11 How much moist snuff have you used during the LAST 30 DAYS?

1 None at all

2 Less than 1 box per week

3 1 box per week

4 2 boxes per week

5 3 boxes per week

6 4 or more boxes per week

The following questions are about yourself and things you might do.

O12 What house work do you usually do at home?

- 1 I do shopping
- 1 I take care of younger sisters/brothers
- 1 I take care of pets
- 1 I cook
- 1 I clean the house/apartment
- 1 I do laundry
- 1 I wash dishes
- 1 I work on the household plot of land (garden)
- 1 I take care of farm animals
- 1 I care for elder family members
- 1 I take out the rubbish
- 1 I don't usually do any house work

O13 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

O14 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

Now when you have reached the end of the questionnaire there are a few more questions we would like you to answer. Some of them are similar to questions you have answered earlier, but they are not the same.

R1 On how many occasions (if any) have you been drunk from drinking alcoholic beverages?

Mark one box for each line.

	Number of occasions						
	0	1-2	3-5	6-9	10-19	20-39	40 or more
a) In your lifetime.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) During the last 12 months.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) During the last 30 days.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	3	4	5	6	7

R2 Think back once more over the LAST 30 DAYS. How many times (if any) have you had five or more drinks in a row? (A "drink" is a glass of wine (ca 15 cl), a bottle or can of beer (ca 50 cl), a shot glass of spirits (ca 5 cl) or a mixed drink.)





















- 1 None
- 2 1
- 3 2
- 4 3-5
- 5 6-9
- 6 10 or more times

The European School Survey Project on Alcohol and Other Drugs (ESPAD) is a collaborative effort of independent research teams in more than forty European countries, making it the largest cross-national research project on adolescent substance use in the world.

ESPAD was founded in 1993, on the initiative of the Swedish Council for Information on Alcohol and Other Drugs (CAN) and with the support of the Pompidou Group at the Council of Europe. The first data-collection exercise was conducted in 26 European countries in 1995. In later years, ESPAD has also established cooperation with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), a body of the European Union.

The ESPAD project now covers most of the European continent, providing a reliable overview of trends in substance use among 15–16-year-old European students. Data are collected every four years. This report presents the results from the fourth wave, conducted in 35 countries during 2007. It gives a comprehensive picture of the present situation in Europe regarding the use of tobacco, alcohol, cannabis and other substances, as well as an overview of trends in 1995–2007.

2007 ESPAD Countries:

 Armenia	 Germany	 Norway
 Austria	 Greece	 Poland
 Belgium	 Hungary	 Portugal
 Bulgaria	 Iceland	 Romania
 Croatia	 Ireland	 Russia
 Cyprus	 Isle of Man	 Slovak Republic
 Czech Republic	 Italy	 Slovenia
 Denmark	 Latvia	 Sweden
 Estonia	 Lithuania	 Switzerland
 Faroe Islands	 Malta	 Ukraine
 Finland	 Monaco	 United Kingdom
 France	 Netherlands	