The 2011 ESPAD Report

Substance Use Among Students in 36 European Countries

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Björn Hibell, Ulf Guttormsson, Salme Ahlström,
Olga Balakireva, Thoroddur Bjarnason, Anna Kokkevi, Ludwig Kraus

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The Swedish Council for Information on Alcohol and other Drugs (CAN)
The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)
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Preface

This is the report from the fifth data-collection wave of the European School Survey Project on Alcohol and Other Drugs (ESPAD). It is based on data from more than 100,000 European students. Over the years about 500,000 European students have answered the ESPAD questionnaire. This is the second ESPAD report to be based on a common database, which is managed by the ESPAD Databank Manager, Thoroddur Bjarnason.

The first ESPAD report, with data from 1995, included information from 26 countries, while this fifth report contains results from 36 countries. Another three countries collected data in the autumn of 2011 and results from these countries will be added on the ESPAD website. ESPAD is now established in more than 40 countries and covers most of the European continent. Over the years, ESPAD has become an increasingly important source of information about 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 1986–1988. In the light of this experience and Swedish expertise in the field of school surveys, CAN started the collaborative project. The first meeting was hosted and supported by the Pompidou Group, who also suggested many of the participants invited. This co-operation has continued since then, and the Pompidou Group has funded the participation of researchers from central and eastern Europe in the annual Project Meetings.

ESPAD also has an established contact with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in Lisbon. This co-operation has deepened in later years and has included support for data collection, analysis and reporting as well as the hosting of an ESPAD Project Meeting. The EMCDDA has also contributed to the production of this report and ensures the multilingual dissemination of ESPAD results.

Work on this report would not have been possible without financial support from the Swedish Ministry of Health and Social Affairs for the co-ordination of the project as well as to the production of this report. We are also grateful for the support received from the EMCDDA and the Pompidou Group.

We are very grateful to Jonas Raninen, who was responsible for the statistical tests, to Johan Segerbäck, who checked the language of the report, and to Thomas Löwenberg, who was responsible for the layout of the report.

An extensive project with data from 36 countries would of course not have been possible without the self-sacrificing work of all our ESPAD colleagues. We very much appreciate not only their support and qualified contributions 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 those who made this report possible, including teachers, research assistants and others who collected data, and last but not least the huge number of students across Europe who have helped us arrive at a better understanding of young people's substance use.

Stockholm, May 2012

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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, five data-collection waves have been conducted in the framework of the project. The first study was carried out in 26 countries in 1995, while data collection in 2011 was performed in 37 countries. However, results for 2011 are available only for 36 countries, since the Isle of Man collected data but unfortunately did not have the possibility to deliver any results.

This summary presents key results from the 2011 survey in the ESPAD countries 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 2011 ESPAD data collection, more than 100,000 students took part in the following countries: Albania, Belgium (Flanders), Bosnia and Herzegovina (Republic of Srpska), Bulgaria, Croatia, Cyprus, the Czech Republic, Denmark, Estonia, the Faroe Islands, Finland, France, Germany (five Bundesländer), Greece, Hungary, Iceland, Ireland, the Isle of Man, Italy, Latvia, Liechtenstein, Lithuania, Malta, Moldova, Monaco, Montenegro, Norway, Poland, Portugal, Romania, the Russian Federation (Moscow), Serbia, Slovakia, Slovenia, Sweden, Ukraine and the United Kingdom.

METHODOLOGY AND DATA QUALITY

To provide as comparable data as possible, the surveys are conducted with common questionnaires and according to a standardised methodology. Data are mainly collected during the spring, and the 2011 target population was students born in 1995, with a mean age of 15.8 years at the time of data collection.

Data are collected by group-administered questionnaires. The students answer the questionnaires anonymously in the classroom with teachers or research assistants functioning as survey leaders. The 2011 samples of classes are nationally representative, except in four cases: in Belgium the study was performed in the Dutch-speaking part (Flanders) only, in Bosnia and Herzegovina it covered only the entity of the Republic of Srpska, in Germany only five out of sixteen federal states (Bundesländer) participated, and data collection in the Russian Federation was restricted to the city of Moscow.

The content of the present international report is based on standardised country reports and data sets delivered to the ESPAD Coordinators and Databank Manager. A few countries have experienced modest problems of a methodological kind, but not of such a magnitude as to seriously threaten the comparability of the results, and the overall validity is deemed to be high for most countries even though it should be recognised that the national cultural context in which the students have answered the questions has most certainly varied. As a precautionary measure related to low school-participation rate, the comparability of data from the United Kingdom has been deemed to be limited.

National sample sizes were most often close to or above the number of classes that should make it possible to reach the recommended number of 2,400 participating students. Exceptions to this are the smallest countries, where the numbers were smaller even though all relevant students were surveyed.

Small differences in point estimates between countries or over time should be interpreted with caution. Changes within countries between 2007 and 2011 have been tested for statistically significant differences, while changes below four percentage points between previous data collections are not recognised as real changes. Differences in 2011 between boys and girls have also been tested for statistically significant differences at the country level.

Results from 2011 for eight key variables are presented in a summary table below, in which significant decreases compared with 2007 are marked with green and corresponding increases with red.

CIGARETTES

A small number of questions regarding cigarette smoking are asked at the beginning of the questionnaire. In the 2011 survey, on average, 54% of the students in participating countries reported that they had smoked cigarettes at least once and 28% that they had used cigarettes during the past 30 days. Two per cent 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 use and relatively recent use (past 30 days), respectively, are more or less the same. High-prevalence countries for cigarette use in the past 30 days include Bulgaria, Croatia, the Czech Republic, France, Latvia, Monaco and Slovakia (at around 40%) and the low-prevalence countries are Albania, Iceland, Montenegro and Norway (at around 12%). There is no obvious geographical pattern to be seen.

In countries where more students smoke, students are also more likely to report that cigarettes are easily obtainable. An early smoking debut (age 13 or younger) is associated, at the aggregate country level, with high levels of use in the past 30 days. On average, 7% of the students said that they had smoked cigarettes on a daily basis at the age of 13 or younger.

At the aggregate country level, the sex differences in 2011

are negligible for smoking in the past 30 days while a small gap, with more boys who are smokers, was visible in 1995 and 1999. However, in individual countries large sex differences may be observable in 2011 as well. There were significant differences between boys and girls in eleven countries, with higher figures for boys in six and for girls in five. For example, boys were about 16 percentage points above girls in Albania, Cyprus and Moldova while, conversely, girls were about 15 percentage points above boys in Bulgaria and Monaco.

In the countries for which there are data from all five surveys, a drop of 7 percentage points can be observed for past-30-days cigarette use between 1999 and 2007, but the situation remained unchanged in 2011 compared with 2007.

Between the two most recent surveys, the proportion of students who had been smoking during the past 30 days increased significantly in seven countries and fell in five. Some of the increases were fairly striking, with 13 percentage points in Monaco and 10 in Portugal. Compared with 1995, the countries with the largest decreases (20 percentage points or more from the start) are Iceland, Ireland and Norway. No country shows a continuous increase across the five waves.

ALCOHOL

In all ESPAD countries but Iceland, at least 70% of the students have drunk alcohol at least once during their lifetime, with an average of 87% in the 2011 survey. The corresponding average figures for use in the past 12 months and the past 30 days are 79% and 57%, respectively. For all three time frames, there were small decreases from 2003 through 2007 to 2011. Of course, these averages are based on highly divergent country figures. For example, alcohol use during the past 30 days was reported by more than 75% of the students in the Czech Republic and Denmark, but only by 17% in Iceland and 32% in Albania. There is no clear geographical pattern but countries with relatively small proportions are mainly found among Nordic and Balkan countries.

The national average figures for lifetime, past-12-months and past-30-days prevalence are about the same for boys and girls, but when differences occur the prevalence is nearly always higher among boys. To give an example: In 15 countries there are significantly more boys than girls who have been drinking during the past 30 days, while girls are in the majority only in three (Iceland, Latvia and Sweden). Moreover, when it comes to more frequent drinking within each time frame, the proportions are usually higher among boys.

Of the students who reported the amounts of various beverages that they consumed during the most recent day on which they drank alcohol, the estimated average consumption differed between the sexes, with boys drinking one-third more than girls (2011 averages of 5.8 versus 4.3 centilitres of 100% alcohol). A significant difference in this direction can be found in nearly all countries. However, in a couple of countries (Iceland and Sweden) the average quantities were about the same among girls as among boys. In a large majority of the countries, beer is the dominant beverage among boys. Spirits is the most important beverage among girls in just over half of the countries. On average, these two beverages together account for about 70% of the students' total consumption.

There are huge differences between countries. On their most recent drinking day, Danish students, on average, drunk more than three times as much as students in Albania, Moldova, Montenegro and Romania. Large quantities are mainly found among students in the Nordic and British Isles countries, while countries with smaller quantities often are located in south-eastern Europe. The average quantities consumed on the latest drinking day were about the same in 2011 as in 2007. At the national level, however, they increased significantly in 2011 in ten countries but dropped in only four.

On the country level, there is no (statistical) correlation between the proportion of students in a country who had been drinking during the past 30 days and the amounts consumed on the latest drinking day. This means that both high and low average levels of consumption in volume terms can be found in countries with either high or low drinking frequencies.

There is a strong association on the country level between reported alcohol consumption on the latest 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.

Another way of measuring drunkenness is to ask how often the students had consumed five drinks or more on the same occasion during the past 30 days. This measure of "heavy episodic drinking" has undergone one of the most striking changes among girls across the ESPAD waves, with the aggregate-level average increasing from 29% in 1995 to 41% in 2007. In the 2011 survey, however, this figure has dropped to 38%. Among boys, the figure is also slightly lower in 2011 (43%) than it was in 2007 (45%) and thus also relatively close to the 1995 figure (41%).

The average gender gap has shrunk from 12 percentage points in 1995 to 5 in 2011, but even in the latest survey significantly more boys than girls reported heavy episodic drinking in 22 of the ESPAD countries. However, in one country (Sweden) the proportion was significantly higher among girls. Another three of the Nordic countries (Finland, Iceland and Norway) belong to the group of ten ESPAD countries in which the figures in 2011 were about the same for girls as for boys. The other countries in this group are the two British Isles countries (Ireland and the United Kingdom (limited comparability)), the neighbouring countries of France and Monaco, and a few other countries in different parts of Europe (Belgium (Flanders), Estonia and the Russian Federation (Moscow)).

Two Nordic countries are at opposite ends of the scale when it comes to heavy episodic drinking. The proportion of students in Iceland who reported in 2011 that they had engaged in this behaviour during the past 30 days was 13%, while it was more than four times higher in Denmark (56%). A look at the map does not indicate any clear geographical pattern.

Between the two most recent surveys, the figures for heavy episodic drinking increased significantly in four countries (Cyprus, Greece, Hungary and Serbia) while a significant fall can be seen in nine countries with comparable data, including the four Nordic countries of the Faroe Islands, Iceland, Norway and

Summary Table. Selected key variables by country. Percentages (if not otherwise indicated). ESPAD 2011. Colours indicate significant changes to the 2007 data collection.

COUNTRY	Cigarette use past 30 days	Alcohol use past 30 days	Heavy episodic drinking past 30 days[a)]	Alcohol volume (cl 100%) last drinking day, among consumers	Lifetime use of cannabis	Lifetime use of other illicit drugs than cannabis[b)]	Lifetime use of tranq. without prescription	Lifetime use of inhalants[c)]
Albania	13	32	21	3.0	4	6	8	3
Belgium (Flanders)	26	69	38	4.7	24	9	8	7
Bosnia and Herz. (RS)	15	47	31	3.6	4	2	4	5
Bulgaria	39	64	48	4.0	24	10	3	4
Croatia	41	66	54	6.6	18	5	5	28
Cyprus	23	70	44	4.5	7	7	11	8
Czech Republic	42	79	54	5.6	42	8	10	8
Denmark [d)]	24	76	56	9.7	18	5	4	4
Estonia	29	59	53	6.0	24	8	8	15
Faroe Islands	31	44	33	6.2	5	3	2	6
Finland	34	48	35	7.5	11	3	7	10
France	38	67	44	..	39	10	11	12
Germany (5 Bundesl)	33	73	..	5.6	19	8	2	10
Greece	21	72	45	4.2	8	5	9	14
Hungary	37	61	45	5.2	19	8	9	10
Iceland	10	17	13	4.8	10	4	8	3
Ireland	21	50	40 d)	6.7	18	6	3	9
Italy	36	63	35	4.1	21	6	10	3
Latvia	43	65	49	5.0	24	9	4	23
Liechtenstein	32	66	..	5.1	21	8	2	10
Lithuania	37	63	..	4.3	20	6	13	7
Malta	22	68	56	4.7	10	6	3	14
Moldova, Rep. of	15	..	37	2.7	5	4	2	2
Monaco	38	69	39	..	37	11	14	15
Montenegro	12	38	27	3.3	5	5	5	6
Norway	14	35	30	7.1	5	2	4	5
Poland	28	57	37	5.3	23	7	15	8
Portugal	29	52	22	5.0	16	8	7	6
Romania	29	49	36	3.1	7	5	3	7
Russian Fed. (Moscow)	31	37	24	3.8	15	5	2	9
Serbia	20	52	36	4.2	7	3	7	5
Slovak Republic	39	60	50	5.3	27	7	4	10
Slovenia	32	65	53	5.4	23	6	5	20
Sweden	21	38	31	7.0	9	4	8	11
Ukraine	29	54	30	4.2	11	4	2	3
Average	28	57	39	5.1	17	6	6	9
United Kingdom	23	65	52	6.7	25	9	3	10

a) Having five or more drinks one 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).
b) Includes amphetamines, cocaine, crack, ecstasy, LSD or other hallucinogens, heroin and GHB.
c) In order "to get high".
d) Due to lack of comparable 2007-data this comparison is made with 2003-data, highlightning differences greater than 3 percentage points.

Decrease | No change | Increase | No comparison

Sweden. The largest increases, of about 10 percentage points, happened in Cyprus and Hungary, while the largest decreases, of 9 percentage points, took place in the Faroe Islands and Iceland.

On average, nearly six in ten students had consumed at least one glass of alcohol at the age of 13 or younger and 12% had been drunk at that age. This reply was given, on average, by more boys than girls, and that tendency was the same in almost all countries.

A number of students reported having had problems during the past 12 months linked to their alcohol consumption. The types of problem most commonly reported were "performed poorly at school or work" (13%) and having had serious problems with friends or parents (12% each). Countries where many students reported problems related to their alcohol consumption include Bulgaria, the Czech Republic, Latvia and Slovakia.

Most alcohol-related problems are more common, on average, among boys. This is most pronounced in the cases of "physical fight" and "trouble with the police". However, for some of the problems the averages are about the same for both sexes, including "performed poorly at school or work" and having experienced serious problems with parents or friends.

ILLICIT DRUGS

Nearly one in three (29%) of the students in the ESPAD countries perceived cannabis to be (fairly or very) easily available. However, there are huge differences between countries, with the proportion ranging from 59% in the Czech Republic to 6% in Moldova. Boys are slightly more likely than girls to consider cannabis to be easily obtainable (33% versus 28% in 2011), and this tendency is also found in most individual countries, with significantly higher figures for boys in 24 of them. Amphetamines and ecstasy are not considered to be as readily available as cannabis.

An observed upward trend between 1995 and 2003 in lifetime use of illicit drugs came to a halt in 2007, when the country average was about 2 percentage points below the one in 2003, and has stayed at the same level in 2011. In 1995, 11% of the students reported lifetime use of illicit drugs. The corresponding figure in 2011 was 18%. Between the two most recent survey waves, a significant increase was found in eleven countries and a significant drop in eight; there is no geographical pattern in either case, and both increases and decreases can be seen in high-prevalence as well as low-prevalence countries.

On average, 21% of the boys and 15% of the girls have tried illicit drugs at least once during their lifetime, according to the 2011 survey. Boys have been clearly more likely to have done this in all surveys; in the latest wave, significantly higher figures for boys were found in more than two-thirds of the ESPAD countries.

Reported use of illicit drugs varies considerably across the countries. In the Czech Republic, almost half (43%) of the students admitted to such use, and relatively many students (about 39%) did so in France and Monaco. By contrast, only around 6% reported illicit drug use in Bosnia and Herzegovina (Republic of Srpska), the Faroe Islands, Moldova, Montenegro and Norway. Lower prevalence rates are often found in south-eastern Europe, including many Balkan countries, and among the Nordic countries.

The vast majority of the students who have tried illicit drugs have used cannabis. Lifetime cannabis use was reported by 17% of the students in 2011 while 6% had tried one or more of the other drugs included in the illicit-drugs index. Ecstasy and amphetamines share second place (3% each) while cocaine, crack, LSD and heroin were less commonly reported (1–2%). Belgium (Flanders), Bulgaria, France, Latvia, Monaco and the United Kingdom (limited comparability) are the top countries in 2011 as regards lifetime use of any illicit drug other than cannabis, with prevalence rates around 10%. On average, more boys than girls have tried illicit drugs other than cannabis: 7% versus 5% in 2011. The figures are also significantly higher for boys in 14 countries, even though there is one country, Monaco, where significantly more girls reported this.

As mentioned above, cannabis is by far the most frequently used illicit drug. Lifetime experience was reported by more boys than girls on average, with 19% versus 14% in 2011, and the figures were significantly higher for boys in 27 countries. There is a huge gap between the top countries – the Czech Republic (42% in 2011), France and Monaco (about 38% each) – and the bottom ones – Albania, Bosnia and Herzegovina (Republic of Srpska), the Faroe Islands, Moldova, Montenegro and Norway (4–5% each). Between 2007 and 2011, the proportion of students who had tried cannabis increased significantly in eleven countries and fell in five. The most striking increases happened in France and Monaco (8–9 percentage points) while the largest decrease was found in the Russian Federation (Moscow) (11 percentage points).

Cannabis use in the past 12 months was reported by 13% of all students, with 15% among boys and 11% among girls, while use in the past 30 days was claimed by 8% of the boys and 5% of the girls (7% average). In most countries (27 in 2011), significantly more boys than girls have used cannabis in the past 30 days. In the two highest-prevalence countries (France and Monaco), more than one in five students reported cannabis use in the past 30 days, but only 1–2% did so in Albania, Bosnia and Herzegovina (Republic of Srpska), the Faroe Islands, Moldova, Norway and Romania.

The relatively high prevalence of cannabis use among young people in Europe raises the question of potential negative consequences for individuals and society. An optional module of the questionnaire, the CAST scale, was used to estimate the risk of cannabis-related problems in the 13 (out of 36) ESPAD countries that provided the relevant data. Overall, one in three past-year cannabis users (33%) in 2011 was classified as running an elevated risk of developing cannabis-related problems. The total proportion of high-risk users in the overall national samples ranged from 1% to 9% across countries, with an average of 5%.

There are only a few countries where the proportion having tried illicit drugs is lower in 2011 than it was in 1995. The most prominent case is Ireland, where 37% had tried in 1995 but only 19% in 2011. A drop between the same years from 12% to 7% can be seen in the Faroe Islands, while the figure for the United Kingdom decreased from 42% in 1995 to 29% in 2007.

The overall impression is that the increase in the use of illicit drugs between 1995 (11%) and 2003 (20%) observed among the ESPAD countries came to a halt in 2003, since the average prevalence was then 18% both in 2007 and in 2011.

OTHER SUBSTANCES

Lifetime non-prescription use of tranquillisers or sedatives is most commonly reported in Lithuania, Monaco and Poland – where about 14% of the students indicated such use in the 2011 survey – while the lowest levels are reported by students from the Faroe Islands, Germany (five Bundesländer), Liechtenstein, Moldova, the Russian Federation (Moscow) and Ukraine (2%). On average, more girls than boys report non-prescription use of these medical drugs (8% versus 5% in 2011) and this tendency can also be seen in most countries, with girls showing significantly higher figures than boys in 18 countries in the latest survey. The overall figure has been fairly stable between 1995 and 2011 (at around 7–8%), even though there were significant increases between 2007 and 2011 in three countries and decreases in seven.

The average proportion of students having tried alcohol together with pills in order to get high is lower in 2011 (6%) than it was in 1999 (9%), and this decreasing trend can be found for both sexes. Moreover, the smallest gender gap yet is the one seen in 2011 (7% for girls versus 5% for boys).

Lifetime use of tranquillisers or sedatives without a doctor's prescription, together with mixing alcohol and pills, are the only substance-use behaviours that have been more common among girls than boys, on average, in all five data-collection waves.

Over the years since the first survey in 1995, lifetime-prevalence rates for the use of inhalants did not change very much until 2007, with averages at the aggregate level of 8–9%. However, a slight increase from 8% to 10% can be seen between the two most recent surveys. Boys have previously been 1–2 percentage points above girls, but in 2011 both sexes reported the same proportion (10%). This has never happened before.

In nearly half of the countries (15 out of 32) with comparable data in 2007 and 2011, a significant increase in the lifetime prevalence of inhalants can be seen, while a significant drop occurred in seven countries. One of the most striking decreases happened in the former top country of Cyprus, where the proportion of students having tried inhalants was reduced by half from 2007 (16%) to 2011 (8%). There are also pronounced increases between the two latest surveys. One example is Croatia, with an increase from 11% to 28%, and another is Latvia, which went from 13% to 23%, making these two the top countries in 2011. At the other end, with the lowest figure, is Moldova with 2%.

Polydrug use is analysed in a special chapter of the report. The situation in 2011 is relatively stable compared with that in 2007. The overall prevalence of polydrug use (involving two or more substances) in the total sample from the 29 countries with comparable data was close to 9% in both surveys. This is similar to, or even higher than, the figures for use of illicit drugs other than cannabis. The prevalence of use of three or more substances was 3.5% in each survey. Polydrug use is associated with deviant behaviour, which is here represented by having had trouble with the police, having been involved in a physical fight, having had sexual intercourse without a condom and skipping school.

None of the substances commented in this section show any clear geographical pattern.

FINAL REMARKS

It is well known that, at the individual level, there is often a relationship between the use of different substances. In the 2011 data, there are also apparent associations between the use of different substances at the aggregate country level: it can be concluded that in countries where many students report recent (past-30-days) alcohol use and heavy episodic drinking, more students are likely to report experience with illicit drugs and inhalants, and vice versa.

Eight key variables give an overview of the 2011 results per country: cigarette smoking during the past 30 days, consumption of any alcoholic beverage during the past 30 days, alcohol volume (100% alcohol) consumed on the latest drinking day, heavy episodic drinking during the past 30 days, lifetime use of marijuana or hashish (cannabis), lifetime use of any illicit drug other than cannabis, lifetime non-prescription use of tranquillisers or sedatives and lifetime use of inhalants.

The individual countries' prevalence rates for the eight key variables are compared with the averages for all countries. Countries that often score close to the average are Poland and Portugal. Low-prevalence countries are Iceland and the neighbouring countries of Albania, Bosnia and Herzegovina (Republic of Srpska), Moldova and Montenegro. It is more difficult to identify high-prevalence countries, and no single country is above average for all measures. However, countries that could be mentioned in such a context in 2011 are the Czech Republic, Estonia, France, Latvia, Monaco and Slovenia. No obvious geographical clusters are apparent.

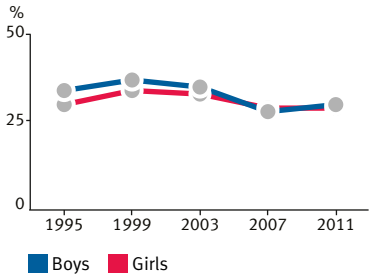
The overall substance-use trends for all the countries with data from all five waves display a slightly different development depending on the variable in focus. As regards cigarette use in the past 30 days, there was a decrease between 1999 and 2007, and then unchanged figures in 2011.

A slight reduction since 2003 can be seen for use of alcohol during the past 30 days. An upward trend was notable for heavy episodic drinking throughout 1995–2007 (an increase of 9 percentage points), mostly explained by increasing prevalence rates reported among girls in a number of countries. However, this trend seems to have come to a halt since the 2011 figures show slight reductions among boys as well as girls.

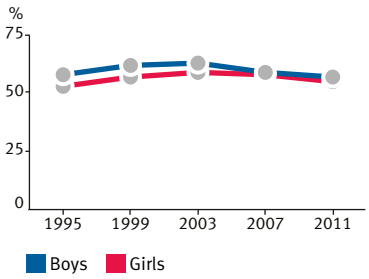
The upward trend between 1995 and 2003 for lifetime use of illicit drugs – predominantly cannabis – has also come to a halt; the 2007 and 2011 figures are 3 percentage points below the 2003 figure. Experience with any illicit drug other than cannabis increased from 1995 to 1999, but has been fairly stable after that.

Lifetime non-prescription use of tranquillisers or sedatives

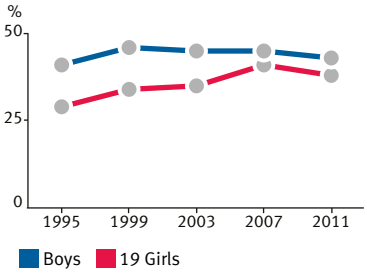
Summary Figure. Trends for eight key variables by gender. 1995–2011. Average percentages (if otherwise not indicated) for the 14–26 countries providing trend data.



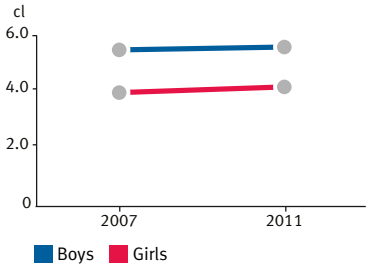
Cigarette use during the past 30 days. Averages for 19 countries. Percentages.



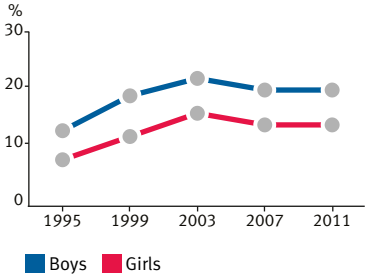
Use of any alcoholic beverage during the past 30 days. Averages for 18 countries.



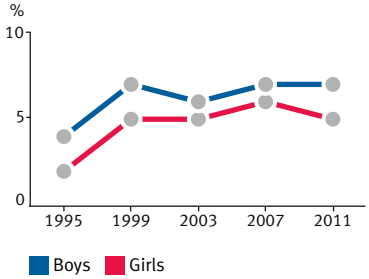
Proportion reporting having had five or more drinks on one occasion during the past 30 days. Averages for 14 countries. ("A 'drink' is a glass/bottle/can of beer (ca 50 cl), a glass/bottle/can of cider (ca 50 cl), 2 glasses/bottles of alcopops (ca 50 cl), a glass of wine (ca 15 cl), a glass of spirits (ca 5 cl or a mixed drink)."



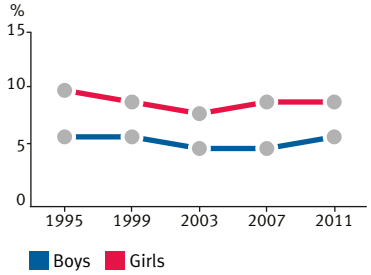
Estimated average alcohol consumption during the last alcohol drinking day among students reporting any last day alcohol consumption. Averages for 26 countries. (Centilitres 100% alcohol.)



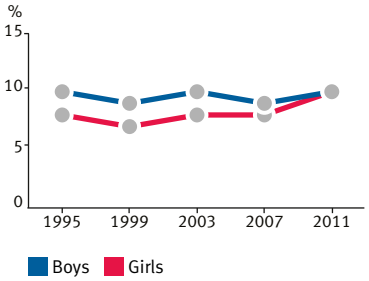
Lifetime use of marijuana or hashish. Averages for 19 countries.



Lifetime use of illicit drugs other than marijuana or hashish. Averages for 19 countries. (Includes amphetamines, cocaine, crack, ecstasy, LSD or other hallucinogens, heroin and (since 2007) GHB.)



Lifetime use of tranquillisers or sedatives without a doctor's prescription. Averages for 19 countries.



Lifetime use of inhalants. Averages for 17 countries.

displays hardly any changes at all across the five waves. The same is true for inhalants, even though the 2011 figure is slightly higher than the 2007 one.

With one exception – non-prescription use of tranquillisers or sedatives – the figures for the key variables were higher for boys than for girls in the first survey wave. However, this gender gap had more or less disappeared by the time of the 2011 survey for cigarette and alcohol use during the past 30 days as well as for lifetime use of inhalants. A noticeable reduction in the gender gap can also be seen for heavy episodic drinking during the past 30 days.

However, trends in individual countries diverge from the overall impression, as can be seen from the colours in the summary table for the eight key variables. When it comes to recent changes from 2007 to 2011, students in Bosnia and Herzegovina (Republic of Srpska) show lower figures in 2011 than in 2007 for all eight key variables. Other countries with a relatively large number of reductions include Malta with lower

figures in 2011 for six variables, and Iceland, Norway and the Russian Federation (Moscow) with lower figures for five. In the cases of Iceland and Norway, this includes all alcohol-related variables, while both lifetime use of cannabis and lifetime use of any illicit drug other than cannabis have decreased in Malta and the Russian Federation (Moscow).

In Iceland, this is a continuation of trends seen in earlier surveys which have put Iceland in a leading position when it comes to low alcohol consumption and abstinence from different substances.

Significant increases for six of the eight key variables can be seen in Cyprus and for five of them in Greece, Hungary and Montenegro. Cypriot students reported more use of alcohol and of illicit drugs in 2011 at the same time as the proportion of them who had used inhalants fell to half. The increases in Greece and Hungary included heavy episodic drinking as well as the quantities consumed on the latest drinking day. The increases in Montenegro mainly started from relatively low levels observed in the previous survey.

The key variable with the largest number of countries (15) reporting significantly higher figures in 2011 than in 2007 is inhalants. Other variables with a relatively large number of countries increasing between the two most recent surveys include lifetime use of cannabis (11) and average alcohol consumption during the latest drinking day (10).

The key variables with the largest numbers of countries reporting significantly lower figures in 2011 than in 2007 include alcohol use during the past 30 days and heavy episodic drinking during the same period (11 countries each).

A look at the whole period from 1995 to 2011 with a focus on three variables (heavy episodic drinking, lifetime use of cannabis and lifetime use of illicit drugs other than cannabis) reveals that, compared with 1995, the figures in most countries are relatively unchanged or higher in 2011. The most pronounced increases in heavy episodic drinking, in terms of percentage points, are found in Croatia, Hungary, Slovak Republic and Slovenia (21–30 percentage points). The biggest increases for lifetime cannabis use are found in the Czech Republic (with the main increase until 2003), Estonia (mainly until 2003) and Slovak Republic (even though its 2011 figure is significantly lower than the 2007 one) (17–20 percentage points). With some exceptions, these countries are located in the eastern part of Europe.

A reduction between 1995 and 2011 in heavy episodic drinking in the past 30 days is mainly found in Iceland (23 percentage points), but also in Finland (until 2007) and Ukraine (16 percentage points each). Lifetime use of cannabis has fallen by 19 percentage points in Ireland and by 12 in the United Kingdom (until 2007). These two are also the only countries with important decreases for lifetime use of any illicit drug other than cannabis, with 13 percentage points in the United Kingdom (from 1995 to 2007) and 10 in Ireland. With the exception of Ukraine, these countries are located in western Europe.

There are of course more examples of (groups of) countries moving in a similar direction than those commented on above; one example is the reduced alcohol consumption in some of the Nordic countries. There are thus a great many additional opportunities for analysing ESPAD data, and it is hoped that ESPAD researchers, as well as colleagues from other countries, will use the ESPAD databases even more in the future to expand our knowledge about young Europeans' use of different substances.

Acknowledgements

The planning and implementation of the ESPAD 2011 project has been a collaborative effort by the research teams in each participating country. The importance of the ESPAD researchers and their supporting institutions cannot be overestimated. Since the project cannot provide funding for the participating countries, it relies on the ability of each Principal Investigator and ESPAD Contact Person to raise money within his or her country.

The Swedish Ministry of Health and Social Affairs has supported the co-ordination of the work. Its grant has also covered some of the costs of holding international meetings and of producing this report.

The Pompidou Group at the Council of Europe has supported the project ever since 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 Florence Mabileau, Richard Muscat and Patrick Penninckx 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 meetings as well as data analysis and reporting, and it has also contributed to the production of this report. We are very grateful for this support as well as for our fruitful co-operation with Paul Griffith, Deborah Olzewski, Rosemary de Sousa and Julian Vincente.

The ESPAD project has been co-ordinated by Björn Hibell and Ulf Guttormsson, CAN, Sweden. A Steering Committee, appointed by the ESPAD researchers at Project Meetings, has worked with the Co-ordinators. All important decisions relating to the planning of ESPAD meetings and the 2011 survey have been taken jointly with the Steering Committee. The Committee members have also taken active part in the production of this report. Besides the two Co-ordinators, the membership of the Steering Committee includes Salme Ahlström (Finland), Olga Balakireva (Ukraine), Thoroddur Bjarnason (Iceland), Anna Kokkevi (Greece) and Ludwig Kraus (Germany).

In addition to the results of the ESPAD 2011 survey, this report also includes data from the Monitoring the Future Project in the United States and from a Spanish national school survey, kindly provided by Lloyd Johnston (United States) and Begoña Brime Beteta (Spain), respectively.

This is the second ESPAD report to be produced using a common database. The ESPAD 2011 database has been produced by the ESPAD Databank Manager, Thoroddur Bjarnason.

Each country has been represented in the project by a Principal Investigator or an ESPAD Contact Person, who is also a contributing author of this report (see title page). In addition, a number of other persons have also carried out important work in the context of the 2011 ESPAD study. They are listed in Appendix I together with funding agencies and supportive organisations.

Introduction to ESPAD and The 2011 Report

Introduction to ESPAD and The 2011 Report

RATIONALE

The 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, whole countries and indeed to the international community. Local and national governments as well as major international bodies such 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 well-being is of special concern in all societies and there are constant efforts to reduce all types of dangerous behaviour. These include many aspects of the consumption of tobacco, alcohol and different kinds of illicit drugs. All countries have laws in place that restrict the availability of these substances. The legal framework may vary between countries but often includes restrictions specially meant to protect young people.

In 2010 the World Health Organisation (WHO) adopted a Global Strategy to Reduce the Harmful Use of Alcohol (WHO, 2010). The policy options and interventions available for national action are grouped into ten recommended target areas, including:

- the availability of alcohol;
- reducing the negative consequences of drinking and alcohol intoxication;
- reducing the public-health impact of illicit alcohol and informally produced alcohol;
- monitoring and surveillance.

The European Union has adopted an EU Drugs Strategy for 2005–2012. One of its 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 for the first four years were specified in the EU Drugs Action Plan for 2005–2008. This was followed by a new Drugs Action Plan for 2009–2012 which builds not only on the existing framework but also on the lessons learned over the past four years (EU, 2008). With due regard to national legislation, it identifies the following priorities:

- improving co-ordination and co-operation, and raising public awareness;
- reducing the demand for drugs;
- reducing the supply of drugs;
- improving international co-operation.

The EU has also adopted an EU Alcohol Strategy to support Member States in reducing alcohol-related harm (EU, 2006). This includes a comprehensive strategy to reduce alcohol-related harm in Europe until the end of 2012 and focuses on the following five priority themes:

- protecting young people, children and the unborn child;
- reducing injuries and deaths from alcohol-related road accidents;
- preventing alcohol-related harm among adults and reducing the negative impact on the workplace;
- informing, educating and raising awareness on the impact of harmful and hazardous alcohol consumption, and on appropriate consumption patterns;
- developing and maintaining a common evidence base at EU level.

In addition, the EU has established the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in Lisbon, Portugal. The EMCDDA 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-policy debate. The tasks of the EMCDDA include collecting and analysing existing data; improving data-comparison methods; disseminating data; and co-operating with European and international organisations and with third countries. This makes the EMCDDA one of the main contributors of data for the evaluation of the EU Drugs Action Plan.

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 an important role in relation to the actions proposed by all of the above actors. One of the goals of the ESPAD project is to provide data that can be used in the evaluation of European action plans and strategies, for example the EU Drugs Action Plan and the EU Alcohol Strategy. Co-operation with key actors is essential, for example with the EMCDDA in relation to the evaluation of the EU Drugs Action Plan and with the Pompidou Group in relation to its role of contributing to evidence-based drug policies.

There is growing concern among politicians and other decision-makers about the negative effects of young peoples' consumption of various substances. To make informed decisions based on solid foundations, those decision-makers need comprehensive information, and producing that is a key mission of the ESPAD project. After five successive data-collection waves, the ESPAD project provides not only a reliable overview of trends in the use of licit and illicit drugs among European adolescents between 1995 and 2011, but also a comprehensive picture of young Europeans' use of tobacco, alcohol, cannabis and other substances.

The ESPAD project relies on the experience gained during 40 years of school surveys in Sweden, a pilot study including a questionnaire test initiated by the Pompidou Group (Johnston et al. 1994), earlier experiences of ESPAD researchers as well as knowledge gained by individual researchers across Europe in ESPAD data-collection exercises over the past sixteen years.

BACKGROUND TO ESPAD

As mentioned above, substance use among young people is of great concern in most countries. Many studies have therefore been undertaken in a bid to improve our understanding of consumption patterns. Despite the significant number of studies conducted in many countries, however, it long remained difficult to obtain a comprehensive picture or – more relevantly – to compare rates of prevalence of alcohol and drug use in different countries. This was mainly because the different studies involved different age groups that were studied using different questionnaires and at different times: in other words, too many disparate factors made comparison difficult.

In the 1980s a subgroup of collaborating investigators was formed within the Pompidou Expert Committee on Drug Epidemiology of the Council of Europe to develop a standardised school-survey questionnaire and methodology. The purpose of the work was to produce a standard survey instrument that would enable different countries to compare alcohol and drug use in student populations. The common questionnaire was used by eight countries in pilot studies. The studies differed in sample size, representativeness and age range studied, and they were not performed simultaneously. Because of these differences, the data were not directly comparable. However, the survey instrument as such 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 in the early 1980s. The project was adopted by the WHO and now involves an increasing number of countries. Surveys have been conducted since 1983/1984, and the eighth data-collection exercise was carried out in 2009/2010. The main focus of these surveys is on health issues, although recently a few questions have been asked about smoking, alcohol consumption and cannabis use (Currie et. al., 2012).

In the 1980s, only a few countries conducted school surveys relating to substance use on a more or less regular basis. The long series of annual school surveys in Sweden going back as far as 1971 is unique. Over the years there was growing interest in comparing the results from the Swedish school surveys with comparable data from other countries.

In 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.

PURPOSES OF ESPAD

The 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 consists of students who turn 16 during the year of data collection, which in 2011 meant students born in 1995. The studies are conducted as school surveys by researchers in each participating country, during the same period of time and using a common methodology. The ESPAD Handbook ensures that 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. This knowledge will be important in the future, when changes in one part of Europe may serve as a possible forecast for other countries where those changes have not yet occurred. Such trends may also provide a basis for future prevention initiatives.

A third goal of the ESPAD project is to provide data that can be used in the evaluation of various international action plans and strategies relating to alcohol and other drugs.

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

Yet another goal is to gather and store comparable data in databases that can be used by the research community for in-depth analysis to enhance understanding of substance use among European students.

The surveys are repeated every four years, and any European countries that are not yet involved in the ESPAD project are welcome to join the next wave, which is planned for 2015, to make its pan-European coverage as complete as possible.

ORGANISATION OF ESPAD

Ever since the Swedish Council for Information on Alcohol and Other Drugs (CAN) initiated the ESPAD Project in the early 1990s, it has functioned as the co-ordinating institution of ESPAD. The Co-ordinators at CAN are responsible for planning and initiating Steering Committee meetings, for communicating with Principal Investigators, Contact Persons and other researchers involved, and for producing and publishing the international ESPAD reports. The Co-ordinators also communicate with outside partners and stakeholders (such as the Pompidou Group, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), the Swedish Government and the Swedish National Institute of Public Health) and raise funds for the management of ESPAD.

All major decisions concerning the ESPAD Project are made at annual Project Meetings at which Principal Investigators and Contact Persons have voting rights. The Project Meeting has final authority over all aspects of the ESPAD Project.

In between Project Meetings, ESPAD is governed by a Steering Committee, which is elected at Project Meetings and meets at least twice a year. The Steering Committee is also responsible for preparing documents, proposals, the agenda etc. for Project Meetings.

OWNERSHIP OF ESPAD

ESPAD is an independent research project owned by the researchers involved. The main researcher in each participating country is appointed by ESPAD and is referred to either as "Principal Investigator" (PI) or as "ESPAD Contact Person" (Table A). Each of them raises funds in his or her country and participates in ESPAD and in Project Meetings independently and at his or her own expense. The data collected in the framework of the project are owned by each country independently. The PI or Contact Person is responsible for the use of his or her national data set.

The co-ordinating body of the ESPAD project is the Swedish Council for Information on Alcohol and Other Drugs (CAN). Funding for the co-ordination both of the latest wave in 2009–2012 and of earlier waves was provided by the Swedish Government and the Swedish National Institute of Public Health.

PARTICIPATING COUNTRIES

The 1995 ESPAD Report included information gathered from 26 countries (Hibell et al., 1997). In the second wave in 1999, data were collected in 30 countries (Hibell et al., 2000), and in 2003 the number had increased to 35 (Hibell et al., 2004). The 2007 survey also included 35 countries (Hibell et al., 2009), while another five countries collected data in 2008.

The number of participating countries in the 2011 data-collection exercise was 37. New countries in the latest survey were Albania and Liechtenstein. The number of participating German Bundesländer (states) decreased from seven in 2007 to five in 2011 (out of 16). Like in 2007, data collection in Belgium only included the Dutch-speaking part of the country (Flanders). In 2007 the survey in the Russian Federation included the whole country, while data collection in 2011, like in 1999 and 2003, was limited to the capital, Moscow.

In addition, ESPAD data were also collected in the spring of 2011 on the Isle of Man. The ESPAD Principal Investigator there was prepared to deliver a national data set as well as a Country Report, but was not given the opportunity to do so. This means that data from 36 countries are covered by the 2011 ESPAD report.

For different reasons, three countries conducted the survey in the autumn of 2011: Bosnia and Herzegovina (Federation of Bosnia and Herzegovina only), Kosovo (under UNSCR 1244/99) and the Netherlands. As a consequence, data from these countries are not included in the printed version of this report. However, it is planned to make their results available in a digital supplement.

Besides the 36 ESPAD countries, this report also includes selected results from two non-ESPAD countries: Spain and the United States.

THE 2011 ESPAD REPORT

STRUCTURE

The structure of this report is largely the same as that of previous ESPAD reports. The first chapter is a summary of some of the main findings. The overview given includes information about eight key variables relating to the consumption of alcohol, tobacco, inhalants, illicit and pharmaceutical drugs.

This introductory chapter is followed by an overview of the design and procedures of the ESPAD study. As mentioned earlier, one major strategy of the ESPAD project has been to standardise the procedures as much as possible, including the target population, the questionnaire, the sampling procedure and the way in which data are collected.

The methodology chapter includes an extensive discussion of data cleaning, representativeness, reliability, validity and comparison with other survey data. It ends with some general conclusions as well as country-specific conclusions. A complement to this overview can be found in Appendix II, where sampling and field procedures are presented and commented upon country by country.

Key results from the 2011 data collection are presented in the first results 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 supplemented by bar graphs that rank all countries for which information is available, including separate bars for boys and girls. For the first time this chapter also includes tests of statistical significance for differences at country level between boys and girls.

A separate chapter gathers key results for individual countries about the situation in 2011. This chapter includes a country-by-country overview in which some major findings for each country are compared with the average for all 36 ESPAD countries.

Developments between the five data-collection exercises in 1995–2011 are presented in a third descriptive results chapter. This is the only part of the report that includes data from previous surveys. For the graphs in this chapter, information about statistically significant differences at country level between 2007 and 2011 is provided for the first time.

The last three chapters have separate authors. The first is a short discussion about two different ways of calculating ESPAD averages. Another includes an analysis of the ESPAD Module D about risky cannabis consumption – the CAST scale. The last of these chapters is an analysis of changes in polydrug use.

The text includes tables of a methodological nature, which are identified by letters. However, the tables that form the basis of the graphs and the text in the results chapters are numbered and found in Appendix III. The following symbols are used in the tables:

0 A percentage below 0.5.
– No percentage (the frequency was zero).
· No such data exist.
·· Data exist but have either been considered non-comparable or found to be inaccessible.

All percentages in this report are calculated on the basis of valid responses for each variable. Internal non-response rates are given separately in the tables.

Table A. Countries participating in ESPAD. 1995–2011.

COUNTRY	ESPAD Researcher	1995	1999	2003	2007	2011
Albania	Ervin Toci	.	.	.	.	Yes
Armenia	Artak Musheghyan	.	.	.	Yes	.
Austria	Karl Bohrn; Alfred Uhl	.	.	Yes	Yes	.
Belgium (Flanders)	Patrick Lambrecht	.	.	Yes	Yes	Yes[a]
Belgium (Wallonia)	Danielle Piette	.	.	Yes	.	.
Bosnia and Herzegovina (FBiH)	Aida Pilav	.	.	.	Yes[b]	Fall[c]
Bosnia and Herzegovina (RS)	Sladjana Siljak	.	.	.	Yes[b]	Yes
Bulgaria	Anina Chileva	.	Yes	Yes	Yes	Yes
Croatia	Marina Kuzman	Yes	Yes	Yes	Yes	Yes
Cyprus	Kyriakos Veresies	Yes	Yes	Yes	Yes	Yes
Czech Republic	Ladislav Csèmy	Yes	Yes	Yes	Yes	Yes
Denmark	Svend Sabroe	Yes	Yes	Yes	Yes	Yes
Estonia	Airi-Alina Allaste	Yes	Yes	Yes	Yes	Yes
Faroe Islands	Pál Weihe	Yes	Yes	Yes	Yes	Yes
Finland	Salme Ahlström	Yes	Yes	Yes	Yes	Yes
France	Stéphane Legleye	.	Yes	Yes	Yes	Yes
Germany	Ludwig Kraus	.	.	6 Bundesl.	7 Bundesl.	5 Bundesl.
Greece	Anna Kokkevi	.	Yes	Yes	Yes	Yes
Greenland	Vacant	.	Yes	Yes	.	.
Hungary	Zsuzsanna Elekes	Yes	Yes	Yes	Yes	Yes
Iceland	Thoroddur Bjarnason	Yes	Yes	Yes	Yes	Yes
Ireland	Mark Morgan	Yes	Yes	Yes	Yes	Yes
Isle of Man	Andreea Steriu	.	.	Yes	Yes	Yes[d]
Italy	Sabrina Molinaro	Yes	Yes	Yes	Yes	Yes
Kosovo (under UNSCR 1244)	Mytaher Haskuka	.	.	.	.	Fall[c]
Latvia	Marcis Trapencieris	Yes	Yes	Yes	Yes	Yes
Liechtenstein	Esther Kocsis	.	.	.	.	Yes
Lithuania	Tadas Tamosiunas	Yes	Yes	Yes	Yes	Yes
Macedonia, FYR of	Silvana Onceva	.	Yes	.	Yes[b]	.
Malta	Sharon Arpa	Yes	Yes	Yes	Yes	Yes
Moldova, Republic of	Otilia Scutelniciuc	.	.	.	Yes[b]	Yes
Monaco	Stanislas Spilka	.	.	.	Yes	Yes
Montenegro	Boban Mugosa	.	.	.	Yes[b]	Yes
Netherlands	Karin Monshouwer	.	Yes	Yes	Yes	Fall[c]
Norway	Astrid Skretting	Yes	Yes	Yes	Yes	Yes
Poland	Janusz Sieroslawski	Yes	Yes	Yes	Yes	Yes
Portugal	Fernanda Feijão	Yes	Yes	Yes	Yes	Yes
Romania	Silvia Florescu	.	Yes	Yes	Yes	Yes
Russian Federation	Eugenia Koshkina	.	Moscow	Moscow	Yes	Moscow
Serbia	Spomenka Ciric-Jankovic	.	.	.	Yes[b]	Yes
Slovak Republic	Alojz Nociar	Yes	Yes	Yes	Yes	Yes
Slovenia	Eva Stergar	Yes	Yes	Yes	Yes	Yes
Sweden	Björn Hibell	Yes	Yes	Yes	Yes	Yes
Switzerland	Gerhard Gmel	.	.	Yes	Yes	.
Turkey	Nesrin Dilbaz	Istanbul	.	6 cities	.	.
Ukraine	Olga Balakireva	Yes	Yes	Yes	Yes	Yes
United Kingdom	Mark Bellis	Yes	Yes	Yes	Yes	Yes

[a] Carried out the 2011 data collection in 2010.
[b] Participated in the supplementary data collection in 2008.
[c] Carried out the 2011 data collection in the fall and is therefore not included in the printed international report.
[d] Data collected but not delivered.

ESPAD AVERAGE

The results tables and graphs make it possible to compare countries not only with each other but also with an ESPAD average. However, there are several possible ways of calculating the average for all ESPAD countries. It can be computed as a simple "average of averages", which in practice involves assigning each country the same weight of one. This means that each country will influence the average to the same extent, regardless of whether it is a small or large country.

Another possibility is to take account of the size of the target population in the participating countries, i.e. using the number of students born in 1995 living in a country as the weight for that country. Then data from large countries will influence the average more than data from small countries. In practice, because the smallest ESPAD countries are so much smaller than the largest ones, the former will exert only a very marginal influence on the average.

Different ways of calculating an ESPAD average all have their pros and cons, and it is not obvious which one is best. The choice of method should be determined by the purpose for which the average is calculated. One method may be better for some purposes and another for other purposes.

In the ESPAD reports, we have traditionally used country averages, i.e. the solution where all participating countries contribute equally to the average. Based on the findings presented in the chapter entitled "What is the 'European average'?", in which it is shown that country and population averages turned out to be very similar, we have retained country averages for this report.

In the trends chapter, two averages are shown in tables and graphs. One is the country average for all countries participating in each of the data-collection exercises while the second includes only those countries that have taken part in all five surveys.

STATISTICAL SIGNIFICANCE

As will be discussed in detail below, the sampling procedures used in the ESPAD survey differ between countries. In all countries, classes (groups of students as an organisational unit) were sampled using a more or less complex procedure. Since the final sampling unit was class, not student, and since all students in sampled classes were supposed to take part, it is important to consider the cluster effects in any statistical calculations. This is because a group of students who make up a class (cluster) are more likely to have similar habits than a group containing the same number of students but spread across classes and schools. This affects the precision of the estimates in each country but – provided that the ESPAD guidelines are followed – in principle it should not bias the point estimate itself.

It is also important to note that a certain absolute difference in a particular variable between two surveys may be statistically significant in one country but not in another. Differences have to be tested separately from each country´s result to make it possible to decide whether a difference is significant or not. However, to be able to calculate confidence intervals and assess the statistical significance of differences, it is necessary to have access to all data, including a class variable, for all students. With the exception of 2007, this was not the case in previous ESPAD surveys, which is why the figures in earlier ESPAD reports were compared between countries and over time in terms of substantive rather than statistical significance. To avoid considering too small differences, a standardised procedure was used where a difference smaller than ±3 percentage points was not considered as a "real difference".

Since we now have access to databases from the past two data-collection exercises, differences within countries between 2007 and 2011 data in the trends chapter have been statistically tested to identify any significant differences. A significance test has also been used to test for possible statistically significant differences within countries between boys and girls for the variables presented in the graphs in the chapter entitled "The situation in 2011". Since these calculations require inclusion in the ESPAD databases, no such tests have been carried out on the data from the two non-ESPAD countries.

A bivariate logistic regression was used to test whether the differences observed are significant or not. The differences between boys and girls were tested using a bivariate model with gender as the only predictor variable. Differences between 2007 and 2011 were tested using the same procedure, with year as the only predictor variable. When testing differences between 2007 and 2011, the whole sample was used, i.e. boys and girls together. In the logistic regressions, school class was modelled as a cluster, thus taking into consideration that the respondents were not individually sampled.

The average alcohol consumption during the last alcohol drinking day was tested using a regression with robust standard errors. Rather than using a t-test, this method allows to adjust for the possible effect that the cluster-sampling of the students might have on the results, even though this variable is continuous.

Some countries did not perform a sample but instead included all students in the survey. Although it can be argued that testing for significance in such a case is unnecessary, it was decided to do so anyway. The possible cluster effects were modelled in all of these countries as well, except as regards the Faroe Islands, where no information about school class was available.

With three exceptions, significant tests taking account of cluster effects have been performed for all countries that took part in the 2007 as well as the 2011 survey. One exception was the United Kingdom where data, as a precautionary measure related to the low school participation rate in 2011, have been reported below a line in the result tables related to the chapter about the situation in 2011, and, as a consequence of this, no comparisons have been made with previous surveys in the trends chapter. The other exception was Denmark that was in a similar situation in 2007. Since class codes were not available in 2007, no tests taking account of cluster effects were done for Norwegian differences between 2007 and 2011.

All the tests for statistical significance were performed using SAS 9.3. Significance was tested at the 95% level.

In the bar graphs in the chapter "The situation in 2011" significant differences between boys and girls in a country are

shown by highlighting the name of the country in yellow.

In the trends chapter, we have kept the green (decrease), yellow (no change) and red (increase) trend lines that were used in the 2007 report to reflect the ±3 percentage point criterion described above. The colors of the lines between 2007 and 2011 are instead based on statistical tests, with green indicating a statistically significant decrease, red a statistically significant increase and yellow an unchanged situation.

ERRATA

In producing this report we have of course tried our outmost to produce correct information in all text, figures, tables, maps, graphs and diagrams. However, we sincerely hope that our readers will understand that however careful we have tried to be, there will inevitably be mistakes that will not become evident until after the report has been printed.

We intend to make all corrections available as quickly as possible. To this end, we will continually publish updated digital editions of this report at www.espad.org together with a list of all mistakes that have been corrected. As mentioned above, an electronic supplement covering those three countries that collected data so late that they could not be included in the printed report will also be published on the ESPAD website.

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ESPAD methodology and procedures

ESPAD methodology and procedures

Standardisation is crucial for the purpose of the ESPAD Project to collect data on substance use that are comparable across as many European countries as possible. This includes the target population, the sampling procedure, the student questionnaire, the fieldwork and all of the associated preparations, data capture and data delivery as well as the content of the Country Report in which each country provides information about the entire national survey procedure.

From this follows a need for a common methodological protocol. This protocol is provided in the ESPAD Handbook, which has been jointly developed and agreed upon through several ESPAD Project Meetings.

THE ESPAD HANDBOOK

As part of the preparations for the 2011 data-collection exercise, all relevant documents were gathered in an ESPAD Handbook, which builds to a large extent on earlier ESPAD documents.

The Handbook is divided into nine sections representing stages of the ESPAD cycle. Several of the sections contain not only a main document but also a number of appendixes. These appendixes contain references, background documents and the forms and questionnaires necessary to prepare, perform and report on the fieldwork. Sections of particular importance for the ESPAD 2011 survey are those including information about sampling, the student questionnaire, the fieldwork, data capture and delivery as well as a template for the Country Report.

TARGET POPULATION

The ESPAD target population is defined as (1) regular students who (2) turn sixteen in the calendar year of the survey and (3) are present in the classroom on the day of the survey, which (4) should be in March or April of the survey year. This definition includes students who are enrolled in regular, vocational, general or academic studies but excludes those enrolled in either special schools or special classes for students with learning disorders or severe physical handicaps. It also excludes students who are absent from class on the day of the survey as well as adolescents in the target age cohort who have left the school system. The main idea behind the choice of this age group for the study is that sixteen-year-olds should to a large extent still be easily accessible through schools but not be too young to lack any experience of substance use.

The fifth data-collection exercise, which was carried out in 2011, targeted students born in 1995.

The mean age of the students surveyed has been about the same in all five data-collection exercises. In 2011 the estimated mean age was 15.8 years, based on the time of data collection in the various countries.

NATIONAL PROJECT PLANS AND REGIONAL SEMINARS

Prior to carrying out the survey, each country produces a National Project Plan according to a standardised template. This document should describe the target population's distribution across school grades and the proportion expected still to be enrolled in school. The plans for sampling and field procedures should also be described in detail.

Regional seminars are held with small groups of researchers to maximise the standardisation of the data-collection procedure and to discuss appropriate sampling procedures for different countries with different conditions in terms of available school statistics. The seminars as such also function as training courses for less experienced participants.

SAMPLING

The sampling procedure produces a sample that is nationally representative of the ESPAD target population. The data from each participating country should be based on responses from at least 1,200 males and 1,200 females. To obtain a net sample of 2,400 students, it is necessary to draw a gross sample large enough to accommodate attrition in relation to absent students, schools not willing to participate and classes unable to take part on the day chosen for the survey. The appropriate size of the gross sample must be estimated on the basis of earlier experience of the extent of such attrition.

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 the types of school statistics available. Some countries have access to detailed information about the number of schools, classes and students, while in others all that is known may be the total number of schools. As regards sampling, the sample should consist of randomly selected classes. This can be achieved in several ways described in the ESPAD Handbook.

The target population is differently distributed across school types and grades in the various countries. In some countries the vast majority of the target population is found in one or two grades only, but in other countries it is more widely spread. Whenever possible, it is recommended to include all grades with students born in the target year, or at least all grades that include 10% or more of the target population. Sampling problems are one of the most important issues discussed at the Regional seminars.

STUDENT QUESTIONNAIRE

Work carried out by the Pompidou School Survey Subgroup in the 1980s resulted in a battery of questions to be used by researchers in European countries who were interested in per-

forming school surveys. These questions were strongly influenced by the questionnaire already developed and used within the Monitoring the Future project in the United States. In fact, the chair of the School Survey Subgroup, Dr Lloyd Johnson, also heads the group of researchers engaged in the Monitoring the Future project.

The first ESPAD questionnaire, used in the 1995 survey, was developed on the basis of the battery of questions tested by the Pompidou School Survey Subgroup. However, each question was discussed and agreed upon by the large group of collaborating investigators. A very large part of the first questionnaire was retained for the 1999 and 2003 surveys, while a review was carried out prior to the 2007 data-collection exercise. In 2011, only very few changes were made compared with the 2007 survey.

The main part of the questionnaire consists of core questions to be used in all countries. There are also a number of module and optional questions to be used according to the wishes of each country. The core, module and optional questions are reproduced in Appendix IV of this report. Each country is also free to add questions of special national interest, provided that those neither affect the students' willingness to respond nor overload the questionnaire. The ESPAD Handbook contains a great many comments and instructions to guide the use of the questionnaire.

Each country is expected to translate the English-language Master Questionnaire into its own language(s), adjusting the wording of the questions to make it as appropriate as possible in the national cultural context. For example, street names of drugs, etc., should be adjusted to common practice in the country concerned. Once the translation is ready, the questionnaire should be back-translated into English to ensure that any deviations from the Master Questionnaire are detected and corrected.

It is also recommended that each country tests the questionnaire in a small pilot study, in order to discover any shortcomings or any difficulties that students might have answering it. Such a test also indicates how much time students will need to complete the questionnaire, which may indicate that there is a need to shorten or an opportunity to lengthen it.

The 2011 questionnaire includes four modules: Integration (A), Psychosocial (B), Deviance (C) and Cannabis use (D). The first three have been used in earlier data-collection exercises while the CAST scale to assess cannabis-related problems (Module D) was used for the first time in 2007. Results from Module D are presented in a separate chapter of this report.

Despite all the efforts made to standardise the data-collection instrument, some discrepancies are inevitable. However, it may not be overly optimistic to believe that the discrepancies between the questionnaires have had only a very limited negative effect on the comparability of the findings from different countries. In the few cases where discrepancies are important enough to make a question non-comparable, this is indicated in the results chapters.

FIELDWORK

Just like the sampling process and the data-collection instrument, the field procedures should be as standardised as possible. However, because of cultural differences there are many factors that make it difficult to follow exactly the same protocol in each country.

The recommended data-collection period is March–April. Most countries adhere to these dates, but the length of the period may vary for pragmatic reasons.

Data collection should take place during a week which is not preceded by any type of holiday during which substance use may be more frequent and estimates could be atypically inflated. It is also advised to avoid collecting data immediately before national examination periods. Schools unable to perform the survey during the assigned week are allowed to do so in the preceding week instead.

The headmasters of the participating schools should be contacted and informed of the planned study. They should be asked to inform the teacher(s) of the class(es) selected – but if possible not to inform the students, in order to avoid discussions among them that could lead to biased data. The class teachers are asked to schedule the survey for one lesson and to follow the same procedure as they would for a written test.

Data should be collected by means of group-administered questionnaires, under the supervision of a teacher or a research assistant. In many countries it is believed that the students would not trust their teachers to administer the questionnaire and that having them do this would cause the data to be biased. The solution to this problem is to use research assistants instead of teachers. The key is not whether a teacher or a research assistant is present during data collection, but whether that person is trusted by the students. In a methodological study by Bjarnason (1995), no statistically significant differences were found between questionnaire administration by teachers and research assistants, respectively, in Iceland. This finding suggests that, in some countries at least, the effect of administration mode is negligible.

It is recommended that each student should be given an unmarked envelope to put his or her completed questionnaire in, before sealing it personally. Once the data have been collected, the teacher or research assistant should collect the sealed envelopes and send them back to the research institute responsible. Sometimes other solutions can be used, for example a closed joint box.

The information given to the survey leaders should include a written instruction describing how to perform the data-collection procedure. The voluntary and anonymous character of the study should be stressed, and the survey leader should refrain from walking around in the classroom while the forms are being completed.

Survey leaders should use a standardised Classroom Report to provide information about the time needed to complete the questionnaires, the number of students who are absent and present, respectively, any disturbances noticed during data collection as well as information about whether the students work seriously.

DATA CAPTURE AND DELIVERY – WITH FOCUS ON 2011

Before the data were entered, the questionnaires were checked to identify cases whether the answers were obviously not truthful. Such incorrect questionnaires were given a special code and were kept in the national data set.

There are two modes of data entry: manual entry and optical scanning. In both cases, the coding manual in the ESPAD Handbook must be followed.

In the first three data-collection exercises, the international ESPAD Report was produced on the basis of data provided by each country in standardised Country Reports with standardised results tables. In 2007, this was also the case for the parts of the report describing the data collection and for the methodology chapter.

Like in 2007, the results part of the 2011 report has been produced on the basis of data from a common ESPAD database, to which all countries had to send their national data sets. The ESPAD 2011 database has been produced by the ESPAD Databank Manager Thoroddur Bjarnason.

There are several advantages to using a common database rather than standardised national tables. One is greater flexibility as regards what data to include in the international report. A second is that all variables can easily be defined in exactly the same way, a third that all data can be cleaned in the same computerised way and a fourth that any further data analysis will build on a standardised database.

To facilitate the production of the ESPAD 2011 database, instructions were given in the ESPAD Handbook about the construction of the national data sets, not least by the distribution of an SPSS template file.

When a data set had been cleaned and checked by the Databank Manager it was sent to the Principal Investigators and Contact Persons for verification and comments. Once all issues identified had been dealt with, the national data set was ready to be merged with the ESPAD database.

As mentioned above, after all previous data-collection exercises methodological information from the Classroom Reports was sent to the Co-ordinators in standardised tables. However, this time such information was also sent in standardised data sets, which were used to produce several of the tables in the methodology chapter.

Each country also reported a great deal of practical information about sampling and fieldwork in a standardised Country Report.

ESPAD DATABASES

Each country must deliver a standardised national data set including data from all participating students belonging to the target population. After a computerised data-cleaning procedure carried out by the ESPAD Databank Manager, all national data sets are merged into one database. This procedure has been used to produce the international 2007 and 2011 ESPAD reports.

Even though the basis for the 2003 ESPAD report consisted of standardised results tables from participating countries, the national data sets from the 2003 survey were subsequently merged into an international pilot database.

The ESPAD databases include a great deal of information that can be used for research purposes, and it is hoped that they will be widely exploited to produce new knowledge about young people and their use and abuse of different substances. On a voluntary basis, Principal Investigators and Contact Persons may make their national data available to their ESPAD colleagues and to the wider international research community.

The use of a new database is limited to ESPAD researchers for the first two years. However, since an ESPAD researcher whose application has been granted is given 12 months to finish his or her analysis and to report the results, in reality this means that an ESPAD database becomes open for external researchers after three years. Both ESPAD and non-ESPAD researchers must fill in a simple application form. More information about this procedure and about the databases is available on the ESPAD website at www.espad.org.

REFERENCE

Bjarnason T (1995). Administration mode bias in a school survey on alcohol, tobacco and illicit drug use. Addiction, 90, 555–559.

Methodological considerations

Methodological considerations

INTRODUCTION

The 2011 ESPAD results are based on 36 national surveys using the common methodological guidelines presented in the ESPAD Handbook. This chapter provides an overview of the issues of representativeness, reliability and validity in the 2011 ESPAD survey. Reference to previous data-collection exercises is made whenever necessary. The chapter ends with a short summary of the most important methodological issues to be taken into consideration.

The first ESPAD survey in 1995 was the first school survey on alcohol and drug use ever to be carried out in several of the participating countries. For the fifth ESPAD study in 2011, greater experience and long-lasting co-operation have contributed to a more robust and standardised methodology. While there remain some discrepancies and areas of concern that need to be addressed, it should be stressed that, from an overall perspective, the ESPAD project has attained high levels of representativeness, reliability and validity.

USE OF SCHOOL SURVEYS

Knowledge about levels of alcohol and drug use can be obtained in different ways, depending on the part of the phenomenon which is of main interest. In many countries, household surveys are conducted to measure alcohol and drug use habits in the general population. School surveys are also often performed, either as a complement to other investigations or as the only investigative measure.

One problem with surveys is that they usually fail to reach some segments of the population, such as problematic users, homeless persons or dropouts from school. The latter are a group of young people known to be vulnerable to alcohol and drug use.

The main rationale for carrying out school surveys is that students are at an age when onset of different substances is likely to occur and are therefore important to monitor. Another reason is ease of access: students, by definition, are to be found within the school system, which reduces the cost of locating and reaching them. Yet another advantage is that it is unusual for students who are present in the classroom to refuse to take part in a survey.

When students are the target group of a survey, 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. While it is true that experiences from using school surveys to collect information on substance use differ across countries, there is usually no other realistic way of collecting data from students than to do so by administering questionnaires to a group in the school, usually in the classroom.

A handbook on the methods usually required in the conduct of school surveys on drug use has been published by the United Nations Office on Drugs and Crime (Hibell et al., 2003). It includes information about the planning of school surveys, methodological issues, sampling issues, questionnaire development, data-collection procedures and report writing. From the 2011 ESPAD data-collection exercise, all important information relating to preparations, fieldwork and reporting is gathered in the ESPAD Handbook.

CULTURAL CONTEXT

The standardisation of survey methodology is the cornerstone of 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 indeed some influences are not even possible to pinpoint. The cultural contexts in which the students have responded vary, and formally identical measures may have different meanings in different contexts.

As part of the preparations for the ESPAD 1999 data-collection exercise, 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 in different parts of Europe: two northern European ones (Denmark and Sweden), two Mediterranean ones (Cyprus and Malta) and three in central and eastern Europe (Lithuania, Slovak Republic and Ukraine).

The study showed that both reliability and validity were high in all seven countries, even though there were some minor differences. This indicates that the influence of the cultural context seemed to be rather limited in these seven countries, but even so it is important to keep this aspect in mind when comparing results from a large number of countries.

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 the cultural context (which can be expected to be reasonably stable over time in a given country). In other words, even if the proportions using a particular drug are not fully comparable between two countries, it is still possible to compare those countries with regard to the extent of increases or decreases over time in those proportions.

In this report, developments between 1995 and 2011 are shown, country by country, in simple graphs where a straight line is drawn between the dots representing each of the five data-collection exercises. However, it should be kept in mind that the ESPAD survey is repeated with a four-year interval, which is a relatively long period during which many changes may have

occurred. In other words, the four-year lines may mask considerable annual fluctuations.

ETHICAL CONSIDERATIONS

More and more countries introduce different kinds of ethical rules to protect the integrity of their citizens. Many of those rules relate to the recording of personal data, and some of them apply to research activities. From an ESPAD perspective, ethical rules may, for example, entail a requirement to obtain the approval of an ethics committee or the consent of parents.

The ESPAD guidelines emphasise that ESPAD surveys should be confidential and anonymous. It is also important for students to be informed that answering the questionnaire is voluntary. In addition, it is the responsibility of each research team to comply with all national laws, regulations and guidelines concerning research ethics.

In all countries, students and schools were informed that participation in the survey was voluntary. The approval of an ethics committee was asked for and obtained in ten countries (Table B). Some form of parental consent was used in nearly two-thirds of the countries. All countries followed their national ethical rules.

Table B. Ethical aspects. ESPAD 2011.

COUNTRY	Ethical review needed	Parental consent needed	National ethical rules followed
Albania	No	No	Yes
Belgium (Flanders)	No	In some schools	Yes
Bosnia and Herz. (RS)	No	No	Yes
Bulgaria	No	In some schools	Yes
Croatia	Yes	Yes, passive	Yes
Cyprus	No	Yes, passive	Yes
Czech Republic	No	No	Yes
Denmark	No	No	Yes
Estonia	No	No	Yes
Faroe Islands	No	No	Yes
Finland	Yes	Yes, mainly passive	Yes
France	Yes	Yes, passive	Yes
Germany (5 Bundesl.)	Yes	Yes, active	Yes
Greece	Yes	Yes, mainly passive	Yes
Hungary	No	In some schools	Yes
Iceland	No	Yes, passive	Yes
Ireland	Yes	Yes, passive	Yes
Italy	No	Yes, passive	Yes
Latvia	No	No	Yes
Liechtenstein	No	Yes, passive	Yes
Lithuania	No	In some schools	Yes
Malta	No	No	Yes
Moldova, Rep. of	Yes	No	Yes
Monaco	Yes	Yes, passive	Yes
Montenegro	No	Yes, passive	Yes
Norway	No	Yes, passive	Yes
Poland	No	In some schools	Yes
Portugal	Yes	Yes, mainly active	Yes
Romania	No	Yes, active	Yes
Russian Fed. (Moscow)	Yes	No	Yes
Serbia	No	Yes, passive	Yes
Slovak Republic	No	No	Yes
Slovenia	No	No	Yes
Sweden	No	No	Yes
Ukraine	No	No	Yes
United Kingdom	Yes	Yes, passive	Yes

METHODOLOGICAL IMPROVEMENTS – CHANGES TO THE QUESTIONNAIRE AND TO THE DATA-CLEANING PROCEDURE

Methodological improvements over time are inevitable. Two important changes are discussed below. First, the questionnaire was changed in 2007. The effects of the changes were tested, and the results are summarised in the first section below.

Second, like in 2007, the national data sets that formed the ESPAD 2011 Database were used to produce data in all tables in exactly the same way for all countries. However, unlike in 2007, all national data were also cleaned in the same way in 2011. The effects of the changes to the cleaning procedure are discussed in the final part of this section.

QUESTIONNAIRE CHANGES

The questionnaire that was used in 2011 included only a few modifications compared with the 2007 form. What is more, with some minor exceptions they were in the optional segments of the questionnaire and have not influenced the possibility to make comparisons between the 2007 and 2011 data.

However, the questionnaire used in the 2007 survey differed to some extent from the form used in the first three data-collection exercises. There were both changes to the structure of the questionnaire and changes to the wording of some questions. The major structural change was that two very long questions about availability and age of onset, respectively, for a large number of substances were divided into shorter questions which were asked in a sectional format, with tobacco as the first section, alcohol as the second, cannabis as the third and other illegal substances as the fourth. Another structural change was that a very long list of drugs used in some questions was shortened to include only the most commonly used drugs.

In addition to these changes, the 2007 questionnaire included a few reworded questions and a few new ones. One of the reworded questions was the one intended to measure the amount of alcohol that the respondent had consumed on the most recent day during which he or she had drunk alcohol. The new version included a filter question to reduce the risk of respondents misunderstanding when estimating the amounts consumed. Another was the question about the frequency of drunkenness, which was changed by the inclusion of examples of how drunkenness might manifest itself. Yet another was the question about heavy episodic drinking (five or more drinks), in which cider and alcopops were included in the 2007 questionnaire and a change was made from “in a row” to “on one occasion”.

In order to evaluate the comparability of estimates based on the old and the new versions of the questionnaire, a methodological study based on a split-half methodology was conducted in 2006 in eight countries (Hibell & Bjarnason, 2008). Overall, it was found that the changes to the instrument did not affect the key indicators used to track changes in adolescent substance use over time.

The estimates that turned out to have been significantly affected by the changes were primarily those that were based on problematic measures and had therefore been purposely changed in order to obtain better estimates. They included measures of the availability of different substances, the frequency of drunkenness, the amount of alcohol consumed during the most recent drinking day and spirits consumption during the past 30 days. For these variables, comparisons thus cannot be made with earlier data.

DATA CLEANING

In the first three data-collection waves, the research team in each country was responsible for cleaning the national data sets according to ESPAD guidelines. In practice, this meant identifying defective questionnaires by visual inspection and discarding them. In 2007, the national research teams for the first time submitted their raw data to the ESPAD Databank Manager, who cleaned the national data sets and merged them into a joint database. The same centralised, computerised data-cleaning procedure was used in 2011 as well. However, the initial procedure involving visual inspection was still performed, the difference being that the national research teams were asked only to highlight, not to discard, any questionnaires that they considered totally unusable. Those questionnaires were assigned a special code and included in the national data sets that were sent for centralised data cleaning.

The standard cleaning procedure primarily involved two phases: first, the deletion of unusable cases: and, second, the logical substitution of missing values. All cases where information was missing about the key demographic variables of age or sex were excluded from the database. The other major reason for questionnaire exclusion is poor data quality. All questionnaires with responses to fewer than half of the core items were discarded, as were all questionnaires where the respondent appeared to have followed a pattern involving repetitive marking of extreme values.

Across all ESPAD countries, an average of 1.3% of the questionnaires were excluded because of missing data on age or sex or because of poor data quality (Table C). Relatively large proportions of the Cypriot and UK questionnaires (4.5–4.8%) and of the Faroese and Norwegian questionnaires (about 3.5%) were excluded.

In the second phase of the data-cleaning procedure, 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. However, no such substitution was made if a student had indicated lifetime use for some items but no lifetime use for others.

Table D presents information about non-response rates before the logical substitution of missing responses relating to lifetime prevalence and about the impact of substitution on prevalence rates. For the seven lifetime variables shown in the table, the average reduction of the non-response rates ranges from 0.0% to 0.3%. With a few exceptions, the reduction was limited for all seven variables. The highest figure is found for Norway, where the non-response rate for cannabis was reduced by 1.6 percentage points.

For all core variables, the average proportion of unanswered questions after cleaning was 1.5%. In individual countries, it ranged from 0.5% in Liechtenstein to 3.5% in Cyprus.

Table E shows the impact of different steps of the cleaning process on eight core measures of lifetime prevalence. First, missing data on sex and/or age reduced the number of respondents included in the database from 104,319 to 104,059. This did not change any of the prevalence figures.

Second, only 314 forms were omitted because fewer than half of the questions had been answered. This only had a marginal effect on lifetime figures (the lifetime prevalence of inhalants decreased from 9.4% to 9.3%). Third, the discarding of 669 questionnaires because of repetitive extreme answer-

Table C. Refusals, discarded questionnaires and number of valid questionnaires from 1995 born students. ESPAD 2011.

	Refusals[a]		Discarded questionnaires			Valid questionnaires (n)		
COUNTRY	Parental refusal (%)	Student refusal (%)	Missing gender[b] (%)	Poor data quality[c] (%)	Total (%)	Boys	Girls	All
Albania	.	0	0.6	0.8	1.4	1 436	1 753	3 189
Belgium (Flanders)	0	0	0.0	0.7	0.7	974	824	1 798
Bosnia and Herz. (RS)	.	0	0.3	0.6	0.9	1 379	1 753	3 132
Bulgaria	1	1	0.2	1.5	1.7	1 132	1 085	2 217
Croatia	0	1	0.2	1.6	1.8	1 480	1 522	3 002
Cyprus	0	1	0.6	4.2	4.8	2 047	2 196	4 243
Czech Republic[d]	.	0	0.6	0.4	1.0	1 906	2 007	3 913
Denmark	.	0	0.0	0.4	0.4	979	1 202	2 181
Estonia	.	0	0.0	0.3	0.3	1 208	1 252	2 460
Faroe Islands[d]	.	0	3.1	0.5	3.6	288	269	557
Finland	1	0	0.0	0.5	0.5	1 815	1 929	3 744
France	0	0	0.0	0.3	0.3	1 194	1 378	2 572
Germany (5 Bundesl.)	14[d]		0.0	0.0	0.0	1 285	1 511	2 796
Greece	3	1	1.7	0.6	2.3	2 926	2 982	5 908
Hungary	1	1	0.1	0.2	0.3	1 608	1 455	3 063
Iceland	1[e]	1[e]	0.2	1.1	1.4	1 717	1 616	3 333
Ireland	4	1	0.0	1.1	1.1	1 111	1 096	2 207
Italy	.	0	0.1	1.6	1.7	2 463	2 374	4 837
Latvia	.	0	0.0	0.9	0.9	1 334	1 288	2 622
Liechtenstein	0	0	0.0	0.5	0.5	193	173	366
Lithuania	0	0	0.2	0.7	0.9	1 237	1 239	2 476
Malta	.	0	0.0	1.4	1.4	1 688	1 689	3 377
Moldova, Rep. of	.	0	0.0	1.6	1.6	1 033	1 129	2 162
Monaco	0	0	0.0	0.2	0.2	193	208	401
Montenegro	0	0	0.0	0.9	1.0	1 668	1 719	3 387
Norway	0	1	2.5	1.0	3.5	1 498	1 440	2 938
Poland	0	0	0.0	0.0	0.0	2 838	3 095	5 933
Portugal	6	1	0.3	0.5	0.8	825	1 140	1 965
Romania	9	2	0.0	0.7	0.7	1 279	1 491	2 770
Russian Fed. (Moscow)	.	0	0.0	1.0	1.0	855	902	1 757
Serbia	0	0	0.0	1.0	1.0	2 823	3 261	6 084
Slovak Republic[d]	.	0	0.7	0.8	1.6	1 004	1 005	2 009
Slovenia	0	0	0.0	0.8	0.8	1 561	1 625	3 186
Sweden	.	0	0.1	0.9	1.0	1 311	1 258	2 569
Ukraine	.	1	0.0	1.1	1.1	1 025	1 185	2 210
United Kingdom[d]	1	1	0.7	3.7	4.5	865	847	1 712
AVERAGE (%) / TOTAL (n)	**1**	**1**	**0.3**	**1.0**	**1.3**	**50 178**	**52 898**	**103 076**

[a] Regardless of birthyear. Percentages calculated on students present in the classroom.
[b] Missing gender column include also manually removed questionnaires (these numbers were estimated in Czech Republic and Slovak Republic).
[c] More than 50% non response or repetitive answering patterns. Standardised SPSS syntax used.
[d] Parental and student refusals can not be separated.
[e] Estimated.

Table D. Non response rates before logical substitution of missing values and the substitution impact (reduction) for 7 prevalence measures and the total average for all core questions. ESPAD 2011.

	Cigarettes LTP		Alcohol LTP		Been drunk LTP		Cannabis LTP		Ecstasy LTP		Inhalants LTP		Tranq. or sed. (non-medical use) LTP		Total non-response average (after cleaning)
COUNTRY	Before cleaning	Reduction	Before cleaning	Reduction	Before cleaning	Reduction	Before cleaning	Reduction	Before cleaning	Reduction	Before cleaning	Reduction	Before cleaning	Reduction	
Albania	0.5	0.3	1.9	0.1	2.1	0.6	1.3	0.7	1.0	0.6	0.8	0.3	0.4	0.0	1.9
Belgium (Flanders)	1.0	0.3	1.6	0.2	1.0	0.2	0.6	0.1	0.4	0.3	0.2	0.0	0.4	0.1	1.9
Bosnia and Herz. (RS)	0.3	0.1	0.9	0.1	1.0	0.1	0.3	0.1	0.4	0.3	0.5	0.4	0.3	0.1	1.1
Bulgaria	0.5	0.0	2.4	0.0	2.7	0.3	1.4	0.2	0.8	0.5	0.7	0.4	0.7	0.3	1.4
Croatia	0.3	0.1	0.9	0.0	1.0	0.1	0.4	0.0	0.2	0.2	0.2	0.1	0.1	0.0	1.1
Cyprus	1.1	0.3	2.2	0.0	2.6	0.1	1.5	0.6	1.9	0.7	1.3	0.3	1.6	0.2	3.3
Czech Republic	0.5	0.0	1.3	0.0	0.7	0.0	0.6	0.1	0.2	0.1	0.2	0.1	0.2	0.0	1.2
Denmark	0.9	0.0	2.2	0.0	1.5	0.0	1.2	0.0	0.5	0.1	0.5	0.0	0.6	0.1	2.1
Estonia	0.5	0.0	1.4	0.0	0.9	0.0	0.5	0.1	0.1	0.1	0.1	0.0	0.2	0.0	0.9
Faroe Islands	0.7	0.2	2.0	0.2	0.5	0.0	0.5	0.1	0.7	0.5	0.2	0.2	0.2	0.0	2.0
Finland	0.1	0.0	0.9	0.0	0.6	0.0	0.3	0.0	0.4	0.3	0.5	0.4	0.2	0.1	0.8
France	0.2	0.0	0.8	0.0	0.5	0.0	0.7	0.0	0.2	0.1	0.3	0.2	0.4	0.2	1.0
Germany (5 Bundesl.)	0.1	0.0	0.7	0.0	1.0	0.1	0.3	0.0	0.2	0.0	0.2	0.0	0.3	0.0	0.7
Greece	0.7	0.1	2.9	0.1	1.7	0.1	0.5	0.1	0.6	0.3	1.1	0.6	0.9	0.3	1.9
Hungary	0.4	0.1	1.2	0.0	1.1	0.0	0.7	0.1	0.5	0.4	0.5	0.3	0.3	0.1	1.1
Iceland	0.3	0.1	0.6	0.0	0.2	0.0	0.6	0.1	0.5	0.1	0.5	0.1	0.8	0.4	0.9
Ireland	0.4	0.2	2.5	0.1	1.7	0.2	0.4	0.0	0.2	0.1	0.3	0.1	0.3	0.2	1.8
Italy	0.6	0.1	1.1	0.0	0.8	0.1	1.0	0.5	1.1	0.9	1.0	0.8	1.1	0.8	1.3
Latvia	0.2	0.0	1.4	0.0	1.0	0.0	0.8	0.2	0.5	0.3	0.5	0.2	0.5	0.2	0.9
Liechtenstein	0.0	0.0	0.3	0.0	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.2	0.5
Lithuania	0.7	0.3	1.3	0.0	1.3	0.1	0.5	0.1	0.2	0.0	0.2	0.0	0.3	0.1	1.3
Malta	0.5	0.2	1.2	0.0	0.9	0.0	0.5	0.2	0.2	0.1	0.4	0.2	0.2	0.1	1.1
Moldova, Rep.of	1.3	0.5	3.6	0.0	3.7	0.4	1.2	0.6	1.0	0.6	0.8	0.6	0.4	0.1	3.1
Monaco	0.0	0.0	1.2	0.0	1.0	0.3	0.0	0.0	0.2	0.0	0.5	0.3	0.0	0.0	1.2
Montenegro	0.3	0.1	0.8	0.0	0.7	0.1	0.4	0.2	0.2	0.2	0.2	0.1	0.4	0.2	1.2
Norway	1.8	0.8	2.0	0.3	2.2	0.8	2.1	1.6	2.2	1.3	2.5	1.5	2.5	1.4	3.0
Poland	0.2	0.0	0.1	0.0	0.9	0.0	0.6	0.0	0.1	0.0	0.1	0.0	0.3	0.0	0.7
Portugal	6.5	0.2	5.5	0.0	2.3	0.2	1.3	0.2	0.8	0.5	1.1	0.9	0.3	0.1	1.5
Romania	0.4	0.1	2.6	0.1	2.0	0.1	1.0	0.5	0.9	0.8	0.9	0.7	0.4	0.1	1.9
Russian Fed. (Moscow)	0.9	0.2	2.0	0.1	1.7	0.1	1.1	0.1	0.3	0.1	0.5	0.3	0.3	0.0	1.6
Serbia	0.5	0.2	1.6	0.0	1.0	0.1	0.7	0.3	0.7	0.5	0.6	0.3	0.5	0.2	1.6
Slovak Republic	0.9	0.1	2.2	0.0	2.2	0.1	2.1	0.0	0.8	0.2	0.6	0.1	0.8	0.2	1.8
Slovenia	0.3	0.0	1.1	0.0	1.4	0.1	0.7	0.2	0.4	0.2	0.4	0.2	0.4	0.2	1.1
Sweden	0.5	0.1	2.0	0.1	1.4	0.2	0.7	0.4	0.8	0.4	0.9	0.4	0.7	0.3	1.8
Ukraine	0.7	0.1	2.6	0.1	2.4	0.0	1.3	0.3	0.8	0.0	0.9	0.0	1.0	0.0	2.0
United Kingdom	0.5	0.1	2.1	0.1	2.6	0.2	0.8	0.2	1.4	0.3	1.2	0.1	1.3	0.2	2.1
AVERAGE	**0.7**	**0.1**	**1.7**	**0.0**	**1.4**	**0.1**	**0.8**	**0.2**	**0.6**	**0.3**	**0.6**	**0.3**	**0.6**	**0.2**	**1.5**

ing patterns resulted in larger, but still fairly small, changes in prevalence estimates. For example, the proportion of students who claimed to have used the dummy drug ("Relevin" or equivalent) decreased from 1.1% to 0.7% and the proportion who said that they had used ecstasy fell from 2.9% to 2.6%.

Fourth, the logical substitution of missing values in the final 2011 database did not result in any measurable changes in the lifetime-prevalence figures presented in Table E.

Overall, the cleaning process led to drops of 0.0–0.4 percentage points in the lifetime-prevalence variables presented in Table E. In relative terms, the changes were smallest for high-prevalence variables (cigarette use, alcohol use and drunken-

Table E. Changes in lifetime prevalence (LTP) of different substances due to data cleaning. Percentages. ESPAD 2011.

	Cigarettes LTP	Alcohol LTP	Been drunk LTP	Cannabis LTP	Ecstasy LTP	Inhalants LTP	Tranq. or sed. (non-medical use) LTP	Relevin LTP (or equivalent)
Raw "1995" (incl. missing birth year) n= 104 319	54.5	85.9	46.8	17.1	2.9	9.4	6.6	1.1
Missing gender and age removed n= 104 059	54.5	85.9	46.8	17.1	2.9	9.4	6.6	1.1
More than 50% non-response removed, n = 103 745	54.5	85.9	46.8	17.1	2.9	9.3	6.6	1.1
Repetitive response patterns removed n= 103 076 (FINAL NO.)	54.3	85.9	46.6	16.8	2.6	9.1	6.3	0.7
Logical substitution of missing values = (FINAL DATA SET)	54.3	85.9	46.6	16.8	2.6	9.1	6.3	0.7

ness) and more important for less common behaviours such as use of cannabis (from 17.1% to 16.8%), inhalants (from 9.4% to 9.1%) and ecstasy (from 2.9% to 2.6%). In addition, the proportion of students claiming to have used the dummy drug fell from 1.1% to 0.7%. This is the single largest decrease in relative terms (a fall by one-third), and it is entirely accounted for by the discarding of questionnaires with repetitive extreme answering patterns.

On the whole, the standardised data-cleaning process did not greatly influence the lifetime-prevalence figures. Since decimals are not given in the international ESPAD report, prevalence estimates as shown there are altered by, at most, one percentage point.

EFFECTS OF DATA-CLEANING CHANGES

As mentioned above, some changes have been made to the data-cleaning process. In the first three surveys, data cleaning was carried out solely at the national level. In 2007 and 2008, data cleaning was partly carried out in the individual countries but, in addition to the questionnaires that were discarded nationally, some more were excluded in the standardised, computerised data-cleaning procedure performed by the Databank Manager.

In 2011, survey data from all questionnaires were supposed to be included in the national data sets, with questionable forms assigned a special code (however, not all countries followed the new standard, instead discarding questionnaires according to the old protocol).

It was decided to use the same principles for computerised data cleaning for all countries, and questionnaires assigned the special code should be kept if they were not discarded in the computerised data-cleaning procedure. One advantage to this arrangement is that all questionnaires from all countries were cleaned in exactly the same way, which helped make data more comparable between countries in the 2011 survey. A disadvantage can be that possible differences between countries in terms of students who were considered not to have answered the questionnaire seriously are not taken into consideration. However, since one goal of ESPAD is to create data that are as comparable as possible between countries, it was decided only to use the standardised, computerised data-cleaning procedure.

It is of course open to discussion whether the old or the new way of cleaning data is the best. However, given the decision to clean data differently in 2011 than in 2007/08, it is important to realise that a logical consequence of this change is that fewer questionnaires were discarded in 2011 (since only centralised data cleaning was used). In many countries, the proportion of non-accepted questionnaires was larger in 2007/2008 than in 2011. The only main exception was the United Kingdom, where the proportion of discarded questionnaires increased from 3% to 4.5% (Table C).

On average, 2.4% of the questionnaires were discarded in 2007/2008 while 1.3% were in 2011. However, the differences between countries vary, with only small or minor changes in most countries and larger ones in others. Three countries have a decrease from 2007/2008 to 2011 of 4 percentage points or more (Bosnia and Herzegovina (Republic of Srpska), Italy and Montenegro).

With a larger proportion of retained questionnaires, it could be suspected that some of the students who were kept in 2011 would have been removed according to the 2007/2008 criteria. It cannot be excluded that students who, truthfully or not, answered that they had used various substances may be overrepresented in this category. If this is the case, there might be a risk that figures relating to unusual behaviours, such as use of less frequently used drugs, are higher in 2011 because of this "technical change" to the cleaning criteria.

However, no such tendencies can be discerned for low frequency variables such as lifetime use of any illicit drug except cannabis (Table 64), ecstasy (Table 65), tranquillisers or sedatives without a doctor's prescription (Table 66), alcohol together with pills (Table 67) and inhalants (Table 68). The same is also true for lifetime use of amphetamines, cocaine, crack, LSD or other hallucinogens, heroin, GHB, tranquillisers or sedatives with a doctor's prescription, magic mushrooms, anabolic steroids and drugs by injection as well as for past-12-months and past-30-days use of inhalants (not shown in tables

Another way of testing for a possible influence of the change to the data-cleaning process is to see whether any of the ESPAD key variables were affected by the retention of certain questionnaires that had been assigned the special code for exclusion. This was checked in relation to Bosnia and Herzegovina (Republic of Srpska) and Italy for five ESPAD key variables as well as for lifetime use of ecstasy and cocaine. With one exception, none of the seven variables showed any differences in either country. The exception was cocaine, for which lifetime use was 2% with all questionnaires included but 1% when the questionnaires

assigned the exclusion code were removed. On the whole, the changes to the data-cleaning criteria between 2007/2008 and 2011 have thus not had any important effects on the results. Figures for very low-prevalence behaviours (around 1%) may conceivably have been very marginally influenced.

SUMMARY AND CONCLUSIONS

Quite a few changes had been made to the ESPAD questionnaire used in 2007 compared with the preceding one. The effects of these changes were tested at the time, and data for some variables were found not to be comparable with earlier data. In the 2011 questionnaire, however, only very few modifications were made, and there are no reasons to suspect that they have had any impact on the possibility to make comparisons with earlier data for the variables presented in this report.

In 2011, all data cleaning was done in a computerised and standardised way, which is a difference compared with 2007/2008 when the countries, in addition to the standardised cleaning procedure, had a possibility to discard questionnaires that they considered invalid for various reasons. As a result of this change, fewer questionnaires were discarded in 2011, even though the proportions did not change very much in most countries. However, the proportion increased by 4 percentage points or more in three countries (Bosnia and Herzegovina (Republic of Srpska), Italy and Montenegro).

Neither scrutiny of reported use of less commonly used substances in these countries nor a comparison between results with and without questionnaires assigned the code for exclusion indicates any "technical increase" as an effect of the change to the data-cleaning process.

There is no reason to assume that the changes made to the 2011 questionnaire or to the standardised, computerised data-cleaning process have resulted in any important problems when it comes to making comparisons with data from previous ESPAD surveys. There might conceivably be a minor effect on low-prevalence (about 1%) behaviours.

REPRESENTATIVENESS

As a matter of 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, the exclusion of certain grades or school categories and the level of interest shown by schools and students for participating in data collection.

GEOGRAPHIC COVERAGE

The target population of the ESPAD study is defined as the national population of students who turn 16 during the calendar year of the survey. The objective of performing a nationally representative survey was reached in 32 of the 36 countries covered by this report. The exceptions are Germany, Belgium, the Russian Federation and Bosnia and Herzegovina.

In Germany, data collection was limited to the five out of sixteen states (Bundesländer) that agreed to participate, which is two fewer than in 2007. They were Bavaria, Berlin, Brandenburg, Mecklenburg–Western Pomerania and Thuringia. The total population of these Bundesländer is about 22.4 million, out of 81.8 million in the whole of Germany, i.e. about 27% of the national population.

In Belgium, only the Dutch-speaking part (Flanders) took part in data collection. This was also the case in 2007, but in 2003 the whole country was included. The 2011 survey was conducted in Flanders as well as in Dutch-speaking schools in the Brussels Capital Region, which represents a coverage of about 60% of the national population.

In the Russian Federation, data collection in 2011 was limited to the capital of Moscow, with about 7% of the national population. This was also the case in 1999 and 2003, while the 2007 survey was carried out nationally. However, the national sample in 2007 also included a sub-sample from Moscow, which means that data from Moscow are available for all four data-collection waves since 1999.

Bosnia and Herzegovina is divided into two entities. One is the Republic of Srpska and the other is the Federation of Bosnia and Herzegovina. The survey in the Federation of Bosnia and Herzegovina was not carried out until the autumn of 2011, which means that this report only includes data from the Republic of Srpska, which accounts for about 31% of the national population.

While the results obtained for these four countries may to some extent reflect the situation in each country as a whole, they are representative only of the populations from which the samples were drawn, according to the geographical limitations discussed above.

SAMPLING STRATEGIES

Sampling in the ESPAD project is based on the class (i.e. an organisational group of students who typically attend most lessons together) as the final sampling unit. 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 co-operation of an experienced sociologist or statistician.

An overview of the sampling procedure in each country is provided in Table F. Further information can be found in Appendix II, in which each country's sampling procedure is described. The number of students born in 1995 in the Faroe Islands, Iceland, Liechtenstein, Malta and Monaco was smaller than the number of students to be sampled according to the ESPAD guidelines. 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 1995 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

Table F. Characteristics of the national samples. ESPAD 2011.

COUNTRY	Sampling frame geographic coverage	Proportion of ESPAD cohort still in regular school[a] (%)	Approx. mean age[b]	Sample type	Sampling unit(s)	Number of grades covered	Data weighted	Student representativeness[c] (%)
Albania	National	.	15.8	Stratified random	School/Class	2	No	98
Belgium (Flanders)	Flanders[d]	98	15.8	Stratified random	School/Class	4	Yes	100
Bosnia and Herz. (RS)	Republika Srpska[e]	87	15.8	Stratified simple random	Class	1	No	89
Bulgaria	National	84–96	15.8	Stratified simple random	Class	2	No	90
Croatia	National	96	15.8	Stratified simple random	Class	2	No	96
Cyprus	National[f]	100	15.8	Total	No sample	1	No	67
Czech Republic	National	>95	15.8	Stratified simple random	School/Class	2	Poststrat.	>95
Denmark	National	97	15.8	Stratified simple random	School/Class	1	No	88
Estonia	National	97	15.7	Systematic random	School/Class	2	No	98
Faroe Islands	National	>95	15.7	Total	No sample	1	No	94
Finland	National[g]	100	15.8	Stratified random	School/Class	1	No	93
France	National[h]	98	15.8	Stratified random	School/Class	4	Yes	95
Germany (5 Bundesl.)	5 Bundesländer[i]	98	15.9	Stratified systematic random	Class	2	Yes	87
Greece	National	92	15.7	Stratified systematic random	Class	2	Yes	98
Hungary	National	97	15.7	Stratified random	Class	3	Yes	95
Iceland	National	98	15.7	Total	No sample	1	No	96
Ireland	National	96	15.8	Stratified simple random	School/Class	3	No	98
Italy	National	88	15.7	Stratified random	Class	3	No	99
Latvia	National	95[j]	15.8	Stratified random	Class	3	Yes	95
Liechtenstein	National	91	15.7	Total	No sample	5	No	96
Lithuania	National	97	15.9	Stratified random	School/Class	1	No	80
Malta	National	98	15.6	Total	No sample	1	No	89
Moldova, Rep. of	National[k]	.	15.9	Stratified random	Class	2	No	92
Monaco	National	~99	15.8	Total	No sample	5	No	~99
Montenegro	National	97	15.8	Proportionate simple random	Class	2	No	95
Norway	National	99	15.8	Simple random	Class	1	Yes	~100
Poland	National	96	15.9	Stratified random	School/Class	1	Yes	~93
Portugal	National[l]	>91	15.9	Stratified systematic random	Class	4	No	84
Romania	National	94	16.0	Systematic random	School/Class	2	Yes	~99
Russian Fed. (Moscow)	Moscow	100	15.8	Stratified systematic random	Class	3	No	98
Serbia	National	98	15.7	Stratified systematic random	Class	1	No	93
Slovak Republic	National	97	15.8	Stratified random	School/Class	3	No	95
Slovenia	National	97	15.8	Stratified random	Class	1	No	90
Sweden	National	98	15.8	Stratified random	School/Class	1	No	93
Ukraine	National	99	15.8	Stratified systematic random	Class	2	No	94
United Kingdom	National	90[j]	15.8	Stratified random	School/Class	3	Yes	100
AVERAGE	**.**	**96**	**15.8**	**.**	**.**	**3**	**.**	**93**

a) Proportion of the ESPAD cohort still enrolled in regular school (not in schools/classes for students with special needs etc).
b) Calculations based on the data collection period.
c) Proportion of the ESPAD target students covered by the sampling frame.
d) Covers Flanders as well as Dutch speaking schools in the Brussels Capital region.
e) Covers Republika Srpska, which is one of 2 entities in Bosnia and Herzegovina.
f) Only government controlled areas included.
g) Geographic population coverage 99.4%: The island Åland is not covered by the sampling frame.
h) Geographic population coverage 96.5%: DOM-TOM territories (overseas departments and territories like the West Indies, Guyana, and Bourbon Island) not covered by the sampling frame.
i) Covers 5 of 16 Bundesländer: Bavaria, Berlin, Brandenburg, Mecklenburg-Western Pomerania and Thuringia. Altogether about 27% of all German inhabitants born in 1995 live in these Bundesländer.
j) This is the figure from 2007. No new information is available but there is no reason to believe that the figure would be very different in 2011.
k) Covers only schools on the right bank of the Dnieper river.
l) Geographic population coverage 95%: The Azores and Madeira islands not covered by the sampling frame.

last unit in a multi-stage stratified sampling process where schools were sampled before the final sampling of classes was performed. In some 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 occured, however, a stratified sample was used, and it seems reasonable to assume that the sizes of schools and classes are rather similar within each stratum. Further, class size is rather standardised in many countries, and the classes within a school usually do not vary greatly in size. On the whole, the "problem of small and large schools and classes" is not considered to be a major problem in the context of the overall ESPAD project.

In countries where non-proportionate stratification was used for sampling, the data have usually been weighted. Another method used to compensate for small schools being oversampled in a first sampling step, when no information about school size was available, is to sample more classes at large sampled schools than at small sampled ones in the second sampling step, when such information had been collected from the sampled schools.

Weighting was not used in Ireland, even though two grades were slightly undersampled and one grade was oversampled. However, a test comparing ESPAD students in the three grades did not show any significant differences for some key variables.

Lack of data about school (and class) size has complicated the sampling procedure in some countries. Despite this, and as commented on 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.

BIRTH-COHORT COVERAGE

There are differences between countries in how well the samples represent the birth cohort, which should be kept in mind since it is highly probable that those who have already left school are more likely to have used various substances and to use them more frequently than students.

In some countries, schooling is compulsory until the age of 16 years. In others, this is the age when students either enrol in upper-secondary school, start other training or enter the labour market. On average, 96% of the 1995 birth cohort was enrolled in school at the time of data collection. This proportion was 90% or more in nearly all countries (Table F). The lower this proportion is, the less representative the results are of the 1995 birth cohort.

In some countries, nearly all students born in 1995 were covered by the sampling frame. In others, students in one or more grades or school types were excluded for pragmatic reasons. Table F shows that in nearly all countries 85% or more of the target population is to be found in the participating grades. The lower this proportion is, the less representative the results are of students born in 1995. In principle, the results relate only to students enrolled in participating grades who were born in 1995.

PARTICIPATING GRADES

The target population of the ESPAD project is students who turn 16 during the year of data collection. For the 2011 study, this means students born in 1995.

In some countries, nearly all students born in 1995 were enrolled in a single grade. In others, large proportions of them were to be found in each of 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 where students born in 1995 were to be found, or at least grades where 10% or more of the target population was to be found. If only one of these grades could be included, it should of course be the grade with the largest proportion of students born in 1995. In countries where not all grades with students in the target age group were included in the data-collection exercise, the sample is representative only of students found in the grade(s) chosen.

In about four-fifths of the countries, 90% or more of the students born in 1995 were in the grades studied (Table F). In addition, the proportion was also rather high (85–89%) in another 10% of the countries. However, the corresponding figure was lower in Lithuania and Portugal (80–84%), and in Cyprus no more than 67% of the students born in 1995 were found in the grade that was covered by the data-collection exercise. It is, of course, not possible to know how the results obtained in countries where relatively small proportions of the target population have been studied would have been affected if all relevant grades or school types had been included. However, this uncertainty may be worth keeping in mind when studying the results and comparing countries.

In nearly all countries, students born in years other than 1995 who belonged to sampled classes also answered the questionnaire. However, the results presented in this report reflect only the answers given by students born in 1995.

As regards the two non-ESPAD countries for which data are presented in this report, it should be noted that the results from Spain also concern students born in 1995 while the data from the United States are based on students in the tenth grade, not students born in 1995. A majority (60%) of the American tenth-graders surveyed were born in 1995 and most of the remainder (37%) in 1994, meaning that the data from the United States are not fully comparable with the ESPAD data because of a slight difference in the age composition of the samples studied.

To sum up, in countries where not all relevant grades were included, the sample is representative only of students born in 1995 who are enrolled in participating grades and attend schools belonging to participating categories. This is particularly relevant for Cyprus, where only two-thirds of the students

born in 1995 were to be found in the participating grade. The data from the United States are based on grade 10 students, not students born in 1995, meaning that the US data are not fully comparable with the ESPAD data because of a slight difference in the age composition of the samples studied.

DATA COLLECTION AND AVERAGE AGE

With the exception of Belgium (Flanders), data were collected during the first half of 2011, with a majority of data-collection exercises conducted in the period from March to May (Table G). The Belgian survey was carried out in November–December 2010 because of earlier experience that school participation had been better when data had been collected in the autumn.

Based on the time of data collection, an approximate average age of the students has been estimated for each country (Table F). The average ESPAD age is 15.8 years. In all but two of the 36 countries, the average age is between 15.7 and 15.9 years, which is the same range as in earlier ESPAD studies. The only (minor) exceptions are Malta, where the average age is 15.6 years, and Romania, at 16.0. In Belgium, the target population was redefined as students born between 1 August 1994 and 31 July 1995, which gives an average age of 15.8 years, i.e. in the same range as in nearly all other participating countries.

A large majority of the Spanish students answered the questionnaire in November and December, while a few did so in February and March, which gives an estimated average age of

Table G. Characteristics of the data collection. ESPAD 2011.

COUNTRY	Data collection period	Survey leader	Anonymity preserver	Data entry
Albania	16 March – 19 May	Research assistant	Individual envelopes	Manual
Belgium (Flanders)	Nov–Dec 2010	School staff	Individual envelopes	Manual
Bosnia and Herz. (RS)	April 1–27	Research assistant	Individual envelopes	Manual
Bulgaria	April 12–20	Research assistant	Individual envelopes	Manual
Croatia	April 4–22	School counsellor	Individual envelopes	Manual
Cyprus	April 7 – May 16	Research assistant	Joint envelope	Manual
Czech Republic	May 23 – June 29	Research assistant	Individual envelopes	Manual
Denmark	March–April	Teacher	Individual envelopes	Manual
Estonia	February 14 – March 13	Research assistant	Individual envelopes	Manual
Faroe Islands	March 18 – April 18	Research assistant	Joint box	Opt. scanner
Finland	March 21 – April 10	Teacher	Individual envelopes	Opt. scanner
France	April 4 – May 26	Research assistant	Stickers, joint envelope	Opt. scanner
Germany (5 Bundesl.)	April 4–15[a)]	Teacher	Joint envelope	Manual
Greece	February – April	Research assistant	Joint envelope	Opt. scanner
Hungary	March 1–20	Research assistant	Joint envelope	Manual
Iceland	February – April	Teacher (mainly)	Individual envelopes	Opt. scanner
Ireland	Early April – mid May	Teacher	Individual envelopes	Manual
Italy	March – April	Health teacher	Individual envelopes	Opt. scanner
Latvia	April 4 – May 26	Research assistant	Individual envelopes	Manual
Liechtenstein	February – March	Research assistant	Individual envelopes	Opt. scanner
Lithuania	May 17–31	School staff (mainly)	Individual envelopes	Manual
Malta	February 2–3	School counsellor	Individual envelopes	Opt. scanner
Moldova, Rep. of	May 12–24	Research assistant	Tape	Manual
Monaco	April 4	Teacher	Joint envelope	Opt. scanner
Montenegro	April 11 – May 9	Research assistant	Individual envelopes	Manual
Norway	April – May	Teacher	Individual envelopes	Opt. scanner
Poland	May – June	Research assistant	Individual envelopes	Manual
Portugal	May 9–13	Teacher	Individual envelopes	Opt. scanner
Romania	June 6–21	Research assistant	Individual envelopes	Manual
Russian Fed. (Moscow)	April 4 – May 25	Research assistant	Individual envelopes	Manual
Serbia	March 11–24	Research assistant	Individual envelopes	Manual
Slovak Republic	April 4–15	Research assistant	Individual envelopes	Manual
Slovenia	March 28 – April 18	School counsellor	Individual envelopes	Manual
Sweden	March 28 – April 15	Teacher	Individual envelopes	Opt. Scanner
Ukraine	April 18 – May 24	Research assistant	Individual envelopes	Manual
United Kingdom	March – April	Teacher	Individual envelopes	Opt. Scanner

[a)] Replacement schools collected data from May 9 to June 30.

15.6 years. The data collection in the United States took place between February and June. Since about 60% of the students were born in 1995 and nearly all others in 1994, the estimated average age is 16.2 years. Hence, the data from the two non-ESPAD countries are based on students who are either slightly younger (Spain) or slightly older (US) than the ESPAD students, which is important to keep in mind when comparisons are made with ESPAD data.

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

To stress the anonymity and confidentiality of the survey, the ESPAD Handbook 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 G). 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 it included any major methodological problems that might jeopardise comparisons between countries. However, it is worth keeping in mind that, even though the average age in Belgium (Flanders) was in line with that in the other ESPAD countries, about half of the students in the Flemish target population (those born during the second half of 1994) 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.

Data from the two non-ESPAD countries are based on students who are either slightly younger (Spain) or slightly older (US) than the ESPAD students, which is important to remember when comparisons are made with ESPAD data.

SCHOOL CO-OPERATION

Proportions of non-participating schools and classes are shown in Table H. On average, about 85% of the sampled schools and classes took part in the survey.

The proportions of schools and classes that refused to participate differ dramatically among the ESPAD countries. In half of them, all or nearly all sampled schools and classes (95% and more) took part in the survey. The proportions were high in most other countries as well. However, in five countries only 58% or less of the sampled schools were willing to participate. Ordered by increasing unwillingness to participate, those countries were Belgium (Flanders) (58% of schools participated), Denmark (42%), Germany (5 Bundesländer) (40%), Norway (32%) and the United Kingdom (6%).

In Belgium (Flanders), this was actually an improvement compared with 2007, while the Danish figure was the same in the previous data-collection exercise. However, in the other three countries the school-participation rate fell dramatically between 2007 and 2011.

Refusal by schools is thus a large problem in five countries but no problem at all in nearly all other countries.

In nearly all countries, school co-operation is reported to have been very good. In countries with few non-participating schools or classes, the main reasons given for not taking part were usually different factors relating to schoolwork, examinations or other reasons that can be considered to be random occurrences. For countries where few schools or classes did not take part in data collection, there is thus reason to assume that the behaviour of the students in non-participating schools and classes did not influence the representativeness of the sample actually surveyed.

In the five 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.

The low proportion of participating schools is normal in Belgium, even though the more recent ESPAD surveys have seen better figures. The main reasons for the low participation rate were that Belgian schools are overloaded with school surveys and that local school heads have a great deal of autonomy. It is claimed that there is no connection with the content of the survey. An analysis performed in relation to earlier school surveys indicates that it is unlikely that participating and refusing schools differ in any systematic way. One exception is that private schools refuse to take part to a larger extent (47%) than other types of schools (29%). Based on comparisons between participating and non-participating schools, the Belgian Principal Investigator draws the conclusion that the large number of non-participating schools should not jeopardise the possibility of making comparisons with ESPAD data from other countries. However, since this conclusion, for obvious reasons, is not based on data about substance use, some uncertainty still remains.

The large proportion of non-participating Danish schools gives cause for concern. Only 42% of all sampled schools agreed to participate; among boarding schools, the figure was as low as 22%. The large number of non-participating schools is not new: the figures were about the same in 2007. The most common explanation given by Danish schools for their unwillingness to take part in data collection was that schools receive many requests to participate in lifestyle and PISA surveys and that they cannot find the time to participate in all of them. The Danish Principal Investigator argues that even though substance use might be slightly more common in non-participating schools, there is no reason to believe that this would influence the Danish data to any important extent. Even though this seems plausible, however, the large number of non-participating schools remains an uncertainty factor to be kept in mind.

The proportion of participating German schools is low (40%) and has decreased dramatically compared with 2007 (91%). Reasons given for the low proportion include an increased number of surveys requesting participation, an increased work-

load in the latter part of the semester with final exams for grade 12 students, and parents' committees rejecting participation because of the nature of some questions. Participating and non-participating schools were compared for type of school within each Bundesland, and this was accounted for by weighting, but no other comparisons were made between participating and non-participating schools. The German researchers claim that there is no reason to believe that the large number of non-participating schools has negatively influenced possibilities to compare German data about substance use with data from other countries. However, it should be noted that this conclusion is not based on a systematic analysis.

The Norwegian ESPAD researchers commented that the small – and falling – number of participating schools (32%) was mainly caused by two facts: schools receive a significant number of requests to participate in school surveys, and at many schools data collection was supposed to take place quite late in the school year (April), at a time when there is much

Table H. Participating schools and classes and students' presence rates. Percentages. ESPAD 2011.

	Participant rates (%)		Students' presence rates[a] (%)		
COUNTRY	Schools	Classes	Boys	Girls	All
Albania	100	100	86	94	90
Belgium (Flanders)	58	..	94	95	95
Bosnia and Herz. (RS)	97	98	93	95	94
Bulgaria	100	100	81	83	82
Croatia	92	90	89	89	89
Cyprus	85	76	82	86	83
Czech Republic	99	98	89	89	89
Denmark	42	.	89	89	89
Estonia	96	95	82	82	82[b]
Faroe Islands	100	100	85	88	87
Finland	81	81	89	90	90
France	98	95	86	87	87
Germany (5 Bundesl.)	40	40	..	..	89[b]
Greece	88	87	90	90	90
Hungary	.	85	86	86	86
Iceland	93	95	80	81	81
Ireland	72	72	94	94	94
Italy	88	88	84	88	86
Latvia	96	95	85	85	85
Liechtenstein	100	100	95	92	94
Lithuania	99	99	89	90	89
Malta	100	100	78	79	78
Moldova, Rep. of	100	100	81	85	83
Monaco	100	100	92	91	91
Montenegro	100	100	89	92	91
Norway	32	28	89	87	88
Poland	94	94	82	83	82
Portugal	90	90	90	92	91
Romania	.	100	77	81	79
Russian Fed. (Moscow)	77	77	80	81	80
Serbia	97	97	84	89	86
Slovak Republic	100	100	83	81	82
Slovenia	100	100	89	89	89
Sweden	80	80	84	86	85
Ukraine	99	99	81	85	83
United Kingdom	6	5	82	80	81
AVERAGE	**85**	**87**	**86**	**87**	**87**

[a] All students in participating classes regardless of birth year.
[b] Calculated in a different way than in other countries.

focus on exams. Comparison between participating and non-participating schools in terms of county and school size does not indicate any important differences. Despite this, data were weighted at the county level to compensate for the small over- and under-representation of some counties. It should be observed that this says nothing about possible differences in the use of different substances. Even so, the Norwegian researchers comment that there are no indications that students at non-participating schools 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 of substance-use habits, which should be kept in mind.

The proportion of participating schools in the United Kingdom was very low (6%). About one-quarter of the refusing schools provided reasons for their refusal to participate. The most common reasons were that the school was busy (bad timing), was not interested in taking part in ESPAD, had recently taken part in other research projects or had a school policy not to take part in external research. A comparison for three variables between participating schools and the overall sample does not show any important differences in terms of school size, religious status or urbanisation. This indicates that participating and non-participating schools do not differ very much on these variables, and this may also be the case when it comes to substance use. It is not possible to conclude that the UK data are not valid enough to be compared with data from other countries. However, as a precautionary measure related to the school-participation rate, the UK data are presented below a line in the results tables and no comparisons are made with previous surveys in the trends chapter.

To sum up, in a large majority of the ESPAD countries, few or very few of the sampled schools did not take part. In five countries, however, only 58% or less of the schools participated. All of these countries are in the western part of Europe, where school surveys are the most frequent. These high drop-out rates call the representativeness of the data into question. In their country reports, all of the countries in question concluded that there is reason to believe that there are no significant differences in substance-use behaviour between students at 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 representativeness in Belgium (Flanders), Denmark, Germany (5 Bundesländer) and Norway. When it comes to the United Kingdom, as a precautionary measure related to the low school-participation rate (6%), the data are shown below a line in the results tables and no comparisons are made with previous surveys in the trends chapter.

STUDENT-RESPONSE RATES

Student-presence rates for the various countries are shown in Table H. These have been calculated on the basis of the Classroom Reports, where the fieldworkers indicated (a) the total number of students in a participating class and (b) the number who were present when the survey was performed.

The number of students present in participating classes is high in most countries. The average is 87%; and in 24 of the 36 countries, 85% or more of the students were available in class. Only two countries (Malta and Romania) had rates (slightly) below 80%. No country reported any major methodological problems in connection with students who were absent.

Refusal by students to participate was very rare in nearly all countries. With very few exceptions, none or only very few of the students refused to participate in the survey. The highest figure was found in Romania, where 2% did not take part (Table C).

Nearly two-thirds of the countries asked for parental consent. In most of them, no more than 1% of the students were denied permission to participate (Table C). However, the proportion was higher in a few countries, including Romania (9%), Portugal (6%), Ireland (4%) and Greece (3%). In addition to this, it is estimated that 14% of the German students either were denied participation by their parents or refused themselves. Since the reasons for these refusals are not known, it is an open question whether this is linked to some extent to the subject of the survey, i.e. substance use. However, even though uncertainty in this context is greater when the proportion of students who were not given permission to participate is larger, it seems a reasonable assumption that the topic of the survey was not in most cases the main reason why parents denied their children permission to participate.

Participation (or "response") rates are deemed to be satisfactory, even if the rates of refusal are also taken into account.

Students who tend to be absent from school are somewhat more likely to be involved in the use of various substances than students who are consistently at school (Grube & Morgan, 1989; Andersson & Hibell, 1995). A follow-up study of students in Sweden shows that students who were absent at the time of data collection had tried alcohol and illegal substances more often than those who were present (Andersson & Hibell, 1995). However, because of the relatively small number of absent students, the response rate for the target population as a whole was 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 depends on the student-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.

NUMBER OF PARTICIPATING STUDENTS

To ensure that a satisfactory level of precision can be obtained in the estimates for various sub-groups of the population, the ESPAD guidelines recommend sampling enough classes to have 1,200 participating students of each sex in each country.

In countries with fewer than 2,800 students in the target population, data should be collected from the total population. This was the case in the three countries with the smallest sample sizes: Liechtenstein (366 students with valid questionnaires), Monaco (401) and the Faroe Islands (557) (Table C). In other ESPAD countries, the size of the net sample ranges from 1,712 (UK), 1,757 (Russia (Moscow)) and 1,798 (Belgium

(Flanders)) to 5,933 (Poland), 5,945 (Greece) and 6,084 (Serbia). In the non-ESPAD countries, about 15,400 students took part in the study in the United States while about 8,200 participated in Spain.

Hence, in some countries the number of participating ESPAD students is below the recommended level of 2,400, but even so the numbers of valid questionnaires have been deemed to enable international comparison.

The results for all students presented in this report are not weighted for sex. In other words, in countries where the data are not weighted and where the proportions of boys and girls are not equal, the results are slightly skewed towards the patterns found for the majority sex. In the ESPAD handbook it is said that data should be weighted for sex if the proportions of male and female valid questionnaires differ by more than ± five percentage points from the proportions in the overall population. In Bosnia and Herzegovina (Republic of Srpska) the proportion of boys is 44% and there are no available data showing whether this reflects the situation among all students born in 1995. However, according to the 2009 census there were 49% men in the entity. On the assumption that this reflects the situation in the ESPAD target population, the figure of 44% falls within the range of ± five percentage points in which weighting is not necessary.

SUMMARY AND CONCLUSIONS

The ESPAD target population consists of students who turn 16 during the year of data collection. It can be concluded that the average age of participating students across the ESPAD countries was 15.8 years and that the number of participating students, with some exceptions, was in line with the ESPAD protocol. In nearly all countries, a very large majority of those born in 1995 were enrolled in school (usually 95% or more).

In the vast majority of the countries, the representativeness of the sampling frames was high (the sampling frame usually covered 90% of the target population or more, with 80% as the second-lowest figure for any country). In countries where not all relevant grades were included, the sample is representative only of students born in 1995 enrolled in participating grades and school categories. This is especially true of Cyprus, where no more than 67% of the target population was covered by the participating grade. It is thus important to keep in mind that the Cypriot data are representative only of students born in 1995 and enrolled in grade 1 at non-private schools.

Data were collected from national samples in all countries except four: Germany, where 5 out of 16 Bundesländer participated; Belgium, where data collection was limited to the Dutch-speaking areas (Flanders); Bosnia and Herzegovina, where only one of the two entities (Republic of Srpska) took part; and Russia, where the survey was limited to the capital, Moscow.

School co-operation was satisfactory in most countries, even though some countries reported problems with schools that refused to take part for various reasons. In five countries, 58% or less of the sampled schools or classes took part in the ESPAD survey.

Because of low proportions of participating schools (ranging between 32% and 58%), the representativeness of the data is somewhat uncertain for Belgium (Flanders), Denmark, Germany (5 Bundesländer) and Norway, which is why some caution is recommended when their data are compared with data from other ESPAD countries. It is not possible to conclude that data from the United Kingdom are not valid enough to be compared with data from other countries. However, as a precautionary measure related to the low school-participation rate (6%), UK results are presented below a line in the results tables and no comparisons are made with previous surveys in the trends chapter.

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 a "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 to individuals who participated on both occasions. No statistically significant differences in consumption patterns were found between the two data-collection occasions in any of the countries. This was true for alcohol consumption as well as drug use prevalence, which suggests that reliability was very high in all seven ESPAD countries. Similar results, with no statistically significant differences, were also reported from two repeated studies in Iceland and Hungary (Hibell et al., 1997).

A high test–retest reproducibility for the ESPAD questionnaire among Italian students has been reported by Molinaro et al. (2012).

INCONSISTENCY IN RELATION TO LIFETIME USE

For many drugs, the ESPAD questionnaire contains questions about lifetime use. A set of questions later on in the questionnaire concern age at first use of various substances. These questions all include the response option "never", which makes it possible to compare rates of lifetime prevalence for each substance according to these two sets of questions.

Table I shows proportions of students reporting lifetime substance 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 about their consumption of these substances.

The average inconsistency figures are also low (2%) for use

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[a]. Percentages and quotient. ESPAD 2011.

	Inconsistencies (%)					
COUNTRY	Cigarettes	Cannabis	Ecstasy	Inhalants	Tranq. or sedatives (non medical use)	Cannabis honesty quotient[b]
Albania	7	1	2	2	6	1.5
Belgium (Flanders)	1	0	1	3	2	0.7
Bosnia and Herz. (RS)	5	1	1	3	5	1.4
Bulgaria	3	2	2	2	2	1.0
Croatia	4	0	1	10	2	0.9
Cyprus	3	2	3	5	6	1.5
Czech Republic	2	1	1	3	2	0.7
Denmark	1	1	1	2	1	0.9
Estonia	2	1	1	5	3	0.8
Faroe Islands	3	0	0	2	0	1.7
Finland	1	0	1	2	1	0.9
France	2	0	1	3	3	0.7
Germany (5 Bundesl.)	1	0	1	5	1	0.7
Greece	2	0	1	5	3	0.9
Hungary	2	2	2	3	2	0.7
Iceland	1	1	1	1	2	1.1
Ireland	2	0	1	4	1	0.9
Italy	2	1	1	1	2	0.7
Latvia	3	2	2	10	2	0.8
Liechtenstein	2	2	1	3	1	0.6
Lithuania	2	1	1	4	4	0.8
Malta	1	1	1	5	2	0.7
Moldova, Rep. of	4	1	1	1	2	1.6
Monaco	2	1	1	4	1	0.7
Montenegro	6	1	2	3	2	1.2
Norway	2	0	0	2	1	1.0
Poland	2	1	2	4	4	1.0
Portugal	13	3	2	4	2	0.9
Romania	5	1	1	5	1	1.0
Russian Fed. (Moscow)	3	1	1	6	1	0.8
Serbia	4	1	1	3	3	1.1
Slovak Republic	4	2	2	5	3	0.6
Slovenia	3	1	1	7	2	0.9
Sweden	1	0	0	3	2	0.9
Ukraine	4	1	1	2	1	0.7
United Kingdom	2	1	1	4	1	0.8
AVERAGE	**3**	**1**	**1**	**4**	**2**	**.**

[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 (C44) and b) the proportion of students having reported lifetime prevalence of cannabis (C25a).

of tranquillisers and sedatives without a doctor's prescription. Only just over ten countries had a figure that was 5% or higher.

For cigarettes, the average inconsistency rate was 3%. Most countries had low figures, with only five countries at 5% or more; the highest figure (13%) was found for Portugal. However, this high figure may be attributable in part to the fact that the Portuguese questionnaire differed from the Master Questionnaire in that not only questions about lifetime use but also questions about use in the past 12 months and the past 30 days were asked in relation to cigarettes.

The highest average rate of inconsistency (4%) is found for inhalants. In about one-third of the countries, 5% or more of

the students gave inconsistent answers. Inhalants are also the substance with the highest national rates of inconsistency. The top countries are Croatia and Latvia (10% each), followed by Slovenia at 7%.

With the exception of inhalants, there are very few cases where the inconsistency rate is above 5%. It should be remembered, moreover, that there are some technical 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 "do not remember" response category. A student who has used a substance but does not remember how old he or she was the first time could conceivably decide to answer "never" instead of guessing an age, especially if he or she has used that substance only once or a few times.

Yet another factor contributing to inconsistency might be that students were ambivalent when answering the question about age at "first use" of a substance. If a student had used a substance only once or twice and did not define himself or herself as a "user", it may 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 using" it). These students may have answered "never" since they think of their consumption as an experiment rather than the beginning of "real" use.

Most substances included in the questionnaire are probably familiar to the students in the sense that they have heard about them. This means that, if a substance is mentioned in several questions, they are likely to use the same "definition" each time. However, inhalants might be an exception to this rule. This category includes a great many different agents that can be inhaled. If not all relevant agents are 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.

In line with this, 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 figures are 0% and 1%. The Romanian inconsistency rate of 1% might be seen as high considering that only 7% answered that they had used cannabis. The prevalence figure of 7% in Romania 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 6%, 7% or 8%, if the "true figures" in other countries are (much) above this level. In the ESPAD context, Romania is still a country where only few students have used cannabis.

In summary it can be said that 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. Romania scores high for cigarettes (13% inconsistency rate) and Croatia and Latvia for inhalants (10%). A rather high figure (7%) is also found in Albania for cigarettes and in Slovenia for inhalants. On the whole, the inconsistency rates are not seen as reflecting a major reliability problem.

INCONSISTENCY QUOTIENT

The other measure of reliability is the quotient between the proportions of students giving certain answers to two questions. One of these questions relates to willingness to admit to use of marijuana or hashish (the "honesty question" C44). The students were asked, "If you had ever used marijuana or hashish, do you think you would have said so in this questionnaire?". The answers to this question can obviously be used to measure validity, and it is discussed from that perspective in the next section. Of greater interest when it comes to reliability, however, is that another of the response options was "I already said I have used it". The proportion of students who chose this option was compared with the proportion who reported cannabis use on the question that explicitly referred to lifetime prevalence (C25a).

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 cannabis 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 cannabis use than actually did admit to it on the direct question.

The quotient is 1.0 ±0.3 in 29 out of the 36 participating countries. It is above 1.3 in the Faroe Islands (1.7), Moldova (1.6), Albania (1.5) and Bosnia and Herzegovina (Republic of Srpska) (1.4). Figures below 0.7 are found for Liechtenstein and Slovakia (0.6 each). The high quotient values are most probably due in part to low prevalence figures. In the four countries with quotients above 1.3, only 4–5% of students reported cannabis use on the lifetime-prevalence question, which implies that a high quotient value can be "caused" by rather few individuals.

When interpreting low quotients, it is important to remember that C44 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 response option for this question, "definitely yes", which would in a sense also be a correct (i.e. truthful) answer from a student who had previously admitted to cannabis use. If this is taken into consideration, the few low figures would in fact be closer to 1.

In addition, the "honesty question", being hypothetical and more abstract than the other questions, might seem confusing to some students and thus somewhat difficult to understand and answer. It therefore seems possible to conclude that this

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

SUMMARY AND CONCLUSIONS

In the 1998 ESPAD methodological study, reliability was high in all seven participating countries. In the 2011 ESPAD study, inconsistency rates are satisfactory in nearly all countries for most variables measured. 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 Albania and Romania (cigarettes) as well as Croatia, Latvia and Slovenia (inhalants). It seems reasonable to assume that the data from the question about lifetime prevalence are more reliable than those from the question about age of onset.

VALIDITY

The validity of answers is a major concern in survey-based 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 its 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 statistically 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 previously 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 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.

The concordance and consistency of the ESPAD questionnaire have been tested in Italy by Molinaro et al. (2012). They found a high internal consistency and a high test–retest reproducibility of the ESPAD questionnaire when Italian students, with a three weeks interval, were asked about the consumption of licit and illicit substances

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 statistically significant differences included measures of alcohol and drug use. These findings indicate that school surveys yield more valid data than questionnaires answered in a home setting.

In a discussion about 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 in 1998 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.

The ESPAD methodology study (Hibell et al., 2000) also included some validity-related questions. One was a question asked on the second data-collection occasion about whether the students had given truthful answers to the questions in the survey a few days earlier. Nearly all respondents (92–99%) in all seven countries said that they had given honest answers about their tobacco, alcohol and drug habits on the first data-collection occasion. Their trust in the honesty of their classmates' answers was slightly lower, but still very high in most countries: the level was 85% or more in five countries and slightly lower (around 75%) in two countries.

This indicates that validity is high in (ESPAD-like) school surveys. One reason may be that the students were convinced that the study, with no names on the questionnaires and unmarked individual envelopes to put the questionnaire in, really was anonymous. One indication that this was the case was observed in interviews carried out in two countries in conjunction with the second data collection in the ESPAD methodology study. In both countries, students said that they had given true

answers on the questionnaire and that the main reason for this was that they trusted that they were anonymous.

STUDENT CO-OPERATION

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 co-operate. If students do receive the questionnaire, they must have enough time to complete it, they must understand the questions and they must 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 C). On the contrary, in many countries the Classroom Reports state that most students worked seriously when answering the questionnaire.

In 22 countries, parental permission was asked before students were allowed to participate in the project, which is more than twice the number in the previous study, when this was done in nine countries. The highest rates of parents refusing permission to participate are found in Germany (5 Bundesländer) (14%, which also include students refusing on their own behalf), Romania (9%), Portugal (6%), Ireland (4%) and Greece (3%) (Table C). In the rest of the countries asking for parental consent, only 0–1% of students did not receive parental permission to participate.

Since the reasons for parental refusal are not known, it is an open question whether this is linked to some extent to the subject of the survey, i.e. substance use. However, even though uncertainty in this context is greater when the proportion of students who were not given permission is larger, it seems a reasonable assumption that the topic of the survey was not in most cases the main reason why parents denied their children permission to participate. Hence, parents refusing to allow their children to participate in the ESPAD study are not seen as an important methodological problem that influences the possibility to make comparisons between countries to any important degree. However, in the countries with the highest figures, such a conclusion does include some measure of uncertainty.

Each completed questionnaire was visually inspected before data entry. All questionnaires were included in the national data sets and the ones found doubtful were assigned a special code. As described above, all data were cleaned by the ESPAD Databank Manager in a standardised, computerised way before the national data sets were merged into the common database. With very few exceptions, only a small fraction of the questionnaires were discarded during the cleaning process: on average, 1.3% of the questionnaires were excluded (Table C). A few countries had higher proportions of discarded questionnaires, including Cyprus (4.8%), the United Kingdom (4.5%), the Faroe Islands (3.6%) and Norway (3.5%). However, overall the proportions of discarded questionnaires do not indicate any important problems relating to student co-operation.

The survey leaders were asked to fill in Classroom Reports indicating any disturbances during data collection, the extent to which the students had worked seriously and any problems that the students may have had in understanding the questions. On average, 68% of the survey leaders reported that there were no disturbances during data collection; in 14 of the 36 countries, 75% or more gave this answer (Table J). The highest figures were found for Romania (97%), Montenegro (89%), Albania and Denmark (86% each), and the lowest for Estonia (35%) and Cyprus, the Russian Federation (Moscow) and Slovakia (40–43%). The highest proportions reporting disturbances from more than a few students are found for Cyprus (24%), the Russian Federation (Moscow) (17%) and Greece (14%).

Here it should be noted that research assistants or survey leaders other than teachers were responsible for data collection in all countries from which 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 and thus more likely to report disturbances.

In most of the countries, a large majority of the survey leaders (80–100%) reported that "all" or "nearly all" students worked seriously (Table J). The smallest proportions are found for Cyprus (47%) and the Russian Federation (Moscow) (59%), where survey leaders were also more likely than anywhere else to report that "half or fewer" of the students had worked seriously (30% reported this in Cyprus and 15% in the Russian Federation (Moscow)). In line with what has been mentioned above, it should be pointed out that the survey leaders in these two countries were non-teachers.

In a few countries, more than 10% of the survey leaders reported that they thought that students had found the questionnaire difficult to answer. The highest proportion was found for Belgium (Flanders) (21%) (Table J). It should be noted that the high figure reported from Belgium (Flanders) also includes information from classes in rather junior 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 Belgian ESPAD target population only is considerably lower.

In summary, no countries reported problems with many students refusing to participate or being refused permission to do so. The proportion of discarded questionnaires was low in nearly all countries, with an average of 1.3%. When there were disturbances during data collection, they rarely involved more than a few students. Even when fairly high levels of disturbances were reported from some countries, they seem very seldom to have had a negative effect on student co-operation. In fact, most survey leaders reported that the students worked seriously. In the few cases with lower figures, those responsible for data collection were non-teachers who were most probably less used to the "normal noise level" in a classroom. Hence, student co-operation seems to have been good or very good in nearly all participating countries.

Even though overall student co-operation seems to have been satisfactory, however, some remarks need to be made in this respect. A fairly large number of questionnaires were removed from the database in Cyprus (4.8%). 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

Table J. Opinions of survey leaders. Percentages. ESPAD 2011.

COUNTRY	Reported disturbances during the survey (class level)			Students working seriously (class level)			Students that found the form difficult (class level)[a]
	No disturbances at all	From a few students	More than a few students	All/Nearly all	A majority	Half or less	
Albania	86	14	0	99	1	0	0
Belgium (Flanders)	74	20	6	87	12	1	21
Bosnia and Herz. (RS)	76	22	2	93	6	1	0
Bulgaria	72	22	6	92	8	0	4
Croatia	54	37	9	69	24	7	4
Cyprus	40	37	24	47	23	30	12
Czech Republic	58	32	10	85	13	2	4
Denmark	86	13	1	99	1	0	2
Estonia	35	54	11	82	14	4	11
Faroe Islands	67	31	3	100	0	0	6
Finland	76	22	3	95	5	0	2
France	59	33	8	91	7	2	4
Germany (5 Bundesl.)	58	34	8	74	24	2	3
Greece	52	34	14	78	14	7	4
Hungary	81	15	4	93	6	2	5
Iceland	.	.	.	.	.	.	.
Ireland	85	15	0	99	1	0	0
Italy	61	34	6	87	10	3	5
Latvia	65	27	7	84	14	2	4
Liechtenstein	77	18	5	100	0	0	0
Lithuania	68	29	3	90	8	2	7
Malta	78	21	2	93	5	2	3
Moldova, Rep. of	59	32	9	80	15	4	5
Monaco	67	28	6	87	13	0	0
Montenegro	89	11	1	79	18	3	1
Norway	83	16	1	98	2	0	2
Poland	79	19	2	86	9	5	3
Portugal	69	24	6	85	14	1	.
Romania	97	3	0	96	3	1	2
Russian Fed. (Moscow)	43	40	17	59	26	15	2
Serbia	84	14	1	85	13	3	1
Slovak Republic	41	52	7	84	14	2	11
Slovenia	62	34	4	80	20	1	12
Sweden	77	19	4	95	5	1	12
Ukraine	51	40	10	86	11	3	.
United Kingdom	74	22	4	95	3	2	6
AVERAGE	**68**	**26**	**6**	**87**	**10**	**3**	**5**

[a] Proportion of survey leaders answering "Rather difficult" and "Very difficult".

students had worked seriously. Taken together, this indicates that the level of student co-operation may have been slightly lower in Cyprus than in most other countries.

A fairly large number of questionnaires were also discarded in the Faroe Islands, Norway and the United Kingdom. However, there are no other indications of questionable student co-operation in these countries, which makes it reasonable to assume the student co-operation was good there as well.

STUDENT COMPREHENSION

All countries asked all, or nearly all, core questions of the ESPAD Master Questionnaire (Appendix IV). Nearly all countries included one or more modules as well as several of the optional questions. Most countries also included their own national questions.

The total number of questions in the national questionnaires varied across countries. The average number of items

(with each sub-question of a question being counted as an item) was 268, the smallest number being 175 in Bosnia and Herzegovina (Republic of Srpska) and the largest being 399 and 397 in Cyprus and Ukraine, respectively (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 taken to complete the questionnaire was 37 minutes (Table K). The national averages ranged between 30 and 45 minutes in most countries. The highest figure (52 minutes) was reported from Cyprus. Rather a long time was also spent in Ukraine (50 minutes) and in Belgium (Flanders) and Romania (45–47 minutes). No country reported refusal by students 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 may 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 linked to the length of the questionnaire.

ANONYMITY

For answers in surveys about 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 28 ESPAD countries, such individual envelopes were used (Table G). 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. 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 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 G). 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.

DATA ENTRY AND RATES OF MISSING DATA

Nearly two-thirds of the countries entered data manually while the rest used optical scanning (Table G). Most countries checked the quality of data entry, but no quality problems were reported.

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.

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 was 1.5% (Table D). It was above 2.5% in only three countries, with 3.3% in Cyprus followed by 3.1% in Moldova and 3.0% in Norway.

The proportion of unanswered questions is low for all substances in Table D. After data cleaning, the average proportion of non-responses about lifetime prevalence ranges from 0.3% (ecstasy and inhalants) to 1.7% (alcohol consumption).

There are no extremely high numbers as regards unanswered questions about lifetime prevalence in any country. However, after data cleaning – which had only a minor effect – a fairly large number of students in Portugal had given no answer on the lifetime-prevalence questions about cigarettes and alcohol consumption (6.3% and 5.5%, respectively).

In Moldova there was a fairly large number of students who did not answer the lifetime-prevalence questions about alcohol consumption and "having been drunk" (about 3.5%). However, as explained below, both of these variables have been deemed non-comparable.

After data cleaning, Cyprus is above average for all seven variables in Table D, but the figure is in no case above 2.5%.

To sum up, non-response rates are presented for all students in all tables in the chapter about substance use in 2011. With a few exceptions, these figures are all low. Non-response to single questions is therefore not judged to be an important methodological problem in the ESPAD 2011 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

Table K. Number of used items and average completion time. ESPAD 2011.

COUNTRY	Main		Modules							
	Core (173)	Optional (16)	A (12)	B (36)	C (16)	D (9)	Optional (75)	Own	Total number of items	Average completion time (min.)
Albania	173	2	0	0	0	0	26	0	201	31
Belgium (Flanders)	173	7	0	23	0	7	0	147	357	45
Bosnia and Herz. (RS)	173	1	0	0	0	0	0	1	175	37
Bulgaria	173	8	12	36	0	0	70	0	287	39
Croatia	173	7	12	36	0	0	28	0	256	.
Cyprus	173	15	12	36	16	9	74	64	399	44
Czech Republic	173	7	0	16	0	9	31	8	244	34
Denmark	173	14	12	0	0	0	59	10	268	33
Estonia	173	16	0	0	0	0	0	21	210	30[a)]
Faroe Islands	173	14	12	36	16	0	56	13	320	49
Finland	173	8	1	6	0	0	12	62	262	33
France	173	14	0	0	0	9	17	60	273	38
Germany (5 Bundesl.)	167	1	0	0	8	9	10	37	232	34[a)]
Greece	173	15	3	36	0	0	0	116	343	52
Hungary	173	8	0	36	0	0	20	57	294	36
Iceland	173	14	0	22	16	0	13	51	289	.
Ireland	169	14	0	10	0	0	36	36	265	33
Italy	173	8	12	32	16	9	50	32	332	39
Latvia	173	16	12	36	0	9	11	85	342	40
Liechtenstein	173	14	0	0	8	9	8	5	217	29
Lithuania	173	15	0	0	16	0	51	0	255	31
Malta	173	15	0	10	16	0	8	8	230	39
Moldova, Rep. of	173	8	0	0	0	0	0	20	201	39
Monaco	173	14	0	0	0	9	17	60	273	.
Montenegro	173	1	12	0	0	0	28	9	223	33
Norway	173	14	0	0	0	0	0	8	195	27
Poland	173	0	12	0	16	9	18	23	251	33
Portugal	173	7	0	0	0	0	0	44	224	39
Romania	173	8	0	32	16	9	41	40	319	47
Russian Fed. (Moscow)	173	9	4	0	16	0	14	33	249	33
Serbia	173	9	12	10	0	0	65	1	270	32
Slovak Republic	173	16	12	36	0	9	0	48	294	.
Slovenia	173	8	12	36	0	0	0	4	233	33
Sweden	173	15	12	0	16	0	3	10	229	29
Ukraine	173	9	12	36	16	9	73	69	397	50
United Kingdom	173	16	0	0	0	0	14	19	222	31
AVERAGE	.	.	.	.	.	.	.	.	**268**	**37**

for prevalence in the past 12 months cannot exceed lifetime prevalence, and the past-30-days prevalence cannot exceed either the past-12-months prevalence or the lifetime prevalence.

Table L includes information about 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 were given by 24% of the students in Moldova and 15% in Albania. The Moldovan figure for drunkenness was also high (10%). In a discussion with the responsible researchers in these countries, it turned out that there were some technical

problems with the questions concerned, and as a consequence the related data have been deemed to be non-comparable.

A fairly large number of students in Cyprus and Portugal (13% each) gave inconsistent answers about lifetime alcohol consumption.

With a few exceptions, logical consistency thus seems to be high in the participating countries.

UNDER-REPORTING

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 relating to behaviours that are not accepted in a society or are even illegal there. In addition to the measures discussed above, it might be possible to gauge the magnitude of the social-desirability effect by asking respondents directly about the honesty of their responses.

As mentioned above, in the ESPAD methodological study carried out in seven countries in 1998, data were collected twice with a lag time of 3–5 days (Hibell et al., 2000). On the second occasion, the questionnaire included some additional questions about the first study. One of them was whether the students had replied honestly to the questions about their drug consumption and another was whether they thought that their classmates had answered honestly.

Nearly all students in the seven countries said that they had 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 had done this.

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 had given honest answers. About 85% or more of the students believed that all or most of their classmates had given 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 2011 ESPAD study, students were asked a question about 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 options were "I already said that I have used it", "Definitely yes", "Probably yes", "Probably not" and "Definitely not".

The proportions of students claiming that they would definitely not report cannabis use are shown in Table L. In two-thirds of the countries, 10% or less answered that they were definitely unwilling to admit to cannabis consumption if they had used that drug. The highest figures are reported from Serbia (36%), Montenegro (33%), Bosnia and Herzegovina (Republic of Srpska) (26%) and Albania (21%). These are all neighbouring countries, and even though the question is hypothetical in nature, the high figures for these countries give rise to some uncertainty and may indicate that under-reporting of drug consumption is higher there than in most other countries.

After these countries follows Croatia at 17% – a country that also had a high figure in the 2007 survey (and is indeed also a neighbour of some of the ones with the highest figures).

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 mat tend 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 likely 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 willingness of the drug-using population to report 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 a negative answer was given this time in the ESPAD survey.

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 about 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 probably underestimate the prevalence of drug use, that under-reporting probably differs somewhat across countries and that under-reporting of drug use probably is higher in the neighbouring countries of Albania, Bosnia and Herzegovina (Republic of Srpska), Montenegro and Serbia than in most other 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. Hence, low-prevalence countries would have remained low-prevalence countries even if all drug users had admitted to their use.

OVER-REPORTING

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 "Relevin" 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 1.0% or more only in five countries (Table L). The only country that stands out is Cyprus with 3.1%, which indicates that over-reporting of drug use is greater there than in many other countries.

Table L. Some aspects of validity: Inconsistent answers, unwillingness to admit cannabis use and reported use of the dummy drug "relevin". Percentages. ESPAD 2011.

	Inconsistent answers[a)]						
COUNTRY	Alcohol	Been drunk	Cannabis	Ecstasy	Inhalants	Unwillingness to admit cannabis use[b)]	Reported "relevin" use[c)]
Albania	15	5	1	1	1	21	0.6
Belgium (Flanders)	1	1	0	0	0	5	0.3
Bosnia and Herz. (RS)	4	2	0	0	0	26	0.3
Bulgaria	8	6	2	1	1	11	1.0
Croatia	3	2	0	1	1	17	0.7
Cyprus	13	6	3	2	2	9	3.1
Czech Republic	3	2	1	0	0	5	0.3
Denmark	3	3	0	0	0	3	0.2
Estonia	2	2	0	0	0	8	0.3
Faroe Islands	1	1	1	0	0	3	0.0
Finland	1	1	0	0	0	3	0.3
France	3	1	1	0	0	5	0.7
Germany (5 Bundesl.)	1	1	0	0	0	5	0.4
Greece	7	4	1	0	1	11	0.6
Hungary	4	2	1	0	1	7	0.9
Iceland	1	1	1	0	0	7	0.7
Ireland	1	1	0	0	0	10	0.4
Italy	5	3	1	1	1	6	1.1
Latvia	4	3	1	1	1	12	1.4
Liechtenstein	3	2	1	0	0	7	1.1
Lithuania	5	3	1	1	1	13	0.9
Malta	5	3	1	1	1	11	0.9
Moldova, Rep. of	24	10	0	1	1	11	0.2
Monaco	2	1	1	1	1	3	0.8
Montenegro	5	2	1	0	0	33	0.7
Norway	1	1	0	0	0	3	0.2
Poland	3	3	1	0	1	4	0.9
Portugal	13	5	3	1	1	6	0.7
Romania	8	3	1	0	1	11	0.7
Russian Fed. (Moscow)	3	2	0	0	1	9	0.5
Serbia	4	3	0	0	1	36	0.6
Slovak Republic	4	4	2	0	1	8	0.8
Slovenia	4	3	1	1	1	3	0.7
Sweden	1	1	0	0	0	7	0.2
Ukraine	0	0	0	0	0	9	0.7
United Kingdom	2	2	1	0	0	12	0.7
AVERAGE	**5**	**3**	**1**	**0**	**1**	**10**	**0.7**

[a)] For each substance 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)] Some countries used national alternatives to the dummy drug relevin.

With the exception of one country, very few students thus answered that they had used the dummy drug, which could be seen as a clear indicator that students do not routinely exaggerate their drug experience in the anonymous ESPAD survey. It therefore seems reasonable to assume that high prevalence rates for drug use are in practice nearly unaffected by a possible general tendency to exaggerate drug use. However, these findings 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 could be used as a baseline for plausibility – meaning that if, say 0.7% of students in a given country claim to have used the dummy drug, then the first 0.7% 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 Pompidou 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 2003 data; the relationship found was very strong (r_{xy}=0.85), indicating high validity (Hibell & 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., 2012). In an ESPAD context, this implies that in countries with a large proportion of cannabis users, few students should deem it risky to use cannabis, and the other way round in low-prevalence countries. ESPAD 2003 data yielded a strong negative relationship (r_{xy}=0.76) at the national level between risk perception and consumption, again indicating high construct validity (Hibell & Andersson, 2008).

VALIDITY OF THE QUESTIONNAIRE

The comparability of the actual questionnaire across countries is of vital importance in any multinational 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 in 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.

No country reported any major problems with the translation of the questionnaire. As a matter of fact, most countries did not even make a back-translation of the 2011 questionnaire, since it – with very few exceptions, mainly in the optional sections – was the same as in the previous survey.

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.

CULTURAL CONTEXT

Standardisation of the various steps of the data-collection procedure was the method chosen 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.

For data to be comparable between countries, the students must have answered the same questions. All countries included (nearly) all core questions while the module and optional questions of the ESPAD questionnaire were used by some of them, and to a varying extent.

In the section above 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 obviously 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-prevalence and low-prevalence countries are considerable, and it therefore seems very unlikely that any differences in students' understanding or perception of certain questions or concepts would make a major contribution to "explaining" these differences.

Earlier in this section, various indicators relating to the cultural context have been dealt with. Student co-operation, 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 a dummy drug, do not indicate any important differences at all between participating countries.

The 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 2011 was the first such study ever in a few. 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.

Obtaining better insights into the effects of cultural context was one of the reasons for conducting the ESPAD methodology project in 1998, which covered seven countries (Cyprus, Denmark, Lithuania, Malta, Slovakia, Sweden and Ukraine) in different parts of Europe (Hibell et al., 2000). The answers obtained from students about their own honesty and their beliefs about the 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.

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, for instance, that the "true" answer in a low-prevalence country (e.g. one where 5% admitted to cannabis use) should be more than twice the level reported (i.e. above 8–9%), nor that the "true" figure in a high-prevalence country (e.g. one where 30% admitted to cannabis use) should be outside a ±5% range from the level reported (i.e. 25–35%). Thus, cultural context would be unlikely to make either a low-prevalence country or a high-prevalence country appear to be anything else, even if exact differences between countries are 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 AND CONCLUSIONS

The analysis of available information strongly suggests that the validity of the ESPAD studies is high in most countries. The indicators analysed include student co-operation, student comprehension, anonymity, reported use of a 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 cultural context.

There are indications of some – mainly minor – validity problems in a few countries. Countries about which critical remarks have been made, the implications of which will be summarised at the end of this chapter, include Albania (high rate of inconsistency for alcohol consumption, high rate of unwillingness to admit to cannabis use), Bosnia and Herzegovina (Republic of Srpska) (high rate of unwillingness to admit to cannabis use), Croatia (high rate of unwillingness to admit to cannabis use), Cyprus (many discarded questionnaires, high average rate of non-response to core questions, long and time-consuming questionnaire, much disturbance during data collection, less seriously working students, large proportion reporting dummy-drug use), Germany (5 Bundesländer) (many students who were denied permission to participate by their parents or refused themselves (14%)), Moldova (high rates of inconsistency for alcohol consumption and "having been drunk"), Montenegro (high rate of unwillingness to admit to cannabis use), Romania (fairly large proportions of students who were denied permission to participate by their parents (9%) or refused themselves (2%)) and Serbia (high rate of unwillingness to admit to cannabis use).

The importance of 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 had worked seriously.

Validity problems seem to be limited in scope and to affect only a few countries – and only to a rather limited extent.

COMPARISONS WITH OTHER SURVEY DATA

In some ESPAD countries, data are also available from other studies measuring substance use among young people. 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 from 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 from 2011 are available from Finland and Sweden as well as from the cross-national Study of Health Behaviour in School-aged Children (HBSC) (Currie et al., 2012).

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 (Tables M–R) or commented upon in the text below. Again, the existence of these differences represents an argument in favour of the importance of focusing on magnitudes rather than on exact figures.

As regards Finland, data are available from the School Health Promotion Study (Raitasalo, 2012). This survey covered more grades than ESPAD, but the data in Table M refer only to grade 9, in which nearly all students were of the same age as the ESPAD target population. However, the questions asked were not the same.

Slightly more students in ESPAD seem to have reported lifetime use of cannabis. However, on the whole the figures are remarkably similar, including those for lifetime drunkenness and lifetime experience with illicit drugs and inhalants.

When it comes to Sweden, a comparison of data from the 2011 edition of the annual national school survey (Henriksson and Leifman, 2011) 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 the data from the Netherlands presented in the 2003 ESPAD report (Hibell et al., 2004) and for the data from Norway

Table M. Alcohol and drug use in Finland. Frequency of lifetime use. Data from ESPAD and the School Health Promotion Study in Finish schools in 2010 and 2011. Percentages among boys and girls[a].

	Boys		Girls	
LIFETIME	ESPAD	National school survey	ESPAD	National school survey
Been drunk	50	50	55	50
Used illicit drugs	12	10	10	8
Used cannabis	12	9	10	6
Used other illicit drugs than cannabis	4	3	3	2
Used ecstasy	2	3	1	1
Used inhalants	9	8	11	8
Alcohol together with pills[b]	6	7	14	13
Number of respondents	**1 815**	**11 889**	**1 929**	**11 830**

[a] Percentages are based on respondents answering respective question.
[b] In order to get high.

Source: Raitasalo (2012).

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 2011 in grade 9. Percentages among boys and girls[a].

	Boys		Girls	
	ESPAD	Annual school survey 2011	ESPAD	Annual school survey 2011
Lifetime				
Cigarette use	47	52	49	52
Been drunk	35	40	42	44
Been drunk at the age of 13 or younger	13	11	11	10
Used any illicit drug	12	9	6	6
Used cannabis	11	8	5	5
Used inhalants	11	4	11	3
Used anabolic steroids	1	2	0	1
Alcohol together with pills[b]	2	3	6	6
Past 30 days				
Used cannabis	4	3[c]	1	2[c]
Number of respondents	**1 311**	**2 333**	**1 258**	**2 299**

[a] Percentages are based on students answering respective question.
[b] In order to get high.
[c] 2010.

Source: Henriksson and Leifman (2011).

Table O. Alcohol use in the ESPAD (2011) and HBSC (2009/10) surveys. Student answering 3 times or more often during the past 30 days (ESPAD) or at least weekly (HBSC). Percentages among boys and girls[a)], r_{xy} and Spearman's rank correlation coefficient (r_{rank}).

	Boys		Girls	
	ESPAD	HBSC	ESPAD	HBSC
COUNTRY	3+ times past 30 days	1+ times a week	3+ times past 30 days	1+ times a week
Greece	51	43	36	34
Belgium (Flanders)	49	32	46	16
Denmark	49	26	41	17
Croatia	49	43	33	27
France	47	25	37	13
Italy	46	39	30	26
Poland	37	17	26	11
Latvia	35	26	32	21
Slovak Republic	35	28	26	16
Hungary	34	32	26	20
Lithuania	32	25	29	17
Estonia	27	20	28	13
Ukraine	28	44	26	30
Ireland	23	13	27	9
Finland	18	7	18	8
Sweden	14	11	15	9
Norway	11	11	10	9
Iceland	5	8	5	5
	r_{xy}=0.76 r_{rank}=0.72		r_{xy}=0.53 r_{rank}=0.58	

[a)] Percentages are based on students answering respective question.

Table P. Drunkenness in the ESPAD (2011) and HBSC (2009/10) 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}).

	Boys		Girls	
	ESPAD	HBSC	ESPAD	HBSC
COUNTRY	Ever been drunk	Drunk 2+ times	Ever been drunk	Drunk 2+ times
Denmark	72	55	70	56
Latvia	67	51	64	42
Lithuania	66	57	60	47
Croatia	62	44	52	26
Ukraine	62	38	57	24
Hungary	61	47	58	35
Slovak Republic	62	39	62	31
Estonia	55	48	54	42
Finland	50	37	55	44
France	50	26	49	17
Ireland	47	30	51	28
Poland	45	35	41	27
Belgium (Flanders)	43	32	40	23
Greece	41	26	36	19
Italy	38	19	35	14
Sweden	35	21	42	27
Norway	34	26	38	28
Iceland	23	18	24	16
	r_{xy}=0.91 r_{rank}=0.91		r_{xy}=0.79 r_{rank}=0.80	

[a)] Percentages are based on students answering respective question.

Table Q. Lifetime use of cannabis in the ESPAD (2011) and HBSC (2009/10) surveys. Percentages among boys and girls[a], r_{xy} and Spearman's rank correlation coefficient (r_{rank}).

	Boys		Girls	
COUNTRY	ESPAD	HBSC	ESPAD	HBSC
France	39	30	39	24
Slovak Republic	31	21	23	13
Belgium (Flanders)	28	23	21	17
Estonia	29	27	19	18
Latvia	29	30	19	21
Poland	28	24	18	14
Lithuania	25	29	14	13
Italy	24	23	18	16
Hungary	21	19	18	12
Croatia	21	16	14	11
Ireland	22	18	15	12
Denmark	22	16	14	14
Ukraine	15	18	7	5
Finland	12	11	10	8
Iceland	13	12	8	5
Greece	12	11	5	3
Norway	6	7	4	4
	r_{xy}=0.89		r_{xy}=0.89	
	r_{rank}=0.90		r_{rank}=0.88	

[a] Percentages are based on students answering respective question.

Table R. 30 days prevalence of cannabis use in the ESPAD (2011) and HBSC (2009/10) surveys. Percentages among boys and girls[a], r_{xy} and Spearman's rank correlation coefficient (r_{rank}).

	Boys		Girls	
COUNTRY	ESPAD	HBSC	ESPAD	HBSC
France	26	16	22	12
Italy	14	12	9	9
Belgium (Flanders)	13	11	9	7
Poland	12	11	7	4
Slovak Republic	11	8	7	3
Hungary	9	8	7	4
Ireland	10	10	5	5
Croatia	9	7	5	4
Estonia	9	5	4	2
Denmark	9	4	3	4
Latvia	8	13	5	5
Lithuania	7	9	3	2
Greece	6	6	2	2
Iceland	5	5	3	2
Finland	4	6	2	3
Ukraine	5	5	1	1
Norway	2	4	1	1
	r_{xy}=0.80		r_{xy}=0.90	
	r_{rank}=0.70		r_{rank}=0.85	

[a] Percentages are based on students answering respective question.

presented in the 2007 report (Hibell et al., 2009).

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

The latest wave of data collection for the HBSC study was conducted in 2009–2010, i.e. at least one year before the ESPAD data were collected.

One goal of HBSC is to obtain study populations whose mean ages are 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., 2012) shows that the average age of the oldest age group ranged from 15.1 to 15.8 years. The corresponding range in ESPAD is 15.6–16.0. Since a difference of only a few months may indeed have an impact on experience with various substances, comparisons between the HBSC and ESPAD studies have been limited to countries in which the difference in average age does not exceed ±0.3 years. This was the case in 18 countries, of which the ESPAD students, on average, were older in 16.

Besides the differences in the time of data collection and in the age of the students, 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 three 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" (C19), while HBSC reports the proportion who have been "drunk" at least twice. There are also less prominent differences between the two surveys in the measures of lifetime and past-30-days prevalence of cannabis use.

The relationship between the surveys is rather strong for the alcohol-use variable, at least among boys, with rxy=0.76 for boys and 0.53 for girls, and with a Spearman's rank correlation (rrank) of 0.72 and 0.58, respectively (Table O). However, the correlation coefficients are considerably higher for drunkenness, with 0.91 on both measures for boys and about 0.8 for girls (Table P).

Both of the cannabis variables show high correlations between the ESPAD and HBSC surveys. For lifetime use of cannabis, rxy was 0.89 and rrank 0.90 for boys and about the same for girls (0.89 and 0.88, respectively) (Table Q). As regards the data on past-30-days prevalence of cannabis use, the figures are in the same order of magnitude for girls, with rxy of 0.90 and rrank of 0.85, while they are slightly lower for boys: rxy=0.80 and rrank = 0.70 (Table R).

SUMMARY AND CONCLUSIONS

Overall, comparisons between ESPAD data from Finland and Sweden and results from other national surveys in these two countries show very similar figures. The same conclusion was also drawn in previous ESPAD reports regarding earlier stud-

ies in England, Hungary, Iceland, the Netherlands, Norway and Scotland. Comparisons between the ESPAD and HBSC surveys show strong relationships, even though they were slightly less strong for alcohol use. When interpreting the relationships between ESPAD and HBSC data, it is important to keep in mind that HBSC collected its data (at least) one year earlier, that the average age of the students differs between the studies, that the questions were not worded in the same way and that the context of the questions asked was different (the main topic of ESPAD was substance use while that of HBSC was health behaviour).

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

GENERAL AND COUNTRY-SPECIFIC CONCLUSIONS

Given the extensiveness of the above methodological discussion about representativeness, reliability, validity and comparisons with other survey data, the most salient conclusions are summarised below (not in order of importance).

GENERAL CONCLUSIONS

- The overall impression is that, taken together, the methodological problems in the 2011 ESPAD data-collection exercise are small or limited.
- With one exception, no country experienced methodological problems of such a serious nature 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 qualification of countries as either high-prevalence or low-prevalence ones 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 interpreting differences between point estimates. When it comes to trends, this is important for comparisons with and between earlier surveys, since those differences, in contrast to changes between 2007 and 2011, have not been tested for statistically significant differences.
- Individual countries suffer from methodological problems that should be taken into account when their figures are analysed. These problems are briefly reviewed below under "Country-specific conclusions".
- The magnitudes of the figures for various kinds of substance use in different ESPAD countries probably reflect country differences quite well, especially as between distinct groups of countries with different overall levels of student experience with various types of substance use.
- It is more important to concentrate on the magnitudes of the estimates than on absolute numbers, both when analysing data from single countries and when interpreting trends and differences between countries.
- Small differences between countries should be considered carefully. They may not reflect real differences.

COUNTRY-SPECIFIC CONCLUSIONS

- **Albania**: A high rate of inconsistency, related to some technical problems with the questionnaire, has made the data on lifetime use of alcohol non-comparable. Like in some neighbouring counties, under-reporting of drug use might be higher than in most other countries. However, there is no reason to believe that Albania is not a country with a low prevalence of drug use.
- **Belgium (Flanders)**: Data collection was limited to students in the Dutch-speaking part (Flanders). Comparisons in the trends chapter are therefore limited to students from Flanders. Relatively few Belgian schools participated (58%), which calls for some caution.
- **Bosnia and Herzegovina (Republic of Srpska):** Data collection was limited to the Republic of Srpska. Like in some neighbouring counties, under-reporting of drug use might be higher than in most other countries. However, there is no reason to believe that Bosnia and Herzegovina (Republic of Srpska) is not a country with a low prevalence of drug use.
- **Croatia:** A relatively large proportion answered that they would be unwilling to report possible use of cannabis (17%).
- **Cyprus:** The data collection was limited to students in government-controlled areas. The sampling frame covered a relatively small proportion of the target population (67%). For this reason, the results are representative only of students born in 1995 enrolled in grade 1 in public schools. A number of factors together point to some limitations in validity: the length of the questionnaire, the frequency of disturbances and other "negative" reports from the data-collection exercise (including a low number of seriously working students), a relatively high number of discarded questionnaires and a relatively high number of students who skipped core questions. 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.
- **Czech Republic:** For pragmatic reasons (late funding for the survey) the sample of schools from 2007 was used in 2011 as well. Even though this is not an ideal way of sampling, it is assumed not to have influenced representativeness to any important degree.
- **Denmark:** Participation rates differed between the three types of schools, which indicates that the data ought to have been weighted. Only 42% of the sampled schools took part in the survey, which gives rise to an uncertainty that should be kept in mind.
- **France:** Like in earlier data-collection waves, the 3.5% of French members of the target population living in overseas territories and departments were excluded from the sampling frame.
- **Germany (5 Bundesländer):** The survey is not representative of the whole country but only of the 5 (out of 16)

Bundesländer that participated. Comparisons in the trends chapter are limited to the 5 Bundesländer that took part in previous surveys as well. A low proportion of participating schools (40%) and a large proportion of students who were denied permission to participate by their parents or refused themselves (14%) give rise to some uncertainty that it is important to keep in mind.

- **Greece:** Unlike in earlier surveys, all islands were included in the 2011 sampling frame, which means that the sample in 2011 covers 100% of the population, not 94% as before.
- **Ireland:** Students in grades 3 and 5 were undersampled and students in grade 4 were oversampled. In principle this calls for weighting, which was not done. However, a comparison as regards some key variables between students in the three grades indicates that the absence of weighting has not influenced the results to any important degree.
- **Lithuania:** Data collection in 2011 was limited to students in grade 9, while earlier surveys had also included students in grades 8 and 10. This makes the 2011 data representative only of students born in 1995 and enrolled in grade 9. Comparison of 2007 data for students in the three grades as regards more commonly used substances indicates that it still remains feasible to make comparisons. However, less commonly used substances should be treated more carefully when comparisons are made between 2011 data and earlier data.
- **Moldova, Republic of:** Data collection was limited to students west of the Dniester River. High rates of inconsistency, related to some technical problems with the questionnaire, have made the data for lifetime, past-12-months and past-30-days alcohol consumption and drunkenness non-comparable.
- **Monaco:** Many of the students born in 1995 attending Monegasque schools are actually French citizens.
- **Montenegro:** Like in some neighbouring counties, under-reporting of drug use might be higher than in most other countries. However, there is no reason to believe that Montenegro is not a country with a low prevalence of drug use.
- **Norway:** A low proportion of participating schools (32%) is an uncertainty factor that should be kept in mind.
- **Portugal:** The 15% of the target population who were enrolled in private schools were not included in the survey. Like in previous ESPAD data-collection waves, the 2011 survey was limited to the 95% of the target population living on the mainland. However, since previous analysis of national data has not shown any important differences between mainland and island students, this is of minor importance. Internal rates of non-response are high in some cases; whenever relevant, these are indicated in the results tables.
- **Romania:** A large proportion of students were denied permission to participate by their parents or refused themselves (11%).
- **Russian Federation (Moscow):** Unlike in 2007, when the sample covered the whole country, data collection in 2011 was limited to the capital, Moscow. This was the case in 1999 and 2003 as well, and since the 2007 survey included a sub-sample from the capital, comparisons in the trends chapter are limited to students from Moscow.
- **Serbia:** Like in some neighbouring counties, under-reporting of drug use might be higher than in most other countries. However, there is no reason to believe that Serbia is not a country with a low prevalence of drug use.
- **United Kingdom:** Only a small proportion of the sampled schools took part in the data-collection exercise (6%). It is not possible to conclude that the UK data are not valid enough to be compared with data from other countries, and despite the circumstances an adequate sample size was still achieved through the unprecedented efforts of the UK team. However, as a precautionary measure related to the school-participation rate, UK data are shown below a line in the results tables and no comparisons are made with previous surveys in the trends chapter.

CONCLUSIONS RELATING TO NON-ESPAD COUNTRIES

- **Spain and United States:** These countries do not participate in ESPAD but carry out similar school surveys with similar questions. Whenever data are judged to be comparable, results from these countries are reported. However, since they do not use the ESPAD methodology, such comparisons definitely include a measure of uncertainty. This is emphasised by placing data from Spain and the United States below a line in the results tables.
- **Spain:** Data were largely collected in November and December 2010. Because of this, the average age of the Spanish respondents is slightly lower than the ESPAD average (15.6 and 15.8 years, respectively), which is important to keep in mind.
- **United States:** Data collection in the United States was carried out between February and June 2011. Since about 60% of the students were born in 1995 and nearly all others in 1994, the estimated average age is 16.2 years. This is above the ESPAD average of 15.8 years, a difference which is important to keep in mind.

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The Situation in 2011

The situation in 2011

INTRODUCTION

This chapter presents the results of the 2011 survey. A total of 36 countries and regions have contributed data to the 2011 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. Another may be the magnitude of informational 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 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 relating to sex distribution. The first section of the chapter deals with the results regarding tobacco, the next 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 questionnaire. A short final section deals with all substances together.

Each variable is presented with reference to the relevant table in the tables 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 show countries in five different colours according to prevalence rates (small countries have been enlarged to enhance their visibility). 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.

The geographical distributions presented in the maps are based on average results for all students. This is also the case in the bar charts where significant differences between boys and girls in a country are shown by highlighting the name of the country in yellow.

Whenever available, corresponding figures from two non-ESPAD countries, namely the United States and Spain, are also presented in tables, maps and bar charts. The US figures come from the 2011 edition of the Monitoring the Future study, from which many of the ESPAD questions were originally taken. It should be noted that the US data relate to students in grade 10, of whom just over half were born in 1995. The Spanish data relate to the students born in 1995 who took part in a broader national survey carried out in 2010/2011.

Since Spain and the United States are not members of the ESPAD project, since their data were not collected according to the same protocol, since the questionnaires used were not identical and since there are differences in mean ages (16.2 years in the United States and 15.6 in Spain, compared with the ESPAD average of 15.8), their results cannot be considered fully comparable with data from the ESPAD countries. To indicate this, 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 of Belgium, Bosnia and Herzegovina, Germany and the United Kingdom also have a lined pattern in the maps. This is because the data for Belgium (Flanders only), Bosnia and Herzegovina (Republic of Srpska only) and Germany (5 Bundesländer only) are not representative at the national level and because a large proportion of the sampled schools in the United Kingdom did not want to take part in the ESPAD data collection. Country averages presented in the tables do not include the United Kingdom, Spain and the United States.

To obtain an idea of the extent of use of a more regular nature, it is common to ask if respondents have engaged in a certain behaviour recently, quite often during the past 30 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. Caution is therefore called for when interpreting results from questions about past-30-days prevalence, to avoid an exaggerated picture of regular use. Hence, past-30-days prevalence will not be labelled "regular use". in this report. Similarly, use in the past 12 months will not be referred to as "recent use".

CIGARETTES

In this section, virtually all of the questions relating to cigarette smoking are presented. The exceptions are the questions about perceived risk from smoking, since the results from them will be compared with those for the other substances to make better sense.

PERCEIVED AVAILABILITY OF CIGARETTES

(Table 1)

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 sec-

tion are those for students who replied "very easy" or "fairly easy" (these categories are merged).

On average, almost two-thirds (65%) of students in the participating countries replied that they would find it fairly or very easy to get hold of cigarettes if they wanted to. Students in the Czech Republic were most likely to find it easy (85%), closely followed by students in Denmark (83%) and Sweden (80%). In a further six countries, 75–79% of the students found it fairly or very easy to get hold of cigarettes. One of the non-ESPAD countries, Spain, has a very high level of reported availability (93%).

Particularly low figures for perceived availability were found for the Albanian and Moldovan students (26% and 29%, respectively). Low figures (around 45%) were also reported from two other countries in the eastern part of Europe, Romania and Ukraine, but also from Iceland. However, it is not possible to say that there is any typical geographical clustering across Europe regarding reported availability of cigarettes – several of the countries with high availability are also located in the eastern part.

Sex differences when it comes to finding cigarettes to be easily available are negligible at the aggregate level (66% for boys versus 64% for girls). There is only one country, Moldova, where there is a difference of more than 10 percentage points between the sexes. When there are differences, the figures are usually higher for boys. However, the opposite is true in four countries (Bulgaria, France, Monaco and Portugal) in which about five percentage points more girls than boys have answered that cigarettes are easily available. In all of them but Portugal, girls are more likely than boys to smoke, which may provide an "explanation".

It is reasonable to assume that a number of factors 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, the price, the opening hours and, not least, any age limits. This, however, cannot explain sex differences within a country, unless females actually experience greater difficulty than boys (or vice versa) obtaining cigarettes in that country. For this reason, sex differences in perceptions of availability could also be influenced by how common use of cigarettes is in each group. Results in relation to the sex distribution of cigarette use will be presented in the following section.

LIFETIME USE OF CIGARETTES

(Tables 2a–b)

Lifetime-prevalence rates of cigarette smoking range between 26% and 78%. In 22 of the 38 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 (78%) and the Czech Republic (75%), followed by four countries at 70–74% (Croatia, Estonia, Lithuania and Slovakia).

The lowest figures are found in Iceland (26%), followed by the United States (not an ESPAD country), Norway and Montenegro (30–37%). These rates are well below the average of 54% for all ESPAD countries.

Roughly one-quarter reported that they had smoked on 20 occasions or more. On the whole, countries with high figures are to some extent more likely to be found in eastern and central Europe, while relatively many of the low-prevalence countries are found on the Balkans.

The average proportion of lifetime smoking is about the same among boys (56%) as among girls (54%). When there are differences, there are usually more boys than girls in a country who have tried cigarettes. Countries with the largest sex differences in this direction include Albania (55% of boys versus 29% of girls), Cyprus (52% versus 32%) and Moldova (59% versus 27%). The largest differences in the other direction are found in the neighbouring countries of France (68% of girls versus 58% of boys) and Monaco (71% versus 53%).

The countries with the highest figures are the same for boys and girls, with 70% or more of both sexes having tried smoking in the Czech Republic, Latvia, Lithuania and Slovakia. The smallest proportions of girls with lifetime smoking experience (below 30%) are found in the neighbouring countries of Albania, Moldova and Montenegro, but also in Iceland and the United States (not an ESPAD country). The smallest proportions of boys with lifetime smoking experience were found in Iceland (26%) and in a non-ESPAD country, the United States (32%).

PAST-30-DAYS USE OF CIGARETTES

(Tables 3a–b, Figures 1a–b)

According to Table S, there is a strong statistical correlation between lifetime use and past-30-days use of cigarettes throughout the ESPAD countries for all students (r=0.91)[1]. 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, 28% of the students in the ESPAD countries had used cigarettes during the past 30 days. The highest percentages of students reporting this are found in Latvia, the Czech Republic and Croatia (41–43%). Countries with a reported 30-days-prevalence below 15% include Norway, Albania, Montenegro, the United States (not an ESPAD country) and Iceland. Only 10% of the Icelandic students had smoked during the past 30 days.

Top smoking countries for boys are Latvia, the Czech Republic and Croatia (41–45%) and for girls Monaco and Bulgaria (around 46%). There is no entirely clear geographical pattern, but students in central and eastern European countries are often among those reporting higher rates of smoking in the past 30 days.

The ESPAD averages for boys and girls are about the same, and the figures for boys and girls are also close in most countries. However, in five countries there were significantly more

[1] The correlations are computed at the aggregate country level using average values from all ESPAD countries except the United Kingdom (owing to a low school-participation rate). Spain and the United States are not included in the calculations since they are not ESPAD countries.

girls who had smoked during the past 30 days, and in six there were significantly more boys who had done so. Except the significantly higher figures for girls in the neighbouring countries of France and Monaco, there is no clear geographical pattern for girls. Significantly more boys had smoked in the past 30 days in the two neighbouring countries of Moldova and Ukraine, in two Balkan countries (Albania and Montenegro) and in Cyprus and the Faroe Islands.

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 30 days prior to the survey. In Croatia, one in twenty students had done so.

AGE OF ONSET FOR CIGARETTE USE

(Table 4)

Young people may have tried smoking occasionally early in life, and some of those who try it progress to habitual smoking while others do not. Nearly one-third of the ESPAD students (31%) had smoked a cigarette at the age of 13 or younger. The proportions vary considerably across countries, from around 60% in Latvia and Estonia to some 15% in Greece, Iceland, Montenegro and Serbia. Both on average and in most individual countries, more boys than girls have smoked a cigarette at the age of 13 or earlier. The highest figures among boys (60–65%) are found the in three Baltic countries of Estonia, Latvia and Lithuania. Together with the Czech Republic, the Baltic countries also score highest among girls.

The proportion of students who smoked on a daily basis at the age of 13 or younger is relatively high (compared with the 7% ESPAD average) in Estonia, Latvia and Slovakia at about 14% and relatively low (2%) in Greece and the Balkan countries of Albania, Bosnia and Herzegovina (Republic of Srpska), Montenegro and Serbia.

Since the percentages are rather small, sex differences are not all that pronounced, even though there are more countries with boys in the majority than the other way round. The top-score countries for boys (at around 16%) are the same as for the total, with the addition of Lithuania. For girls, the eastern European countries of Bulgaria, the Czech Republic, the Russian Federation (Moscow) and Slovakia along with the Baltic countries of Estonia and Latvia display high levels (10–12%).

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 the past 30 days.

CIGARETTES – A SUMMARY

On average 54% of the students had tried cigarettes at least once and 28% 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. Sex differences are negligible at the aggregate country level and usually rather small in most individual countries. However, when there are more pronounced sex differences, the figures are usually higher for boys, even though there are countries with the opposite pattern. On average, 7% of the students said that they had been smoking daily at the age of 13 or before.

The Czech Republic and the Baltic countries tend to have high figures for cigarette consumption, while Balkan countries are often found at the other end.

There is a strong statistical correlation between lifetime use of cigarettes and use in the past 30 days. Weaker, but still statistically significant, correlations can be seen between lifetime and past-30-days use, on the one hand, and the perception as to how easily obtainable cigarettes are, on the other. Early smoking and daily-smoking debuts (age 13 or younger) also correlate, at the aggregate country level, with high levels of use in the past 30 days.

ALCOHOL

PERCEIVED AVAILABILITY OF ALCOHOLIC BEVERAGES

(Table 5)

The students were asked how easy 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 response categories of cider and alcopops to the questionnaire if they were relevant considering the national alcohol market and the drinking patterns of the students.

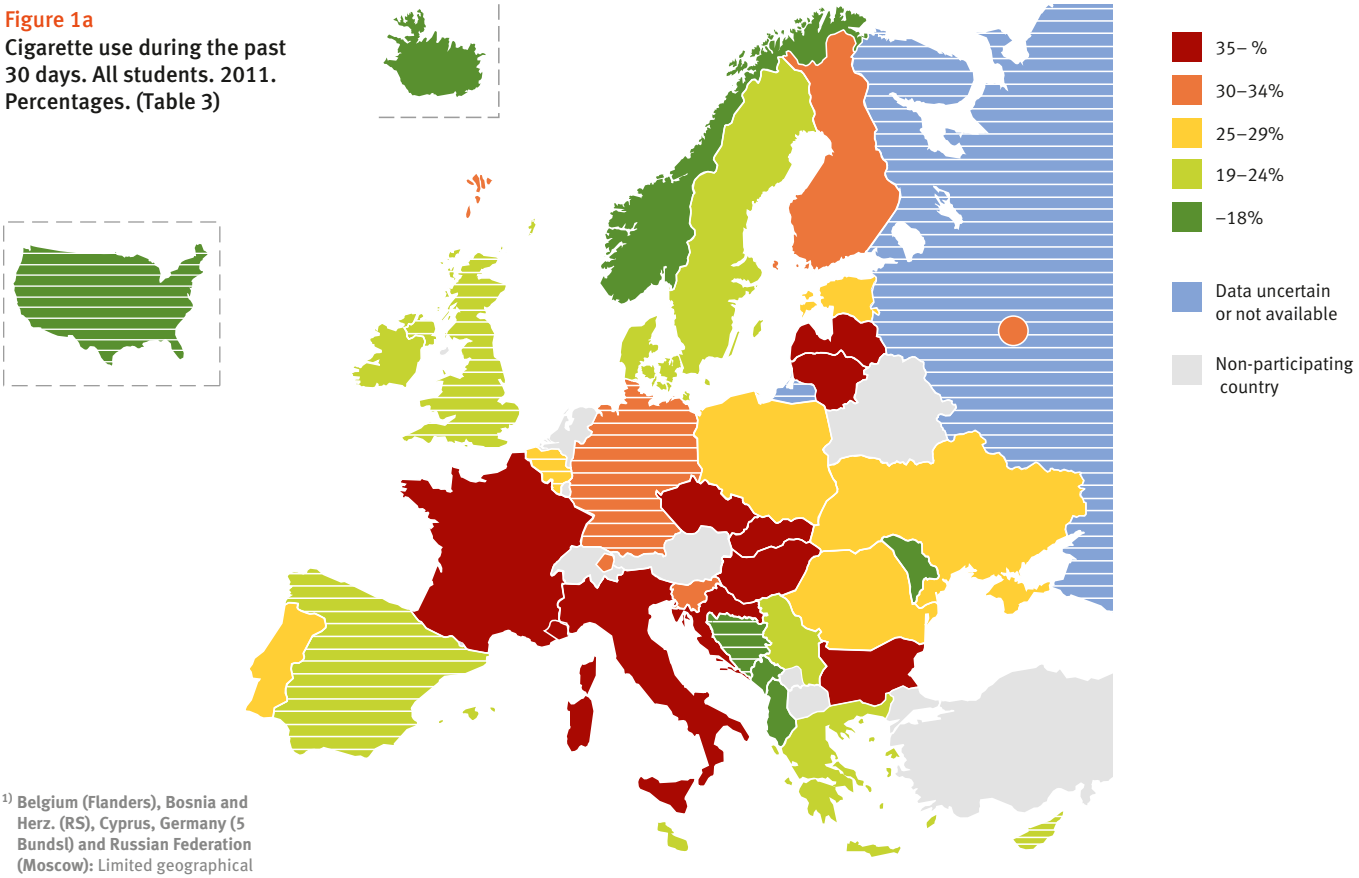
Nearly three in four students (73%) stated that beer would be “fairly easy” or “very easy” to get hold of if they wanted it (range: 44–92%). The corresponding figures for other beverages are 70% (44–94%) for cider, 66% (42–83%) for wine,

Table S. Statistical correlations (Pearson) on an aggregate country level between smoking-related variables. 35 ESPAD countries. 2011.

	Perceived easy availability of cigarettes	Lifetime use of cigarettes	Past 30 days use of cigarettes	Tried cigarettes at 13 or younger	Daily smoking at 13 or younger
Perceived easy availability of cigarettes	_	0.49**	0.56**	0.42*	0.52
Lifetime use of cigarettes		_	0.91**	0.91**	0.85**
Past 30 days use of cigarettes			_	0.76**	0.77**
Tried cigarettes at 13 or younger				_	0.92**
Daily smoking at 13 or younger					_

** Correlation significant at the 0.01 level. * Correlation significant at the 0.05 level.

Figure 1a
Cigarette use during the past 30 days. All students. 2011. Percentages. (Table 3)



[1] **Belgium (Flanders), Bosnia and Herz. (RS), Cyprus, Germany (5 Bundsl) and Russian Federation (Moscow):** Limited geographical coverage.

[2] **Spain, United Kingdom and USA:** Limited comparability.

Significant difference between boys and girls

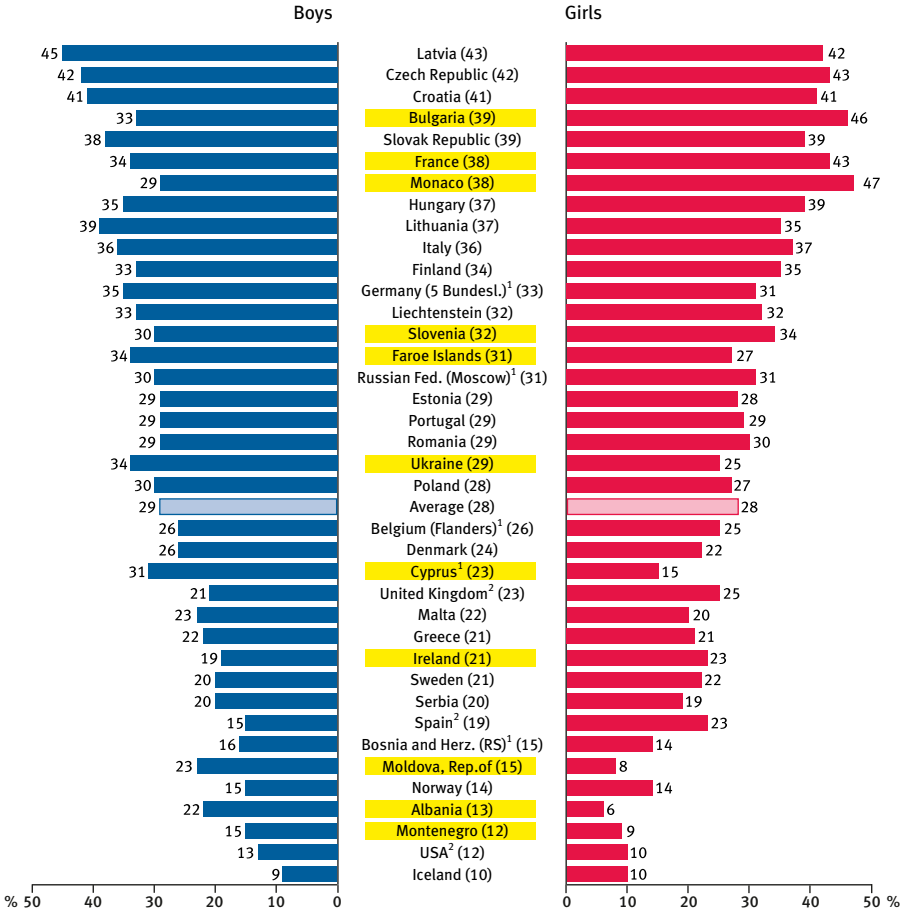


Figure 1b
Cigarette use during the past 30 days by gender. 2011. Percentages. (Table 3)

63% (38–92%) for alcopops and 53% (24–74%) for spirits. To some extent, these figures probably reflect the students' usual choices of beverages. Hence, to obtain a more comprehensive picture of how easy access European students have to alcohol, it is better to look at how easy they think it would be to get hold of at least one of the beverages.

On average, four in five students (81%) find it fairly or very easy to get hold of an alcoholic beverage. In four countries (the Czech Republic, Denmark, Germany (5 Bundesländer) and Greece), more than 90% stated this. The lowest proportions are found in Albania (55%) and Iceland (62%).

In most countries, differences between boys and girls in how easy they find it to obtain alcoholic beverages are inexistent or very small. On the whole, most alcoholic beverages were perceived to be relatively easily available in most countries, and sex differences were uncommon.

ALCOHOL PURCHASES

(Tables 6a–7c)

Alcohol is perceived to be easily available even though there are laws in many countries that should restrict access for young people. The restrictions concerned usually involve age limits for buying alcohol in shops or in bars, discos, restaurants, etc. These limits vary between beverages, and the level of enforcement probably differs too. In the ESPAD questionnaire there are two questions relating to personal purchases: for personal consumption on-premise and off-premise, respectively.

Off-premise purchases

The students were asked to think back over the past 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 off-premise purchases of alcohol. For example, about six in ten students in Bulgaria, Malta and Ukraine had bought alcohol in a shop in the past 30 days while only 4% had done so in Iceland and 11–17% in the Nordic countries of Finland, Norway and Sweden.

Beer is the most commonly purchased type of alcoholic beverage in nearly all ESPAD countries. On average, 25% of the students reported that they had bought beer in a shop in the past 30 days. Spirits and alcopops (16–17%) are in second place, followed by wine and cider (11–13%).

On average, for all ESPAD countries, boys were more likely than girls to report having bought alcoholic beverages during the period in question. This, however, is not true for cider and alcopops, where the proportions were fairly equal. Among boys there are clear average differences between beverage types in how many have bought them in the past 30 days, while those average differences are smaller among girls.

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 30 days prior to the survey. Again, answers were given separately for each alcoholic beverage.

On average, nearly half of the students (45%) reported having consumed an alcoholic beverage in a public establishment during the past 30 days. Just like for purchases of alcohol in a shop, there were large country differences. Three in four Greek students (74%) had drunk alcohol in a bar, disco, etc., and high proportions were also found in Cyprus and Malta (about 68%). The lowest figure (7%) was found in Iceland, but the proportions were also small in other Nordic countries, with 11–12% in Finland, Norway and Sweden.

Beer is, on average, the beverage most commonly consumed on-premise (29%), followed by spirits (23%), alcopops (19%), wine (17%) and cider (10%). With the exception of beer, where figures are higher for boys, these proportions are about the same for boys and girls.

As regards the ESPAD averages, the proportions of boys and girls who have been drinking in a bar, disco, etc., during the past 30 days are about the same. This holds true for most individual countries as well, but when there are differences, there are usually more boys than girls who have been drinking in an establishment. However, there are more girls than boys who have done this in Ireland and Monaco.

In most countries, on-premise consumption is reported to be more common in the past 30 days than buying alcohol in a shop for off-premise consumption. Countries with a different pattern are primarily the Nordic countries of the Faroe Islands, Finland, Norway and Sweden, where the figures, in addition to being low, were about the same for on-premise consumption as for buying alcohol in a shop.

LIFETIME AND PAST-12-MONTHS USE OF ALCOHOL

(Tables 8a–9b, Figures 2a–b)

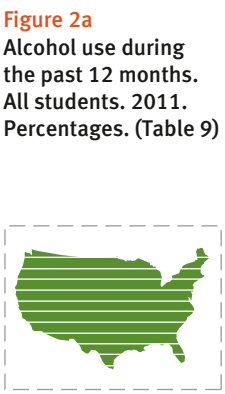
In all ESPAD countries but one, 70% or more of the students have drunk alcohol at least once during their lifetime. The ESPAD average is 87% (range: 56–98%). The highest rates of lifetime alcohol prevalence (above 95%) are found in the Czech Republic and Latvia. There is one ESPAD country that stands out with a low figure, namely Iceland, but the proportion is actually the same (56%) in the United States (not an ESPAD country). Other countries with relatively low rates (below 80%) include Montenegro, Norway, Portugal, Romania and Sweden.

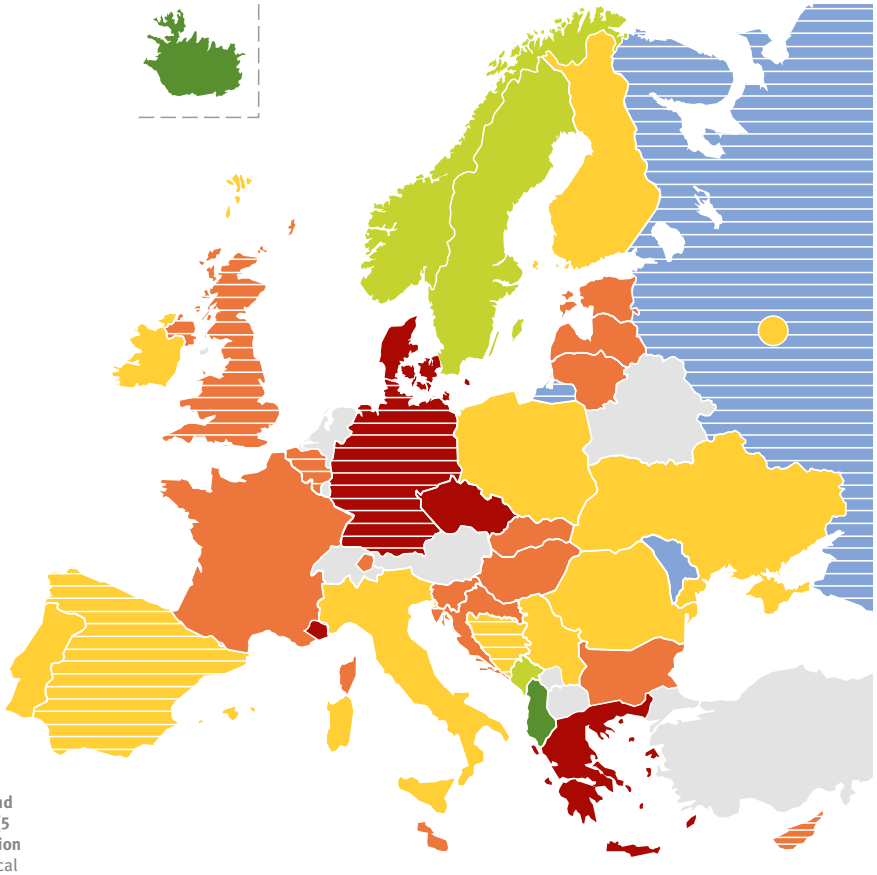
Those who have tried alcohol at least once are not all particularly experienced consumers or regular drinkers. On average, about a third have consumed alcohol only on 1–9 occasions while, on the other hand, 24% have done so 40 times or more. In the latter group, the sex differences are more pronounced – 30% of the boys report use on 40 or more occasions but only 18% of the girls. There is no country where more girls than boys indicated this consumption frequency.

Large proportions of students having drunk alcohol 40 times or more (35% or more) are found in the Czech Republic, Denmark, Germany (5 Bundesländer) and Latvia. At the other end, with figures below 10%, are the Nordic countries of Iceland, Norway and Sweden.

Not all students who have tried alcohol have used it during the past 12 months, even if nearly four in five have (79%). Only in 5 of the 36 ESPAD countries did around 90% indicate

Figure 2a
Alcohol use during the past 12 months. All students. 2011. Percentages. (Table 9)





[1] **Belgium (Flanders), Bosnia and Herz. (RS), Cyprus, Germany (5 Bundsl.) and Russian Federation (Moscow):** Limited geographical coverage.

[2] **Spain, United Kingdom and USA:** Limited comparability.

Significant difference between boys and girls

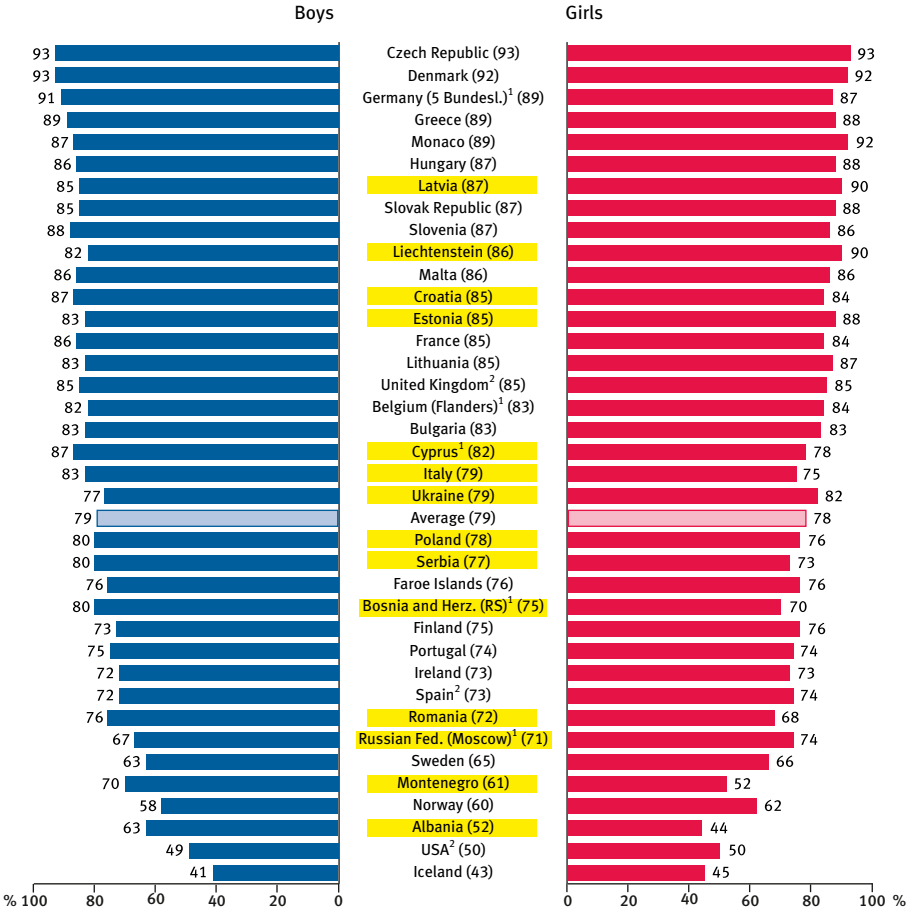


Figure 2b
Alcohol use during the past 12 months by gender. 2011. Percentages. (Table 9)

alcohol use during the past 12 months. They are the Czech Republic, Denmark, Germany (5 Bundesländer), Greece and Monaco. A particularly low figure is reported by Icelandic students (43%), but low levels are also found in the United States (not an ESPAD country) (50%) and Albania (52%).

Again, sex differences are usually rather small for past-12-months alcohol prevalence. When they occur, it is more common that the prevalence is higher for boys (the difference is statistically significant in nine countries). However, the opposite also occurs, with significantly higher figures for girls than boys in five countries (Estonia, Latvia, Liechtenstein, the Russian Federation (Moscow) and Ukraine).

Differences between boys and girls become more apparent when the frequency of use is considered. On average, 22% of the boys and 14% of the girls reported drinking 20 times or more during the 12 months prior to the survey. This tendency, with higher figures among the male students, is found in nearly all counties.

The countries where many students reported consumption on 20 or more occasions in the past 12 months are partly the same ones where many students had drunk alcohol on 40 or more occasions in their lifetime. Around 30% of the students in Belgium (Flanders), the Czech Republic, Denmark, Germany (5 Bundesländer), Liechtenstein and Malta had been drinking at least 20 times during the past 12 months, while low proportions (under 10%) were found in the Nordic countries of Iceland, Norway and Sweden as well as in the Balkan countries of Albania and Montenegro. The United States (not an ESPAD country) also belongs to this low-frequency group.

PAST-30-DAYS USE OF ALCOHOL

(Tables 10a–11b, Figures 3a–b)

Any alcoholic beverage

In all, 57% of the students in the ESPAD countries had been drinking alcohol during the 30 days prior to the survey. In Cyprus, the Czech Republic, Denmark, Germany (5 Bundesländer) and Greece, the vast majority (70% or more) had done so. A particularly low prevalence rate was reported from Iceland (17%); the United States (not an ESPAD country) also scored low on this measure (27%). All Nordic countries but Denmark have relatively low rates (below 50%). This is also the case for the three Balkan countries of Albania, Bosnia and Herzegovina (Republic of Srpska) and Montenegro.

Apparently, according to Table T, there are strong correlations between the various alcohol-use variables. In countries where many students have tried alcohol at least once, students are also more likely to have been drinking in the past 12 months and in the past 30 days.

On average, more boys than girls had been drinking alcohol during the 30 days prior to the survey. This pattern is statistically significant in 18 countries. Countries with large such differences include the Balkan countries of Albania, Bosnia and Herzegovina (Republic of Srpska), Montenegro and Serbia as well as Cyprus and Italy. However, in three countries there were significantly more girls who had been drinking during the past 30 days (Iceland, Latvia and Sweden).

Both recent and relatively frequent alcohol use is exhibited by those students who report use of alcohol on 10 occasions or more during the past 30 days. This behaviour was particularly common among students from Belgium (Flanders), Cyprus, Germany (5 Bundesländer) and Malta (15–18%). In some other countries, recent drinking of this magnitude is hardly reported at all: in the Nordic countries of the Faroe Islands, Finland, Iceland, Norway and Sweden, the prevalence rate was only 1–2%. Overall, boys were twice as likely as girls to report this level of frequent drinking.

Types of beverage used in the past 30 days

The students were asked if they had drunk beer, wine and spirits during the past 30 days; most countries also included the optional question on alcopops, and some included that on cider. The most commonly reported type of beverage was beer (47% on average), followed by wine and spirits (37–38%), alcopops (32%) and finally cider (27%).

Countries scoring particularly high (60% or more) on beer use in the past 30 days were Belgium (Flanders), Bulgaria, the Czech Republic and Germany (5 Bundesländer). Cider was most prevalent in Denmark (59%), followed by the Baltic countries of Estonia, Latvia and Lithuania (around 40%). Countries with particularly high reporting of alcopops use include Cyprus, Denmark, Germany (5 Bundesländer) and Italy.

Wine drinking in the past 30 days was reported by 63% of the students in Monaco while roughly 55% of those in Croatia, Hungary, Malta and Moldova reported this. As regards use of spirits in the past month, the rate was highest (63%) in Malta, with another three countries around 57 % (the Czech Republic, Denmark and Greece).

Iceland, with the lowest overall past-30-days prevalence, scored lowest or second-lowest for all beverages.

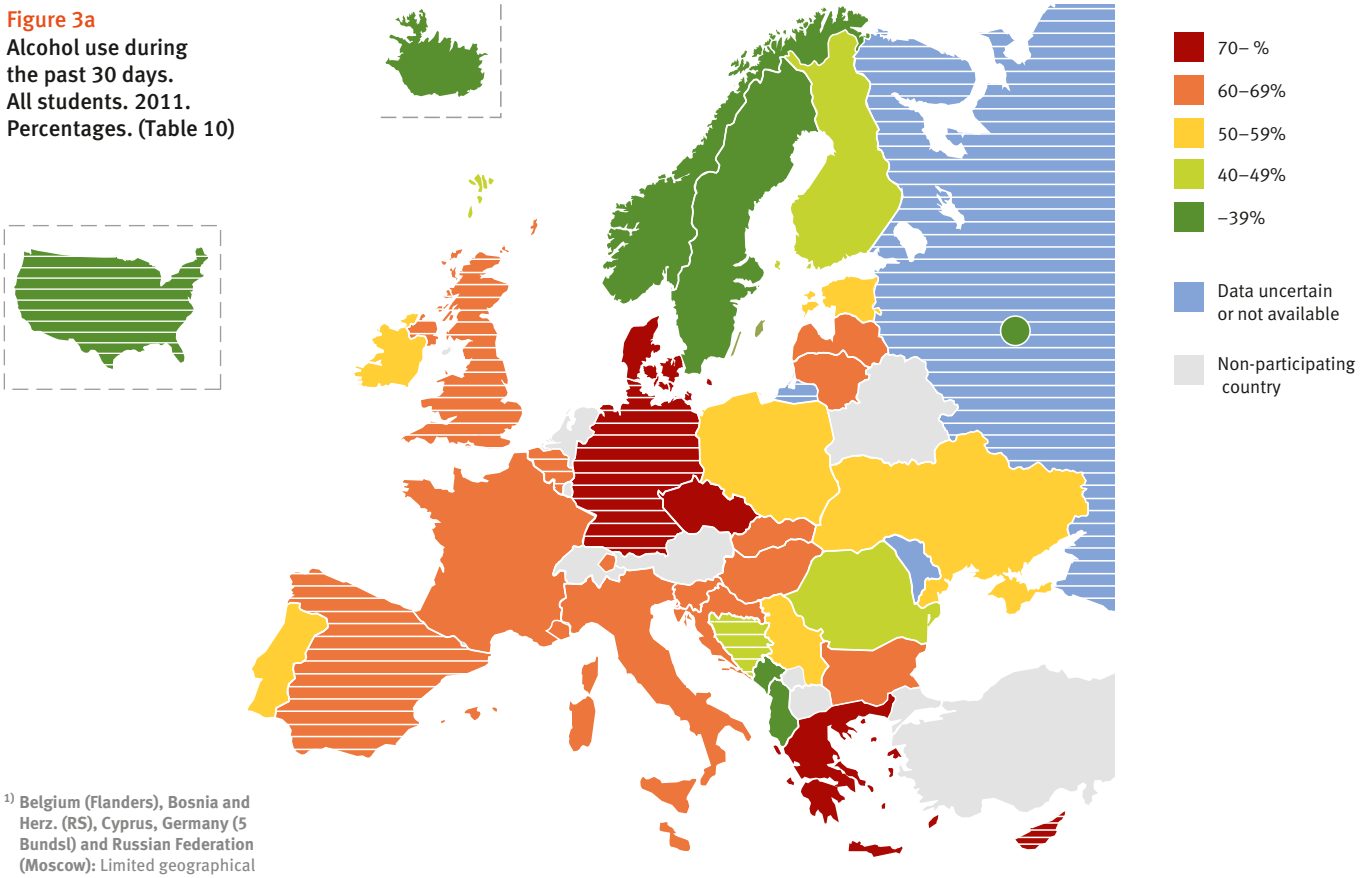
Sex differences are most apparent for beer, which was far more commonly reported by boys (55% versus 38%). This pattern is the same in all countries but one. The exception is

Table T. Statistical correlations (Pearson) on an aggregate country level between variables related to alcohol use. 33 ESPAD countries. 2011.

	Lifetime use of alcohol	Past 12 months use of alcohol	Past 30 days use of alcohol
Lifetime use of alcohol	_	0.94**	0.84**
Past 12 months use of alcohol		_	0.95**
Past 30 days use of alcohol			

** Correlation significant at the 0.01 level. * Correlation significant at the 0.05 level.

Figure 3a
Alcohol use during the past 30 days. All students. 2011. Percentages. (Table 10)



[1] **Belgium (Flanders), Bosnia and Herz. (RS), Cyprus, Germany (5 Bundsl) and Russian Federation (Moscow):** Limited geographical coverage.

[2] **Spain, United Kingdom and USA:** Limited comparability.

Significant difference between boys and girls

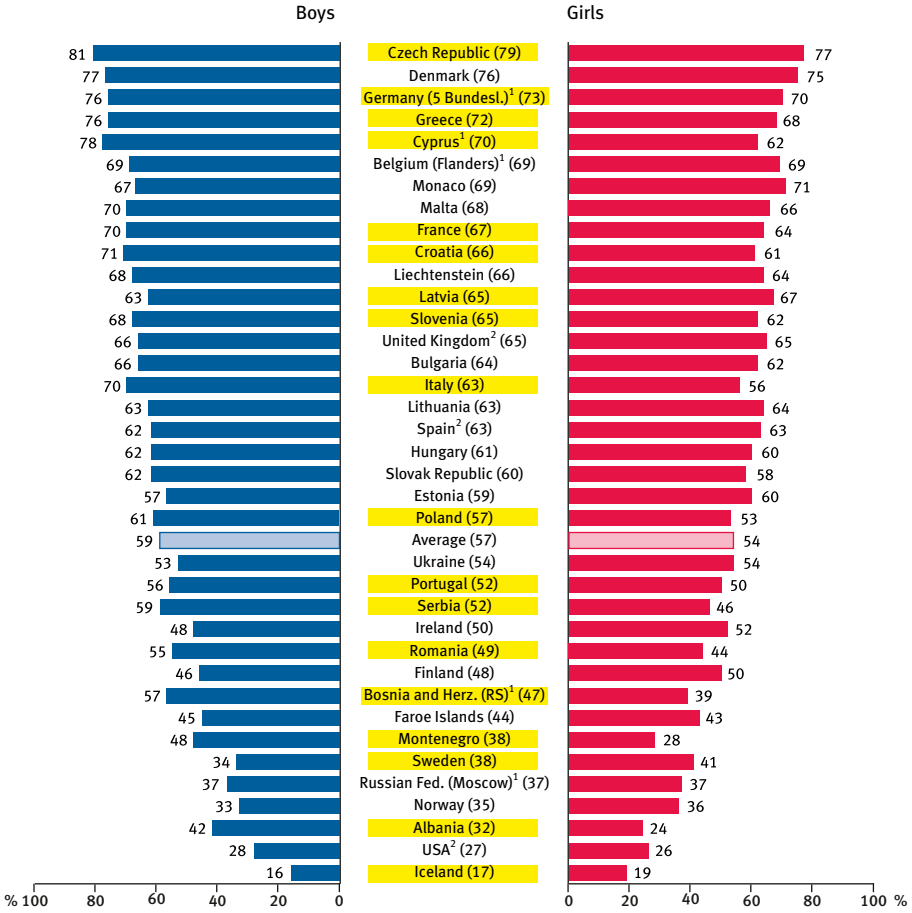


Figure 3b
Alcohol use during the past 30 days by gender. 2011. Percentages. (Table 10)

Iceland, where 17% of both boys and girls reported having consumed beer in the past 30 days (these were also the lowest figures in any country).

LATEST ALCOHOL-DRINKING DAY

(Tables 12a–19, Figures 4a–5b)

Besides questions on alcohol consumption during specific time periods, there is also a set of questions dealing with the latest day on which the respondent drank alcohol (C15). It starts with a filter question about what alcoholic beverages were consumed on that day. This filter question makes it possible to identify what beverages were really consumed on the most recent drinking day and to consider only the amounts given for those beverages.

This initial filter question is followed by questions about volumes of the different beverages. The format of the response categories was based on fixed quantities relevant to each beverage type, expressed in centilitres. Illustrative examples expressed in terms of containers (cans, bottles and glasses) were also given, and since the size of such containers differs across countries, each responsible ESPAD researcher adjusted the examples to ensure the best possible fit with the volumes targeted. 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 beverages.

Before it is possible to calculate average alcohol consumption on the most recent drinking day, it is necessary to define the relevant population, i.e. determine who should be considered a consumer in this context. For this purpose we used the filter question and defined consumers as those having marked at least one beverage.

In the calculation of total alcohol consumption on the most recent 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 probably results in a conservative estimate, since many of the students in this last category may have consumed larger quantities. Countries where a large proportion of students indicated the highest category are more often found among those with the largest total estimated quantities. In practice, this means that the differences between high-consumption countries and others have most likely been underestimated.

The calculations are based on volumes per beverage type and the alcohol content of each beverage. The results are expressed in centilitres of pure (100%) alcohol. It should be noted that the average alcohol content of different beverages varies across European countries; our results are based on assumed levels: 4.5% for alcopops, 5% for beer and cider, 12% for wine and 38% for spirits.

The estimates thus do not constitute averages for all target students in a country, only averages for those students who have been defined as "most-recent-drinking-day consumers". The calculations in this report differ from those in the 2007 report. The 2007 data reported in the trends chapter have therefore been recalculated using the new method.

The "no response" category for this question includes not only those students who did not answer it but also those who gave inconsistent answers.

The remaining students have been classified as either consumers or non-consumers in relation to the most recent drinking day. To indicate the number of students on which the calculations are based in each country, i.e. the number of "most-recent-drinking-day consumers", "no response" students and non-consumers have been merged; the total percentage is reported in Tables 12–16 as "Not relevant".

It must be stressed that estimates of this kind are always uncertain and based on many assumptions. It is therefore important not to exaggerate the importance of the differences among estimates. On the other hand, given that the calculations are carried out in the same way for all countries, it seems reasonable to assume that any substantial differences observed in consumption patterns between countries, as well as between boys and girls, most probably reflect real differences.

Estimated average consumption on the latest drinking day

Results based on the students' answers to the sub-questions about how large quantities, if any, of various beverages they had consumed during their most recent drinking day are presented in Tables 12a–16b, separately for the five beverage types (beer, cider, alcopops, wine and spirits). As already stressed, the figures refer only to students who correctly reported some alcohol consumption on their most recent drinking day.

When students were asked what beverages they consumed on their latest drinking day, beer was mentioned by 48%, spirits by 35% and wine and alcopops by a little more than two in ten (22%). The figure was slightly higher for cider (25%), but this related only to fewer than half of the ESPAD countries. These results reflect the same order of beverages as was reported for use in the past 30 days.

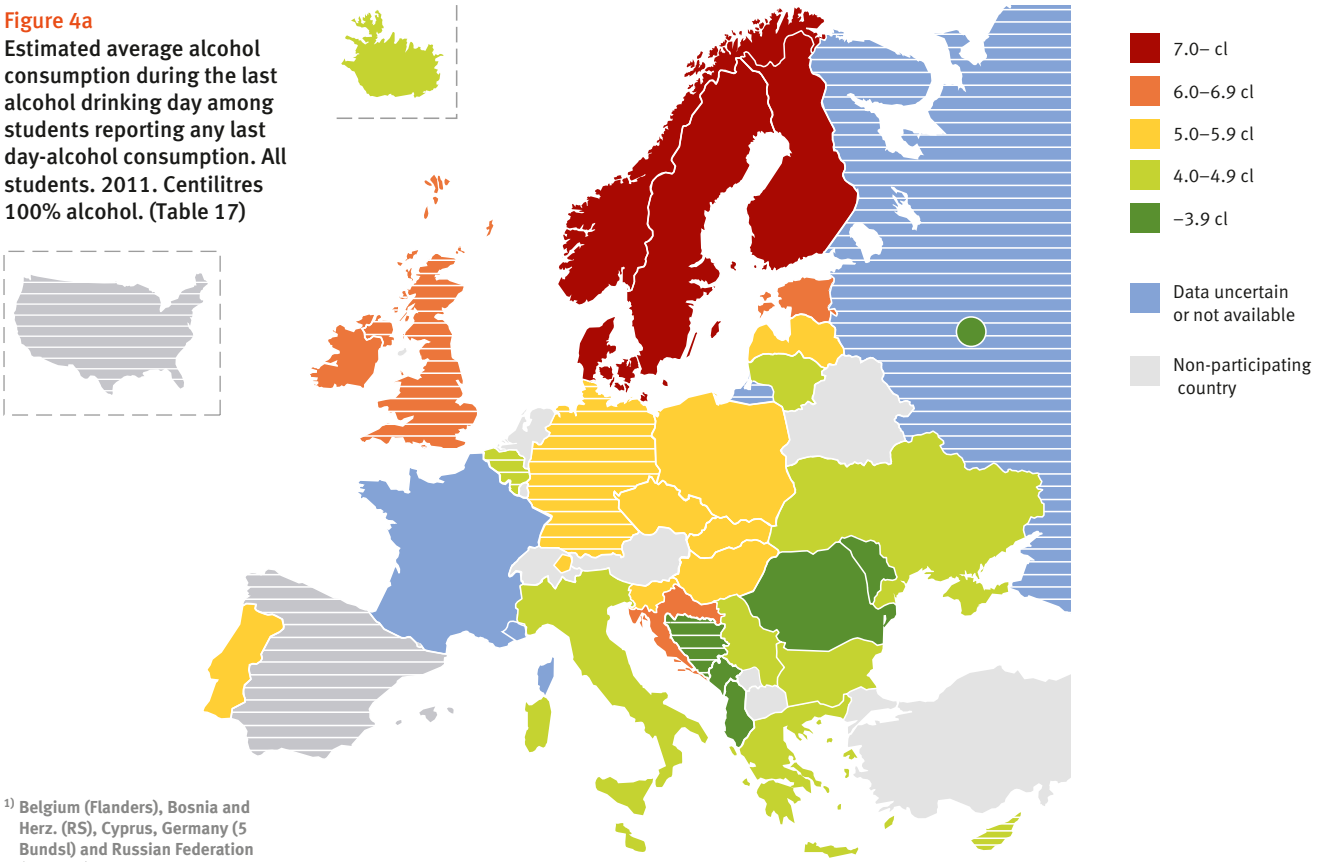
On average, the students reported having consumed alcoholic beverages corresponding to 5.1 centilitres of pure alcohol on their latest drinking day[2]. Reconverted into a specific beverage, this corresponds, for example, to about 13 centilitres of spirits (2–3 drinks), 40 centilitres of wine or one litre of beer. In terms of weight, 5.1 centilitres of pure alcohol corresponds to 40 grams of pure alcohol.

Consumed volumes almost twice the average were reported by students in Denmark (9.7 cl of pure alcohol). Three other Nordic countries – Finland, Norway and Sweden – also display high levels for the latest drinking day (7.0-7.5 cl), followed by the two British Isles countries of Ireland and the United Kingdom (limited comparability) (6.7 cl each).

Low levels on the latest drinking day – below 3.5 cl – are found for Moldova, Albania, Romania and Montenegro. In other words, students in the top country, on average, consumed nearly three times as much on their most recent drinking day

[2] Only countries with a complete set of beverages have contributed to this all-countries average.

Figure 4a
Estimated average alcohol consumption during the last alcohol drinking day among students reporting any last day-alcohol consumption. All students. 2011. Centilitres 100% alcohol. (Table 17)



[1] **Belgium (Flanders), Bosnia and Herz. (RS), Cyprus, Germany (5 Bundsl) and Russian Federation (Moscow):** Limited geographical coverage.

[2] **United Kingdom:** Limited comparability.

Significant difference between boys and girls

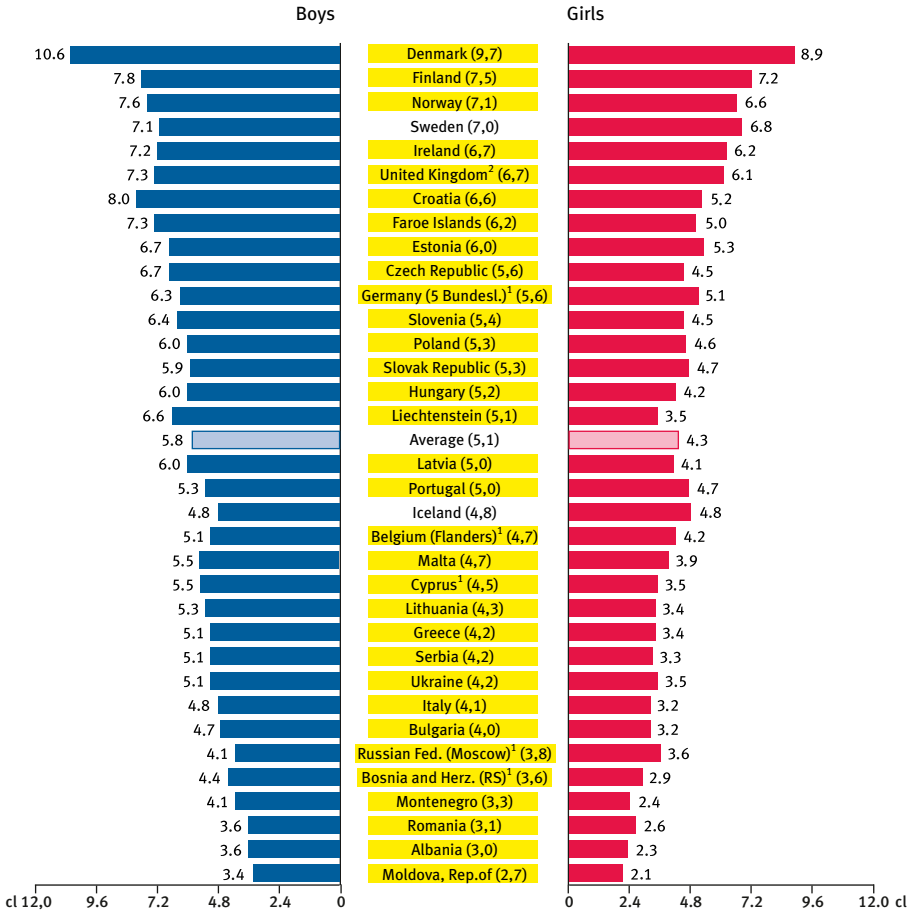


Figure 4b
Estimated average alcohol consumption during the last alcohol drinking day among students reporting any last day-alcohol consumption, by gender. 2011. Centilitres 100% alcohol. (Table 17)

as students in the countries with the lowest consumption level. Students in Bulgaria, the Russian Federation (Moscow) and Bosnia and Herzegovina (Republic of Srpska) also reported relatively low levels (3.6–4.0 cl). This means that the countries where students had a relatively low alcohol consumption on their latest drinking day are mainly located on the Balkans or in the eastern part of Europe.

On average, boys reported a higher consumption on their most recent drinking day than girls (5.8 and 4.3 cl, respectively, i.e. boys drank about one-third more). Statistically significant differences in this direction are found in all countries but two. The only countries where the amount of alcohol consumed during the most recent drinking day was about the same for both boys and girls were the two Nordic countries of Iceland and Sweden.

The highest volume for girls was reported from Denmark (8.9 cl), followed by the three other Nordic countries of Finland, Norway and Sweden. These four also all belong to the top countries for boys. The alcohol volume reported by Danish girls was actually larger than that reported by boys in any country except Denmark itself. With some exceptions, the "ranking list" of countries is about the same for girls as for boys, i.e. in countries where boys report a high consumption this is also often the case for girls, and in countries where boys drink relatively smaller amounts this also often happens among girls.

On the aggregate country level, there is no correlation (r=0.18) 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 large amounts on their latest drinking day. In other words, students consuming large amounts of alcohol per drinking day may be found in countries with high as well as low frequencies, and the same is true for small quantities consumed per drinking day.

To give some examples: Rather few students in Albania, the Russian Federation (Moscow) and Montenegro reported that they had been drinking alcohol during the past 30 days and the consumption level on the latest drinking day was among the lowest. Also in Norway and Sweden relatively few students answered that they had been drinking alcohol during the past 30 days. However, students in these countries belong to those with the highest average consumption during the latest drinking day.

Denmark, Greece and Cyprus belong to the countries in which many students had been drinking during the 30 days prior to the survey. The Danish students reported the highest consumption on the latest drinking day, while the students in Greece and Cyprus drank relatively small quantities the latest day they were drinking.

It was mentioned above that beer and spirits were the most commonly used beverages on the latest drinking day and that they accounted for nearly 70% of total consumption. Such dominance by beer and spirits can also be seen among those who drank relatively large quantities on their latest drinking day (Table 18).

Level of drunkenness on the latest drinking day

Apart from being asked about the amount of alcohol 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 "not remembering what happened".

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=0.84). Thus, in countries where students report larger amounts of alcohol consumed on their latest drinking day, students are also more likely to report higher levels of intoxication on that day.

Not unexpectedly, the highest average intoxication score was reported from Denmark, but it was equally high (4.6) in the Faroe Islands. Behind these two follows the United Kingdom (limited comparability) at 4.0. The Czech Republic, Croatia, Finland, Iceland, Ireland, Norway, Slovenia and Sweden also display relatively high values (3.6–3.8). The average was 3.1, and the lowest level of intoxication – 2.0 points – was reported by Albanian students, indicating that most of them hardly felt any effects of alcohol at all on their latest drinking occasion. Bosnia and Herzegovina (Republic of Srpska), Cyprus, Greece, Moldova, Montenegro and Portugal also display relatively low scores (2.2–2.4).

On average, boys (3.4) were more intoxicated than girls (2.9) on the latest drinking day. Such a tendency is also found in most individual countries, even though the differences were fairly small in all Nordic countries except the Faroe Islands, in the neighbouring countries of France and Monaco, and in Ireland, Poland, Portugal, the Russian Federation (Moscow) and Slovenia. In Finland and the United Kingdom (limited comparability), the average score was even slightly higher for girls than for boys.

Table U. Statistical correlations (Pearson) on an aggregate country level between variables related to alcohol use. 32–34 ESPAD countries. 2011.

	Past-30-days use of alcohol	Alcohol volume on latest drinking day	Intoxication rate on latest drinking day
Past-30-days use of alcohol	_	0.18	0.10
Alcohol volume on the latest drinking day		_	0.84**
Intoxication rate on the latest drinking day			_

** Correlation significant at the 0.01 level. * Correlation significant at the 0.05 level.

The biggest differences between the sexes in reported intoxication (more than a full scale point) are found for Bosnia and Herzegovina (Republic of Srpska), Liechtenstein and Montenegro. 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

As mentioned previously, average consumption on the latest drinking day was 5.1 centilitres of pure (100%) alcohol among students reporting any latest-day alcohol consumption. More than one-third (37%) of that amount was reported to derive from beer drinking. The second-most important beverage type is spirits, which contributes 31% of total alcohol consumption, followed by wine (16%), alcopops (9%) and cider (6%)[3]. This means that beer and spirits are the two most important beverages at the aggregate level for the ESPAD countries, contributing nearly 70% of total consumption. There are, however, rather large differences between countries in the breakdown of beverages consumed on the latest drinking occasion.

In 21 of the 34 ESPAD countries with comparable data, beer was the dominant beverage on the latest day of alcohol consumption. Countries with a particularly large share for beer are Albania, Belgium (Flanders), Bulgaria, Poland and Romania, where more than half of students' alcohol consumption on their latest drinking day stemmed from beer use (in terms of pure alcohol).

In 12 countries, spirits were the dominant beverage type on the latest drinking day. This was especially true in Malta, Portugal and Slovakia, where about 60% of consumption was accounted for by spirits.

Wine, on average, made up 16% of total consumption on the latest drinking day. This was the dominant beverage in two countries: Montenegro (together with beer) and the Russian Federation (Moscow). For boys and girls taken together, neither cider nor alcopops was the most important beverage type in any country.

Beer accounts for nearly half of the boys' total consumption but only one-fourth of the girls'. Spirits are the most important beverage among boys in only 7 ESPAD countries (in two of them jointly with beer). Many of these countries are to be found in the southern parts of Europe.

Among girls, spirits are the dominant beverage type, accounting for about one-third of consumption on the latest drinking day, followed by beer, which contributes one-fourth. However, wine also accounts for an important share of female consumption (21%).

For girls, spirits are the most common beverage type in half of the ESPAD countries with comparable data (19 out of 34). In Portugal, Malta and Slovakia, about two-thirds of the girls' total alcohol consumption comes from spirits.

Beer dominates girls' consumption in five countries, especially in Albania, Poland and Romania, where more than half of their total consumption is beer. In eight countries, wine has the largest share among girls, with more than half in Montenegro and the Russian Federation (Moscow).

Cider is the dominant beverage among girls in three countries (Lithuania, Norway and Sweden), and alcopops are in two (Liechtenstein and Germany (5 Bundesländer)) (even though it should be observed that the German alcopops figure also includes mixed spirits-based drinks).

It is obvious that the drinking pattern of girls is more evenly spread across more types of beverage than that of boys. About half of the boys' consumption comes from a single beverage type, namely beer. The most dominant beverage type for girls (spirits) contributes only one-third of total consumption. However, for boys and girls alike, beer and spirits are the most important beverage types among students in the ESPAD countries.

DRUNKENNESS

(Tables 20a–23b, Figures 6a–6b)

Drunkenness has been measured in two more ways, apart from the one previously described. One of them relates to experienced intoxication, which is a subjective measure. This has been used for the three time periods of lifetime, past 12 months and past 30 days. The other measure is heavy episodic drinking, which is more objective since it relates to a specified quantity of five drinks or more consumed on one occasion.

Lifetime and past-12-months intoxication

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 (staggering when walking, not being able to speak properly, throwing up or not remembering what happened). In other words, what is suggested is a relatively high level of intoxication.

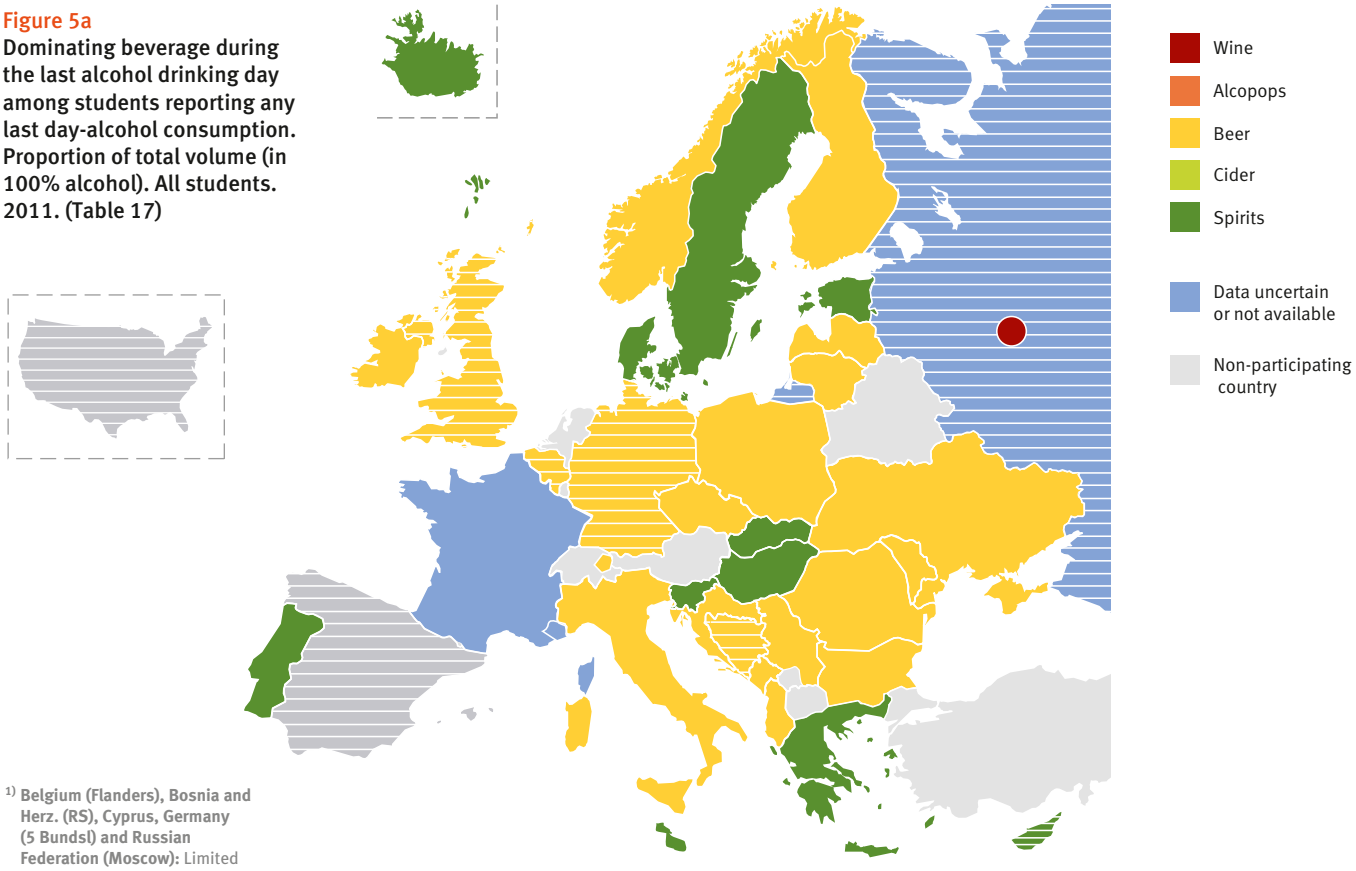
On average, nearly half of the students in the ESPAD countries (47%) reported that they had been intoxicated in this sense at least once during their lifetime. Particularly low proportions (22–24%) were found in Albania, Iceland and Montenegro. On the other hand, about seven in ten had been this drunk in Denmark and between 60% and 66% in the Czech Republic, Hungary, Latvia, Lithuania and Slovakia.

Many students who have been intoxicated actually have a rather limited experience of this 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 (21%), Spain (not an ESPAD country) (18%) and the United Kingdom (limited comparability) (15%). By contrast, in some countries this was reported by only 3% or less of the students (Albania, Belgium (Flanders), Greece and Norway).

In the ESPAD countries taken together, more boys (49%) than

[3] Only countries with valid data for all relevant beverage categories are included in the calculations.

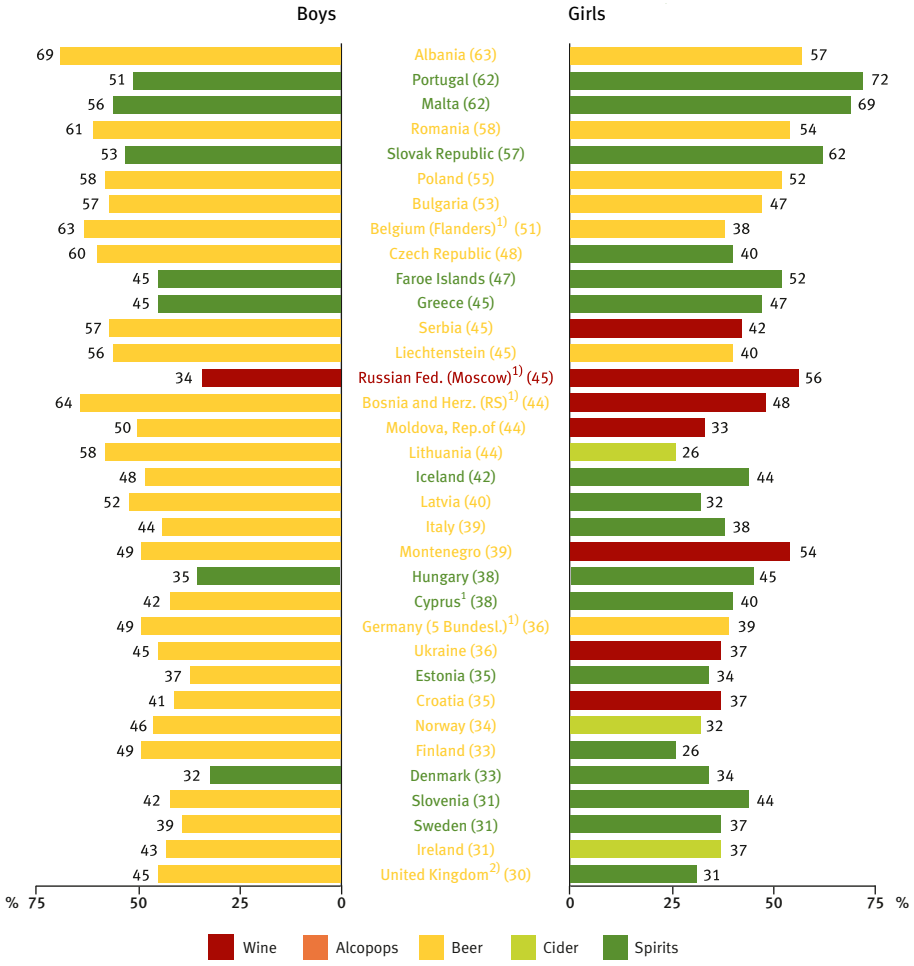
Figure 5a
Dominating beverage during the last alcohol drinking day among students reporting any last day-alcohol consumption. Proportion of total volume (in 100% alcohol). All students. 2011. (Table 17)



[1] **Belgium (Flanders), Bosnia and Herz. (RS), Cyprus, Germany (5 Bundsl) and Russian Federation (Moscow):** Limited geographical coverage.

[2] **United Kingdom:** Limited comparability.

Figure 5b
Dominating beverage during the last alcohol drinking day by gender. Proportion of total volume (in 100% alcohol). 2011. (Table 17)



girls (44%) reported intoxication experience. This tendency can also be found in most individual countries. The differences are large in some countries but normally rather small. In a few countries the figures for boys and girls are the same, while experience of having been intoxicated is more common among girls in a few countries, including three Nordic countries (Finland, Norway and Sweden), Ireland, Monaco, Spain (not an ESPAD country) and the United Kingdom (limited comparability).

On average, 37% answered that they had been intoxicated during the past 12 months. Among Danish students 69% reported intoxication during that period, and levels were also high (45–50%) in the Czech Republic, Finland, Germany (5 Bundesländer), Hungary, Liechtenstein, Slovakia, Slovenia, the United Kingdom (limited comparability) and Spain (not an ESPAD country). The lowest rates are found in Albania (14%), Montenegro (16%) and Iceland (19%).

According to the correlations presented in Table V, a high prevalence of past-12-months intoxication is likely to be found in countries where a large proportion of students have been intoxicated at least once in their lifetime (r=0.93).

In most countries, boys are in the majority as regards intoxication in the past 12 months. In some countries the figures are about the same for boys and girls, but there are also countries where the proportion is larger for girls. This is most visible in Monaco, where 44% of the girls and 34% of the boys reported that they had been intoxicated during the past 12 months. Obvious differences in the same direction are also found in Finland, Sweden and the United Kingdom (limited comparability).

The highest prevalence of past-12-months intoxication among girls is found in Denmark (69%), followed by Finland, Slovakia and the United Kingdom (limited comparability) at about 50%.

Past-30-days intoxication

Recent intoxication (past 30 days) correlates strongly with lifetime and past-12-months intoxication on the aggregate country level (Table V). 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 17% reported intoxication during the past 30 days. Denmark scored highest with more than one-third of the students (37%), followed by Spain (not an ESPAD country) with 32%. At the other end, with levels below 10%, are Albania, Iceland, Montenegro and the Russian Federation (Moscow).

The number of students who had been intoxicated three times or more during the past 30 days is of course lower, but the pattern across countries remains more or less the same. About 10% reported this frequency of intoxication in Denmark and Spain (not an ESPAD country), while the figures were (much) lower in the rest of the countries.

On average, slightly more boys (18%) than girls (15%) answered that they had been intoxicated during the 30 days prior to the survey. Statistically significant differences in this direction can also be found in the majority of the individual countries. However, in some countries the figures for boys and girls are about the same and in three there are significantly more girls than boys who have reported this behaviour: Finland, Sweden and the United Kingdom (limited comparability).

The largest proportion of girls reporting intoxication during the past 30 days is found in Denmark at 36%. Such a high figure is not found among boys in any country except Denmark itself.

Heavy episodic drinking

The students were asked how many times during the past 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".[4] Consuming five alcoholic drinks or more on one occasion would cause most students of this age to reach at least some degree of intoxication.[5]

Heavy episodic drinking is the most prevalent in Denmark

Table V. Statistical correlations (Pearson) on an aggregate country level between different measures of drunkenness-oriented drinking. 31–34 ESPAD countries. 2011.

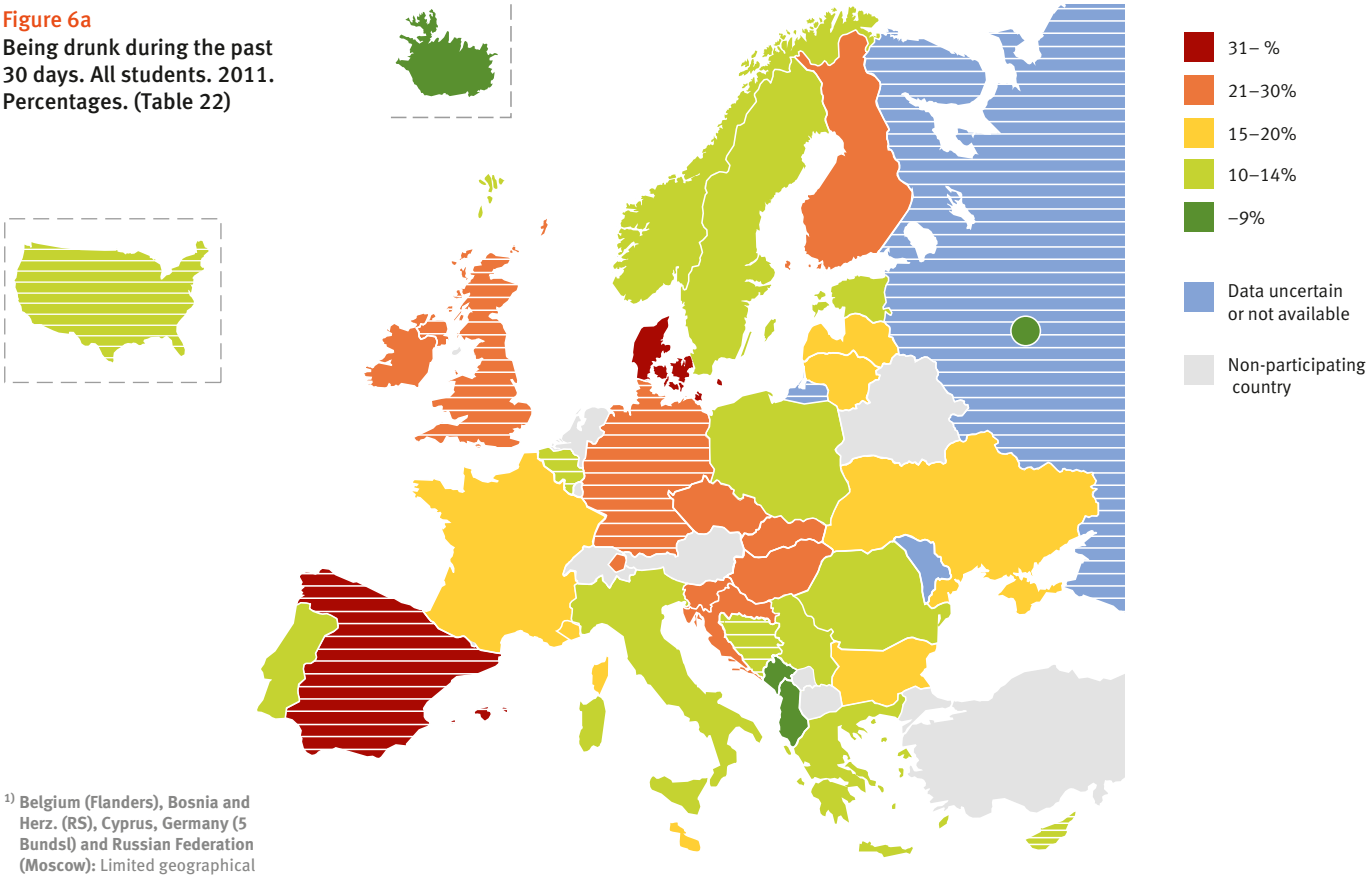
	Lifetime intoxication	Past-12-months intoxication	Past-30-days intoxication	5+ drinks on one occasion, past 30 days	Intoxication rate on latest drinking day
Lifetime intoxication	–	0.93**	0.81**	0.72**	0.54**
Past-12-months intoxication		–	0.92**	0.72**	0.66**
Past-30-days intoxication			–	0.69*	0.54**
5+ drinks on one occasion, past 30 days				–	0.37*
Intoxication rate on the latest drinking day					–

** Correlation significant at the 0.01 level. * Correlation significant at the 0.05 level.

4) A term used in the first three reports 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 grams per cent 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 no longer used in relation to this question.

5) During earlier ESPAD waves, this question referred to five drinks "in a row" instead of "on one occasion". However, the ESPAD questionnaire test in 2006 found no significant differences in results between the two versions, even though cider and alcopops were added to the drink examples in the 2007 questionnaire.

Figure 6a
Being drunk during the past 30 days. All students. 2011. Percentages. (Table 22)



[1] **Belgium (Flanders), Bosnia and Herz. (RS), Cyprus, Germany (5 Bundsl) and Russian Federation (Moscow):** Limited geographical coverage.

[2] **Spain, United Kingdom and USA:** Limited comparability.

Significant difference between boys and girls

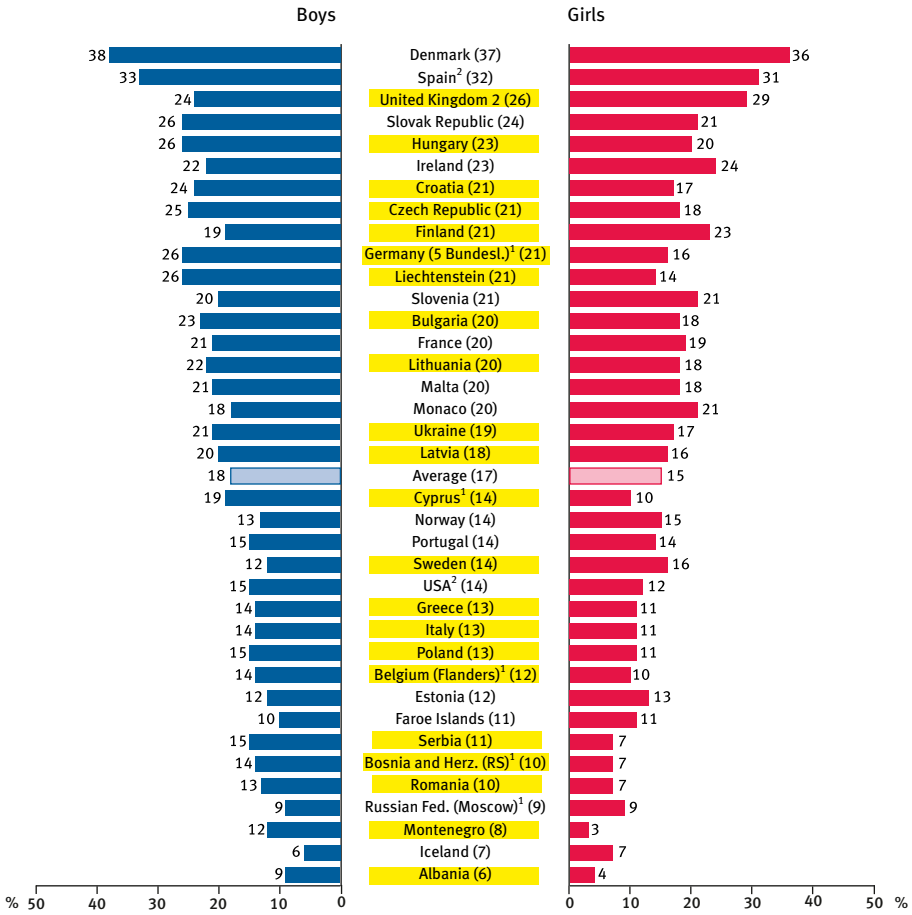
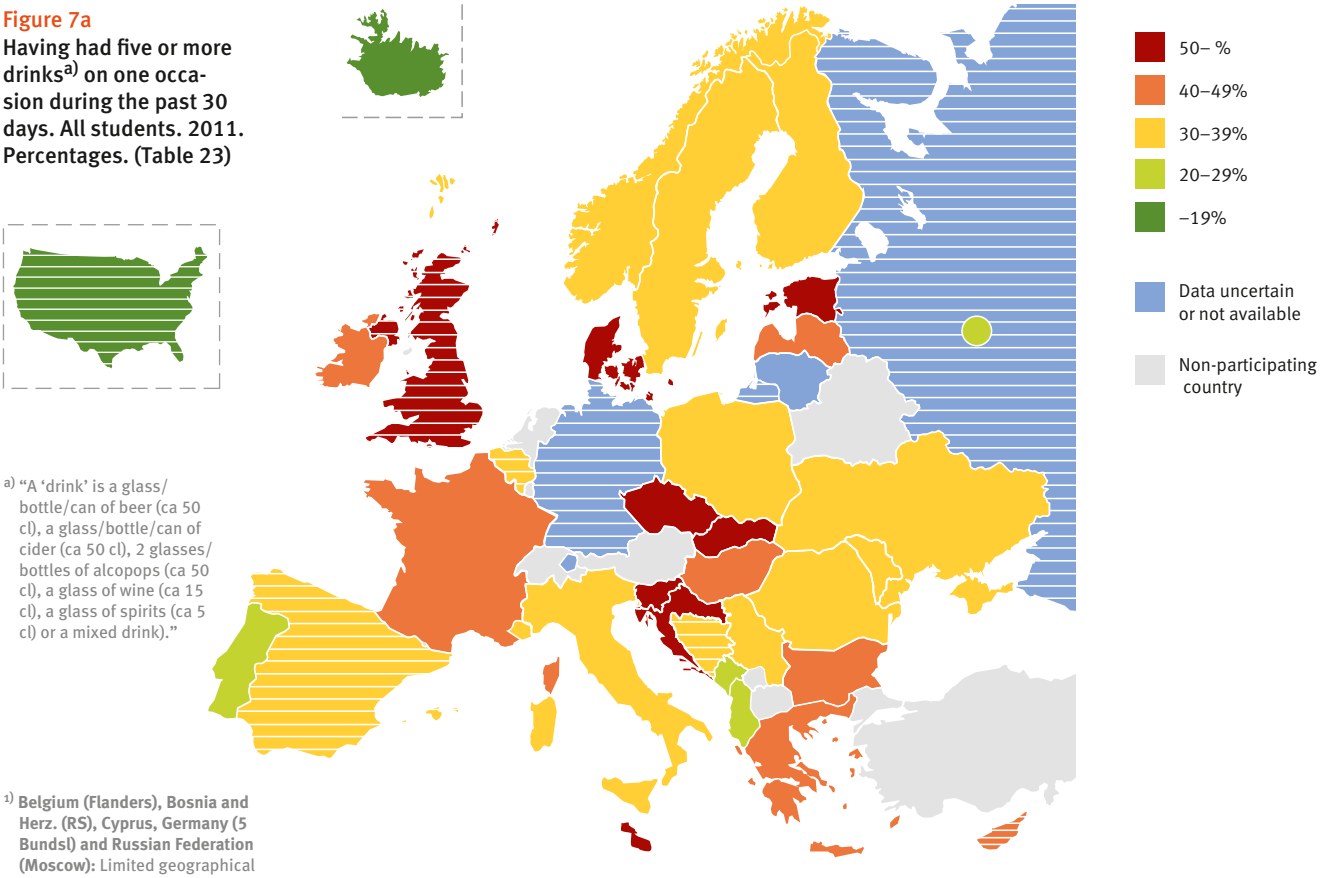


Figure 6b
Being drunk during the past 30 days by gender. 2011. Percentages. (Table 22)

Figure 7a
Having had five or more drinks[a] on one occasion during the past 30 days. All students. 2011. Percentages. (Table 23)



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)."

1) **Belgium (Flanders), Bosnia and Herz. (RS), Cyprus, Germany (5 Bundsl) and Russian Federation (Moscow):** Limited geographical coverage.

2) **Spain, United Kingdom and USA:** Limited comparability.

Significant difference between boys and girls

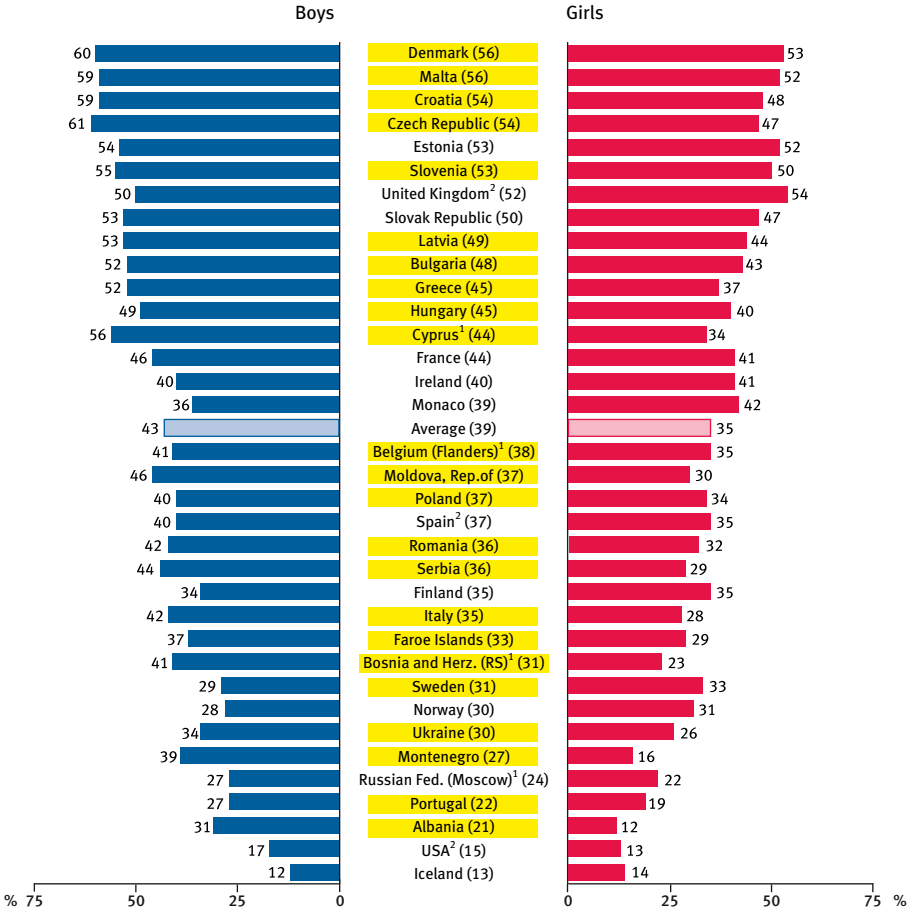


Figure 7b
Having had five or more drinks a) on one occasion during the past 30 days by gender. 2011. Percentages. (Table 23)

and Malta, where 56% of the students reported such behaviour during the past 30 days. Croatia, the Czech Republic, Estonia, Slovenia, the United Kingdom (limited comparability) and Slovakia follow close behind at 50–54%. Low levels of heavy episodic drinking during the past 30 days are notable especially for Iceland (13%) and the United States (not an ESPAD country) (15%).

On average, 39% of the students reported having had five drinks or more on the same occasion during the past 30 days, and 14% indicated that this had happened at least three times during the period in question. It should be noted that data from three countries are missing for this variable owing to incompatibilities in the national version of the question.

Heavy episodic drinking during the past 30 days is more common, on average, among boys than girls (43% versus 38%). 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.

In a large majority of the countries, significantly more boys have reported heavy episodic drinking during the past 30 days. However, in eleven countries the figures are very similar (in one of them, Sweden, the figure for girls is even higher). These countries include Nordic countries (Finland, Iceland, Norway and Sweden), British Isles countries (Ireland and the United Kingdom (limited comparability)), the neighbouring countries of France and Monaco, and a few other countries in different parts of Europe (Belgium (Flanders), Estonia and the Russian Federation (Moscow)).

The highest proportions for girls, 50% and above, are found in the United Kingdom (limited comparability), Denmark, Malta, Estonia and Slovenia, and the lowest, below 20%, in Albania, Iceland, Montenegro, Portugal and the United States (not an ESPAD country).

As already mentioned, boys are normally in the majority for this behaviour. This is particularly true for the situation in some Balkan countries (Albania, Bosnia and Herzegovina (Republic of Srpska), Croatia, Montenegro and Serbia) and some southern European countries (Cyprus, Greece and Italy), but also in the Czech Republic and Moldova.

The correlation at the aggregate country level between having been intoxicated during the past 30 days and having engaged in heavy episodic drinking during the same period is high and statistically significant (r=0.69) (Table X).

AGE OF ONSET FOR USE OF DIFFERENT ALCOHOLIC BEVERAGES AND DRUNKENNESS

(Tables 24a–c)

In three-quarters of the countries, at least half of the students reported that they had drunk at least one glass of an alcoholic beverage at the age of 13 or younger. This was most common for beer (with an average of 44%), followed by wine (38%), while spirits on average had the lowest proportion (20%), i.e. also lower than cider (34%) and alcopops (27%).

The highest proportions of students who had had a glass of an alcoholic beverage at the age of 13 or younger are found in Latvia (79%), Estonia (76%), Bulgaria (73%), Slovenia (71%) and the Czech Republic (70%). At the opposite end, with the lowest figures, are two Nordic countries: Iceland at 20% and Norway at 29%.

Boys are more likely than girls to have tried alcoholic beverages at the age of 13 or younger. On average, the rank order between the different beverages is the same for boys and girls, with the largest discrepancy for beer and the smallest gender gaps for cider and 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 had been drunk at the age of 13 or younger varies quite substantially across countries around the average of 12%. Nearly one-third of the Estonian students (32%) had been drunk at the age of 13 or younger, and the second-highest proportion was found in another Baltic country (Latvia at 25%).

In other countries, this percentage is considerably lower. The lowest rate, roughly 5%, was reported from Greece, Iceland, Italy, Monaco, Montenegro and Norway.

Overall, more boys than girls report intoxication at this early age. Even though boys are in the majority in most of the countries, the proportions are rather similar in some, including four Nordic countries (the Faroe Islands, Finland, Iceland and Sweden) as well as Belgium (Flanders), Liechtenstein, Monaco, Portugal and the Russian Federation (Moscow). With the exception of the Russian Federation (Moscow), these are all located in the western part of Europe.

EXPECTED PERSONAL CONSEQUENCES OF ALCOHOL USE

(Tables 25a–c, Figure 8)

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” have been merged in the presentations.

Most students associate their alcohol consumption with having fun. Nearly two-thirds (64% 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" and "feel sick" with about 35%. The least expected consequences were "get into trouble with the police" and "not be able to stop drinking", which each averaged about 19%.

The country where most students indicated positive consequences was Denmark, with 74% expecting positive consequences of their alcohol consumption. Other countries with high figures (65–68%) include the United Kingdom (limited comparability), the Czech Republic, Ireland and Liechtenstein. As regards expected negative consequences, the countries with the highest average proportion (about 52%) indicating any of those include Croatia and the Faroe Islands. The Faroese students seem particularly likely to anticipate both positive and negative consequences of drinking.

On average, there are no differences between boys and girls when it comes to expected positive or negative consequences, and this also holds true in nearly all individual countries.

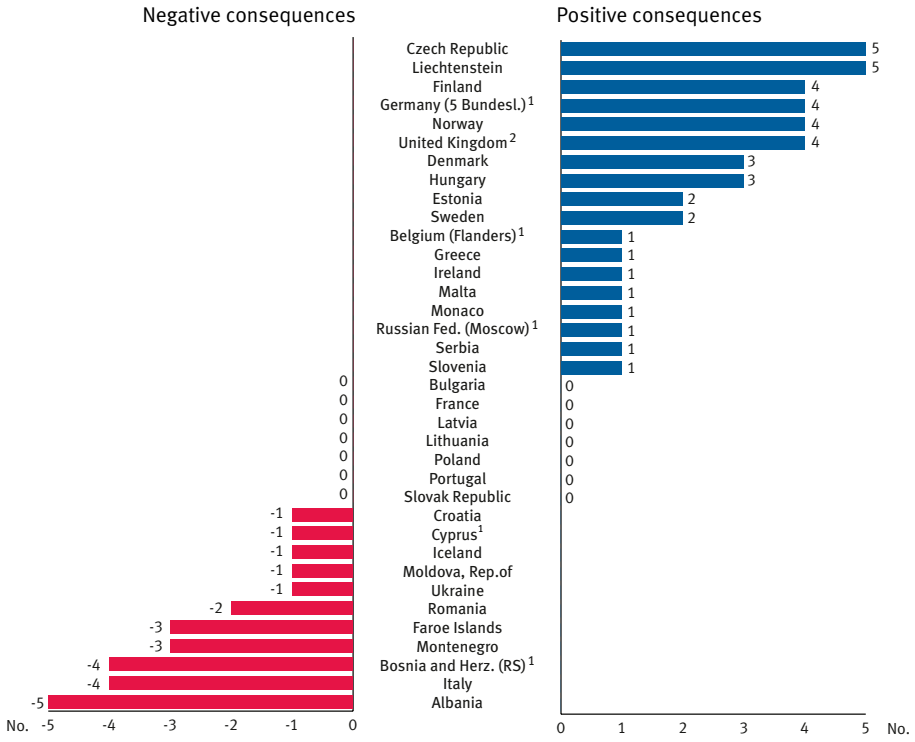
Comparison of the averages for positive and negative consequences, respectively, clearly shows that the students are more likely to expect positive than negative effects of their alcohol consumption.

To give an overview of the anticipated positive and negative consequences of alcohol use, Figure 8 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 number, or zero. In the figure, all countries are presented with their summarised points.

As can be seen in the figure, students in the Czech Republic and Liechtenstein seem to be the most positive in their attitudes towards their alcohol consumption, with a total sum of +5 points. Other countries with a relatively high score (+4) include Finland, Germany (5 Bundesländer), Norway and the United Kingdom (limited comparability). 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 Liechtenstein, these countries are also above average for drunkenness in the past 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 five countries, with 3–5 negative points each, are Albania, Italy, Bosnia and Herzegovina (Republic of Srpska), Montenegro and the Faroe Islands. 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. With the exception of the Faroe Islands, 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 alcohol consumption and drunkenness on the one hand and a tendency to anticipate mainly positive consequences on the other.

Figure 8
Expected positive and negative consequences from alcohol consumption. Number of statements for which the percentage of all students answering positive or negative consequences are "likely" or "very likely" to appear exceeds the average of all countries. All students. 2011. Number of consequences. (Table 25)



[1] **Belgium (Flanders), Bosnia and Herz. (RS), Cyprus, Germany (5 Bundsl.) and Russian Federation (Moscow):** Limited geographical coverage.

[2] **United Kingdom:** Limited comparability.

EXPERIENCED PROBLEMS ATTRIBUTED TO OWN ALCOHOL CONSUMPTION

(Tables 26a–c, Figures 9–10)

The respondents were asked a question about the number of occasions during the past 12 months on which they had experienced any problems related to their alcohol use. Ten problems were listed in the questionnaire, and these have here 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 and Latvia (15% each) and in the Czech Republic, Estonia, Liechtenstein, Moldova and Slovakia (12–13%). The smallest proportions (4–5%) are found in Belgium (Flanders), Iceland and Portugal.

"Relationship problems" include serious problems with either friends or parents. Both of these problems were, on average, indicated by about 12% of students. The individual countries with the highest average percentages (around 20%) for this category are the Czech Republic, Estonia, Latvia and Slovakia, while the fewest relational problems (6–7%) are reported by students in Iceland, Montenegro, Norway and Portugal.

"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 averages for these two problems are fairly similar (about 8%). Individual scrutiny of the data for the various countries reveals that these problems are most often experienced by youths in the Faroe Islands (18%) and the Czech Republic (16%), and least commonly experienced in Portugal, Bosnia and Herzegovina (Republic of Srpska), Albania, Lithuania, Poland and Slovenia (around 4%).

"Delinquency problems" include "physical fight", "victimised by robbery or theft" and "trouble with the police". Of these, the first is the one most often indicated (by 11% on average), while the other two problems are less prevalent (around 5%). The individual countries that score highest on this group of problems (10–12%) are Latvia, Bulgaria and Slovakia. Very few students (around 3%) in Greece and Portugal indicated problems of this kind.

The most common group of problems due to alcohol consumption during the past 12 months was relational problems, which were mentioned by 12% on average, while the other three groups were indicated by roughly 8% each. The most striking difference on the aggregate level between boys and girls is found for delinquency problems, which were reported by twice as many boys as girls (10% versus 4%). There was also a tendency in the same direction for both sexual and individual problems, while more girls mentioned relational problems.

A look at the individual items shows that "performed poorly at school or work" was the most commonly reported alcohol-related problem (mentioned by 13%), followed by "serious problems with friends" and "serious problems with parents" (12% each). For some variables there are only small differences between boys and girls on the aggregate country level, while the sex differences are more pronounced for others (Figure 9). The most striking difference relates to having been involved in a physical fight, which was reported, on average, by 17% of the boys but 6% of the girls. Other behaviours that are more common among boys include trouble with the police (8% versus 4%), unprotected sex (11% versus 7%), regretted sex (8% versus 5%) and accident or injury (12% versus 9%).

The pattern of higher figures for boys than girls is also found in most individual countries. In about half of the countries, however, girls are more likely than boys to have experienced some kind of relational problem. Most of the countries concerned are located in north-western Europe.

It is very rare for girls to report other kinds of problems more often than boys; the most striking exception seems to be that 12% of the girls in Finland reported some kind of individual problem (mainly "accident or injury" or "performed poorly at school or work"), compared with 7% of the Finnish boys.

In Figure 10, the magnitude of experienced problems in different countries is shown by means of the total 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 two items are missing from Ireland.

The largest numbers of items exceeding the average are found for Bulgaria, where all ten problems were above average, Latvia and Slovakia (9 each) and the Czech Republic (8). Seven countries – Belgium (Flanders), Bosnia and Herzegovina (Republic of Srpska), Monaco, Montenegro, Norway, Portugal and Serbia – did not exceed the all-country average score for any of the problems.

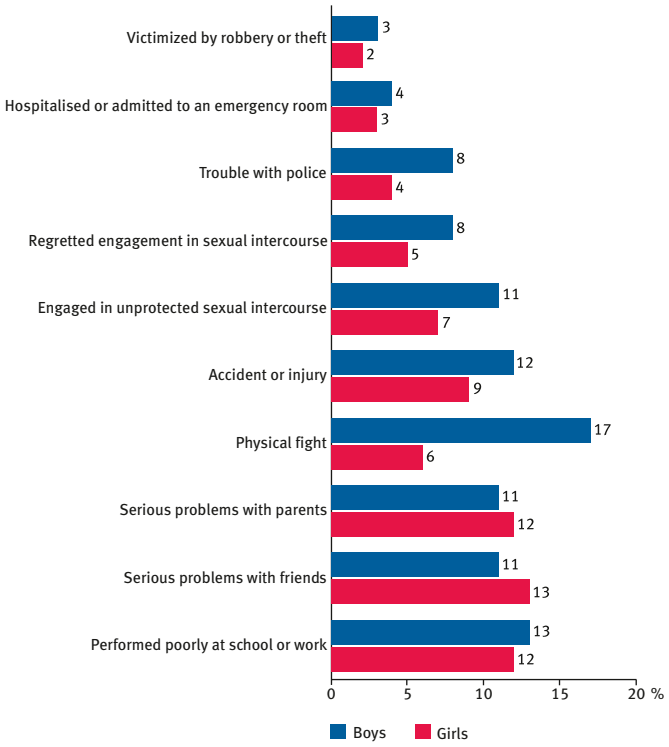
Comparison of the results for the two variables "expected positive consequences of alcohol use" and "problems attributed to alcohol use" reveals that several of the countries where students tend to anticipate positive outcomes from alcohol use are also more likely to be found among the countries with more students reporting problems related to alcohol use. This is confirmed by a statistically significant, but not very strong, correlation on the aggregate country level (r=0.51) (Table X).

ALCOHOL – A SUMMARY

Alcoholic beverages, especially beer, are considered easily available; four in five students find it easy to get hold of alcoholic beverages from a store or for on-premise consumption, with beer deemed easiest of all to obtain. On average, nearly half of the students (45%) had consumed alcohol on-premise during the past 30 days, while the proportion who had bought alcohol in a shop for their own consumption was lower (37%) as well as higher among boys than among girls.

In all ESPAD countries but Iceland, 70% or more of the students have tried alcohol at least once during their lifetime. On average, 87% have used alcohol during their lifetime, 79% have done so in the past 12 months and 57% in the past 30 days. Sex differences become apparent when frequency of use is considered: boys have used alcohol more often than girls.

Figure 9
The proportion of students reporting having experienced any of the following problem attributed to own use of alcohol during the past 12 months. All countries average by gender. 2011. Percentages. (Table 26)

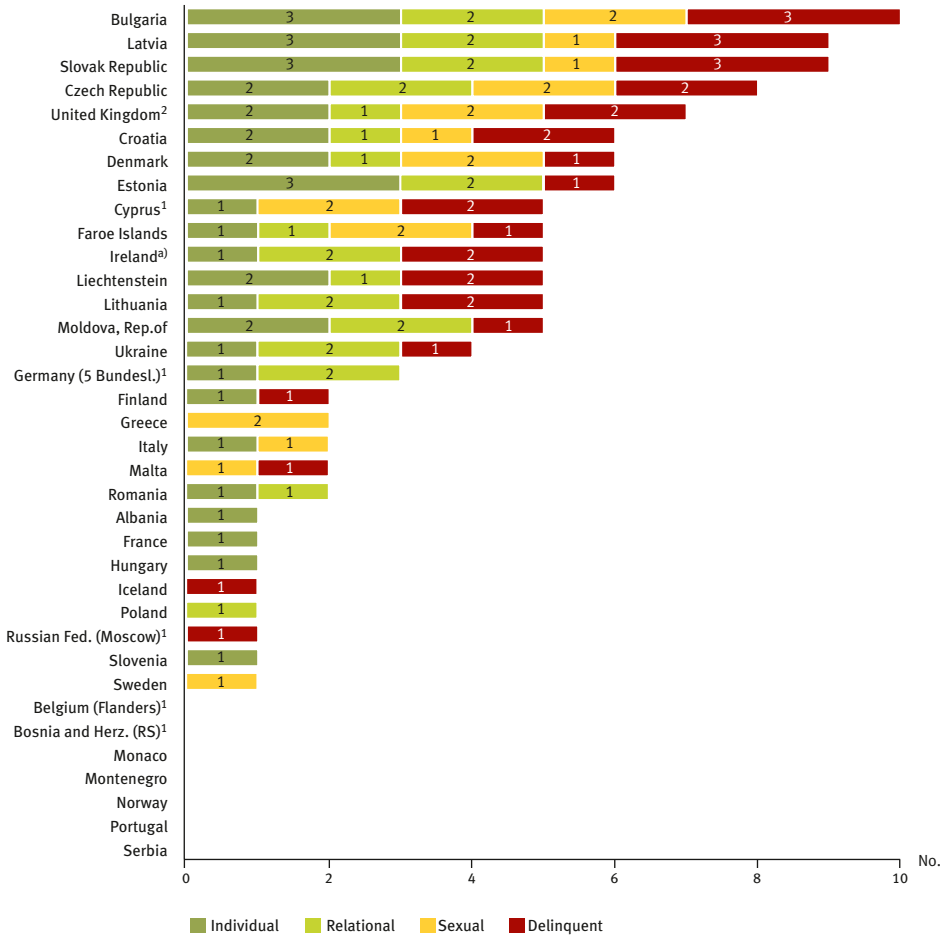


[1] **Belgium (Flanders), Bosnia and Herz. (RS), Cyprus, Germany (5 Bundsl.) and Russian Federation (Moscow):** Limited geographical coverage.

[2] **United Kingdom:** Limited comparability.

[a] **Ireland:** Did not ask about sexually related problems (2 variables).

Figure 10
Experienced problems attributed to own alcohol use during past 12 months. The number of variables within each problem group for which a country's percentage exceeds the average of all countries. All students. 2011. Number of problems. (Table 26)



In countries with relatively high levels of consumption on the latest drinking day, boys as well as girls tended to drink large quantities, and the same held true for low-quantity countries. In other words, the rank order of countries is about the same for boys and girls. 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, accounting for about two-thirds of their total consumption. On average, 37% of the amount consumed (in terms of pure alcohol) on the latest drinking day stemmed from beer drinking. The second-most important beverage type is spirits, contributing 31% of total alcohol consumption. Wine contributes 16%, alcopops 9% and cider 6% to the aggregate average consumption. Half of the boys' consumption on the latest drinking day (in pure 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, nearly half of the students (47%) have been intoxicated, at least once during their lifetime, to the point of staggering when walking, having slurred speech or throwing up. Thirty-seven per cent reported intoxication in the past 12 months and 17% in the past 30 days. On average, this was more often reported by boys than by girls, and this tendency was also found in a majority of the individual countries. However, in some countries the levels were about the same, and in a few of them girls' levels were even higher than boys'. Countries with higher intoxication frequencies among girls include Finland, Sweden and the United Kingdom (limited comparability).

Another way to measure drunkenness is to ask about a specific amount of alcohol consumed. The students were asked if they had had five drinks or more on one occasion during the past 30 days, which is referred to here as "heavy episodic drinking". In seven countries, half of the students or more answered that this had happened. The average was 39%, with more boys than girls (43% versus 38%). This tendency for proportions to be higher among boys is found in more than half of the countries. The figures were about the same for both sexes in about ten countries, while they were significantly higher for girls in the United Kingdom (limited comparability), Finland and Sweden, i.e. the same countries where more girls than boys reported that they had been intoxicated during the past 30 days.

On average, nearly six in ten students had consumed at least one glass of alcohol at the age of 13 or younger, and 12% had been drunk at that age. This, on average, was reported by more boys than girls, and that tendency was the same in almost all countries.

The most commonly reported problems attributed to the students' own alcohol consumption were, on average, "performed poorly at school or work" (13%) and serious problems with friends or parents (12% each). Experienced problems related to the students' own alcohol use were most frequently reported from Bulgaria, Latvia, Slovakia and the Czech Republic.

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, as well as having had five drinks or more during the same period, co-varies both with anticipating more positive consequences from drinking and with having experienced more negative personal consequences when drinking.

There is no (statistically significant) correlation between having used alcohol at all in the past 30 days and the amount of alcohol consumed on the latest drinking day. This implies that drinking patterns vary across countries and that some countries seem to have a drinking culture which is more geared towards intoxication, with or without a high frequency of alcohol consumption, while the drinking culture of other countries involves students drinking more moderately and that this in some of these countries happens rather seldom and in others more often.

ILLICIT DRUGS

This section presents results relating to the use of illicit drugs (cannabis, ecstasy, etc.) The focus is generally on lifetime prev-

Table X. Statistical correlations (Pearson) on an aggregate country level between different alcohol measures. 31–34 ESPAD countries. 2011.

	Past-30-days use of alcohol	Alcohol volume on the latest drinking day	Past-30-days intoxication	5+ drinks on one occasion, past 30 days	Anticipated pos. consequenc-es of own alcohol use	Experienced neg. cons of own alcohol use
Past-30-days use of alcohol	–	0.18	0.64**	0.84**	0.48**	0.48**
Alcohol volume on the latest drinking day		–	0.65**	0.35	0.66**	0.17
Past-30-days intoxication			_	0.69**	0.70**	0.47**
5+ drinks on one occasion, past 30 days				_	0.67**	0.67**
Anticipated positive consequences of own alcohol use					_	0.51**
Experienced negative consequences of own alcohol use						

** Correlation significant at the 0.01 level. * Correlation significant at the 0.05 level.

alence, except for a limited number of substances for which the past-12-months and past-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 ILLICIT DRUGS

(Table 27, Figures 11a–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 three substances (amphetamines, ecstasy and tranquillisers/sedatives). In addition, a similar separate question was asked about cannabis. For each of the substances, the response categories were: "impossible", "very difficult", "fairly difficult", "fairly easy", "very easy" and "don't know". What is presented in this section are the proportions of students who answered either "very easy" or "fairly easy" to this question.

About three in ten perceived cannabis to be easily obtained (average for all ESPAD countries). Czech students considered cannabis to be more easily available than students in any other ESPAD country: nearly six in ten answered that cannabis is (fairly or very) easily obtainable in the Czech Republic. However, this level was lower than the one reported from the United States (not an ESPAD country), where about two-thirds gave this answer. High proportions (43–45%) are also found in Slovenia as well as in the two neighbouring countries of France and Monaco.

The countries with the lowest perceived availability of cannabis are at a very much lower level, with 6% in Moldova and 10–13% in Ukraine, Albania and Romania.

On average, boys are more likely than girls to consider cannabis to be easily available (32% versus 27%). This is the case in most countries, even though the differences are not statistically significant in about ten ESPAD countries. The observed sex 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 13%, i.e. half the cannabis proportion. The largest proportion of students who considered amphetamines to be easily obtained was found in the United States (not an EPAD country) at 29%, while one-quarter of the students in Bulgaria thought the same. Other countries with large proportions include Hungary (23%) and Denmark (20%), while the lowest figures were found in Moldova, Finland and Ukraine (3–4%).

The top country as regards ecstasy availability is also the United States (not an ESPAD country), where one in four found this drug to be (fairly or very) easily available. Among the ESPAD countries, around 20% thought the same in Bulgaria, the Czech Republic, Hungary, Ireland and Slovenia. The countries with the lowest figures (4–5%) are Finland, Moldova and Ukraine.

Few sex differences are visible for the perceived availability of amphetamines and ecstasy.

Students in countries reporting amphetamine availability to be high are likely to score high for the perceived availability of ecstasy as well (r=0.74 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 (r=0.58** and 0.73**, respectively).

Bulgaria has among the highest figures for all these drugs, while low figures for all three are found in Moldova and Ukraine. It should also be noted that the United States (not an ESPAD country) scored higher on perceived availability than any ESPAD country for each of the three drugs.

LIFETIME USE OF ILLICIT DRUGS

(Tables 28a–b, Figures 12a–b)

The concept of "illicit drugs" includes marijuana, hashish, amphetamines, cocaine, crack, ecstasy, GHB, LSD or other hallucinogens, and heroin. GHB has been added to this list since the 2007 ESPAD report. Reported use of any of these illicit drugs varies considerably across the ESPAD countries. In the Czech Republic, 43% of the students report having used any of the drugs in question at least once, which is more than twice the ESPAD average of 18%. Students in France, Monaco and the United States (not an ESPAD country) also exhibit high levels of experience with illicit drugs (38–39%).

Particularly low levels (5–9%) of illicit-drug use can be noted in Norway, Bosnia and Herzegovina (Republic of Srpska), the Faroe Islands, Moldova, Montenegro, Albania, Serbia and Sweden. Other countries with low levels (10–12%) include Malta, Ukraine, Finland, Greece, Iceland, Cyprus and Romania. Apparently, most low-prevalence countries can be found in south-eastern Europe, including many Balkan countries, and 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 include the Czech Republic, France and Monaco, where roughly one student in ten has used illicit drugs 20 times or more.

On average, 21% of the boys and 15% of the girls have tried illicit drugs at least once during their lifetime. This tendency, with higher figures for boys than for girls, holds true in most countries, even though the differences are not statistically significant in all of them.

CANNABIS USE

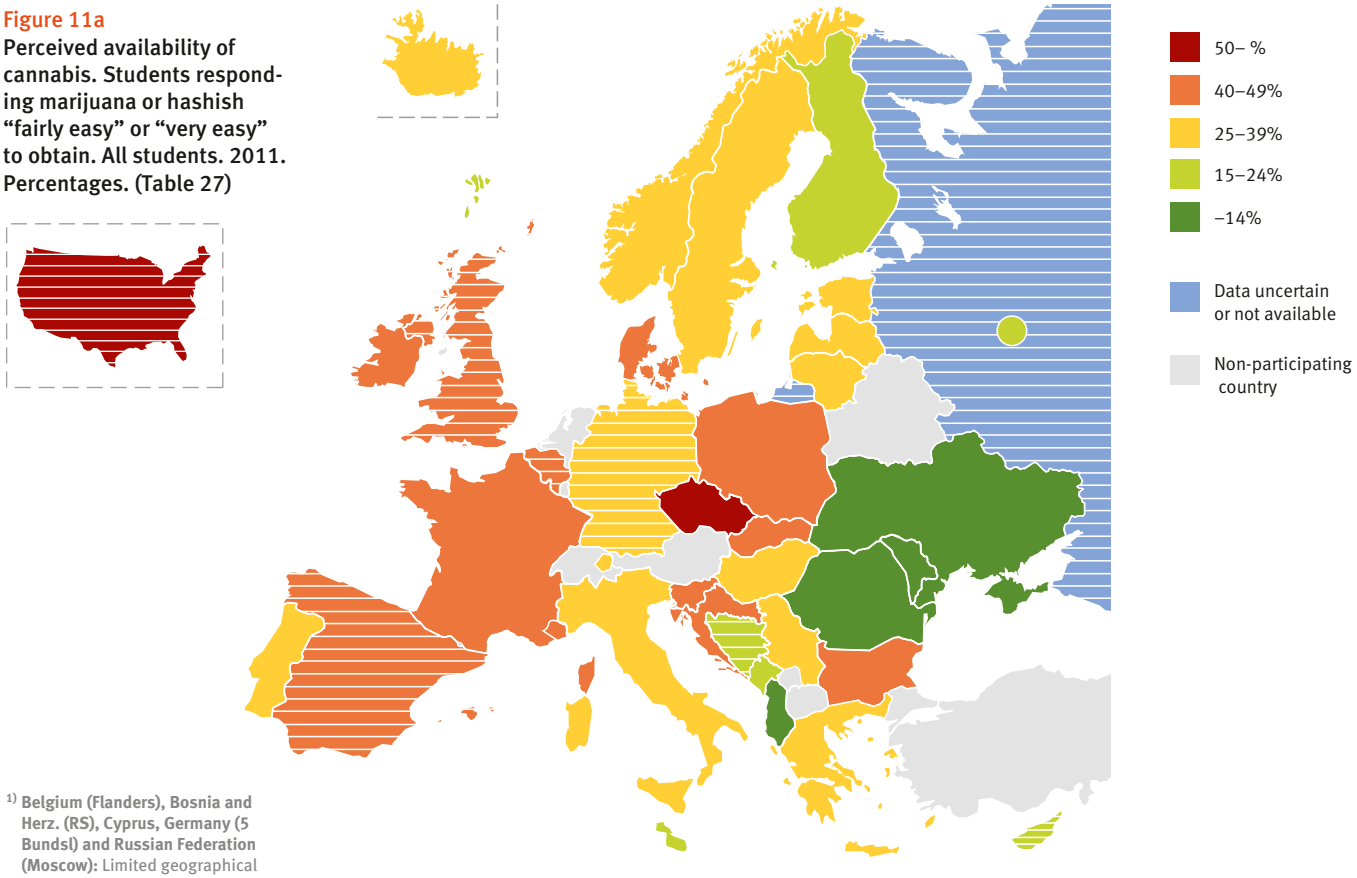
(Tables 29a–32, Figures 13a–14b)

Lifetime and past-12-months use of cannabis

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 with cannabis6 is thus close to the total prevalence for illicit drugs in general. The largest differences are three 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 for illicit drugs are also very likely indeed to score high for cannabis, and vice versa (Table Y).

The top country for cannabis use is the Czech Republic, where 42% of the students have used marijuana or hashish at least once during their lifetime. High prevalence rates (35–39%) are also reported from France, Monaco and the

Figure 11a
Perceived availability of cannabis. Students responding marijuana or hashish "fairly easy" or "very easy" to obtain. All students. 2011. Percentages. (Table 27)



[1] **Belgium (Flanders), Bosnia and Herz. (RS), Cyprus, Germany (5 Bundsl) and Russian Federation (Moscow):** Limited geographical coverage.

[2] **Spain, United Kingdom and USA:** Limited comparability.

Significant difference between boys and girls

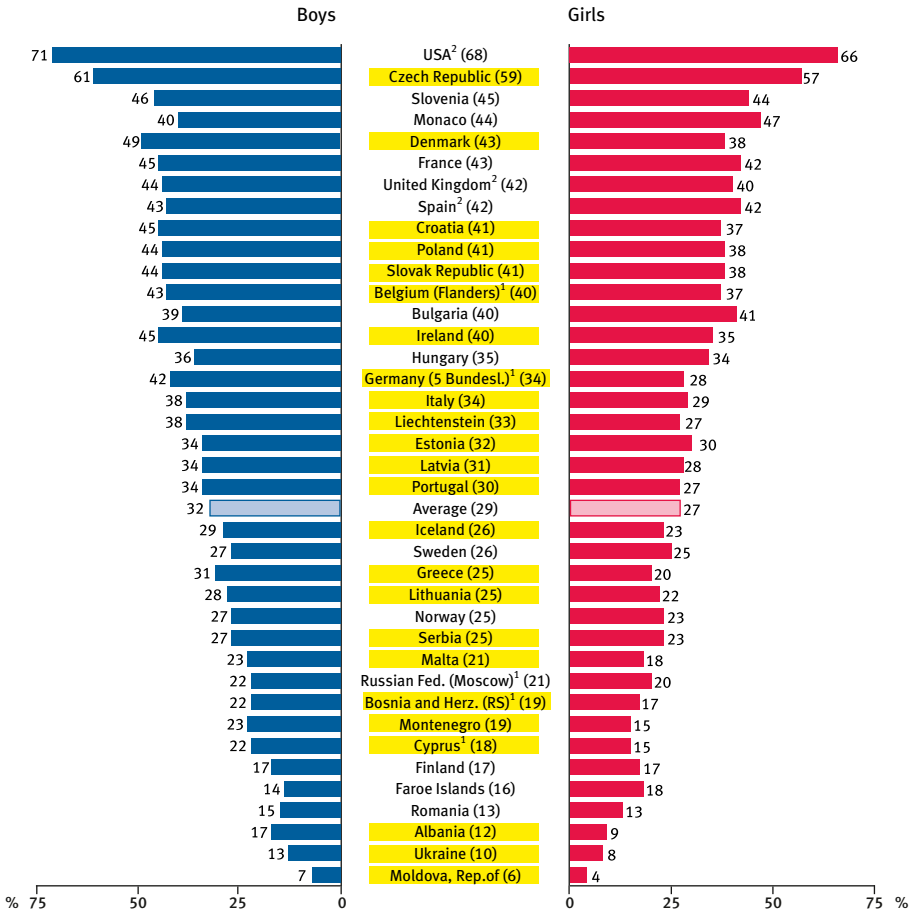
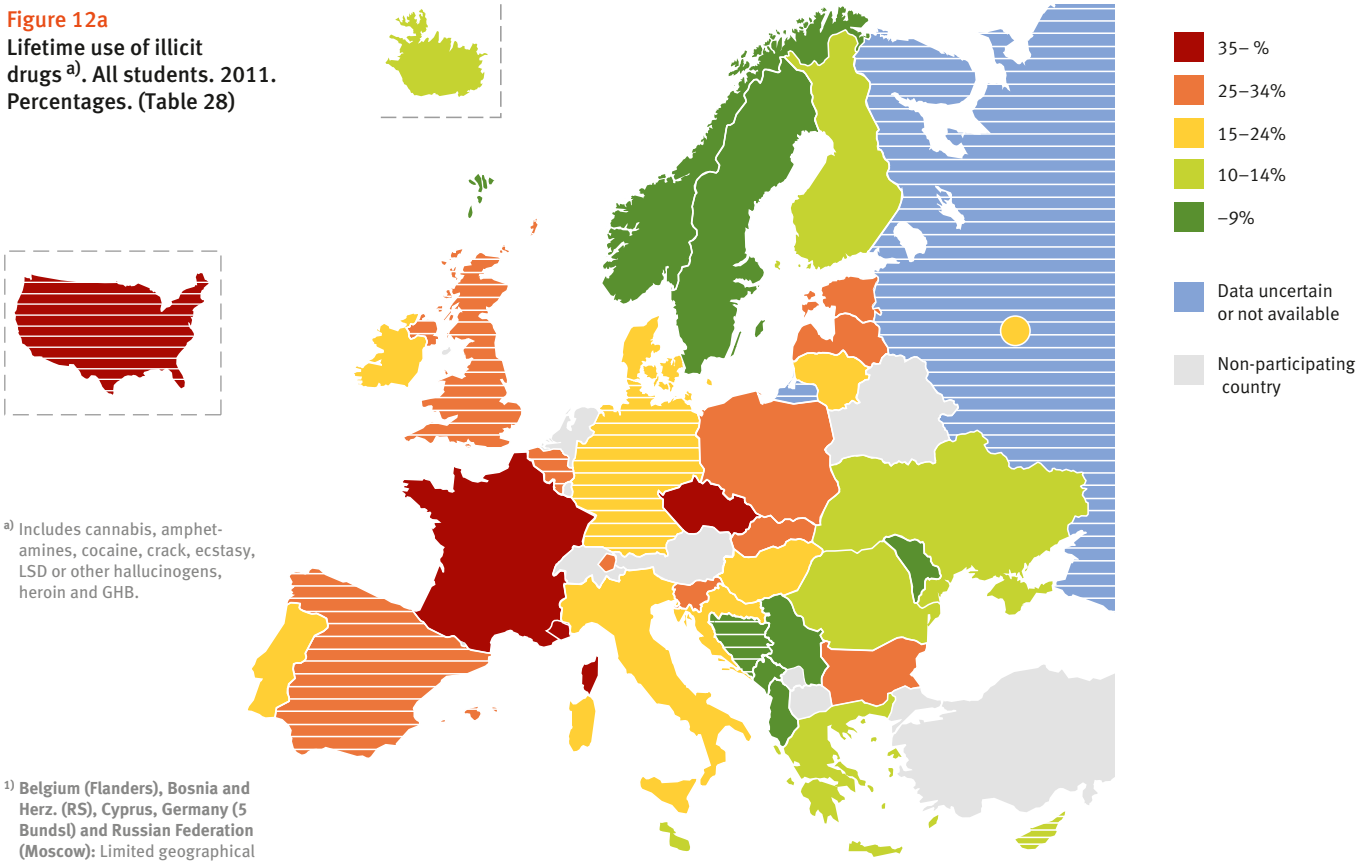


Figure 11b
Perceived availability of cannabis. Students responding marijuana or hashish "fairly easy" or "very easy" to obtain, by gender. 2011. Percentages. (Table 27)

Figure 12a
Lifetime use of illicit drugs [a]. All students. 2011. Percentages. (Table 28)



[a] Includes cannabis, amphetamines, cocaine, crack, ecstasy, LSD or other hallucinogens, heroin and GHB.

[1] **Belgium (Flanders), Bosnia and Herz. (RS), Cyprus, Germany (5 Bundsl) and Russian Federation (Moscow):** Limited geographical coverage.

[2] **Spain, United Kingdom and USA:** Limited comparability.

Significant difference between boys and girls

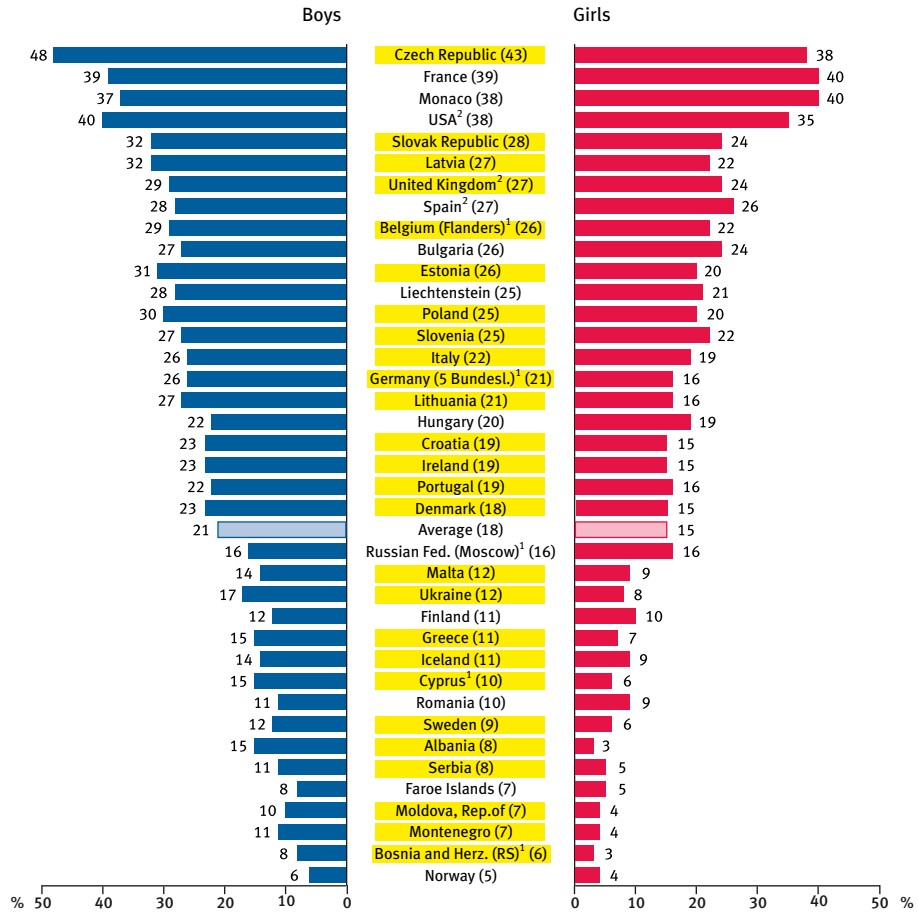


Figure 12b
Lifetime use of illicit drugs [a] by gender. 2011. Percentages. (Table 28)

Table Y. Statistical correlations (Pearson) on an aggregate country level between various variables relating to use of illicit drugs. 35 ESPAD countries. 2011

	Liftime use of any illicit drug	Lifetime us of cannabis	Past-12-months use of cannabis	Past-30-days use of cannabis	Lifetime use of any illicit drug but cannabis
Lifetime use of any illicit drug	–	0.99**	0.97**	0.89**	0.83**
Lifetime use of cannabis		–	0.98**	0.90**	0.79**
Past-12-months use of cannabis			_	0.96**	0.81**
Past-30-days use of cannabis				_	0.78**
Lifetime use of any illicit drug but cannabis					_

** Correlation significant at the 0.01 level. * Correlation significant at the 0.05 level.

United States (not an ESPAD country). The lowest levels of cannabis use are reported from Albania and from Bosnia and Herzegovina (Republic of Srpska) (4% each) as well as from the Faroe Islands, Moldova, Montenegro and Norway (5%). Again, low-prevalence countries are primarily found among the Balkan and Nordic countries.

On average, boys report cannabis use to a larger extent than girls do (19% versus 14%). The biggest gender gaps (at least 10 percentage points) are found in the Czech Republic, Poland and the three Baltic countries of Estonia, Latvia and Lithuania. In most countries there are significantly more boys than girls who have tried cannabis. However, in some countries the figures are about the same for girls as for boys.

Use of cannabis in the past 12 months was reported, on average, by 15% of the boys and 11% of the girls (13% of all students). About three in four students who have ever used cannabis had apparently done so during the past 12 months. The geographical pattern and the sex pattern are very much the same as for lifetime use of cannabis. On the aggregate country level, the statistical correlation between lifetime and past-12-months cannabis use is almost total (r=0.97).

Past-30-days use of cannabis

On average, 7% of the ESPAD students stated that they had used marijuana or hashish during the past 30 days. As a proportion of the group reporting lifetime use, this corresponds to roughly four in ten. The highest rates of past-30-days cannabis use are found in the two neighbouring countries of France and Monaco (24% and 21%, respectively), followed by the United States (not an ESPAD country) (18 %) and the Czech Republic and Spain (not an ESPAD country) (15% each). In these top countries, about 10% of all students 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 in the past 30 days). This proportion is considerably larger than the average for all ESPAD countries (4%).

Cannabis use in the past 30 days was hardly reported by any students at all in Bosnia and Herzegovina (Republic of Srpska), the Faroe Islands, Moldova, Albania, Norway and Romania, where the rates were 1–2%.

Apart from the Czech Republic, all ESPAD countries with 11% or more students reporting use of cannabis in the past 30 days are located in the western part of Europe.

Cannabis use during the 30 days prior to the survey is reported by more boys (8%) than girls (5%). In most countries the figures are significantly higher for male students, but in some the levels are rather similar.

A comparison of sex differences for lifetime and past-30-days cannabis use shows that there are no statistically significant differences between boys and girls for either variable in France, Monaco, Bulgaria, Hungary, Romania, the Russian Federation (Moscow) and the Faroe Islands. When it comes to prevalence levels, these countries are spread out across the whole scale from high to low.

Opportunities to try cannabis

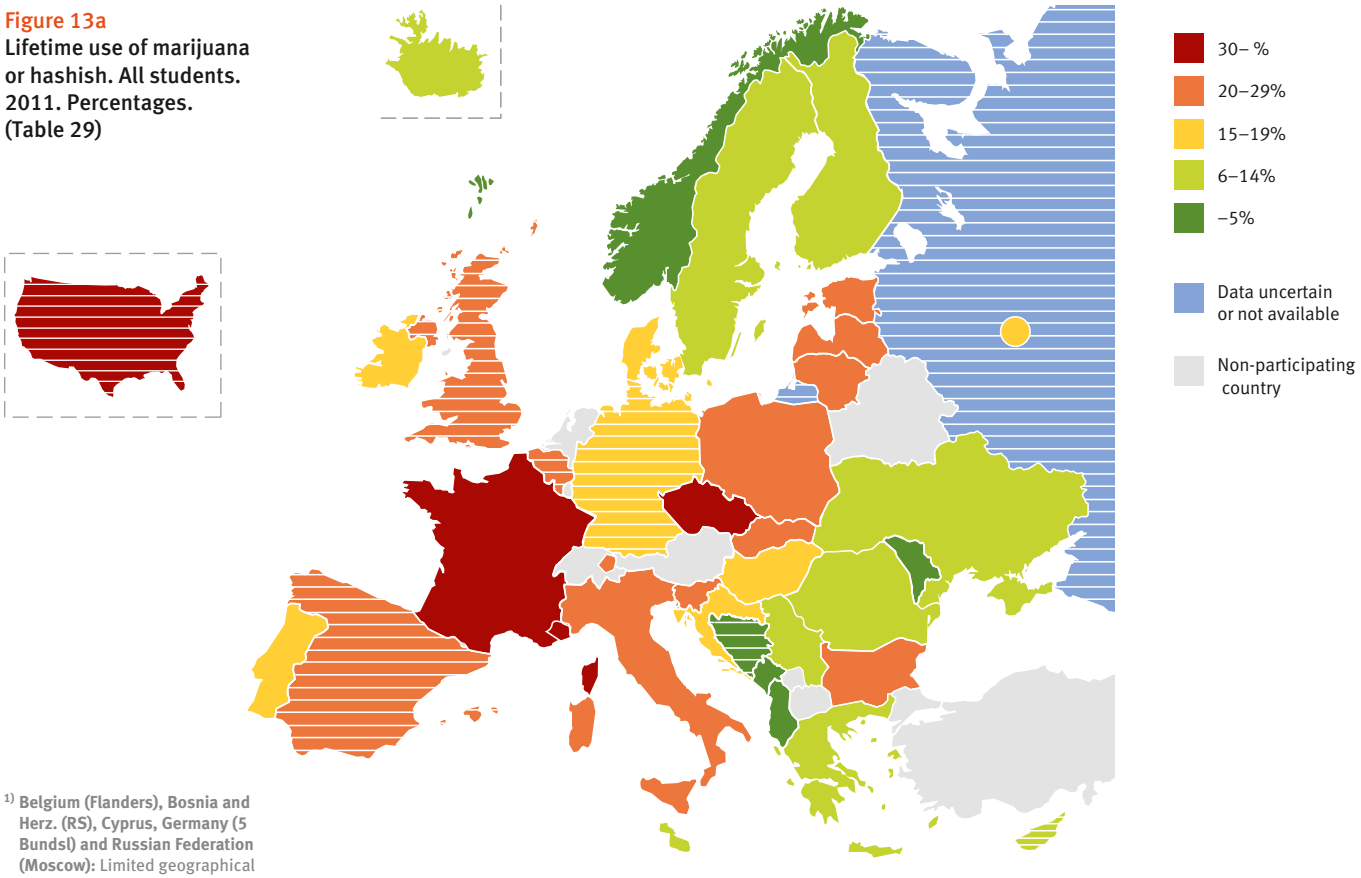
All students were asked: "Have you ever had the possibility to try marijuana or hashish (cannabis) without trying it?" The presentation in Table 32 is based only on students reporting no lifetime use of cannabis and thus shows data on the number of times that such students in the various countries have refused such an offer. A little more than one in four students without cannabis experience (27%) answered that they have had the opportunity to try, without taking it. This was most common in the Czech Republic (57%), France, Monaco (44% each) and Slovakia (41%).

Offers of cannabis to inexperienced students were particularly rare in Cyprus (10%) and in Bosnia and Herzegovina (Republic of Srpska), Moldova, Montenegro and Norway (13–14%).

On average, slightly more boys (29%) than girls (25%) without cannabis experience have had an opportunity to try cannabis without doing so. This tendency is also found in most individual countries.

6) "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 13a
Lifetime use of marijuana or hashish. All students. 2011. Percentages. (Table 29)



[1] **Belgium (Flanders), Bosnia and Herz. (RS), Cyprus, Germany (5 Bundsl) and Russian Federation (Moscow):** Limited geographical coverage.

[2] **Spain, United Kingdom and USA:** Limited comparability.

Significant difference between boys and girls

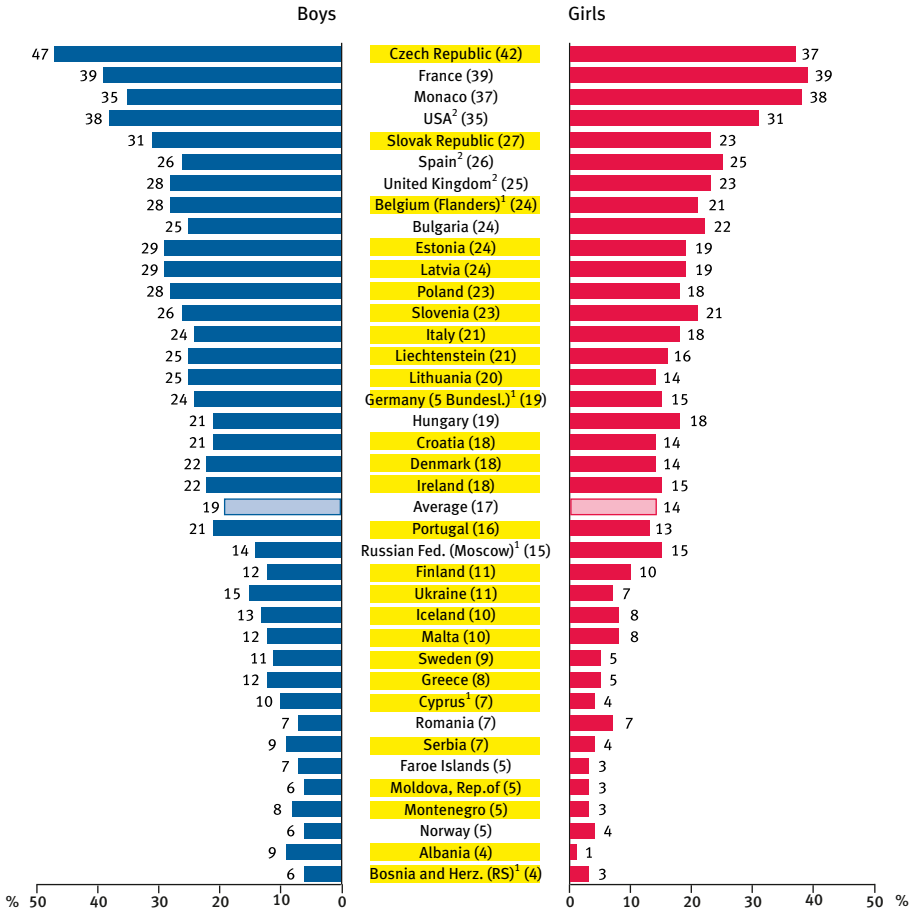
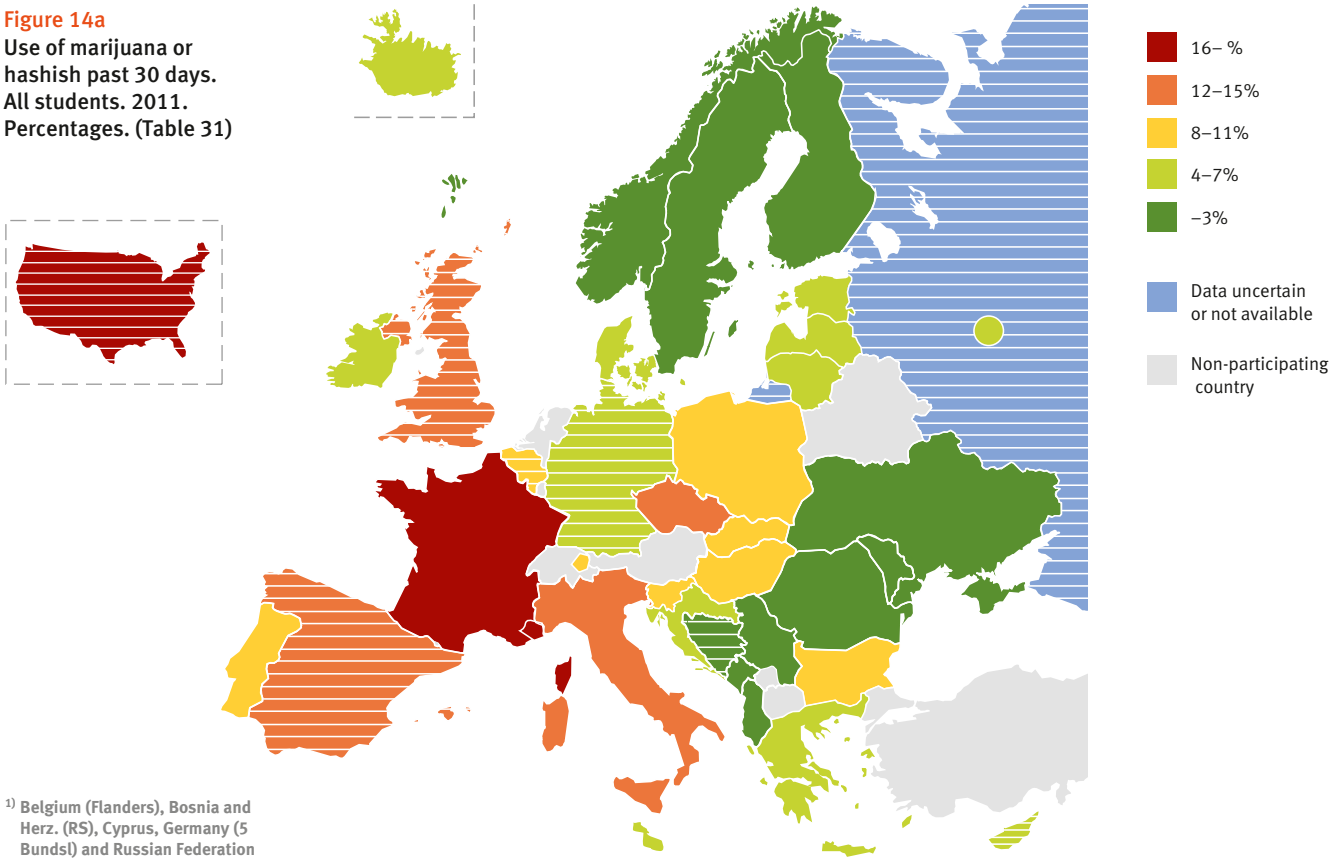


Figure 13b
Lifetime use of marijuana or hashish by gender. 2011. Percentages. (Table 29)

Figure 14a
Use of marijuana or hashish past 30 days. All students. 2011. Percentages. (Table 31)



[1] **Belgium (Flanders), Bosnia and Herz. (RS), Cyprus, Germany (5 Bundsl) and Russian Federation (Moscow):** Limited geographical coverage.

[2] **Spain, United Kingdom and USA:** Limited comparability.

Significant difference between boys and girls

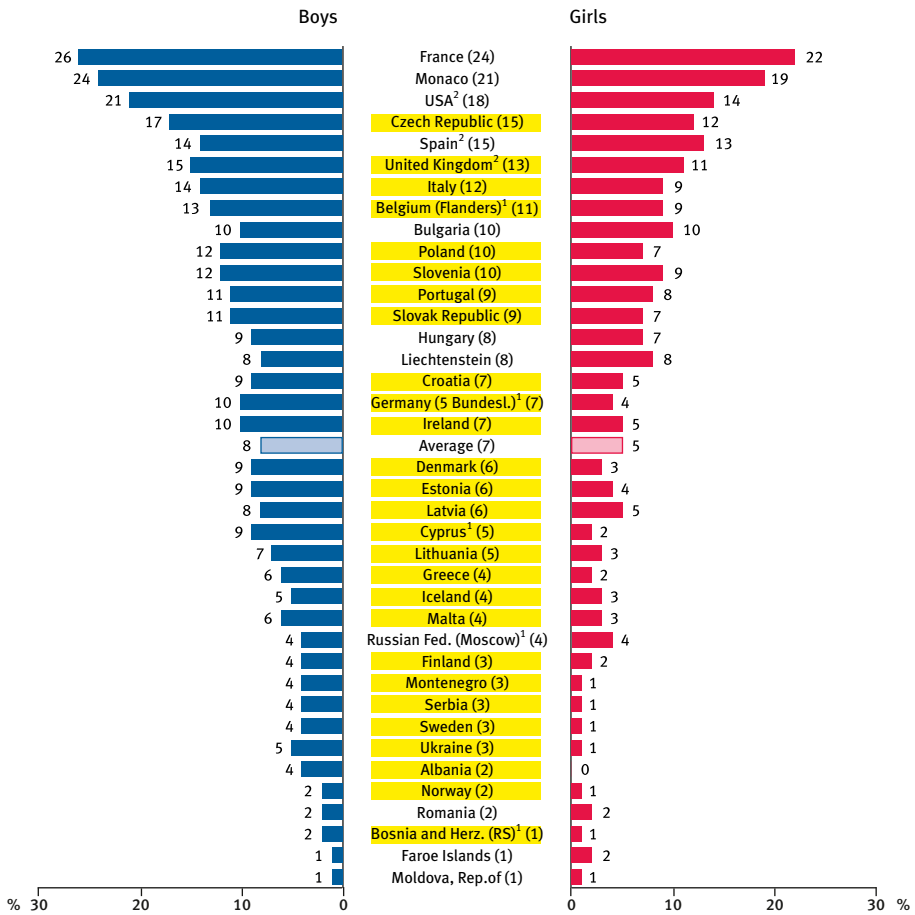


Figure 14b
Use of marijuana or hashish past 30 days by gender. 2011. Percentages. (Table 31)

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 past-30-days use and having had an opportunity to try (without taking it) was high and statistically significant (r=0.77**). Hence, in countries where cannabis use is generally more common, students without any cannabis experience are also more likely to have been exposed to the drug.

LIFETIME USE OF ILLICIT DRUGS OTHER THAN CANNABIS

(Tables 33a–35b, Figures 15a–15b)

As established above, 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 have done so without any experience of cannabis at all. The previously used definition of "any illicit drug" is here used again, but this time without counting cannabis. The drugs included are thus ecstasy, amphetamines, LSD or other hallucinogens, crack, cocaine, heroin and GHB. Students with cannabis experience may of course be included in this category, but not because of their cannabis use.

Overall, an average of 6% report use of any of the illicit drugs included. The rates range between 16% in the United States (not an ESPAD country) and 2% in Bosnia and Herzegovina (Republic of Srpska) and Norway. In Monaco, Bulgaria, France, Belgium (Flanders), Latvia and the United Kingdom (limited comparability), about one in ten students had tried an illicit drug other than cannabis. Countries scoring high on the lifetime prevalence of cannabis are also likely to score high on the lifetime prevalence of any illicit drug other than cannabis (r=0.79) (Table V).

On average, there are slightly more boys (7%) than girls (5%) who have tried any illicit drug other than cannabis. In nearly half of the ESPAD countries, the figures are significantly higher for the male students, while the sex differences are fairly small in the other half. There is only one country, Monaco, where significantly more girls than boys have tried an illicit drug other than cannabis (12% versus 9%).

After cannabis, ecstasy – together with amphetamines – is the second-most frequently tried illicit drug. On average, 3% of the ESPAD students have used ecstasy at least once. No ESPAD country has a figure above 4% and the highest figure is found in the non-ESPAD country of the United States, where 7% answered that they had used ecstasy. For natural reasons, the past-12-months prevalence (2%) is lower than the lifetime prevalence, and the past-30-days prevalence (1%) is even lower.

As already indicated above, lifetime experience with amphetamines was reported by 3% of the ESPAD students on average. The lifetime prevalence of cocaine, crack and LSD or other hallucinogens was lower (2%) and that of heroin and GHB even more so (1%). Since these figures are low, the small differences appearing between countries and between boys and girls should not be over-emphasised. However, rates of 5% or more may still be worth noting. Such rates were found for the United States (not an ESPAD country) (9% for amphetamines and 6% for LSD or other hallucinogens), Bulgaria (7% for amphetamines), Hungary (6% for amphetamines), Belgium (Flanders) (5% for amphetamines), the Czech Republic (5% for LSD or other hallucinogens), Liechtenstein (5% for amphetamines) and the United Kingdom (limited comparability) (5% for cocaine).

ILLICIT DRUGS – A SUMMARY

Nearly one in three (29%) students in the ESPAD countries perceived cannabis to be (fairly or very) easily available. Boys consider cannabis to be slightly more accessible than girls do, both on average and in most countries. On average, 21% of the boys and 15% of the girls have tried illicit drugs at least once during their lifetime (18% for all students). Most of them (17%) have used cannabis while 6% report experience with drugs other than cannabis.

After cannabis, amphetamines and ecstasy are in second position, each being mentioned by 3% of the students. Lifetime use of cocaine, crack and LSD or other hallucinogens was reported by fewer students (2%) and the rates for heroin and GHB were even lower (1%).

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 15% of the boys and 11% of the girls (13% for all students) while use in the past 30 days was claimed by 8% of the boys and 5% of the girls (7% for all students). In the top three high-prevalence countries, about one in five students 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 considerably higher than the average for all ESPAD countries (4%). Countries where many students report using cannabis in the past 30 days are in many cases the same ones where many students mention having had the opportunity to try cannabis, but without taking it.

Countries with the highest proportions of students reporting cannabis use in their lifetime, in the past 12 months and in the past 30 days include the Czech Republic, France, Monaco and the United States (not an ESPAD country). Three of these – France, Monaco and the United States (not an ESPASD country) – also belong to the top group when it comes to having experience with illicit drugs other than cannabis.

VARIOUS DRUGS

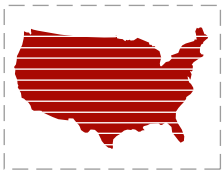
This final use-related section deals with miscellaneous substances such as pharmaceutical drugs, magic mushrooms, anabolic steroids and inhalants.

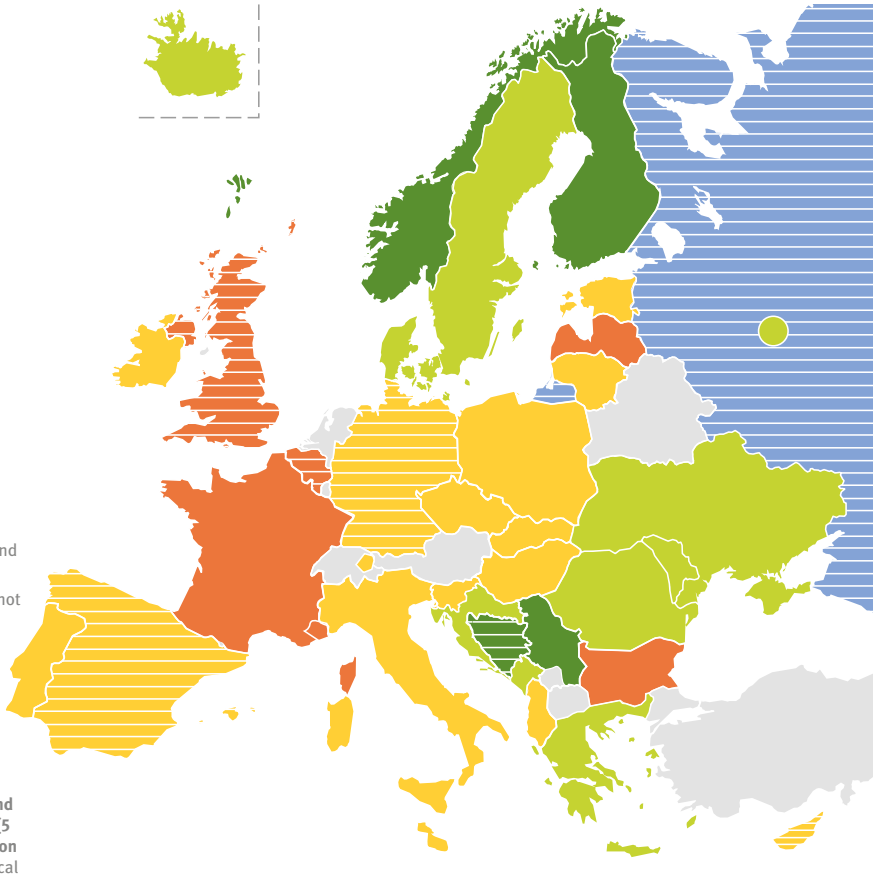
PERCEIVED AVAILABILITY OF TRANQUILLISERS OR SEDATIVES

(Table 27)

Sex differences are fairly pronounced as regards the perceived availability of tranquillisers or sedatives, which on average are reported to be easily available by 25% of the girls and 20% of the boys (the average for both sexes in all ESPAD countries is 23%). Nearly half of the students in Poland (48%) and 42% in Hungary reported these substances to be easily available while only about 7% or less did so in Liechtenstein, Moldova and Ukraine. The questionnaire does not distinguish between

Figure 15a
Lifetime use of illicit drugs other than marijuana or hashish[a]. All students. 2011. Percentages. (Table 33)





12– %
9–11%
6–8%
4–5%
–3%
Data uncertain or not available
Non-participating country

[a] Includes amphetamines, cocaine, crack, ecstasy, LSD or other hallucinogens, heroin and GHB.

[b] Includes tranquillisers; does not include ecstasy or GHB.

[1] **Belgium (Flanders), Bosnia and Herz. (RS), Cyprus, Germany (5 Bundsl) and Russian Federation (Moscow):** Limited geographical coverage.

[2] **Spain, United Kingdom and USA:** Limited comparability.

Significant difference between boys and girls

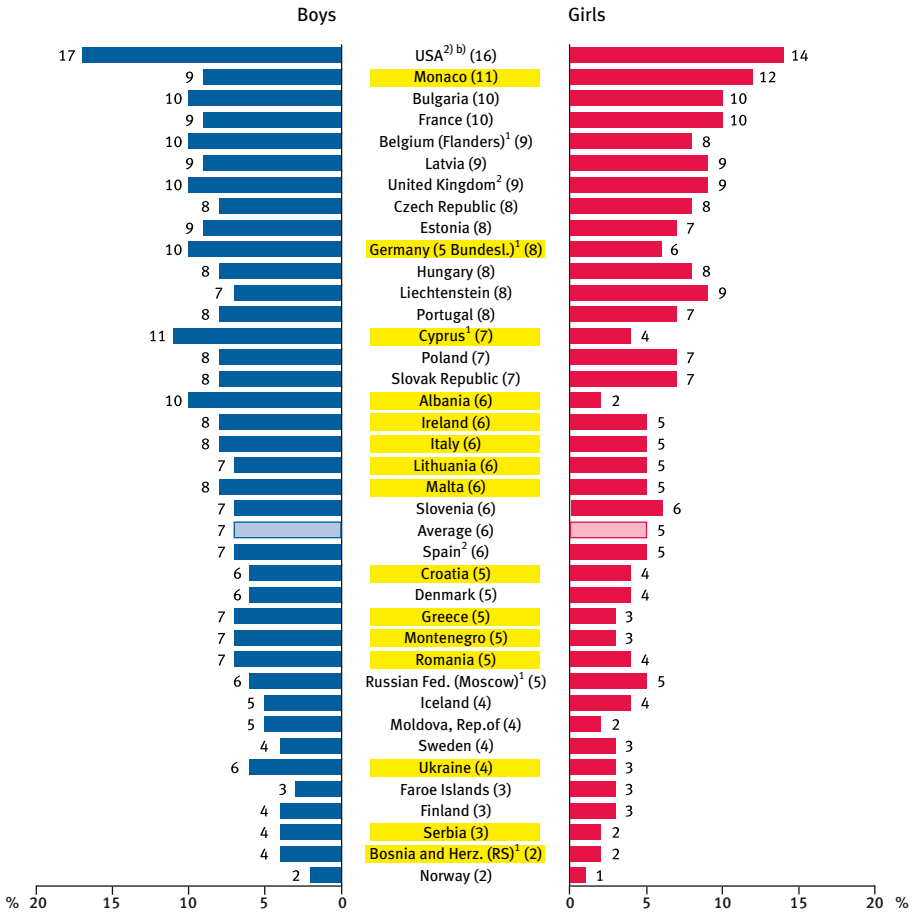


Figure 15b
Lifetime use of illicit drugs other than marijuana or hashish[a] by gender. 2011. Percentages. (Table 33)

prescription and non-prescription availability of these medical drugs.

LIFETIME USE OF TRANQUILLISERS OR SEDATIVES

(Tables 36a–b, Figures 16a–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 small (8% versus 6%). Around 14% of students reported lifetime experience with prescribed tranquillisers or sedatives in Belgium (Flanders), Lithuania, Portugal and Slovakia. The lowest prevalence figures (4% or less) are found in Bosnia and Herzegovina (Republic of Srpska), the Faroe Islands, Finland, Germany (5 Bundesländer), Liechtenstein, Romania and the Russian Federation (Moscow).

Use of tranquillisers or sedatives without a prescription is most commonly reported in Poland, Monaco and Lithuania, where about 14% of the students indicated such use. The lowest level of non-prescription use of tranquillisers or sedatives (2%) is reported by students from the Faroe Islands, Germany (5 Bundesländer), Liechtenstein, Moldova, the Russian Federation (Moscow) and Ukraine.

On the aggregate country level, there is a relatively strong and statistically significant correlation (r=0.48**) between prescription 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 sex 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 important sex differences as regards non-prescription use. However, in about half of the ESPAD countries there are significantly more girls than boys who have used non-prescription tranquillisers or sedatives, and most of these countries are in the upper half as regards prevalence of use. The largest sex differences (as measured in percentage points) are to be found in the top three countries of Poland, Monaco and Lithuania, where girls are about 11 percentage points above boys.

As regards prescription use, there are hardly any sex differences. The largest differences (around 9 percentage points) are found in France, Lithuania and Monaco, with girls in the majority.

LIFETIME USE OF ALCOHOL TOGETHER WITH PILLS

(Tables 36a–b)

Young people sometimes combine pills with alcohol to obtain a synergetic effect. The ESPAD average is fairly low (5%), but 16% of the students in the Czech Republic claimed to have done his. Relatively large rates (10%) are also found in Croatia, Finland and Hungary, while only 1–2% reported this in Albania, Belgium (Flanders), Bosnia and Herzegovina (Republic of Srpska), Iceland, Moldova, Montenegro, Norway, Serbia and Ukraine.

On average, the figures are about the same for boys and girls (4% versus 5%). Sex differences are small in most countries. Where they occur, the figures are usually higher for girls. The largest sex differences are to be found in the Czech Republic and Finland, where girls are about 8 percentage points above boys. The highest prevalence figure of all is that for Czech girls: almost one in five of them has used alcohol together with pills in order to get high at least once.

LIFETIME USE OF MAGIC MUSHROOMS, ANABOLIC STEROIDS AND DRUGS BY INJECTION

(Tables 36a–b)

Both magic mushrooms and anabolic steroids are classified as illicit drugs/illegal substances in some countries. Even so, they were not included in the category of "any illicit drugs" in earlier ESPAD reports, and they are left out this time as well. Results for these drugs are therefore presented in this separate section.

The average for all ESPAD countries as regards lifetime use of magic mushrooms was 2% while that for anabolic steroids was 1%. In other words, these drugs are mentioned just as rarely as those other than cannabis included in the category of "any illicit drugs". Since the prevalence figures are low, it is hard to identify any differences between sexes or countries. It could, however, be worth mentioning that levels of use of magic mushrooms are relatively high for the Czech Republic (7%) and France, Monaco and Slovakia (5% each). In all of these countries, more boys than girls indicated lifetime experience.

Only few students in the ESPAD countries reported experience with anabolic steroids – on average 1%. The highest proportions are found for boys in Cyprus (6%) and Bulgaria (5%).

Depending on the country, between 0% and 3% stated that they had 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%, with the highest figure found among boys in Cyprus (5%).

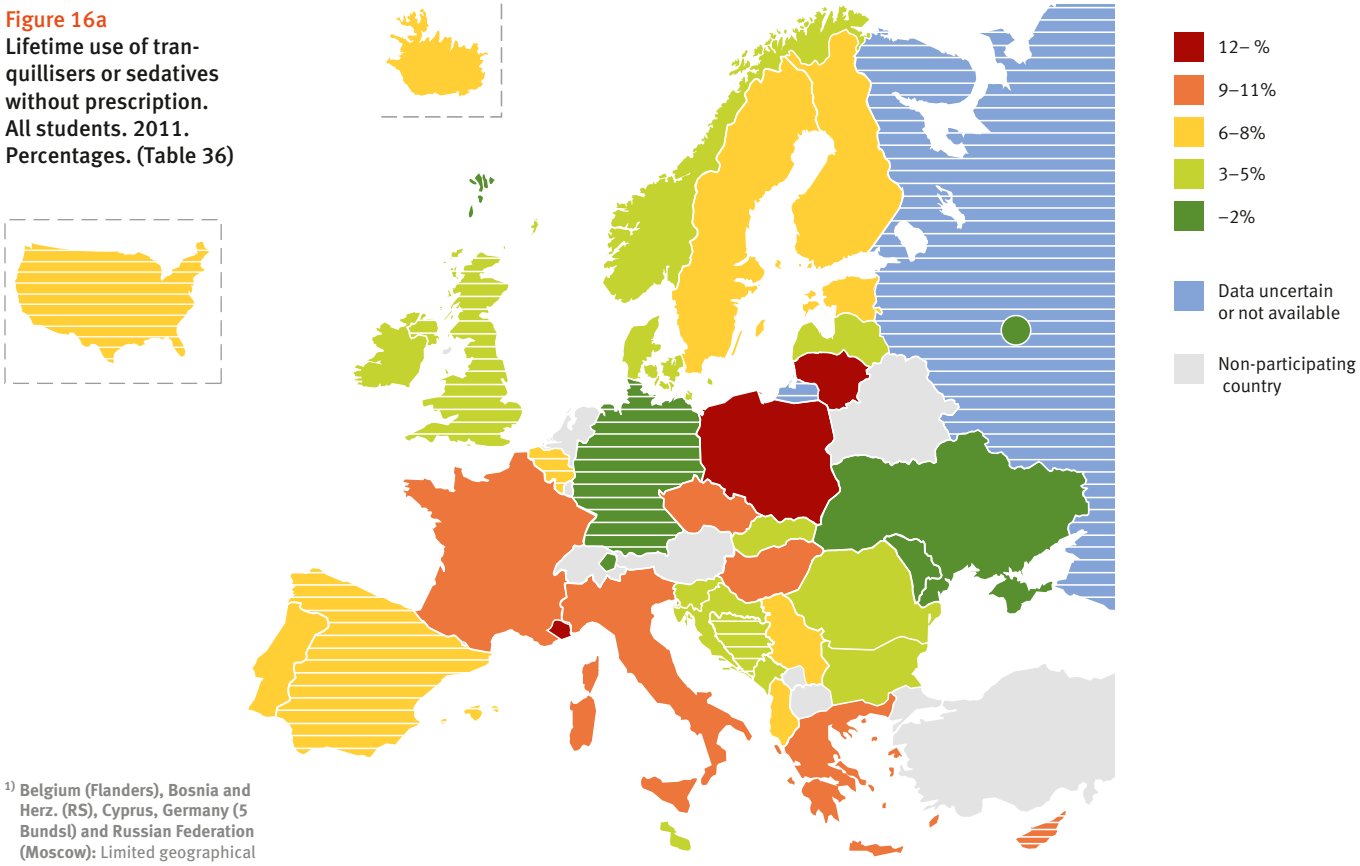
USE OF INHALANTS

(Tables 37a–38b, Figures 17a–b)

To measure inhalant use, the students were asked: "On how many occasions (if any) have you used inhalants (x, y) to get high?", with an instruction to the ESPAD team to use nationally relevant examples in the second pair of brackets. The ESPAD average is 9%, with large differences between the top and bottom countries. The country with the highest proportion of students who have tried inhalants is Croatia with 28%, followed by Latvia (23%) and Slovenia (20%). At the other end of the scale, with 2–3%, are Albania, Iceland, Italy, Ukraine, Moldova and Spain (not an ESPAD country). No geographical pattern can be discerned.

The average prevalence of lifetime use of inhalants among ESPAD students is the same for boys and girls, and an even sex distribution is also found in most countries. However, in six countries there are significantly more boys than girls who have

Figure 16a
Lifetime use of tranquillisers or sedatives without prescription. All students. 2011. Percentages. (Table 36)



[1] **Belgium (Flanders), Bosnia and Herz. (RS), Cyprus, Germany (5 Bundsl) and Russian Federation (Moscow):** Limited geographical coverage.

[2] **Spain, United Kingdom and USA:** Limited comparability.

Significant difference between boys and girls

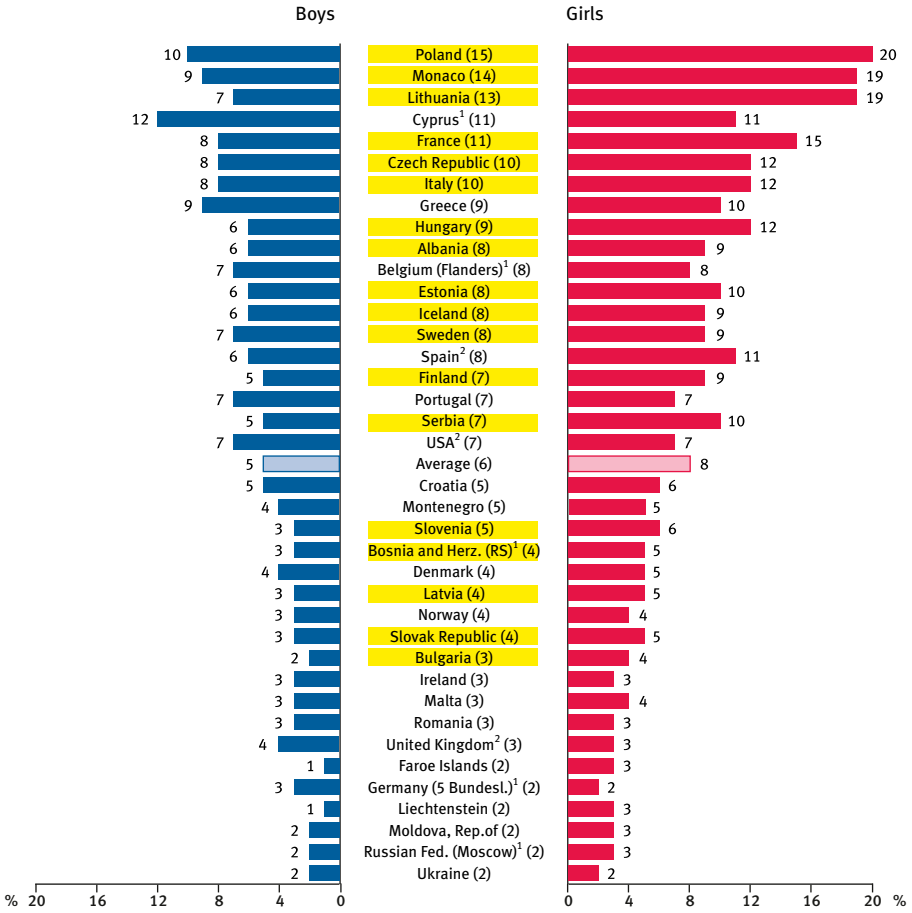


Figure 16b
Lifetime use of tranquillisers or sedatives without prescription by gender. 2011. Percentages. (Table 36)

used inhalants, while the opposite is true for the top country of Croatia and for France.

In all, 4% have used inhalants on three or more occasions during their lifetime. This means that more than half of the students with experience of inhalants have used these substances only once or twice.

Five percent of the students stated that they had used inhalants during the past 12 months and 2% reported use during the past 30 days. Compared with alcohol and 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 past 12 months and 30 days, Greece and Malta were the countries with the highest prevalence figures besides Croatia.

USE OF VARIOUS DRUGS – A SUMMARY

Lifetime use of tranquillisers or sedatives with a doctor's prescription was reported by 8% of the students on average, while 6% reported use of such substances without a personal prescription. The former case is about equally common for both sexes while girls report more non-prescription use, especially in the high-prevalence countries.

Use of alcohol together with pills "in order to get high" was reported, on average, by 5% of the students. The results for this medication-related item are thus in about the same range as those for prescription and non-prescription use of tranquillisers or sedatives.

Just as few (1–2%) reported experience with magic mushrooms, anabolic steroids or drug use by intravenous administration.

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

AGE OF ONSET FOR VARIOUS SUBSTANCES

(Tables 4, 24a–b and 39a–b, Figure 18)

Data on the age of onset for cigarettes, alcoholic beverages and drunkenness have already been presented in previous sections. For purposes of comparison, however, they are given once more, broken down by sex, in Figure 18. It should be kept in mind that 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 with other substances at such a young age is quite rare. Use of inhalants at the age of 13 or younger was mentioned by 4% of the students on average, while the corresponding figure for cannabis is 3%. Even fewer (1–2%) had used non-prescription tranquillisers or sedatives, alcohol together with pills, amphetamines or ecstasy when they were that young.

However, there are countries showing high prevalence figures for single drugs. One example is that 15% of the students in Croatia had used inhalants at the age of 13, and so had one in ten among the Latvian and Slovenian students. The largest proportion of students who had tried cannabis when they were 13 is found in France at 8% (it should be noted that the rate is higher (15%) in the non-ESPAD country of the United States).

On the aggregate level, sex differences can be found for the alcohol and cigarettes variables. In other words, on average, more boys than girls have smoked, drunk a class of various alcoholic beverages and been drunk at the age of 13 or younger (Figure 18). This is also true for cannabis (with 4% for boys and 2% for girls). For other illicit drugs the figures are small and very similar for both sexes. Even though this is true for most individual countries as well, there are cases of non-negligible sex differences for some illicit drugs in some countries.

PERCEIVED RISKS OF SUBSTANCE USE

(Tables 40a–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. To give an example, the two questions for cigarettes 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 cannabis, ecstasy or amphetamines. Around 73% perceived regular use of any of these three drugs to be associated with great risk in the perspective of harmfulness. With very few exceptions, 60% or more of the students in each country considered these drugs to be very harmful.

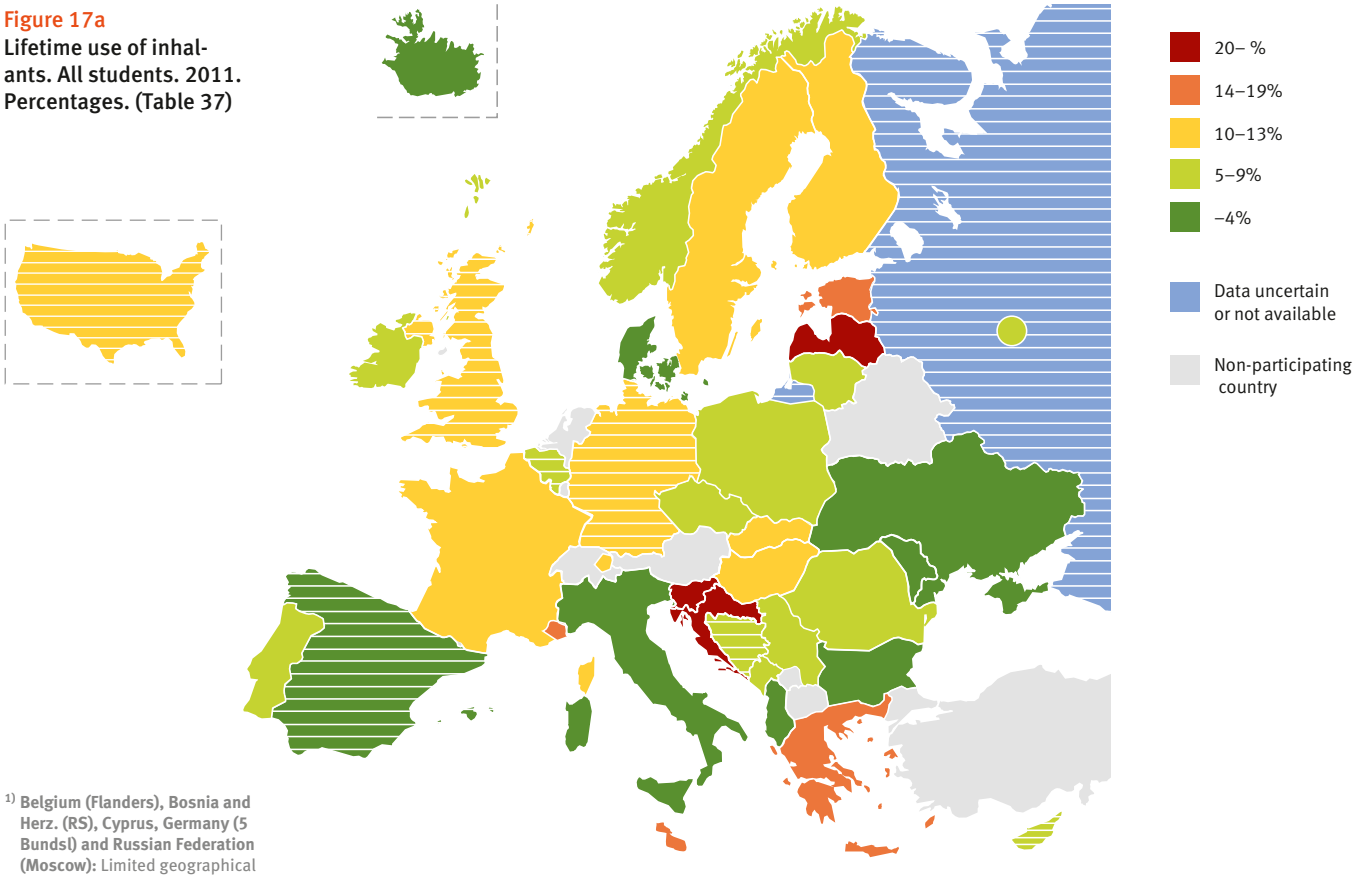
Of the behaviours listed, the one deemed the least harmful was "smoke cigarettes occasionally", which only 14% of all ESPAD students considered to entail a great risk. Three in ten considered people to be at great risk of harming themselves if they have one or two drinks nearly every day, and the figure was about the same for trying cannabis once or twice (35%). 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 63% 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.

Overall, more girls than boys perceive the different patterns of regular consumption to be associated with great risks. However, for some variables the sex differences are small; they are mainly observable in relation to more regular use of various substances.

The outcome for the perceived risk questions shows that the

Figure 17a
Lifetime use of inhalants. All students. 2011. Percentages. (Table 37)



[1] **Belgium (Flanders), Bosnia and Herz. (RS), Cyprus, Germany (5 Bundsl) and Russian Federation (Moscow):** Limited geographical coverage.

[2] **Spain, United Kingdom and USA:** Limited comparability.

Significant difference between boys and girls

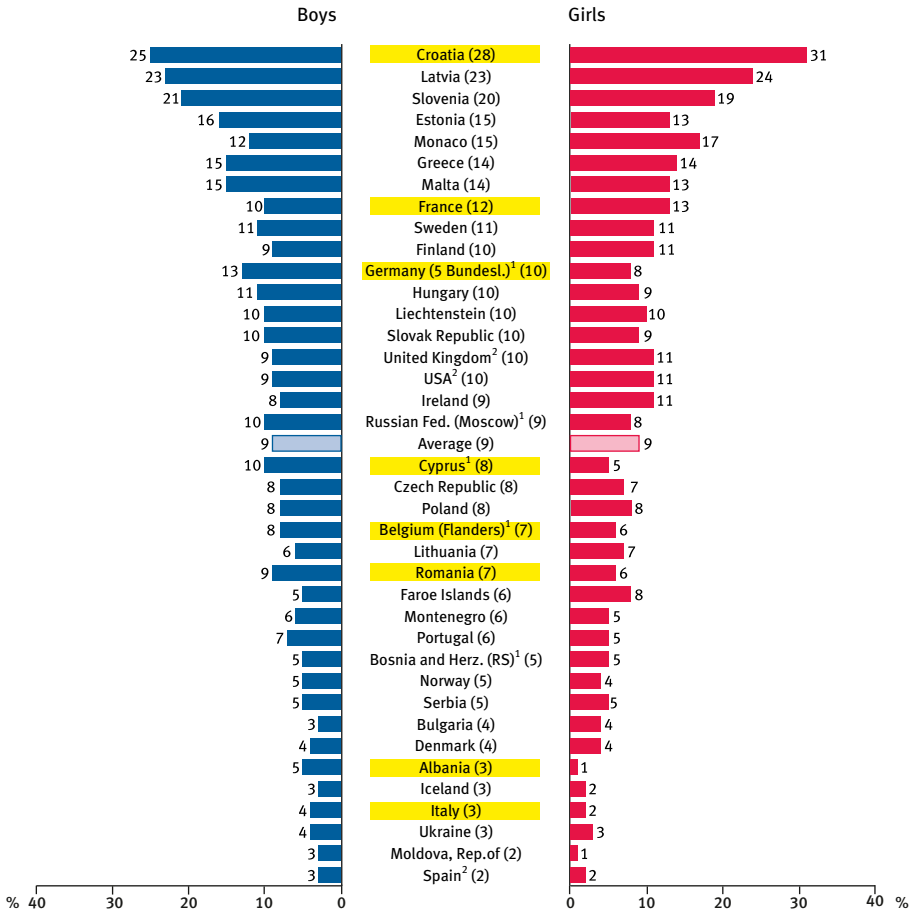


Figure 17b
Lifetime use of inhalants by gender. 2011. Percentages. (Table 37)

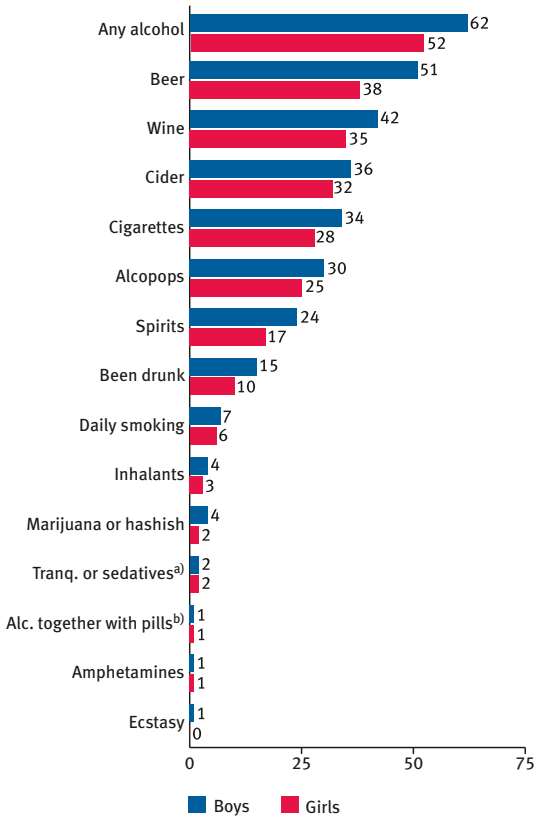


Figure 18 **Age of onset for various substances and combinations of substances. Proportion answering at the age of 13 or younger. All countries average by gender. 2011. Percentages. (Tables 4, 24 and 39)**

a) Without a doctor's prescription.

b) To get high.

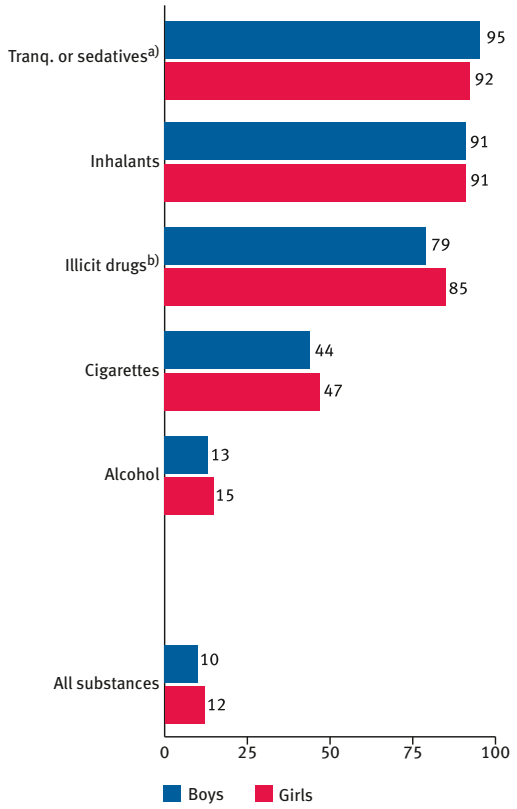


Figure 19 **Lifetime abstinence from various substances. All countries average by gender. 2011. Percentages. (Table 41)**

a) Without a doctor's prescription.

b) Includes cannabis, amphetamines, cocaine, crack, ecstasy, LSD or other hallucinogens, heroin and GHB.

students' opinions vary across countries. It is reasonable to assume that perceived risks of different substances reflect not only personal attitudes, but also national substance-use cultures, levels of use and levels of availability. Without discussing the causal relation, it can be of interest to note that there is a strong inverse relationship on the aggregate country level between past-12-months cannabis prevalence and the perceived risk of occasional cannabis use (r=-0.82**). The corresponding figure for the (also inverse) relationship between the prevalence of past-30-days heavy episodic drinking and considering heavy episodic drinking on a weekly basis to be risky is less strong, but it remains statistically significant (r=-0.47**).

This means that cannabis is perceived as more risky in countries with few cannabis users than in countries where many have used cannabis in the past 12 months and, similarly, that fewer students think that heavy episodic drinking on a weekly basis is risky in countries where heavy episodic drinking is common than in countries where few students have engaged in heavy episodic drinking during the past 30 days.

LIFETIME ABSTINENCE FROM VARIOUS SUBSTANCES

(Tables 41a–b, Figure 19)

Percentages of lifetime abstainers are given in two tables and a figure for each of the following substances: cigarettes, alcohol, illicit drugs, tranquillisers or sedatives and inhalants. In addition, a final variable is presented, reflecting the proportions who have never used any of the above-mentioned substances.

On average, 94% of the ESPAD students have never used any tranquillisers or sedatives without a medical prescription (range: 85–98%). Almost as many (91%) have never used inhalants of any kind (range: 72–98%). The rate of lifetime abstinence from using illicit drugs[7] is somewhat lower (82%) and variation across countries is greater (range: 57–95%). Only few students report experience with illicit drugs in Albania, Bosnia and Herzegovina (Republic of Srpska), the Faroe Islands, Moldova, Montenegro, Norway, Serbia and Sweden, i.e. with one exception Balkan and Nordic countries, while this is true for about 40% of the students in the Czech Republic, France and Monaco. However, there is no country where the majority of students have tried illicit drugs.

Having used cigarettes is quite common compared with hav-

ing used any of the substances mentioned above. Less than half (46%) of all students have abstained from trying cigarettes during their lifetime. Relatively large variation across countries may be noted, with 74% lifetime non-smokers in Iceland but only about 25% in the Czech Republic and the Baltic countries of Estonia, Latvia and Lithuania.

Relatively few students answered that they had never drunk alcohol. On average, only 14% are lifetime alcohol abstainers. Around 45% reported no alcohol use in Albania, Iceland and the United States (not an ESPAD country). On the other hand, this was only claimed by about 4% of the students in the Czech Republic and the three Baltic countries of Estonia, Latvia and Lithuania.

A final measure of abstinence is non-use of any of the substances mentioned above. Quite naturally, this combined measure yields the lowest prevalence. On average, about one in ten of the ESPAD students (11%) report no use at all of any of the substances. Countries vary in the proportion of students who are abstainers from all of the substances included (between 1% and 40%). 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 (40%), followed by Albania (32%), Spain (not an ESPAD country) (28%) and Norway (26%). On the other hand, in the Czech Republic, Latvia and Lithuania only 1–3% have abstained from all of the relevant substances.

At the aggregate level there are slightly higher abstinence figures among girls for four substances; the largest difference is found for illicit drugs, with 85% of the girls having never tried them compared with 79% of the boys. On the other hand, there are slightly more boys (95%) than girls (92%) who have never tried tranquillisers or sedatives without a doctor's prescription.

However, even if similar tendencies are found in many countries, there are also examples at the national level where these patterns are not followed.

ASSOCIATIONS BETWEEN USE OF DIFFERENT SUBSTANCES

In the next chapter, "Key results 2011 country by country", the results for the individual countries are compared with the ESPAD averages in relation to eight key variables. Table Z presents statistical correlations (Pearson) for those eight variables on the country level. The correlations are simply computed at the aggregate country level for countries with available data (between 32 and 35 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 is high.

The amount of alcohol consumed on the latest drinking day does not seem to correlate with any other substance use; the Pearson correlations range only from -0.27 to 0.30. Another variable with no statistically significant correlation with other variables on the 0.01 level is lifetime use of tranquillisers or sedatives without a doctor's prescription (even though there are two correlations that are significant on the 0.05 level).

Recent (past-30-days) use of cigarettes and of alcohol, as well as lifetime use of cannabis and of illicit drugs other than cannabis, are associated with all other variables except the volume of alcohol consumed on the latest drinking day and lifetime use of tranquillisers or sedatives without a doctor's prescription.

Heavy episodic drinking during the past 30 days mainly correlates with past-30-days use of cigarettes and of alcohol as

Table Z. Statistical correlations (Pearson) on an aggregate country level between key substance-use variables. 32–35 ESPAD countries. 2011

	Past-30-days use of cigarettes	Past-30-days use of alcohol	Past-30-days heavy episodic drinking	Alcohol vol. latest drinking	Lifetime use of cannabis	Lifetime illicit drugs except cannabis[a)]	Lifetime use of inhalants[b)]	Lifetime use of tranq. or sedatives [c)]
Past-30-days use of cigarettes	–	0.62**	0.55**	0.06	0.74**	0.59**	0.49**	0.15
Past-30-days use of alcohol		–	0.84**	0.06	0.60**	0.58**	0.38*	0.18
Past-30-days heavy episodic drinking			_	0.30	0.50**	0.39	0.56**	0.01
Alcohol volume on the latest drinking day				_	-0.01	-0.27	0.13	-0.21
Lifetime use of cannabis					_	0.79**	0.35*	0.39*
Lifetime use of illicit drugs except cannabis[a)]						_	0.30*	0.35*
Lifetime use of inhalants[b)]							_	0.05
Lifetime use of tranquillisers or sedatives[c)]								_

** Correlation significant at the 0.01 level. * Correlation significant at the 0.05 level.
[a)] Includes ecstasy, amphetamines, LSD or other hallucinogens, crack, cocaine, heroin and GHB.
[b)] "... to get high".
[c)] Non-prescription use.

[7)] Illicit drugs include cannabis, ecstasy, GHB, amphetamines, LSD or other hallucinogens, crack, cocaine and heroin.

well as with lifetime use of cannabis. In general, the relationship between lifetime inhalant use and other variables is less strong than many other associations.

The strongest correlation observed in the table is the one between alcohol use in the past 30 days and heavy episodic drinking during the same period (r=0.84). However, it should be observed that, to some extent, this is natural in that all those who have engaged in heavy episodic drinking during the past 30 days have obviously drunk alcohol during that period.

As mentioned earlier in this chapter, there is a strong relationship between lifetime use of cannabis and lifetime use of illicit drugs other than cannabis (r=0.79). In other words, in countries where many students have used cannabis, students are also more likely to have used another illicit drug.

Another strong association is found between past-30-days use of cigarettes and lifetime use of cannabis (r=0.74).

The above correlations have simply been computed at the aggregate level. In individual countries there are also associations between variables relating to use of different substances. To give an idea of the use of these substances in different countries, the next chapter presents each country's results for the eight key variables and compares them with the averages for all ESPAD countries.

Key results 2011 country by country

Key results 2011 country by country

INTRODUCTION

In the previous chapter, the 2011 results for all participating countries were compared one variable at a time. However, it is also of interest to look at the results country by country. In this chapter, eight selected key variables are therefore presented in relation to each country.

The eight key variables are (with questionnaire item label in brackets):

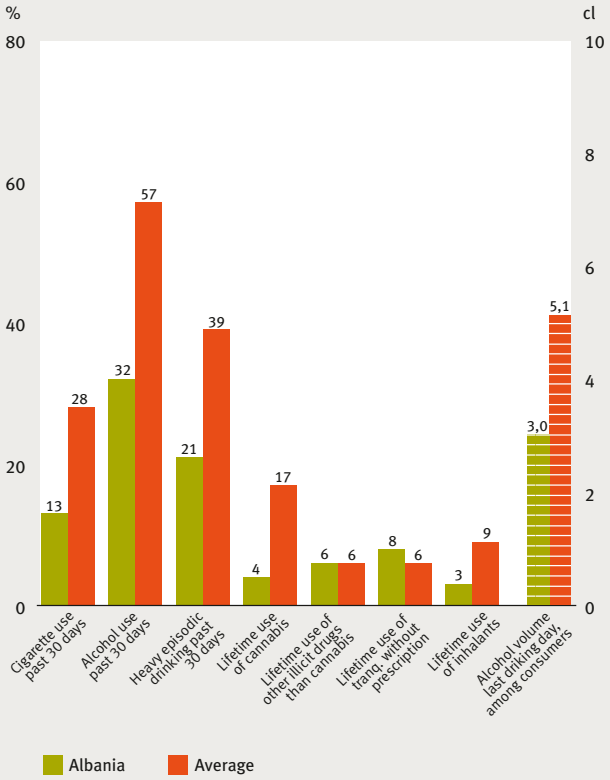
- Cigarette use during the past 30 days (C09).
- Alcohol use during the past 30 days (C12c).
- Heavy episodic drinking during the past 30 days, i.e. having had five or more drinks on one occasion (a drink roughly corresponds to 2 centilitres of pure alcohol) (C18).
- Volume of alcohol (in centilitres of pure alcohol) consumed during the most recent alcohol-drinking day (for students reporting any such consumption) (C15.2–6, C15a–f).
- Lifetime use of cannabis (marijuana or hashish) (C25a).
- Lifetime use of illicit drugs other than cannabis (C29a, C31b, C31c, C31d, C31e, C31g, C31i).
- Lifetime use of tranquillisers or sedatives without a doctor's prescription (C31a).
- Lifetime use of inhalants in order to get high (with nationally relevant examples of such substances given) (C30a).

To facilitate comparison of national prevalence rates with the ESPAD averages, the results for each country are shown in a chart along with averages for all participating ESPAD countries. The countries are presented in alphabetical order.

For more detailed information about each variable, please refer to the tables section (Appendix III) and the questionnaire (Appendix IV). Information about methodological aspects of each country's national study is presented in Appendix II.

ALBANIA

Compared with the average for all countries, the Albanian students report relatively moderate substance-use habits. For six out of the eight key variables studied, their results are definitely below average, while the other two variables more or less equal the average. For example, roughly half as many Albanian students reported cigarette use in the past 30 days compared with the ESPAD average (13% versus 26%). The variables relating to alcohol use also indicate that the Albanian students are definitely more moderate. However, the one figure that is particularly low by comparison is the prevalence of lifetime use of cannabis (4% versus 17%). Lifetime use of inhalants is also definitely below average, while use of illicit drugs other than cannabis and non-prescribed use of tranquillisers and sedatives are at roughly the same level as the ESPAD average. However, the last two results do not change the impression of Albania being a low-prevalence country in the ESPAD context.

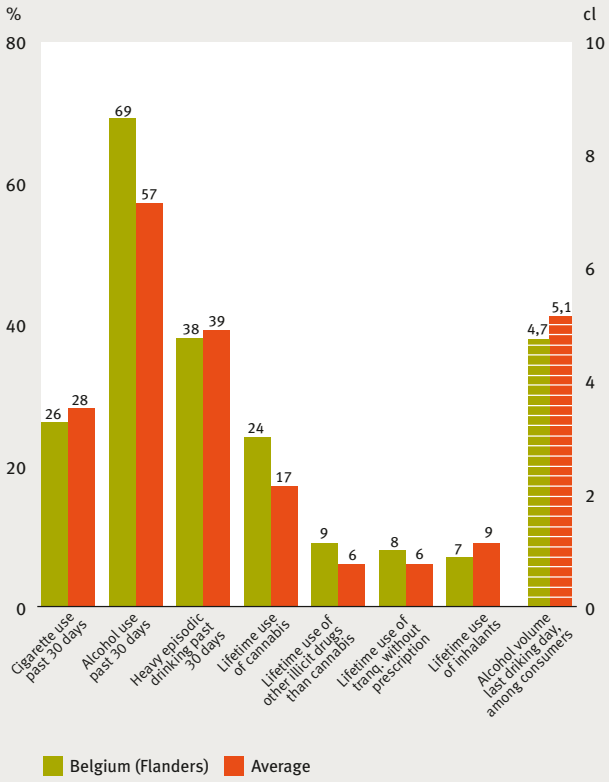


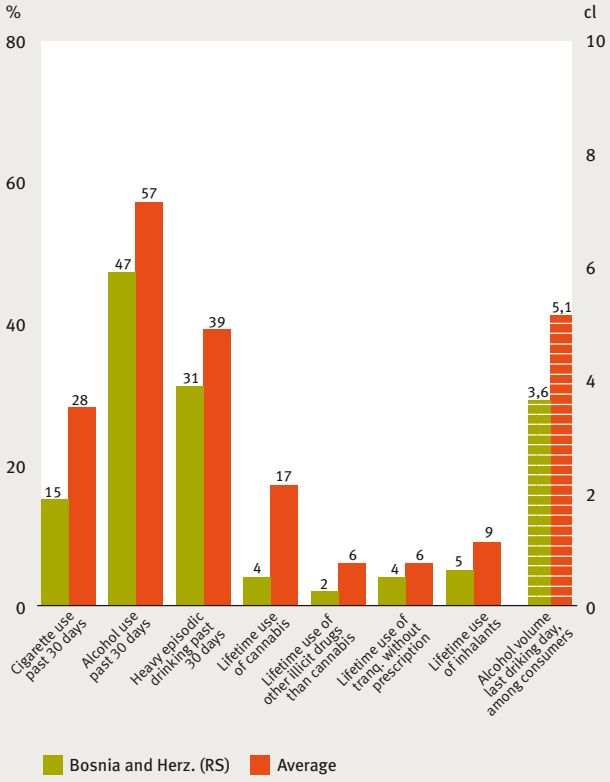
BELGIUM (FLANDERS)

The results from the Belgian study (Flanders only) are generally rather close to the ESPAD averages. However, two variables indicate a higher prevalence. One is past-30-days use of alcohol, which 69% of the Belgian students reported, compared with the ESPAD average of 57%. However, none of the other alcohol-related variables studied differed greatly from the ESPAD average. The other variable where Belgium (Flanders) scored higher than average is lifetime use of cannabis (24% versus 17%). Further, another – smaller – difference is that 9% of Belgian students compared with 6% of ESPAD students reported use of illicit drugs other than cannabis. The overall impression is that the substance-use habits of Belgian students are relatively typical in an ESPAD perspective.

BOSNIA AND HERZEGOVINA (REPUBLIC OF SRPSKA)

Students in Bosnia and Herzegovina (Republic of Srpska only) clearly report lower levels of substance use on all eight key variables, compared with the ESPAD average. The levels are particularly low for the use of cannabis and other illicit drugs, while the prevalence rates for past-30-days use of cigarettes and lifetime use of inhalants were only half as high as the average for all countries. Compared with those variables, the three alcohol-related measures were closer to average but still definitely below it. In the ESPAD context, this makes Bosnia and Herzegovina (Republic of Srpska) a low-prevalence country when it comes to substance use.



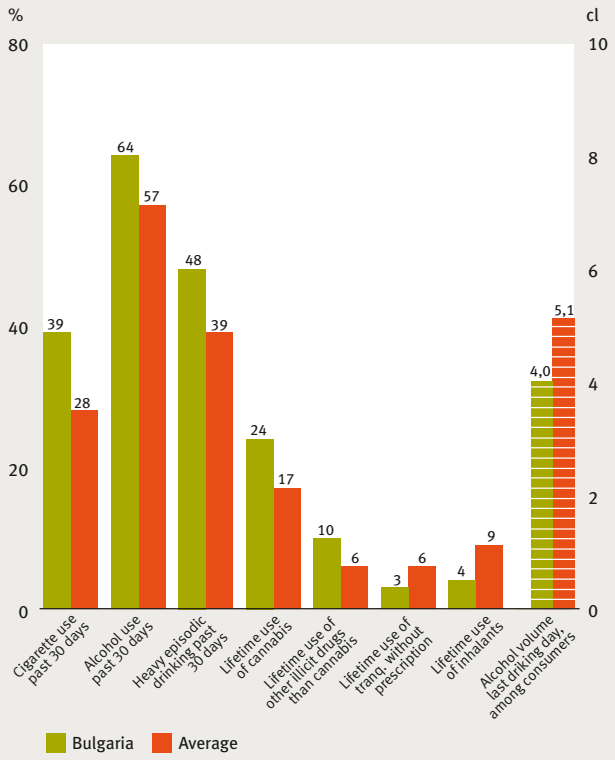


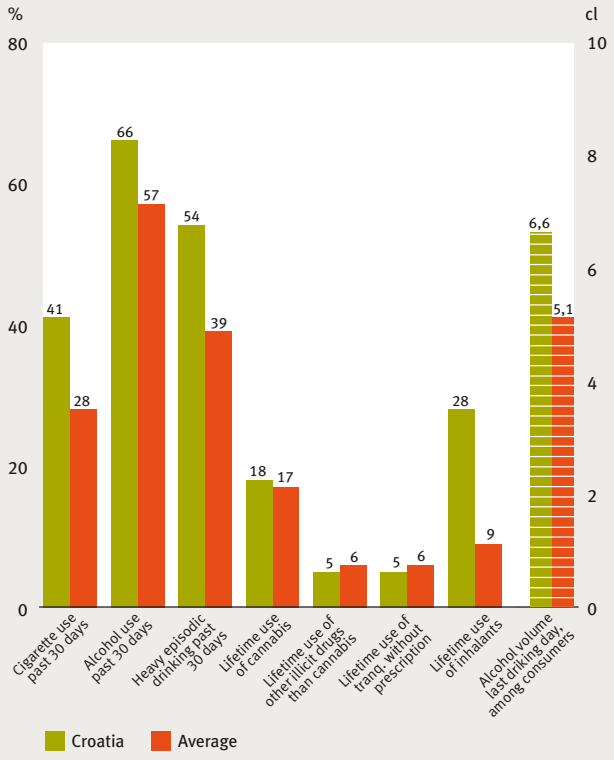
BULGARIA

Bulgarian students scored higher than average on cigarette use in the past 30 days, on lifetime use of cannabis and on lifetime use of illicit drugs other than cannabis. They also scored higher on past-30-days use of alcohol and on heavy episodic drinking. Even so, however, the amount of alcohol consumed on the most recent drinking day was lower than the ESPAD average. Moreover, reported lifetime use of inhalants and non-prescription use of tranquillisers and sedatives were only half the ESPAD average. Hence, the Bulgarian picture is a slightly mixed one when it comes to the eight key indicators, but it should be recognised that the Bulgarian students scored higher than average on several important key variables.

CROATIA

The Croatian results on lifetime use of cannabis, lifetime use of illicit drugs other than cannabis and lifetime non-prescription use of tranquillisers and sedatives are very close to the ESPAD averages. However, cigarette smoking in the past 30 days is clearly more common in Croatia, and alcohol use is also higher in terms of past-30-days use and the amount consumed on the most recent drinking day. In addition, the proportion of students reporting that they had engaged in heavy episodic drinking during the past 30 days is also above average. Lifetime use of inhalants, which was reported by 28%, is considerably above average. This is in fact three times higher than the average for all countries, and of the eight variables studied it is the one that differs the most from the ESPAD average. Even though Croatia equals the average for several variables, the main impression in the ESPAD context is that substance-use habits among Croatian students tend to be more extensive.



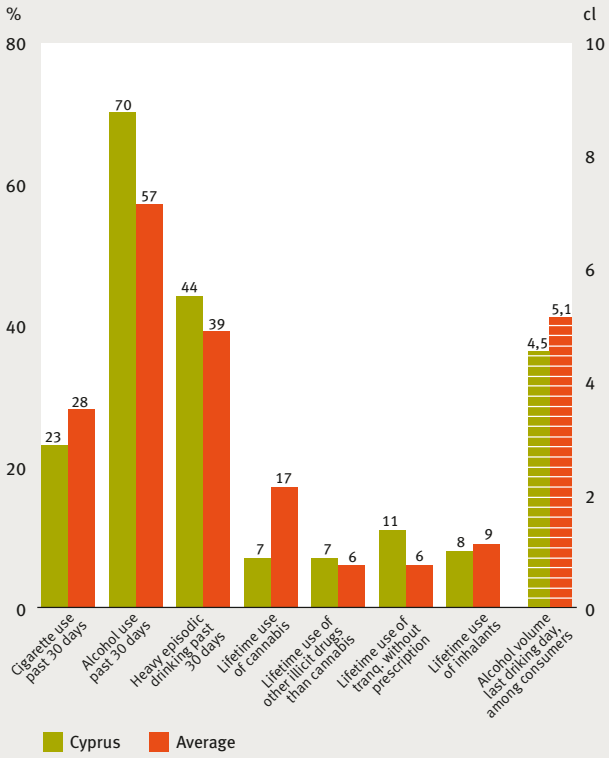


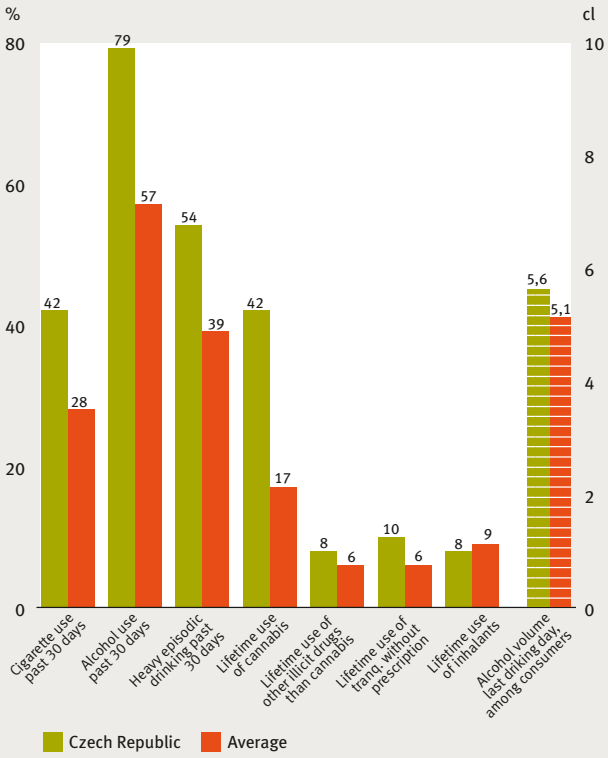
CYPRUS

Lifetime use of cannabis is clearly reported to a lower extent by the Cypriot students from the government-controlled areas, compared with the ESPAD average. Cigarette use in the past 30 days is also less common in Cyprus, but the difference is smaller than for cannabis. Alcohol use in the past 30 days, on the other hand, is reported to a higher extent than average, and so (but by a smaller margin) is heavy episodic drinking during the same period. However, the amount of alcohol consumed on the most recent drinking day in Cyprus was below the ESPAD average. In relative terms, non-prescription use of tranquillisers or sedatives is the variable where Cyprus differs the most from the average, given that almost twice as many Cypriot students reported such lifetime use (11% versus 6%). The overall picture of Cyprus, in the ESPAD perspective, is a mixed one with some key variables above average, some below and others very close to the ESPAD average.

CZECH REPUBLIC

The Czech students scored around average for three of the eight key variables studied: lifetime use of illicit drugs other than cannabis, lifetime use of inhalants and the amount of alcohol consumed on the most recent drinking day. However, the other two alcohol-related measures, use and heavy episodic drinking in the past 30 days, were definitely above average. Cigarette use in the past 30 days was also considerably higher than average, but the most striking difference relates to the lifetime prevalence of cannabis, reported by 42% of the Czech students compared with the ESPAD average of 17%. The main impression, in an ESPAD context, is that Czech students tend to display relatively extensive substance-use habits.



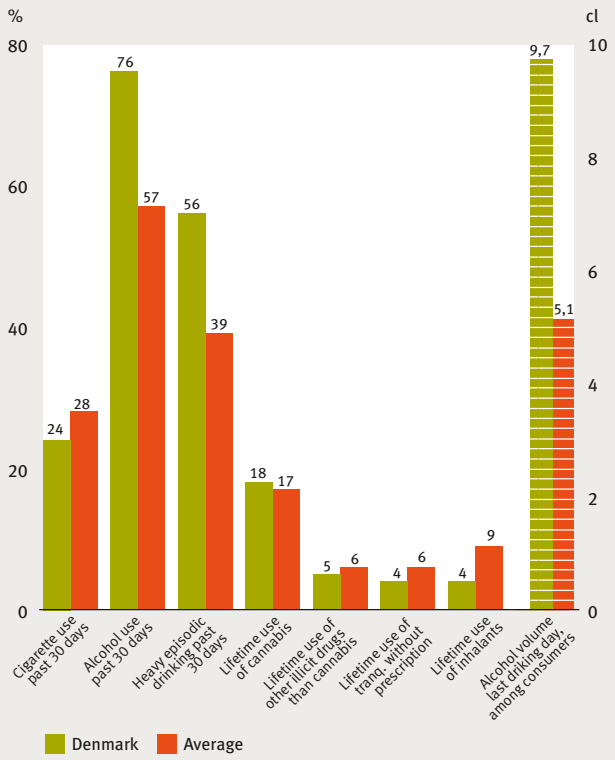


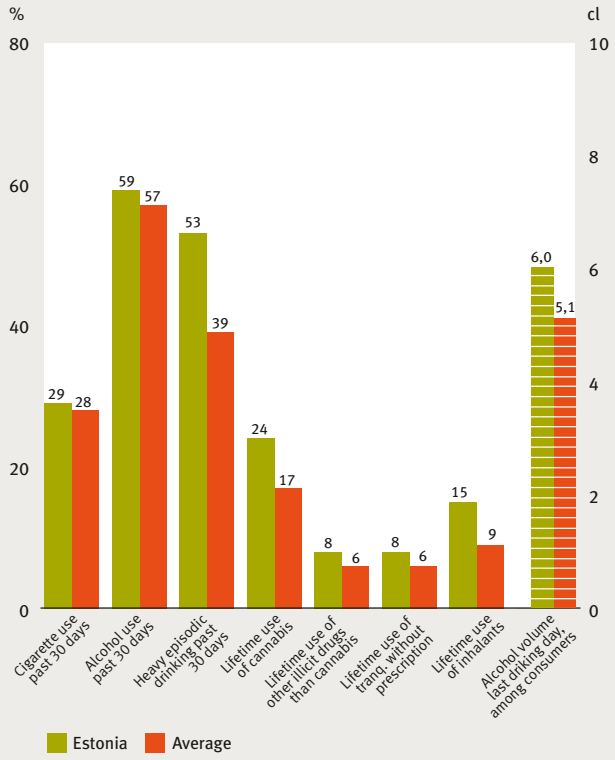
DENMARK

Lifetime use of inhalants is less commonly reported by Danish students compared with the average for all countries. Lifetime use of non-prescribed tranquillisers or sedatives and past-30-days use of cigarettes also appear to be slightly less common than average, while lifetime use of cannabis and of illicit drugs other than cannabis are both very close to the ESPAD averages. The biggest difference from the average relates to the amount of alcohol consumed on the latest drinking day (9.7 versus 5.1 centilitres of pure alcohol). The proportions of Danish students who reported alcohol use in the past 30 days and heavy episodic drinking during the same period are also considerably above average. Hence, the most striking thing about Denmark is that the drinking habits reported are extensive while the other variables hardly exceed the average in any case.

ESTONIA

Several of the results on the eight key variables from the Estonian survey are relatively close to the ESPAD average, including past-30-days use of cigarettes and alcohol. However, past-30-days heavy episodic drinking is more commonly reported by Estonian students compared with the average, and the amount of alcohol consumed on the latest drinking day is also larger (6.0 versus 5.1 centilitres of pure alcohol). The rate of lifetime use of cannabis is also higher in Estonia than the ESPAD average, but the largest difference – in relative terms – is that 15% of the Estonian students reported lifetime use of inhalants, compared with the ESPAD average of 9%. In the ESPAD context, the general impression is that Estonian students tend to display slightly more extensive substance-use habits than other students.



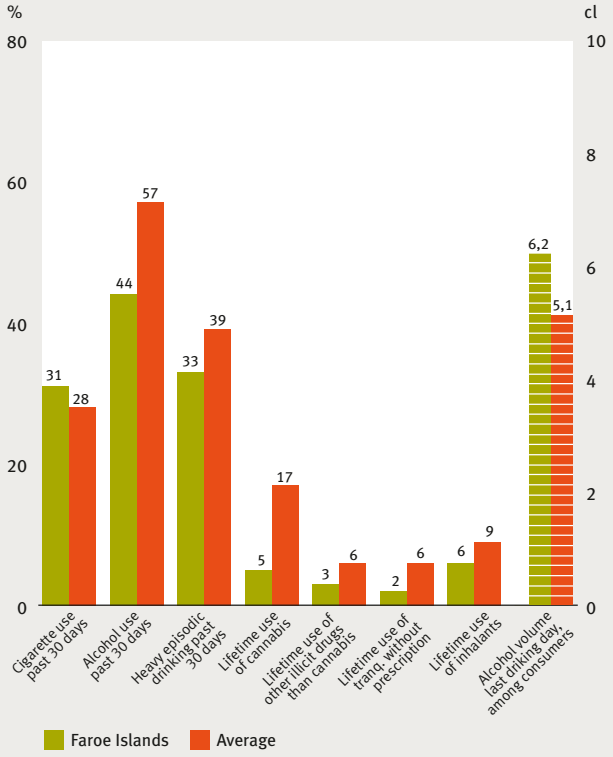


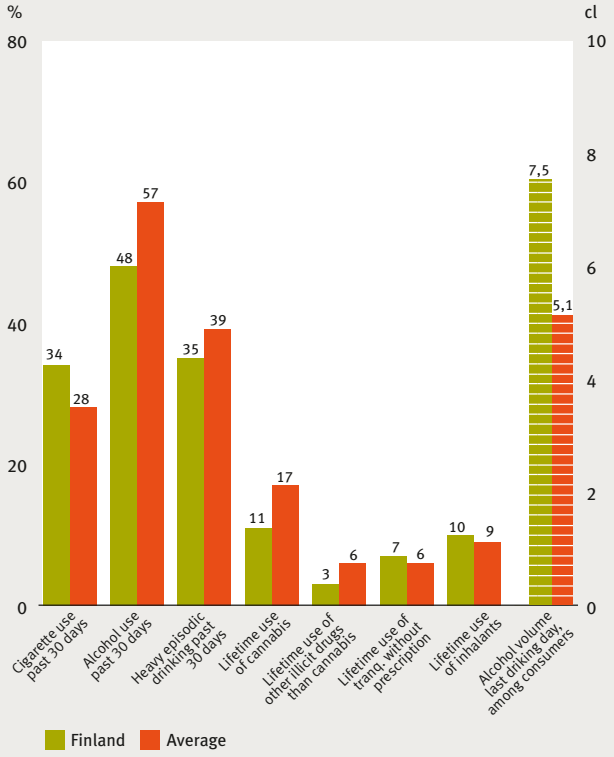
FAROE ISLANDS

Of the eight key variables studied, Faroese students report lower levels on six. Relatively speaking, lifetime use of cannabis is particularly low (5% versus 17%). Lifetime use of illicit drugs other than cannabis, lifetime non-prescription use of tranquillisers/sedatives and lifetime use of inhalants are also considerably below average. By contrast, cigarette smoking in the past 30 days is slightly above the average for all countries, and so is the amount of alcohol consumed on the latest drinking day. However, use of alcohol and heavy episodic drinking seem to occur less often among Faroese students, given that less of these behaviours has taken place during the past 30 days compared with the ESPAD average. The overall impression is that the Faroe Islands is a low-prevalence country, at least in the ESPAD context.

FINLAND

Compared with the ESPAD average, fewer Finnish students reported lifetime use of cannabis and of illicit drugs other than cannabis, while lifetime use of inhalants and non-prescribed use of sedatives and tranquillisers were of the same magnitude as the ESPAD average. Cigarette use during the past 30 days was slightly more commonly reported in Finland while past-30-days use of alcohol and heavy episodic drinking were less common. The most striking difference is that Finnish students reported a considerably larger amount of alcohol consumed on the latest drinking day (7.5 versus 5.1 centilitres of pure alcohol). Hence, Finnish students appear to use alcohol less often but in larger quantities than the ESPAD average. Apart from the large alcohol quantity, the overall impression is that Finnish students report substance-use habits that are relatively well in line with the ESPAD average.



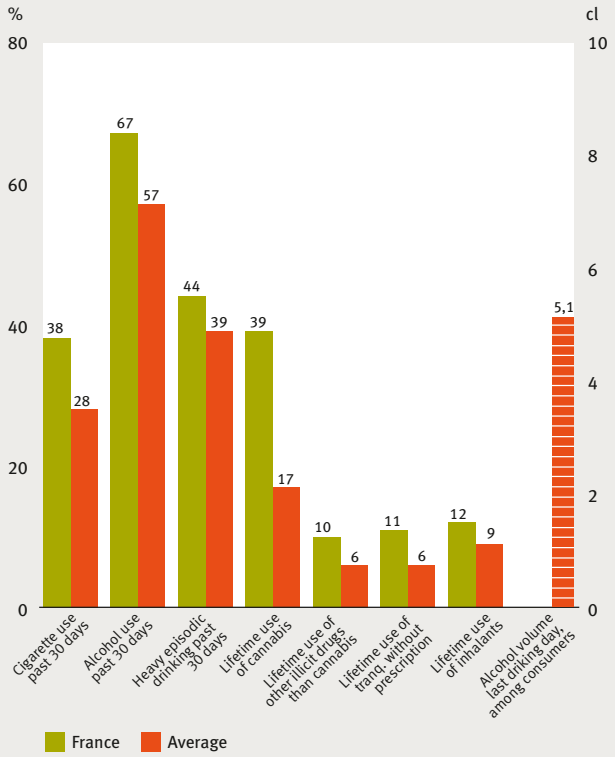


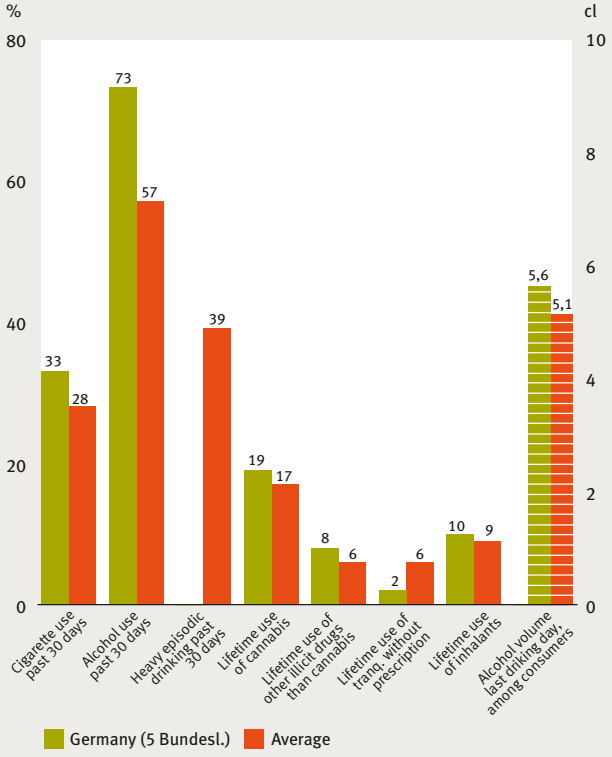
FRANCE

The French results relating to the volume of alcohol consumed on the latest drinking day have been deemed non-comparable, which is why only seven of the key variables are presented in the figure. It is clear from the chart that French students generally report substance use on a higher level than the ESPAD average. For instance, past-30-days use of cigarettes and alcohol as well as heavy episodic drinking exceed the average for all countries. So does the lifetime prevalence of use of illicit drugs other than cannabis, use of inhalants and non-prescription use of tranquillisers/sedatives. Most strikingly, however, the reported level of lifetime use of cannabis is more than twice as high as the ESPAD average (39% versus 17%). The overall picture, in the ESPAD context, is that French students display more extensive substance-use habits.

GERMANY (5 BUNDESLÄNDER)

Lifetime use of cannabis, of illicit drugs other than cannabis and of inhalants was reported more or less in line with the ESPAD average by the German students in the five Bundesländer (federal states) that participated in the study, while non-prescription use of sedatives or tranquillisers was less commonly reported by the German students. Cigarette smoking in the past 30 days was reported slightly more often, and alcohol use during the same period was definitely more common in Germany than in the ESPAD countries taken together. Further, the amount of alcohol consumed on the latest drinking day was also slightly higher among the German students compared with the average for all countries. Unfortunately, it is not possible to compare levels of heavy episodic drinking since this measure has been deemed non-comparable for Germany. The main impression is anyhow, in the ESPAD context, that German students often tend to report slightly more extensive substance-use habits.



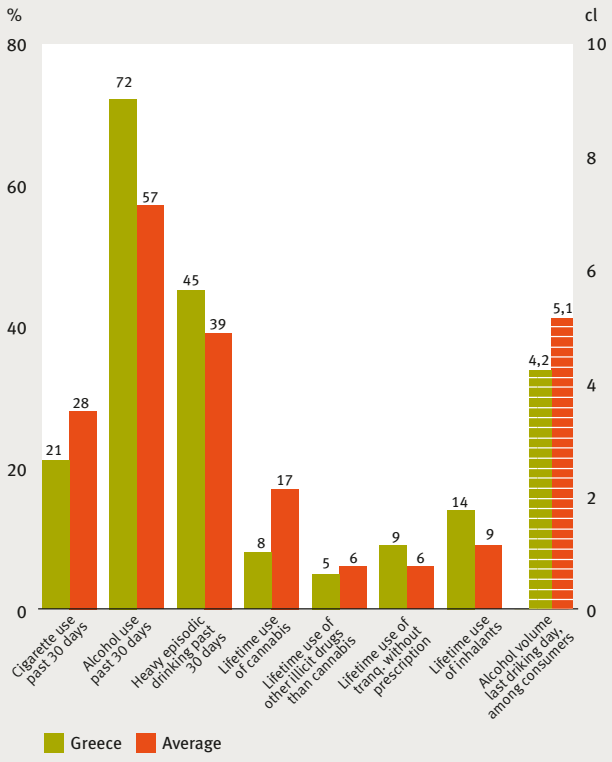


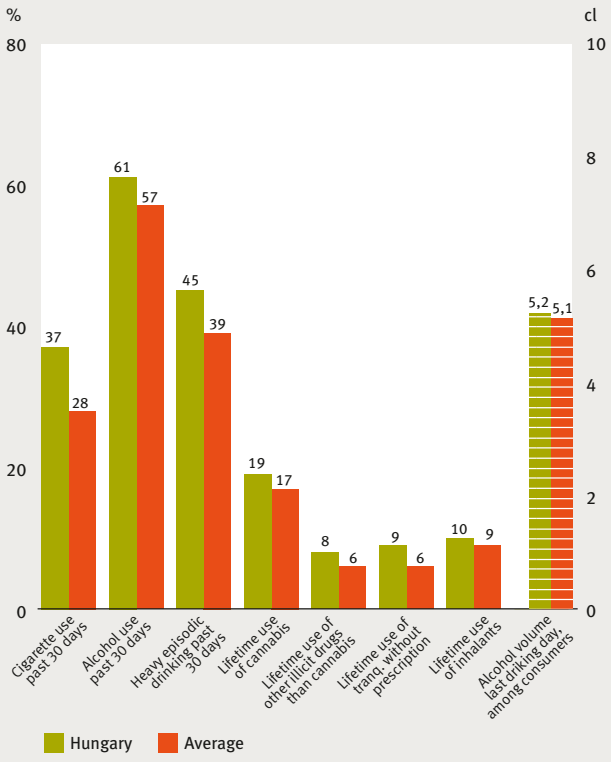
GREECE

Compared with the ESPAD average, cigarette use during the past 30 days was less commonly reported by the Greek students, and lifetime use of cannabis was reported even less frequently, relatively speaking (8% versus 17%). By contrast, lifetime use of inhalants and non-prescribed use of sedatives or tranquillisers were more common among the Greek students. Close to three-quarters of the Greek students reported that alcohol use had occurred during the past 30 days, which is well above the average for all countries. A slightly higher proportion than the ESPAD average reported that heavy episodic drinking had taken place during the same period of time, but the amount of alcohol consumed on the latest drinking day was below the ESPAD average (4.2 versus 5.1 centilitres of pure alcohol). The overall picture of Greece, in the ESPAD perspective, is a mixed one with some key variables above, some below and others in line with the ESPAD average.

HUNGARY

The results show that the Hungarian students are rather similar to the ESPAD average on most of the eight key variables. Slightly more Hungarian students report past-30-days use of cigarettes and alcohol, and heavy episodic drinking has also occurred more frequently compared with the average for all countries. Lifetime use of cannabis, of illicit drugs other than cannabis and of inhalants display only negligible differences. The largest difference, in percentage points, is that for cigarette use in the past 30 days (9 points higher in Hungary), even though the figure for lifetime non-prescription use of tranquillisers and sedatives differs even more in relative terms. The overall impression, in an ESPAD context, is that Hungarian students display substance-use habits of roughly the same magnitude as the average ESPAD student.



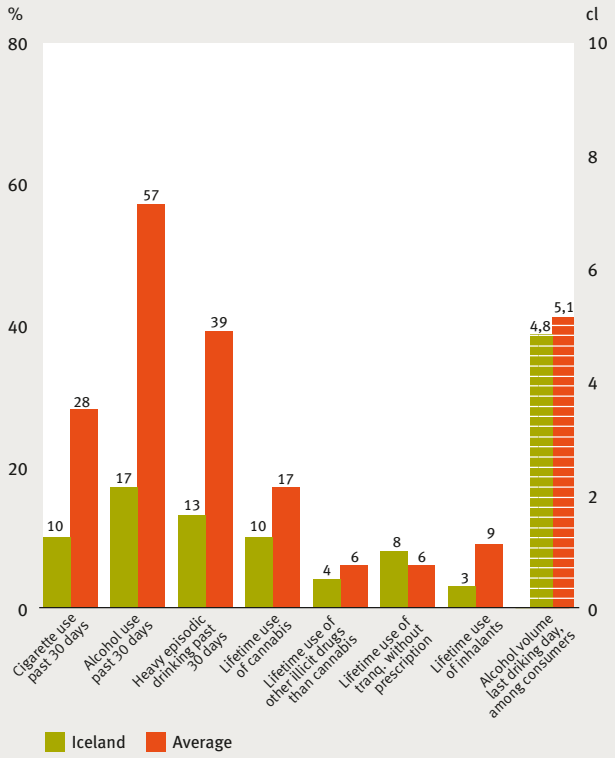


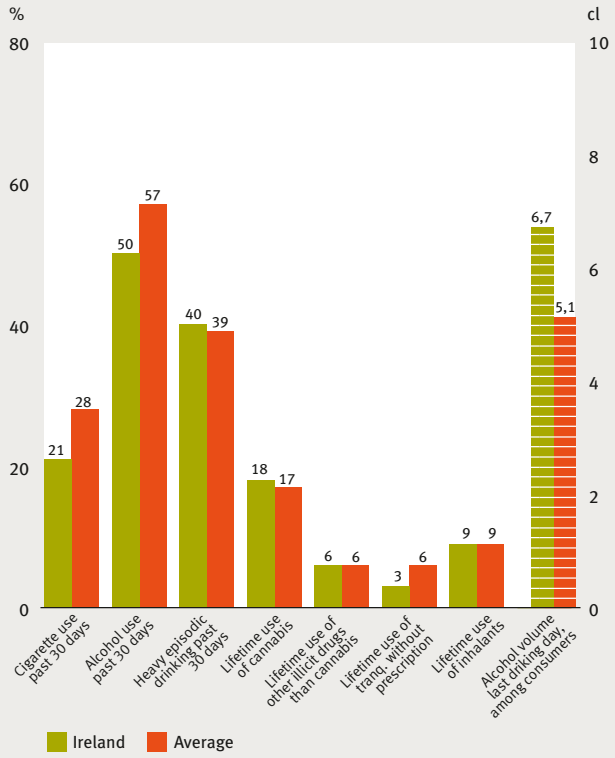
ICELAND

The Icelandic students reported rather moderate substance-use habits compared with the ESPAD average. In fact, the proportions of Icelandic students reporting use of cigarettes, use of alcohol and heavy episodic drinking in the past 30 days were only a third of the ESPAD averages. This was also the case for lifetime use of inhalants (3% versus 9%). Lifetime use of cannabis is also considerably lower for Iceland compared with the ESPAD average. Of the eight key variables studied, Iceland only touches the ESPAD average for two of the variables (non-prescription use of tranquillisers and alcohol volume consumed last drinking day). However, it should be emphasised that, by comparison, Icelandic students relatively seldom use any alcohol at all. In the ESPAD context, the overall impression is that Iceland definitely belongs to the group of countries where substance use is less common.

IRELAND

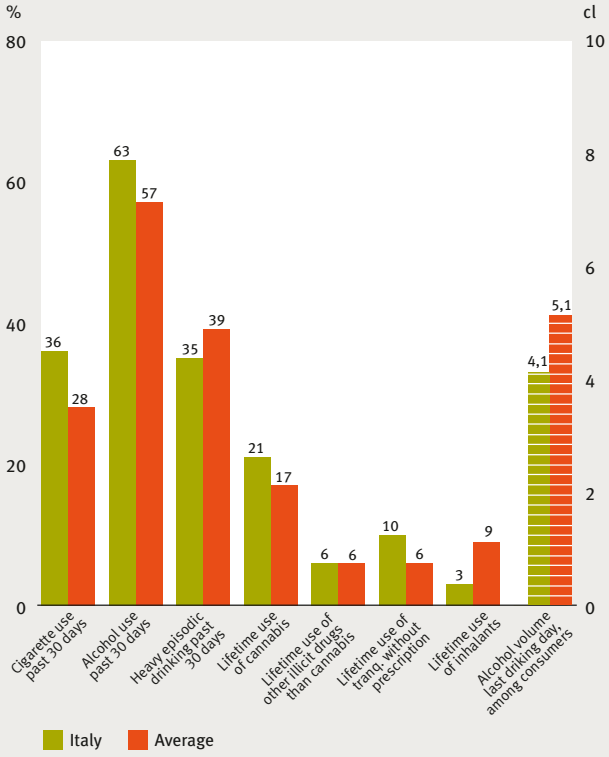
The Irish students report less use of cigarettes and alcohol during the past 30 days compared with the average for all countries. Non-prescribed use of tranquillisers or sedatives is also below average. Of the eight key variables studied, the only one that stands out is the amount of alcohol consumed on the latest drinking day. Irish students reported a volume of 6.7 centilitres of pure alcohol, compared with the ESPAD average of 5.1 centilitres. However, the prevalence of heavy episodic drinking in the past 30 days does not differ from the ESPAD average. Further, lifetime use of cannabis, of illicit drugs other than cannabis and of inhalants was also reported to the same extent as the average. In conclusion, even though two or three of the key variables differ from the average, Irish students' overall substance-use habits do not seem to differ all that much from the ESPAD average.





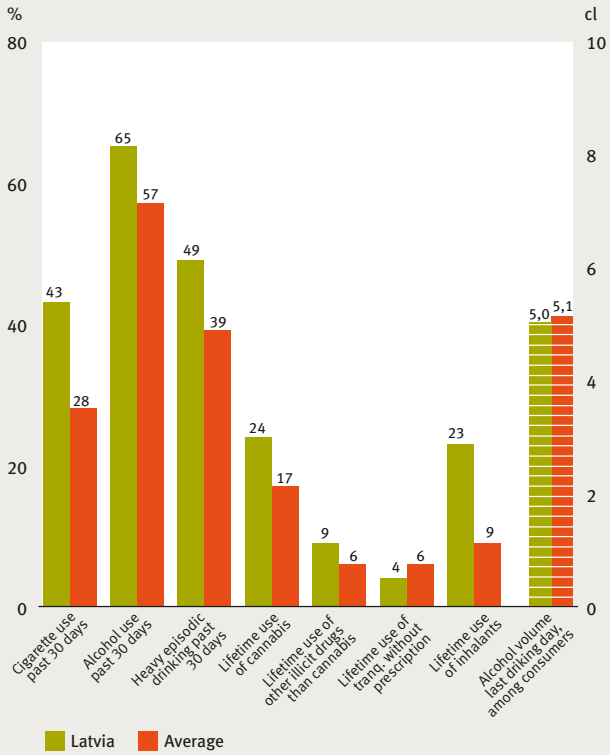
ITALY

Lifetime use of inhalants was reported by considerably fewer Italian students compared with the average for all countries. The volume of alcohol consumed on the latest drinking day is also below the ESPAD average, and the proportion reporting heavy episodic drinking in the past 30 days is lower as well. On the other hand, higher proportions of the students in Italy reported that they had used alcohol and cigarettes during the past 30 days. Lifetime use of cannabis and non-prescribed use of sedatives and tranquillisers were also more commonly reported by the Italian students. On the whole, though, the Italian differences from the ESPAD average are not striking. In relative terms, the low level of inhalants experience is actually the largest such difference. Apart from this, it can be concluded that Italy is relatively well in line with the average ESPAD country.



LATVIA

For six of the eight key variables studied, the Latvian results are above the average for all countries. For instance, the proportion of students who reported lifetime use of inhalants in Latvia is more than twice the ESPAD average, and the results for lifetime use of cannabis and for lifetime use of illicit drugs other than cannabis are also higher. Past-30-days cigarette use is considerably higher as well, and past-30-days use of alcohol and heavy episodic drinking are also above average. However, it should be noted that the volume of alcohol consumed by Latvian students on their latest drinking day was of the same magnitude as the ESPAD average and that lifetime non-prescription use of tranquillisers and sedatives was slightly below the average value. Still, the overall impression in an ESPAD perspective is that Latvian students seem to have more extensive substance-use habits.

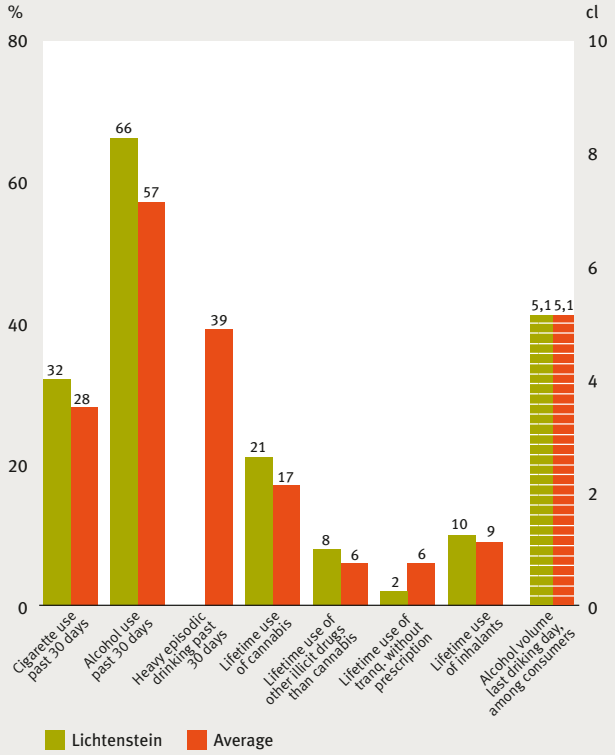


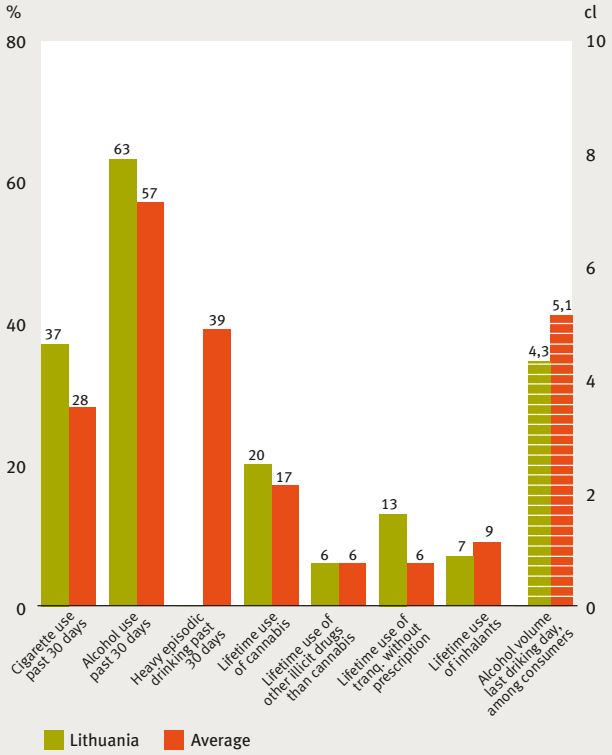
LIECHTENSTEIN

On one of the key variables, Liechtenstein is below the average for all countries (only seven key variables are presented since the results for heavy episodic drinking have been deemed non-comparable for Liechtenstein). This is true for non-prescription use of tranquillisers and sedatives (2% versus 6%). By contrast, the proportion of students reporting any use of alcohol in the past 30 days is higher in Liechtenstein. The proportion having smoked cigarettes in the past 30 days is also slightly higher, as is lifetime use of cannabis. On the whole, however, the results for Liechtenstein do not differ in any obvious way from the ESPAD averages, apart from the relatively low prevalence of non-prescription sedatives.

LITHUANIA

On two of the key variables, Lithuanian students are very close to the average for all countries (only seven key variables are presented since the results for heavy episodic drinking have been deemed non-comparable for Lithuania). These two variables are lifetime use of inhalants and lifetime use of illicit drugs other than cannabis. The proportion of students reporting lifetime use of cannabis was slightly above average. Past-30-days use of cigarettes and past-30-days use of alcohol were also above the ESPAD average. The only variable that was obviously below average was the volume of alcohol consumed on the latest drinking day. Overall, the most obvious difference is that the proportion of Lithuanian students reporting lifetime non-prescription use of tranquillisers and sedatives was twice the ESPAD average (13% versus to 6%). On the whole, however, the results for Lithuania do not differ in any obvious way from the ESPAD average, apart from the variable just mentioned.



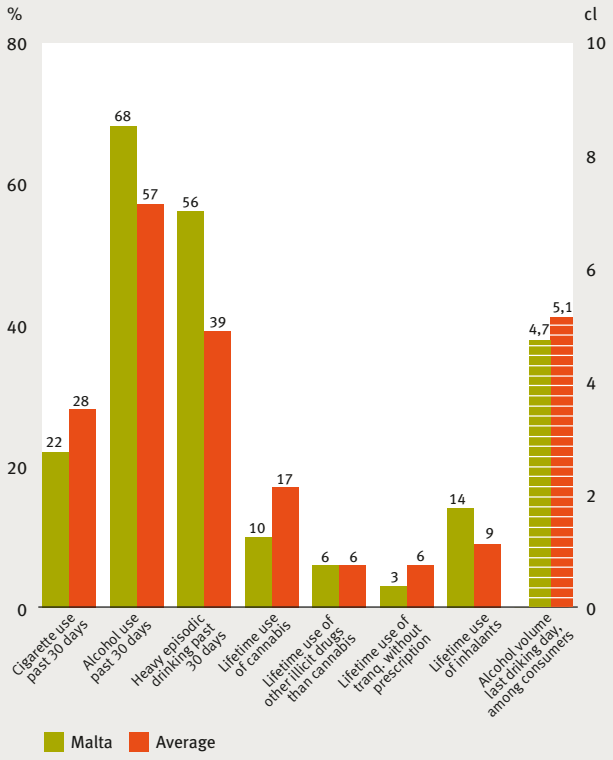


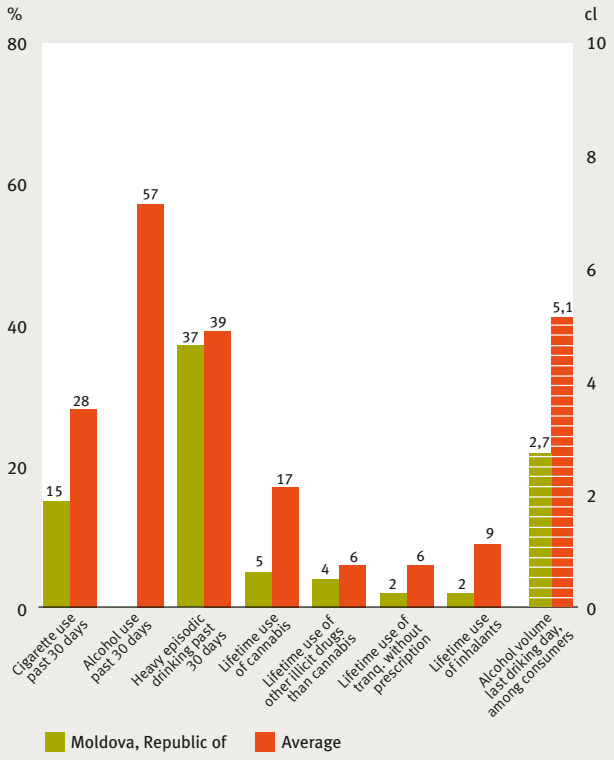
MALTA

Of the eight key variables studied, Malta scores below the ESPAD average on four. For example, Maltese students report clearly lower levels of lifetime cannabis use and non-prescription use of tranquillisers and sedatives. Past-30-days use of cigarettes is also below the average for all countries, and so is the amount of alcohol consumed on the latest drinking day. On the other hand, the results for alcohol consumption during the past 30 days are higher for Malta, and the same is true for heavy episodic drinking during the same period. Further, lifetime use of inhalants is also reported more frequently by the Maltese students. However, the overall impression of the Maltese results is that they do not differ in any spectacular sense from the ESPAD average, even though alcohol use seems to be more common.

MOLDOVA, REPUBLIC OF

The Moldovan students scored below the ESPAD average on all seven key variables studied (the results for alcohol use in the past 30 days have been deemed non-comparable). The differences are negligible for heavy episodic drinking during the past 30 days and for lifetime use of illicit drugs other than cannabis, but for the remaining variables they are considerable. For example, the proportion of students who reported use of cigarettes during the past 30 days is half the ESPAD average, and the differences compared with the average for all countries are even larger for lifetime use of cannabis, lifetime use of inhalants and lifetime non-prescription use of sedatives and tranquillisers. To summarise, substance-use habits in Moldova appear to be relatively moderate in the ESPAD context, even though the results for heavy episodic drinking were in line with the ESPAD average.



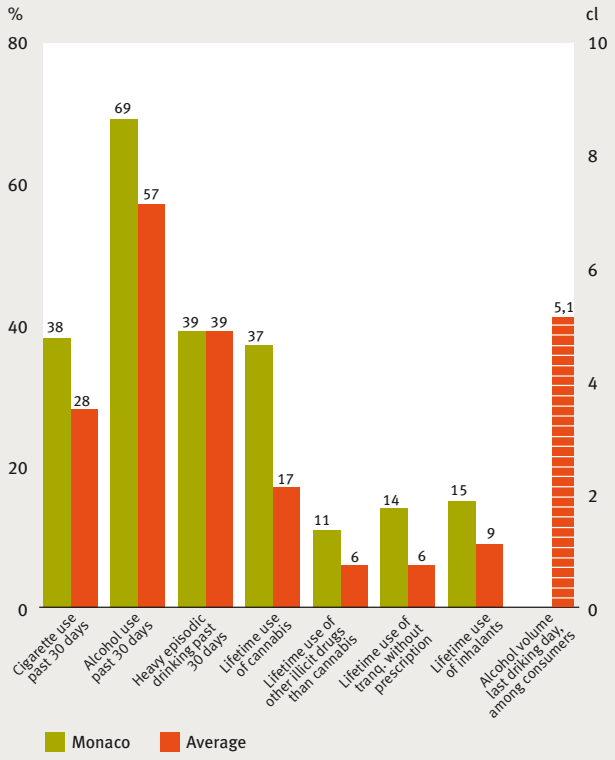


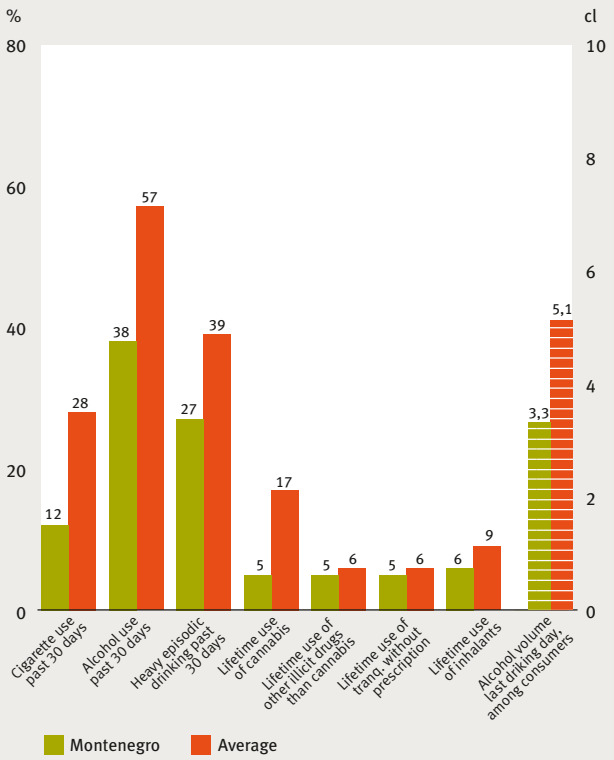
MONACO

The most prominent features of the results from Monaco are the relatively high prevalence rates for lifetime cannabis use and non-prescription use of tranquillisers and sedatives (only seven of the key variables can be compared since the Monegasque measure of alcohol volumes consumed on the latest drinking day has been deemed non-comparable). The results for those variables are twice the ESPAD average, and those for lifetime use of inhalants and of illicit drugs other than cannabis are also almost double the ESPAD average. Further, use of cigarettes and of alcohol during the past 30 days was also reported to a larger extent by students in Monaco. The only measure that is in line with the ESPAD average is heavy episodic drinking during the past 30 days. Hence, students in Monaco generally tended to report more extensive substance-use habits than the average ESPAD student did.

MONTENEGRO

A look at the results from Montenegro for the eight key variables reveals relatively modest substance-use habits, at least compared with the ESPAD averages. Two of the variables are at the same level as the average for all countries, namely lifetime use of illicit drugs other than cannabis and non-prescription use of tranquillisers/sedatives. Lifetime use of inhalants is also relatively close to the ESPAD average. The three alcohol-related measures show considerably less extensive patterns of use, but the most striking difference is that only about a third of the Montenegrin students reported lifetime use of cannabis and past-30-days cigarette use. To conclude, Montenegro can be seen as a low-prevalence country compared with most other ESPAD countries.



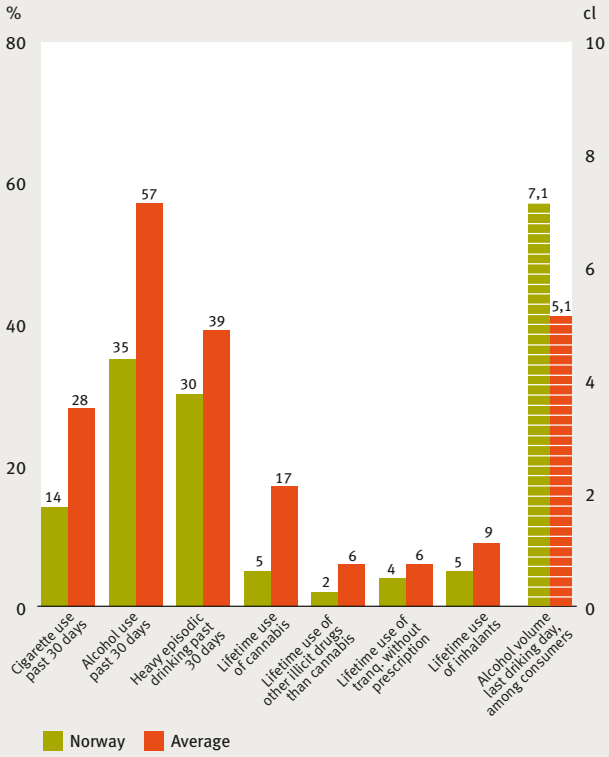


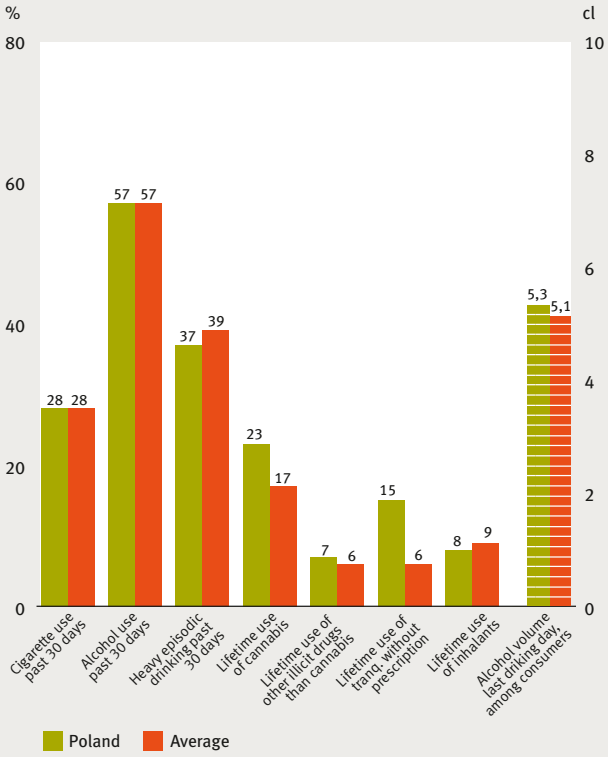
NORWAY

In contrast to relatively low prevalence rates for all other key variables, the students in Norway report rather large volumes of alcohol consumed on the latest drinking day compared with the ESPAD average (7.1 versus 5.1 centilitres of pure alcohol). It should be noted that the proportion of students who reported that they had consumed alcohol during the past 30 days is clearly below average and that the results for heavy episodic drinking are also below the average for all countries. Compared with the ESPAD average, half as many Norwegian students reported use of cigarettes during the past 30 days and lifetime use of inhalants, and the differences are even larger for lifetime use of cannabis (5% versus 17%). Apart from the relatively large volumes of alcohol consumed on the latest drinking day, Norway appears to be a low-prevalence country compared with most other ESPAD countries.

POLAND

Of the eight key variables studied, only two show any obvious differences between the results for Poland and the ESPAD average. The Polish students reported a slightly higher level of lifetime use of cannabis compared with the average for all countries, but the most striking difference is that the reported lifetime prevalence in Poland of non-prescription use of tranquillisers and sedatives was twice the ESPAD average (15% versus 6%). Despite this difference, however, the overall impression is that the reported substance-use habits of the Polish students are quite similar to those of the average ESPAD student.



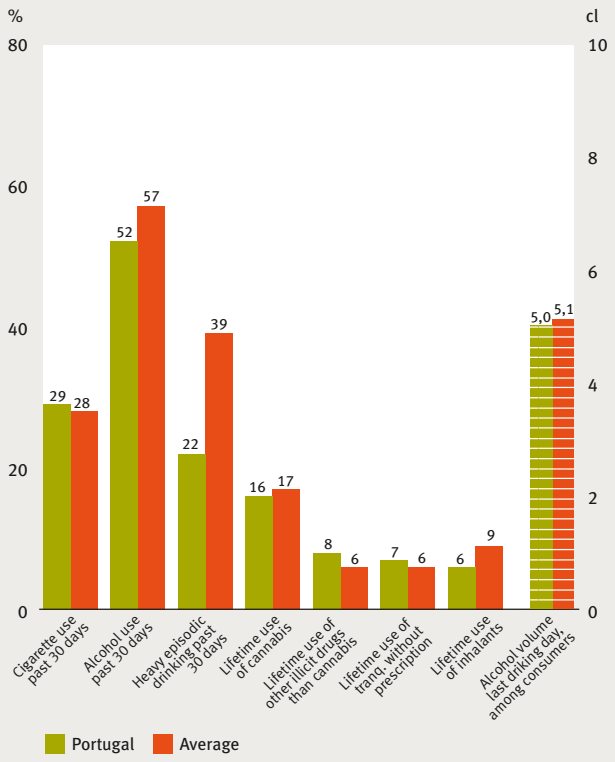


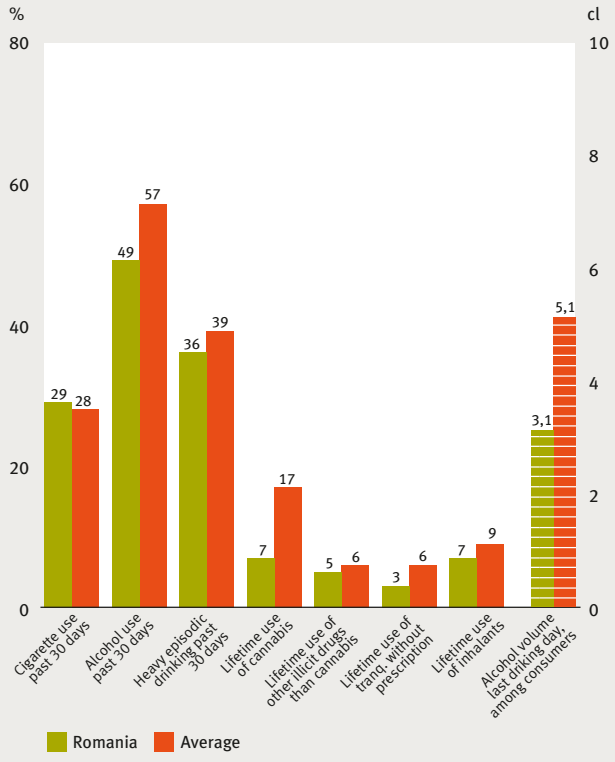
PORTUGAL

Of the eight key variables studied, Portuguese students scored around average for five of them and below average for the remaining three. An obvious difference can be seen for heavy episodic drinking during the past 30 days, which was reported by only 22% of the Portuguese students, compared with the ESPAD average of 39%. Also past 30 days use of alcohol is lower than average, and so is lifetime use of inhalants. Despite this, however, the overall impression is that the reported substance-use habits of the Portuguese students are quite similar to those of the average ESPAD student.

ROMANIA

The Romanian students did not report significantly higher prevalence levels on any of the eight key variables studied. On the contrary, Romania is definitely below average on several of them. Compared with the average for all countries, lifetime use of cannabis and non-prescribed use of tranquillisers and sedatives are only half as common in Romania. The reported amount of alcohol consumed on the latest drinking day is also clearly below average (3.1 versus 5.1 centilitres of pure alcohol). The remaining variables are more in line with the average for all countries. In the ESPAD context, the overall impression is that Romania seems to be a low-prevalence country as regards the substance-use variables presented here.



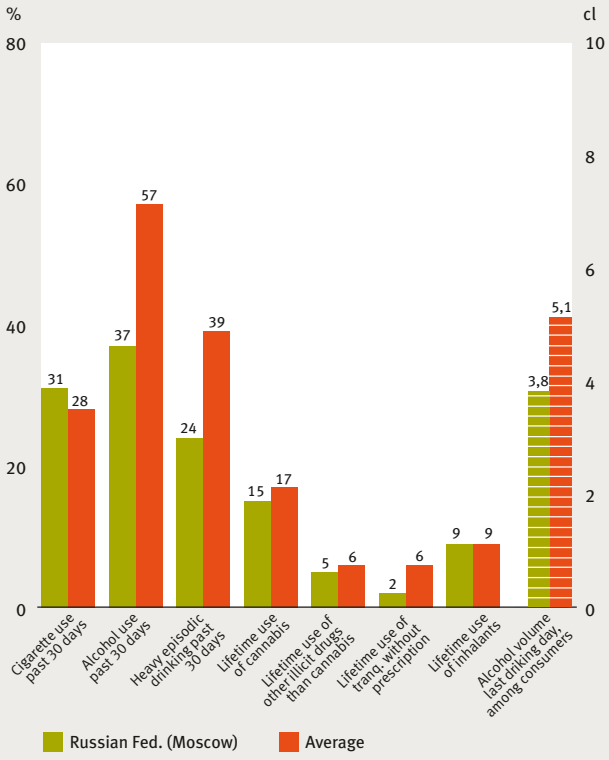


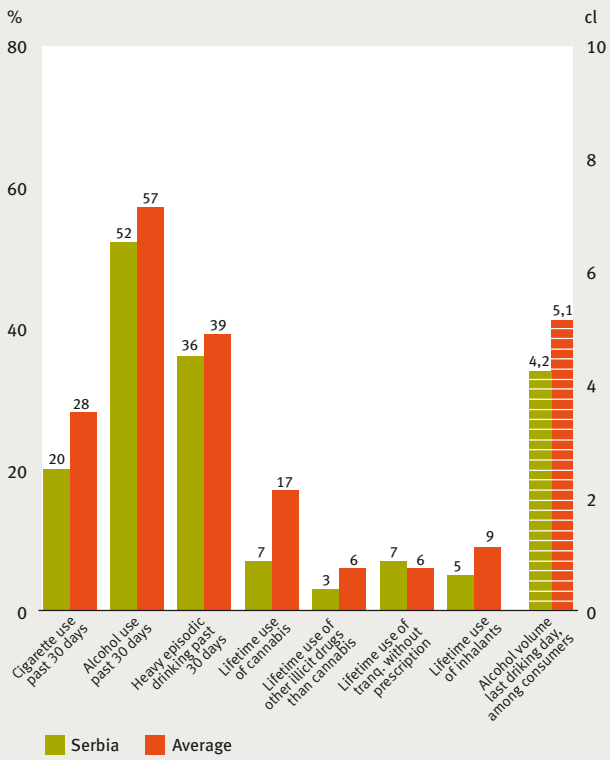
RUSSIAN FEDERATION (MOSCOW)

Students in the Russian Federation (the city of Moscow only) clearly report relatively moderate alcohol-use habits. Compared with the average for all countries, the results for past-30-days use of alcohol and for heavy episodic drinking are considerably lower. Russian students also reported a lower amount of alcohol consumed on their latest drinking day. Further, lifetime non-prescription use of tranquillisers and sedatives was also reported by fewer Russian students than the ESPAD average (2% versus 6%). Use of cigarettes, cannabis and inhalants were pretty much in line with the ESPAD averages. Apart from the alcohol-related variables, the main impression is that the students in the Russian Federation (Moscow) do not differ all that much in their substance-use habits from the average ESPAD student.

SERBIA

Of the eight key variables studied, Serbian students scored below average on seven. It was only for non-prescription use of tranquillisers and sedatives that the results for Serbia were in line with the average for all countries. Heavy episodic drinking during the past 30 days was also relatively close to the ESPAD average, while the other two alcohol-related variables were clearly below average. Particularly low results (rates of prevalence only half the ESPAD averages) can be noted for lifetime use of cannabis, of illicit drugs other than cannabis and of inhalants. The overall impression is that Serbian students display rather moderate substance-use habits compared with students in the other ESPAD countries.



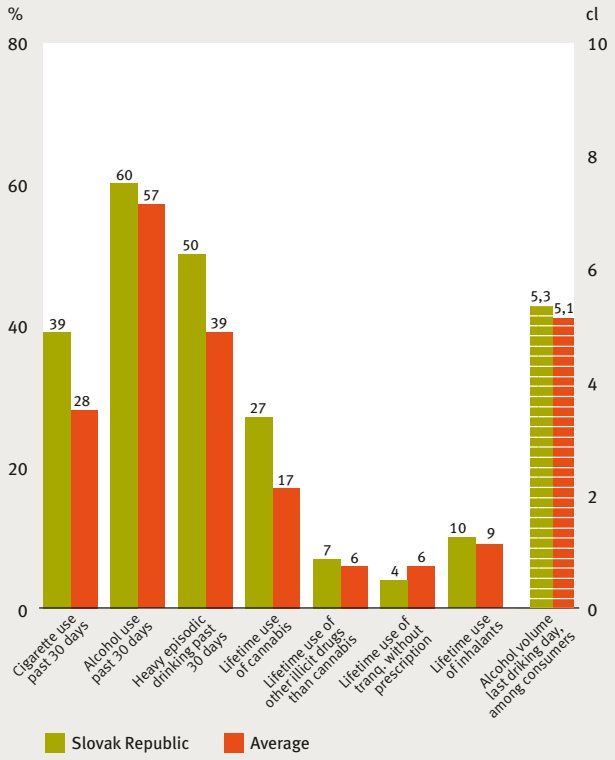


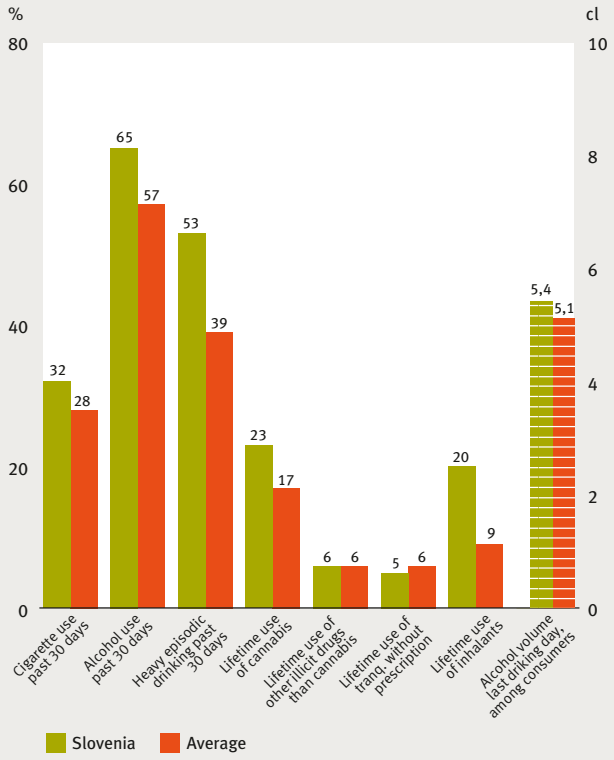
SLOVAK REPUBLIC

For five out of the eight key variables studied, the Slovak students reported prevalence rates in line with the ESPAD average. By contrast, heavy episodic drinking in the past 30 days was clearly more common in Slovakia. Cigarette use during the past 30 days was also reported to a higher extent, as was lifetime use of cannabis (27% versus 17%). Compared with the ESPAD averages, the substance-use habits of the Slovak students seem slightly more extensive, at least as regards three of the measures studied.

SLOVENIA

The most noticeable feature of the Slovenian results is the relatively high proportion reporting lifetime experience of inhalants (20% compared with the ESPAD average of 9%). The Slovenian students also scored slightly above average on the three alcohol-related variables, on past-30-days cigarette use and on lifetime cannabis use. Slovenia was above the average for all countries on five of the eight key variables studied and very close to the average on the other three. The Slovenian students thus appear to have slightly more extensive substance-use habits than the average ESPAD student, not least when it comes to inhalants.



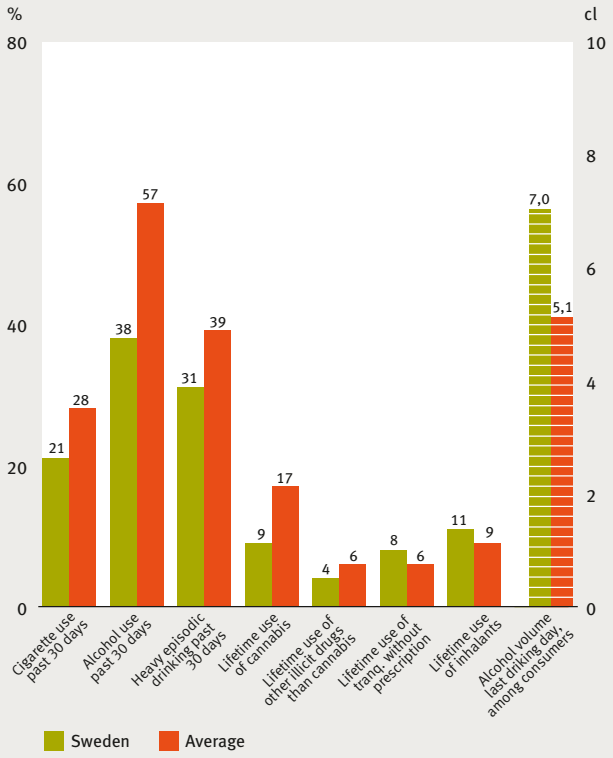


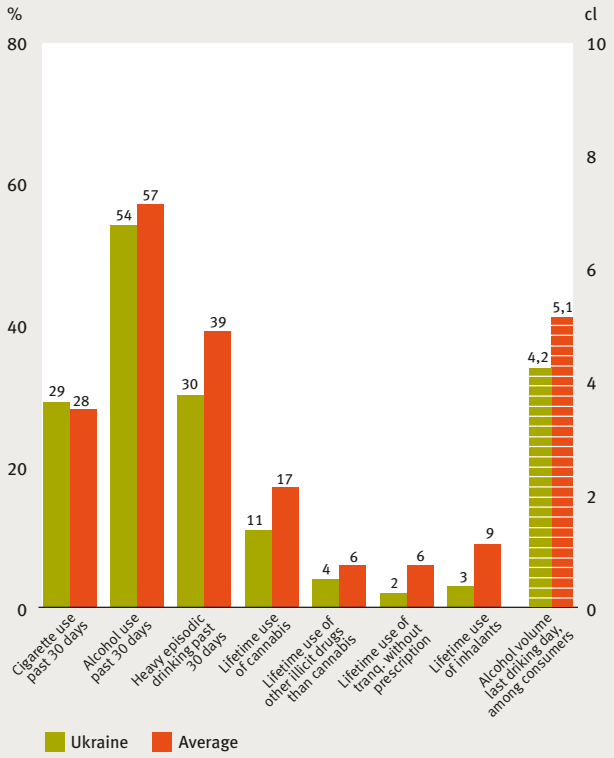
SWEDEN

While the Swedish data show rather moderate levels in comparison with other countries, the reported volume of alcohol consumed on the latest drinking day (7.0 centilitres of pure alcohol) is clearly above the ESPAD average (5.1 centilitres). However, past-30-days use of alcohol and heavy episodic drinking were reported less frequently than average. The Swedish students were also less likely than average to report cigarette use during the past 30 days and lifetime cannabis use. For lifetime use of illicit drugs other than cannabis, lifetime use of inhalants and non-prescription use of tranquillisers and sedatives, Sweden is in line with the ESPAD average. Hence, the overall impression is a slightly mixed one, even though Swedish students tend to obtain a relatively moderate score on most of the substance-use measures studied and clearly exceeded the ESPAD average only on one of them.

UKRAINE

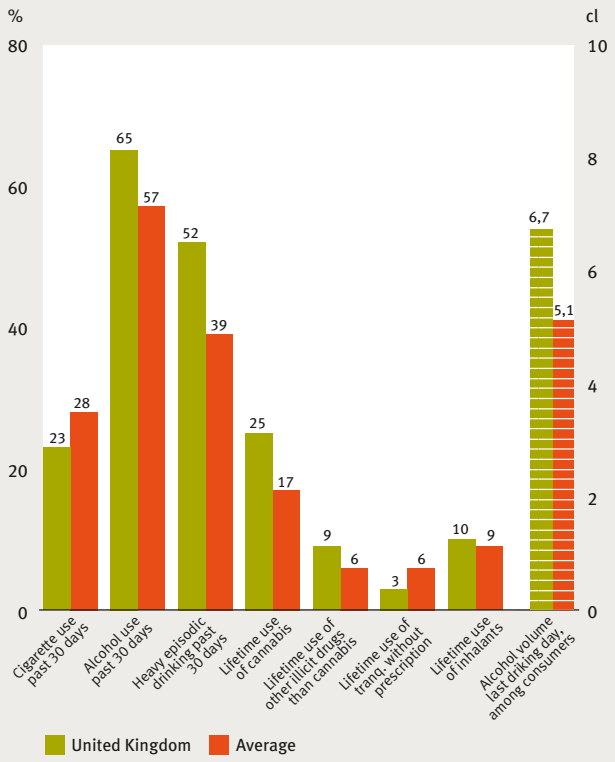
On two of the eight key variables studied, the Ukrainian students reported prevalence rates of roughly the same magnitude as the ESPAD average. Those two variables were past-30-days use of cigarettes and of alcohol. On the other six measures, Ukraine scored clearly below the average for all countries. For example, the prevalence levels for lifetime use of inhalants and non-prescription use of tranquillisers and sedatives were only one-third of the ESPAD averages. The overall impression of the substance-use habits of the Ukrainian students is that they appear to be relatively moderate.





UNITED KINGDOM
(limited comparability)

As a precautionary measure related to low school-participation rate, the comparability of the UK data has been deemed limited. The British students reported prevalence rates below the ESPAD average for two of the eight key variables studied: cigarette use in the past 30 days and non-prescription use of tranquillisers or sedatives. On five of the remaining six measures, the UK results were clearly above average. The difference was particularly large for the amount of alcohol consumed on the latest drinking day as well as for alcohol use in the past 30 days and heavy episodic drinking during the same period. The results for lifetime use of cannabis and of illicit drugs other than cannabis were also above the averages for all countries. In comparison with the other ESPAD countries, the overall impression is that the UK students seem to display slightly more extensive substance-use habits.



Trends 1995–2011

Trends 1995–2011

This chapter presents changes in substance use from 1995 to 2011. Special attention is given to "recent changes" between the two latest data-collection waves (i.e. from 2007 to 2011), which are visualised in scatter plots. These are supplemented by a set of graphs consisting of linear trend diagrams which show trends in each country from 1995 to 2011 ("long-term trends") for all students. Similar graphs are also used to illustrate average changes for all ESPAD students as well as for boys and girls, respectively. Like in the previous ESPAD report, data on trends are also available in table form (Tables 42–69 in Appendix III).

Since earlier ESPAD reports except the one from 2007 were not been based on a common database but on material in table form, it was not previously possible to perform significance tests on differences between two data-collection waves. Taking account of the cluster effects, this has now been done on the 95% level as regards differences on country level between 2007 and 2011. Information about calculations relating to statistically significant differences can be found in the section "Statistical significance" in the chapter "Introduction to ESPAD and the 2011 report".

When the figures in earlier ESPAD reports were compared over time, this was done in terms of substantive rather than statistical significance. To avoid considering too small differences, a standardised procedure was used where a difference smaller than ±3 percentage points was not considered as a "real difference".

In the graphs in this chapter, we have kept the green (decrease), yellow (no change) and red (increase) trend lines that were used in the 2007 report to reflect the ±3 percentage point criterion. However, the colours of the lines between 2007 and 2011, and the colours of the dots in the scatter plots, are instead based on statistical tests, with green indicating a statistically significant decrease, red a statistically significant increase and yellow an unchanged situation.

With three exceptions, significance tests taking account of cluster effects have been performed for all countries that took part in both the 2007 and the 2011 surveys. The first exception is the United Kingdom. As a precautionary measure related to the low school-participation rate in 2011, UK data are reported below a line in the results tables linked to the chapter about the situation in 2011. As a consequence of this, no comparisons are made with previous surveys in this chapter.

The second exception is Denmark, which was in a similar situation in 2007. As a consequence, the changes reported for Denmark are those between 2003 and 2011. This means that the ±3 percentage point criterion has been used and that a line is drawn directly from 2003 to 2011. This has also been done in some other few cases when a country is missing 2007 data for a single variable.

Norway is the third country for which no significance tests taking account of cluster effects have been performed on differences between data from the two most recent surveys. The reason is that class codes were not available in the Norwegian 2007 data set. Instead, significance tests on changes between 2007 and 2011 in Norway were performed without cluster effects being considered. To compensate for this, however, the tests were performed on the 99% level instead of the 95% level. As a preliminary measure, Swedish data for some key variables were run with cluster effects on the 95% level and without cluster effects on the 99% level, showing that it was equally difficult to attain a statistically significant difference in both cases.

As mentioned before, in three countries the data are representative only of specific geographical areas. First, in Russia, the data are limited to Moscow. Second, in Germany, the 2011 survey included five Bundesländer (federal states) out of 16, which is two fewer than in 2007. As a result, the data in this chapter are limited to students from the five Bundesländer that have participated in all surveys since 2003. Third, in Belgium the data-collection exercises in 2007 and 2011 were limited to the Dutch-speaking area (Flanders). In 2003, Belgian data were also collected in the French-speaking area, meaning that only about 1,300 Dutch-speaking students are represented in the 2003 data set. For this reason, some caution is recommended.

Since the 2011 data-collection exercise in Bosnia and Herzegovina was limited to the Republic of Srpska, the figures in this chapter are limited to data from that entity.

Further, as previously mentioned, the 2007 and 2011 questionnaires were slightly different from those used in earlier data-collection exercises. To identify possible effects of the changes made in 2007, a questionnaire test was performed in eight countries prior to the 2007 data-collection exercise. It showed that some variables were not comparable with data prior to 2007. Two of those variables are reported in this chapter: frequency of spirits consumption during the past 30 days and perceived availability of cannabis; the lack of comparability is indicated by a vertical line in Tables 52 and 58.

The average figures for all participating countries given in this chapter may be slightly different from those presented in the chapter on the situation in 2011. The reason is that not all countries with 2011 data have contributed data to the trend tables. One example of this is that, according to Trend Table 42, 56% of the students reported having smoked cigarettes at least once during their lifetime, while the corresponding figure is 54% in the table linked to the chapter on the situation in 2011 (Table 2a).

More importantly, two rows of averages per year are presented in the trend tables, as well as in some graphs. The first row represents the average for all countries participating in the respective year, while the second row ("Average xx countries") represents the average for the subset of countries for which data are available from all five data-collection waves. Even though the two averages usually do not differ very much, comparisons over time should preferably be made on the basis of the ones in the second row, since the countries included are the same. It should be noted that the number of comparable countries may vary a little since data for one or more countries may sometimes be missing for individual variables. Even though both averages are presented in the trend tables, as well as in some graphs, the averages given in the second row are the ones that will be commented upon here.

CHANGES IN CIGARETTE SMOKING

LIFETIME AND PAST-30-DAYS USE OF CIGARETTES

(Tables 42–43, Figures 20a–d)

On average, the lifetime prevalence of smoking was stable between 1995 and 2003 according to the data for the countries with such information from all five data-collection waves. About 67% reported lifetime smoking until 2003, but in 2007 this figure dropped to 60% and in 2011 it even fell slightly more (to 56%). Both boys and girls display the same trend pattern, with a substantial decrease between 2003 and 2007 and a smaller drop in the latest wave.

A more continuous decline over time from the first to the latest data-collection wave can be noted for Iceland, the Faroe Islands, Finland and Sweden – and, if the four latest waves are considered, also for Ireland, Malta and Norway – predominantly Nordic countries.

More recent smoking (past 30 days) became a little more frequent between 1995 and 1999, after which a decreasing trend can be observed through 2003 to 2007. However, the 2011 average figures are about the same as in 2007, which means that the decreasing trend did not continue in the latest survey.

For both sexes, 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 was 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 on the same level in 2007. After that the figure has remained the same among girls while it is 2 percentage points higher among boys in 2011.

The scatter plot displaying the most recent changes in cigarette use in the past 30 days shows that the figures were about the same in 2011 as in 2007 in more than half of the countries. Significant increases are found in seven countries, while there was a significant drop in five. Two of the countries with lower figures in 2011 than in 2007 are Nordic countries (Iceland and Norway) while the others are spread across Europe (Bosnia and Herzegovina (Republic of Srpska), Malta and the Russian Federation (Moscow)).

Countries with significantly more past-30-days smokers in 2011 than in 2007 are found in the neighbouring countries of France and Monaco, in some countries in the eastern part of Europe (Hungary, Poland and Romania) and in two more countries at opposite ends of Europe (Finland and Portugal). The most striking difference is found in Monaco, where the proportion of students who had smoked during the past 30 days increased from 25% in 2007 to 38% in 2011.

Iceland is the only country where smoking in the past 30 days has been falling over the whole time period of 1995–2011, from 32% in 1995 to 10% in 2011. A decrease across the three most recent surveys can also be found in Norway. Since no country experienced an increase between 2003 and 2007, the increases now observed in the seven countries with significantly higher figures in 2011 than 2007 do not represent the continuation of an earlier upward trend.

The rather big drops over time in Iceland, Ireland and Norway (20 percentage points or more from the start) have turned these countries from high- or medium-prevalence countries into low-prevalence countries.

DAILY SMOKING AT THE AGE OF 13 OR YOUNGER

(Table 44)

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 (r=0.92 on the country level in 2011 between the prevalence of lifetime smoking and that of daily smoking at the age of 13 and younger).

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 appeared to be a noticeable drop in early onset of cigarette smoking between 2003 and 2007. However, the average figure is about the same in 2011 (7%) and a relatively unchanged situation between the two most recent surveys can be seen in most countries.

A particularly big reduction, considering the whole period of 1995–2011, can be seen for all students, girls as well as boys, in the Faroe Islands, Finland, Iceland and Ireland (down about 10 percentage points), even though this mainly happened up until 2007. The biggest drop between 1995 and 2011 can be found among Irish boys (15 percentage points), while the biggest increase occurred among Estonian girls (8 percentage points).

CHANGES IN ALCOHOL CONSUMPTION

LIFETIME ALCOHOL USE

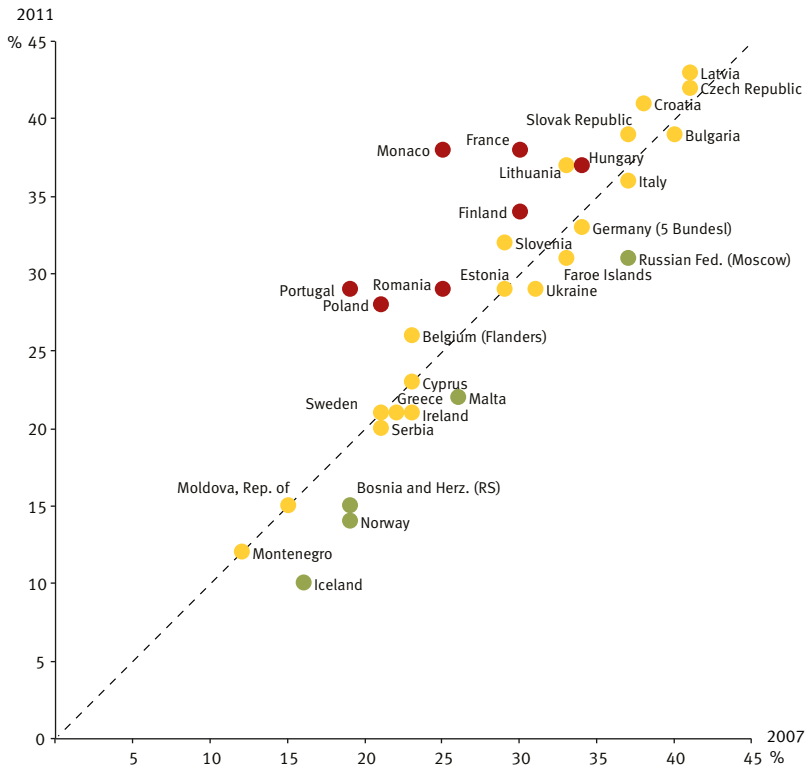
(Table 45)

The proportions of students having ever used alcohol have been rather unchanged on the aggregate level between 1995 and 2007, with about 90% of both boys and girls reporting lifetime experience. However, the results are slightly lower in 2011.

Between 2007 and 2011, the situation has been rather un-

Figure 20a
Changes between 2007 and 2011 in cigarette use during the past 30 days. All students. Percentages. (Table 43)

- Significant increase
- No change
- Significant decrease



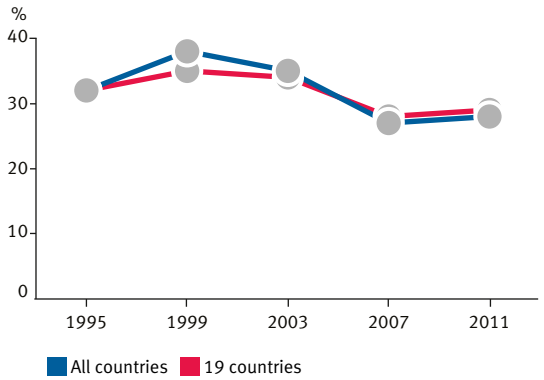


Figure 20b Cigarette use during the past 30 days. 1995–2011. Averages for all and for 19 countries respectively. Percentages. (Table 43)

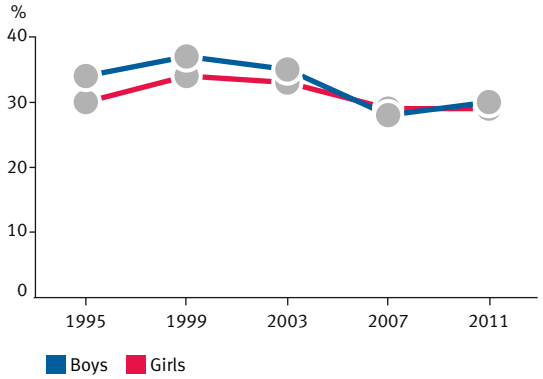


Figure 20c Cigarette use during the past 30 days by gender. 1995–2011. Averages for 19 countries. Percentages. (Table 43)

changed in most countries. However, fairly large decreases in lifetime prevalence can be seen in Iceland (from 66% to 56%) and Portugal (from 84% to 71%), with important reductions among both boys and girls. In Iceland this continues an earlier downward trend, while the drop in Portugal instead followed an increase between 2003 and 2007.

Over the entire 16-year period, the lifetime prevalence of alcohol use has also been relatively unchanged in most individual countries. However, some countries have changed considerably between 1995 and 2011. The largest increase (11 percentage points) can be found in Croatia, even though the 2007 and 2011 figures were about the same. The largest decrease is found in Iceland, with a drop from 79% in 1995 to 56% in 2011 (i.e. 23 percentage points). Iceland is followed by Sweden, with a reduction of 13 percentage points.

PAST-12-MONTHS ALCOHOL USE

(Tables 46–47, Figures 21a–d)

On the average level, the proportion of students who had used alcohol during the 12 months prior to data collection shows a slight reduction from 2003 (83%) through 2007 (81%) to 2011 (78%). A look at the period encompassing the three most recent surveys, i.e. from 2003 to 2011, shows that decreases throughout this period can be found in the three Nordic countries of Iceland, Norway and Sweden as well as in Ireland and the Russian Federation (Moscow), with reductions between 12 (Sweden) and 21 (Iceland) percentage points.

In a majority of the countries, the figures are about the same in 2011 as they were in 2007, but in as many as ten countries with comparable data, statistically significant decreases can be observed. The most important one is found in Iceland, where

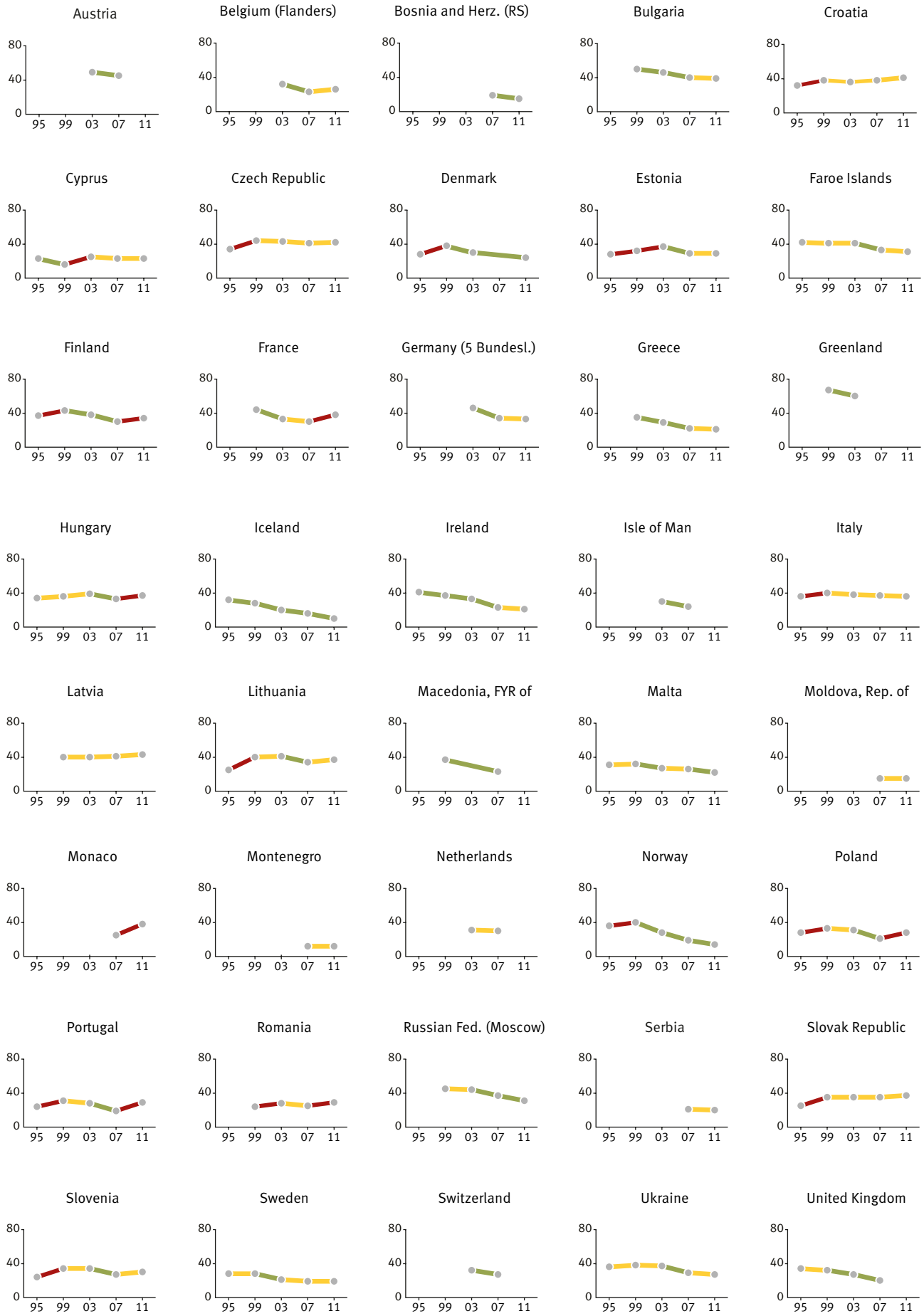
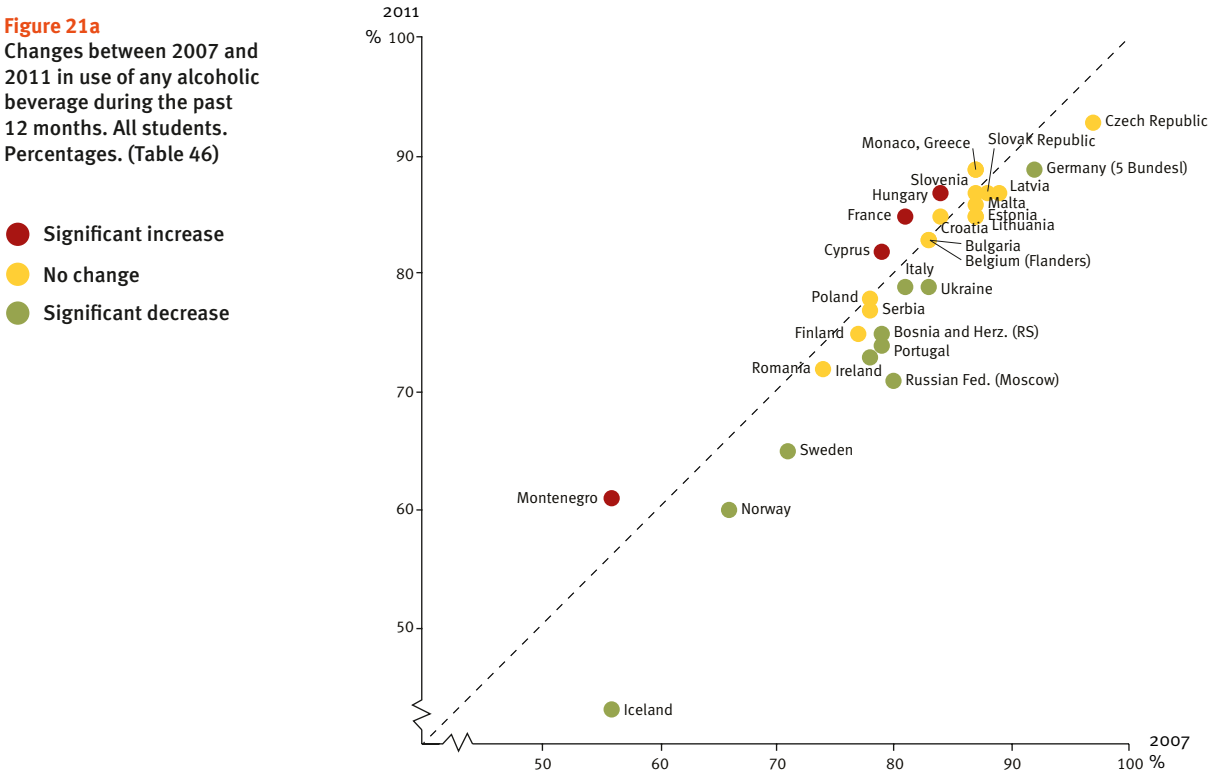


Figure 20d Cigarette use during the past 30 days by country. 1995–2011. Percentages. (Table 43)

Figure 21a
Changes between 2007 and 2011 in use of any alcoholic beverage during the past 12 months. All students. Percentages. (Table 46)



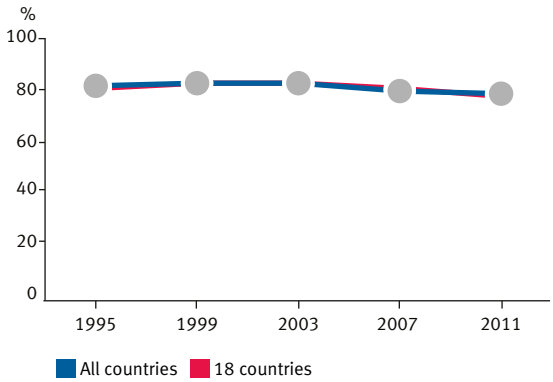


Figure 21b **Use of any alcoholic beverage during the past 12 months. 1995–2011. Averages for all and for 18 countries respectively. Percentages. (Table 46)**

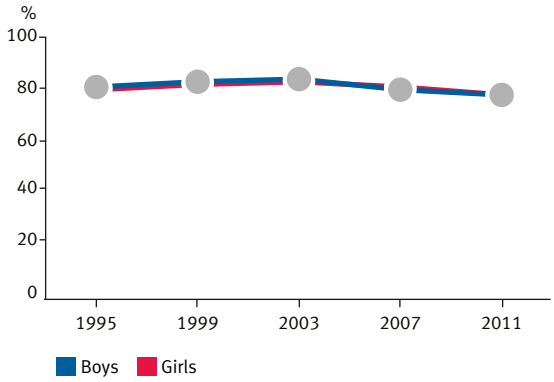


Figure 21c **Use of any alcoholic beverage during the past 12 months by gender. 1995–2011. Averages for 18 countries. Percentages. (Table 46)**

the proportion of past-12-months alcohol users dropped from 56% to 43%, i.e. by 13 percentage points. Another example of a substantial reduction is students in the Russian Federation (Moscow), with a decrease from 80% to 71%. The countries reporting lower figures in 2011 than in 2007 are spread across different parts of Europe.

In four countries (Cyprus, France, Hungary and Montenegro), significantly more students answered in 2011 than in 2007 that they had used alcohol during the past 12 months.

The prevalence of having consumed alcohol on 20 or more occasions during the past 12 months increased somewhat on the aggregate level between 1995 and 2003, but after being relatively unchanged in 2007 this figure is now slightly lower in 2011. Many individual countries report lower figures in 2011 than in 2007. This is especially salient in the cases of Bosnia and Herzegovina (Republic of Srpska) (from 27% to 16%) and the Russian Federation (Moscow) (from 21% to 11%). In both of these countries, pronounced decreases can be seen for both sexes.

In a few countries, the proportion of students who had consumed alcohol at least 20 times during the past 12 months increased between the two latest surveys. The most striking increase is found in Monaco (from 12% to 24%), with similar changes among both boys and girls.

PAST-30-DAYS ALCOHOL USE

(Tables 48–52, Figures 22a–d)

After a certain increase on the aggregate level between 1995 and 2003 there were slightly fewer students in 2007 (58%) who had used alcohol during the 30 days prior to data collection. A further small drop can be seen in 2011 (to 56%). The

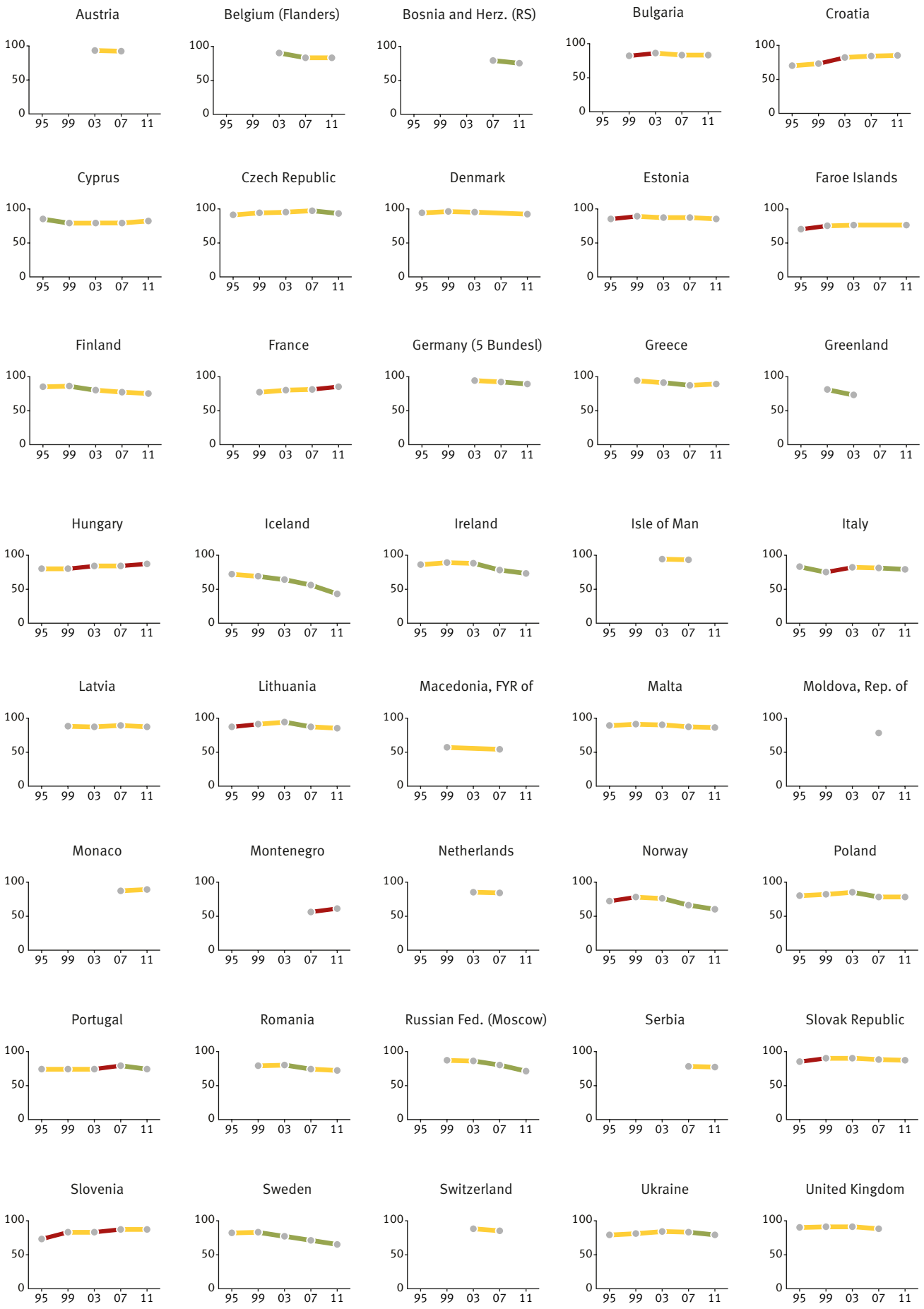
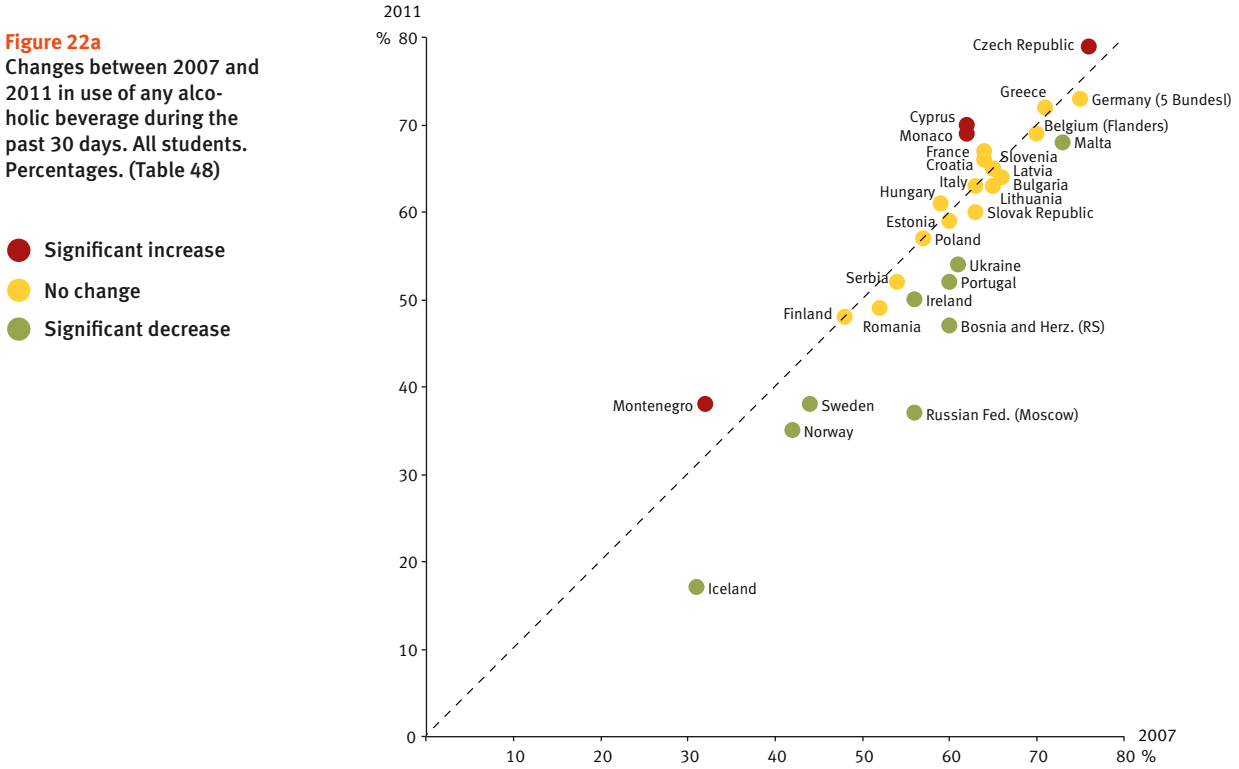


Figure 21d Use of any alcoholic beverage during the past 12 months by country. 1995–2011. Percentages. (Table 46)

Figure 22a
Changes between 2007 and 2011 in use of any alcoholic beverage during the past 30 days. All students. Percentages. (Table 48)



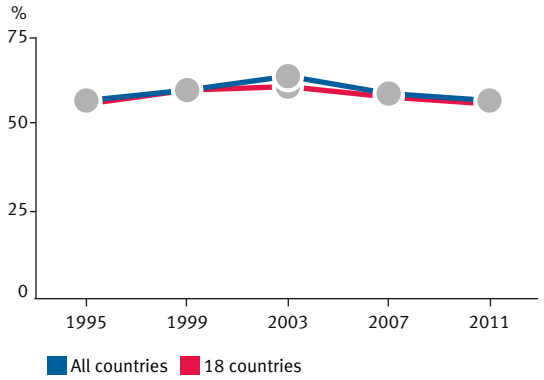


Figure 22b **Use of any alcoholic beverage during the past 30 days by gender. 1995–2011. Averages for all and for 18 countries respectively. Percentages. (Table 48)**

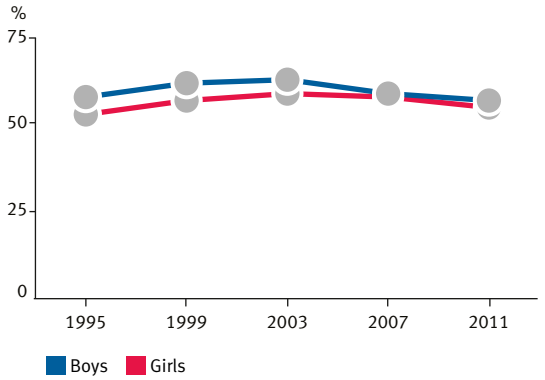


Figure 22c **Use of any alcoholic beverage during the past 30 days by gender. 1995–2011. Averages for 18 countries. Percentages. (Table 48)**

pattern is similar among both boys and girls: slight decreases from 2003 through 2007 to 2011. Over the years, slightly more boys than girls have reported having consumed alcohol in the past month, but the gender gap is very small in later surveys.

Even though the situation is relatively unchanged in a majority of the countries with comparable data from the two latest surveys, more countries report significant decreases (9) than increases (4). Countries with lower figures in 2011 than in 2007 include the Nordic countries of Iceland, Norway and Sweden, but the others are spread across Europe (Bosnia and Herzegovina (Republic of Srpska), Ireland, Malta, Portugal, the Russian Federation (Moscow) and Ukraine). The most striking reductions between 2007 and 2011 can be seen in the Russian Federation (Moscow) (19 percentage points), Iceland (14) and Bosnia and Herzegovina (13).

The four countries with an increased proportion of students who had consumed alcohol during the past 30 days do not form any geographical pattern but are located in different parts of Europe (Cyprus, the Czech Republic, Monaco and Montenegro).

A look at the whole period of 1995–2011 shows that the numbers in Iceland have consistently decreased from each survey to the next, with a total fall from 56% in 1995 to 17% in 2011. Two other Nordic countries (Norway and Sweden) show a decreasing trend across the four latest surveys.

The higher figures in 2011 than in 2007 did not represent a continuation of an increasing trend between 2003 and 2007 in any of the four countries concerned.

The average proportion of students who had been drinking 10 times or more during the past 30 days has been relatively unchanged in the three latest surveys, and this has been the case

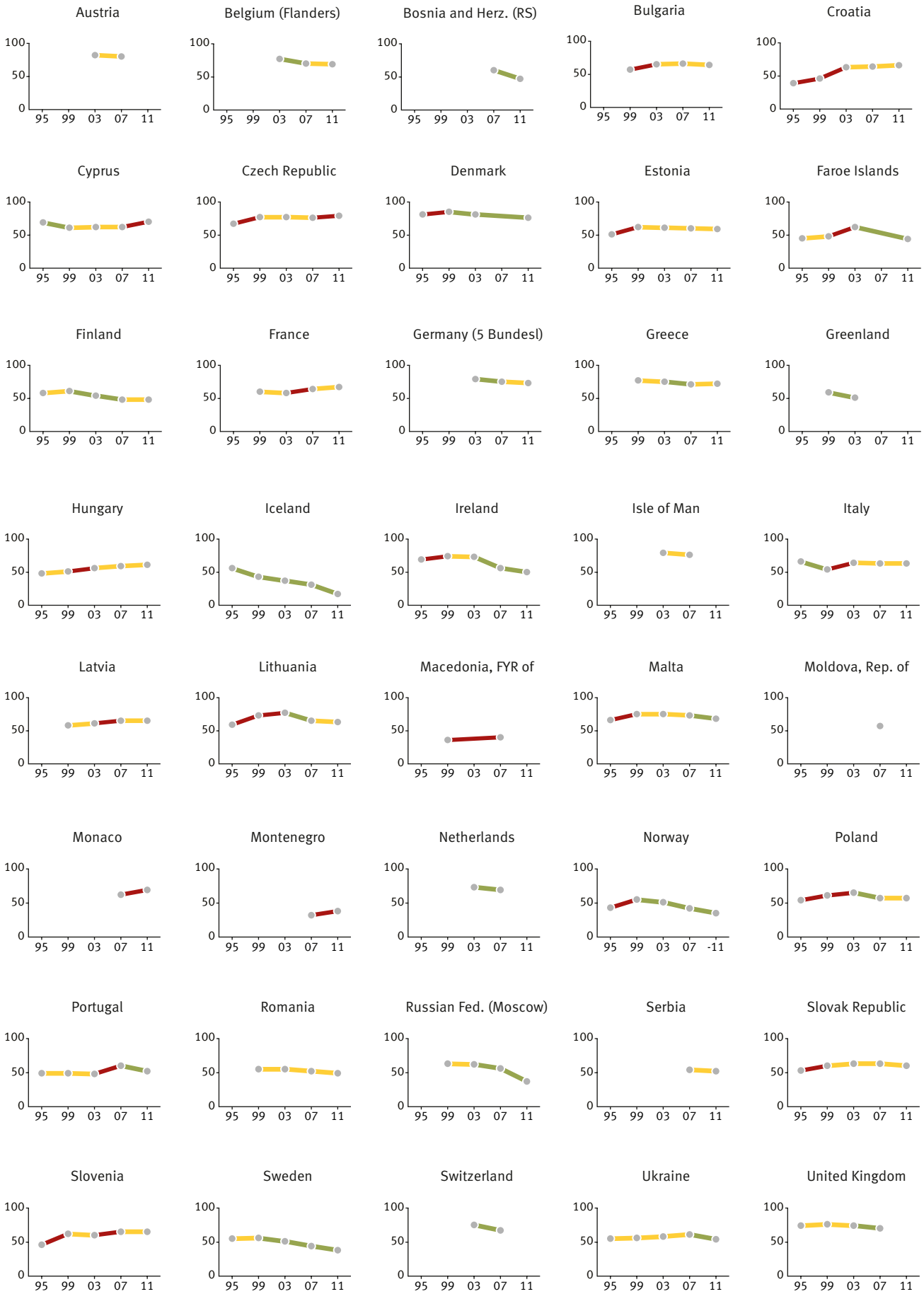


Figure 22d Use of any alcoholic beverage during the past 30 days by country. 1995–2011. Percentages. (Table 48)

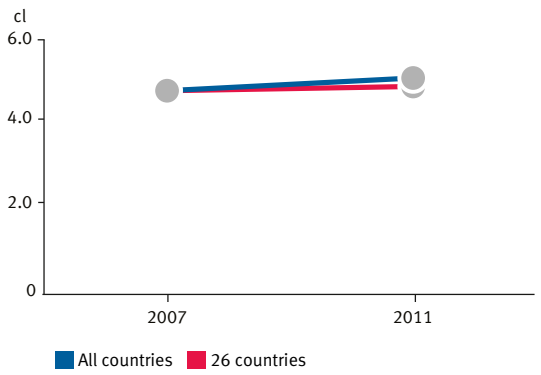


Figure 23a Estimated average alcohol consumption during the last alcohol drinking day among students reporting any last day alcohol consumption. 2007–2011. Averages for all and for 26 countries respectively. Centilitres 100% alcohol. (Table 53)

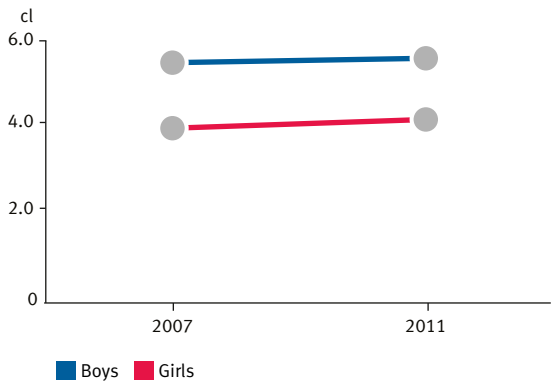


Figure 23b Estimated average alcohol consumption during the last alcohol drinking day among students reporting any last day alcohol consumption by gender. 2007–2011. Averages for 26 countries. Centilitres 100% alcohol. (Table 54–55)

for boys as well as for girls – even though, on average, the figures are higher for boys. In a large majority of the individual countries, the proportion of students who had been drinking alcohol this often was also relatively unchanged between 2007 and 2011. Decreases can be found mainly in some of the countries that saw a fall in the past-30-days prevalence, including Bosnia and Herzegovina (Republic of Srpska), Portugal and the Russian Federation (Moscow). The country with the most pronounced increase from 2007 to 2011 is Cyprus (from 11% to 17%).

Owing to changes in the 2007 questionnaire, data about spirits consumption during the past 30 days are not comparable before and after 2007. However, consumption figures for beer and wine are comparable across all five data-collection waves. Beer consumption in the past 30 days increased on the aggregate level from 1995 to 1999, was rather stable in 2003 and then dropped in 2007 with a further drop in 2011. The figures for wine decreased from 2003 to 2007 as well but were fairly stable in 2011. Like for wine, the average proportion of students who had consumed spirits during the past 30 days was about the same in the two most recent surveys.

Countries with more pronounced differences for specific beverages between the two most recent surveys are to a large extent the same ones that showed changes for alcohol overall. Hence, there are falls in Bosnia and Herzegovina (Republic of Srpska), Iceland and Portugal for all three beverage types. However, in Romania decreases can be seen only for beer and wine, in the Russian Federation (Moscow) and Ukraine only beer decreased, and in Ireland only spirits did.

Among the countries with a higher past-30-days alcohol prevalence in 2011 than in 2007, an increase can be seen in Monaco for beer as well as for wine and spirits. In the neighbouring country of France, more pronounced increases can be seen for wine and spirits.

CHANGES IN ALCOHOL CONSUMPTION ON THE LATEST DRINKING DAY

(Tables 53–55, Figures 23b–d)

The average amount of alcohol consumed during the latest drinking day has been calculated for students reporting any alcohol consumption on their latest drinking day, i.e. not for all students but only for latest-day consumers. This is a change since the previous report, and therefore the data from 2007 have been recalculated before presentation in this report. Information about the calculations can be found in the section "Latest alcohol-drinking day" in the chapter "The situation in 2011". The average consumption for all countries is about the same in 2011 as it was in 2007. This relatively unchanged situation can be found among boys as well as girls, even though the average level among boys is one-third higher than that among girls (5.6 versus 4.2 centilitres of 100% alcohol in 2011). A relatively stable average situation can also be seen for the different beverages.

In about half of the individual countries with comparable data in 2007 and 2011, average alcohol consumption during the latest drinking day is relatively unchanged. As regards significant changes, the amounts have increased in ten countries and decreased in four. Countries with a lower consumption in 2011 include the two Nordic countries of Iceland and Norway together with Bosnia and Herzegovina (Republic of Srpska) and Italy. Decreases can be found among boys as well as girls, and reduced consumption is seen mainly for beer.

As regards the countries with higher figures in 2011 than in 2007, there is some kind of a geographical pattern. These countries are Croatia, Cyprus, Estonia, Finland, Greece, Hungary, Poland, Slovak Republic, Slovenia and Ukraine, i.e. countries that, with the exception of Finland and Estonia, are located in the southern and eastern parts of Europe. The most striking increase is found in Cyprus, where average consumption has increased 80% (from 2.5 centilitres of 100% alcohol in 2007 to 4.5 centilitres in 2011).

With two exceptions, the tendencies for boys and girls are the same in the countries with higher consumption in 2011 than in 2007. The exceptions are Croatia, where increases are mainly found among boys, and Estonia, where the girls are the ones who have increased their alcohol consumption. In five of the ten countries with increases, it is mainly the consumption of spirits that is higher in 2011, while wine was the most important in four.

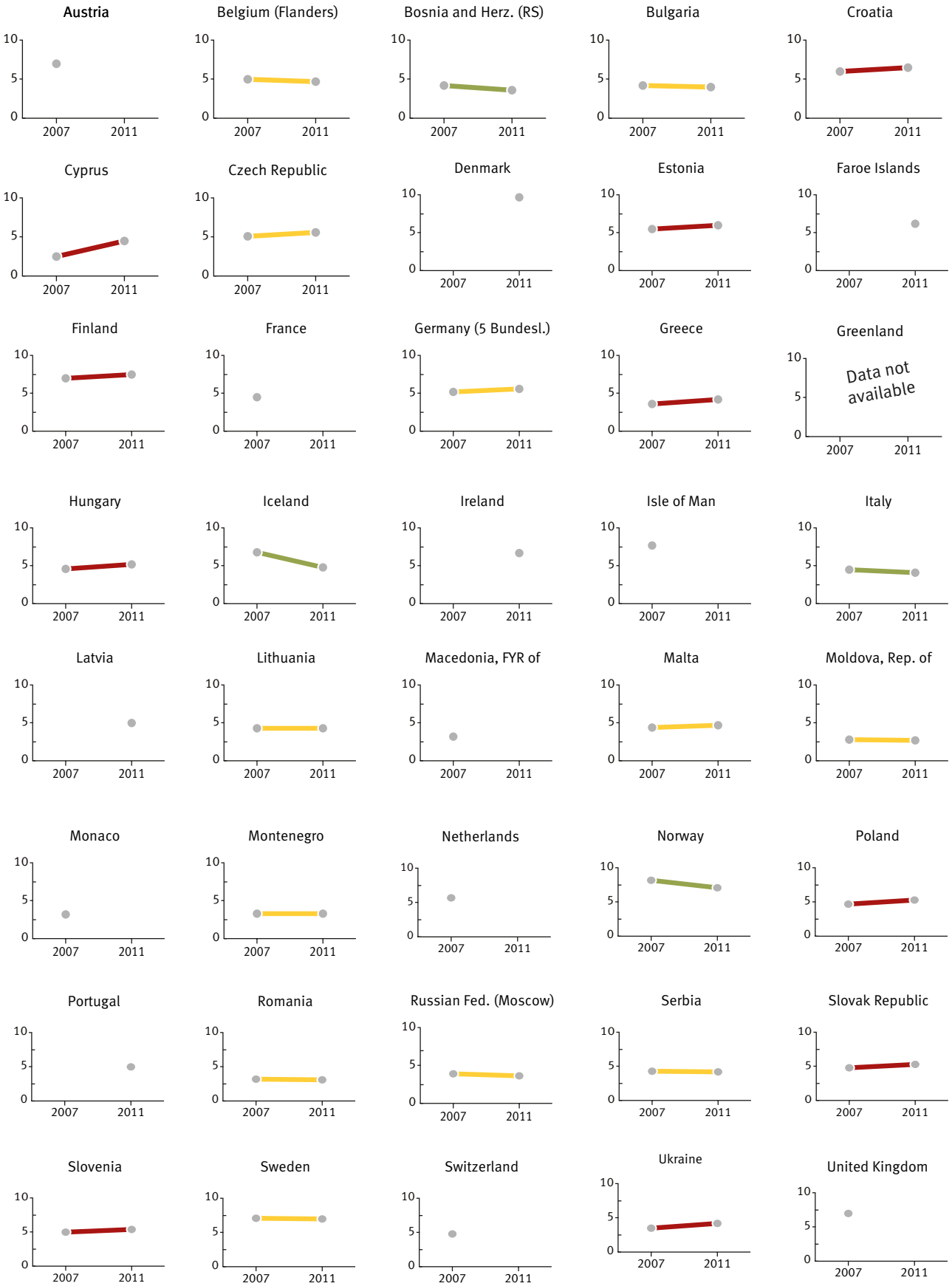
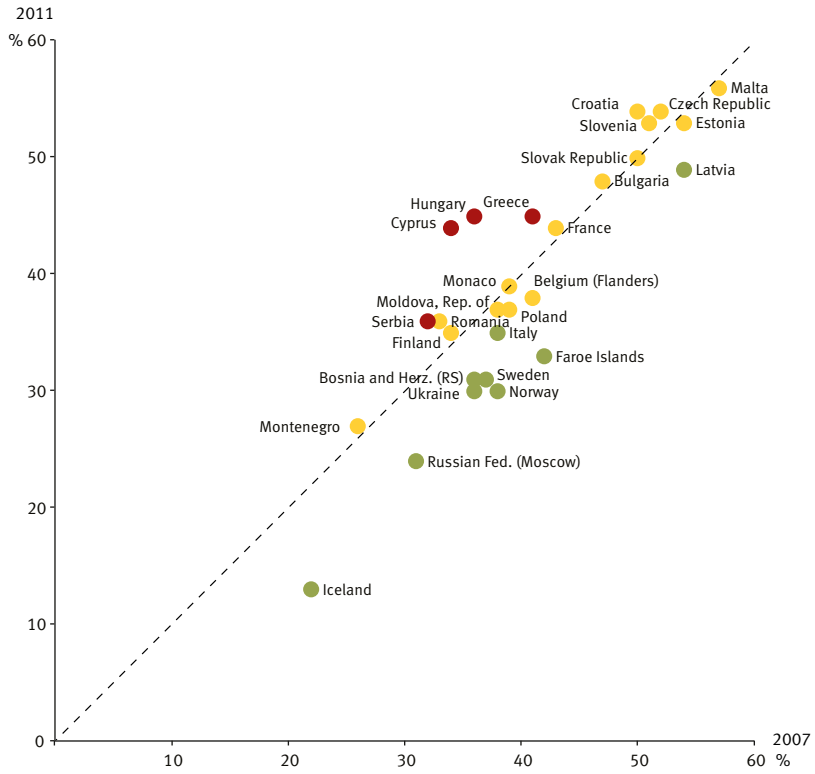


Figure 23c Estimated average alcohol consumption during the last alcohol drinking day among students reporting any last day alcohol consumption. 2007-2011. Centilitres 100% alcohol. (Table 53)

Figure 24a
Changes between 2007 and 2011 in the proportion reporting having had five or more drinks[a] on one occasion during the past 30 days. All students. Percentages. (Table 56)

- Significant increase
- No change
- Significant decrease



[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] In 1995–2003 the question referred to "five or more drinks in a row" and nor cider or alcopops were included among the examples. However, a 2006 questionnaire test in eight countries found no significant differences between this and the recent version.

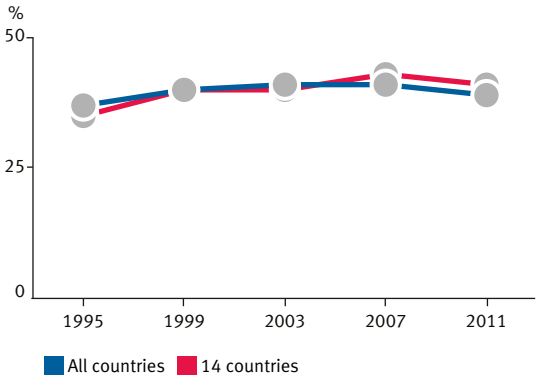


Figure 24b Proportion reporting having had five or more drinks[a] on one occasion during the past 30 days. 1995–2011[b]. Averages for all and for 14 countries respectively. Percentages. (Table 56)

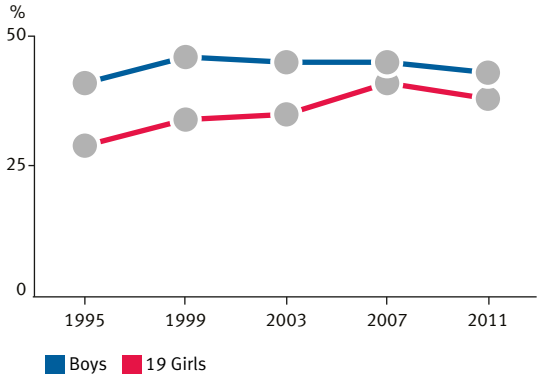


Figure 24c Proportion reporting having had five or more drinks[a] on one occasion during the past 30 days, by gender. 1995–2011.[b] Averages for 14 countries. Percentages. (Table 56)

PAST-30-DAYS HEAVY EPISODIC DRINKING

(Tables 56–57, Figures 24a–d)

On average, heavy episodic drinking (having five or more drinks on one occasion) during the 30 days prior to data collection increased from 1995 to 1999 and from 2003 to 2007, but it is slightly lower in 2011. The increase between 2003 and 2007 mainly happened among girls, while the decrease between the two most recent surveys is found for both sexes. In 1995, heavy episodic drinking was much more common, on average, among boys than among girls, but this gender gap has diminished substantially since 2007.

One of the most striking results in the 2007 ESPAD survey was the large number of countries with increased heavy episodic drinking. However, this trend has continued only in Hungary, while the increases now seen in Cyprus and Greece "build on" a relatively unchanged situation between 2003 and 2007. The fourth country with higher figures in 2011 than in 2007 is Serbia, which has taken part in the two most recent data-collection waves only. The most pronounced increases between the two most recent surveys are found in Cyprus and Hungary: about 10 percentage points.

A majority of the countries with comparable data show about the same figures in 2011 as in 2007. The slight average decrease from 2007 to 2011 is "caused by" the nine countries where heavy episodic drinking has fallen in the latest survey. Four of these countries are Nordic countries (the Faroe Islands,

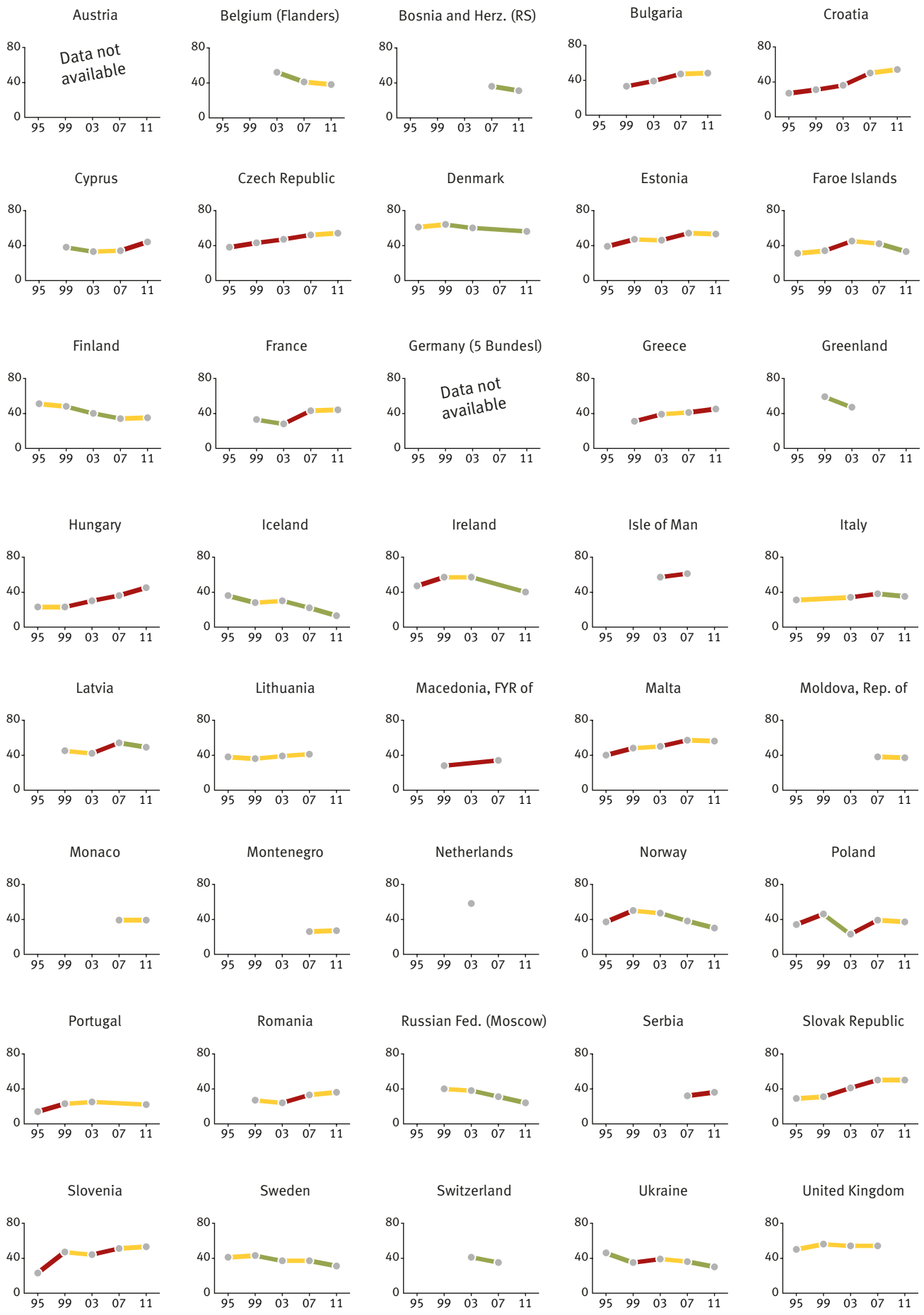
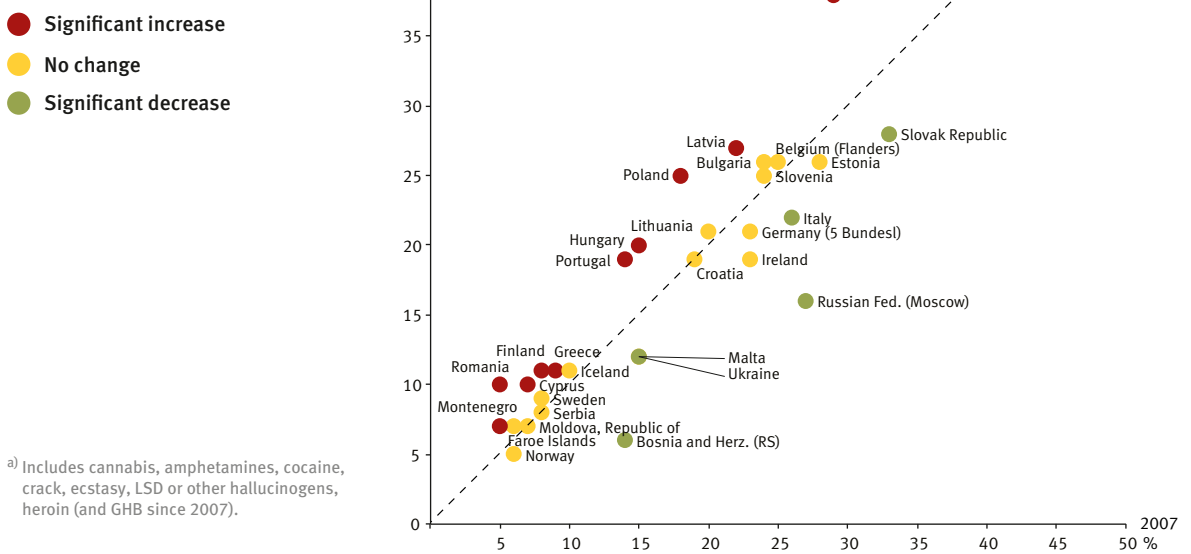


Figure 24d Proportion reporting having had five or more drinks[a)] on one occasion during the past 30 days by country. 1995–2011.[b)] Percentages. (Table 56)

Figure 25a
Changes between 2007 and 2011 in lifetime use of illicit drugs[a]. All students. Percentages. (Table 59)



[a] Includes cannabis, amphetamines, cocaine, crack, ecstasy, LSD or other hallucinogens, heroin (and GHB since 2007).

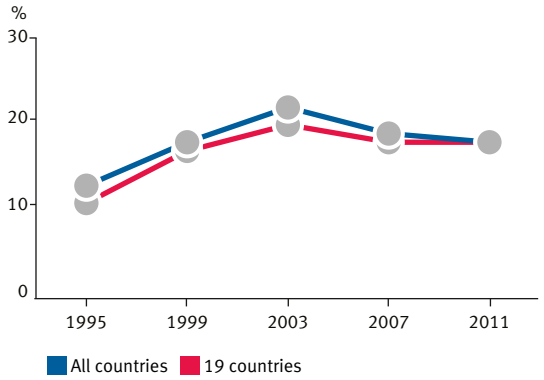


Figure 25b Lifetime use of illicit drugs[a]. 1995–2011. Averages for all and for 19 countries respectively. Percentages. (Table 59)

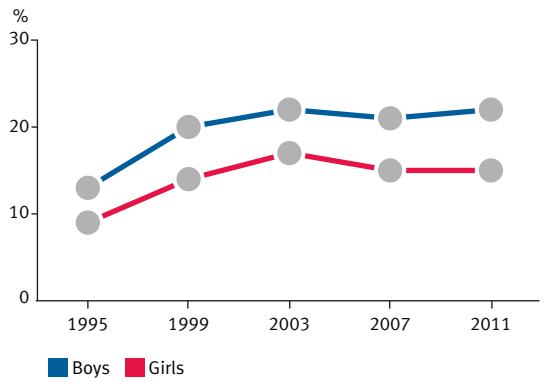


Figure 25c Lifetime use of illicit drugs[a] by gender. 1995–2011. Averages for 19 countries. Percentages. (Table 59)

Iceland, Norway and Sweden), while the others are spread across Europe (Bosnia and Herzegovina (Republic of Srpska), Italy, Latvia, the Russian Federation (Moscow) and Ukraine). The clearest decreases are found in the Faroe Islands and Iceland, where the proportions fell by 9 percentage points.

In the three Nordic countries of Iceland, Norway and Sweden, the fall from 2007 to 2011 represented a continuation of a decrease observed between 2003 and 2007.

When it comes to the prevalence of heavy episodic drinking on three or more occasions during the past 30 days, a small reduction between 2007 (19%) and 2011 (17%) can also be seen on the aggregate level. The largest decrease from 2007 to 2011 is found in the Faroe Islands: from 20% to 8%. Other countries with reduced figures include Belgium (Flanders), Bosnia and Herzegovina (Republic of Srpska) and Norway. The most striking growth is found in Cyprus, with an increase from 11% to 18%.

CHANGES IN ILLICIT DRUG USE

PERCEIVED AVAILABILITY OF CANNABIS

(Table 58)

Because of the change made to the questionnaire in 2007, data about the availability of cannabis are not comparable before and after 2007. To call attention to this, there is a vertical line between 2003 and 2007 data in Table 58.

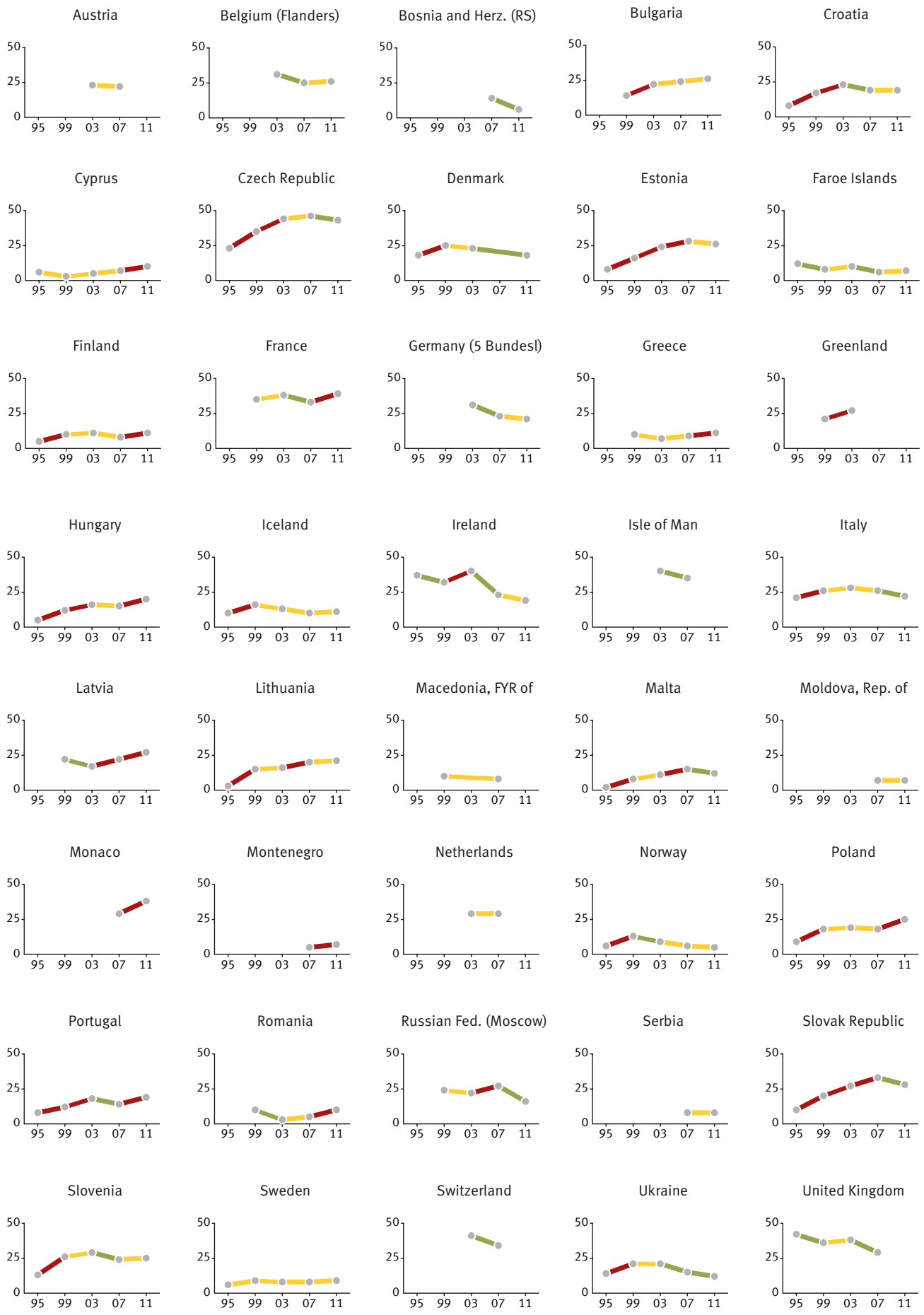


Figure 25d Lifetime use of illicit drugs[a)] by country. 1995–2011. Percentages. (Table 59)

The average proportion of students who answered that they find it very or fairly easy to obtain cannabis is slightly lower in 2011 (31%) than in 2007 (33%). The tendency is the same among boys and girls – even though the figures for boys are slightly higher.

A majority of the countries have a relatively unchanged perceived availability of cannabis, and some even report higher figures in 2011. They include Cyprus, Finland and Poland, with about 5–6 percentage points more students in 2011 reporting cannabis to be easily available. The countries with the most striking decreases are the Faroe Islands (11 percentage points) and Slovak Republic (9).

In countries with more pronounced changes, the trends are about the same for boys as for girls. However, a noticeable sex difference can be seen in Greece, where the proportion of boys reporting cannabis to be easily available increased from 23% to 31% while the figures for girls were about the same in 2007 and in 2011.

LIFETIME USE OF ILLICIT DRUGS

(Table 59, Figures 25a–d)

The average proportion of students having tried illicit drugs increased from 1995 (11%) through 1999 (17%) to 2003 (20%). The figure then fell slightly in 2007 to 18%, and it is the same in 2011. The increasing trend between 1995 and 2003 can be seen among boys as well as girls, even though the average figures are higher among the male students. However, the slightly lower overall figures seen in 2007 and 2011 are reflected among girls only.

The proportion in 2011 of students having tried illicit drugs varies to a significant extent among countries, from 5% in Norway to almost half (43%) of the student population in the Czech Republic. The recent trend – between 2007 and 2011 – for this variable involves a statistically significant increase in 11 countries, a significant decrease in seven and a more or less stable situation in 14. The largest recent increase is noted for Monaco (up 9 percentage points) and the largest decrease is found in the Russian Federation (Moscow) (down 11 points).

There is no clear pattern among the countries where more students had tried illicit drugs in 2011 than in 2007. They are geographically spread across Europe and include countries whose prevalence in 2007 was either high (for example France and Monaco) or low (such as Montenegro and Romania). Moreover, there is a similar lack of pattern among the countries with decreases between the two latest surveys, which are also spread across Europe and include both countries that reported high figures in 2007 (for example the Czech Republic) and countries with fairly low figures then (such as Bosnia and Herzegovina (Republic of Srpska), Malta and Ukraine) – however, none of the countries with the very lowest figures in 2007 are included.

For the first time across the five surveys, the 2011 figure represents a decrease compared with the previous survey in the Czech Republic, the country with the largest proportion of students having tried illicit drugs. This is also the case for the neighbouring country of Slovak Republic. There is only one country, Ukraine, where a decrease between 2007 and 2011 is a continuation of a similar trend between 2003 and 2007.

Latvia is the only country where an increase between 2007 and 2011 is a continuation of a growth trend between 2003 and 2007.

There are only very few countries where the proportion having tried illicit drugs is lower in 2011 than it was in the first survey in 1995. The most prominent case is Ireland, where 37% had tried illicit drugs in 1995 but only 19% in 2011. The corresponding figures in the Faroe Islands were 12% and 7%, respectively. Further, even though the 2011 figure in the United Kingdom is deemed not to be fully comparable, it is obvious that there has been a decrease in the UK, with 29% in 2007 versus 42% in 1995.

LIFETIME USE OF CANNABIS

(Table 60, Figures 26a–d)

The vast majority of those who have tried illicit drugs have used marijuana or hashish (cannabis), and the statistical correlation between those two variables in the 2011 survey was almost perfect at the aggregate country level (r=0.99) (Table Y). The lifetime-prevalence rates for cannabis use are thus very similar to the figures presented in the section above. The changes found for lifetime use of cannabis almost all appear in the same countries as those found for lifetime use of any illicit drug.

Hence, the overall results for the 19 countries with comparable data from all five waves show an upward trend in lifetime cannabis use between 1995 and 2003 (from 11% to 19% on average) but a slightly lower figure in 2007 (17%) and then an unchanged situation in 2011. In nearly all surveys, the gender gap at the aggregate level has been about 6 percentage points, with a higher prevalence among boys.

Again, the biggest recent increase is noted for Monaco (9 percentage points, from 28% to 37%), but the increase is nearly as large in France (8 points) and Poland (7 points). These increases mean that the proportions of students in Monaco and France having tried cannabis now are second only to that in the Czech Republic among the ESPAD countries.

Like for use of any illicit drug, there are more countries showing statistically significant increases from 2007 to 2011 (11 countries) than reporting significantly lower figures in 2011 (6). Another similarity is that the countries with changes are geographically spread across Europe and include countries with both high and low figures for cannabis prevalence in 2007.

The clearest decrease from 2007 to 2011 can be seen in the Russian Federation (Moscow), with a drop from 26% to 15%. The decreases in Italy and Ukraine are continuations of falls from 2003 to 2007, while the decrease in Slovak Republic follows on an increasing trend seen across all four previous data-collection waves.

PAST-12-MONTHS USE OF CANNABIS

(Table 61)

The overall picture of past-12-months use of cannabis is similar to the one of lifetime prevalence. On average, the proportion of students who had used cannabis during the 12 months prior to data collection increased from 8% in 1995 to 14% in

2003, after which it has been 1–2 percentage points lower. A similar trend can be seen for both sexes, with boys 4–5 percentage points higher than girls.

Like for lifetime prevalence, the largest increases between the two latest data-collection waves are found in France (24% versus 35%) and Monaco (21% versus 33%), which means that these two countries have now passed the Czech Republic and hold the top two positions. Other countries whose figures are considerably higher in 2011 include Poland (increase from 12% to 19%) and Portugal (from 10% to 16%).

The country with the clearest drop from 2007 to 2011 is the Russian Federation (Moscow) with a reduction from 17% to 10%.

Compared with the first survey in 1995, most countries report either relatively unchanged or higher figures. The clearest decreases are found on the British Isles, where the past-12-months prevalence of cannabis use dropped in Ireland from 33% in 1995 to 14% in 2011 and in the United Kingdom from 35% in 1995 to 22% in 2007.

PAST-30-DAYS USE OF CANNABIS

(Table 62, Figures 27a–d)

The proportions of students in various ESPAD countries who have used cannabis during the past 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 (r=0.90) (Table Y).

Since the proportions of students having used cannabis during the past 30 days are fairly low, it is difficult to see very clear trends over the years. However, the average figure increased from 1995 (4%) to 2003 (7%) and has stayed more or less at this higher level since then. Similar trends can be seen for both sexes, with boys remaining 2–3 percentage points above girls.

Like for lifetime use of any illicit drug and lifetime cannabis use, there are more countries where the prevalence of past-30-days cannabis use has increased significantly from 2007 to 2011 (12 countries) than there are countries with significant decreases (5), even though both categories are outnumbered by the countries with relatively unchanged figures (15). The most striking increases between the past two surveys have happened in Monaco (from 10% to 21%) and in France (from 15% to 24%), which puts these two countries at the top in 2011. For France, this means that the country is back at the levels found in the 1999 and 2003 surveys.

The decreases seen between the last two data collection waves are less pronounced; the largest drop in terms of percentage points (4) is found in Bosnia and Herzegovina (Republic of Srpska). It can also be worth noting the decrease from 18% to 15% in the previous top country, the Czech Republic.

None of the increases between 2007 and 2011 is a continuation of an upward trend from 2003 to 2007. The same is true for the decreases, i.e. none of them followed on a drop from 2003 to 2007.

As regards long-term trends, the 2011 figures for most countries that have taken part in all five data-collection waves are higher than or relatively similar to their 1995 figures. However, Ireland reports a much lower prevalence in 2011 than in 1995, with a drop from 19% to 7%. A clear decrease is also visible in the United Kingdom, even though the 2011 figure is deemed not to be fully comparable, with a fall from 24% in 1995 to 11% in 2007.

CANNABIS USE AT THE AGE OF 13 OR YOUNGER

(Table 63)

Having tried cannabis at the age of 13 or younger is rather uncommon in the ESPAD countries. On average, 3% of the students stated that they had done so in 2011, compared with 1% in 1995. Since the prevalence figures are this low, it is difficult to discern any clear trend, but it may be worth noting that the 3% figure was first seen in the 2003 survey and has been stable since then. The figures have changed over the years in a similar way for both sexes, with boys being 1–2 percentage points above girls.

Compared with 1995, most countries have higher or similar figures in 2011. The two most striking changes towards lower figures can be found in Ireland, with 7% in 1995 and 4% in 2011, and in the United Kingdom, where there was a fall from 14% in 1995 to 9% in 2007.

LIFETIME USE OF ILLICIT DRUGS OTHER THAN CANNABIS

(Table 64, Figures 28a–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. Lifetime use of illicit drugs other than cannabis was, on average, reported by 6% of the students in 2011. This figure increased from 3% in 1995 to 6% in 1999 and has since remained at that level. Both sexes show a similar development, with an increase between the first two surveys and thereafter relatively unchanged figures; however, the figure for boys has tended to be 1–2 percentage points above that for girls.

Of the countries with data from 2007 and 2011, the figures for these years are about the same in most (20 countries) but significantly lower in eight and higher in four. The largest difference between 2007 and 2011 (6 percentage points) is the reduction in Bosnia and Herzegovina (Republic of Srpska).

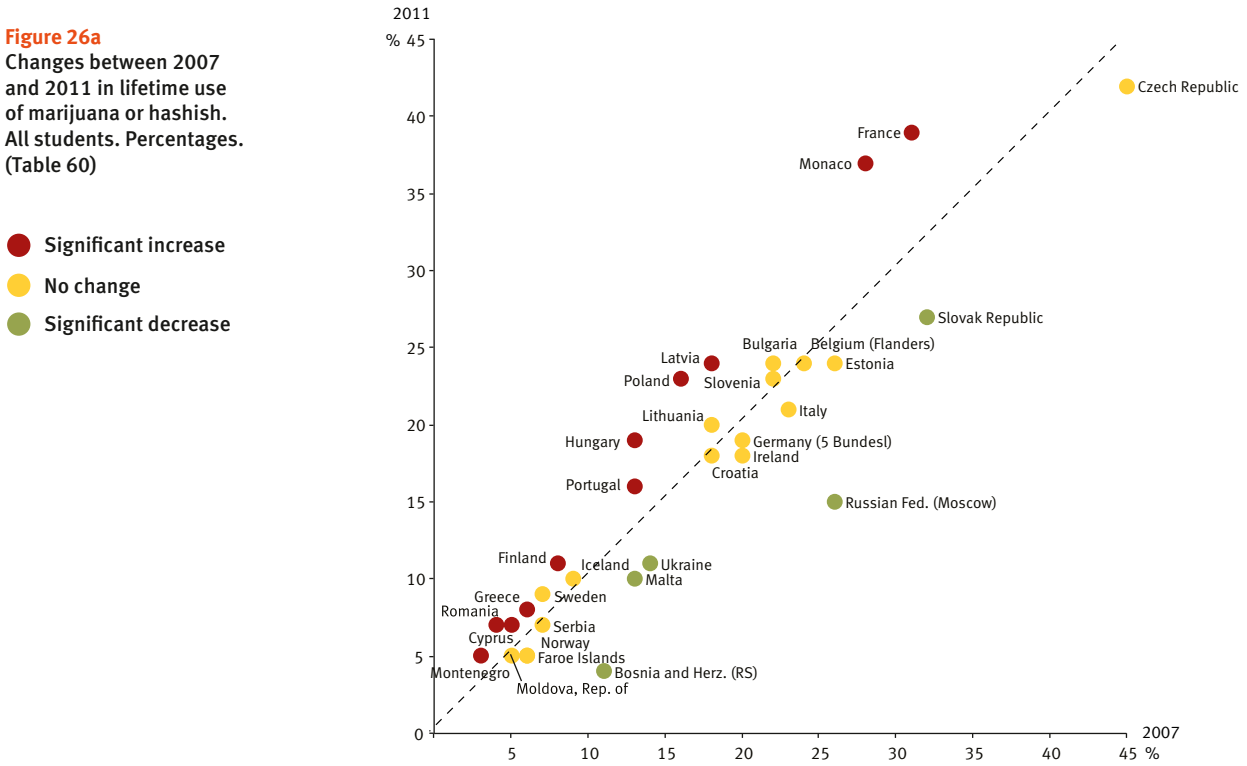
None of the significant changes from 2007 and 2011 continues a similar change from 2003 to 2007. In most countries, the 2011 figures are higher than or fairly similar to those reported in 1995. Like for some other variables mentioned above, lower figures in the latest surveys than in the first one can mainly be found in Ireland, with a drop from 16% in 1995 to 6% in 2011, and in the United Kingdom, with a decrease from 22% in 1995 to 9% in 2007. For both countries, the drop mainly took place between 1995 and 1999.

LIFETIME USE OF ECSTASY

(Table 65)

During the period from 1995 to 2011, no general trends or sex differences can be discerned as regards ecstasy use (even though the figure for boys has been 1 percentage point higher than that for girls in all surveys), not least because only 2–3% of participating students have reported any use over this period. However, in individual countries some changes may be

Figure 26a
Changes between 2007 and 2011 in lifetime use of marijuana or hashish. All students. Percentages. (Table 60)



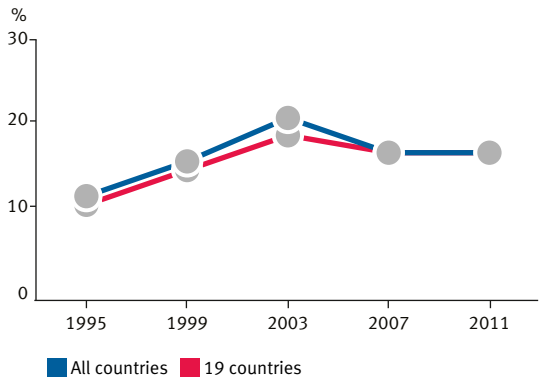


Figure 26b Lifetime use of marijuana or hashish. 1995–2011. Averages for all and for 19 countries respectively. Percentages. (Table 60)

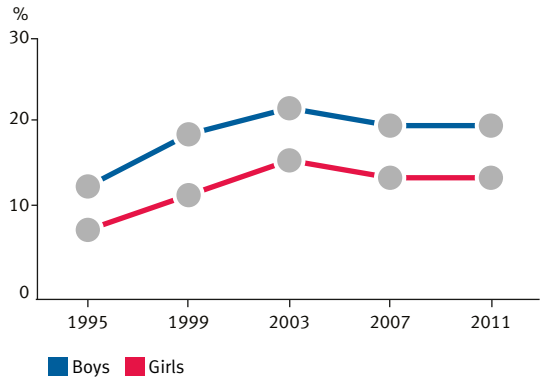


Figure 26c Lifetime use of marijuana or hashish by gender. 1995–2011. Averages for 19 countries. Percentages. (Table 60)

noted. Croatia and Ireland display a drop in lifetime ecstasy use during the period in question, from roughly 9% in 1995 to 3% in 2011. A similar decrease can also be found in the United Kingdom between 1995 and 2007. The main change took place as early as between 1995 and 1999 in the two British Isles countries, while the drop in Croatia happened between the two most recent surveys.

CHANGES IN THE USE OF OTHER SUBSTANCES

LIFETIME NON-PRESCRIPTION USE OF TRANQUILLISERS OR SEDATIVES

(Table 66, Figures 29a–d)

The prevalence rates for the use of tranquillisers or sedatives without a doctor's prescription are relatively low in most ESPAD countries, and the average figures have been rather unchanged between the 1995 and 2011 surveys (at 7–8%). Further, relatively unchanged figures over the years can also be found among both boys and girls, even though girls have been 3–4 percentage points above boys in all surveys. In fact, non-prescription use of tranquillisers or sedatives is one of the few substance-use variables in the ESPAD survey for which girls are in a stable majority over time.

Only in Cyprus, France, Lithuania, Monaco and Poland do the levels exceed 10% in 2011. In a large majority of the countries, the proportions are about the same in 2011 as they were in 2007. However, in seven countries the figures are significantly lower in 2011, while three countries show significantly

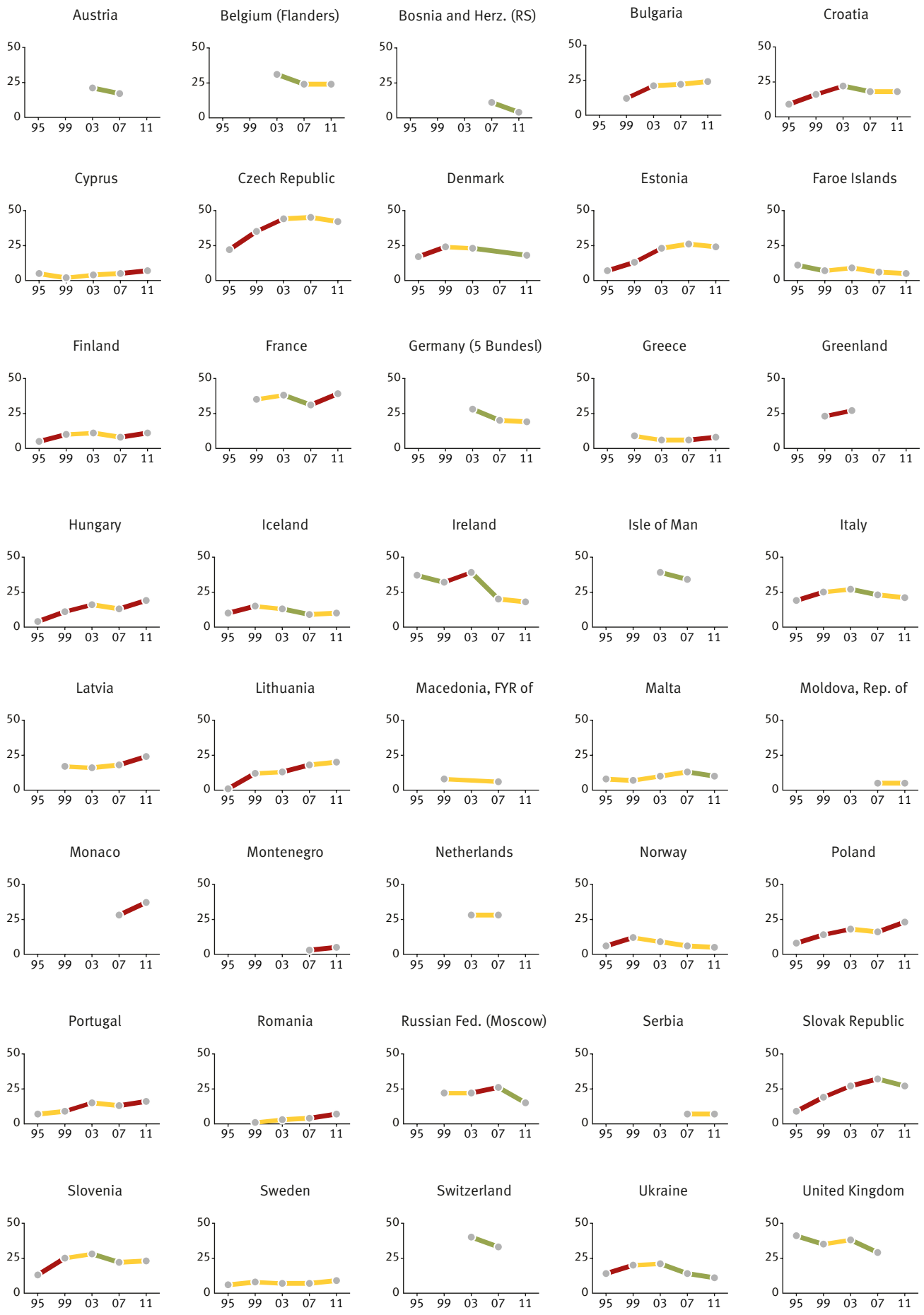
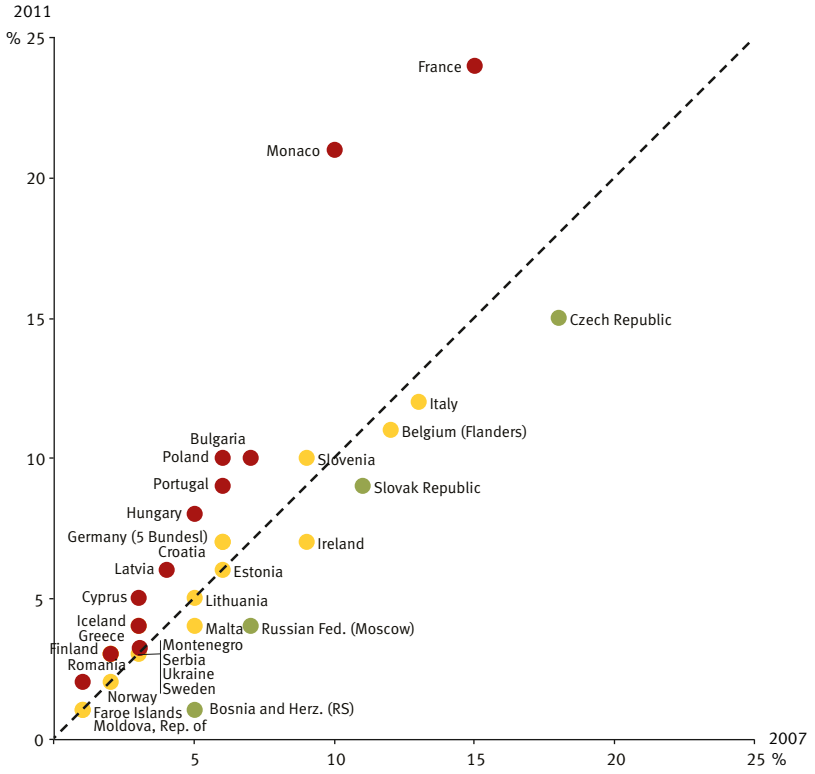


Figure 26d Lifetime use of marijuana or hashish by country. 1995–2011. Percentages. (Table 60)

Figure 27a
Changes between 2007 and 2011 in the use of marijuana or hashish during the past 30 days. All students. Percentages. (Table 62)

- Significant increase
- No change
- Significant decrease



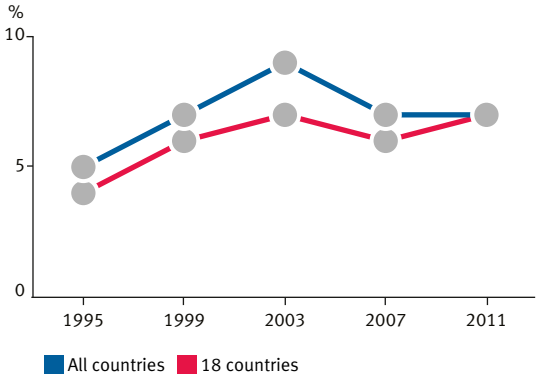


Figure 27b Use of marijuana or hashish during the past 30 days. 1995-2011. Averages for all and for 18 countries respectively. Percentages. (Table 62)

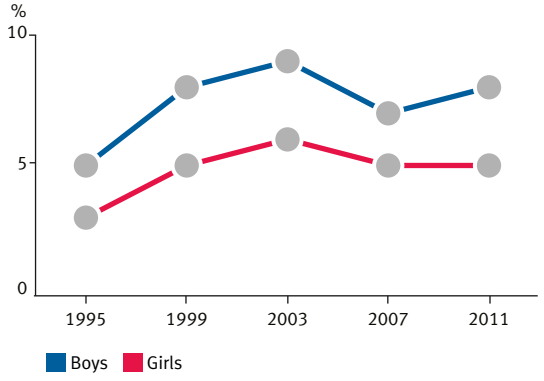


Figure 27c Use of marijuana or hashish during the past 30 days by gender. 1995-2011. Averages for 18 countries. Percentages. (Table 62)

higher figures in 2011 compared with 2007.

No long-term trends are apparent for any of the countries. With a few exceptions, the country-level figures are about the same in 2011 as in 1995. A drop between the first two surveys happened in Denmark, Malta and the United Kingdom (from about 9% to about 5%), after which the figures stayed at that lower level. A change in the other direction can be seen in Estonia, where an increase between 1999 and 2003 from 2% to 9% turned the country from a low-prevalence country into a medium-prevalence country.

LIFETIME USE OF ALCOHOL TOGETHER WITH PILLS

(Table 67)

In all ESPAD countries, students have tried combining alcohol with pills of various types. This is often done on the assumption that mixing products will induce a higher degree of intoxication. In 2007, the expression “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 between the outcomes achieved using the two versions of this question. It thus seems to have been clear to students all along that this synergetic effect was what the question referred to.

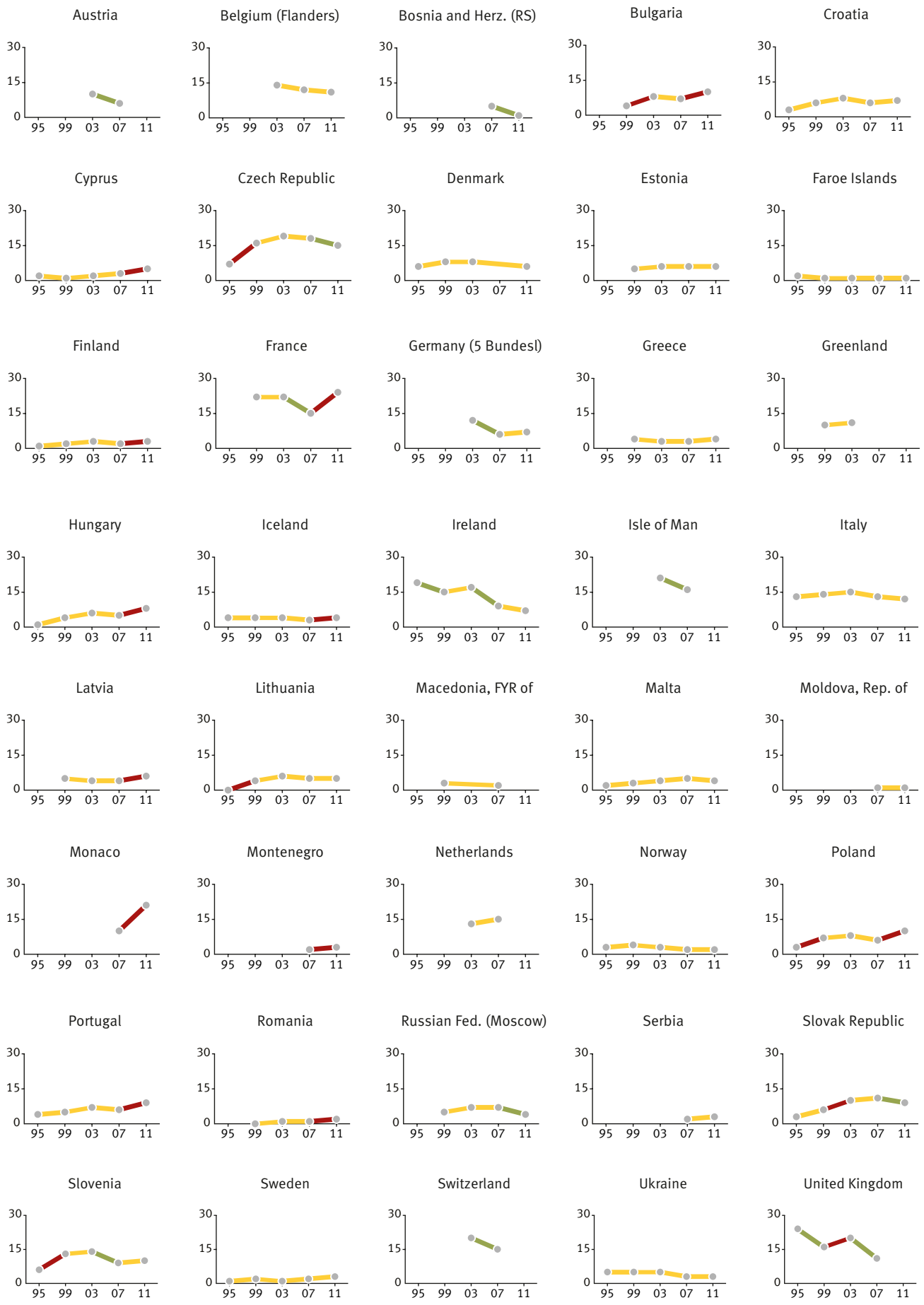
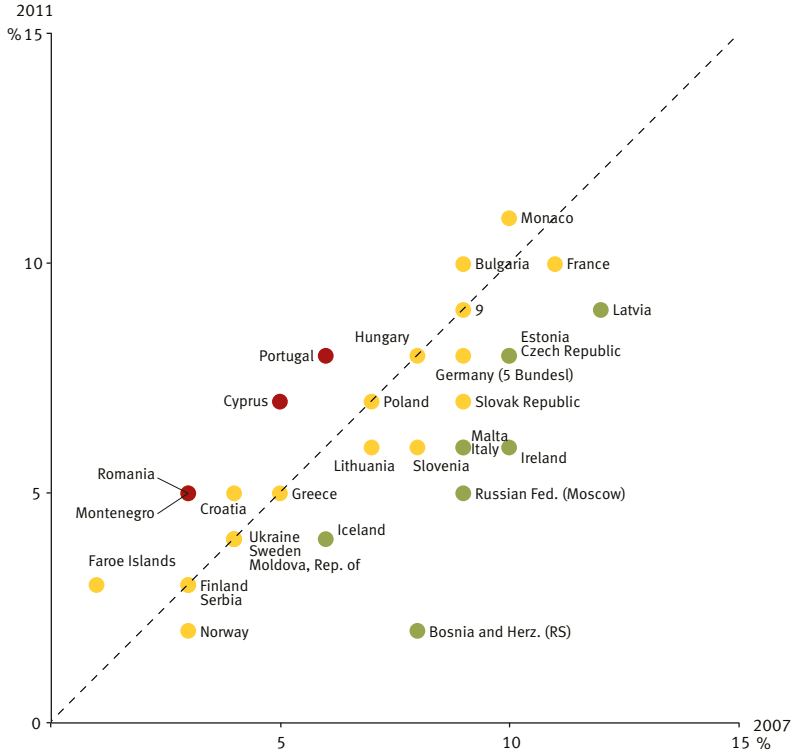


Figure 27d Use of marijuana or hashish during the past 30 days by country. 1995–2011. Percentages. (Table 62)

Figure 28a
Changes between 2007 and 2011 in lifetime use of illicit drugs other than marijuana or hashish a). All students. Percentages. (Table 64)

- Significant increase
- No change
- Significant decrease



a) Includes amphetamines, cocaine, crack, ecstasy, LSD or other hallucinogens, heroin and (since 2007) GHB.

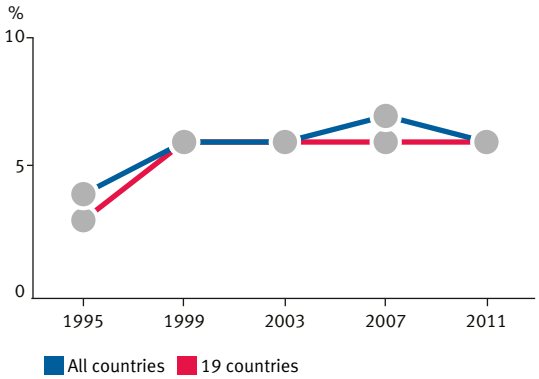


Figure 28b Lifetime use of illicit drugs other than marijuana or hashish[a]. 1995–2011. Averages for all and for 19 countries respectively. Percentages. (Table 64)

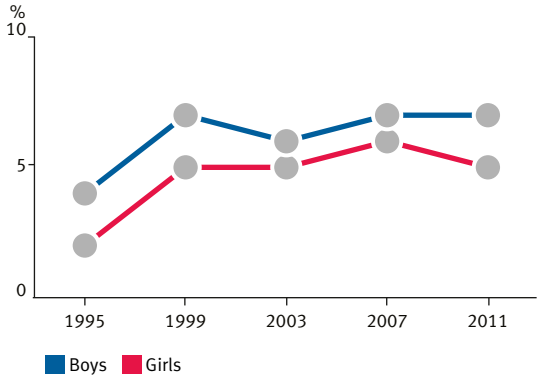


Figure 28c Lifetime use of illicit drugs other than marijuana or hashish[a] by gender. 1995–2011. Averages for 19 countries. Percentages. (Table 64)

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). First, lifetime prevalence for these two variables is more or less of the same magnitude: around 6% on average in 2011. Second, this is another of the very few trend variables presented in this chapter where girls are in the majority. Over the period as a whole, girls are about 3–4 percentage points above boys.

It is worth noting that the average proportion of students having tried alcohol together will pills is lower in 2011 (6%) than it was in 1999 (9%) and that this decreasing tendency can be found for both sexes. Moreover, the smallest gender gap yet is the one seen in 2011 (7% for girls versus 5% for boys).

In many countries, the figures in 2011 are rather similar to, or lower than, those reported in the first survey in 1995. One country with a large decrease is Sweden, with a drop from 18% in 1995 to 4% in 2011. A similar drop can be seen in the United Kingdom between 1995 (20%) and 2007 (7%). The most striking change in the other direction has occurred in the Czech Republic, where 9% of respondents in the first survey answered that they had tried alcohol together with pills while the figure in 2011 was considerably higher (16%) even though it had been even higher in 2007 (18%).

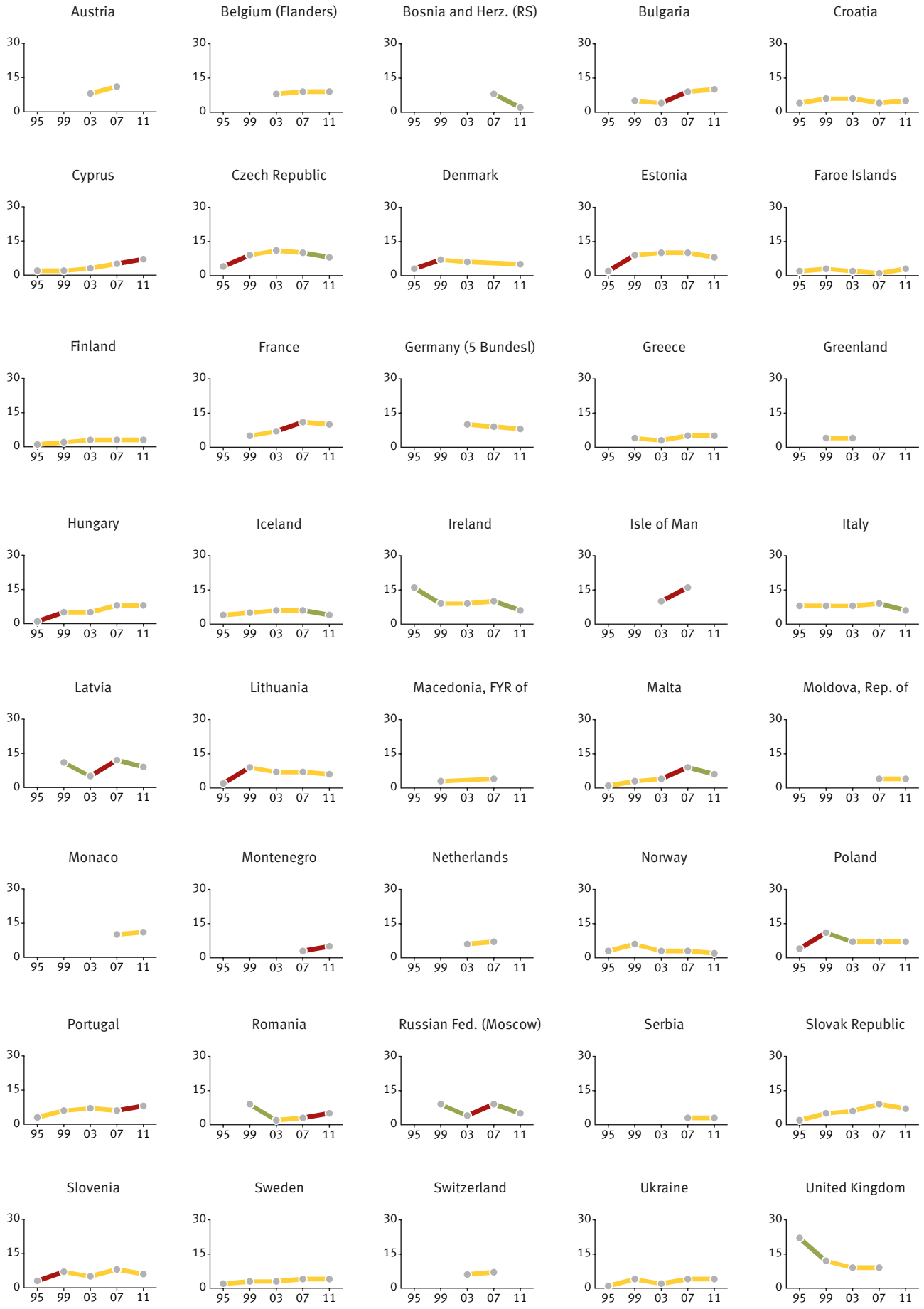
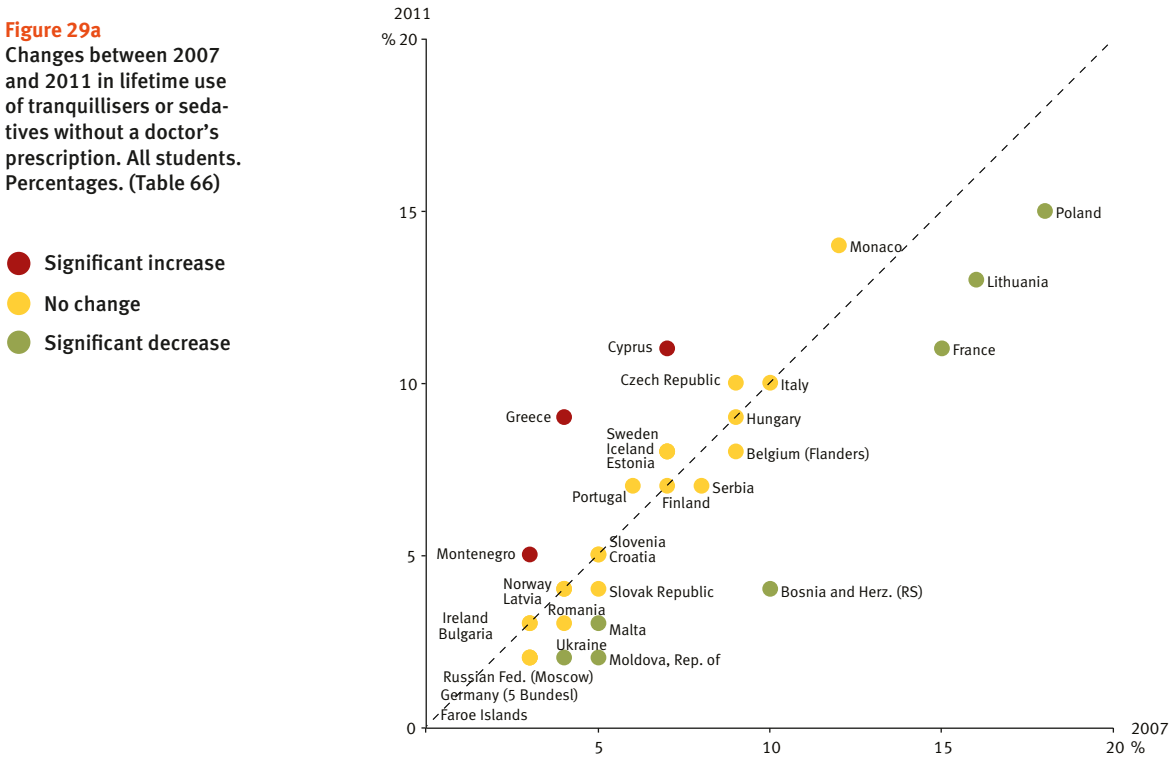


Figure 28d Lifetime use of illicit drugs other than marijuana or hashish[a)] by country. 1995–2011. Percentages. (Table 64)

Figure 29a
Changes between 2007 and 2011 in lifetime use of tranquillisers or sedatives without a doctor's prescription. All students. Percentages. (Table 66)



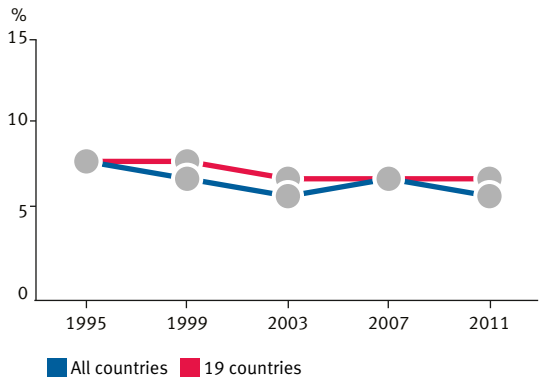


Figure 29b **Lifetime use of tranquillisers or sedatives without a doctor's prescription. 1995–2011. Averages for all and for 19 countries respectively. Percentages. (Table 66)**

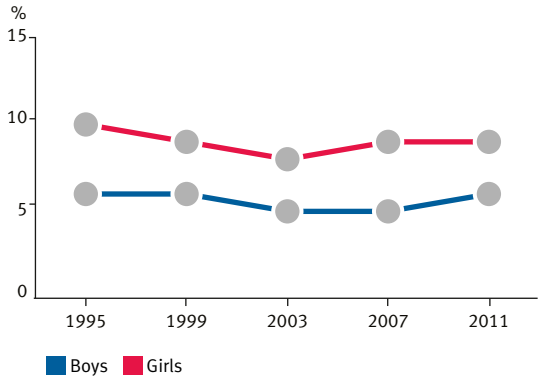


Figure 29c **Lifetime use of tranquillisers or sedatives without a doctor's prescription by gender. 1995–2011. Averages for 19 countries. Percentages. (Table 66)**

LIFETIME USE OF INHALANTS

(Table 68, Figures 30a–d)

Over the years since the first survey in 1995, the lifetime-prevalence rates for the use of inhalants did not change very much until 2007, with averages at the aggregate level of 8–9%. However, a slight increase from 8% to 10% can be seen between the two most recent surveys. A relatively unchanged average situation from 1995 to 2007 can also be found for both sexes, with the figures for boys 1–2 percentage points above those for girls. In 2011, however, both sexes reported the same proportion (10%), which had never happened before.

In nearly half of the countries (15 out of 32) with comparable data in 2007 and 2011, a significant increase can be seen. The situation was relatively unchanged in ten countries while a significant drop occurred in seven. One of the most striking decreases can be found in the former top country of Cyprus, where the proportion of students having tried inhalants was reduced by half between 2007 and 2011 (from 16% to 8%). Another notable reduction between the two most recent surveys took place in Ireland (from 15% to 9%).

In many of the countries with significantly higher figures in 2011 than in 2007, the increase is about 2–3 percentage points. However, there are also examples of countries with more pronounced increases, including Croatia, where the proportion having tried inhalants nearly tripled from 11% to 28%, making Croatia the top country in 2011. Another case of visible growth is Latvia, with an increase from 13% to 23%, making the Latvian figure the second-highest in the latest survey. The significant increase in Latvia continued an upward trend from 2003, but this was not the case in any of the other countries

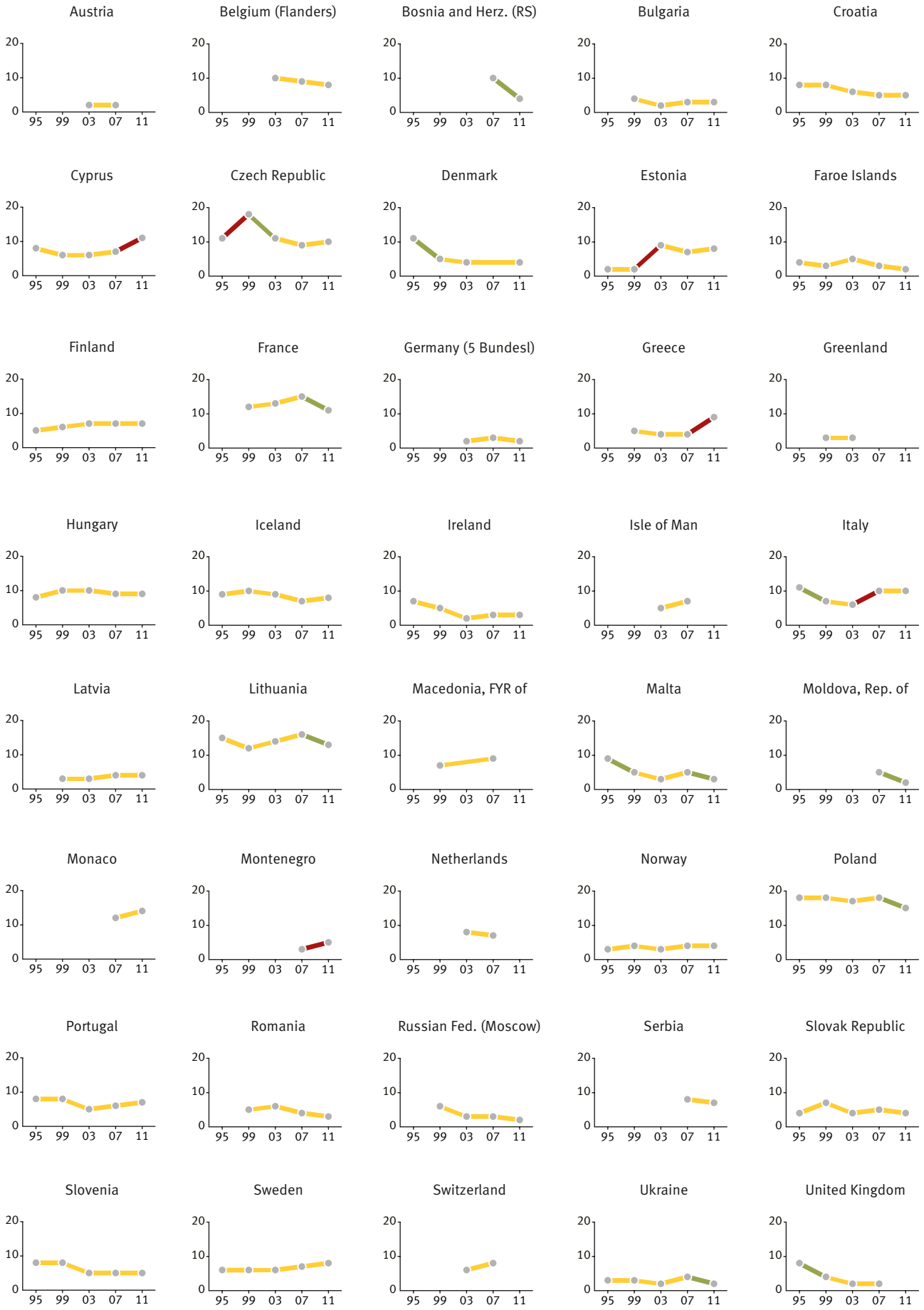
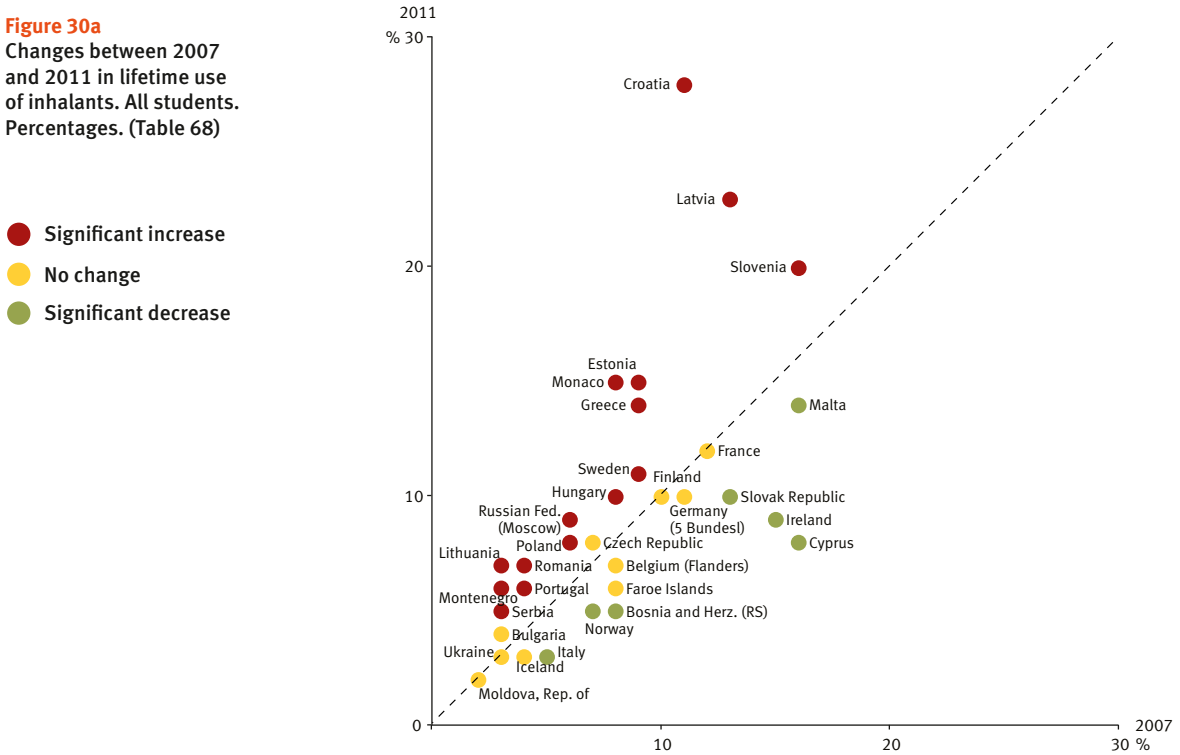


Figure 29d Lifetime use of tranquillisers or sedatives without a doctor's prescription by country. 1995–2011. Percentages. (Table 66)

Figure 30a
Changes between 2007 and 2011 in lifetime use of inhalants. All students. Percentages. (Table 68)



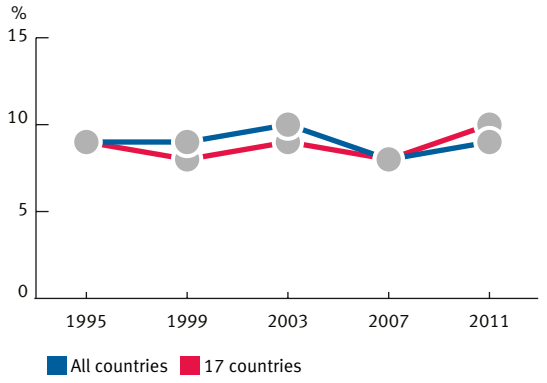


Figure 30b Lifetime use of inhalants. 1995–2011. Averages for all and for 17 countries respectively. Percentages. (Table 68)

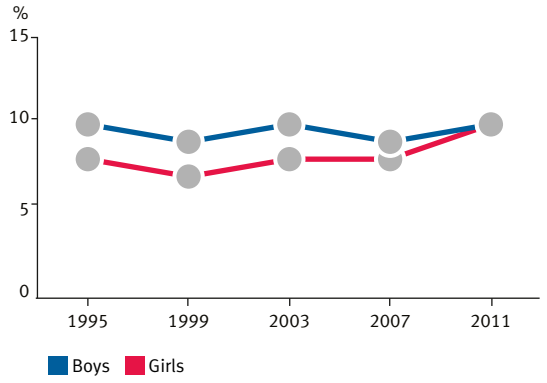


Figure 30c Lifetime use of inhalants by gender. 1995–2011. Averages for 17 countries. Percentages. (Table 68)

with higher figures in 2011 than in 2007.

Compared with the first survey in 1995, most countries have reported either relatively unchanged or higher figures for lifetime inhalant use in later surveys. A change in the other direction can be seen in the United Kingdom, where the figure dropped from 20% in 1995 to 9% in 2007. A drop of the same magnitude can also be seen between 1999 and 2011 in the neighbouring country of Ireland: from 22% in 1999 to 9% in the latest survey.

CHANGES IN LIFETIME ABSTINENCE FROM VARIOUS SUBSTANCES

(Table 69, Figures 31a–d)

An index total 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, in 2011 a little more than one in ten ESPAD students (13%) reported no use at all of any of the substances included in the index. This was an increase from 2003 (8%) and 2007 (10%), and a similar upward trend in the latest surveys can be seen for both boys and girls. In the first surveys there were slightly more girls than boys who had never used any of the above-mentioned substances, but in the two most recent ones the average figures have been about the same for both sexes.

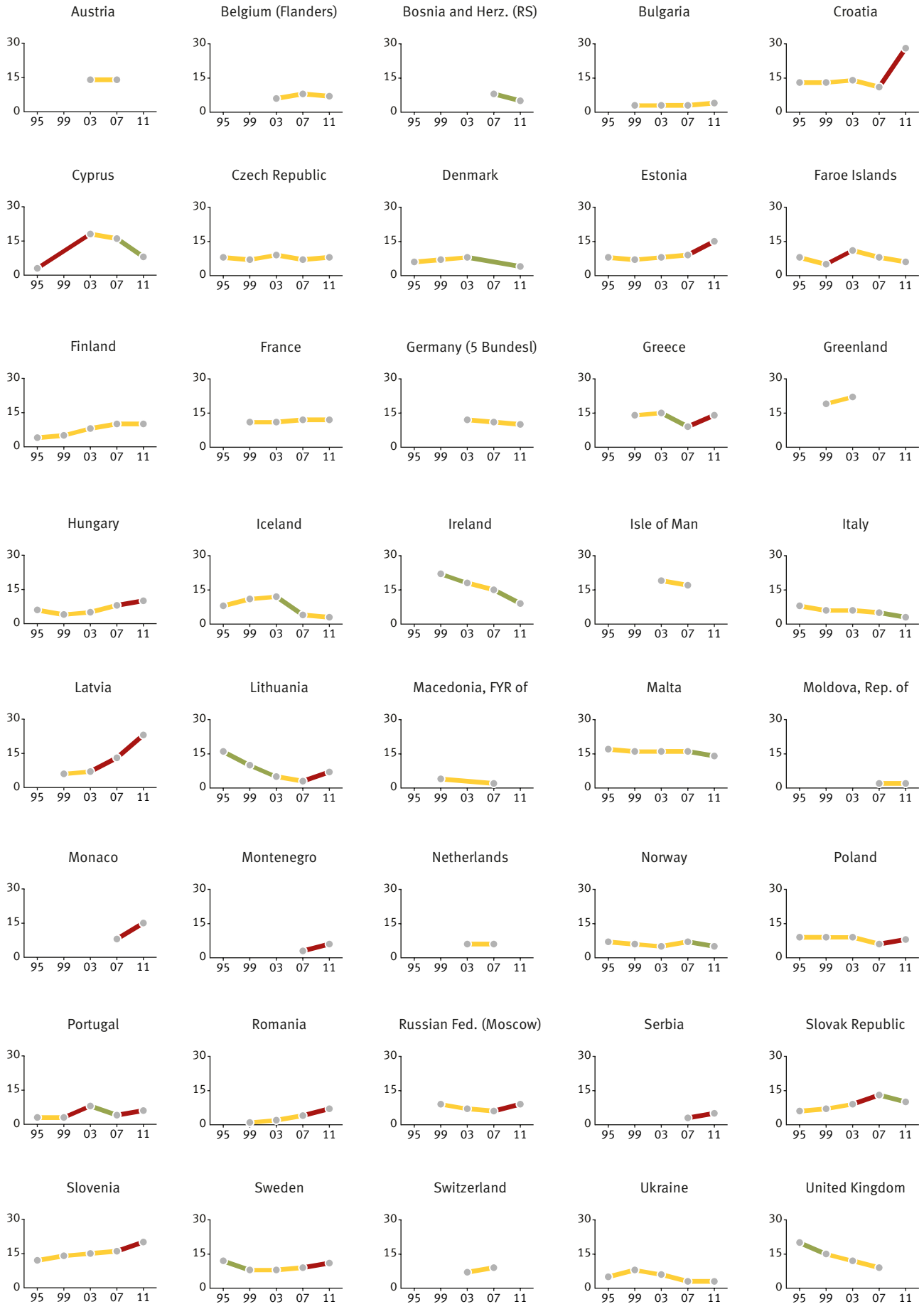
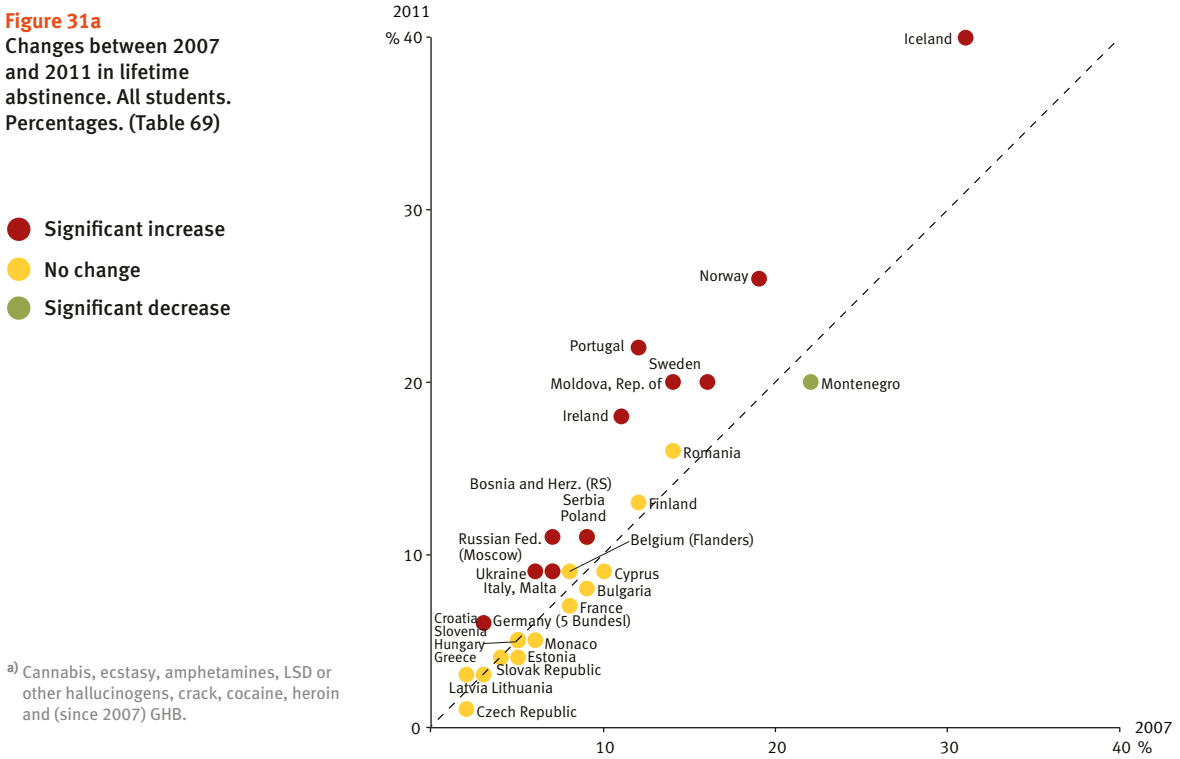


Figure 30d Lifetime use of inhalants[a)] by country. 1995–2007. Percentages. (Table 68)

Figure 31a
Changes between 2007 and 2011 in lifetime abstinence. All students. Percentages. (Table 69)



[a] Cannabis, ecstasy, amphetamines, LSD or other hallucinogens, crack, cocaine, heroin and (since 2007) GHB.

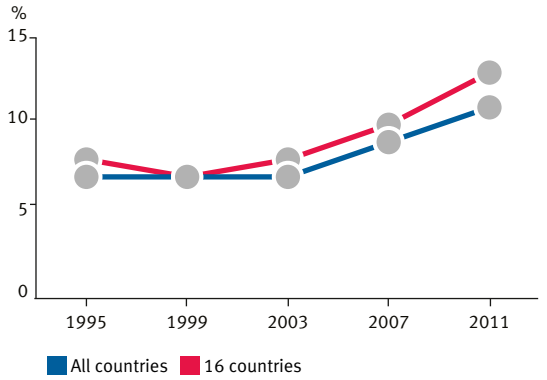


Figure 31b **Lifetime abstinence from tobacco, alcohol, inhalants, tranquillisers or sedatives without a doctor's prescription and illicit drugs[a]. 1995–2011. Averages for all and for 16 countries respectively. Percentages. (Table 69)**

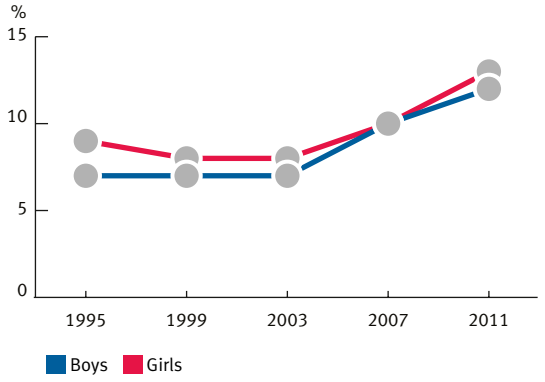


Figure 31c **Lifetime abstinence from tobacco, alcohol, inhalants, tranquillisers or sedatives without a doctor's prescription and illicit drugs[a]. 1995–2011. Averages for 16 countries. Percentages. (Table 69)**

Countries vary in the proportion of students who are abstainers from all of the drugs included (between 1% and 40% in 2011). This variation depends mainly on responses relating to the most commonly used substance: alcohol.

There is only one country, Montenegro, where the 2011 figure is significantly lower than the one reported in the previous survey. Changes in the other direction, i.e. with more students in 2011 than in 2007 having abstained from all substances included in the index, are found in 14 countries. In some of them the change was fairly striking, for example in Portugal where the proportion of lifetime abstainers increased from 12% to 22% and in Iceland where it grew from 31% to 40%.

The increase between 2007 and 2011 in the proportion of lifetime abstainers continued an upward trend from 2003 to 2007 in the three Nordic countries of Iceland, Norway and Sweden. In Iceland, the increasing trend from survey to survey can be traced as far back as to the 1999 data-collection wave.

Comparison of 1995 and 2011 figures shows that the proportion of lifetime abstainers in Iceland has increased from 17% to 40%, i.e. by 23 percentage points. Other countries with fairly large increases (12 percentage points) between the first and the latest survey are Ireland, Norway and Sweden.

Final remarks on 1995–2011 trends

The overall substance-use trends for the countries with data from all five waves differ across variables. For instance, the prevalence of lifetime non-prescription use of tranquillisers or sedatives has hardly changed at all across the five waves. This is partly explained by the fact that this behaviour is relatively

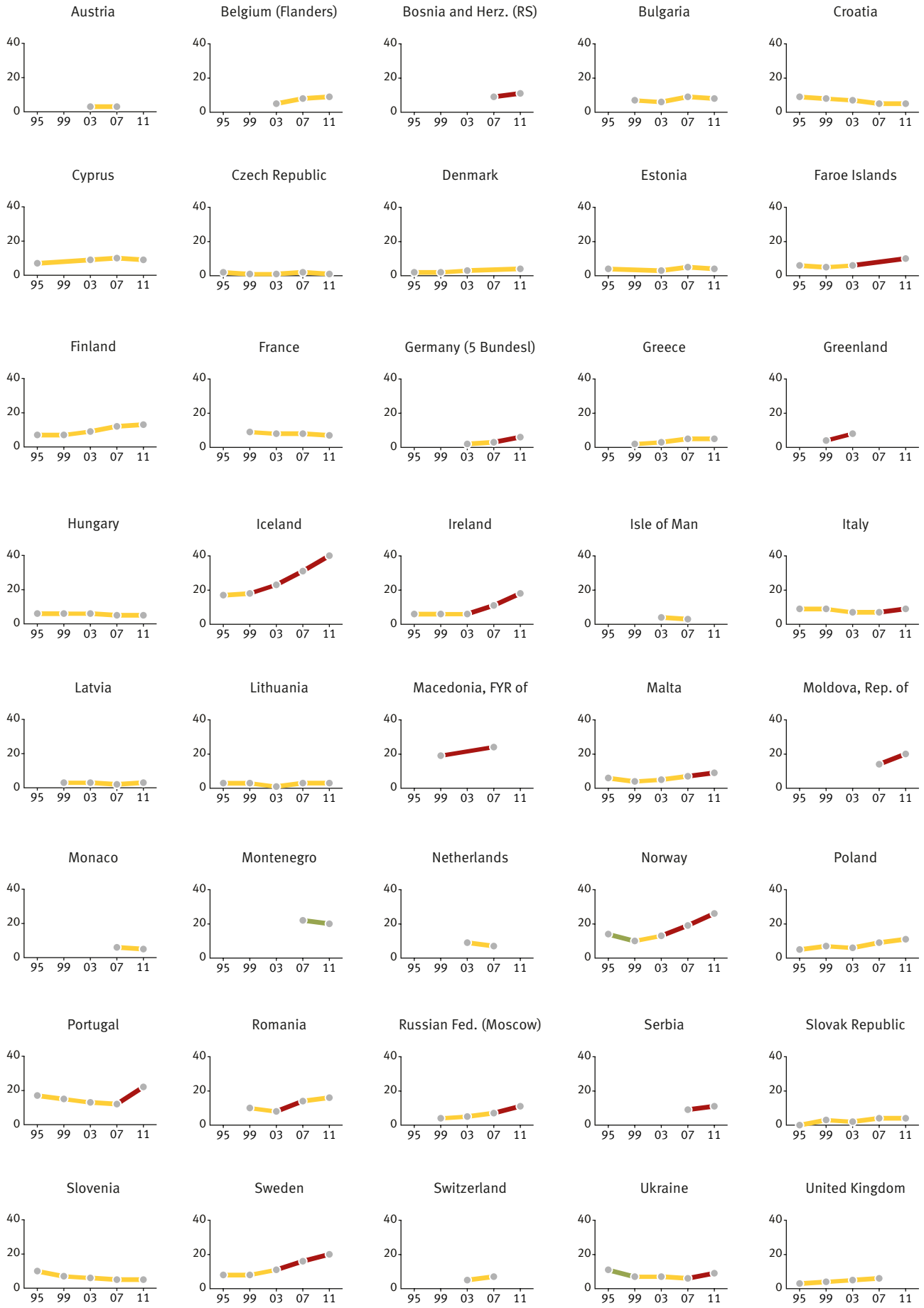


Figure 31d Lifetime abstinence from tobacco, alcohol, inhalants, tranquillisers or sedatives without a doctor's prescription and illicit drugs[a)] by country. 1995–2011. Percentages. (Table 69)

low-prevalent on the whole, which gives less room for variation. For other variables, there are more or less obvious changes across the five surveys.

A decrease for cigarette use in the past 30 days can be seen between 1999 and 2007, while the average prevalence rate in 2011 remained relatively unchanged. At the aggregate level, the country average is 6 percentage points lower in 2011 than it was in 1999. Daily cigarette use at the age of 13 and younger has also become less common, according to the two latest surveys, with a drop from 11% in 2003 to 7% in 2011.

Large proportions of the students have used alcohol during their lifetime (on average 86% in 2011) and in the past 12 months (78%). These figures have been rather similar in all five surveys. However, for both of these variables the proportions have decreased slightly from 2003 through 2007 to 2011. A similar decreasing trend from 2003 to 2011 can also be seen for past-30-days prevalence, with an average of 56% answering in 2011 that they had used alcohol during the 30 days prior to the survey.

One of the most striking changes in the first four surveys was the growing proportion of girls having consumed five or more drinks on one occasion during the past 30 days, with the aggregate-level average increasing from 29% in 1995 to 41% in 2007. In the 2011 survey, however, this figure has dropped to 38%. The figure for boys is also lower in 2011 than it was in 2007.

The estimated average consumption of latest-drinking-day alcohol consumers was about the same in 2011 as in 2007, with boys drinking, on average, one-third more than girls (5.6 versus 4.2 centilitres of 100% alcohol in 2011).

Over the entire period between 1995 and 2011, the rates of lifetime and past-12-months prevalence of alcohol use are about the same for both sexes while the past-30-days prevalence, as well as more frequent alcohol consumption in all three time periods, are higher among male students. Boys are also more likely to have engaged in heavy episodic drinking (five or more drinks on the same occasion), even though that gender gap has shrunk over time. Moreover, boys consume larger quantities than girls.

The upward trend between 1995 and 2003 in lifetime use of illicit drugs – predominantly cannabis – came to a halt in 2007, when the average figure (18%) was 2 percentage points below the one from 2003, and has stayed at the same level in 2011. In all surveys, more boys than girls have reported trying illicit drugs. In 2011, the difference between the sexes was 7 percentage points (22% versus 15%).

Since a very large majority of the students who have tried illicit drugs have used cannabis, the trends across the five surveys, including the gender gap, for cannabis are very similar to those for illicit drugs overall. Illicit drugs other than cannabis have been used by rather few students. There was an average increase from 1995 (3%) to 1999 (6%), followed by an unchanged situation since then.

The prevalence of lifetime use of tranquillisers or sedatives without a doctor's prescription has changed very little over time, with an average figure in 2011 of 7%. The same is true for inhalants, even though the average proportion of students having used inhalants was slightly higher in 2011 (10%) than in 2007 (8%).

Lifetime use of tranquillisers or sedatives without a doctor's prescription and mixing alcohol with pills are the only two substance-use behaviours that have been more common among girls than boys, on average, in all five data-collection waves.

Trends in individual countries of course differ more or less from the overall impression given by the average figures. In this chapter, twelve variables have been tested at the country level for statistically significant differences between the 2007 and 2011 surveys. Based on this, a few remarks will be made about individual countries.

Some countries show a decrease in substance use for all or nearly all variables. One of them is Bosnia and Herzegovina (Republic of Srpska), where students in 2011 reported significantly less consumption for all twelve variables. In the Russian Federation (Moscow), substance use dropped in 2011 for nine of the twelve variables, including those measuring illicit drug use. The same was true in Malta for eight variables and in Italy, Norway and Ukraine for seven. In Norway, all alcohol-related variables showed less consumption in 2011 than in 2007.

In Iceland as well, the figures show lower consumption in 2011 than in 2007 for seven variables, including those measuring alcohol consumption and the abstinence index. This is a continuation of trends seen in earlier surveys and has put Iceland in a leading position when it comes to low alcohol consumption and abstinence from different substances.

Other countries have moved in the opposite direction, i.e. with more students using various substances in 2011 than in the previous survey. One of them is Montenegro, where nine of the twelve variables show more substance use in the latest survey.

Hungarian students report significantly more extensive substance-use habits in 2011 for eight variables, including all four measuring alcohol consumption. In Cyprus, all four illicit-drug variables, as well as those measuring alcohol quantities and past-30-days heavy episodic drinking, are among the eight variables showing higher consumption in 2011. However, for Cyprus it should also be noted that the number of students having used inhalants dropped from 2007 to 2011.

In France, Greece, Monaco, Portugal and Romania, six variables indicate more substance use in 2011 than in 2007. Besides Cyprus, it is only Montenegro, Romania and Poland that show higher figures in 2011 than in 2007 for all four variables measuring illicit drug use. As regards Greece, it may be interesting to note that Greek students drink larger quantities and report a higher past-30-days prevalence of heavy episodic drinking in 2011 than they did in 2007.

Students in the neighbouring countries of France and Monaco report large increases in lifetime and past-30-days cannabis use (about 10 percentage points), placing them second and third among ESPAD countries in 2011 for lifetime use (after the Czech Republic) and in the two top positions for use during the past 30 days (with 24% in France and 21% in Monaco).

There is no clear geographical pattern either for the countries reporting many decreases from 2007 to 2011 or for those reporting many increases.

With two exceptions – lifetime use of tranquillisers or sedatives without a doctor's prescription and mixing alcohol with pills – all average figures have been higher for boys than for girls in all five data-collection waves, even though the differences have sometimes been fairly small, for example when it comes to lifetime and past-12-months alcohol prevalence as well as life time prevalence of inhalants. For most variables, the gender gaps have been rather unchanged since the first survey in 1995. One variable where the gender gap has been smaller in later surveys than in the first ESPAD waves is heavy episodic drinking during the past 30 days. In the first three surveys, the gender gap was 10–12 percentage points, but on the two most recent occasions it has been only 4–5 points. Smaller changes in the same direction can be found for past-30-days use of cigarettes and alcohol, for which the gender gap was 4–5 percentage points in 1995 while the figures in later surveys have been about the same for both sexes.

What is the European average?

What is the European average?

Thoroddur Bjarnason

The European School Survey Project on Alcohol and other Drugs (ESPAD) 2011 is based on a sample of 103,000 students, drawn from a target population of 4.6 million students in 36 countries. Figure A1 shows the size of the target population in each country. The five largest countries together represent 62.6% while the five smallest together represent 0.2% of the target population. In most cases, the target population includes all students born in 1995. In four countries, however, only a section of the population is targeted. Of the larger countries, Germany only included students in 5 of the 16 Bundesländer (states) while the Russian Federation only included students in Moscow. In addition, in Belgium only the Flemish-speaking region (Flanders) participated, and in Bosnia and Herzegovina only the Republic of Srpska did so.

The primary purpose of the ESPAD study is to map the prevalence of substance use among European adolescents. While it is relatively straightforward to report findings for individual countries, the European average can be calculated in several different ways. In the ESPAD report, the European average is generally calculated across countries, treating large and small countries as equal units. This country average has the advantage of emphasising the cultural context of different countries. If patterns of licit and illicit drug use that evolve in each country are taken as indicators of a complex, evolving European scene, it is appropriate to give large and small countries equal weight in the European average.

However, if Europe is viewed as a whole rather than as a collection of countries, it is more useful to calculate a population average as an indicator of rates of prevalence in the continent as a whole. Each country should then contribute to the European average according to its share in the total population of the continent. For example, the target population of

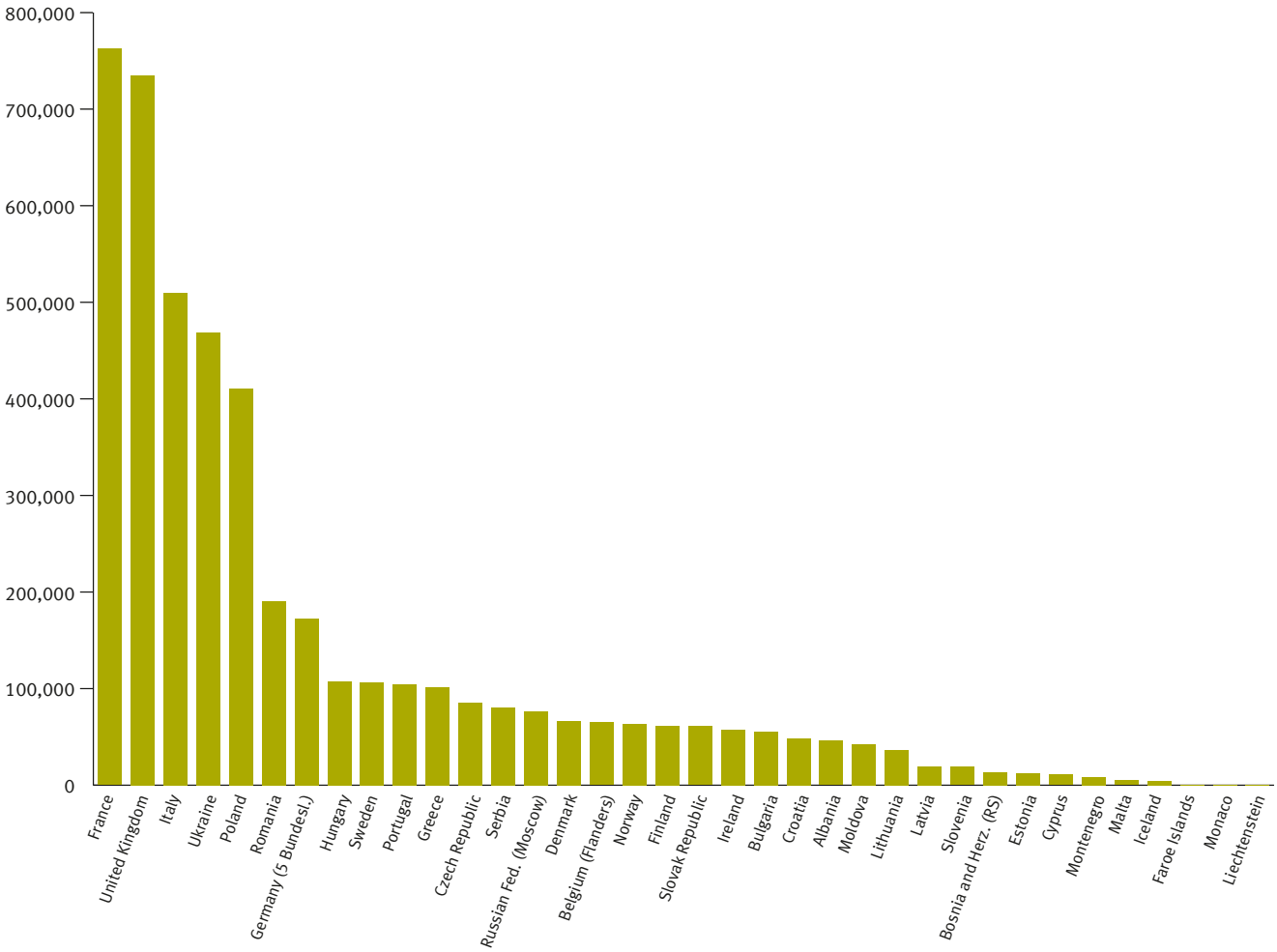


Figure A1. **Number of students born in 1995 in each country or region.**

adolescents born in 1995 living in France is almost two thousand times larger than the corresponding target population in Liechtenstein. The population average should therefore be predominantly based on data from France and other countries with a large target population, such as the United Kingdom, Italy, Poland, Romania and Germany, while Liechtenstein and other countries with a very small target population, such as Monaco, the Faroe Islands, Iceland and Malta, could for all practical purposes be excluded from the study when it comes to the overall European picture.

In principle, the country average and the population average provide different information. Both could be important for particular policy purposes. From an empirical point of view, however, the interesting question is to what degree these two types of European average really are different. Table A1 shows examples of differences between the country average and the population average for 21ESPAD benchmark measures.

This difference is, in fact, smaller than might have been expected. Of the first fifteen measures in Table A1, which relate to tobacco use, access to alcohol and alcohol use, no difference is observed in six cases, a difference of one percentage point in five cases, and a difference of two percentage points in three. In only one case is a difference of three percentage points observed. Similarly, the difference for lifetime use of inhalants is only one percentage point.

A larger discrepancy of five percentage points is found for lifetime use of illicit drugs. This appears to be attributable to higher levels of lifetime use of marijuana and hashish (for which the discrepancy is also five percentage points) in the larger countries, given that the difference in lifetime use of other illicit drugs between the country average and the population average is only one percentage point. For sedatives/tranquillisers without a prescription, the difference is also only one percentage point; and for ecstasy there is no difference between the country average and the population average.

The use of the European country average in the ESPAD report emphasises the independence of each national setting, irrespective of population size. This could, in principle, give a picture which is quite different from the European population average, which treats the people of Europe as a single population. In practice, however, the country average as used in the ESPAD 2011 report actually seems to give a rather accurate picture of the population as a whole. This might change in the future if large countries join or leave ESPAD or if small and large countries develop in a radically different fashion.

Table A1. Difference between country average and population average. 2011. Percentages.

	Country average	Population average	Difference
Lifetime use of cigarettes	54	56	2
Cigarette use during the last 30 days	28	30	2
First cigarette at the age of 13 or younger	31	30	-1
Beer fairly or very easy to obtain	73	73	0
Wine fairly or very easy to obtain	66	66	0
Spirits fairly or very easy to obtain	53	52	-1
Lifetime use of any alcoholic beverage	87	87	0
Any alcoholic beverage during the last 12 months	79	81	2
Any alcoholic beverage during the last 30 days	57	60	3
Purchase of alcoholic beverages last 30 days in a store	37	38	1
Consumption of alcoholic beverages in bars, discos etc	45	46	1
Heavy episodic drinking (5+ drinks in a row in last 30 days)	39	39	0
Lifetime drunkenness	47	48	1
Drunkenness during the last 12 months	37	37	0
Drunkenness during the last 30 days	17	17	0
Lifetime use of illicit drugs	18	23	5
Lifetime use of marijuana or hashish	17	22	5
Lifetime use of illicit drugs other than marijuana or hashish	6	7	1
Lifetime use of inhalants	9	8	-1
Lifetime use of sedatives/tranquillisers without prescription	6	7	1
Lifetime use of ecstasy	3	3	0

The Cannabis Abuse Screening Test

The Cannabis Abuse Screening Test (CAST):

Examining the prevalence of cannabis-related problems among adolescents in 13 European countries

Alexander Pabst, Ludwig Kraus, Daniela Piontek

INTRODUCTION

Cannabis is the most frequently used illicit drug worldwide (United Nations Office on Drug and Crime, 2011). The vast majority of those adolescents in the ESPAD countries who had lifetime experience with any illicit drug also reported use of cannabis. In the 2007 ESPAD survey, the average lifetime prevalence of cannabis use across the participating countries was 19%, with values for individual countries ranging from 3% in Armenia to 45% in the Czech Republic (Hibell et al., 2009). Analysis of trends in the 20 countries that have participated in all data-collection exercises since 1995 revealed an overall upward trend in the prevalence of lifetime cannabis use (1995: 12%; 2007: 17%). However, the most recent trend data indicate no changes in the average proportion of cannabis users across the ESPAD countries from 2007 to 2011 (this report).

The fact that cannabis use is widespread among adolescents in Europe raises concerns about the occurrence of cannabis-related problems. In recent years, numerous studies have shown that cannabis use is associated with a variety of health and social problems, including impaired cognitive functioning (Harvey et al., 2007), chronic health effects such as cannabis dependence (Hall & Solowij, 1998), psychotic disorders (Moore et al., 2007) and low educational attainment (Legleye et al., 2010). Given that regular cannabis use has been established as an important predictor of later drug use (Cox et al., 2007), it is essential to identify high-risk users at an early stage.

In the past few years, increased efforts have been made to develop and evaluate screening instruments that can be used to quickly assess cannabis-related problems in adolescents. One such instrument, the Cannabis Abuse Screening Test (CAST; Beck & Legleye, 2003), has attracted particular attention as a brief and efficient way to identify high-risk adolescents. This is a six-item questionnaire intended to assess potentially harmful patterns of use that would fall short of a clinical dependence diagnosis. The CAST has been evaluated in community-based samples (Legleye, Piontek & Kraus, 2011) as well as in cannabis-using in-patients (Legleye, Kraus, Piontek, Phan & Jouanne, in press). In both samples, psychometric analyses showed the CAST instrument to have a one-dimensional structure with good internal consistency and satisfactory concurrent validity.

In order to assess the extent of cannabis-related problems in European adolescents, the 2007 ESPAD survey for the first time included the CAST as an optional module (Piontek, Kraus & Pabst, 2009). This module was used in 17 of the 35 ESPAD countries, meaning that it enabled an estimation of the risk of cannabis-related problems in a large proportion of young Europeans. Overall, 14% of those students who had used cannabis in the past 12 months were classified as high-risk users. Sub-group comparisons revealed substantial differences across countries, ranging from 8% high-risk users in Germany (7 Bundesländer) and Armenia to 50% in Cyprus. In the total sample, the average proportion of high-risk users was 2%.

In the 2007 ESPAD study, a sum score of four or more points was used as the criterion for a high-risk cannabis user, based on an earlier validation study (Legleye, Karila, Beck & Reynaud, 2007). However, more recent work has provided evidence in favour of using a lower cut-off score when screening for cannabis-related problems in general-population samples (Legleye et al., 2011). This means that estimates based on the former cut-off may have underestimated the true prevalence of cannabis-related problems.

In the 2011 ESPAD study, the CAST was again included as an optional module for measuring cannabis-related problems. The aim of the present chapter is to describe patterns for single CAST items in relation to the total sample and in relation to each individual country. In addition, overall scores estimating the proportion of high-risk users in the group of students having used cannabis in the past 12 months and in the total sample will be reported, applying a revised cut-off score.

METHODS

THE CAST QUESTIONNAIRE

The Cannabis Abuse Screening Test (CAST; Beck & Legleye, 2003) was developed by the French Monitoring Centre for Drug and Drug Addiction (OFDT). It is intended to screen for cannabis-related problems among adolescents in the general population. The ESPAD module encompassing the CAST starts with a question assessing the 12-month prevalence of cannabis use: “Have you used cannabis during the last12 months?” Only those who give a positive response to this question are instructed to answer the CAST items.

The six items of the CAST are worded as follows: (1) “Have you smoked cannabis before midday?”, (2) “Have you smoked cannabis when you were alone?”, (3) “Have you had memory problems when you smoke cannabis?”, (4) “Have friends or members of your family told you that you ought to reduce your cannabis use?”, (5) “Have you tried to reduce or stop your cannabis use without succeeding?” and (6) “Have you had problems because of your use of cannabis (arguments, fights, accidents, bad results at school, etc.)?” All of these questions refer to the past 12 months. The answer categories of the CAST are “never”, “rarely”, “from time to time”, “fairly often” and “very often”. The possible scores on each item are zero and one. The threshold for scoring one point is “from time to time” for the first two items and “rarely” for the remaining items (which are

considered to concern more serious problems). On the CAST sum score, which thus ranges from 0 to 6, two or more points is deemed to indicate high-risk use. This cut-off score has been shown to best distinguish individuals at high risk of cannabis-related problems from individuals at low risk of such problems in community samples (Legleye et al., 2011).

SAMPLE AND ANALYSES

The CAST module was used in 13 out of the 36 countries that participated in the 2011 ESPAD study: Belgium (Flanders), Cyprus, Czech Republic, Germany (5 out of 16 Bundesländer), France, Italy, Latvia, Liechtenstein, Monaco, Poland, Romania, Slovakia and Ukraine. The total number of students participating in these countries was 36,470. Only participants who gave valid responses to the introductory question of the CAST were considered eligible for the analyses (n=34,691 (95%)). A total of 5,486 students (16%) answered the introductory question in the positive, i.e. claimed to have used cannabis in the year prior to the survey. This sample of 12-month cannabis users was taken as the basis for the descriptive analyses of the item responses. However, reports of CAST sum scores and risk classifications were restricted to a sub-sample of 5,258 (14%) students who had given complete answers to all six CAST items. Average prevalence rates were calculated as means across country-specific prevalence rates, since sample sizes differ considerably between the countries. All analyses were performed using survey procedures of the Stata 10.2 SE software package (Stata Corp LP, College Station, TX) to adjust for the complex sampling design in most countries.

RESULTS

12-MONTH PREVALENCE OF CANNABIS USE

The average 12-month prevalence of cannabis use across the countries was estimated at 16%, based on the introductory question of the CAST module. The results revealed considerable differences between the participating countries, with the lowest rates found in Romania (4%), Cyprus (5%) and Ukraine (6%), and the highest rates of more than 25% found in the Czech Republic, Monaco and France (Figure B1). Almost one in three French students (32%) reported having used cannabis in the past year. As also shown in Figure 1, the CAST filter question systematically yielded lower figures for the 12-month prevalence of cannabis use than those reported in the core part of the 2011 ESPAD report. The average extent of this difference across countries is 2.1 percentage points; for individual countries it ranges from 0.2 (Ukraine) to 5.6 (Slovak Republic).

CANNABIS-RELATED PROBLEMS

In the following, the prevalence rates for individual CAST items as apparent from the responses given will be reported for the total sample. In addition, averages for each of the six CAST items will be presented separately for each country using a continuous five-point scale from 1 (“never”) to 5 (“very often”).

Cannabis use before midday

The first CAST item screens for non-recreational cannabis use, which has been associated with impaired cognitive functioning, an anti-conventional lifestyle and less good school performance (Lynskey & Hall, 2000). Of all past-year users, 57% reported never having smoked cannabis before midday and 23% answered that this happened rarely. The threshold for this item was attained by the 20% of the students who stated that they had used cannabis before midday more often than that (13% from time to time, 4% fairly often and 3% very often).

Average item responses across countries are shown in Figure B2. The lowest values were found for Monaco (1.3) and the highest for Italy (2.0) and Cyprus (2.1). The average across countries was 1.7 (SD=1.0).

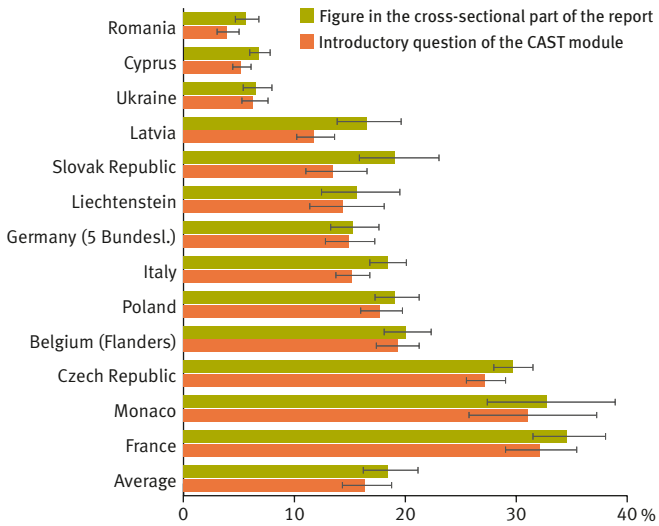


Figure B1. 12-month prevalence of cannabis use across countries.

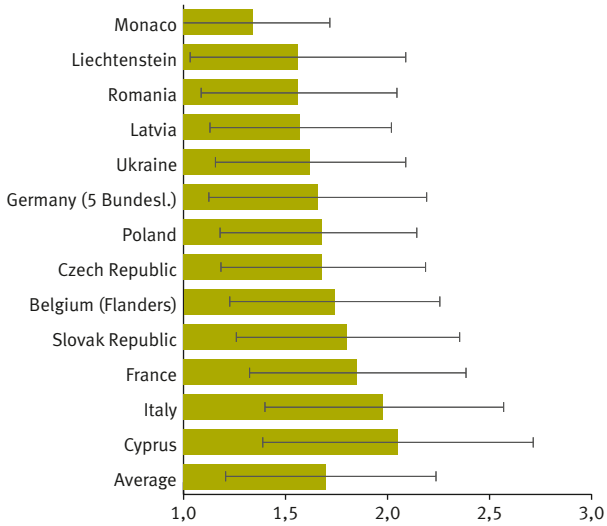


Figure B2. Mean answers to CAST item 1 (use before midday).

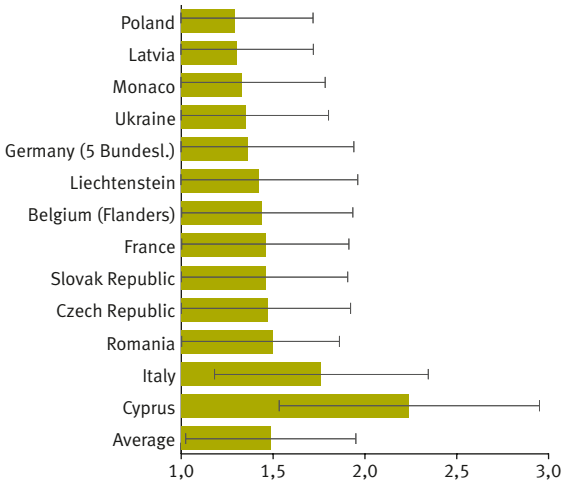


Figure B3. Mean answers to CAST item 2 (use when alone).

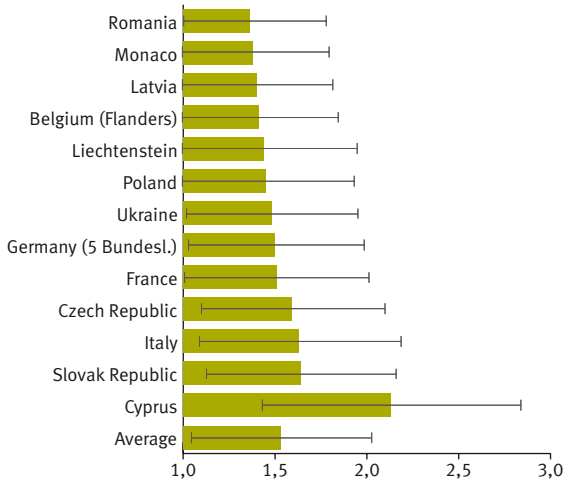


Figure B4. Mean answers to CAST item 3 (memory problems).

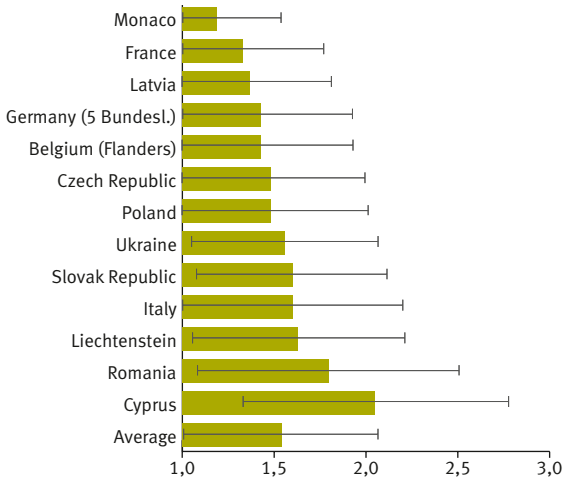


Figure B5. Mean answers to CAST item 4 (friends/family).

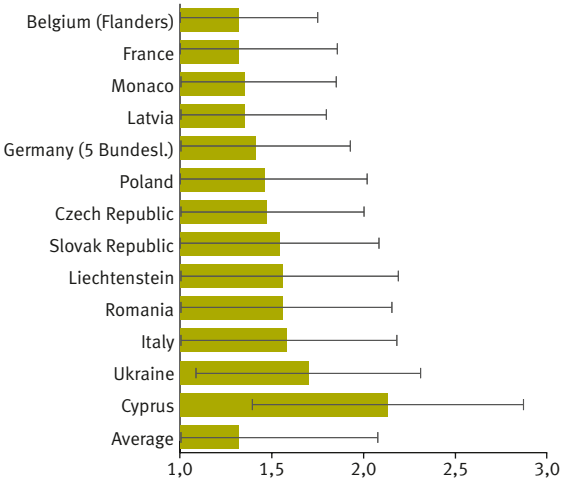


Figure B6. Mean answers to CAST item 5 (tried to reduce/stop).

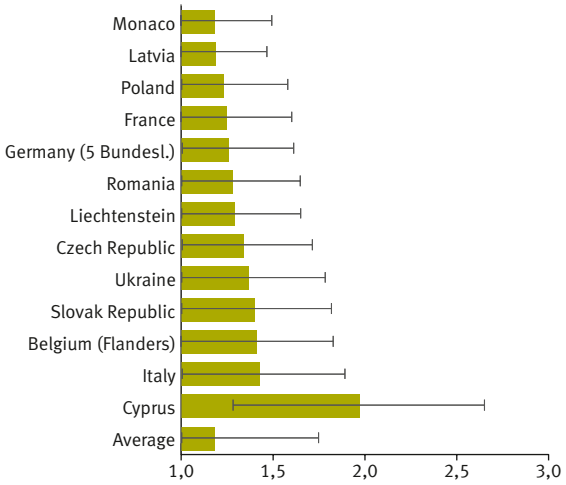


Figure B7. Mean answers to CAST item 6 (problems).

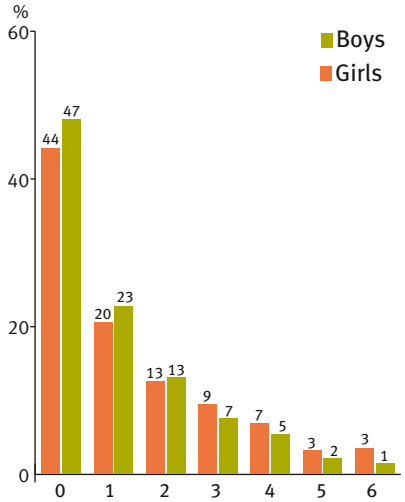


Figure B8. CAST sum scores for boys and girls.

Cannabis use when alone

The second CAST item indicates problems in social role functioning. It has been shown that the context in which cannabis use takes place is closely associated with the development of cannabis dependence (Noack et al., 2009). Almost three in four students (73%) who had used cannabis in the past 12 months had never smoked cannabis when alone, and 13% had done so only rarely. A point was scored on this item by 14% (8% from time to time, 3% fairly often and 3% very often).

Figure B3 shows country-specific mean scores for this CAST item. There was only little variation in mean scores across countries, with most of them to be found in the range from 1.3 (Poland, Latvia and Monaco) to 1.5 (France, Slovakia, Czech Republic and Romania). However, students in Italy (1.8) reported more frequent cannabis use when alone and Cyprus stands out with the highest rate of positive answers to this question: an average score of 2.2. Across countries, the mean score was 1.5 (SD=0.9).

Memory problems

Roughly two-thirds of past-year cannabis users (69%) stated that they had never had memory problems related to their use of cannabis. Based on the perceived seriousness of the underlying problems, the response threshold for this and the remaining CAST items was set at "rarely" instead of "from time to time". This means that 31% of all past-year cannabis users scored a point on item 3 (16% rarely, 7% from time to time, 4% fairly often and 3% very often).

Figure B4 shows mean scores across countries for the item relating to memory problems in conjunction with cannabis use. The averages varied only slightly across countries, from 1.4 (Romania, Monaco, Latvia, Belgium and Liechtenstein) to 1.6 (Czech Republic, Italy and Slovakia) – with one exception: Cypriot students had a mean score of 2.1. The average mean score across countries was 1.5 (SD=1.0).

Intervention by friends or family

Friends or family members expressing concern about one's cannabis use is a crucial indicator of social problems associated with the use of the substance. The vast majority (77%) of students who had smoked cannabis in the past year reported that they had never been told by friends or family members to reduce their cannabis use. A total of 23% scored a point on this item because they had experienced such interventions rarely (9%), from time to time (6%), fairly often (3%) or very often (5%) in the past 12 months.

As is apparent from Figure B5, the mean item score was lowest in Monaco (1.2) and highest in Romania (1.8) and Cyprus (2.1). The average mean score across countries was 1.5 (SD=1.1).

Unsuccessful attempts to quit

One important criterion for a diagnosis of dependence is having made unsuccessful attempts, or having a persistent desire, to stop or cut down on one's use of cannabis. This is what is screened for with this CAST item. Eight in ten students (80%) having used cannabis in the past 12 months had not made any unsuccessful attempts to quit in the past year, but 20% had tried to reduce or stop their cannabis use without succeeding either rarely (8%), from time to time (4%), fairly often (3%) or very often (6%).

Country differences with regard to this CAST item are shown in Figure B6. Mean item scores for most of the countries ranged from 1.3 (Belgium) to 1.7 (Ukraine). As with memory problems due to the use of cannabis, Cyprus stood out with a mean score of 2.1. The average score across countries was 1.5 (SD=1.1).

Problems because of cannabis use

The last item of the CAST questionnaire assesses negative consequences such as arguments, fights, accidents or bad results at school because of cannabis use. A total of 80% of the students who had smoked cannabis in the past 12 months reported never having experienced such problems. Together with "unsuccessful attempts to quit", this is the aspect of cannabis use least likely to be reported among the ones assessed by the CAST. Nevertheless, 20% of students scored a point on this item, with 11% having experienced negative consequences rarely, 5% from time to time, 2% fairly often and 2% very often.

Country-specific mean scores are shown in Figure B7. There was very little variation among the 13 countries that included the CAST, with scores around 1.3 in 12 of them. However, as for the previous items, Cypriot students scored highest with an average of 2.0. The average score across countries was 1.4 (SD=0.8).

CAST SUM SCORE

A CAST sum score was calculated for 12-month cannabis users having given complete answers on all six CAST items (n=5,258 (14%)), based on the threshold for each item. The sex distribution of CAST sum scores across the 13 participating countries is shown in Figure B8. Slightly less than half of the sub-sample (46%) reported having experienced no cannabis-related problems at all in the past year (sum score=0). These respondents were more than twice as many as those who scored positive on one CAST item (22%). The frequency of higher sum scores decreased continuously, with sum scores of five and six points each attained by 3% of the 12-month cannabis users. It is apparent from the sex differences that girls obtained a sum score of zero or one more often than boys, whereas boys more often obtained scores of three and higher.

Comparison of CAST sum scores by country reveals substantial differences (Figure B9). The lowest values were observed in Monaco (0.7) and the highest values in Cyprus (2.5). The scores of the other countries ranged between 1.0 (Latvia and Poland) and 1.6 (Italy). The average sum score across countries was 1.3 (SD=1.5).

CLASSIFICATION OF RISK

Based on the sum scores reported above, a cut-off of two or more points was used to indicate problem cannabis use, i.e., a high risk of experiencing cannabis-related problems. Across all participating countries, a total of 33% of 12-month cannabis users having answered all CAST items were classified as problem cannabis users. This proportion was significantly higher for boys (36%) than for girls (29%).

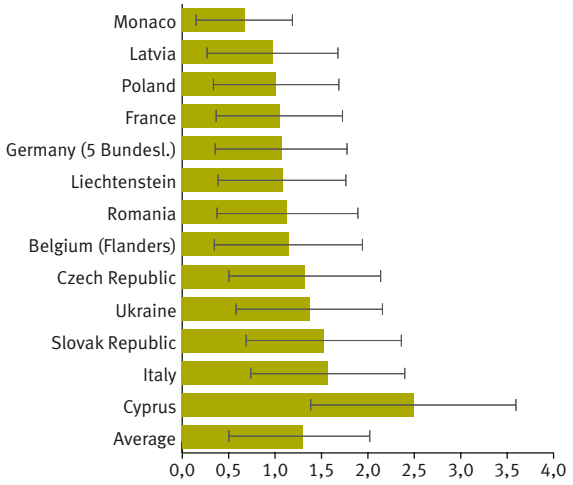


Figure B9. CAST sum score across countries.

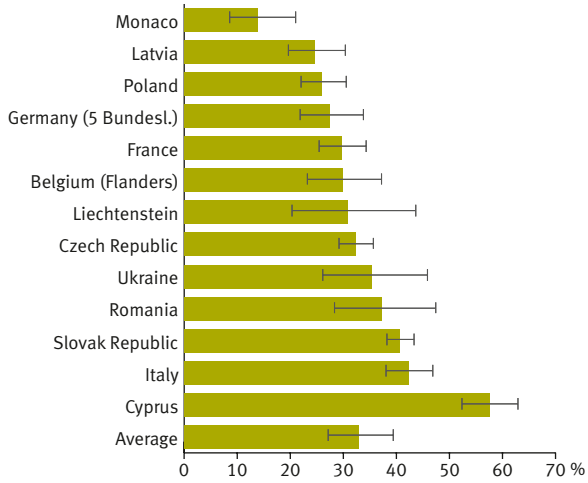


Figure B10. Proportion of high-risk users (reference group: 12-month users).

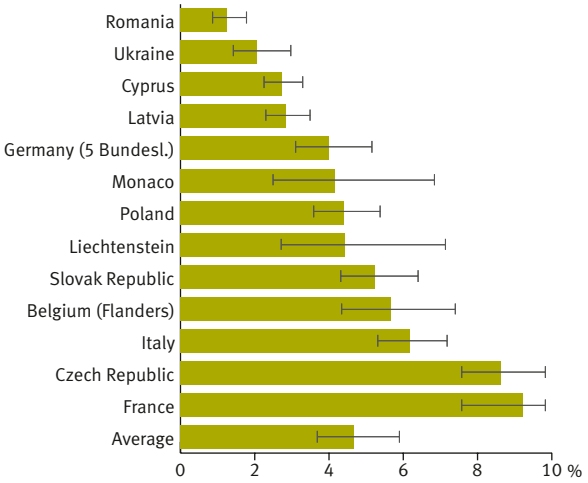


Figure B11. Proportion of high-risk users (reference group: total sample).

As shown in Figure B10, the proportion of high-risk users among those having used cannabis in the past 12 months varied strongly across the participating countries. The lowest prevalence was observed in Monaco (14%). In the other countries, rates varied between 25% (Latvia) and 42% (Italy), with one exception. In Cyprus, more than half (58%) of the students having used cannabis in the past 12 months were classified as high-risk cannabis users. Across all countries, the average proportion of 12-month cannabis users with a high risk of problems was 33%.

Based on the total sample, 5% of all adolescents were classified as running a high risk of experiencing cannabis-related problems. Boys (6%) were more likely than girls (4%) to do so. Country profiles as regards high-risk users in the total sample are shown in Figure B11. In Romania, Ukraine, Cyprus and Latvia, high-risk users in the total sample were fewer than 3%. The proportion varied between 4% and 6% in Germany, Monaco, Poland, Liechtenstein, Slovakia, Belgium and Italy. Figures were highest in the Czech Republic and France (9% each).

DISCUSSION

The purpose of this chapter was to describe the patterns of cannabis-related problems among adolescents in Europe and to estimate the overall extent of such problems. In 13 out of the 36 European countries that have participated in the 2011 ESPAD study, an optional module encompassing the Cannabis Abuse Screening Test (CAST) was included to assess six indicators of cannabis-related problems. Results showed that an average of 33% of past-year cannabis users gave positive answers to at least two of the six CAST items. These adolescents are deemed to have an elevated risk of developing cannabis-related problems. The proportion of high-risk users in the total sample ranged from 1% to 9% across countries, with an average of 5%.

Even though the overall trend across countries revealed no change in the 12-month prevalence of cannabis use between 2007 and 2011, substantial increases were observed in a number of countries, such as France, Monaco, Poland and Latvia. In other countries, such as Slovakia and the Czech Republic, prevalence rates have decreased slightly since 2007. This suggests that estimates of cannabis use in the ESPAD population vary more strongly over time than estimates of alcohol use. The changes observed in the 12-month prevalence of cannabis use may be cohort-specific but may also reflect changes in economic or social conditions. It needs to be taken into consideration, however, that the CAST filter question yields a slightly lower figure for the 12-month prevalence of cannabis use than the corresponding core question of the ESPAD study. Given that the CAST items are included as an optional module after the core questions, this difference is most likely due to the fact that some students stopped filling in the questionnaire before reaching the CAST module.

The study revealed a large variability across countries in terms of the percentage of high-risk users. Interestingly, results in Monaco showed the second-highest prevalence of cannabis use whereas the proportion of high-risk users there was the low-

est of any country that included the CAST. This suggests that although smoking cannabis is widespread among adolescents in Monaco, consumption is associated with a relatively low risk of cannabis-related problems. As in 2007, the largest proportion of high-risk cannabis users was found in Cyprus. The outlying figures for this country may be related to cultural specificity, but may also be due to unknown methodological problems. In relation to the total student population, Cyprus's proportion of high-risk cannabis users was in the lower half. With the exception of Monaco, the proportion of high-risk users in the total population largely corresponds to the prevalence of cannabis use in each country. Both the 12-month prevalence of cannabis use and the proportion of problem users in the total population were lowest in Romania and highest in France and the Czech Republic. This may reflect cultural differences in terms of law enforcement, price, availability, supply or treatment provision. However, little is known about the impact of such factors on patterns of cannabis use.

Comparisons between the 2011 and 2007 ESPAD data on cannabis-related problems are complicated by two factors. Firstly, different sum scores have been applied to classify high-risk cannabis users. In 2007, the analyses built on a preliminary validation study that suggested the use of four or more points as a suitable cut-off score (Legleye et al., 2007). More recent psychometric research used DSM-IV diagnostic criteria as the gold standard and suggested a score of two as the best trade-off between sensitivity and specificity (Legleye et al., 2011). This means that earlier estimates of cannabis-related problems (Piontek et al., 2009) may be considered too low.

Second, in the 2011 ESPAD study the operationalisation of the individual CAST items has changed slightly. Although the CAST filter question in the 2007 study referred to the reference period of the past 12 months, the individual items erroneously referred to the individual's entire life, as indicated by the additional word "ever" (e.g., "Have you ever smoked cannabis before midday?"). This may have led to a slight overestimation of individual item responses, but it is impossible to distinguish what might be a potential trend from what might be misclassification.

Overall, cannabis use is rather popular among 15-to-16-year-olds in Europe, given that 16% of students in the countries that applied the CAST reported use in the past 12 months. One in three of those students met the CAST criteria for running a high risk of cannabis-related problems, which is an alarming signal. Policy-makers in individual countries may consider initiating appropriate measures to prevent the escalation of negative consequences and the development of cannabis dependence.

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Polydrug use by European adolescents

Polydrug use by European adolescents

Examining the prevalence of cannabis-related problems among adolescents in 13 European countries

Anna Kokkevi

Adolescence entails an increased risk both of initiation of substance use and of escalation from experimental use towards more severe patterns of use. It has been documented that either early initiation of substance use or a pattern of more frequent and intense use predisposes young people to physical, social and mental-health problems during adolescence, as well as later on during adulthood (Newcomb, 1997).

Poly-substance use in adolescence has been identified as a risk factor for subsequent more serious involvement with substance use, including dependence (Mackesy-Amiti et al., 1997; Galaif & Newcomb, 1999). Polydrug use is an increasingly common phenomenon among European young people, according to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, 2009), which also describes its patterns and consequences. The timely identification of polydrug use in adolescence is of major importance for the implementation of interventions to prevent harmful outcomes.

An overview of the literature shows that there is no uniform definition of polydrug use in adolescents. Definitions vary depending on the goal of the study, for example whether the aim is to identify adolescents at an early stage of experimentation, to examine the gateway hypothesis of drug use, or to focus on the severity of involvement with drug use.

Several studies define polydrug use on the basis of the number of licit and illicit substances ever used by a person (Botvin et al., 2000, Siliquini et al., 2001). However, this measure fails to take into account both the frequency of use and the severity of involvement with drugs. Other studies use a "weighted" index of polydrug use which takes into consideration the severity of use of each substance as well as the number of substances used (Rotheram-Borus et al., 2001).

The ESPAD survey offers an excellent opportunity to study patterns of polydrug use among adolescents because of its large pan-European sample of adolescents and its standardised methods of measuring substance use.

A previous study based on data from the 2003 ESPAD survey approached polydrug use with the aim of investigating differences between European countries with high, medium and low drug prevalence (Olszewski et al., 2009). It defined polydrug use as any use of two or more licit or illicit substances in the past 30 days.

In a second study based on ESPAD 2007 data, the aim was to examine the association of polydrug use with self-reported suicide attempts in adolescents from 16 European countries (Kokkevi et al., under review). Its definition of polydrug use took into consideration the fact that use of tobacco and alcohol is much more common than use of illicit drugs, setting cut-off points for the frequency of use of tobacco and alcohol in order to exclude "normalised" behaviours and focus on more risky drug-use behaviours.

The aim of this chapter is to examine polydrug use among students from European countries that participated in the 2011 ESPAD survey. More specifically, it investigates (a) the prevalence of polydrug use, (b) patterns of polydrug use (combinations of substances), (c) trends in polydrug use between the 2007 and 2011 surveys, and (d) the association of polydrug use with a small number of deviant behaviours targeted by the core ESPAD questionnaire.

The present study applies the same definition as our previous report: polydrug use is defined as the use of more than one substance from among tobacco (more than 5 cigarettes per day in the past 30 days), alcohol (consumption on 10 or more occasions in the past 30 days), cannabis (any use in the past 30 days), other illicit drugs (any lifetime use) and tranquillisers/sedatives without a prescription (any lifetime use).

RESULTS

The rates of prevalence for use, as defined above, of each licit and illicit substance are shown in Table C1. They are based on the samples drawn from the 29 countries that carried out both the 2007 and 2011 ESPAD surveys and provided fully comparable data. A decreasing trend can be seen in the use of tobacco, alcohol and illicit drugs other than cannabis. On the other hand, there is an increasing trend in the use of cannabis, and

Table C1. Use of each individual substance and polydrug use (country average of prevalence in the 29 countries). Percentages. 2007 and 2011.

	2007	2011
Tobacco	10.6	10.0
Alcohol	9.3	9.0
Tranquillisers	6.9	7.0
Cannabis	6.3	7.5
Other illicit drugs	6.9	6.4
0 substances	74.7	75.0
1 substance	16.4	15.9
2+ substances	8.9	9.1
3+ substances	3.5	3.5

Tobacco: more than 5 cigarettes per day in the past 30 days.
Alcohol: 10+ occasions in the past 30 days.
Tranquillisers: any non-prescribed lifetime use.
Cannabis: any use in the past 30 days.
Other illicit drugs: any lifetime use of amphetamines, LSD, crack, cocaine, heroin or ecstasy.

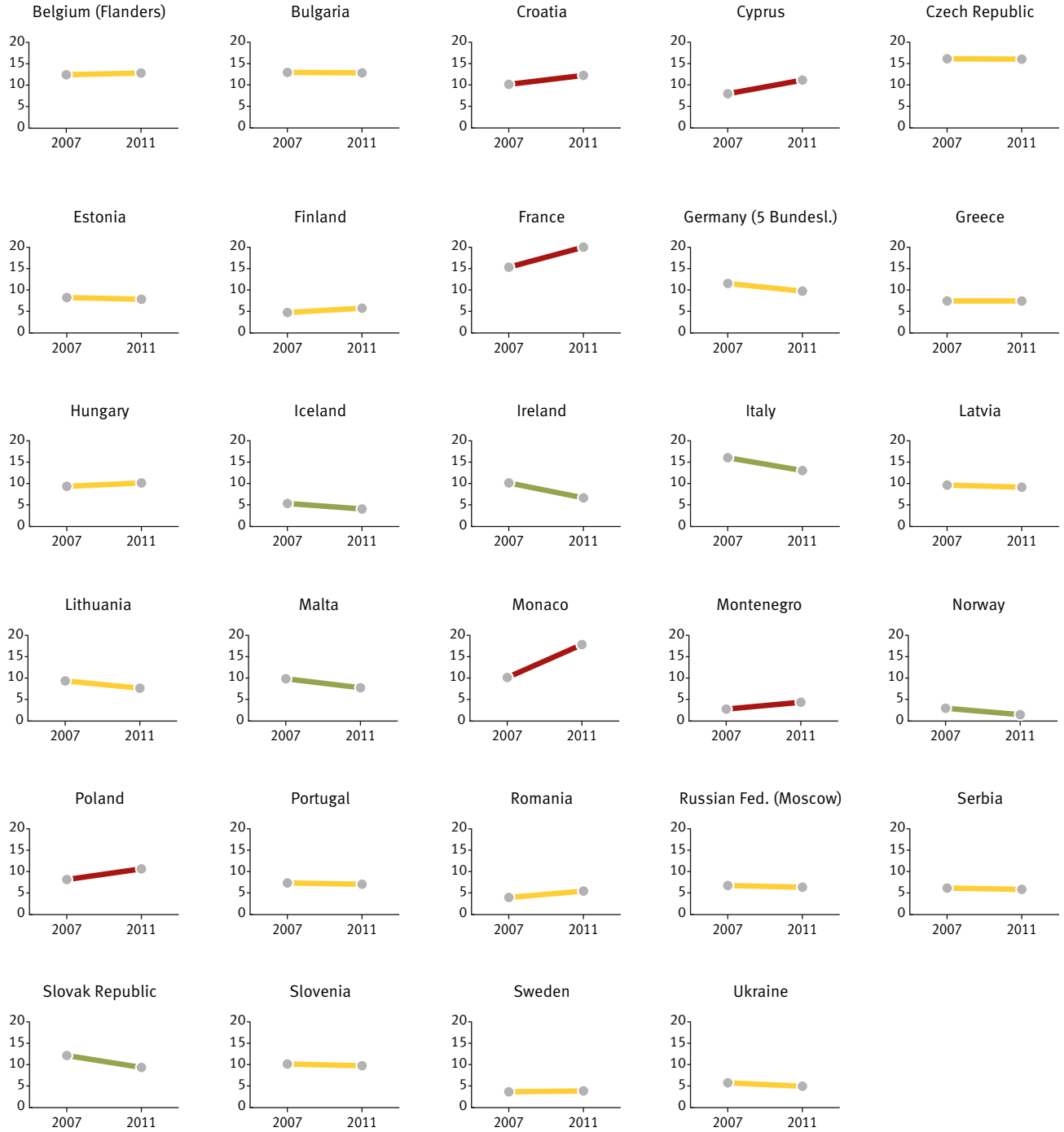

Figure C1. **Trends in polydrug use by country. 2007–2011. Percentages.**

the use of tranquillisers/sedatives remained at about the same level in both years.

The overall prevalence of polydrug use (2+ substances) in the total sample was very close to 9% in both survey years (Table C1). The prevalence of use of 3+ substances was 3.5% in each survey. The overall prevalence of polydrug use thus seems to have been stable between 2007 and 2011.

This picture can be explained by the fact that, at the level of the individual countries, six (Croatia, Cyprus, France, Monaco, Montenegro and Poland) show an increasing trend in the use of 2+ substances, eight (Germany, Iceland, Ireland, Italy, Lithuania, Malta, Norway and Slovakia) show a decreasing trend and the remaining fifteen show no significant change between 2007 and 2011 (Table C2 and Figure C1).

Table C3 shows the various combinations of substances manifested by those having used two or more substances, by

Table C2. Prevalence of substance use and polydrug use by country. Percentages. 2007 and 2011.

	Tobacco		Alcohol		Cannabis		Tranquillisers		Other illicit drugs		2+ Substances		3+ Substances	
COUNTRY	2007	2011	2007	2011	2007	2011	2007	2011	2007	2011	2007	2011	2007	2011
Belgium (Flanders)	6.5	8.4	17.0	16.4	12.4	11.4	8.8	7.5	9.2	8.6	12.5	12.9	5.4	4.5
Bulgaria	22.2	18.2	12.7	11.4	7.5	10.3	2.9	3.2	9.2	9.9	13.0	12.9	5.0	5.2
Croatia	18.3	19.5	12.6	13.7	6.2	7.0	4.7	5.3	4.0	5.2	10.2	12.3	3.4	4.3
Cyprus	11.6	10.7	11.1	16.8	3.4	5.5	7.0	11.4	4.9	7.3	8.0	11.2	3.0	5.0
Czech Republic	15.8	16.3	11.8	13.7	18.1	14.6	9.1	10.1	9.6	7.8	16.2	16.1	6.7	5.9
Estonia	9.7	7.9	5.4	4.4	6.1	6.3	7.0	8.1	9.5	7.5	8.3	7.9	3.6	2.5
Finland	10.7	12.1	2.0	2.0	2.1	3.2	6.6	7.2	3.0	3.2	4.8	5.8	1.7	2.2
France	9.6	11.6	13.2	13.8	14.9	23.8	15.1	11.3	10.8	9.8	15.4	20.1	7.6	7.8
Germany (5 Bundesl.)	13.1	10.3	18.3	14.4	6.3	6.9	2.9	2.2	8.8	7.7	11.6	9.8	3.9	3.5
Greece	10.1	8.1	11.6	12.1	3.1	3.9	4.2	9.4	4.8	4.8	7.5	7.5	2.3	2.6
Hungary	11.5	12.9	6.5	6.5	5.3	7.7	8.9	9.3	7.6	7.9	9.4	10.2	3.6	5.0
Iceland	6.6	3.0	1.3	0.8	2.7	3.9	7.4	7.7	5.5	4.1	5.4	4.1	2.2	1.7
Ireland	8.8	5.7	10.3	6.2	9.1	7.4	3.3	3.2	10.0	6.0	10.2	6.7	4.6	2.4
Italy	15.1	13.6	14.3	11.9	13.7	11.7	10.2	10.1	9.7	6.1	16.1	13.1	7.3	6.2
Latvia	16.4	14.5	7.5	7.4	4.0	6.4	4.4	4.2	11.6	8.9	9.7	9.2	3.6	3.6
Lithuania	10.6	10.7	7.7	5.6	4.7	4.8	15.6	13.1	6.7	6.1	9.4	7.7	3.1	2.8
Malta	6.0	5.6	20.3	18.3	5.3	4.5	4.7	3.5	8.6	6.5	9.9	7.8	4.0	3.3
Monaco	8.1	10.3	6.0	14.0	10.1	21.1	12.2	14.0	10.4	10.5	10.2	17.9	5.0	8.3
Montenegro	4.6	5.0	5.5	6.2	1.6	2.7	2.7	4.8	3.0	4.6	2.8	4.4	1.1	2.0
Norway	6.0	1.9	1.9	1.0	2.3	1.6	3.5	3.5	2.8	1.9	3.0	1.5	1.6	0.6
Poland	5.6	8.1	7.1	8.2	5.9	9.5	17.9	15.1	6.7	7.3	8.2	10.7	3.0	4.0
Portugal	3.9	5.9	12.8	6.8	6.2	8.9	6.3	6.8	5.9	7.8	7.4	7.1	2.7	3.1
Romania	10.0	10.5	7.9	6.3	0.7	2.2	4.1	3.0	3.1	5.6	4.0	5.5	1.1	1.6
Russian Fed. (Moscow)	14.2	14.1	6.7	4.2	3.9	4.0	2.4	2.4	5.7	5.4	6.8	6.4	2.4	1.8
Serbia	9.3	8.2	10.0	9.7	2.3	2.6	7.6	7.2	3.1	2.9	6.2	5.9	2.0	2.1
Slovak Republic	13.1	13.1	10.1	8.0	11.3	9.0	5.2	4.0	9.2	7.4	12.2	9.4	4.7	3.5
Slovenia	12.5	10.3	9.5	11.3	9.5	10.4	5.2	4.6	7.6	6.3	10.2	9.8	4.2	4.0
Sweden	5.2	6.0	1.9	1.3	2.1	2.7	7.2	7.9	4.2	3.5	3.7	3.9	1.6	1.2
Ukraine	11.9	8.7	8.2	7.9	2.5	3.0	4.1	2.2	4.1	4.1	5.8	5.0	1.8	1.9

Tobacco: more than 5 cigarettes per day in the past 30 days.
Alcohol: 10+ occasions in the past 30 days.
Tranquillisers: any non-prescribed lifetime use.
Cannabis: any use in the past 30 days.
Other illicit drugs: any lifetime use of amphetamines, LSD, crack, cocaine, heroin or ecstasy.

survey year. Tobacco use is reported by almost two-thirds of the polydrug users, alcohol, cannabis and other illicit drugs by about half, and tranquillisers/sedatives by more than one-third.

A closer look at Table C3 reveals that the majority of combinations of substances that include tranquillisers/sedatives show an increasing trend between 2007 and 2011. This is more clearly apparent from Table C4, which shows a significant increase in overall polydrug use including tranquillisers/sedatives compared with overall polydrug use without tranquillisers/sedatives. This holds true both for polydrug use involving two or more substances and for more severe polydrug use involving three or more substances. The only other combinations of substances showing increasing trends all involve cannabis, either with only one other substance or with alcohol and tobacco (Table C3).

In our previous work, we have underlined the risks of tranquilliser/sedative use and its strong association not only with the use of other drugs but also with other forms of deviant behaviour such as truancy (Kokkevi et al., 2008).

In the 2007 ESPAD Report, an association was identified between the intensity and frequency of use of licit and illicit drugs and those deviant behaviour variables included in the Psychosocial Module of the ESPAD questionnaire (Kokkevi & Fotiou, 2009). In the present chapter, we examine, based on the 2011 data, the association of polydrug use with a series of externalised deviant behaviours that were targeted in the core

Table C3. Combinations of substances involved in polydrug use, by year (country average of percentages in the 29 countries). Percentages. 2007 and 2011.

		2007	2011
5 Subs.	Tobacco Alcohol Cannabis Tranquillisers Other illicit	3.3	3.3
4 Subs.	Alcohol Cannabis Tranquillisers Other illicit	1.6	1.9
	Tobacco Cannabis Tranquillisers Other illicit	4.0	3.7
	Tobacco Alcohol Tranquillisers Other illicit	1.2	1.5
	Tobacco Alcohol Cannabis Other illicit	4.3	3.9
	Tobacco Alcohol Cannabis Tranquillisers	0.9	1.1
3 Subs.	Cannabis Tranquillisers Other illicit	3.2	4.1
	Alcohol Tranquillisers Other illicit	1.6	1.4
	Alcohol Cannabis Other illicit	3.6	2.5
	Alcohol Cannabis Tranquillisers	0.7	0.9
	Tobacco Tranquillisers Other illicit	3.0	2.5
	Tobacco Cannabis Other illicit	5.4	4.9
	Tobacco Cannabis Tranquillisers	1.5	1.9
	Tobacco Alcohol Other illicit	3.1	2.4
	Tobacco Alcohol Tranquillisers	1.6	1.9
	Tobacco Alcohol Cannabis	3.8	4.5
2 Subs.	Tobacco Alcohol	14.5	12.4
	Tobacco Cannabis	8.2	9.7
	Tobacco Tranquillisers	5.4	5.7
	Tobacco Other illicit	6.8	5.8
	Alcohol Cannabis	5.0	5.7
	Alcohol Tranquillisers	4.3	3.8
	Alcohol Other illicit	4.0	3.5
	Cannabis Tranquillisers	2.0	2.7
	Cannabis Other illicit	5.8	6.9
	Tranquillisers Other illicit	6.7	7.4
Total		100	100

Red: tranquillisers are included – increasing trend
Purple: tranquillisers are included – decreasing trend
Green: cannabis is included – increasing trend

Table C4. Polydrug use with or without use of tranquillisers (country average of percentages in the 29 countries). Percentages. 2007 and 2011.

	2+ substances		3+ substances	
	2007	2011	2007	2011
Not including tranquillisers	61.3	60.0	46.9	45.1
Including tranquillisers	38.7	40.0	53.1	54.9

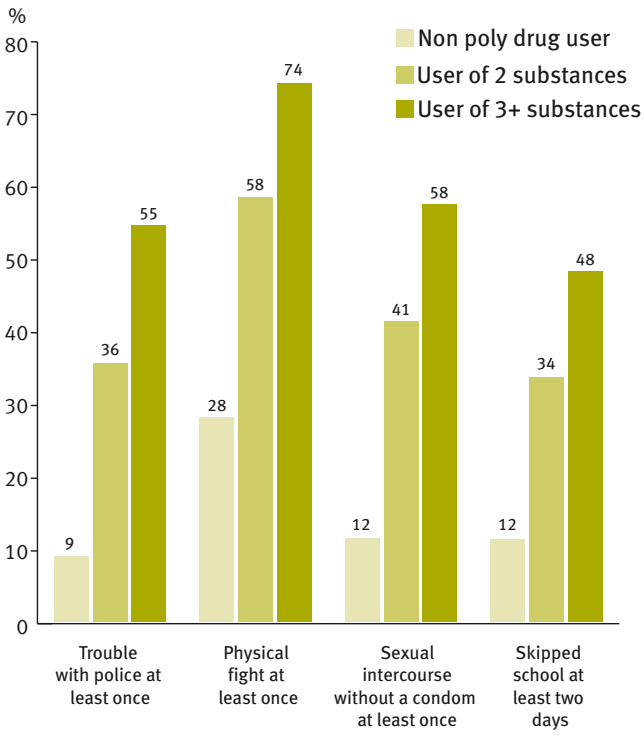

Figure C2. Students engaged in deviant behaviours among non-polydrug users and polydrug users of 2 and 3+ substances in 2011 (unweighted averages of percentages in 29 countries).

ESPAD questionnaire, namely having had trouble with the police, having been involved in physical fights, having had sexual intercourse without a condom, and skipping school.

As shown in Figure C2, the prevalence of each of these deviant behaviours is very strongly associated with polydrug use compared with non-polydrug use, and there is also a very strong association with the number of substances used by polydrug users.

DISCUSSION

Preliminary data on polydrug use in this chapter show that, in both the 2007 and 2011 surveys, almost one in ten students was a polydrug user according to our definition, that is, they reported meeting at least two of the following five criteria: fairly intensive use of tobacco in the past 30 days, fairly intensive use or alcohol in the past 30 days, any use of cannabis in the past 30 days, any use ever of illicit drugs other than cannabis, and any use ever of tranquillisers/sedatives without a prescription. The prevalence of polydrug use remained stable between 2007 and 2011, because a substantial increase in the prevalence of cannabis use cancelled out declines in the prevalence of the use of tobacco, alcohol and other illicit drugs.

An interesting finding is that tranquillisers/sedatives are involved in most of the drug combinations found in conjunction with increased polydrug use Reports from elsewhere indicate that adolescent non-medical use of tranquillisers, sedatives and other prescription-type medicines is increasingly reaching levels comparable to those of other illicit substances except cannabis (Office of National Drug Control Policy, 2007). Their use has increased significantly in the United States, mainly in the 1990s (Johnston et al., 2007), as well as in several European countries participating in ESPAD (Hibell et al., 2009). Data from the two most recent ESPAD surveys further

confirm the high levels of use of non-prescribed tranquillisers/sedatives in a substantial number of countries, with lifetime use reaching rates between 10% and 18% (see Table 66 of the present report).

A finding from elsewhere which is in line with our results is that non-medical users of tranquillisers in a sample of college students in the USA were more likely than non-users to report past-month cigarette use, frequent binge drinking and use of other illicit or non-prescribed drugs (McCabe, 2005).

Our finding of a strong association between polydrug use and other deviant behaviours is in line with Jessor and Jessor's problem-behaviour theory, which indicates that adolescents with one problem behaviour tend to manifest other such behaviours as well (Jessor & Jessor, 1977).

In conclusion, polydrug use in several European countries has a prevalence rate similar to, or even higher than, the use of illicit drugs other than cannabis. Furthermore, polydrug use is strongly associated with other deviant behaviours. These findings, in conjunction with data from other studies on the short- and long-term consequences of polydrug use, give cause for concern. They indicate that preventive interventions targeting students who manifest polydrug-use patterns should be given very high priority.

Finally, it has to be underlined that the findings reported in the present chapter have several limitations: they are only descriptive, they do not consider sex differences and the choice of other deviant behaviours associated with polydrug-use patterns is just indicative. These limitations are linked to the inclusion of this chapter in the ESPAD Report, which provides descriptive results. A further, more elaborate analysis of these data will follow, with the aim of providing increasing insight into the issues important for prevention.

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FUNDING AGENCIES AND SUPPORTIVE ORGANISATIONS

Albania: Institute of Public Health; Ministry of Health; European Monitoring Centre for Drug and Drug Addiction (EMCDDA)

Belgium (Flanders): Department of Clinical and Lifespan Psychology at the Vrije Universiteit, Brussel; Ministry of Welfare, Public Health and Family of the Government of Flanders; Research Council of the Vrije Universiteit, Brussel

Bosnia and Herzegovina (Republic of Srpska): Public Health Institute of the Republic of Srpska; Ministry of Health and Social Welfare Republic of Srpska; City of Banja Luka

Bulgaria: National Centre of Public Health Protection and Analyses (NCPHA); National Centre of Drug Addictions (NCDA); Ministry of Education; Youth and Science (MEYS)

Croatia: Youth Health Care and Drug Addiction Prevention Department; Office for Combating Narcotic Drugs Abuse of the Government of the Republic of Croatia; Zagreb's City Office for Health and War Veterans

Cyprus: KENTHEA; Ministry of Education and Culture; Cyprus Monitoring Centre for Drugs and Drug Addiction

Czech Republic: Prague Psychiatric Centre; The National Monitoring Centre for Drugs and Drug Ad-diction

Denmark: Department of Epidemiology, School of Public health, Aarhus University; National Board of Health, Copenhagen

Estonia: Tallinn University; National Institute for Health Development; Estonian Ministry of Education and Research

Faroe Islands: Department of Occupational Medicine and Public Health; The Ministry of Education, Research and Culture; Board of Public Health of the Faroe Islands

Finland: National Institute of Health and Welfare; Ministry of Social Affairs and Health

France: Observatoire Français des Drogues et des Toxicomanies (OFDT); Secrétariat Général del'Enseignement Catholique; Institut National de la Santé et de la recherche Médicale (INSERM); Ministry of Education

Germany (5 Bundesländer): IFT Institut für Therapieforschung; Federal Ministry of Health; Ministries of Education of five participating German Bundeslaender (Bavaria, Berlin, Brandenburg, Mecklenburg Western-Pomerania, Thuringia); Institute for Applied Social Sciences (INFAS)

Greece: Organization Against Drugs OKANA (funding agency); Drug Prevention Centres of OKA-NA/Local Authorities (collaborators in data collection); Ministry of Education (support of schools participation)

Hungary: OTKA (K 81353); Hungarian National Focal Point; Corvinus University of Budapest; ECHO Survey Sociological Research Institute

Iceland: University of Akureyri; Icelandic Institute of Public Health; KEA University Fund

Ireland: St. Patrick's College, Dublin; Department of Health

Italy: National Research Council (CNR) - Institute of Clinical Physiology

Latvia: Centre of Health Economics; Institute of Sociological Research; Institute of Philosophy and Sociology, University of Latvia

Liechtenstein: Amt für Soziale Dienste

Lithuania: Lithuanian Education Development Centre; Lithuanian Centre for Social Research; Vilnius Pedagogical University; Ministry of Education and Science

Malta: Aġenzija Sedqa (the National Agency against Drug and Alcohol Abuse and Compulsive Gam-bling) within the Foundation for Social Welfare Services; Directorate for Educational Services (DES) the Student Services Department, Education Psyco-Social Services; the Anti-Substance Abuse Service within the Education Psycho-Social Services; the Directorate for Education in Church Schools; the ISA - Independent Schools Association

Moldova, Republic of: National Drug Observatory, National Centre of Health Management; Ministry of Education; Sociological Agency CBS-AXA

Monaco: Ministry of National Education and Youth and Sport of Monaco (DENJS); French Monitoring Center on Drugs and Drug Addiction (OFDT)

Montenegro: Public Health Institute; Ministry of Education and Science; Ministry of Finances

Norway: Norwegian National Institute for Alcohol and Drug Research

Poland: National Bureau for Drug Prevention (funding); State Agency for Prevention of Alcohol Related Problems (funding); Institute of Psychiatry and Neurology (implementation)

Portugal: Instituto da Droga e da Toxicodependência, IP / the Ministry of Health; Ministry of Education through Gabinete de Estudos e Planeamento (GEPE) / Direcção de Serviços de Estatística (DSE) and Direcção Geral de Inovação e Desenvolvimento Curricular (DGIDC) / Direcção de Serviços de Inova-ção Educativa (DSIE) / Núcleo de Educação para a Saúde e Acção Social Escolar (NESASE)

Romania: National School of Public Health, Management and Professional Development, Bucharest; National Antidrug Agency; Ministry of Education, Research, Youth and Sport

Russian Federation (Moscow): National Research Centre on Addictions; Department of Education of Moscow; Moscow Research and Practical Centre on Addictions; Moscow State Pedagogic University

Serbia: New Belgrade Municipality; Ministry of Health; Ministry of Education and Science; Govern-ment of the City of Belgrade; Institute on Addiction of Belgrade; Ipsos Strategic Marketing

Slovak Republic: National Monitoring Centre for Drugs; Public Health Office of the Slovak Republic; Institute for Information and Prognoses of School Sector; Research Institute for Child Psychology and Pathopsychology

Slovenia: Medical Centre Ljubljana - Institute of Occupational, Traffic and Sports Medicine; Ministry of Health; Ministry of Education and Sports; Statistical Office of the Republic of Slovenia

Sweden: The Swedish National Institute of Public Health; The Swedish Ministry of Health and Social Affairs

Ukraine: Institute of Economy and Forecasting, National Academy of Science; Ukrainian Institute for Social Research after O. Yaremenko; Ministry of Education, Science, Youth and Sport; UNICEF/Ukrainian Office; Ukrainian Medical and Monitoring Center on Alcohol and Drugs, Ministry of Health

United Kingdom: Centre for Public Health, Liverpool John Moores University; Alcohol Research UK (grant awarded under its former name, Alcohol Education Research Council); NHS North West.

APPENDIX II

Sampling and data collection in participating countries

Sampling and data collection in participating countries

This section includes a relatively detailed overview of each country's sampling design and data-collection process, as well as the results for some measures of validity and reliability. These presentations are based on Country Reports, Classroom Report data and Student Questionnaire data as well as additional dialogues with the Principal Investigators. The presentation for each country ends with methodological conclusions specific to that country.

The general ESPAD methodology is described in the chapter entitled "Study design and procedures". The most important country-specific methodological facts have also been summarised previously in the report, in Tables A–K of the chapter entitled "Methodological considerations". The persons and institutions that have played an important part in the national data collections are listed in Appendix I, entitled "Acknowledgements".

Country facts:
Area: 27 200 km^2
Population: 3.2 million

ALBANIA

The person responsible for the survey in Albania was Ervin Toci at the Institute of Public Health. This was the first ESPAD data collection in Albania.

ETHICAL PROCEDURES

No scientific ethical review was necessary, but an agreement was signed with the Ministry of Health. No parental consent was needed and no other ethical considerations had to be made. All relevant national ethical rules were followed.

POPULATION, SAMPLING AND REPRESENTATIVENESS

The target population consists of students born in 1995. No information is available about the number of young people born in 1995 and living in Albania at the time of data collection, so it is not possible to calculate the proportion of that age group still enrolled in schools.

Students in grade 9 and in the first year of upper-secondary school are included in the sampling frame. For pragmatic reasons, 610 schools with very few grade 9 students born in 1995 were excluded (those schools had on average 1.9 such students) and the same was done for 12 upper-secondary schools with an average of 3.1 first-year students born in 1995. Some students born in 1995 were also enrolled in grade 8. It has been calculated that the sampling frame includes about 98% of all students born in 1995.

Albania is subdivided into 12 administrative areas (prefectures), each of which comprises three districts. The districts are fairly homogenous. In the first sampling step, one district of each prefecture was sampled in proportion to the number of students. In the second sampling step, schools were sampled from each district in proportion to school and district size. In the third and final step, one class per sampled school was chosen using a simple random sample.

The sampling frame included all types of schools, except very small ones with very few students born in 1995, across the country, meaning that the sample is representative of the population of students born in 1995. The data are not weighted.

FIELD PROCEDURE

An agreement was signed with the Ministry of Education, after which a joint letter from the research institute and the ministry was sent to all Regional Educational Directors. A few days before the data-collection exercise, this was followed up with a phone call to make sure that everything had been prepared.

Trained research assistants from the research institute were responsible for data collection. In most cases, the teacher would stay in the classroom to help keep order but not play an active part in the data collection.

After the introduction, the students answered the questionnaire under the same conditions as a typical written test. Each student put his/her form in an individual envelope.

Data were collected between 16 March and 19 May, which gives an estimated mean age of 15.8 years. The average time taken to complete the questionnaire was 31 minutes.

No problems were reported from the field procedure.

SCHOOL AND STUDENT PARTICIPATION

All 247 sampled schools (and classes) took part in the survey.

No student refused to answer the questionnaire. The proportion of students who were present and participated was 90%. Only a few questionnaires were discarded (1%).

The Country Report includes a comment to the effect that student co-operation has been satisfactory.

A large majority of the survey leaders (86%) did not report any disturbances during data collection. In nearly all participating classes (99%), the survey leader reported that "all" or "nearly all" students had worked seriously. Almost none of them (0%) said in the Classroom Report that the students had found it difficult to answer the questionnaire.

A total of 3,189 Albanian ESPAD target students are included in the final database.

QUESTIONNAIRE AND DATA PROCESSING

All ESPAD core questions were included, even though the optional sub-questions about cider and alcopops were excluded. No module questions were asked. The form contained five of the optional questions.

Question C43 measures the extent to which their parents know where the students spend their Friday or Saturday evenings. The idea here is to ask about the evening that children are most likely to spend away from home. Since it is not clear which of these days Albanian students are most likely to spend with friends, the question used included both days, i.e. "Friday and Saturday evenings". As a result, if students usually spend only one of those days with friends, it is difficult to know whether their answer refers to the day that they spend with their parents, when the parents obviously know where they are, or to the day spent away from home with friends. However, it seems a reasonable assumption that, to a very large extent, the answers reflect conditions on the weekend evening spent with friends.

The Master Questionnaire was translated by the Albanian researcher responsible for the survey. This translation was compared with the one prepared for a planned data collection in 2008, which was never carried out. A back-translation was made by an independent translator, whereupon the two versions were discussed.

The questionnaire was then pre-tested in a grade 9 class in Tirana. This showed that the students understood the questions and that it was possible to answer the questionnaire in not more than 45 minutes.

Data were entered manually. To check the quality of data entry, 50 questionnaires were compared with the data as entered; only minor differences were found.

RELIABILITY AND VALIDITY

Rates of inconsistency as measured by two questions relating to lifetime prevalence, which are used as measures of reliability, were highest for cigarettes and non-prescription use of tranquillisers or sedatives (6–7%). Rates were lower (1–2%) for cannabis, ecstasy and inhalants.

The average proportion of non-responses to the core questions was 1.9%.

The rates of inconsistent answers to the questions about lifetime use, use in the past 12 months and use in the past 30 days, which are seen as validity measures, were highest for alcohol consumption (15%), lower for "having been drunk" (5%) and even lower for cannabis, ecstasy and inhalants (1%).

Of all students, 21% answered that they would "definitely not" have admitted to possible cannabis use. On the same question, 7% answered that they had already said that they had used cannabis, which is higher than the figure for lifetime prevalence (4%).

Only a few students (0.6%) answered that they had used the dummy drug "Relevin".

METHODOLOGICAL CONCLUSIONS

The sampling of classes was carried out without any problems and seems to have been done adequately.

No school or class refused to participate, which shows that school co-operation was very good.

No student who was present refused to participate, and 90% of the students were present and answered the questionnaire. There are also other indications of good student co-operation. One is that 86% of the survey leaders did not report any disturbances at all and that 99% of them reported that all or nearly all students had worked seriously.

There is a high proportion (15%) of invalid answers about lifetime, past-12-months and past-30-days use of alcohol. As a result, the Albanian data on lifetime use of alcohol (C12a) are deemed to be uncertain and not comparable with data from other countries. A probable explanation for the high proportion of invalid answers, according to the Albanian ESPAD researcher, relates to confusion about how to understand "lifetime" in relation to "the past 12 months".

Further, as many as 21% of the students answered that they would "definitely not" admit to possible cannabis use. This is far above the average of 10%. Other countries reporting high figures include neighbouring countries such as Bosnia and Herzegovina (Republic of Srpska), Montenegro and Serbia. Even though the question is a hypothetical one, the figures for these countries give rise to some uncertainty and indicate that under-reporting of drug consumption might be higher there than in most other countries. Besides these two cases, the reliability and validity measures do not indicate any major problems.

Overall, data collection in Albania seems to have worked well. With two exceptions, the reliability and validity measures do not indicate any major problems. However, the large proportion of students answering that they would not admit to possible cannabis use gives rise to some uncertainty and should be kept in mind. Hence, it cannot be excluded that under-reporting of drug use might be higher in Albania, as well as in some neighbouring countries, than in most other countries (even though there is no reason to question that Albania belongs to the group of countries with a low prevalence of drug use).

Country facts:
Area: 30 500 km^2
Population: 10.4 (6.2) million

BELGIUM (FLANDERS)

The person responsible for the survey in Flanders was Patrick Lambrecht at the Department of Clinical and Life Span Psychology at the Vrije Universiteit in Brussels.

The first Belgian ESPAD data-collection exercise was carried out in 2003 and included both the Dutch-speaking part and the French-speaking part of the country. Owing to limited financial support, only Flanders (the Dutch-speaking part) participated in the 2007 and 2011 surveys.

ETHICAL PROCEDURES

No scientific ethical review was necessary. Some schools asked for passive parental consent. No other ethical considerations had to be made and all relevant national ethical rules were followed.

POPULATION, SAMPLING AND REPRESENTATIVENESS

The survey was conducted in Flanders as well as in Dutch-speaking schools in the Brussels-Capital Region.

Because it had previously been found that school participation was better if data were collected in the autumn, the survey was carried out in November–December 2010. For this reason, the target population consisted of students born between 1 August 1994 and 31 July 1995.

Of all young people born in 1995, 98% were enrolled in schools at the time of data collection.

Students in special secondary education (4.3%), part-time secondary education (1.7%) and special classes for immigrants (0.6%) were excluded. Students in grades 7–12 were included in the survey. The sampling frame contained all students in the target population, i.e. it covered 100% of the relevant students.

ESPAD 03 and other previous school surveys had demonstrated that it is difficult to obtain the participation of more than half of the sampled schools. To reach the goal of about 2,000 participating students, 266 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 VADLLB (a local study) surveys were excluded. This can be seen as a form of technical co-operation that does not influence the conclusion that the sampling frame covered all relevant students.

No information was available about the number of students at the different schools. 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 each stratum. Within each stratum, schools were randomly chosen using a simple random sample.

Each of the schools that agreed to participate was asked to provide a list of the different study programmes that it offered. These lists were used to randomly sample one class/group of 15 students per 250 students at schools with community-funded education or subsidised public-authority education, while the sampled class/group was 25 students at private schools. There were two reasons for this dif-

ference: first, private schools and classes are larger; and, second, experience had shown that private schools were less likely to take part in the survey. At the 155 schools that agreed to take part in the survey, 657 classes/groups were sampled in the various grades.

To compensate for a slight skewness, the data were weighted by sex, grade and type of education to become representative of all Flemish students born between 1 August 1994 and 31 July 1995 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 co-ordinator.

Data were collected by teachers or other 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 students had completed the questionnaires, they put them in individual envelopes.

Data were collected in November–December 2010, which gives an average age of 15.8 years. The average time to complete the questionnaire was 45 minutes, which was more than the ESPAD average (37 minutes).

SCHOOL AND STUDENT PARTICIPATION

Of the 266 sampled schools, 155 participated in the survey. This corresponds to 58%, which is higher than in 2007 (when 54% of the sampled schools took part). Students from a total of 657 classes answered the questionnaire.

With a single exception, all schools that accepted to take part also collected data. Of all sampled classes, only very few did not take part.

All sampled schools were asked to fill in a form with school data. The analysis of these forms indicates that private schools were less likely to participate. Since this was expected, and as mentioned above, this was "compensated for" in the sampling process by sampling larger classes/groups in private schools (25 students) than in other schools (15 students).

Two students were denied participation by their parents and three refused to take part. Of all students enrolled in participating classes, 95% were present at the time of data collection.

Three out of four survey leaders said that there had been no disturbances during data collection. A large majority (87%) reported that all or nearly all students had 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 a number of country-specific questions at the end of the questionnaire, which would indicate that the ESPAD questions were seen as less difficult.

A total of 1,798 ESPAD target students from Belgium (Flanders) are included in the final database. This is below the ESPAD recommendation (2,400) and among the lowest in the 2011 data collection.

QUESTIONNAIRE AND DATA PROCESSING

All core questions were included, and so were nearly all questions from Module B. The form also contained some questions from Module D as well as 7 optional questions. In addition to this, a large number of Flanders-specific questions (147 variables) were asked, including questions about information and prevention, methodological issues, alcohol intoxication, friendship, parents and well-being. All in all, the questionnaire included 357 variables, which was well above the ESPAD average (268).

The questionnaire contained a few more skip questions than the Master Questionnaire. Module Question MB5 included a two-year time limit in the Belgian questionnaire but no time limit in the Master Questionnaire.

Owing to a shortage of time after the ESPAD Questionnaire and Handbook had been adopted, no pre-testing was carried out. The new questions in the 2011 questionnaire were translated into Dutch by the ESPAD team.

Data were entered manually. To check quality, every twentieth questionnaire was re-entered. This showed that only few mistakes were made.

In the data-cleaning process, a total of 0.7% of the questionnaires were discarded.

RELIABILITY AND VALIDITY

Rates of inconsistency between the same respondent's answers to two questions, which were used as reliability measures, were low (0–3%) for all variables (lifetime use of cigarettes, cannabis, ecstasy, inhalants and tranquillisers or sedatives).

On average, the Flemish students did not answer 1.9% of the core questions.

For cannabis, 5% 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", 17% answered that they had already said that they had used cannabis, which is lower than the prevalence figure (24%).

The rates of inconsistency among lifetime, past-12-months and past-30-days prevalence rates, which are seen as validity measures, were a little higher for the two alcohol variables (alcohol consumption and having been drunk) (1–2%) than for cannabis, ecstasy and inhalants (0%).

Of all students, 0.3% answered that they had used "NTSC" (which was used as a fictive drug instead of "Relevin").

METHODOLOGICAL CONCLUSIONS

For pragmatic reasons, data collection was limited to the Dutch-speaking part of Belgium (Flanders). As a result, comparisons between the results of the 2003, 2007 and 2011 data-collection exercises in the Trends chapter will be limited to data from Flanders.

In order to maximise the proportion of participating schools, data were collected in November–December 2010 instead of in March–April 2011. To compensate for this, the target population was defined as students born between 1 August 1994 and 31 July 1995, which gives the same average mean age (15.8 years) as in other ESPAD countries.

In the first sampling step, schools were sampled using a systematic random sample within the 15 strata. Since information about school size was not available, small schools were over-sampled. To compensate for this, the number of classes sampled in the second sampling step was proportionate to school size, meaning that more classes were sampled from large than from small schools. Considering the lack of information about school size, this seems to have been an adequate way of carrying out the sampling (even though it probably increased the cluster effect).

It was clear from earlier experiences that the number of refusing schools would be high. To compensate for this, the sample included more schools than would otherwise have been necessary. Of the sampled schools, 58% agreed to participate, which is higher than in the 2007 ESPAD survey (54%).

The low proportion of participating schools is "normal" for the Belgian situation. The main reasons are that Belgian schools are overburdened with school surveys and that local school heads have considerable autonomy. The Belgian Principal Investigator claims that the subject matter of the survey had no impact on school-participation rates.

Analysis performed in relation to earlier school surveys indicates that it is unlikely that participating and refusing schools differ in any systematic way. One exception is that private schools refuse to take part to a larger extent (47%) than other types of schools (29%). To "compensate" for this, larger classes/groups were sampled in private than non-private schools (25 and 15 students, respectively).

Based on comparisons between participating and non-participating schools, the Belgian Principal Investigator draws the conclusion that the large number of non-participating schools should not undermine the possibility of making comparisons with ESPAD data from other countries. Since this conclusion – for obvious reasons – is based on similarities in relation to characteristics other than substance use, however, some uncertainty still remains.

The proportion of students in the participating classes who were present at the time of data collection 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. However, 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 357 variables, which is much higher than the ESPAD average (268). This resulted in an average time to answer the questionnaire which was also fairly much above average (45 minutes, as against an ESPAD average of 37 minutes). However, most of the additional questions were placed at the end of the questionnaire, meaning that even though some students will have grown

tired of answering questions towards the end of the questionnaire, the ESPAD questions, which were at the beginning of the questionnaire, were probably not greatly affected by the inclusion of the large number of additional questions at the end of the questionnaire.

The inclusion of more skip questions than in the Master Questionnaire has not influenced the results presented in the present report to any important extent.

The inclusion of a two-year time limit in Question MB5 makes the related Belgian data non-comparable. However, those data will still be kept in the database as an X variable.

The data collected are representative of students born between 1 August 1994 and 31 July 1995 attending Dutch-language "regular" secondary schools in Belgium (Flanders). No important problems are evidenced by the reliability and validity measures. A large proportion of schools refused to participate (even though the participation rate increased from 54% to 58% between 2007 and 2010). However, this is "normal" in Belgium and 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.

BOSNIA AND HERZEGOVINA (REPUBLIC OF SRPSKA)

The person responsible for the ESPAD survey in the Republic of Srpska was Dr Sladjana Siljak at the Public Health Institute of the Republic of Srpska.

The Republic of Srpska is one of two entities making up the state of Bosnia and Herzegovina. Because of technical problems, the survey in the other entity – the Federation of Bosnia and Herzegovina – was not carried out until the autumn of 2011. As a result, the present report only includes data from the Republic of Srpska.

The first ESPAD survey in the Republic of Srpska was carried out in 2008.

Country facts:
Area: 51 200 km^2
Population: 4.6 (1.4) million

ETHICAL PROCEDURES

No scientific ethical review was needed and it was not necessary to ask for parental consent. No other ethical considerations had to be made and all relevant national ethical rules were followed.

POPULATION, SAMPLING AND REPRESENTATIVENESS

Compulsory school ends after grade 9 when students are normally 15 years old. However, many continue to upper-secondary school and it has been estimated that 87% of all youngsters born in 1995 were enrolled in school at the time of data collection.

Of all students belonging to the target population, it was estimated that 87% were to be found in grade 1 of upper-secondary school. The remaining students born in 1995 could be expected to be either in grade 9 or in higher grades of upper-secondary school.

The Public Health Institute has seven regional offices, and the areas they cover were used as strata. Sampling was done separately for each stratum, with the number of sampled students proportionate to the size of each stratum. Data were not available about the number of students in each class, so grade 1 classes were sampled within each stratum using simple random sampling that gave each class in a stratum the same probability to be sampled.

All in all, 162 classes at a total of 62 schools were sampled.

The sample is judged to be representative of students born in 1995 living in the Republic of Srpska as a whole.

FIELD PROCEDURE

Sampled schools were asked to appoint a contact teacher to prepare for data collection. Trained fieldworkers at the Public Health Institute and its regional offices were responsible for data collection.

Teachers were not present in the classrooms. They introduced the survey leader and assisted with some details in the Classroom Report, after which they left the classroom. Each student received an individual envelope which he/she sealed after putting the questionnaire in it.

Data were collected from 1 April to 27 April, which gives an average age of 15.8 years. No major problems are reported from the data-collection exercise.

The average time to complete the questionnaire was 37 minutes.

SCHOOL AND STUDENT PARTICIPATION

With the exception of two schools (with a total of three classes), all sampled schools took part in the

survey. School co-operation is judged to have been excellent.

No student who was present refused to take part in the survey. In participating classes, 94% of the students were present and answered the questionnaire.

In the data-cleaning process, 1% of the questionnaires were discarded.

Three-fourths (76%) of the survey leaders did not report any disturbances during data collection. A large majority (93%) of them answered that "all" or "nearly all" students had worked seriously. Nearly none (0%) reported that they thought that students found the questionnaire difficult to answer.

The students were willing to participate in the study and the fieldworkers reported no special problems in the data-collection exercise.

A total of 3,132 ESPAD target students from Bosnia and Herzegovina (Republic of Srpska) are included in the final database, of whom 44% are boys and 56% girls.

QUESTIONNAIRE AND DATA PROCESSING

The questionnaire was translated and back-translated. However, since it was, in principle, identical with the one used in the 2008 data-collection exercise and that questionnaire was pre-tested, no pre-testing was carried out this time.

The questionnaire contained all questions in the core segment, except the optional questions about alcopops and cider. No module, optional or country-specific questions were included.

Data were entered manually and logically checked by the statistical software used.

RELIABILITY AND VALIDITY

The rate of inconsistency for lifetime use of some substances between two questions – relating to lifetime use and age of onset, respectively – which is used as a reliability measure, was highest for cigarettes and non-prescription use of tranquillisers or sedatives (5% each), followed by inhalants (3%). The corresponding figure for use of cannabis and ecstasy was 1%.

The average proportion 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, which is seen as a validity measure, was highest for alcohol consumption (4%) and "having been drunk" (2%), while it was lower (0%) for the other three variables (cannabis, ecstasy and inhalants).

Of all students, 26% reported that, if they had used cannabis, they would "definitely not" have admitted to this. On the same question, 7% answered that they had already said that they had used cannabis, which is higher than the reported lifetime-prevalence figure (4%).

There were only few students (0.3%) who answered that they had used the dummy drug "Relevin".

METHODOLOGICAL CONCLUSIONS

The sampling seems to have been done in an adequate way. Within each stratum classes were sampled with the same probability, which may lead to over-sampling of students from small classes. However, this is most probably not a major problem since, according to the researcher responsible, it seems realistic to assume that all classes within each stratum were of about the same size.

Among participating students, only 44% were boys. There are no available data indicating whether this reflects the overall sex distribution of students born in 1995. However, according to the 2009 census, males made up 49% of the population of the Republic of Srpska. On the assumption that the situation in the ESPAD target population is similar, a rate of 44% falls within the difference range of ±5 percentage points where weighting is not deemed necessary.

The Classroom Reports do not indicate any major problems during data collection. Only two schools refused to participate. All in all, the data-collection exercise seems to have functioned well, and school and student co-operation was good.

Among the reliability and validity measures, the large number (26%) of students answering that they would "definitely not" admit to possible cannabis use stands out. This is far above the average of 10%. Other countries with high figures include neighbouring countries such as Albania (21%), Montenegro (33%) and Serbia (36%). Even though the question is a hypothetical one, the figures for these countries give rise to some uncertainty and indicate that under-reporting of drug consumption might be higher there than in most other countries.

The data collected are representative of students born in 1995 enrolled in grade 1 of upper-secondary schools in Bosnia and Herzegovina (Republic of Srpska). The large proportion of students who say they would not admit to possible cannabis use creates some uncertainty and it cannot be excluded that under-reporting of drug use might be higher in Bosnia and Herzegovina than in many other ESPAD

countries (even though there is no reason to question the fact that the country belongs to the group of countries with a low drug prevalence).

BULGARIA

Anina Chileva, Head of the HIV/AIDS/STIs Prevention Programme at the National Centre of Public Health and Analyses in Sofia, is the Principal Investigator in Bulgaria and co-ordinated the 2011 ESPAD survey. Bulgaria has been collecting ESPAD data since 1999.

Country facts:
Area: 110 600 km^2
Population: 7.4 million

ETHICAL PROCEDURES

In Bulgaria there is no strict requirement to perform scientific ethical review in order to collect ESPAD data. It was pointed out in the supporting letter from the Ministry of Education, Youth and Science that, in line with the Ethical Code for Activities Involving Children, the schools should ask for informed parental consent. Some of the participating schools required active consent from parents in order to let students participate in the survey. All students were informed that their participation would be on an anonymous and voluntary basis. No national ethical rules were violated in the performance of the study.

POPULATION, SAMPLING AND REPRESENTATIVENESS

According to Bulgarian educational legislation, compulsory education for Bulgarian citizens lasts until the age of 16. At least 84% of the present Bulgarian population born in 1995 was enrolled in the regular school system during 2011 (students in classes and schools for persons with special needs are not included in the target population). The figure of 84%, however, refers to the age span of 15–18 years. The rate of enrolment in the ESPAD target group ought to be substantially higher, since the corresponding rate is 96% among 11–14-year-olds. Hence, considering that schooling is compulsory up to 16 years of age, the enrolment of 15–16-year-olds ought to be closer to 96% than to 84%.

Two grades (9 and 10) cover 90% of the target population. The remaining students born in 1995 were either in other grades or in distance/individual education. The sampling frame was constructed from two grade-separated lists of classes supplied by the Ministry of Education.

For each grade, the lists were divided into three strata relating to class size (small, medium, large). The samples were proportionate to the actual number of students in each stratum. Hence, no weights are needed. Out of 5,265 classes, 261 were sampled, almost equally distributed between the two grades and belonging to a total of 248 different schools.

The Bulgarian sample is nationally representative and the sampling frame covered 90% of the ESPAD target population, namely students in grades 9 and 10.

FIELD PROCEDURE

A letter of recommendation from the Ministry of Education served both to introduce the survey and to show that it had been officially approved, to ensure the support of the school administration.

As in previous ESPAD waves, it was decided that persons not associated with the school should conduct the survey, in order to better safeguard students' anonymity and thus facilitate the collection of quality data.

Alpha Research LTD, 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. They received instructions on how to contact the schools and how to perform the survey in the classrooms.

A member of the school staff introduced the research assistant to the class and assisted in the completion of the Classroom Report. No school staff was present in the classroom while the questionnaires were being filled in. Individual response envelopes were used. Typically 35 minutes were scheduled for the survey, even though the maximum time allowed in a class was 60 minutes. The study was conducted during the period of 12–20 April, which gives a theoretical average age of 15.8 years.

SCHOOL AND STUDENT PARTICIPATION

Co-operation with school staff worked very well and response levels were 100% at both school and class levels (ESPAD average: 86%).

In all, 82% of the students were present in the classroom when the study was performed, which was below the ESPAD average (87%). One per cent of the students were not given permission to participate by their legal guardians, and an equal proportion of the students who were present refused to participate on their own behalf.

Some type of disturbances was reported by the survey leaders from a quarter of the classes, mainly caused by a few students only. From 92% of the classes it was reported that all/nearly all students had worked seriously and the proportion of survey leaders stating that only half or less of the students were serious amounted to 0%. Only 4% of the survey leaders had experienced that some of the students had found the questionnaire difficult to complete. In other words, student co-operation and comprehension were good in Bulgaria.

In all, 2% of the questionnaires were discarded from the International Database by the centrally applied cleaning syntax. Most of them were discarded because of poor data quality (i.e. more than 50% of the core questions unanswered or frequent repetitive extreme response patterns). A total of 2,217 Bulgarian ESPAD target students are included in the final database. This is slightly lower than the 2,400 required in the Handbook, but still satisfactory.

QUESTIONNAIRE AND DATA PROCESSING

All core questions, the full Modules A and B, and most of the optional questions were included in the Bulgarian questionnaire, while the optional core questions on cider were omitted. This adds up to a total of 287 items (ESPAD average: 268). The average completion time for the students was 39 minutes, which is about the ESPAD average.

National adjustments were made in Questions C37 and C38 but the data were recoded to fit the International Database. The questionnaire was translated into English in order to find discrepancies with the Master Questionnaire. Since Bulgaria collected data in 2007 and the questionnaire remained more or less identical, no pre-testing was needed.

Data were entered manually during a two-month period. Data verification was performed by logical cross-checking and direct comparison with the questionnaires. Some entries were corrected but the process did not reveal any particular problems.

RELIABILITY AND VALIDITY

In order to measure reliability, the results from questions about frequency of use 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. None of the reliability checks indicates any problems in Bulgaria.

The internal rate of non-response was slightly higher for three of the seven prevalence measures checked, but not alarming in any sense. The data syntax for logical substitution of missing values restored non-responses to the same extent as the ESPAD average.

When it comes to validity measures, Bulgaria tended to be slightly worse than the ESPAD average, at least regarding rates of inconsistency among lifetime, past-12-months and past-30-days prevalence of alcohol use and “having been drunk”. However, these discrepancies were small and there is no reason to believe that there were any real problems with validity.

METHODOLOGICAL CONCLUSIONS

The Bulgarian sampling frame covered 90% of the population and was designed to be nationally representative. All sampled classes took part. However, the student-response rate (82%) was below the ESPAD average. Still, this level has been found to be fully acceptable and represents no cause for any major concern. Both the survey procedure and the questionnaire as such seem to have worked well in the classrooms.

No significant problems relating to reliability or validity have been noted, and student co-operation and comprehension were at a high level.

The overall impression is that data collection in Bulgaria functioned well without any major difficulties and that the sample obtained, although slightly smaller than required, is representative of the Bulgarian target group. In conclusion, the 2011 Bulgarian ESPAD data collection is considered to be of high quality.

Country facts:
Area: 56 400 km^2
Population: 4.4 million

CROATIA

Marina Kuzman, Head of the Youth Health Care and Drug Addiction Prevention Department at the National Institute of Public Health (CNIPH), is the Principal Investigator in Croatia and was responsible for carrying out the Croatian 2011 data collection and for compiling the Country Report. Croatia has been collecting ESPAD data since 1995.

ETHICAL PROCEDURES

An ethical review is obligatory for school surveys in Croatia. Approval for the study was obtained from the CNIPH Ethical Committee. In addition, passive parental consent was needed. The students were informed that their participation would be on an anonymous and voluntary basis. All relevant national ethical rules were followed in the performance of the study.

POPULATION, SAMPLING AND REPRESENTATIVENESS

Compulsory schooling in Croatia ends when a pupil finishes grade 8 of elementary school, usually at the age of 14 or 15. Approximately 96% of all Croatian citizens born in 1995 are enrolled in regular schools (i.e. excluding classes/schools for students with special needs).

Two grades (grades 1 and 2 of upper-secondary school) were targeted in the sampling frame, since even though most of the ESPAD cohort is to be found in grade 1, roughly 30% are in grade 2. In total, the sampling frame covered about 96% of the target group. The small remainder is mainly made up of repeaters and early beginners who are already in higher grades.

All school types (3) and regions (21) were represented in the sample. For each grade, three lists of classes were drawn up, taking the number of students in the classes into account. On these lists covering a total of 3,803 classes, a simple random sample was performed, taking class size into account. This resulted in 273 sampled classes, more or less equally distributed between the grades.

The Croatian sample is nationally representative and the sampling frame – students in grades 1 and 2 of upper-secondary school – covered 96% of the ESPAD target population.

FIELD PROCEDURE

Telephone calls were made to the headmasters of the sampled schools to inform them about the survey. After the initial contact, copies of documents showing official permission and approval from an ethical point of view, as well as additional information, were sent by post. The survey material was also sent on the same occasion.

School counsellors or class teachers served as survey leaders and were also responsible for completing the Classroom Report and returning the material. After filling in the questionnaires, students were instructed to put them in envelopes and to seal those before handing them in. The maximum time scheduled for the survey in any class was 45 minutes. Data were collected during the period of 4–22 April 2011, which gives a theoretical average age of 15.8 years.

SCHOOL AND STUDENT PARTICIPATION

Overall, school co-operation is considered to have been very good, even though some schools had to be convinced to participate since they wanted to opt out because of a heavy burden from participating in many other surveys. In all, 92% of the sampled schools took part (corresponding to 90% at class level). The schools that did not participate explained this by reference either to staff being on sick leave or to the need to prioritise graduation exams taking place during the same period.

According to the Classroom Reports, 89% of the students were present in the classroom on the day of the survey. One percent of those present refused to take part in the survey. It also emerges that student behaviour was reported to have been worse than the ESPAD average. Disturbances of some kind were reported in 46% of classes (ESPAD average: 32%) and only in 69% of classes (ESPAD average: 87%) were all/nearly all students considered to have been working seriously. Student comprehension, however, equalled the ESPAD average: only 4% of the classes contained students who found the questionnaire difficult. Moreover, the Croatian team do not consider the reported level of disturbances to be of any significant importance.

A total of 2% of the questionnaires were discarded from the International Database by the centrally applied cleaning syntax. Most of them were discarded because of poor data quality (i.e. more than 50% of the core questions unanswered or frequent repetitive extreme response patterns). The final database includes a total of 3,002 Croatian ESPAD target students.

QUESTIONNAIRE AND DATA PROCESSING

All core questions were included in the questionnaire, as were the optional core questions on alcopops. Two of the modules were used (A and [b)] as well as 28 optional items, but no country-specific questions. This adds up to 256 items. The data on average completion time are not comparable with the data for other countries. However, since the number of items was below average, lack of time to complete the questionnaire should not have been a problem.

The questionnaire has been back-translated and checked, but no pre-testing was carried out this time. Data were entered manually during a two-month period. Initially, questionnaires chosen at random were double-processed. Since this procedure revealed no discrepancies, however, it was eventually discontinued.

RELIABILITY AND VALIDITY

In order to measure reliability, the results from questions about frequency of use 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. Four of the reliability checks indicated no problems for Croatia while the one concerning inhalants showed a relatively high rate. However, since "inhalants" may be more difficult to define consistently, and also given that a discrepancy was found for only one of the measures, this is not believed to be of any importance for overall reliability.

The internal rate of non-response was better than ESPAD average for all seven prevalence measures checked. Considering this, it is not surprising that the data syntax for logical substitution of missing values could not restore non-responses to the same extent as the ESPAD average for those variables.

When it comes to validity measures – i.e. the rates of inconsistency among lifetime, past-12-months and past-30-days prevalence for five substances – Croatia tended to be very close to the ESPAD average. However, 17% of the Croatian respondents said that they would not admit to cannabis use, a proportion almost twice the average for all countries. Use of the non-existent dummy drug "Relevin" was reported by 0.7% (same as the average for all countries).

METHODOLOGICAL CONCLUSIONS

By targeting two school grades, the Croatian sampling frame covered 96% of the target population. It was also designed to be nationally representative. Both class and student response rates were around 90%, which is slightly better than the ESPAD average. One percent of the students who were present refused to take part in the study and the level of disturbances in the classrooms was relatively high. Compared with the ESPAD average, almost twice as many students stated that they would not have reported potential cannabis use. However, all in all, both the survey procedure and the questionnaire as such seem to have worked well.

No particular problems have been reported by the Croatian team in relation to the data-collection exercise, and the overall impression is that data collection in Croatia functioned well without any major difficulties. The sample achieved is representative of the Croatian target group and the 2011 Croatian ESPAD data collection is considered to be of high quality.

Country facts:
Area: 9 200 km^2
Population: 0.8 million

CYPRUS

Kyriacos Veresies is Principal Investigator for Cyprus while Ioanna Yiasemi compiled the 2011 Country Report. Cyprus has been collecting ESPAD data since 1995.

ETHICAL PROCEDURES

In Cyprus there is no need to perform any scientific ethical review in order to collect ESPAD data. However, the parents had to give passive consent and the students were informed that their participation would be on an anonymous and voluntary basis. All relevant national ethical rules were followed in the performance of the study.

POPULATION, SAMPLING AND REPRESENTATIVENESS

Students in Cyprus have to complete lower-secondary school, which they usually do at the age of 15. However, almost all students continue their education after lower-secondary school and around 87% complete upper-secondary school as well. In practice, almost 100% of the Cypriot population born in 1995 is enrolled in the regular school system.

Grade 1 of upper-secondary schools ("lyceums" and technical schools) were included in the sampling frame. Students in the same grade at private schools were excluded, as were students in the final (third) grade of lower-secondary school. In all, the sampling frame covered 67% of the ESPAD target population. Compared with other ESPAD countries, this is a low coverage rate.

No sampling was carried out in Cyprus. The survey thus covered the entire sampling frame. There is

qualitative information indicating that students at private schools may differ slightly in socio-economic terms from other students, but it is believed that these potential differences do not substantially influence the results. As in previous surveys, only government-controlled areas were included.

FIELD PROCEDURE

With the assistance of the Ministry of Education and Cultural Affairs, initial contact was made with each school. The Ministry dispatched an informative letter to the headmasters of all schools, explaining the purpose and goal of the study and encouraging their participation in this project. In addition, the schools were asked to distribute another letter to the parents in order to give them the opportunity to refuse participation for their child. Following this, each individual school was contacted by telephone to set up an appropriate time for the researchers to visit the school.

Research assistants from CYMAR carried out the data collection and teachers were not present in the classroom when the questionnaires were being answered. Each student put the completed questionnaire in a joint envelope which was collected and returned to the agency by a team leader. Typically 60 minutes were scheduled for the survey, even though the maximum time allowed in one class was 90 minutes. The study was conducted between 7 April and 16 May, which gives a theoretical average age of 15.8 years.

SCHOOL AND STUDENT PARTICIPATION

The time period for data collection was not fully appropriate because the (two-week) Easter break was late in the year and soon to be followed by exams for the students. This led to relatively low participation levels both for classes (77%) and for students present on the day of data collection (82%). The corresponding ESPAD average participation rates were 87% in both cases. Schools in the city of Larnaca were over-represented as regards non-participation. However, this is not believed to have any substantial impact on the final results since those schools were not atypical in any sense.

Once a school had agreed to take part in the survey, the school staff was helpful and willing to cooperate. In a majority of the classes, students made negative remarks about the length of the questionnaire. Of the students who were present, 1% refused to participate in the survey.

Some type of disturbances was reported by the survey leaders from 61% of the classes. From 30% of the classes, it was reported that only up to half of the students had worked seriously. These levels are worse than the ESAPD averages (32% and 3%, respectively). In twice as many classes as the ESPAD average, survey leaders reported that they had found students with comprehension problems. It is likely that these findings are related to the fact that Cyprus used a very lengthy questionnaire that overwhelmed the students. Most disturbances were reported from technical schools, which can probably be explained by the predominance of male students in those classes. Another factor that may have contributed to the high levels of reported disturbances is the fact that the fieldwork was carried out by research assistants from a market-research company. It may be that those assistants, being less accustomed to the classroom situation, were less tolerant of disturbances than regular teachers.

A total of 5% of the questionnaires were discarded from the International Database by the centrally applied cleaning syntax (ESPAD average: 1%). Most of them were discarded because of poor data quality (i.e. more than 50% of the core questions unanswered or frequent repetitive extreme response patterns). The high rate for Cyprus may be related to the lengthiness of the questionnaire and the occasional unruliness of the classroom situation. A total of 4,243 Cypriot ESPAD target students are included in the final database.

QUESTIONNAIRE AND DATA PROCESSING

All but one core and optional core questions were included in the questionnaire, together with all modules and optional items. In addition, 64 country-specific items were included. This yields a total of 399 items in the questionnaire, which is definitely above the ESPAD average (268 items). Accordingly, the average completion time (44 minutes) was also above the ESPAD average (37 minutes).

One cultural adjustment was made: an option involving the local traditional spirits of ouzo and zivania was included in an additional item (separated from the ESPAD item containing examples of Western European spirits such as gin, vodka, etc.) in Questions OC11b, OC13b, OC15.3, OC15b, OC16b, OC17b and OC20b.

The students discriminate completely between those two groups of spirits, meaning that there is no double-reporting. For this reason, the two groups have been merged in the International Database into one spirits item.

A back-translation was made of the questionnaire and checked for any discrepancies, but no pre-testing was carried out this time since the changes to the questionnaire were few. Data were entered manually during a period of six weeks in all. Checks of the data entered against the original questionnaires were made; this led to the conclusion that the error level was very low.

RELIABILITY AND VALIDITY

In order to measure reliability, the results from questions about frequency of use 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. According to these checks, reliability seems slightly lower than average in Cyprus, at least concerning the question about cannabis honesty. This may have been caused by comprehension problems due to translation and, above all, by the fact that the questionnaire contained a great many questions.

The internal rate of non-response was also slightly higher for the prevalence measures checked. Again, this is probably related to the lengthiness of the questionnaire, and it is not alarming in any sense. The data syntax for logical substitution of missing values restored non-responses to a slightly higher extent than the ESPAD average.

When it comes to validity measures (comparing the rates of inconsistency among lifetime, past-12-months and past-30-days prevalence for five substances), Cyprus comes out as worse than the ESPAD average. Furthermore, 3.0% reported use of the dummy drug "Relevin", which is three times the ESPAD average. This indicates that there are more problems with data validity in Cyprus than in most other ESPAD countries.

METHODOLOGICAL CONCLUSIONS

The data-collection exercise in Cyprus covered 67% of the ESPAD population in the government-controlled areas. No sampling was performed, since it was a total survey. Students excluded were those enrolled in upper-secondary school but not in grade 1 and those enrolled in private schools. Both school and student participation rates were relatively low (77% and 82 %, respectively), as a consequence of the fact that data collection took place towards the end of the school year.

The atmosphere in the classrooms seems to have been more unruly than in other countries, and this may be related to the fact that the questionnaire used in Cyprus was very long. This may also explain why the reliability and validity measures came out less good, even though as many as 5% of the questionnaires had already been discarded because of poor data quality.

The above-mentioned circumstances indicate that the quality of the data may be less good than in many other countries that collected data in 2011, meaning that comparisons with data from other ESPAD countries should probably be made with some caution. Given these limitations, however, the data are representative of students in grade 1 of lyceums and technical upper-secondary schools, but not of other students born in 1995.

Country facts:
Area: 78 900 km^2
Population: 10.5 million

CZECH REPUBLIC

Ladislav Csémy at the Prague Psychiatric Centre is the Principal Investigator in the Czech Republic and was responsible for the 2011 data collection. The Czech Republic has been collecting ESPAD data since 1995.

ETHICAL PROCEDURES

There is no need to perform any scientific ethical review in order to collect ESPAD data in the Czech Republic, nor is it required to inform the parents of the study. All students were informed that their participation would be on an anonymous and voluntary basis. No national ethical rules were violated in the performance of the study.

POPULATION, SAMPLING AND REPRESENTATIVENESS

According to legislation, school is compulsory up to the age of 16 in the Czech Republic. It is not possible to tell the exact proportion of school enrolment for the birth cohort in question. However, the school-inclusion rate is known to be high for the age group in question and at least 95% of the ESPAD target group attends regular school in the Czech Republic (schools and classes for students with special needs do not belong to the ESPAD target group).

Two grades, grade 9 of compulsory school and grade 1 of upper-secondary school, are covered by the sampling frame. Some students, but very few, are in higher or lower grades and thus not covered by the sampling frame. Absolute numbers for the sampling and its coverage are not available, but according to all available information the sampling frame is estimated to cover at least 95% of the ESPAD target population.

Instead of drawing a new sample of schools (primary sampling unit), the same list of schools that were sampled for the 2007 survey was used again in 2011. The reason for this was that the funding for the survey came very late, which gave very little time to draw a new sample. Furthermore, it was anticipated that school contacts would be faster and easier and result in better co-operation since the schools in question already had some experience with the ESPAD team from before. According to checks made, no important changes in the school system had taken place since the study carried out four years previously. The most obvious changes found were that some schools had been closed down, or merged with other schools, as a result of a smaller student population caused by lower birth rates in the present cohort. Even though it is not an ideal method to re-use the same sample of classes, this seems like a reasonable solution to the problems caused by the lateness of the signature of the funding contract.

Upper-secondary schools were divided into three groups based on school type. For each of the 14 regions, schools were proportionately sampled according to type and size. Smaller regions were overrepresented for the purpose of national analyses. In the sampled schools, classes were identified by simple random selection without class size being taken into consideration. At upper-secondary schools only one class per school was surveyed, while at compulsory schools most often two classes were selected from each school. Out of 3,964 Czech schools, a total of 367 were included in the sample.

The Czech sampling frame covered at least 95% of the target group. Since smaller regions were overrepresented in the sample, post-stratification of the sampled data was later performed in order to make the collected data nationally representative regarding region and school type. Almost one-quarter of the students born in 1995 were removed from the final data by this process.

FIELD PROCEDURE

An introductory letter explaining the ESPAD survey was sent both by e-mail and regular post. As in previous ESPAD surveys, data were collected by 182 trained research assistants. Besides certain organisational instructions, they were given the usual ESPAD instructions.

The teachers were allowed to choose whether they would be present or not, but the data-collection procedure was fully in the hands of the research assistants. The teachers would normally introduce the survey and then leave the classroom. Individual response envelopes were used to ensure anonymity. Typically 45 minutes were scheduled for the survey, even though the maximum time allowed in a class was 90 minutes. Data were collected from 23 May to 29 June, which gives an estimated average age of 15.8 years.

SCHOOL AND STUDENT PARTICIPATION

The data-collection exercise was carried out without any particular problems. As many as 98% of the sampled classes participated in data collection (ESPAD average: 87%). A total of 89% of the students were present in the classroom at the time of data collection (ESPAD average: 87%). Very few students refused to participate.

Some type of disturbances was reported by the survey leaders from 42% of the classes, mainly caused by a few students only. From 85% of the classes it was reported that all/nearly all students had worked seriously while only 4% of the survey leaders experienced that some of the students found the questionnaire difficult to complete. These figures are on a level with the ESPAD average, except that the disturbance rate is slightly higher. However, this may be explained by the fact that staff from outside the educational system, less used to the normal behaviour of students, assessed the situation more strictly than a teacher would have done. To conclude, the overall level of co-operation by students is deemed to have been good.

A total of 1% of the questionnaires were discarded from the International Database by the centrally applied cleaning syntax, which equals the average for all countries. A total of 3,913 Czech ESPAD target students are included in the final database.

QUESTIONNAIRE AND DATA PROCESSING

All core questions were included, together with optional core questions on alcopops. Sixteen items from Module B, the full Module D, 31 optional and 8 country-specific items were also included. The

total number of items in the questionnaire amounted to 244 and the average completion time was 34 minutes (both figures lower than the ESPAD average). None of the questions has been found to be internationally non-comparable.

Data were manually entered during a seven-week period. A total of 8% of all entered questionnaires were randomly selected and re-entered. Comparison of 163,348 entries from the first and second data-entry procedures revealed that mistakes had been made in 0.63% of those entries.

RELIABILITY AND VALIDITY

In order to measure reliability, the results from questions about frequency of use 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. None of the reliability checks indicated any problems for the Czech Republic.

The internal rate of non-response was better than the ESPAD average for all seven prevalence measures checked. Considering this, it is not surprising that the data syntax for logical substitution of missing values could not restore non-responses to the same extent as the ESPAD average for those variables.

The Czech Republic also tended to be close to or better than the ESPAD average on validity measures – i.e. the rates of inconsistency between lifetime, past-12-months and past-30-days prevalence for five substances. Use of the non-existent dummy drug "Relevin", another validity measure, was reported by only 0.3% (ESPAD average: 0.7%).

METHODOLOGICAL CONCLUSIONS

The Czech sampling frame covered at least 95% of the ESPAD target population and was designed to be nationally representative. Since smaller regions were over-sampled to meet national data needs, the data collected were post-stratified to produce a representative data set.

Instead of drawing a new sample of schools (primary sampling unit), the list of schools sampled for the 2007 survey was re-used in 2011. The reason for this was that the funding for the survey came very late, which gave very little time to draw a new sample. According to checks made, no important changes in the school system had taken place in those four years. Even though it is not an ideal method to re-use the same sample, it seems like a reasonable solution to the problems caused by the lateness of the funding contract. In the second step, classes were sampled without considering class size. Since most classes are of the same size and since school types were stratified, this should be of minor importance, however.

Class and student participation was good and there were no particular problems during data collection. The data delivered seem to be of good quality when it comes to reliability, validity and levels of internal non-response.

No major problems have been reported by the Czech team regarding the data-collection exercise, and the overall impression is that the survey functioned well without any major difficulties. The sample achieved is representative of the Czech target group and the 2011 ESPAD data collection is considered to be of high quality.

Country facts:
Area: 43 100 km^2
Population: 5.5 million

DENMARK

Svend Sabroe, Department of Epidemiology, Aarhus University, was responsible for the Danish ESPAD survey. Denmark has also participated in all previous ESPAD studies.

ETHICAL PROCEDURES

It was not necessary to perform an ethical review. No parental consent was needed and no other ethical considerations had to be made. All relevant national ethical rules were followed.

POPULATION, SAMPLING AND REPRESENTATIVENESS

The target population consists of all students in Denmark born in 1995. More than 97% of all children born in 1995 were still at school at the time of data collection.

Of all students born in 1995, 88% 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 public schools as well as private and boarding schools.

From separate lists of the three school types, 18% of the schools were randomly sampled. Among

public schools the sampling of the 163 schools was done in proportion to school size (measured by the number of classes). In the second step, 1–2 classes per sampled school were sampled using simple random sampling.

For public and boarding schools, no information was available about school size so a simple random-sampling method was used. At the 68 sampled schools in these two categories, all grade 9 classes were supposed to participate. With very few exceptions, there were 1–2 grade 9 classes at these sampled schools.

Comparison between participating and non-participating schools indicates that the proportion of schools located in big towns (› 100,000 inhabitants) was the same for private and public schools. The Danish Principal Investigator comments that there is reason to expect that there is a slightly higher prevalence of alcohol consumption and drug use among non-participating students.

The data are intended to be representative of students born in 1995 enrolled in grade 9 in the country as a whole.

FIELD PROCEDURE

The schools selected were contacted in January 2011 through a letter to the headmaster. It 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 33 minutes. After completion, the questionnaires were placed in individual envelopes. Data were collected under the supervision of a teacher in March and April, which gives an average age of 15.8 years.

SCHOOL AND STUDENT PARTICIPATION

Of the 231 sampled schools, 97 (42%) took part in the data-collection exercise. The proportion of participating schools differs across the three strata: 46% for public schools, 38% for private schools and 22% for boarding schools. In the Danish Country Report it is stressed that students at boarding and private schools were under-represented. However, the national data were not weighted.

The most common reason given for not participating was that schools receive many requests to participate in lifestyle and PISA surveys and that they cannot find the time to participate in all of them.

Only few students (11) who were present refused to participate. In participating classes, 89% of the students were present and took part in the survey.

Only few questionnaires (1%) were excluded in the data-cleaning process.

A large majority of the teachers (86%) did not notice any disturbances during data collection. In nearly all participating classes (92%) the survey leaders reported that “all” or “nearly all” students had worked seriously. Only very few of the survey leaders (2%) thought that students found it difficult to answer the questionnaire.

A total of 2,181 Danish ESPAD target students are included in the final database. This is a little below the ESPAD recommendation (2,400), but it is higher than in 2007.

QUESTIONNAIRE AND DATA PROCESSING

All core questions were asked. The questionnaire also contained 12 questions from Module A, 59 optional questions and 10 country-specific questions (mainly related to gambling).

The questionnaire was translated and back-translated; no major differences were found. Since pretesting had been done before, no questionnaire test was carried out this time.

Like in earlier surveys, Denmark used six instead of five drinks in the question about heavy episodic drinking. The reason is that a standard drink is smaller in Denmark than in most other countries.

Data were entered manually. Questionnaires with many strange comments or a great many outliers were flagged and checked manually by the research team. However, only one questionnaire was discarded.

RELIABILITY AND VALIDITY

The rate of inconsistency between two questions measuring lifetime use of some substances, which is used as a reliability measure, was highest for inhalants (2%); for all other substances (cigarettes, cannabis, ecstasy and non-prescription use of tranquillisers or sedatives) it was 1%.

The average rate of missing data for all core questions was 1.2%.

The rates of inconsistent answers to questions about lifetime use and use in the past 12 months and the past 30 days, which is used as a validity variable, were 3% for the variables of alcohol consumption and "having been drunk" but 0% for the remaining three variables (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", 17% answered that they had already said that they had used cannabis, which is about the same as the lifetime-prevalence rate reported (18%).

Of all Danish students, 0.2% said that they had used the dummy drug "Relevin".

METHODOLOGICAL CONCLUSIONS

Only 11 students 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 each of the three strata were of about the same size. This possible bias is therefore judged not to be a large methodological problem.

Participation rates differed across the three types of schools, indicating that the data ought to have been weighted.

The large proportion of non-participating schools gives cause for concern. Only 42% of all sampled schools agreed to participate, and among boarding schools the figure was as low as 22%. The large number of non-participating schools in Denmark is not a new issue and the figures were about the same in 2007. The Danish Principal Investigator argues that even though substance use might be slightly more common in non-participating schools, there is no reason to believe that this would influence the Danish data to any important degree. However, even if this claim seems plausible, the large number of non-participating schools remains a factor of uncertainty that should be kept in mind.

Country facts:
Area: 43 200 km^2
Population: 1.3 million

ESTONIA

Airi-Alina Allaste of Tallinn University is the Estonian Principal Investigator and was responsible for carrying out the Estonian study. Estonia has participated in all four previous ESPAD waves.

ETHICAL PROCEDURES

It was not necessary either to perform an ethical review or to obtain parental consent. No other ethical actions were needed. All relevant ethical rules were followed.

POPULATION, SAMPLING AND REPRESENTATIVENESS

It was estimated that approximately 97% of all children born in 1995 were enrolled in school during the spring of 2011. Students in grades 8–9 were included in the sampling frame. Students in grades 7 and 10 as well as students at evening schools and vocational schools were excluded since only very few students born in 1995 were to be found in those categories.

Out of 643 schools in the sampling frame, a total of 141 were sampled (28 compulsory and 113 secondary schools). Schools were sampled using a systematic sampling method in proportion to school size. Two different files were used, one containing Estonian-speaking schools and one containing Russian-speaking schools. From each sampled school, one class in each of grades 8 and 9 was selected; all relevant classes at a school had an equal probability of being sampled.

It has been calculated that 98% of all students born in 1995 were to be found in the two participating grades (8–9). The sample is self-weighted and the results are nationally representative. The data are not weighted.

FIELD PROCEDURE

One month in advance of the study, letters were sent to the headmasters of the sampled schools to inform them about the study. These letters described the purpose of the study and the procedures that would be used. When contact had been established, a date was set for the research assistant to conduct the survey.

Specially trained research assistants were responsible for data collection. However, in most cases a teacher was also present during data collection. The teacher was responsible for maintaining order in the class and for answering some of the questions for the Classroom Report.

The questionnaires were answered under the same conditions as a typical written test at school, and after completion the students placed the forms in individual envelopes which they sealed before returning them to the survey leader.

No important problems were reported from the data-collection exercise.

The study was conducted from mid-February to mid-March, which gives an average age of 15.7 years.

The average time to answer the questionnaire was 30 minutes. However, this was measured in the same way as in 2007, which was different from how it was measured in other countries in 2011.

SCHOOL AND STUDENT PARTICIPATION

Six sampled schools, with twelve classes, refused to participate, meaning that 96% of all sampled schools took part in the survey. On the whole, schools were very co-operative.

Only one student refused to take part in the survey. In participating classes, 82% of the students were present and answered the questionnaire.

In general, students were considered to have co-operated relatively well. Disturbances were, however, reported from about two-thirds of the classes, even though these were normally caused by only a few students. A majority of the students are reported to have worked seriously (82%), but in 11% of the classrooms students were believed to have had difficulties answering the questionnaire.

A total of 2,460 Estonian ESPAD target students are included in the final database.

QUESTIONNAIRE AND DATA PROCESSING

All core questions were asked, with three optional drugs added. No module or optional questions were included, except the optional questions about alcopops and cider. Some country-specific questions – covering 21 variables, mainly about social skills – were added at the end of the questionnaire.

The Estonian version of the questionnaire was translated and back-translated into English. The questions in the Russian version of questionnaire were taken from the questionnaire used in the Russian Federation (Moscow). A small-scale questionnaire test was carried out in one Estonian-speaking and one Russian-speaking class in Tallinn; this test did not indicate any important problems

Only very few questionnaires (less than 0.5%) were discarded in the data-cleaning process.

Data were entered manually. After data entry a quality check was made by means of frequency tables. No other checks were made of the quality of data entry.

RELIABILITY AND VALIDITY

The rate of inconsistency between two questions measuring lifetime use of some substances, which is used as a reliability measure, was highest for use of inhalants (5%) followed by non-medical use of tranquillisers or sedatives (3%). For the other three substances (cigarettes, cannabis and ecstasy) the corresponding figures were 1–2%.

The average non-response rate for all core variables was low (0,9%).

For cannabis, 8% 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”, 20% answered that they had already said that they had used cannabis, which is slightly lower than the prevalence figure (24%).

The rates of inconsistency among lifetime, past-12-months and past-30-days prevalence rates, which is seen as a validity measure, were low (0–2%) for all five variables (“having been drunk” and use of alcohol, cannabis, ecstasy and inhalants, respectively).

Of all students, 0.3% answered that they had used “Netaliin” (which was used as a dummy drug instead of “Relevin”).

METHODOLOGICAL CONCLUSIONS

A very high proportion of the 1995 birth cohort in Estonia (97%) was still at school at the time of data collection. The sampling frame covered the whole country, and 98% of all students born in 1995 were in the two participating grades (8 and 9).

By mistake, the old way of measuring the average time taken to answer the questionnaire was used. However, considering that the time reported (30 minutes) was not high and that the number of variables in the questionnaire was among the lowest in any country, there is reason to believe that there are no

methodological problems in relation to the time taken to answer the questionnaire.

The sampling of schools went well. In the second step, when one grade 8 and one grade 9 class were sampled, class size was not taken into consideration. However, according to the Estonian researchers it seems reasonable to assume that all classes at a school are of about the same size.

Only 4% of the sampled schools refused to participate and school co-operation is judged to have been good.

Only one student refused to answer the questionnaire. The proportion of students in participating classes who were present at the time of data collection was 82%, which is a little lower than the ESPAD average (87%) but still acceptable.

Like in earlier waves, a rather large proportion of survey leaders (65%) reported some kind of disturbances during data collection. This is the highest reported figure in the entire 2011 data-collection exercise. However, the proportion of survey leaders reporting that all or nearly all students worked seriously (82%) was about the same as the ESPAD average (87%). A possible explanation for this might be that the Estonian research assistants were less tolerant of disturbances than survey leaders in other countries.

That this may indeed be the case, or at least that data collection in the classes worked without any major problems, is supported by the facts that only one student refused to answer the questionnaire, that the proportion of unanswered core questions (0.9%) was among the lowest in any country and that none of the reliability and validity measures indicates any important problems.

On the whole, the Estonian data appear to be of good enough quality and well comparable with the results from other ESPAD countries.

Country facts:
Area: 1 400 km^2
Population: 49 000

FAROE ISLANDS

Pál Weihe of the Department for Occupational Medicine and Public Health, Faroe Hospital System, is the Principal Investigator in the Faroe Islands and carried out the 2011 data collection in close co-operation with Ronny Jacobsen. The Faroe Islands has been collecting ESPAD data since 1995.

ETHICAL PROCEDURES

Permission to perform the study was given by the Ministry of Education, Research and Culture. The Scientific Ethical Committee of the Faroe Islands concluded that no formal application nor any parental consent was necessary for the collection of ESPAD data since the survey is voluntary and strictly anonymous. The students were informed that their participation would be on an anonymous and voluntary basis. No national ethical rules were violated in the performance of the study.

POPULATION, SAMPLING AND REPRESENTATIVENESS

Compulsory schooling ends with grade 7, even though most children stay at school at least until grade 10. At least 95% of inhabitants of the Faroe Islands born in 1995 attend school and belong to the regular school system. All students born in the same year are placed in the same grade; those born in 1995 are in grade 9. By surveying this grade, about 94% of the ESPAD target group is reached.

No sample was drawn: because the population of the Faroe Islands is relatively small, it was decided to carry out a total survey. Altogether 37 classes at 20 schools were surveyed. The data collected are representative of students in the Faroe Islands born in 1995.

FIELD PROCEDURE

Permission to conduct the survey at all secondary schools was given by the Ministry of Education. Initial contact with schools was made via e-mail or telephone. Then members of the staff of the Department of Occupational Medicine and Public Health made appointments with the headmasters, deciding an appropriate date and time for the survey.

The medical staff members functioned as survey leaders and brought the material to the schools. The students filled in the questionnaires under the same conditions as a typical written test. The teachers normally left the classroom but a few were allowed to be present as observers, at their own request. After completion, each student put his/her questionnaire in a sealed box.

Typically 90 minutes were scheduled to fill in the questionnaire. The survey was conducted during the period from 18 March to 18 April, which gives a theoretical average age of 15.7 years.

SCHOOL AND STUDENT PARTICIPATION

Co-operation with school staff functioned very well and all grade 9 classes in the sample participated

in the survey. Of all students enrolled in those classes, 87% were present in the classroom when the study was performed and none of them refused to answer the questionnaire. The response rate was just about the ESPAD average.

Disturbances during data collection were reported from a third of the classes and mainly caused by only a few students. In all classes it was estimated that all or at least nearly all of the students had worked seriously. Both of these measures indicate a better classroom situation than the ESPAD average. From 6% of the classes it was reported that there were students who had had difficulties answering the questions, which is at the same level as the average for all countries. Hence student co-operation was good.

In all, 4% of the questionnaires were discarded because of poor data quality. This is higher than the ESPAD average (1%). Most were removed manually by the Icelandic scanning team before data entry. A total of 557 Faroese students are included in the final database.

QUESTIONNAIRE AND DATA PROCESSING

Linguistically skilled staff translated and back-translated the questionnaire to highlight any possible mistakes. Most questions had been used in earlier studies, so no pre-testing was necessary.

All core questions were included in the Faroese version of the questionnaire, together with optional core questions on cider and alcopops. The Faroese version also contained Modules A, B and C, together with 56 of the optional items and 13 country-specific items. This sums up to 320 items, which was definitely above the ESPAD average.

The average completion time for the students, at class level, was 49 minutes. This puts the Faroe Islands among the top five countries in this respect, and this ought to be related to the rather lengthy questionnaire. As mentioned before, the time reserved for the survey was 90 minutes in all classes.

In Question MB4, the old (2007) response categories were used. This makes the question non-comparable and the related data are therefore not included in the International Database.

The data were scanned in Iceland using the same procedures as the Icelandic ESPAD team used for their own questionnaires.

RELIABILITY AND VALIDITY

In order to measure reliability, the results from questions about frequency of use 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. Only one of the reliability checks indicated any problems: the "cannabis-honesty quotient", which involves a comparison of the proportion of students stating "I have already said that I have used it" when queried if they would have admitted to cannabis use in the questionnaire and the proportion of students having previously reported lifetime use of cannabis. These two measures did not match very well in the case of the Faroe Islands; a probable explanation is that the students simply misunderstood the hypothetical question.

The internal rate of non-response was more or less the same as, or better than, the ESPAD average for all seven prevalence measures checked. Considering this, it is not surprising that the data syntax for logical substitution of missing values restored non-responses to the same extent as for the average ESPAD country.

When it comes to validity measures – i.e. the rates of inconsistency among lifetime, past-12-months and past-30-days prevalence for five substances – the Faroe Islands was definitely better than the ESPAD average. Use of the non-existent dummy drug "Relevin", another validity measure, was reported by none of the students, and hardly anyone stated that they would have lied about any potential cannabis use, even though some misunderstandings with this question also may have been at hand, as mentioned above.

METHODOLOGICAL CONCLUSIONS

The data-collection exercise in the Faroe Islands was designed as a total survey and the sample covered about 94% of the ESPAD target population. There were no particular problems regarding co-operation by schools and students. All schools and classes participated and the rate of student non-response was at the average level.

It could be mentioned that the questionnaire was relatively long. There is, however, no evidence that this affected the ESPAD data collected, since the measures of validity and reliability were mainly good and the students were reported to have worked seriously without any particular disturbances. In

all classes 90 minutes were devoted to the survey. This may explain why the lengthy questionnaire was accepted and worked as well as it did. Because of a design mistake, Question MB4 is unfortunately deemed non-comparable.

It is true that quite a few (4%) questionnaires were discarded, most of them manually before data entry. This is a relatively high proportion, which might give rise to concerns about validity. However, since no other indications point in the same direction it seems reasonable to assume that this has not had any major impact on validity. Part of the reason why such a large share of questionnaires were discarded may also be related to the fact that the questionnaire was relatively long. It should also be borne in mind, from the perspective of trends, that this level was even higher in 2007 (7%).

No particular problems have been reported by the Faroese team regarding the data-collection exercise, and the overall impression is that the survey has functioned well without any major difficulties. The sample achieved is representative of the Faroese target group and the 2011 ESPAD data collection is considered to be of high quality.

Country facts:
Area: 304 500 km^2
Population: 5.4 million

FINLAND

Salme Ahlström and Kirsimarja Raitasalo at the National Institute of Health and Welfare (STAKES) were responsible for the Finnish ESPAD survey. Finland also participated in the four previous ESPAD studies.

ETHICAL PROCEDURES

The study was approved by the Ethical Board of the National Institute of Health and Welfare. Passive parental consent was used. No other ethical actions were needed and all national ethical rules were followed.

POPULATION, SAMPLING AND REPRESENTATIVENESS

The target population was all students in Finland born in 1995. Of all persons born in that year, nearly 100% were enrolled in school at the time of data collection.

The study was conducted on students in grade 9. Approximately 93% of all students born in 1995 were to be found in that grade.

Finland was divided into four regions. 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 251 schools were included in the sample. Each school was assigned a substitute school, which was the next school on the list. Of the originally sampled schools 32 declined participation so 35 substitution schools were contacted, yielding a total of 286 schools. At each of the sampled schools, one class was sampled in proportion to class size.

All parts of Finland were included in the sampling frame except the Swedish-speaking islands of Åland, where 0.6% of all students born in 1995 live.

The sample is self-weighted and representative of Finnish students born in 1995.

FIELD PROCEDURE

All headmasters of selected schools received a letter with information about the objectives of the study. To enable correct sampling of one class per school, the headmaster was asked to send information about the number of grade 9 classes and the number of students in each class.

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.

At the vast majority of schools, data collection took place during the second half of March and the first half of April, which gives a calculated average age of 15.8 years.

No special problems from the field procedure were reported. The average time to complete the questionnaire was 33 minutes.

SCHOOL AND STUDENT PARTICIPATION

Of the 286 schools contacted, 82% took part in the survey. This is slightly more than in the previous data-collection exercise.

In all, 37 students were not given permission by their parents to participate in the survey, and another 17 students refused to fill in the form. In participating classes, 90% of the students were present

at the time of data collection and answered the questionnaire.

According to the Finnish Country Report, student co-operation was very good.

Most teachers (76%) did not notice any disturbances during data collection. In a large majority of participating classes (95%), the survey leader reported that "all" or "nearly all" students had worked seriously. Very few (2%) answered that they thought that students found the questionnaire difficult.

A total of 3,744 Finish ESPAD target students are included in the final database.

QUESTIONNAIRE AND DATA PROCESSING

All ESPAD core questions were included. The questionnaire also contained a few variables from Module B as well as some optional questions. There was a rather large number (62) of country-specific variables at the end of the questionnaire.

Like in earlier data-collection exercises, the Finnish question about heavy episodic drinking involved six drinks instead of five. The reason for this is that a Finnish standard drink is smaller than the examples given in the ESPAD Master Questionnaire.

The few new questions were translated by the ESPAD research team and tested in a small group interview, which showed that all questions were correctly understood.

The data were scanned. The scanning company's software was set to rather strict criteria to avoid having poor-quality questionnaires pass unchecked.

RELIABILITY AND VALIDITY

The rate of inconsistency between two questions measuring lifetime use of some substances, which is used as a reliability measure, varied between 0% and 2% for all five substances checked (cigarettes, cannabis, ecstasy, inhalants and non-prescription use of tranquillisers or sedatives).

The average proportion of non-responses to the core questions was 1.0%.

The rates of inconsistency among lifetime use and use in the past 12 months and the past 30 days, which is seen as a validity measure, 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", 10% answered that they had already said that they had used cannabis, which is about the same as the reported prevalence figure (11%).

Only a few students (0.3%) claimed to have used the dummy drug "Relevin".

METHODOLOGICAL CONCLUSIONS

The sample of schools and grade 9 classes was configured without any difficulties and the sample seems to be representative of all students born in 1995.

Of all schools contacted, 18% refused to take part in the survey. This is much higher than in 2007 (1%) but still an acceptable figure.

Only few students refused to participate or were denied participation by their parents, the number of discarded questionnaires was low, the proportion of survey leaders who reported disturbances was not high and nearly all survey leaders said that the students had worked seriously. Taken together, these factors indicate that student co-operation was satisfactory.

None of the reliability and validity measures suggests any methodological problems in the Finnish study. Overall, the data appear to be representative of students born in 1995 and to be comparable with other ESPAD data.

FRANCE

The Principal Investigator in France is Stéphane Legleye from INED, who co-ordinated the French study together with Stanislas Spilka from OFDT. France has been collecting ESPAD data since 1999.

Country facts:
Area: 544 000 km^2
Population: 62.8 million

ETHICAL PROCEDURES

An ethical review by the Commission Nationale de l'Informatique et des Libertés (CNIL) – an independent administrative authority protecting privacy and personal data – was necessary for permission to perform the ESPAD data-collection exercise in France. In addition, (passive) parental consent was required for students under 18 years old. The students were informed that their participation would be on an anonymous and voluntary basis. All relevant national ethical rules were followed in the performance of the study.

POPULATION, SAMPLING AND REPRESENTATIVENESS

Schooling is compulsory up to the age of 16 in France and the rate of enrolment in regular schools among inhabitants born in 1995 is roughly 98% (students in schools/classes for those with special needs are excluded from the ESPAD target group).

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 financial and practical considerations. Only mainland France is covered by the sampling frame, meaning that 3.5% of the target group is left out.

Included in the sampling frame are students from all relevant school types and from four different grades (9–12). Agricultural schools were included for the first time in the 2007 ESPAD wave, and they were also included on this occasion. Grade 8 was not covered by the sampling frame since only 3% of the students born in 1995 were to be found there. Students working as apprentices were also not covered. In total, the French sampling frame covered 95% of the target group (students in mainland France born in 1995 and enrolled in regular schools).

The sampling method controlled for geographical region, grade, school type and school ownership. As in previous ESPAD surveys, the French team used the "CUBE" algorithm, which has been developed by the National Institute for Statistics and Economic Studies (INSEE) and involves the application of a balanced sampling design. The strata used represented school type, geographical area (urban/rural), educational characteristics and ownership (public/private). Out of 11,151 schools on a computerised list, 198 were drawn as participants. In a second step, two classes were selected from each sampled school using simple random sampling, resulting in a sample of 396 classes. Since the sampling was non-proportionate, a weight variable is available in order to make the French data nationally representative.

Class size was not considered in the second step, meaning that all classes, regardless of size, had the same probability to be selected. However, since region and above all school type are considered in the sampling design, this should be of only minor importance.

FIELD PROCEDURE

The sampled schools first received an information letter from the Ministry of Education, signed by the minister's office. A week before data collection, the parents of the students in sampled classes received a letter informing them that their child's class had been chosen to participate in a survey on adolescent lifestyles and behaviours, and that if they did not want their child to take part they had to sign the letter and return it to the school. Data collection was performed by professional investigators who brought all the material needed and also contacted the schools to inform and to make appointments. All investigators received training and were informed about the ESPAD protocol.

After completing their questionnaire, the students were instructed to seal it with stickers and put it in a joint envelope. Typically 35 minutes were scheduled for the survey, even though the maximum time allowed in a class was 60 minutes. All of the material was returned by the investigator. Data were collected between 4 April and 26 May, which gives an estimated average age of 15.8 years.

SCHOOL AND STUDENT PARTICIPATION

Both school and class response levels (98% and 95%, respectively) were good and above the ESPAD average. The student-response level was in line with the average (87%). In total, three schools refused to participate in the survey and were not replaced. Overall, school co-operation was good.

Student co-operation must also be considered good. No particular problems with comprehension or seriousness were reported. Slightly more disturbances than the ESPAD average were noted, but this may at least partly be explained by the fact that the fieldwork was done by outside research assistants who might be less tolerant of disturbances than regular teachers who are more accustomed to the classroom situation.

In all, 87% of the students were present at the time of the survey, which is about the same level as in most countries. Hardly any students were prevented from participating by their legal guardians and very few refused to participate on their own behalf.

Less than 0.5% of the questionnaires were discarded from the International Database by the centrally applied cleaning syntax. A total of 2,572 French ESPAD target students are included in the final database.

QUESTIONNAIRE AND DATA PROCESSING

All ESPAD core questions were included in the questionnaire, together with 14 optional core questions. Module D as well as 17 optional and 60 country-specific items were also included. This sums up to 273 items, which is about the same amount as the all-countries average. The average completion time (38 minutes) was also close to the average. Following a back-translation process, a few changes were made to the questionnaire. However, no pre-test was necessary for this data-collection exercise, since the questionnaire remained more or less the same.

For Question C41a–c, the sixth response category ("There is no such person") is missing. This response category was introduced in 2007. However, the 2006 questionnaire test indicated that the omission or inclusion of this response category does not influence the results. This difference is therefore likely to be of minor importance and does not affect international comparability. In Question C33 an additional item, "I have not spent any money", was added, but this is not considered to interfere with international comparability either.

One important cultural adjustment was made by the addition of a champagne item in Questions C11, C13, C16 and C17. This was also done in previous ESPAD data-collection exercises and has been regarded as necessary since French students consider champagne to be a totally separate beverage from (red and white) wine and would not report champagne consumption under wine consumption. Since champagne is a common beverage in this age group, such an additional alternative must be included for alcohol use to be correctly reflected.

The students discriminate completely between wine and champagne, meaning that there is no double-reporting. This makes it possible to merge these items into one wine item in the International Database. However, no champagne item was added in Question C15, which is about volumes consumed on the most recent drinking day. This means that no total amount of alcohol consumed on the most recent drinking day can be computed for France since one important beverage has been omitted.

Data were captured using optical scanning, even though open questions were manually entered. Data entry and verification took about four weeks.

RELIABILITY AND VALIDITY

In order to measure reliability, the results from questions about frequency of use 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. None of the reliability checks indicates any problems in France.

The internal rate of non-response was better than the ESPAD average for all seven prevalence measures checked. Considering this, it is not surprising that the data syntax for logical substitution of missing values could not restore non-responses to the same extent as the ESPAD average for those variables.

When it comes to validity measures – i.e. the rates of inconsistency among lifetime, past-12-months and past-30-days prevalence for five substances – France was definitely better than the ESPAD average.

METHODOLOGICAL CONCLUSIONS

The rate of school enrolment of 16-year-olds is around 98% in France. By targeting four school grades, the French sampling frame covered 95% of the ESPAD population. However, it should be noted that the population, as in previous surveys, was defined as students living in mainland France. For financial and practical reasons, the 3.5% of all French inhabitants born in 1995 who live in overseas territories and departments are excluded from the target population.

The sampling strategy used considered region, grade and school characteristics. Some strata were non-proportionally represented, which made it necessary to introduce a weight in order to make the collected data nationally representative. Both schools and students were co-operative and non-response levels were good or at least average.

No particular problems have been reported by the French team regarding the data-collection exercise, and the overall impression is that the survey has functioned well without any major difficulties. The sample achieved is representative of the French target group and the 2011 ESPAD data collection is considered to be of high quality.

Country facts:
Area: 357 000 km^2
Population: 81.8 (22.5) million

GERMANY (FIVE BUNDESLÄNDER)

Ludwig Kraus at the IFT Institut für Therapieforschung in Munich was responsible for the German ESPAD study.

Germany also participated in the 2003 ESPAD survey with data being collected in six out of sixteen federal states (Bundesländer). In 2007, seven Bundesländer took part. This time, five Bundesländer collected data: Bavaria, Berlin, Brandenburg, Mecklenburg-Western Pomerania and Thuringia. About 25% of all German inhabitants born in 1995 live in the five participating Bundesländer.

ETHICAL PROCEDURES

The German ESPAD study has been reviewed and approved by ethics committees in three of the five Bundesländer. Parents were asked for active consent to allow their child to participate in the survey. The students were also asked for active consent. All national ethical rules were followed.

POPULATION, SAMPLING AND REPRESENTATIVENESS

The target population consists of all students in the five Bundesländer born in 1995. The study was limited to students in grades 9 and 10. It has been estimated that about 98% of all young people in the five Bundesländer born in 1995 were enrolled in school at the time of data collection.

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 87% of all students in the five Bundesländer born in 1995 were enrolled in grades 9 and 10.

The size of the sample in the different Bundesländer was set at 2,600 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. Since the number of non-participating schools was larger than expected, a complementary sample had to be drawn using the same sampling method.

The sample is representative of students born in 1995 who were enrolled in grades 9 and 10 in the five participating Bundesländer.

The samples were self-weighted within each Bundesland. Since the Bundesländer differ in size, however, the data for the total population of the five Bundesländer were weighted.

FIELD PROCEDURE

Headmasters of selected schools were informed about the survey and told which class had been sampled to take part.

Data were collected in the classrooms by teachers who were not normally in charge of the class concerned. After completing the questionnaires the students placed them in a large class envelope. The envelope was sealed by the teacher in front of the class before it was sent to the field institute for data entry. The Classroom Report was sent to the field institute separately.

Only students with their own and a parent's written consent were allowed to take part in the survey. The average time to complete the questionnaire was 34 minutes (this was calculated in the same way as in 2007, which was different from 2011, but it still indicates a time close to the ESPAD average).

Data for the originally sampled classes were collected between 4 and 15 April, while the surveys in the replacement classes were done between 9 and 27 May. This gives a calculated average age of 15.9 years.

SCHOOL AND STUDENT PARTICIPATION

The sample included a total of 883 classes. More than half of them (60%) did not take part, which is a dramatic increase since 2007, when 10% refused. Reasons given for not participating included an increased number of surveys requesting participation, an increased workload in the latter part of the semester with final exams for grade 12 students, and parents' committees rejecting participation because of the nature of some questions.

Differences between school types and Bundesländer have been controlled for by means of weighting. No comparisons have been made between participating and non-participating schools.

The proportion of students who had not received parental permission or had not given active consent themselves is estimated at 15%. On average, 0.7% of the core questions were unanswered and

1% of the questionnaires were discarded in the data-cleaning process.

Of all relevant students in participating classes, it has been calculated that 89% were present and took part in the survey (this figure is calculated in a different way than in other countries, but it still indicates a figure close to the ESPAD average).

Information from the Classroom Reports shows that no disturbances were reported from 58% of classes. Three-fourth of the survey leaders (74%) answered that "all" or "nearly all" students worked seriously and 3% reported that they thought that students found it difficult to answer the questionnaire.

A total of 2,796 ESPAD target students from Germany (five Bundesländer) are included in the final database.

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 also included parts of Modules C and D as well as some of the optional questions (10 variables). Some country-specific questions were added about alcohol-related problems and different kinds of gambling activities (37 variables).

Instead of asking about alcopops, the German questionnaire was culturally adjusted and asked about "mixed alcoholic drinks (alcopops, drinks (e.g. Vodka-Coke), cocktails (e.g. Caipirinha) or punch)". The German researchers consider that this German question is therefore not directly comparable with the ESPAD alcopops question. For example, the German alcopops question includes spirits-based drinks that students would mix themselves, while in the Master Questionnaire such drinks are supposed to be included in spirits consumption.

For the questions about binge drinking (C18), the response categories were changed from fixed answer categories in the Master Questionnaire to numerical responses.

No pre-testing was carried out.

Data entry was done manually. The field institute conducted both verification and validity checks, which did not reveal any notable problems.

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, which is used as a reliability measure, was highest for inhalants (3%) while the figure for the other four substances (cigarettes, cannabis, ecstasy and tranquillisers or sedatives without a doctor's prescription) was 0–1%.

A small number of questionnaires (1%) were discarded in the manual and computerised data-cleaning process.

The rates of inconsistent answers to the questions about lifetime use, use in the past 12 months and use in the past 30 days, a validity measure, were highest for alcohol consumption (2%) and lower (0–1%) for "having been drunk" and for use of cannabis, ecstasy and inhalants.

Of all students, 5% reported that they would "definitely not" have admitted to use of cannabis. On the same question, 14% answered that they had already said that they had used cannabis, which is lower than the figure for lifetime prevalence (19%).

Very few students (0.4%) answered that they had used the dummy drug "Relevin".

METHODOLOGICAL CONCLUSIONS

Five Bundesländer participated in the data-collection exercise, which is two fewer than in 2007. However, the analysis in the trends chapter only includes data from the five Bundesländer that have taken part in all surveys.

Some questions in the German questionnaire were not worded in the same way as in the ESPAD Master Questionnaire. Since Question C18 about heavy episodic drinking included numerical responses instead of fixed answer categories, the German data for this question are not deemed to be comparable with other ESPAD data.

Further, "alcopops" was replaced in the German questionnaire with "mixed alcoholic drinks". The German version is broader than that used in other countries and also includes different kinds of drinks that the students would mix themselves. German alcopops data are therefore reported in the alcopops tables, but with an asterisk explaining the limited comparability.

Since pre-mixed spirits-based drinks are included in the German concept corresponding to alcopops but are seen as part of spirits consumption in other countries, there are also some limitations to the

comparability of spirits figures between Germany and other ESPAD countries. This is also indicated by means of an asterisk in the results tables.

The sampling procedure seems to have functioned well. The proportion of non-participating classes was very high (60%) and has increased dramatically compared with 2007 (10%) and 2003 (4%). Participating and non-participating schools were compared for type of school within each Bundesland and any discrepancies found were accounted for by weighting. However, no other comparisons were made between participating and non-participating schools. The German researchers claim that there is no reason to believe that the large number of non-participating schools has negatively influenced possibilities to compare the German data on substance use with data from other countries. However, it should be observed that this conclusion is not based on a systematic analysis.

It is estimated that 15% of the students were either denied participation by their parents or refused themselves. However, this figure was not directly asked for in the Classroom Report but calculated as the difference between the number of students who were present and the number who participated. Active consent both from parents and from students themselves was required. Therefore it is likely that this figure also includes an unknown percentage of students who would have been willing to participate but were not allowed to because they lacked written parental consent on the day when the survey was conducted. Even so, Germany's is the highest figure in the 2011 data-collection exercise. It is certainly difficult to know whether – and, if so, how – this influences possibilities to make comparisons with other countries. Even though it might be reasonable to assume that this large figure does not indicate any important problems, such a conclusion includes some measure of uncertainty.

Few questionnaires (1%) were discarded and none of the reliability or validity measures indicates any major methodological problems.

The proportions of survey leaders reporting that there were no disturbances during data collection and that all/nearly all students worked seriously were below the ESPAD average. However, none of these figures is dramatically low and they most probably do not indicate any important problems.

The results are representative of students born in 1995 who were enrolled in grades 9 and 10 in "regular" schools in the five participating Bundesländer. However, the large number of non-participating schools and the large proportion of students who were denied participation by their parents or refused themselves, leave a certain measure of uncertainty that it is important to bear in mind.

Country facts:
Area: 131 600 km^2
Population: 11.3 million

GREECE

Anna Kokkevi, at the Athens University Medical School, is the Principal Investigator in Greece and coordinated the 2011 ESPAD survey at the University Mental Health Research Institute (UMHRI). Greece has been collecting ESPAD data since 1999.

ETHICAL PROCEDURES

An ethical review was necessary for permission to perform the ESPAD data collection in Greece. Passive parental consent for students' participation was also required, and some headmasters turned this into active written consent. The students were informed that their participation would be on an anonymous and voluntary basis. All relevant national ethical rules were followed in the performance of the study.

POPULATION, SAMPLING AND REPRESENTATIVENESS

Compulsory education in Greece lasts to the age of 15. Secondary education takes place in "gymnasiums" during three years for students aged 13–15 and in "lyceums" during another three years for students aged 16–18. Approximately 92% of the inhabitants of Greece born in 1995 are enrolled in a regular school (schools and classes for students with special needs do not belong to the ESPAD target group). In order to reach the target group, two grades were covered: grade 3 of the gymnasium and grade 1 of the lyceum. By sampling these two grades, 95% of the target group was reached. The remaining students were either repeaters in lower grades of the gymnasium or in ecclesiastical schools.

Unlike previous ESPAD data-collection exercises, all islands were included in the sampling frame (not only the islands of Crete and Evia, which were included in the previous survey), meaning that all geographical areas of the country were included. The roughly 6% of the population that lives on those islands is represented in the data for the first time.

Lists of schools can be obtained from the Ministry of Education. Such lists show the number of classes at public schools but not at private ones. The sample was stratified by region and school characteristics, and the sampling was non-proportionate in relation to region. The required number of classes was

selected by systematic sampling (random start, fixed interval) within each stratum formed by combinations of prefecture and school type. This procedure identified the specific class to be chosen, not just the school. From a total of 3,554 available schools, 767 were sampled, contributing 1,330 classes in all.

The sampling frame covered 95% of the target population. Since the sample was non-proportionate in relation to region, a weight variable must be used in order to make the Greek data nationally representative.

FIELD PROCEDURE

All relevant documentation was faxed to the schools in the sample. The documentation included a cover letter signed by the Principal Investigator, the sample form for parental consent and a four-page information leaflet on the ESPAD study in Greece. A telephone call followed one or two days after the fax.

The data were collected by research assistants. The teacher was not present in the classroom but were advised to remain in close proximity. Before the data-collection exercise, the research assistants were given training which emphasised procedural details and provided specific examples. The students received the standard instructions and were told that they themselves should put their completed questionnaires in a joint folder.

The research assistants returned the folders with the questionnaires to the local Prevention Centres that collaborated in the collection of data. Upon completion of the survey at the local level, the Centres returned all questionnaires by post to UMHRI. A total of 90 minutes was scheduled for the survey. It was conducted in February–April, which gives a theoretical average age of 15.7 years.

SCHOOL AND STUDENT PARTICIPATION

The response levels were 88% at school level and 87% at class level. This is in line with the ESPAD averages. Private schools were less willing to participate and therefore over-represented among non-responding schools. However, this does not influence the final results to any large extent since only 5% of students in secondary education in Greece are enrolled in private schools. Co-operation with school staff worked relatively well on the whole. Examples of reasons given for not participating were teacher strikes, general time pressure and survey overload.

In all, 90% of the students were present in the classroom when the study was performed, which was slightly above the ESPAD average (87%). Three per cent were not allowed by their legal guardians to participate and one per cent of the students refused to participate on their own behalf.

Some type of disturbances was reported by the survey leaders from almost half of the classes, mainly caused by a few students only. From 78% of the classes it was reported that all/nearly all students had worked seriously, and the proportion of survey leaders stating that only half or less of the students were serious amounted to 7%. In 4% of the classes, the survey leaders experienced that some of the students found the questionnaire difficult to complete. These characteristics show less good student co-operation than the ESPAD average, even though student comprehension was at the average level.

In all, 2% of the questionnaires were discarded from the International Database, either manually or by the centrally applied cleaning syntax because of missing data or poor data quality. A total of 5,908 Greek ESPAD target students are included in the final database.

QUESTIONNAIRE AND DATA PROCESSING

All ESPAD core items were included in the Greek questionnaire together with 15 optional core questions. Three items from Module A, the full Module B and 116 country-specific items were included. This amounts to a total of 343 items, which is well above average. The average completion time was 52 minutes, which is also well above the all-countries average.

One cultural adjustment was made: an option involving the local traditional spirits of ouzo and raki was included in an additional item (separate from the ESPAD item containing examples of Western European spirits such as gin, vodka, etc.) in Questions OC11b, OC13b, OC15.3, OC15b, OC16b, OC17b and OC20b. Greek students discriminate completely between those two groups of spirits, meaning that there is no double-reporting. These two groups are therefore merged in the International Database into one spirits item. Question MB6 was nationally adjusted but still found to be comparable and is included in the International Database.

A back-translation into English was made of the questionnaire, resulting in some minor adjustments. No pre-test was made since the changes were few compared with the 2007 questionnaire.

Data entry was performed using an optical scanner and TELEform software. A random 10% sample of

the first 1,000 scanned questionnaires (i.e. 100 questionnaires) were checked in their entirety against the actual questionnaire values in order to determine the level of data-entry validity. These checks showed no errors related to the scanner. Data capture was performed during a six-week period.

RELIABILITY AND VALIDITY

In order to measure reliability, the results from questions about frequency of use 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. None of the reliability checks indicates any particular problems in Greece.

The internal rate of non-response was often slightly higher than the ESPAD average for the seven prevalence measures checked. Considering this, it is not surprising that the data syntax for logical substitution of missing values restored non-responses to a slightly higher extent than the ESPAD average for those variables.

When it comes to validity measures – i.e. the rate of inconsistency among lifetime, past-12-months and past-30-days prevalence for five substances – the Greek results are more or less in line with the ESPAD average.

METHODOLOGICAL CONCLUSIONS

Approximately 92% of the inhabitants of Greece born in 1995 attend regular schools. The Greek sampling frame covered 95% of the ESPAD target population and was nationally representative. In previous surveys, the islands except Crete and Evia were not included in the sampling frame, which should be borne in mind when comparisons over time are made. (Roughly 6% of the relevant population lives on the islands that were previously excluded.) Since the geographical distribution of the sample was non-proportionate, a weight variable has been introduced in the data set.

The atmosphere in the classrooms seems to have been slightly more unruly than in other countries and this may be related to the fact that questionnaire in Greece was long. However, neither student comprehension nor reliability and validity measures indicate any particular problems. The Greek ESPAD team concluded that Greek students may have a less disciplined temperament. Another explanation could be that research assistants are less tolerant of disturbances than regular teachers who are more accustomed to the classroom situation.

School and class participation was in line with the ESPAD average and no particular problems with the survey have been reported. The overall impression is that data collection in Greece has functioned well without any major difficulties and that the sample achieved is representative of the Greek target group. In conclusion, the 2011 Greek ESPAD data collection is considered to be of high quality.

Country facts:
Area: 93 000 km^2
Population: 10.0 million

HUNGARY

Zsuzsanna Elekes at the Corvinus University of Budapest is the Principal Investigator and responsible for the Hungarian study. Hungary has been collecting ESPAD data since 1995.

ETHICAL PROCEDURES

In Hungary there is no need to perform any scientific ethical review in order to collect ESPAD data. Some of the participating schools (roughly 6%) required passive consent from parents in order to let students participate in the survey. All students were informed that their participation would be on an anonymous and voluntary basis. No national ethical rules were violated in the performance of the study.

POPULATION, SAMPLING AND REPRESENTATIVENESS

Compulsory schooling ends at the age of 18 in Hungary and virtually all students aged 16 were studying full-time. Of all inhabitants born in 1995, 97% were enrolled in regular school (schools and classes for students with special needs do not belong to the ESPAD target group). Part-time students were also excluded from the target group.

In previous years, grades 8–10 were sampled. In 2011, however, the sample only included a smaller fraction of grade 8 students, since only 7% of the target group is in that grade. The reason for including any such students was to retain the possibility to make comparisons with previous surveys. A total of 95% of the target group was covered by the sample; non-included students are often enrolled in lower grades.

The primary sampling unit was the class. Classes were stratified by region and class characteristics, yielding a total of 24 strata. Out of 12,615 classes at 5,733 schools, 378 classes were sampled. School information was obtained from the Education Information System. Each class had the same probability of being drawn, independently of class size. Since smaller classes are usually found at vocational schools and the stratification takes school characteristics into account, this potential problem is taken care of.

Grade 8 classes were under-represented in relation to the actual number of students enrolled in that grade. To make the data nationally representative, it is therefore necessary to use a weight variable.

The Hungarian sample is nationally representative and the sampling frame covered 95% of the ESPAD target population by including students in grades 8–10.

FIELD PROCEDURE

In mid-February, the headmasters of the sampled schools received information about the survey together with letters of recommendation. At a later stage, telephone contact was made with the school administration. A professional interview company performed the fieldwork and the research assistants brought the material to and from the schools.

The teachers were asked to leave the classrooms when the students started to fill in the questionnaires; the teachers only provided information for the Classroom Report. Standard instructions were given. After completion the students put their questionnaires in a joint envelope which was sealed in front of the class with staples. Typically 45 minutes were scheduled for the survey, even though the maximum time allowed in a class was 60 minutes. The study was conducted during the period of 1–20 March, which gives a theoretical average age of 15.7 years.

SCHOOL AND STUDENT PARTICIPATION

In summary, school co-operation is considered to have been relatively good. A total of 85% of the sampled classes participated in the survey (slightly below the ESPAD average). The main reasons given for not taking part were an overload of administrative tasks and a large number of school surveys being conducted during the same period. The rate of refusal was somewhat higher in vocational classes and in the capital. This is considered in the design of the weights (a matrix-weighting method was used).

According to the Classroom Reports, 86% of the students were present in the classroom on the day of the survey. One per cent of the students were not allowed by their legal guardians to participate and an equal proportion of the students present refused to participate on their own behalf. The student-response rates are just about the ESPAD average.

It also emerges that disturbing students were found in only 19% of the classes and that in most classes (93%) all/nearly all of the students worked seriously. Nor was there any particular problem with student comprehension. Less than 0.5% of the questionnaires were discarded from the International Database by the centrally applied cleaning syntax. All of this indicates that co-operation by students was very good. A total of 3,063 Hungarian ESPAD target students are included in the final database.

QUESTIONNAIRE AND DATA PROCESSING

All ESPAD core questions, along with optional core questions on alcopops, were included in the questionnaire. Module B as well as 20 optional and 57 country-specific items were also included, resulting in a questionnaire with a total of 294 items, which was slightly above the ESPAD average. No question has been found to be internationally non-comparable. The completion time, 36 minutes, was close to the ESPAD average.

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. A pre-test was carried out, resulting in a slightly shorter questionnaire being used in lower grades and at vocational schools.

The data were manually entered using a method called “kedit” during a three-week period.

RELIABILITY AND VALIDITY

In order to measure reliability, the results from questions about frequency of use 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. None of the reliability checks indicates any problems in Hungary.

The internal rate of non-response was equal to or better than the ESPAD average for the seven prevalence measures checked. Considering this, it is not surprising that the data syntax for logical substitution of missing values could not restore non-responses to the same extent as the ESPAD average for those variables.

When it comes to validity measures – i.e. the rates of inconsistency among lifetime, past-12-months and past-30-days prevalence for five substances – Hungary was close to the average level.

METHODOLOGICAL CONCLUSIONS

Of all inhabitants born in 1995, 97% were enrolled in the regular school system. The Hungarian sampling frame covered 95% of the ESPAD target population and was designed to be nationally representative. A weight variable has been included in the data set since a non-proportionate sampling design was used.

Class and student participation and co-operation were good. Both the survey procedure and the questionnaire as such seem to have worked well in the classrooms. There were no particular problems relating to student comprehension or to reliability and validity measures.

The overall impression is that data collection in Hungary has functioned well without any major difficulties and that the sample achieved is representative of the Hungarian target group. In conclusion, the 2011 Hungarian ESPAD data collection is considered to be of high quality.

Country facts:
Area: 102 800 km^2
Population: 318 000

ICELAND

Thoroddur Bjarnason, University of Akureyri, is the Principal Investigator in Iceland and co-ordinated the 2011 ESPAD survey. Iceland has been collecting ESPAD data since 1995.

ETHICAL PROCEDURES

A scientific ethical review was not necessary to collect ESPAD data in Iceland. However, it was necessary to obtain the permission of the Icelandic Data Protection Authority (Persónuvernd) in order to perform the data-collection exercise. The parents had to be informed via passive consent while the students were informed in the classrooms that their participation would be on an anonymous and voluntary basis. All relevant national ethical rules were followed in the performance of the study.

POPULATION, SAMPLING AND REPRESENTATIVENESS

All students have to complete 10 grades of compulsory school, and grade 10 is normally completed in the year during which a student turns 16. Students are not allowed to leave school before that age.

Of the present Icelandic population born in 1995, roughly 98% were enrolled in the regular school system during 2011. Including only grade 10 means that about 96% of the target population is covered. No sampling was performed in Iceland: a total-population study was performed and the sampling frame is hence nationally representative. A total of 224 classes at 135 schools were included in the sampling frame.

FIELD PROCEDURE

Sampled schools were contacted via telephone. The questionnaires were delivered via certified post in most cases but some were also delivered directly to the schools. Data collection was normally carried out by teachers, but at some schools research assistants performed the survey at the request of the headmaster.

Individual response envelopes were used and the students received standard instructions and information. The completed questionnaires were returned to the University of Akureyri via certified post. Data collection took place during February–April, which gives a theoretical average age of 15.7 years. It is not known how many minutes were normally scheduled for the survey, since there is no Classroom Report information.

SCHOOL AND STUDENT PARTICIPATION

Schools were generally not very enthusiastic about participating in the survey. Still, only 7% of the schools did not return any questionnaires. Several of them were small, meaning that the class-response rate was even better: 95% of the classes participated in the survey. Even though schools are reported to have become less enthusiastic, their response rate remains high compared with the ESPAD average.

The student-response rate (81%) was below the all-countries average (87%) but is not alarmingly

low. Unfortunately, no Classroom Reports were drawn up, meaning that it is not known how many students were prevented by their parents from participating or how many refused to participate on their own behalf. It is, however, believed that these proportions did not exceed 1% in either case.

For the same reason, there is no information about how seriously the students worked, whether there were any disturbances in the classroom or whether any students showed any comprehension problems. Student co-operation can therefore not be assessed. It could be noted, however, that the research team have not received any reports of particular problems in relation to this.

In all, 1% of the questionnaires were discarded from the International Database by the centrally applied cleaning syntax because of poor data quality, which is in line with the ESPAD average. A total of 3,333 Icelandic ESPAD target students are included in the final database.

QUESTIONNAIRE AND DATA PROCESSING

All core questions were included in the questionnaire together with the optional core questions on cider and alcopops. The full Module C, parts of Module B, 13 optional and 51 country-specific items were also included. This adds up to a total of 289 items, which is above the ESPAD average. The average completion time remains unknown since the Classroom Report was not used, but it can be assumed to have been above average, too.

No questions have been considered internationally non-comparable, but it should be noted that the order of questions differed to some extent and that a number of country-specific questions were inserted among the core questions. In addition, the quantity options used in Question C15a–e overlapped each other slightly and Question C42 was asked in a non-standard fashion. However, the latter question layout was tested in 2007 without any significant differences being found compared with the Master Questionnaire, and the former discrepancy is not believed to have had any critical impact.

Since there were few changes in the 2011 questionnaire, no back-translation or pilot study were carried out. The data were entered by means of optical scanning during a 12-week period. The system was programmed to prompt for manual feedback whenever dubious entries were discovered.

RELIABILITY AND VALIDITY

In order to measure reliability, the results from questions about frequency of use 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. None of the reliability checks indicated any problems for Iceland.

The internal rate of non-response was lower than the ESPAD average for most prevalence measures checked but the deviations were relatively small. Considering this, it is not surprising that the data syntax for logical substitution of missing values restored slightly fewer non-responses than the ESPAD average for those variables.

When it comes to validity measures – i.e. the rate of inconsistency among lifetime, past-12-months and past-30-days prevalence for five substances – Iceland performed better than the ESPAD average country, except as regards reported use of the non-existent dummy drug “Relevin”, which was at the average level (0.7%).

METHODOLOGICAL CONCLUSIONS

Roughly 98% of the inhabitants of Iceland born in 1995 were enrolled in regular schools at the time of data collection and 96% were covered by the sampling frame, i.e. students in grade 10. Since no sampling was carried out there are no problems relating to any sampling strategy.

Data were collected by both research assistants and teachers. In practice, the use of different kinds of survey leaders in different parts of the country would not appear to influence the outcome, given that a methodological study has demonstrated that these two modes of administration do not produce different results in Iceland (Bjarnason, 1995).

School co-operation was good and the school-response rate was 93%, even though schools expressed no particular enthusiasm about the survey. The student-response rate (81%) was below the ESPAD average but not alarmingly low. Unfortunately, no Classroom Reports were used, meaning that it is not possible to assess the level of student co-operation in the classrooms or to establish the average completion time. However, the latter ought to have been above average since the number of items in the questionnaire was above the ESPAD average. Measures of validity and reliability as well as the low internal rate of non-response indicate that the questionnaire instrument worked well, and the research

team have not received any indications that the classroom situation raised any particular concern.

The overall impression is that the data-collection exercise in Iceland has functioned well without any particular difficulties and that the sample achieved is representative of the Icelandic target group. In conclusion, and apart from the missing classroom data, the 2011 Icelandic data collection is considered to be of high quality.

Country facts:
Area: 70 300 km^2
Population: 4.6 million

IRELAND

Mark Morgan, St. Patrick's College, Dublin, was responsible for the Irish ESPAD study. Ireland also participated in all four earlier ESPAD data-collection exercises.

ETHICAL PROCEDURES

Ethical permission was granted by the Ethics Committee for Research, St. Patrick's College. Parents were asked for passive consent and students were given written information in advance about the purpose of the survey and the fact that participation in the survey was voluntary. All relevant Irish ethical rules were followed.

POPULATION, SAMPLING AND REPRESENTATIVENESS

It is estimated that 96% of children born in 1995 were enrolled in school at the time of data collection. The population consisted of students born in 1995 in grade 3–5 classes, which covered nearly all students (98%) in the target population.

There are four types of schools: secondary, vocational, community and comprehensive schools. The schools were divided into these four strata. In the first sampling step, schools were selected using simple random sampling within each stratum, proportionately to the number of schools in the sampling frame. A total of 160 schools were sampled. In the second sampling step, one class was selected from each of those schools using simple random sampling. At 50% of the schools this was a grade 4 class, while grades 3 and 5 accounted for 25% each.

The sample covers the whole country and is representative of students born in 1995.

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 co-operating teacher to take responsibility for the performance of the survey at the school. Since both the students born in 1995 enrolled in the sampled classes and their parents had been informed in advance, only this age group took part in the survey.

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 33 minutes. Data collection was carried out from early April to mid-May, which gives an average age of 15.8 years.

No special problems are reported from the field procedure.

SCHOOL AND STUDENT PARTICIPATION

Out of 160 sampled schools, 115 (28%) did not participate, which gives a school – and class – participation rate of 78%. Two main reasons are mentioned for not taking part. One was participation in other international research studies such as PISA or national studies, and the other was the demands of the study in that it required schools to write letters to parents.

Once a school had decided to participate, everything went smoothly and the overall assessment of school co-operation is judged in the Country Report to be excellent.

Participating and non-participating schools were compared for three variables. One was whether the school had been designated as "disadvantaged" (largely serving a community that is regarded as disadvantaged, with high levels of unemployment and low income). The second variable was school size and the third was urban/non-urban. A chi-square test found no statistically significant differences.

Of the parents, 4% refused to allow their child to take part in the survey. In addition, 1% of students themselves refused to answer the questionnaire. Of all students in participating classes, 94% were present on the day of data collection and took part in the survey.

No major problems were reported by the survey leaders. A very large majority of them (85%) reported that they did not notice any disturbances during data collection. Nearly all (99%) answered that "all" or

"nearly all" students had worked seriously. Virtually no survey leaders (0%) reported that they thought the students had found the questionnaire difficult to answer.

Overall, student co-operation is judged to be very good.

A total of 2,207 Irish ESPAD target students are included in the final database, which is slightly below the ESPAD recommendation (2,400).

QUESTIONNAIRE AND DATA PROCESSING

With the exception of four sub-questions, all ESPAD core questions were asked. The questionnaire also included 10 variables from Module B, 36 optional variables and 13 country-specific questions with altogether 36 variables.

In the question about alcohol consumption on the most recent drinking day (C15) there are some mistakes in the Irish questionnaire as regards alcopops and wine. For alcopops, the next-to-last category ought to have been "4–7 bottles" (instead of "4–5 bottles") and the last category "8 bottles or mores" (instead of "6 bottles or more"). For wine, a full bottle was included in category 5 instead of category 6.

Question C18 about heavy episodic drinking asks about how often the students have consumed five drinks or more on one occasion. The drink examples given in Ireland are slightly lower than in many other countries as regards beer, alcopops and spirits.

No pre-testing was deemed necessary because of previous experience with the ESPAD survey.

Data were entered manually. The Principal Investigator looked through a sample of 20% of the questionnaires entered and only found a small number of problematic entries.

RELIABILITY AND VALIDITY

The rate of inconsistency between two questions measuring lifetime prevalence for five substances, which is used as a reliability measure, was highest for inhalants (4%) and was in the range of 0–2% for the other four substances (use of cigarettes, cannabis, ecstasy and non-prescription use of tranquillisers or sedatives).

The average proportion of unanswered core questions was 1.8%. In the data-cleaning process, 1% of the questionnaires were discarded.

The rates of inconsistent answers to the questions about lifetime use, use in the past 12 months and use in the past 30 days, which is seen as a validity measure, were low (0–1%) for all five variables measured (alcohol consumption, having been drunk and use of cannabis, ecstasy and inhalants).

Of all students, 10% reported that they would "definitely not" admit to use of cannabis. On this question about their "willingness to admit to cannabis use", 17% answered that they had already said that they had used cannabis, which is very similar to the reported lifetime-prevalence figure (18%).

Among the Irish students, 0.4% answered that they had used the dummy drug "Relevin".

METHODOLOGICAL CONCLUSIONS

It was considered that the fact that the students would be informed in advance about the study could increase the risk that they would discuss it among themselves and fail to respond seriously to the questions. To reduce this risk, the letter was drafted in as general terms as possible. This possible bias was discussed with six co-operating teachers, and none of them thought this was an issue. There is thus reason to assume that the validity of the answers has not been negatively affected, to any important extent, by the fact that the students were informed in advance.

The mistakes in Question C15 about alcopops and wine consumption on the most recent drinking day entail that the alcopops figures are a slight underestimate and that the wine figures are a slight overestimate. However, since only a few Irish students consumed significant quantities of alcopops or wine on their most recent drinking day, this probably does not matter very much in practice.

Since the drink examples for beer, alcopops and spirits in the question about heavy episodic drinking (C18) are lower in Ireland than in the instructions for the ESPAD Master Questionnaire, it is probable that the Irish figures for heavy episodic drinking are a slight overestimate compared with data from 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 over-sampling of students from small schools and classes. However, the Principal Investigator has stated that schools do not differ very much in size within each stratum, which reduces the risk of a significant over-sampling of students at small schools. In addition to this, it can be mentioned that tests were carried out to detect possible differences in patterns of use for various substances between students from small and other schools, with

no statistically significant differences being found for a few key variables. Taken together, this 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 classes within a school, there is reason to assume that the simple random sample of classes has not biased the data in any significant way.

The proportions of sampled students in grades 3 and 5 are slightly smaller than in the sampling frame (16% instead of 25%), while students from grade 4 were over-sampled (67% instead of 50%). In principle, this should have been corrected by means of weighting, but since this circumstance only became clear at a very late stage, when the results tables had already been produced, no weighting was done. However, the Irish Principal Investigator has compared data for some key variables across students born in 1995 enrolled in the three different grades and found no statistically significant differences, which indicates that the omission of weighting has not influenced the figures for students born in 1995 to any important degree.

The proportion of non-participating schools increased from 2003 to 2007 to 2011 from 10% to 22% to 28%, which is worrying. However, a comparison between participating and non-participating schools did not show any statistically significant differences for the three variables of disadvantaged area, school size and urbanity. These variables are definitely not substance-use variables, but given that there do not appear to be any systematic differences and that 28% is not an extremely high figure, it seems reasonable to assume that the data remain fairly comparable with data from other countries, even though it is worth keeping the relatively high school-refusal rate in mind.

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 co-operation 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 1995 and are judged to be comparable with data from other ESPAD countries. However, the relatively large proportion of schools that did not take part (28%) may be worth keeping in mind.

Country facts:
Area: 301 300 km^2
Population: 60.3 million

ITALY

Sabrina Molinaro from the National Research Council (CNR), Institute of Clinical Physiology, is the Principal Investigator in Italy and co-ordinated the Italian study together with Valeria Siciliano. Italy has been collecting ESPAD data since 1995.

ETHICAL PROCEDURES

In Italy there is no need to perform any scientific ethical review in order to collect ESPAD data. Sampled schools were contacted to enable the teacher responsible for health education to present the research project to the school board. The parents had to be informed via passive consent. The students were informed that their participation would be on an anonymous and voluntary basis. All relevant national ethical rules were followed in the performance of the study.

POPULATION, SAMPLING AND REPRESENTATIVENESS

In Italy, school is normally compulsory until the age of 16. Roughly 88% of all inhabitants born in 1995 are enrolled in regular schools (schools and classes for students with special needs do not belong to the ESPAD target group).

All grades containing at least 10% of the target population were included in the sampling frame, namely grades 1–3 of upper-secondary school. Together they cover approximately 99% of the ESPAD target population. The few remaining students were either in lower-secondary school (about 3,000 students) or in private schools not legally recognised (about 100 students).

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 regional stratum, the schools were stratified according to type of school. Classes were sampled according to the size of the school (number of classes), but all classes had the same probability of being drawn since information about class size was not available. However, this ought to be of little importance because most classes are of equal size in Italy as a result of a regulation stating that

classes with fewer than 22 students must be merged. Class sizes may differ between school types, but this factor is taken into account since school characteristics are considered in the stratification. From each school, one class per grade was sampled.

Out of 76,878 relevant classes (with at least one student born in 1995), 520 classes were sampled. The sample is nationally representative and drawn in proportion to the number of students in each stratum. There is therefore no need for weighting.

FIELD PROCEDURE

Contact was established by telephone with the health teacher or CIC staff (Consulting and Information Centre for juvenile distress) of each school. 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. A database of school information was also built in parallel.

During the telephone call, the project, the deadlines and the steps of the implementation were described. Later on all materials necessary for the survey were posted to the person in question, including printed instructions on how to conduct the survey.

Standard ESPAD instructions were given to the students. When the questionnaires had been completed, each student put his or her questionnaire in a separate envelope and sealed it. The survey leader put all student envelopes and the Classroom Report in a class envelope and sent it to the National Research Council. Typically 60 minutes were scheduled for the survey, even though the maximum time allowed in a class was 120 minutes. The data-collection period lasted from early March until the end of April, which gives a theoretical average age of 15.7 years.

SCHOOL AND STUDENT PARTICIPATION

In summary, school co-operation is considered to have been good. In all, 88% of the sampled classes participated in the survey, which is the same as the all-countries average. Some schools by mistake participated only in a parallel web-based survey which incorrectly used the ESPAD name; those schools had been sampled by both studies.

According to the Classroom Reports, 86% of the students were present in the classroom on the day of the survey. Fewer than 0.5% of the students refused to participate in the study. These levels are about the ESPAD average.

The Classroom Reports reveal that in 40% of the classes there were students found to have been disturbing, but normally just a few of them. The disturbance level was higher than the ESPAD average, but the proportion of students working seriously was the same as the ESPAD average. Slightly more questionnaires than the ESPAD average (2% as against 1%) were discarded from the International Database by the centrally applied cleaning syntax because of poor data quality (even though this is an improvement in terms of international comparability compared with the 6% that were discarded in 2007, when questionnaires were also discarded manually). Student comprehension, however, showed no particular problems since only 5% of classes had included students who found the questionnaire to be difficult (this is in line with the ESPAD average).

Even though some of these measures are slightly worse than the ESPAD average, student co-operation and comprehension are still deemed to be fully satisfactory. A total of 4,837 Italian ESPAD target students are included in the final database.

QUESTIONNAIRE AND DATA PROCESSING

All ESPAD core questions were included in the questionnaire, together with 8 optional core questions. All modules were used (even though four items in Module B were skipped) together with 50 optional and 32 country-specific items. This sums up to 332 items, which is well above the average for all countries. The average completion time, 39 minutes, was also above average but only by two minutes. A back-translation process was used for the few new items, but this did not result in any changes.

No items have been found non-comparable. Since the questionnaire was virtually unchanged compared with the previous wave, no pre-test was done. Data were captured during an eight-week period by optical scanning using ReadSoft FORMS software.

RELIABILITY AND VALIDITY

In order to measure reliability, the results from questions about frequency of use 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. None of the reliability checks indicates any problems in Italy.

The internal rate of non-response was roughly in line with the ESPAD average for the seven prevalence measures checked. For the measures with higher non-response rates, the data syntax for logical substitution of missing values restored non-responses to a higher extent than the ESPAD average for those variables.

When it comes to validity measures – i.e. the rates of inconsistency among lifetime, past-12-months and past-30-days prevalence for five substances – Italy was about the average level. It could, however, be mentioned that the result for use of the dummy drug was slightly higher than the ESPAD average, which could perhaps be explained by the fact that Italy used another non-existent drug than most countries: "Netalin" rather than "Relevin".

METHODOLOGICAL CONCLUSIONS

The data-collection exercise in Italy covered 99% of the ESPAD population and was performed in grades 1–3 of upper-secondary school. Both school and student participation rates were about the ESPAD average level and both school and student co-operation is considered to have been good.

The atmosphere in the classrooms seems to have been slightly more unruly than in other countries and this may be related to the fact that questionnaire in Italy was relatively long. However, neither student comprehension nor measures of reliability and validity show any signs of any particular problems. Slightly more questionnaires were discarded because of poor data quality compared with the all-countries average, but the percentage of discarded questionnaires was not at all alarming (in fact, this level has dropped from 6% in 2007 to 2% in 2011).

The overall impression is that data collection in Italy has functioned well without any major difficulties and that the sample achieved is representative of the Italian target group. In conclusion, the 2011 Italian ESPAD data collection is considered to be of high quality.

Country facts:
Area: 64 600 km^2
Population: 2.2 million

LATVIA

The Principal Investigator in Latvia is Mārcis Trapencieris from the National Health Service. Latvia has participated in all four previous ESPAD waves.

ETHICAL PROCEDURES

A scientific ethical review was not necessary. Parental consent was not asked for and no other ethical considerations were necessary. All national ethical rules were followed.

POPULATION, SAMPLING AND REPRESENTATIVENESS

The target population consisted of all Latvian students born in 1995, including Russian-speaking students. It was calculated in 2007 that 95% of the birth cohort was still enrolled in school at the time of data collection. No information is yet available about 2011 but there is no reason to believe that the situation should be very different.

Students at vocational schools and students with serious physical and mental disabilities were excluded. The sampling frame comprised students from three grades (8–10), which covered 95% of all students born in 1995.

The sampling frame was divided into 114 strata based on several stratification variables (geographical area, urbanisation, development index, grade and teaching language). Lists of schools, including numbers of classes and students, were used as a basis for sampling. A one-stage proportionate stratified cluster sample was used and the sampling unit was the class. Classes were sampled separately for each stratum in proportion to class and stratum size. A total of 516 classes at 341 schools were sampled.

The data were weighted according to the stratification variables. The sample is judged to be nationally representative of students born in 1995.

FIELD PROCEDURE

A letter was sent to all sampled schools, and later on the headmasters 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 were sampled at a school, the contact teachers were asked to arrange data collection on the same day for all classes.

Research assistants administered the data-collection procedure. 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.

Russian-speaking students answered a questionnaire in Russian. The average time to complete the questionnaire was 40 minutes (very close to the average for all countries). Data were collected in April and May, which gives an average age of 15.8 years.

No special problems were reported from the field procedure.

SCHOOL AND STUDENT PARTICIPATION

Of the 361 sampled schools, 14 (4%) refused to participate; for classes, the corresponding figures were 27 and 5%. The overall assessment in the Country Report is that schools were generally willing to participate.

A total of 14 students refused to fill in the form. In the participating classes, 85% of the students were present on the day of data collection and took part in the survey.

Of the survey leaders, 65% did not report any disturbances. A majority of them (84%) answered that all/nearly all students had worked seriously. In 4% of the classes it was believed that some students found the questionnaire difficult to complete.

A total of 2,622 Latvian ESPAD target students are included in the ESPAD database.

QUESTIONNAIRE AND DATA PROCESSING

The questionnaire was translated and back-translated by two members of the Latvian ESPAD team. It was tested in two focus groups. Following this, a drinks list was added to the question measuring heavy episodic drinking (C18).

All core questions were included, as were Modules A, B and D. The questionnaire also included four optional questions and 85 country-specific variables.

Possible use of amphetamines was measured in a different way. In the international Master Questionnaire, use of amphetamines is investigated by means of a sub-question in a long list of different drugs included in a question about lifetime use. In the Latvian questionnaire, by contrast, there was a separate question about amphetamines with three sub-questions about lifetime use, use in the past 12 months and use in the past 30 days.

The data were entered manually. To check quality, 500 questionnaires were re-entered. This showed that 0.3% of the values needed to be corrected.

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 reliability comparison relates to the percentages of students giving inconsistent answers, i.e. claiming lifetime experience/abstinence on one question but not on the other. The rate of inconsistency was highest for use of inhalants (10%) and 2–3% for the other substances (cigarettes, cannabis, ecstasy and non-prescription use of tranquillisers or sedatives).

On average, 0.9% of the core questions were unanswered, which is lower than the all-countries average (1.5%). The data-cleaning process resulted in the exclusion of 1% of the questionnaires.

One validity measure is the rate of inconsistent answers to questions about lifetime use, use in the past 12 months and use in the past 30 days of some substances. The rate of inconsistency was highest for alcohol consumption and “having been drunk” (3–4%) and lower (1%) for the other three variables (cannabis, ecstasy and inhalants). All these figures are close to the ESPAD average.

Of all students, 11% answered that they would “definitely not” have admitted to possible use of cannabis. On the same question, 19% answered that they had already said that they had used cannabis, which is lower than the reported lifetime-prevalence figure (24%).

Use of the non-existent dummy drug “Relevin” was reported by 1.4%, which is double the ESPAD average.

METHODOLOGICAL CONCLUSIONS

The sampling frame covered 95% of all students born in 1995 and the sampling procedure seems to have functioned well.

Relatively few sampled classes (5%) did not take part in the survey, which is indicative of good school co-operation.

Only very few students refused to participate and the proportion of discarded questionnaires (0.9%) was lower than the average for all countries (1.5%). The information in the Classroom Reports about the data-collection exercise does not indicate any major problems. Overall, student co-operation seems to have been satisfactory.

With two exceptions, the reliability and validity measures do not indicate any major methodological problems in the conduct of the survey. The two exceptions were that more Latvian students gave inconsistent answers about inhalants (10%) than the ESPAD average (4%) and that more of them claimed to have used the fictive drug "Relevin" (1.4% as against an ESPAD average of 0.7%).

The Relevin figure may be double the average, but it is still not alarmingly high.

Rather many Latvian students gave inconsistent answers about inhalants. This might partly be related to the fact that use of inhalants is pretty common in Latvia compared with most other countries. Also considering that inhalants may be difficult to define and understand consistently, and only one of the inconsistency measures deviated, this is not believed to be of importance for the overall reliability.

The overall impression is that the Latvian study has functioned well and that data are of good quality and comparable with data from other ESPAD countries.

Country facts:
Area: 160 km^2
Population: 36 000

LIECHTENSTEIN

Esther Kocsis from the Amt für Soziale Dienste is the Principal Investigator in Liechtenstein and carried out the 2011 data-collection exercise. The Country Report was written in collaboration with Marcus Büchel. Liechtenstein collected ESPAD data for the first time in 2011.

ETHICAL PROCEDURES

In Liechtenstein there is no need to perform any scientific ethical review in order to collect ESPAD data. However, the parents had to be informed via passive consent and the students were told that their participation would be on an anonymous and voluntary basis. All relevant national ethical rules were followed in the performance of the study.

POPULATION, SAMPLING AND REPRESENTATIVENESS

Compulsory school in Liechtenstein ends after graduation from secondary school, normally at the age of 15–16. It is very unusual for students to leave compulsory school without graduating. About 91% of the inhabitants of Liechtenstein born in 1995 were still enrolled in the regular national school system at the time of data collection (schools and classes for students with special needs do not belong to the ESPAD target group). Some of the target-cohort students were attending school abroad and were thus not enrolled in the national school system.

By targeting a total of five school grades, the sampling frame covered 96% of the ESPAD target group students. No sample was drawn; because the population of Liechtenstein is relatively small it was decided to carry out a total survey. In all, 22 classes at 15 schools were targeted by the study. The sample is nationally representative of students in Liechtenstein born in 1995.

FIELD PROCEDURE

The implementation of the survey was ordered by the Government. A letter was sent from the Education Office to inform all headmasters about the study and its procedures. Appointments with all schools were then made. Data collection was performed by research assistants, who brought the material to the schools. Standard instructions and information were given to the students, and no teachers were allowed to be present in the classroom when the students answered the questionnaire. The students put their completed questionnaires in individual response envelopes that they sealed.

Typically 40 minutes were scheduled to perform the survey, even though the maximum time allowed in a class was 50 minutes. The data were collected over a five-week period in February/March, which gives a theoretical average age of 15.7 years.

SCHOOL AND STUDENT PARTICIPATION

Co-operation with school staff functioned very well and all schools and classes took part in the survey. In all, 94% of the students were present in class when the study was performed, which is a higher student-participation rate than the ESPAD average (87%). None of the students who were present refused

to answer the questionnaire and none of them was prevented by their legal guardians from doing so.

Relatively few data disturbances were reported; from 77% of the classes there were no disturbances reported at all during data collection, and all survey leaders reported that practically all students had been working seriously. Both of these measures definitely indicate a better classroom situation than the ESPAD average. No survey leader reported that there were students who had difficulties answering the questions, which also is better than the all-countries average. Hence, both school and student co-operation was very good in Liechtenstein.

A total of 1% of the questionnaires were discarded from the International Database by the centrally applied cleaning syntax because of missing data or poor data quality (i.e. more than 50% of the core questions unanswered or frequent repetitive extreme response patterns). This level is the same as the ESPAD average. A total of 366 students from Liechtenstein are included in the final database.

QUESTIONNAIRE AND DATA PROCESSING

There was no back-translation of the questionnaire since the version used in Germany in previous surveys was adopted. A pre-test in Liechtenstein was conducted.

All core questions were included, together with optional core questions on cider and alcopops. Also included were 8 out of 16 items from Module C, the full Module D, 8 optional and 5 country-specific items. This adds up to 217 items, which is below the average number used.

Question C15f was split into two items; the data were recoded to fit the standard format. This question is still considered to be internationally comparable. Instead of using the standard scale in Question C18, open responses were allowed (as in the questionnaire used in Germany). In previous ESPAD data-collection exercises, this solution has been deemed to result in international non-comparability, and this assessment still holds for the 2011 data. Hence, Question C18 in Liechtenstein is considered non-comparable and is not used for international comparisons in the database.

The questionnaire layout gives a rather strong impression of being intended for a computer setting, but it was used in the standard ESPAD pen-and-paper mode. However, as mentioned above, no students had any difficulties with the questions and the average completion time, at the class level, was 29 minutes (clearly below the ESPAD average). This indicates that the layout did not pose any problems. The limited number of items may have contributed to this result.

The data were captured using optical scanning with Grafstat software. Randomly selected questionnaires were compared with the data scanned, but this did not reveal any particular problems. However, open questions where students could respond with a zero had to be checked since the software did not discriminate between no response and a zero. Scanning was performed in parallel with data collection over a five-week period.

RELIABILITY AND VALIDITY

In order to measure reliability, the results from questions about frequency of use 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. None of the reliability checks indicates any particular problems in Liechtenstein.

The internal rate of non-response was better than ESPAD average for the seven prevalence measures checked. Considering this, it is not surprising that the data syntax for logical substitution of missing values restored non-responses to a lower extent than for the average ESPAD country.

When it comes to validity measures – i.e. the rate of inconsistency among lifetime, past-12-months and past-30-days prevalence for five substances – Liechtenstein was also better than the ESPAD average. Use of the non-existent dummy drug “Relevin”, however, was reported by slightly more students in Liechtenstein (1.1% as against the ESPAD average of 0.7%), but this difference is very small.

METHODOLOGICAL CONCLUSIONS

About 91% of the inhabitants of Liechtenstein born in 1995 are still enrolled in the regular national school system, and some members of this age group study abroad. The data-collection exercise in Liechtenstein was designed as a total survey and the sample covered roughly 96% of the ESPAD target population. Both school and student participation was very good and no particular problems with co-operation were noted.

It should be mentioned that the questionnaire had a rather “technical” layout since it was initially intended for use in a computer setting. However, there is no evidence that this affected the ESPAD data

collected, since the results for measures of validity and reliability are very good and the students were reported to have had worked seriously without any particular disturbances and with no comprehension problems. The fact that the questionnaire was relatively short probably contributed to this, and the average completion time was definitely below the ESPAD average. Because of a national adjustment to Question C18 (open responses instead of a standard scale), this question is deemed internationally non-comparable.

The overall impression is that the data collection has functioned very well without any major difficulties and that the sample achieved is representative of the target group. In conclusion, the 2011 ESPAD data collection in Liechtenstein is considered to be of high quality.

Country facts:
Area: 65 300 km^2
Population: 3.3 million

LITHUANIA

The Principal Investigator in Lithuania is Tadas Tamošiūnas. Lithuania has participated in all four previous ESPAD waves.

ETHICAL PROCEDURES

A scientific ethical review was not necessary. It was up to each sampled school to decide about parental consent. As it turned out, parental permission was requested for about 8% of the students, sometimes passive and sometimes active consent. No other ethical considerations were relevant and all national ethical rules were followed.

POPULATION, SAMPLING AND REPRESENTATIVENESS

Of all young people born in 1995, it was estimated that 97% were enrolled in school at the time of data collection. In earlier ESPAD surveys, grades 8–10 were included. However, this time data collection was limited to students in grade 9. After the exclusion of 137 students in adult and special schools, grade 9 covered about 80% of all students born in 1995.

One reason for limiting data collection to grade 9 was a lack of financial resources. Another reason why students in grade 10 were not included was that data collection was carried out in the second half of May, which is the exam period for grade 10 students.

A proportionate stratified cluster sample was used. Schools were divided into three strata by level of urbanisation. In each stratum, schools were sampled in proportion to the overall size of the stratum and in proportion to school size. In a second step, one class per sampled school was sampled in proportion to class size.

From a list of 1,019 schools, a total of 129 schools – and classes – were sampled. The sample was self-weighted and representative of Lithuanian students born in 1995 and enrolled in grade 9.

FIELD PROCEDURE

Letters from the Ministry of Education and Science were forwarded by the research team to the headmasters of the sampled schools. The letters were followed up with telephone calls. The headmasters were asked to appoint a contact person for the data-collection exercise, if possible a school psychologist or "social educator" – i.e. preferably not a teacher.

The persons thus appointed conducted the survey at about 100 schools while this was done by research assistants at the 28 participating schools in Vilnius, the national capital. In Vilnius the contact person introduced the survey leaders to the students and then stayed in the classroom to maintain order but remained passive in relation to the survey.

To estimate the effect of the use of different types of survey leaders, a question regarding the trustworthiness of research assistants versus teachers was included in the 2007 questionnaire. No major difference between teachers and research assistants was noticed, except that teachers, but not other school staff, from the same school were found to be less trusted by the students.

The students filled in the form under the same conditions as a written test. Each student received an individual envelope that he/she was told to seal after placing the questionnaire in it.

The average time to answer the questionnaire was 31 minutes, which is below the ESPAD average. Data were collected on 17–31 May, which gives an estimated average age of 15.9 years.

No important problems were reported from the field procedure.

SCHOOL AND STUDENT PARTICIPATION

Only one sampled class did not take part in the survey, which gives a participation rate of 99%. School

co-operation was thus considered to be good.

Four students were denied participation by their parents. Of the students who were present, three refused to answer the questionnaire. The response rate, among students present in participating classes, was 89%, just about the average for all countries. Student co-operation is also considered to have been good.

A majority of the survey leaders (68%) did not report any disturbances during data collection. From most classes (90%) it was reported that all/nearly all students had worked seriously.

The above figures are close to or above the ESPAD averages. In 7% of the classes, however, the survey leaders believed that there were students who had some sort of difficulties in answering the questionnaire. This proportion is relatively high compared with the average (4%).

A total of 2,476 Lithuanian ESPAD target students are included in the final database.

QUESTIONNAIRE AND DATA PROCESSING

All ESPAD core questions were asked together with Module C. Twelve optional questions with 51 variables in all were included, but no country-specific questions.

By mistake, Lithuania used six instead of five drinks in the question about heavy episodic drinking (C18).

Qualified translators did a back-translation of the new questions. This is the same procedure as in 2007, when the whole questionnaire was translated and back-translated. No significant differences were discovered during this process. Since the changes to the questionnaire compared with the previous wave were rather small, no pre-testing was carried out.

The data were manually entered and a check was conducted by re-entering 5% of the questionnaires selected at random. The results showed there to be about one mistake in every tenth questionnaire.

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 rate of inconsistency between the two questions was highest for inhalants and non-prescription use of tranquillisers or sedatives (4%) and lower (1–2%) for the other three substances (cigarettes, cannabis and ecstasy), all of which are close to the ESPAD average.

About 1% of the questionnaires were discarded in the data-cleaning process. The average proportion of unanswered core questions was 1.3%, which is slightly below the ESPAD average.

The rate of inconsistency among lifetime, past-12-months and past-30-days prevalence for five substances is used as a validity measure. It was highest for alcohol consumption and ”having been drunk” (5% and 3% respectively) and lower (1%) for the other three variables (cannabis, ecstasy and inhalants).

Of the Lithuanian respondents, 13% stated that they would not admit to possible cannabis use, which is about the ESPAD average (10%). On the same question, 16% answered that they had already said that they had used cannabis, which is a bit lower than the reported lifetime-prevalence figure (20%).

Use of the non-existent dummy drug “Relevin” was reported by 0.9%.

METHODOLOGICAL CONCLUSIONS

The sampling of grade 9 classes functioned well. However, in earlier ESPAD surveys grades 8 and 10 were also included, and because of the loss of these grades the sampling frame covered only 80% of the students born in 1995. One consequence of this is that the sample can only be seen as representative of Lithuanian students enrolled in grade 9 born in 1995.

Another possible consequence concerns potentially limited comparability with earlier surveys. To investigate this, students enrolled in grade 9 in the 2007 survey were compared with students enrolled in grade 8 or 10 in that survey in relation to a few key variables. No statistically significant differences were found for cigarette, alcohol or cannabis use, but slightly more students in grades 8 and 10 had reported in 2007 that they had used less-common substances such as ecstasy (past 30 days), heroin, crack and magic mushrooms. Hence, it seems reasonable to assume that the change from including grades 8–10 to including grade 9 only has probably not influenced the possibility to compare trends between 2007 and 2011 for the types of rather commonly used substances that are dealt with in the trends chapter.

Because of a mistake, data from the question on heavy episodic drinking (C18) are not comparable either with data from other ESPAD countries or with Lithuanian data from 2007.

Only one sampled school did not take part in the survey. Four students were denied participation by their parents, and of those students who were present on the day of data collection only three refused to answer the questionnaire. No important problems were reported from the field procedure, meaning that both school and student co-operation was very good.

None of the reliability and validity measures indicates any major methodological problems.

To conclude, the Lithuanian study was well designed and conducted without any major methodological problems. The only important methodological aspect to consider is the fact that data collection was limited to students in grade 9, while grades 8 and 10 also took part in earlier surveys. Hence the 2011 data are representative only of students enrolled in grade 9 and born in 1995, but this does not affect the relevance of analysing trends for the more commonly used substances that are dealt with in the trends chapter. However, less commonly used substances should be treated more carefully in the context of comparisons between 2007 and 2011 data.

Country facts:
Area: 316 km^2
Population: 405 000

MALTA

Sharon Arpa at Agenzija Sedqa (the National Agency against Drug and Alcohol Abuse and Compulsive Gambling) is the Principal Investigator in Malta and co-ordinated the 2011 ESPAD survey. Malta has been collecting ESPAD data since 1995.

ETHICAL PROCEDURES

In Malta there is no need to perform any scientific ethical review in order to collect ESPAD data. Permission to conduct the study was obtained from the Director General of the Directorate for Educational Services, from the Director for Education Services at the Secretariat for Education of the Archbishop's Curia and from the head teachers of independent schools. No parental consent was needed. All students were informed that their participation would be on an anonymous and voluntary basis. No national ethical rules were violated in the performance of the study.

POPULATION, SAMPLING AND REPRESENTATIVENESS

Education is compulsory in Malta for all children between the ages of 5 and 16. In some cases the Education Division may grant permission for a person to leave school before the age of 16. About 98% of the inhabitants of Malta born in 1995 were enrolled in regular school (schools and classes for students with special needs do not belong to the ESPAD target group).

The sampling frame included one grade of secondary school (form 5) and covered 89% of the target group. The ESPAD target students not covered by the sampling frame were mostly in form 4 while a small number were in other forms. Since the number of students in form 5 was around 4,400 and thus manageable, it was decided to refrain from any sampling and perform a total survey instead, just as in previous ESPAD waves. In all, 244 classes at 56 schools were included in the sampling frame.

Since no sampling was carried out, all types of schools and regions were covered. The data collected are therefore nationally representative of students in form 5.

FIELD PROCEDURE

Head teachers of state, church and independent schools were sent a formal letter informing them about the study, and the date when the study was to take place. At state schools the letter was disseminated by the Psycho-Social Services of the Department of Education, and at church schools by the Office of the Director for Education Services at the Secretariat for Education of the Archbishop's Curia. Head teachers of independent schools were sent the letter directly by Agenzija Sedqa. The material was delivered by car and then retrieved by Sedqa staff.

Teachers were responsible for data collection, which was carried out under the same conditions as a typical written test at school. Individual response envelopes were used for the students and they received standard ESPAD information together with some additional national information. Typically 50 minutes were scheduled for the survey, even though the maximum time allowed in a class was 120 minutes. With two exceptions, the study was conducted on 2 February, which gives a theoretical average age of 15.6 years. The fact that the study was performed at such an early stage of the spring term means that Malta has the lowest average age (the ESPAD average is 15.8). This difference, however, is relatively small.

SCHOOL AND STUDENT PARTICIPATION

All schools and all classes participated, which is definitely better than the ESPAD average (87%). Hence school co-operation was very good.

Altogether, 78% of the students were present in the classroom while the study was performed, which is clearly below the ESPAD average (87%) and actually the lowest presence rate of any country. The rates were higher at church and independent schools and lower at state schools. This pattern has been noted before and is mainly explained by a higher degree of absenteeism in lower-achieving state schools. It is not possible to say if, and how, this may have influenced the results, even though there is a tendency for students who often play truant to report higher substance-use prevalences. Only one (<0.5%) of the students who were present refused to take part in the survey.

Some type of disturbances was reported by the survey leaders from one-quarter of the classes, mainly caused by a few students only. From 93% of the classes it was reported that all/nearly all students had worked seriously, and the proportion of survey leaders stating that only half or less of the students were serious amounted to 2%. Only 2% of the survey leaders experienced that some of the students found the questionnaire difficult to complete. All these measures indicate that student comprehension and co-operation were better in Malta than in the average ESPAD country.

In all, 1% of the questionnaires were discarded from the International Database by the centrally applied cleaning syntax (same as the ESPAD average). Most of them were discarded because of poor data quality (i.e. more than 50% of the core questions unanswered or frequent repetitive extreme response patterns). A total of 3,377 Maltese ESPAD target students are included in the final database.

QUESTIONNAIRE AND DATA PROCESSING

All core questions and the optional core questions on cider and alcopops were included in the questionnaire. Ten items from Module B and the full Module C were also included together with eight optional and eight country-specific items. This adds up to a total of 230 items. Even though the number of items was definitely lower than the ESPAD average, the average completion time in Malta (39 minutes) was a couple of minutes longer than the all-countries average.

Some minor culture-related changes were made but no items in the Maltese questionnaire have been deemed internationally non-comparable. The questionnaire was back-translated from Maltese into English to make the versions as comparable as possible. Given that hardly any new questions were added, no field testing of the questionnaire was undertaken.

The data were optically scanned over a six-week period by a company commissioned to perform this task. Open-ended questions were entered manually. A sample of the data was checked against the questionnaires to make sure that there were no systematic errors. Response ranges were also checked.

RELIABILITY AND VALIDITY

In order to measure reliability, the results from questions about frequency of use 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. None of the reliability checks indicates any particular problems in Malta.

The internal rate of non response was better than the ESPAD average for the seven prevalence measures checked. Considering this, it is not surprising that the data syntax for logical substitution of missing values restored non-responses to a lower extent than for the average ESPAD country.

When it comes to validity measures – i.e. the rate of inconsistency among lifetime, past-12-months and past-30-days prevalence for five substances – Malta performed in line with the ESPAD average.

METHODOLOGICAL CONCLUSIONS

The Maltese sampling frame covered 89% of the ESPAD target population and was nationally representative of students in grade (form) 5. Considering the relatively limited number of students in Malta, it was decided, as in previous surveys, that a total survey was the best option.

The implementation of the survey at schools appears to have been very successful and carried out in a co-operative atmosphere. The level of students present, however, was particularly low in Malta: only 78% of the students were in the classroom at the time of the survey (as against an ESPAD average of 87%). Those students who were present, though, were deemed to be very co-operative and did not appear to have any particular comprehension problems; the measures of reliability and validity did not indicate any such problems, either.

The overall impression is that data collection in Malta has functioned well without any major difficulties and that the sample achieved is representative of the Maltese target group. In conclusion, the 2011 Maltese ESPAD data collection is considered to be of high quality, even though the relatively high proportion of absent students should be kept in mind.

Country facts:
Area: 33 800 km^2
Population: 3.6 million

MOLDOVA, REPUBLIC OF

The person responsible for the ESPAD survey in the Republic of Moldova was Otilia Scutelniciuc at the National Drug Observatory, National Centre of Health Management. Moldova also took part in the 2008 ESPAD survey. Like then, data collection was limited to schools west of the Dniester River.

ETHICAL PROCEDURES

The survey was approved by the National Ethics Committee. Parental consent was not necessary and no other ethical actions were taken. All relevant national ethical rules were followed.

POPULATION, SAMPLING AND REPRESENTATIVENESS

Because of extensive migration, it is not possible to estimate the proportion of all persons born in 1995 who were enrolled in school at the time of data collection. Data were collected in grades 8 and 9, which are estimated to include 92% of all students born in 1995.

Information was available about the number of students in each class in each school. Classes were sampled, separately for grades 8 and 9, in proportion to class size and the size of three strata (cities, small towns and rural).

The sampling frame covered students born in 1995 enrolled in all kinds of public schools in Moldova west of the Dniester River. The sample is self-weighted.

FIELD PROCEDURE

A total of 54 experienced fieldworkers/research assistants were responsible for data collection. The survey leaders were introduced to the students by a teacher or the headmaster. The teacher or headmaster helped fill in the parts of the Classroom Report that related to student attendance, after which he or she left the classroom.

The students answered the questionnaires under the same conditions as a written test. Because of financial constraints, it was not possible to provide each student with an individual envelope. Instead, students sealed the completed questionnaire with sticky tape, which made it impossible for others to see the answers since the first and last pages were blank.

Data collection took place on 12–24 May, which gives an average age of 15.9 years. The average time to complete the questionnaire was 39 minutes.

No problems were reported from the field procedure.

SCHOOL AND STUDENT PARTICIPATION

Of the sampled 303 classes at 270 schools, a single class did not take part in the data-collection exercise. Overall school co-operation is judged to be good.

Only eight students refused to fill in the form. Of all students in participating classes, 83% were present and answered the questionnaire. Overall student co-operation was also judged to be good.

Nearly 6 in 10 survey leaders (59%) did not report any disturbances during data collection and 80% answered that all or nearly all students had worked seriously. In the Classroom Reports, 5% of the fieldworkers mentioned that they thought that students had found the questionnaire difficult to answer.

A total of 2,162 ESPAD target students from the Republic of Moldova are included in the final database, which is slightly below the ESPAD recommendation (2,400).

QUESTIONNAIRE AND DATA PROCESSING

Two languages are spoken in Moldova: Romanian and Russian. For the 2008 ESPAD survey, the Moldovan researchers had used the Romanian questionnaire from ESPAD 2007 instead of translating and back-translating the Master Questionnaire for the 2008 survey. The Romanian questionnaire used then was now updated for the 2011 survey. The questionnaire in Russian was based on the ESPAD 2007 questionnaire used in Ukraine and updated in 2011 based on the ESPAD 2011 questionnaire used in the Russian Federation. Both questionnaires were adjusted to suit the Moldovan context. This time only the new questions were translated and back-translated.

The questionnaires were tested on ten students, after which some minor adjustments were made.

All questions in the core part were asked, except the optional questions about cider. The questionnaire did not include any module or optional questions. However, at the end of the questionnaire some country-specific questions were asked, with 20 variables in all.

The data were entered manually. To check quality, 15% of the questionnaires were randomly selected and re-entered. Differences were found in 0.8% of the fields entered.

RELIABILITY AND VALIDITY

The rate of inconsistency between two questions measuring lifetime use of some substances, which is used as a reliability measure, was highest for cigarettes (4%) and lower (1–2%) for non-prescription use of tranquillisers or sedatives and for use of inhalants, cannabis and ecstasy.

The average proportion of unanswered core questions was 3.1%. In the data-cleaning process, 2% of the questionnaires were discarded.

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 for alcohol consumption (24%) and "having been drunk" (10%), while it was low (0–1%) for the other three variables (cannabis, ecstasy and inhalants).

Of all students, 11% answered that they would "definitely not" have admitted to use of cannabis. On the same question, 8% reported that they had already said that they had used cannabis, which is a little higher than the reported lifetime-prevalence figure (5%).

The proportion of all students who answered that they had used the dummy drug "Relevin" was 0.2%.

METHODOLOGICAL CONCLUSIONS

The sampling frame covered all kinds of schools west of the Dniester River and the sampling was done in an accurate way.

Only 1 of the 303 sampled classes did not take part in the data-collection exercise, which indicates that school co-operation was very good.

Of all students in participating classes, 83% were present and answered the questionnaire. Only 8 students refused to take part. These figures indicate good student co-operation.

Data from the Classroom Reports do not indicate any major problems related to data collection, even though the figures for absence of disturbances during data collection and the proportion of students working seriously were slightly below the ESPAD average.

The average proportion of unanswered core questions (3.1%) was the highest of any country and double the ESPAD average (1.5%). However, 3.1% is not an extremely high average non-response figure, even though it should be noted that it is of course higher for some individual questions, which might marginally influence comparability for such questions. In the tables section, the no-response rate is given for many key variables, which makes it possible to detect any high non-response figures for individual variables.

Most of the reliability and validity measures do not indicate any important methodological problems. However, a very large proportion of all students (24%) gave inconsistent answers to questions about alcohol consumption during their lifetime, in the past 12 months and in the past 30 days. The corresponding figure was also high for "having been drunk" (10%). Both of these figures are by far the highest in the 2011 data-collection exercise and indicate some methodological problems. It has therefore been decided to see the answers to Questions C12 and C19 as non-comparable with data from other countries.

The ESPAD survey in the Republic of Moldova is judged to be representative of students born in 1995 enrolled in schools west of the Dniester River. Some validity data, commented on above, indicate some uncertainty. However, besides causing Questions C12 and C19 to be deemed non-comparable, those validity concerns are not considered to be indicative of any important problems that would jeopardise the possibility to make comparisons with other countries.

MONACO

Stanislas Spilka from OFDT (the French Monitoring Centre for Drugs and Drug Addiction) is the Principal Investigator for Monaco and co-ordinated the 2011 ESPAD survey. Monaco has been collecting ESPAD data since 2007.

Country facts:
Area: 2 km^2
Population: 31 000

ETHICAL PROCEDURES

An ethical review by the Commission Nationale de l'Informatique et des Libertés (CNIL), an independent

administrative authority protecting privacy and personal data, was required for permission to perform the ESPAD data-collection exercise in Monaco. (Passive) parental consent for students under 18 was also necessary. The students were informed that their participation would be on an anonymous and voluntary basis. All relevant national ethical rules were followed in the performance of the study.

POPULATION, SAMPLING AND REPRESENTATIVENESS

School attendance is compulsory up to the age of 16, and more or less 100% of inhabitants born in 1995 are enrolled in the regular school system (no particular classes for students with special needs exist). Since the number of students in Monaco is small, the study was performed as a total survey of all students born in 1995 enrolled in schools in the country. This means that virtually all Monegasque students are covered by the survey.

It should be pointed out that a large proportion of the students enrolled in Monegasque schools are French citizens or at least live in France. In fact, close to half of the students in the age group actually live across the border in France, but those students also participated in the data-collection exercise.

In total, students from five grades participated: grades 10–12 of upper-secondary school and grades 8–9 of lower-secondary school. In the case of lower-secondary school, only students born in 1995 were invited to participate and the two grades concerned were merged. There were a total of 5 schools and 74 classes in the sample. The study is representative of students born in 1995 enrolled in Monegasque schools, but it should be noted that this group includes a large number of French citizens.

FIELD PROCEDURE

Contact with the schools was made by the Ministry of Education and the questionnaires were delivered on the morning of the day of the survey. Teachers functioned as survey leaders and they had received brief training a few days prior to the survey with a special emphasis on procedural issues. Standard ESPAD information was given to the students.

A joint folder was used to collect the questionnaires and each student inserted his or her questionnaire individually. Typically 40 minutes were scheduled for the survey, even though the maximum time allowed in a class was 60 minutes.

Directly after the survey all the material was deposited with the Ministry of Education and the process was witnessed and supervised by the Principal Investigator. Data collection was performed on 4 April, which gives a theoretical average age of 15.8 years.

SCHOOL AND STUDENT PARTICIPATION

All schools and all classes took part in the study. Hence school co-operation was very good. In all, 91% of the students were present on the day of the survey, which is higher than the ESPAD average (87%). Only one student was prevented by parents from taking part in the study while six students refused on their own behalf (less than 1%).

The levels of disturbances and seriousness among the students were similar to the ESPAD average, and no students were believed to have had any particular problems understanding the questions. Less than 0.5% of the questionnaires were discarded because of bad data. All of this indicates that the students were very co-operative. A total of 401 ESPAD target students enrolled in schools in Monaco are included in the International Database.

QUESTIONNAIRE AND DATA PROCESSING

All ESPAD core questions were included in the questionnaire, together with 14 optional core questions. The full Module D, 17 optional and 60 country-specific items were also included. This sums up to 273 items, which is about the same as the all-countries average. The average completion time was not recorded in the Classroom Report but was probably not much different from that in France (38 minutes), since the questionnaires used were identical. A back-translation process resulted in a few changes being made. However, no pre-test was necessary for this data-collection exercise since the questionnaire was more or less identical.

For Question C41a–c, the sixth response category ("There is no such person") is missing. This response category was introduced in 2007. However, the 2006 questionnaire test indicated that the omission or inclusion of this response category does not influence results. This difference is therefore likely to be of minor importance and does not affect international comparability. In Question C33, an additional item, "I have not spent any money", was added, but this is not considered to interfere with international comparability, either.

One important cultural adjustment was made by the addition of a champagne item in Questions C11, C13, C16 and C17. This was also done in previous ESPAD data-collection exercises and has been regarded as necessary since Monegasque students consider champagne to be a totally separate beverage from (red and white) wine and would not report champagne consumption under wine consumption. Since champagne is a common beverage in this age group, such an additional alternative must be included for alcohol use to be correctly reflected.

The students discriminate completely between wine and champagne, meaning that there is no double-reporting. This makes it possible to merge these items into one wine item in the International Database. However, no champagne item was added in Question C15, which is about volumes consumed on the most recent drinking day. This means that no total amount of alcohol consumed on the most recent drinking day can be computed for Monaco since one important beverage has been omitted.

The data were captured by means of optical scanning, even though open questions were entered manually. Data entry and verification took about four weeks.

RELIABILITY AND VALIDITY

In order to measure reliability, the results from questions about frequency of use 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. None of the reliability checks indicated any problems in Monaco.

The internal rate of non-response was in line with or better than the ESPAD average for the seven prevalence measures checked. Considering this, it is not surprising that the data syntax for logical substitution of missing values could not restore non-responses to the same extent as the ESPAD average for those variables.

When it comes to validity measures – i.e. the rate of inconsistency among lifetime, past-12-months and past-30-days prevalence for five substances – Monaco was definitely better than the ESPAD average. The rate of unwillingness to report hypothetical cannabis use was lower than in the average ESPAD country while the level of reported use of the dummy drug “Relevin” was about average.

METHODOLOGICAL CONCLUSIONS

The school-enrolment rate in Monaco is close to 100%. Virtually all students born in 1995 were included in the survey, since all five relevant school grades were included and the study was a total survey without any sampling.

All schools and classes took part in the study and student non-response rates were low. No particular problems were noted during data collection. Hence, both school and student co-operation was good in Monaco. The 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 in any country.

To conclude, the study in Monaco seems well planned and performed, resulting in a data-collection exercise of high quality, even though it should be kept in mind that many of the students born in 1995 who are enrolled in schools in Monaco are French citizens.

MONTENEGRO

The persons responsible for the survey in Montenegro were Tatijana Djurisic and Boban Mugosa at the Public Health Institute of Montenegro. This was the second ESPAD survey in Montenegro, since the country also collected data in 2008.

Country facts:
Area: 13 800 km^2
Population: 0.6 million

ETHICAL PROCEDURES

No scientific ethical review was necessary. Passive parental consent was used but no other ethical considerations had to be made. All relevant national ethical rules were followed.

POPULATION, SAMPLING AND REPRESENTATIVENESS

Of all young people born in 1995, it has been estimated that 97% were enrolled in school at the time of data collection. The survey was conducted among students in grades 1 and 2 at secondary schools, which were estimated to include about 95% of students born in 1995.

The sampling frame included information about the number of students at each school. Of the total number of 9,026 grade 1 students in the sampling frame, 136 were sampled using simple random sam-

pling. The classes in which those students were enrolled were the classes sampled for the survey. For each sampled grade 1 class, the grade 2 class at the same school with the corresponding identifier was also deemed to be a sampled class.

The sampling frame included all types of schools throughout the country, which means that the sample is representative of students born in 1995.

FIELD PROCEDURE

The headmasters of the sampled schools were informed via letters about the classes that had been chosen for the survey. To avoid problems, they were also contacted one week later via telephone.

Specially trained research assistants were responsible for the survey. Most of them (24) came from the sampled schools while nine worked at the Public Health Institute. In general, teachers were not present during data collection.

After the introduction, students answered the questionnaire under the same conditions as a written test. Each student put his/her form in an individual envelope.

Data were collected between 11 April and 9 May, which gives an estimated mean age of 15.8 years. The average time to complete the questionnaire was 33 minutes.

No problems were reported from the field procedure.

SCHOOL AND STUDENT PARTICIPATION

All 272 sampled classes at the 40 schools participated.

No parents denied their child permission to take part in the survey. Of the students who were present on the day of data collection, only one refused to answer the questionnaire. The proportion of students who were present and participated was 91%.

Rather few questionnaires were discarded (1%).

Nearly all survey leaders (89%) did not report any disturbances during data collection. In a large majority of the participating classes (79%), it was reported that “all” or “nearly all” students had worked seriously. Only 1% answered in the Classroom Report that students had found it difficult to answer the questionnaire.

A total of 3,387 Montenegrin ESPAD target students are included in the final database.

QUESTIONNAIRE AND DATA PROCESSING

All ESPAD core questions were included, even though the optional sub-questions about cider and alcopops were excluded. The form also contained Module A as well as 28 optional and 9 country-specific variables.

The examples given in the questionnaire about heavy episodic drinking (C18) were at a slightly lower level in Montenegro than in the Master Questionnaire for spirits (3 cl instead of 5 cl).

The Master Questionnaire was translated and then back-translated. It was not pre-tested, since a pre-test had been done as recently as in 2008 and not resulted in any major changes.

The data were entered manually. To check quality, 200 randomly selected questionnaires were entered twice, but no major mistakes were found.

RELIABILITY AND VALIDITY

The rate of inconsistency between two questions related to lifetime prevalence, which is used as a measure of reliability, was highest for cigarettes (6%) and lower (1–3%) for cannabis, ecstasy and inhalants as well as tranquillisers or sedatives without a doctor’s prescription.

The average proportion of non-responses to the core questions was 1.2%.

The rate of inconsistent answers to the questions about lifetime use, use in the past 12 months and use in the past 30 days, which is seen as a validity measure, was highest for alcohol consumption (5%) and lower for “having been drunk” as well as cannabis, ecstasy and inhalants (0–2%).

Of all students, 33% answered that they would “definitely not” have admitted to possible cannabis use. On the same question, 7% answered that they had already said that they had used cannabis, which is a little higher than the figure for lifetime prevalence (5%).

Only few students (0.7%) answered that they had used the dummy drug “Relevin”.

METHODOLOGICAL CONCLUSIONS

The sampling of classes in grades 1 and 2, which covered about 95% of the relevant students born in 1995, was done without any problems.

No school or class refused to participate, which shows that school co-operation was very good.

Only one student refused to participate and the response rate was high, with 91% present in the classroom at the time of data collection. There are also other indications of good student co-operation. One is that 89% of the survey leaders did not report any disturbances at all. A further observation in line with this is that only 1% of the survey leaders reported that students had found the questionnaire difficult.

With one exception, the reliability and validity measures do not indicate any major problems. The exception is that 33% of the students answered that they would "definitely not" admit to possible cannabis use. This is far above the ESPAD average of 10%. Other countries with high figures include neighbouring countries such as Albania (21%), Bosnia and Herzegovina (Republic of Srpska) (26%) and Serbia (36%). Even though the question is a hypothetical one, the figures for these countries give rise to some uncertainty and indicate that under-reporting of drug consumption might be higher there than in most other countries.

The fact that the spirits quantities indicated in the question about heavy episodic drinking (C18) were lower in the Montenegrin questionnaire than in the Master Questionnaire may have resulted in a slightly higher reported frequency of heavy episodic drinking than would otherwise have been the case.

Data collection in Montenegro seems to have functioned well. With one exception, the reliability and validity measures do not indicate any major problems. However, the large proportion of students answering that they would not admit to possible cannabis use creates some uncertainty, which should be kept in mind. Hence, it cannot be excluded that under-reporting of drug use might be higher in Montenegro, as well as in some neighbouring countries, than in most other countries. However, there is no reason to question the fact that Montenegro belongs to the group of countries with a low drug prevalence.

NORWAY

Elin K. Bye and Astrid Skretting at the Norwegian National Institute for Alcohol and Drug Research were responsible for the Norwegian study. Norway also participated in all four previous ESPAD surveys.

Country facts:
Area: 323 800 km^2
Population: 4.9 million

ETHICAL PROCEDURES

A scientific ethical review was not necessary. Passive parental consent was asked, but no other ethical considerations had to be made. All relevant Norwegian ethical rules were followed.

POPULATION, SAMPLING AND REPRESENTATIVENESS

The target population consisted of all students in grade 10 at secondary (compulsory) schools in Norway born in 1995. Nearly all children born in that year (99%) were enrolled in school at the time of data collection.

The sampling frame consisted of all 1,247 schools in Norway covering grade 10. It included information about the number of grade 10 students at each school. The number of classes per school was calculated using the assumption that an average class contains 20 students. After that a simple random sample of classes was drawn. In practice, this means that classes were sampled in proportion to school size. If a school had more than one grade 10 class they were given identifiers such as 10A, 10B, etc.

Schools with fewer than 20 grade 10 students were not included in the sampling frame. Of all students born in 1995, 5% were enrolled in such small schools.

The data are said to be nationally representative of students born in 1995. They are weighted for geographical distribution at the county level.

FIELD PROCEDURE

The questionnaires and instructions were sent to the sampled schools that had agreed to participate. Data collection, which was supervised by a teacher, was carried out under the same conditions as a typical written test at school. Completed questionnaires were collected in individual envelopes.

The average time to complete the questionnaire was 27 minutes, which was the shortest in any country. The data were collected in April–May, which gives an average age of 15.8 years.

No special problems were reported from the field procedure.

SCHOOL AND STUDENT PARTICIPATION

Of the 580 sampled classes, 420 did not participate in the survey. This gives a class-response rate of

28%. At the school level, the response rate was 32%. The proportion of non-participating "classes" (72%) was higher than in previous ESPAD surveys and has increased greatly over the years (42% in 2007 and 23 % in 2003).

The Norwegian ESPAD researchers comment that the increase was caused mainly by two factors: schools receive a great many requests to participate in surveys; and data collection at many schools was supposed to take place quite late in the school year (April), at a time when there is a strong focus on exams.

Participating and non-participating schools were compared for some variables. A few counties were over-represented among non-participating schools while a few others were under-represented. This was compensated for in the weighting procedure.

There were no significant differences between participating and non-participating schools when it comes to the variant of the Norwegian language used as medium of instruction (Bokmål and Nynorsk).

When the schools were divided into four groups based on school size, students from the second-smallest group (43–70 students) were found to be slightly under-represented among participating schools while students from the largest schools (104+ students) were slightly over-represented. However, the differences were not large.

In the Country Report it is also commented that students in non-participating classes do not differ significantly from participating students as regards their alcohol and drug habits.

The overall assessment is that school co-operation was good as regards the schools that chose to take part in the study.

The number of students who refused to take part in the survey was 35. Of all students in participating classes, 89% were present and answered the questionnaire.

A large part of the survey leaders (83%) did not report any disturbances during data collection and 98% answered that all or nearly all students had worked seriously.

A total of 2,938 Norwegian ESPAD target students are included in the final database.

QUESTIONNAIRE AND DATA PROCESSING

All core questions in the ESPAD questionnaire were asked. The form also contained 14 optional variables in the core segment as well as eight country-specific questions.

The questionnaire was translated by the Norwegian ESPAD researchers. It was neither back-translated into English nor piloted.

The data were scanned using the data-entry company's standard checks.

RELIABILITY AND VALIDITY

Reliability as measured by the consistency between two questions measuring lifetime use of some substances was good (0–2% rate of inconsistency) for all five substances checked (cigarettes, cannabis, ecstasy, inhalants and tranquillisers or sedatives).

In the data-cleaning process, 3.5% of the questionnaires were discarded. The average proportion of unanswered core questions was 3%.

The rate of inconsistent answers to questions about lifetime, past-12-months and past-30-days prevalence, which is used as a validity measure, was low (0–1%) for all five variables (having been drunk and use of alcohol, 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 this questionnaire?". On the same question, 5% said that they had already answered that they had used cannabis, which is the same as the prevalence figure.

Among the Norwegian students, 0.2% answered that they had used the dummy drug "Relevin".

METHODOLOGICAL CONCLUSIONS

The sampling of classes seems to have functioned well, even though it should be observed that students at schools with fewer than 20 students born in 1995 were excluded from the sampling frame. However, since this affected only about 5% of all students in the target population this is of minor importance and does not prevent the conclusion that the sample was representative of Norwegian students born in 1995.

In the data-cleaning process, 3.5% of all Norwegian questionnaires were discarded, which is more than in most other countries (ESPAD average: 1.3%). The average proportion of unanswered core questions was 3%, which is the second-highest of any country. However, no other reliability or validity mea-

sures indicate any important methodological problems. If it is also considered that the proportion of students who were present and participated was high (89%) and that the information from the survey leaders did not indicate any important disturbances during the answering of the questionnaires, it is a reasonable conclusion that the data-collection process seems to have functioned satisfactorily.

The major methodological problem is the very low number of the sampled schools (32%) that took part in the data-collection exercise. This is a very low figure – the second-lowest of any ESPAD country.

Comparison between participating and non-participating schools for county affiliation and school size does not indicate any important differences. In spite of this, the data were weighted at the county level to compensate for the small over- and under-representation of some counties.

These comparisons say nothing about possible differences when it comes to the use of various substances. The Norwegian researchers comment that there are no indications that students in non-participating classes can be expected to have significantly different alcohol and drug habits from students in participating schools, but it must be noted that this conclusion is not based on any systematic monitoring of substance-use habits.

Overall, the results seem to be representative of students in Norway born in 1995 and comparable with other ESPAD data. However, the low proportion of participating schools (32%) represents an uncertainty factor that should be kept in mind.

POLAND

Janusz Sieroslawski, Institute of Psychiatry and Neurology, is the Principal Investigator in Poland and responsible for the co-ordination of the 2011 ESPAD survey. Poland has been collecting ESPAD data since 1995.

Country facts:
Area: 312 700 km^2
Population: 38.4 million

ETHICAL PROCEDURES

In Poland there is no need to perform any scientific ethical review in order to collect ESPAD data. Some of the participating schools required active consent by parents in order to let students participate in the survey. All students were informed that their participation would be on an anonymous and voluntary basis. No national ethical rules were violated in the performance of the study.

POPULATION, SAMPLING AND REPRESENTATIVENESS

Schooling in Poland is compulsory until completion of the "gymnasium" – but only until the age of 18. Roughly 95% of the present Polish population born in 1995 was enrolled in the regular school system during 2011 (students in classes and schools for persons with special needs are not included in the target population).

About 93% of the target population was covered by surveying a single grade, namely grade 3 of the gymnasium. A small number of repeating target students may be found in lower grades, and an even smaller number of early starters in higher grades.

A nationally representative sample was drawn, to which were added four extra regional samples. As a result, a weight must be applied to make the Polish data nationally representative.

Lists of schools were obtained from the Ministry of Education. They contained information about the number of students per school. In a first step, 354 out of 18,232 schools – in proportion to school size – were systematically and randomly sampled. In a second step, one class per school was sampled without considering individual class sizes.

FIELD PROCEDURE

All sampled schools first received a letter from the Minister of Education expressing support for the ESPAD study. For the data-collection process, Poland was divided into six areas and a co-ordination unit was set up in each of them. All the necessary material was delivered to the regional co-ordinators, who recruited and trained the fieldworkers (mostly university students) and provided them with the material. The regional co-ordinators were the ones who made the appointments with the schools.

No teacher was allowed to stay in the classroom while the survey was being carried out. The students received the standard instructions. Individual response envelopes were used and the material was brought back to the research institute by the research assistants.

Typically 45 minutes were scheduled for the survey, even though the maximum time allowed in a class was 80 minutes. The study was conducted during May–June, which gives a theoretical average age of 15.9 years. There were no particular problems in the fieldwork.

SCHOOL AND STUDENT PARTICIPATION

Of the classes sampled, 6% did not participate. This means that school participation in Poland was definitely better than the ESPAD average. It could have been even better, however, if there had not been several local substance-use surveys being carried out in parallel and claiming to be ESPAD studies. On the whole, school co-operation was considered good.

In all, 82% of the students were present in the classroom when the data were collected, which is slightly lower than the all-countries average (87%). A few, but less than 0.5 %, were prevented from participating by their legal guardians or refused on their own behalf.

Some type of disturbances was reported by the survey leaders in 21% of the classes, mainly caused by a few students only. From 86% of the classes it was reported that all students had worked seriously and the proportion of survey leaders stating that only half or less of the students were serious amounted to 5%. In only 3% of the classes were there students believed to have had problems understanding the questions. These measures indicate that student co-operation was in line with the ESPAD average, or slightly better.

Less than 0.5% of the questionnaires were discarded because of bad data, which is better than the average for all countries. Both school and student participation and co-operation must be considered good.

A total of 5,933 Polish ESPAD target students are included in the final database.

QUESTIONNAIRE AND DATA PROCESSING

All core questions were used but no optional core questions (cider or alcopops). Modules A, C and D were included, together with 18 optional items and 23 country-specific items. This adds up to a total number of 251 items, which is close to the average for all countries. The average completion time for the students was 33 minutes, which is slightly shorter than the ESPAD average.

National adjustments were made in Questions C37 and C38, but the related data have been recoded to fit the International Database. The questionnaire was translated into English to find any discrepancies with the Master Questionnaire. Since Poland collected data in 2007 and the questionnaire remained more or less the same, only the new items were back-translated, and this resulted only in insignificant adjustments. A pilot test showed no particular problems with the questionnaire.

The data were entered manually during a six-week period. Out-of-range values were corrected in line with the answers in the questionnaires and the number of cases was checked against the background of the Classroom Reports.

RELIABILITY AND VALIDITY

In order to measure reliability, the results from questions about frequency of use 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. None of the reliability checks indicated any problems for Poland.

The internal rate of non-response was lower than the ESPAD average for all prevalence measures checked. Considering this, it is not surprising that the data syntax for logical substitution of missing values restored fewer non-responses than the ESPAD average for those variables.

When it comes to validity measures – i.e. the rate of inconsistency among lifetime, past-12-months and past-30-days prevalence for five substances – Poland is better than the ESPAD average, except that use of the non-existent dummy drug “Relevin” was reported by slightly more students (0.9% as against an ESPAD average of 0.7 %).

METHODOLOGICAL CONCLUSIONS

The school-enrolment rate of the ESPAD target group is 96% in Poland and the sampling frame covered about 93% of the target group. The only grade surveyed was grade 3 of the gymnasium. The sampling procedure involved a two-stage random sample, proportionate to school size but with simple random selection of class in the second step. The sample is nationally representative, but since some regions were over-sampled a weight variable is included in the data set.

The class-response rate was above the ESPAD average while the student-response rate was below. Overall school co-operation was good, as was student co-operation. The questionnaire instrument seems to have functioned well since values for the reliability and validity measures turned out good, the non-response rate was low and relatively few students were reported to have had any comprehension problems.

No particular problems with the survey have been reported by the Principal Investigator. The overall

impression is that data collection in Poland has functioned well without any major difficulties and that the sample achieved is representative of the Polish target group. In conclusion, the 2011 Polish ESPAD data collection is considered to be of high quality.

PORTUGAL

Fernanda Feijão at the Instituto da Droga e da Toxicodependência, IP (IDT, IP) is the Principal Investigator in Portugal and co-ordinated the 2011 ESPAD survey. Portugal has been collecting ESPAD data since 1995.

Country facts:
Area: 91 900 km^2
Population: 10.6 million

ETHICAL PROCEDURES

To perform the 2007 ESPAD study in Portugal, a scientific ethical review by the National Commission on Data Protection was required. For the 2011 ESPAD study, a scientific and ethical review was also carried out by the Ministry of Education before permission to carry out the survey was granted.

Parental consent was also required – mostly active even though some schools were satisfied with passive consent. All students were informed that participation would be on an anonymous and voluntary basis. No national ethical rules were violated in the performance of the study.

POPULATION, SAMPLING AND REPRESENTATIVENESS

Schooling used to be compulsory until grade 9, but this is progressively being extended to grade 12. By the 2010/2011 academic year, grade 11 had become compulsory. When students turn 18, they may leave school without having finished grade 12. Approximately 91% of the inhabitants born in 1995 were enrolled in regular schools at the time of data collection. This figure is an estimate based on an earlier census and the actual figure may be even higher. Children of this age not attending regular school are mostly early quitters.

For logistical reasons, and as in previous data-collection waves, the Portuguese survey was carried out on the mainland only, excluding the Azores and Madeira islands. Approximately 5% of the ESPAD target population lives on those islands. Previous national studies have not showed any particular differences between islanders and mainland students in relation to substance use, and even if there were such differences, the small number of students concerned would not have a significant impact on results.

The majority (75%) of the ESPAD target group were in grade 10 while the remaining 25% were in grades 7–9. All of these four grades were included in the sampling frame, and so were all types of public schools. However, private schools were not included in the sampling frame, and around 16% of the target-group students belong to such schools (the proportion of private-school students is larger in grades 10 and higher than in lower grades).

A database was built using information from the Ministry of Education about all classes, per school and grade, also containing information on class size. An equal number of classes per school grade (135) was sampled in proportion to size. The sample was geographically stratified, by grade, in proportion to the actual number of students in each stratum.

Hence, the Portuguese sample is representative of students born in 1995 enrolled in public schools in mainland Portugal.

FIELD PROCEDURE

All sampled schools were informed by ordinary post that they had been selected for the survey. The survey material was also later posted to the schools.

As in previous surveys, it was decided that the teachers would serve as survey leaders. They received standard ESPAD instructions and were asked to return the completed questionnaires to IDT by post.

All students received standard ESPAD instructions and were provided with individual response envelopes. The study was conducted on 9–13 May, which gives a theoretical average age of 15.9 years.

SCHOOL AND STUDENT PARTICIPATION

Portuguese schools are in general very co-operative regarding studies of the ESPAD kind, but during this data-collection exercise an extensive restructuring of the Portuguese school system was taking place, which made the survey harder to implement than usual. Even so, both the school-response rate and the class-response rate were 90%, which is slightly better than the ESPAD average.

In all, 91% of the students were present in the classroom when the study was performed. A total of

6% of them were prevented by their legal guardians from participating in the survey and 1% refused to participate on their own behalf.

Some type of disturbances was reported by the survey leaders from 30% of the classes, mainly caused by a few students only. From 85% of the classes it was reported that all/nearly all students had worked seriously. These measures indicate that student co-operation was in line with the ESPAD average. However, the level of student comprehension in Portugal cannot be assessed since the classroom data do not contain information about whether the survey leaders felt that some of the students found the questionnaire difficult to answer.

A total of 1% of the questionnaires were discarded because of bad data, which equals the average for all countries. A total of 1,965 Portuguese students are included in the final database. This is lower than the 2,400 required by the Handbook; the reason for the low number is that the response rates were lower than anticipated (based on previous experiences) at the same time as more legal guardians refused participation than expected. The sex distribution is skewed (42% boys and 58% girls) but differs only by 5 percentage points from the sex distribution of the population in question, which means that it is – just – acceptable according to the ESPAD protocol (in the main grade, grade 10, the sex distribution is 47/53 according to school statistics).

QUESTIONNAIRE AND DATA PROCESSING

The Portuguese questionnaire contained all core questions and the optional core questions on alcopops but not those on cider. No modules or optional questions were used, but there were 44 country-specific items. The total number of questions amounts to 224, which is below the ESPAD average. However, the students' average completion time (39 minutes) was about the same as the all-countries average.

The volumes for wine and spirits in Question C15d–e do not fully correspond to those in the Master Questionnaire, but the related Portuguese data have still been accepted. Further, two versions of Question C18 were included in the questionnaire. The second one asked about five drinks in the same fashion as the ESPAD Master Questionnaire, and this is the question used in the International Database. The new questions were back-translated and checked but no pilot was performed since the questionnaire was very similar to the one used in the previous wave.

The data were captured using optical scanning. Dubious answers were verified but no other quality checks were made.

RELIABILITY AND VALIDITY

In order to measure reliability, the results from questions about frequency of use 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. One of the reliability checks (cigarette use) indicated more problems in Portugal than any other country. This may be due to the fact that the Portuguese questionnaire differed from the Master Questionnaire in that not only a lifetime question but also past-12-months and past-30-days questions were included for cigarettes.

The internal rate of non-response was considerably higher than the ESPAD average for five out of seven prevalence measures checked. All of them were designed in the same way as the above-mentioned cigarette question. Apparently, this type of question led to a higher non-response rate for the lifetime measure in Portugal compared with other countries.

When it comes to validity measures, Portugal tended to be slightly worse than the ESPAD average, particularly regarding rates of inconsistency among lifetime, past-12-months and past-30-days prevalence of alcohol use. Again, this seems to be related to high internal rates of non-response on questions of this type. The measures on cannabis honesty and use of the dummy drug "Relevin" show no signs of validity problems.

METHODOLOGICAL CONCLUSIONS

At least 91% of Portuguese inhabitants born in 1995 are enrolled in the regular school system. For logistical reasons, the sampling frame did not include the approximately 5% of the ESPAD target population that lives on the Azores and Madeira islands. However, such students have been included in previous national substance-use surveys without showing any particular differences from mainlanders or influencing the results in any significant way. Hence, the fact that only mainland students are included in the sampling frame is not a problem. A more important limitation may be the fact that only public schools

are targeted. As in previous surveys, the 15% of the target-group students who are enrolled in private schools were excluded from the sampling frame. Taken together, the sampling frame is representative of 84% of the target students at mainland schools.

The study was performed in grades 7–10 and classes were proportionately sampled from a list provided by the Ministry of Education. The number of students in the net sample (1,965) is substantially lower than required and the sex distribution is 42% boys and 58% girls. This, however, is accepted since the difference from the overall distribution in the target group (47/53) is not more than five percentage points.

Considering that the school system was being reformed and that there were some problems to be solved (the Ministry of Education, schools and teachers were trying to come to an agreement on them), the survey functioned relatively well; the school-response rate was actually better than the ESPAD average.

The proportion of students who were present in the classroom was also above average, even though 6% of them were prevented from taking part in the survey by their legal guardians and 1% refused on their own behalf. These figures are higher than the ESPAD average, but it is not known whether this has biased the results in any way. Even though participant rates were good, they were still lower than anticipated on the basis of earlier experience, which explains the small number of students eventually included in the database. This deviation from the protocol has been found acceptable but should be noted. One reason for the sex skewness mentioned above may be that boys were less likely to bring completed consent forms to their schools than girls were.

No particular problems have been noted regarding students' willingness to co-operate. Questions about lifetime, past-year and past-month prevalence of drug use tend to have a higher internal rate of non-response for the lifetime item in Portugal than in other countries. This is why several of the reliability and validity measures came out less good for Portugal.

The overall impression is that data collection in Portugal has functioned relatively well without any major difficulties and that the sample achieved, although it is smaller than required and internal rates of non-response are high in some cases, is representative of the target students, i.e. students born in 1995 enrolled in public schools in mainland Portugal. In conclusion, the 2011 Portugal ESPAD data collection is considered to be of good quality.

ROMANIA

Silvia Florescu is the Principal Investigator in Romania and co-ordinated the 2011 ESPAD survey. Romania has been collecting ESPAD data since 1999.

Country facts:
Area: 230 300 km^2
Population: 21.5 million

ETHICAL PROCEDURES

At the institutional level, it was necessary to perform an ethical review. Active consent by parents was necessary and the Ministry of Education, Research, Youth and Sport – which had initially approved the survey – assisted in this process. All students were informed that their participation would be on an anonymous and voluntary basis. No national ethical rules were violated in the performance of the study.

POPULATION, SAMPLING AND REPRESENTATIVENESS

According to the National Education Law it is required to complete 10 school grades, but only as long as a student is under 18 years of age. Of all inhabitants in Romania born in 1995, roughly 94% were still enrolled in regular schools. The remaining 6% were either in some sort of special vocational, theological or military school, or in schools with a teaching language other than Romanian.

The Romanian sampling frame included students in both grades 9 and 10 and covered approximately 99% of the ESPAD target population (the remaining students were in grade 8). The sampling frame was nationally representative of students at regular schools and covered all 42 districts of the 8 regions.

On a list of schools provided by the Ministry of Education, every tenth relevant school (out of 1,499) was systematically sampled in order to obtain an adequate geographical distribution. This list did not include information about school size, meaning that all schools had the same probability of being sampled. The 149 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 1995. From these schools, one class per grade was sampled to participate without class size being considered. This is of minor importance, though, since

classes within a school are almost always of equal size. However, not all of the schools turned out to have any students born in 1995 enrolled in the grade 10 class sampled, meaning that the final gross sample was effectively made up of 268 classes (149+119).

The sample is representative of Romanian students born in 1995 enrolled in grades 9 and 10 at regular schools. However, the sample is not self-weighted. Using the detailed information about school and class size provided by the schools contacted, a weight has been introduced to adjust for school size.

FIELD PROCEDURE

The sampled schools were contacted by telephone to obtain information about the grade 9 and 10 classes. Once classes had been selected, the parents received information about the study so that they could give their active consent, the schools received a folder with methodological information and the headmasters were asked to make plans for the data-collection procedure. The questionnaires and response envelopes were distributed by ordinary post to the fieldworkers.

Research assistants collected data in the classrooms. In some classes, the teacher remained in the room but was not allowed to circulate among the students. The students received standard instructions and individual sealable response envelopes to put their questionnaires in. Typically 60 minutes were scheduled for the survey, even though the maximum time allowed in a class was extended to 120 minutes. The study was conducted on 6–21 June, which gives a theoretical average age of 16.0 years. There were no particular problems in the fieldwork. The completed questionnaires were brought by the fieldworker to the district centre where the data were entered.

SCHOOL AND STUDENT PARTICIPATION

Of the 268 sampled classes, all (100%) participated in the data-collection exercise. This is definitely better than the ESPAD average (87%), meaning that school co-operation was good. In all, 79% of the students were present in the classroom at the time of data collection, which is below the ESPAD average (87%). Of those present, 9% were prevented by their parents from participating and another 2% refused to participate on their own behalf. There were logistical problems when it came to obtaining parental permission and in a few cases the teacher actually gave consent after consulting the student. The low presence rates may very well be related to the fact that active parental consent was needed.

Some type of disturbances was reported by as few as 3% of the survey leaders while 96% of them reported that all/nearly all students in the classes had been working seriously filling in the questionnaire. Only 2% of the survey leaders experienced that some of the students found the questionnaire difficult to complete. These results are definitely better than the ESPAD average.

In all, 1% of the questionnaires were discarded from the International Database by the centrally applied cleaning syntax, which is in line with the ESPAD average. A total of 2,770 Romanian ESPAD target students are included in the final database. The number of boys was somewhat lower than that of girls, but not at any alarming rate. The most likely explanation is that military schools were not included in the sampling frame.

QUESTIONNAIRE AND DATA PROCESSING

All core questions and 8 optional core questions (alcopops and additional illicit drugs) were asked together with Modules B, C and D. In addition, 41 optional items together with 40 country-specific questions were used. This sums up to 319 items, meaning that the Romanian questionnaire was relatively long. As a consequence, the average completion time of 47 minutes was also one of the longer ones (ESPAD average: 37 minutes).

Variables C37 and C38 were nationally adjusted and then recoded to fit the International Database. No questions have been found non-comparable. A medical doctor carried out the translation, which was reviewed by three other specialists. No pre-testing was performed prior to the 2011 data-collection exercise since the questionnaire was more or less the same as the previous one. However, the country-specific questions introduced at the request of the National Antidrug Agency (NAA) were pre-tested on the NAA's behalf.

The data were entered manually in each district during a five-week period and then centrally merged.

RELIABILITY AND VALIDITY

In order to measure reliability, the results from questions about frequency of use 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. None of the reliability checks indicates any particular problems in Romania.

The internal rate of non-response was slightly above the ESPAD average for five out of seven prevalence measures checked, but not alarming in any sense. For obvious reasons, the data syntax for logical substitution of missing values restored non-responses to a slightly higher extent than the ESPAD average.

When it comes to validity measures – i.e. the rate of inconsistency among lifetime, past-12-months and past-30-days prevalence for five substances – Romania performed more or less in line with the ESPAD average. As regards the dummy drug, 1% claimed to have used "Relevin" (ESPAD average: 0.7 %).

METHODOLOGICAL CONCLUSIONS

Roughly 94% of the population born in 1995 was still enrolled in regular (Romanian-speaking) schools in the spring of 2011. Two grades, 9 and 10, were targeted and this resulted in a sampling-frame coverage of close to 100% of the target population. In a first step, 10% of Romanian schools were sampled. These schools were contacted in order to obtain information about class sizes so that, in a second step, one class per grade could be sampled in proportion to size. Since school size was not considered in the first step, a weight was introduced to adjust the sample obtained for school size, using the information received from the participating schools.

All sampled schools and classes took part in the survey, which is definitely better than the ESPAD average. However, the proportion of students who were present (79%) was below the average. Active parental consent had to be obtained and a relatively large proportion (9%) of parents denied their children permission to participate while 2% of the students refused on their own behalf. There is no information indicating that this has led to any bias, but even so it is important to be aware that a relatively large proportion of the students in the sampled classes did not participate in the survey. This may be related to the burdensome process of active parental consent. Co-operation by those students who participated, however, was deemed to be very good: few disturbances were noted and most students worked seriously without any particular comprehension problems. Hence, school and student co-operation was good while the same cannot be said for parents.

It should be noted that the Romanian questionnaire was rather long and that the average completion time was well above the ESPAD average. However, this did not result in any particular problems in relation to validity and reliability, at least not among the core questions, which are located at the beginning of the questionnaire.

The overall impression is that the survey has functioned relatively well in Romania and that the sample achieved is representative of the Romanian target group of students born in 1995 enrolled in regular grade 9 and 10 classes. In conclusion, the 2011 Romanian ESPAD data collection is considered to be of good quality.

RUSSIAN FEDERATION (MOSCOW)

Eugenia Koshkina at the National Research Centre on Addictions of the Ministry of Health and Social Development of the Russian Federation was responsible for the Russian ESPAD study.

As part of the first ESPAD survey in 1995, data were collected in the European part of Russia by another researcher, but results from that study were never published. In 1999 and 2003, data collection was limited to Moscow, while the 2007 sample included the whole country. In 2011, because of financial restraints, the survey was again limited to Moscow.

Country facts:
Area: 17 075 400 km^2
Population: 143.5 (10.6) million

ETHICAL PROCEDURES

The study was approved by the Scientific Ethical Committee of the National Research Centre on Addictions. The questionnaire was approved by the Moscow Educational Committee. Parental consent was not necessary and no other ethical considerations were relevant. All national ethical rules were followed.

POPULATION, SAMPLING AND REPRESENTATIVENESS

The target population consists of Moscow students born in 1995. It is estimated that 97% of young people born in that year were enrolled in the Moscow educational system.

Students born in 1995 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 students born in 1995, it was estimated that about 99% were enrolled in the participating grades. One exception is students in private schools, but they constitute only about 0.6% of all students.

The lists available were used to draw a systematic sample in Moscow of 105 grade 9 classes in proportion to school size. Another 105 grade 10 schools were sampled in a similar way. In addition, a further 30 schools were randomly sampled from among primary and secondary professional-education schools. This was a simple random sample of between two and five schools in each of the ten districts of Moscow, proportionate to the number of persons born in 1995.

At each of the sampled schools, one class was randomly sampled using lists of classes provided by the school.

The sample is representative of students born in 1995 living in the city of Moscow.

FIELD PROCEDURE

A letter of support from the Moscow Department of Education was forwarded to the District Education Committee, which contacted the sampled schools. This was followed up by the research co-ordinator, who asked the sampled schools for lists of the relevant classes and negotiated a day for the data-collection procedure.

Research assistants, who had attended a two-day training course, were responsible for data collection. 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.

In about half of the classes, the teacher stayed passive in the classroom and assisted the survey leaders with relevant information for the Classroom Reports. In the other half, the teacher left the classroom.

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.

No special problems were reported from the field procedure.

SCHOOL AND STUDENT PARTICIPATION

Of the 240 schools, 56 did not take part in the survey. This gives a school-participation rate of 77%, which is slightly lower than the ESPAD average (88%) and much lower than in earlier surveys, when it was about 95%. The main reason for the large number of non-participating schools was a proposal for drug testing at schools which was widely discussed in the media. Drug testing had been implemented at some schools, and this was the reason for a large number of the school refusals.

A comparison of school-participation rates in different parts of Moscow shows that students in the north-eastern and eastern parts of Moscow were under-represented, but the Russian researchers find it "most likely that this has not resulted in any significant bias of the overall results".

A few students (7) refused to take part in the survey. In the participating classes, 80% of the students were present and answered the questionnaire.

The questionnaires of about 1% of the students were discarded during the data-cleaning process.

Less than half of the survey leaders (43%) noticed no disturbances during data collection, which is below the ESPAD average (68%), while 17% answered that more than a few students caused disturbances (as against an ESPAD average of 6%). In about six in ten Classroom Reports (59%) it was reported that "all" or "nearly all" students had worked seriously, which was also below the ESPAD average (84%), and 15% of survey leaders answered that half or less of the students had worked seriously (ESPAD average: 3%). Of all survey leaders, 2% mentioned that they thought that some students found it difficult to answer the questionnaire (which was close to the ESPAD average of 4%).

No specific problems were mentioned in the Classroom Reports. According to the summary given in the Country Report, student comprehension was good.

Because of the large proportion of non-participating schools, the number of students born in 1995 included in the database is smaller than planned. The database only includes 1,757 students from Moscow. This is below the ESPAD recommendation (2,400) and among the lowest in the 2011 data-collection exercise.

QUESTIONNAIRE AND DATA PROCESSING

The Russian questionnaire consisted of all ESPAD core questions. Two questions from Module A were

also included, as was the entire C Module. Three optional questions were also asked together with four country-specific questions.

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 purposes of celebration and it is often not considered to be a type of wine.

The new questions were translated, after which back-translation was done by an independent translator. Pre-testing was done as part of the training of the research assistants. A few minor typos, stylistic errors and inconsistencies were corrected.

The data were entered manually. In the data-entry process, 200 randomly selected questionnaires were checked by two researchers. This resulted in 83 corrections, corresponding to 0.010% of the entries.

RELIABILITY AND VALIDITY

The rate of inconsistency between two questions measuring lifetime use of some substances, which is used as a reliability measure, was highest for inhalants (6%). For all other substances (cigarettes, cannabis, ecstasy and tranquillisers or sedatives without a doctor's prescription) it was substantially lower (1–3%).

The average non-response rate for all core questions was 2.1%.

The rates of inconsistency among lifetime, past-12-months and past-30-days prevalence, which is seen as a validity measure, were a little higher (2–3%) for the two alcohol validity variables (alcohol consumption and having been drunk) than for cannabis, ecstasy and inhalants (0–1%).

On the "willingness to report" question, 9% of the students said that they would not have admitted to possible use of cannabis. On the same question, 13% answered that they had already said they had used cannabis, which is about the same as the reported prevalence value (15%).

Among Russian students, 0.5% answered that they had used the dummy drug "Relevin".

METHODOLOGICAL CONCLUSIONS

The sampling of grade 9 and 10 classes seems to have functioned well in Moscow. However, it should be noted that in the sub-sample of professional-education schools no exact information was available about the size of the schools. However, those schools constituted only 13% of the sampled schools, meaning that, in practice, any possible minor discrepancies should not matter very much.

In the second sampling step for the professional schools, one class per school was sampled using a simple random sample. In theory this night mean that students belonging to small classes are overrepresented, but since all classes within a school can be expected to be of about the same size, it can in reality be assumed that this does not matter very much.

Compared with earlier data-collection exercises, the proportion of non-participating schools increased a great deal: from less than 5% in earlier surveys to 23% in 2011. Relatively speaking, schools in some districts were more likely not to participate than schools in others, but the Russian researchers conclude that this has probably not biased the results to any important degree. Bearing in mind that the differences between districts were not huge and that the total proportion of non-participating schools was not extremely low compared with some other countries, such a conclusion seems reasonable.

Since cider is virtually inexistent in Moscow, the Russian questionnaire instead included a question about champagne. In the estimate of amounts consumed by students on their most recent drinking day, consumption of champagne was added to consumption of wine.

Few students who were present refused to participate and the response rate in participating classes was acceptable. On the other hand, data from the Classroom Reports indicate that more disturbances were reported from Russian schools than the ESPAD average and that a rather large number of students were judged not to have worked seriously. The Russian researchers comment that this is probably due largely to Questions 6 i and j (about sexual experiences), which appeared early in the questionnaire. It is also stated that an analysis of the data set did not reveal any increased proportion of non-seriously answered questionnaires, which is interpreted to indicate that validity was not negatively affected. Even though this is not conclusive evidence, this interpretation seems plausible.

None of the reliability and validity measures indicates any major methodological problems.

On the whole, the data-collection exercise in Moscow seems to have functioned acceptably well. The results are judged to be representative of students in Moscow born in 1995 and comparable with data from other ESPAD countries.

Country facts:
Area: 77 500 km^2
Population: 7.3 million

SERBIA

The person responsible for the Serbian survey was Spomenka Ćirić-Janković at the New Belgrade Municipality. Serbia also took part in the 2008 ESPAD data-collection exercise.

ETHICAL PROCEDURES

No ethical review was necessary. Parents were informed via parent councils and were asked for passive consent. No other ethical actions were taken and all relevant national ethical rules were followed

POPULATION, SAMPLING AND REPRESENTATIVENESS

The target population was students born in 1995. It is estimated that 98% of all young people born in 1995 and living in Serbia were enrolled in school at the time of data collection.

The survey was conducted among students in grade 1 of secondary school ("gymnasiums" and vocational schools). About 93% of all students born in 1995 were enrolled in grade 1 at these types of schools.

The sample was stratified by region (Serbia is divided into six regions: Belgrade, Vojvodina, Western Serbia, Central Serbia, Eastern Serbia and Southern Serbia) and school type (gymnasium, vocational-professional and vocational-handicraft), which altogether gives 18 strata. Classes were sampled from each stratum, using a systematic sample, in proportion to stratum and school size.

The sample covered all school types and regions and consisted of 293 classes. It is self-weighted and representative of Serbian students born in 1995.

FIELD PROCEDURE

A letter was sent to the headmasters of the schools of the sampled classes explaining about the survey and the data-collection procedure. Some time later, an interviewer contacted the schools and agreed all details relating to data collection with them.

Trained interviewers from the organisation responsible for the field work, ISM, were responsible for collecting the data. Teachers assisted in answering the Classroom Reports but were not present during data collection. The students put their questionnaires in individual envelopes, which they sealed themselves.

The average time to answer the questionnaire was 32 minutes. Data were collected between 11 and 24 March, which gives an average age of 15.7 years.

No problems were reported from the field procedure.

SCHOOL AND STUDENT PARTICIPATION

Of the 293 sampled schools (and classes), 8 refused to participate, which gives a participation rate of 97%.

Two students refused to answer the questionnaire. In the participating classes, 86% of the students were present and answered the questionnaire. According to the Serbian Country Report, the students were interested and focused.

Information from the Classroom Reports shows that no disturbances were reported by 84% of the survey leaders. More than four-fifths of them (85%) answered that "all" or "nearly all" students had worked seriously while 3% reported that they thought that students had found it difficult to answer the questionnaire.

A total of 6,084 Serbian ESPAD target students are included in the final database.

QUESTIONNAIRE AND DATA PROCESSING

The questionnaire was translated by the Serbian ESPAD researcher and back-translated into English by a professional translator.

All ESPAD core questions were included. The questionnaire also included Module A as well as one question from Module B. Eleven optional questions were also part of the questionnaire, together with one country-specific question about computer use.

About 1% of the questionnaires were discarded in the data-cleaning process.

The data were entered manually. To check quality, 712 questionnaires were entered twice. This test indicated that the quality of data entry was good.

RELIABILITY AND VALIDITY

The rate of inconsistency between two questions measuring lifetime use of some substances, which is

used as a reliability measure, was highest for cigarette consumption (4%) followed by use of inhalants and non-medical use of tranquillisers or sedatives (3% each). The lowest figure (1%) was found for use of cannabis and ecstasy.

The average proportion of non-responses to the core questions was 1.6%.

The rate of inconsistency among lifetime use, use in the past 12 months and use in the past 30 days, which is a validity measure, was highest for alcohol use (4%), followed by "having been drunk" (3%), while it was 0–1% for the other three variables (use of cannabis, ecstasy and inhalants).

For cannabis, 36% 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 the same as the reported prevalence figure.

Only a few students (0.6%) claimed to have used the dummy drug "Relevin".

METHODOLOGICAL CONCLUSIONS

The sampling seems to have been done adequately.

The number of refusing schools (and classes) was 8. This equals about 3%, which is a very good figure. Since no important problems were reported from the contacts with the schools, school co-operation seems to have been good.

Only two students refused to participate, the number of discarded questionnaires was acceptable, the proportion of survey leaders who reported disturbances was not high and a large majority of the survey leaders answered that the students were interested in the study and worked seriously. All of this indicates that student co-operation was good.

With one exception, none of the reliability and validity measures suggests any methodological problems in the Serbian survey. The exception is that the proportion of students answering that they would have been unwilling to admit to cannabis use is very high (36%) – in fact it is the highest figure found in the 2011 ESPAD survey. Other countries with high figures include neighbouring countries such as Albania (21%), Bosnia and Herzegovina (Republic of Srpska) (26%) and Montenegro (33%). Even though the question is a hypothetical one, the figures for these countries give rise to some uncertainty and indicate that under-reporting of drug consumption might be higher there than in most other countries.

Overall, the Serbian survey seems to have functioned well and resulted in data that would appear to be representative of students born in 1995. With one exception, there seem to be no major methodological problems. However, the large proportion of students answering that they would not admit to possible cannabis use creates some uncertainty, which should be kept in mind. Hence, it cannot be excluded that under-reporting of drug use might be higher in Serbia, as well as in some neighbouring countries, than in most other ESPAD countries. However, there is no reason to question that Serbia belongs in the group of countries with a low drug prevalence.

SLOVAK REPUBLIC

Alojz Nociar is the Principal Investigator in the Slovak Republic and co-ordinated the 2011 data collection. The Slovak Republic has been collecting ESPAD data since 1995.

Country facts:
Area: 49 000 km^2
Population: 5.4 million

ETHICAL PROCEDURES

In the Slovak Republic there is no need to perform any scientific ethical review in order to collect ESPAD data, nor is any parental consent required. All students were informed that their participation would be on an anonymous and voluntary basis and no national ethical rules were violated in the performance of the study.

POPULATION, SAMPLING AND REPRESENTATIVENESS

Ten years of schooling is compulsory for inhabitants of the Slovak Republic and most students complete their compulsory education at the age of 15 or 16. Roughly 97% of Slovak inhabitants born in 1995 were enrolled in the regular school system in 2011 (schools and classes for students with special needs do not belong to the ESPAD target group).

By sampling three grades, 95% of the target population was covered by the sampling frame (actually, even more grades were included in the data-collection exercise for national purposes). The sampled grades were grade 9 of compulsory school and grades 1–2 of upper-secondary school. The majority of the target-group students (68%) belonged to grade 1 of upper-secondary school. The sample

was constructed by proportional stratified random sampling of schools from registries of schools, with stratification by region and school type. Schools were sampled in proportion to student numbers. Only Slovak-language questionnaires were used, meaning that one exclusively Hungarian-speaking school in the sample was replaced with a Slovak-speaking school with otherwise similar characteristics. There are very few Hungarian-speaking schools, which is why only Slovak-language questionnaires are used.

Classes were sampled in a second step, without consideration of class size within schools. Out of 2,640 schools, 110 were sampled, contributing a total of 203 classes. All regions and school types were covered and the Slovak sample is nationally representative.

FIELD PROCEDURE

Letters of support from the Ministry of Education were distributed by the Regional Public Health Offices to the sampled schools, and administrative assistants then contacted headmasters to set up a suitable time for data collection. The material was either sent by post or delivered by car to the schools. The fieldwork was carried out by research assistants; teachers were not present during data collection.

Individual response envelopes were used. Typically 45 minutes were scheduled for the survey, even though the maximum time allowed in a class was 90 minutes. The study was conducted on 4–15 April, which gives a theoretical average age of 15.8 years. There were no particular problems in the fieldwork.

SCHOOL AND STUDENT PARTICIPATION

Co-operation with the school staff functioned very well and the response rate was 100% at both school and class level (the ESPAD average is around 86%). In all, 82% of the students were present in the classroom when the study was performed, which was below the ESPAD average (87%). Hardly any of the students who were present refused to participate.

Some type of disturbances was reported by the survey leaders from more than half of the classes, however mainly caused by a few students only. From 84% of the classes it was reported that all/nearly all students had worked seriously. These levels, which reflect student co-operation, were slightly worse than the average for all countries. Student comprehension was also below average: 11% of the survey leaders experienced that some of the students found the questionnaire difficult to complete, as against an ESPAD average of 5%.

In all, 2% of the questionnaires were discarded from the International Database, either manually before data entry or by the centrally applied cleaning syntax. Most of them were discarded because of poor data quality (i.e. more than 50% of the core questions unanswered or frequent repetitive extreme response patterns). A total of 2,009 Slovak ESPAD target students are included in the final database. This is lower than the 2,400 required by the Handbook, but still considered to be satisfactory and sufficient for inclusion in the database.

QUESTIONNAIRE AND DATA PROCESSING

All core and optional questions were included in the questionnaire together with Modules A, B and D. No optional questions were used but 48 country-specific items were included at the end of the questionnaire. This amounts to a total of 294 items, which is above the ESPAD average (268). The average completion time is not known since this was not asked about in the Classroom Report, but it can be assumed that it was above average since the number of items was rather large.

No full pre-test was performed (even though some small-scale testing was done) since the questionnaire was more or less identical with the one used in the previous wave. For the same reason, only a small number of questions were checked by means of back-translation. Because of a printing mistake, the students were orally instructed to change “40” into “20” in the response scales of Questions C16 and C17, and this is believed to have worked well. None of the questions has been found internationally non-comparable.

The data were entered manually between late April and early September. Dubious answers were checked against the original questionnaires in order to find possible mistakes. A small number of questionnaires (less than 0.5%) were manually removed before data entry, in line with the previous standard.

RELIABILITY AND VALIDITY

In order to measure reliability, the results from questions about frequency of use 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. None of the reliability checks indicated any particular problems in the Slovak Republic, even though these results were slightly worse than the ESPAD average.

The internal rate of non-response was higher for most of the prevalence measures checked but not alarming in any sense. The data syntax for logical substitution of missing values restored non-responses to the same extent as the ESPAD average.

When it comes to validity measures – i.e. the rates of inconsistency among lifetime, past-12-months and past-30-days prevalence for five substances as well as the percentage of students claiming to have used the dummy drug "Relevin" – the Slovak Republic performed in line with the ESPAD average.

METHODOLOGICAL CONCLUSIONS

The rate of school enrolment of the ESPAD target group is about 97% in the Slovak Republic. The sampling frame covered 95% of the target population and was designed to be nationally representative. All sampled schools and classes took part. However, the student-response rate (82%) was below the ESPAD average even though it was not alarmingly low.

Student co-operation and comprehension were deemed to be worse than the ESPAD average and the proportion of discarded questionnaires was slightly higher than average. One reason for this may be that the Slovak questionnaire was rather long. Unfortunately, the average completion time was not recorded in the Classroom Reports; however, it is most likely to have been above the ESPAD average. Another explanation for the lower scores may be that data collection was performed by research assistants, who may be less used to, and tolerant of, student unruliness than regular teachers.

The overall impression, however, is that data collection in the Slovak Republic has functioned relatively well without any major difficulties and that the sample achieved, although smaller (2,009 students) than required, is representative of the Slovak target group. One problem with the overall data-collection process was that the allocation of funds for the study was partly decided at a late stage, which caused delays in the gathering and delivery of the data. In conclusion, the 2011 Slovak ESPAD data collection is considered to be of good quality.

SLOVENIA

Eva Stergar is the Principal Investigator in Slovenia and carried out the 2011 survey in collaboration with Nataša Dernovšček Hafner. Slovenia has been collecting ESPAD data since 1995.

Country facts:
Area: 20 300 km^2
Population: 2.1 million

ETHICAL PROCEDURES

All relevant national ethical rules have been followed. According to Slovenian legislation, no scientific ethical review was necessary. Nor was parental consent needed, since no questions in the survey concerned personal data and the anonymity of the respondents was ensured. Even so, some school counsellors decided to ask for parental consent. All students were informed that their participation would be on an anonymous and voluntary basis.

POPULATION, SAMPLING AND REPRESENTATIVENESS

Compulsory education ends with the successful completion of grade 9. Around 97% of the present inhabitants of Slovenia born in 1995 were still enrolled in regular schools in the autumn of 2010. The vast majority of them were in grade 1 of upper-secondary school, and this is the only grade covered by the sampling frame. Roughly 4% of the ESPAD target group were still in compulsory school while 6% were in higher grades of upper-secondary school. Hence, the Slovenian sampling frame covered 90% of the target group.

The sampling frame included 164 schools with a total of 828 grade 1 classes. The primary sampling unit was the class, and four lists (strata) of classes were drawn up according to the type of study programme. From each stratum, classes were then sampled in proportion to the size of that stratum. The probability for a class to be sampled was proportional to its size.

The gross sample contained 180 classes and is nationally representative of grade 1 students, taking the different types of upper-secondary study programme into account. No weighting of the sample is needed.

FIELD PROCEDURE

Since there are no central records containing detailed information about classes, schools had to be

contacted in order to obtain information about the number of students. Letters introducing the ESPAD project and the purpose of data collection were sent to all upper-secondary schools in November 2010. The schools were asked to return information about all their grade 1 classes: class identifier, type of programme and number of students (by sex).

The sampled schools were then contacted in February, by letters to the headmasters and telephone calls to the school counsellors. The latter were paid extra for their work with the implementation of the study, including the actual data collection. Teachers were not supposed to be present during the survey.

For each class, a box with instructions, questionnaires, envelopes and Classroom Reports was delivered to the school counsellor. Typically 45 minutes were scheduled for the survey, even though the maximum time allowed in a class was 90 minutes. The data were collected between 28 March and 18 April, but in the majority of cases (176 classes) between 11 and 15 April. The data-collection period gives an estimated average age of 15.8 years. The completed questionnaires were sent to the Clinical Institute of Occupational, Traffic and Sports Medicine. Overall, the field procedure went very well.

SCHOOL AND STUDENT PARTICIPATION

No sampled school or class refused to participate, meaning that the class-response rate was 100%. Hence, school participation was very good.

In all, 89% of the students were present in the classroom when the study was conducted, which was slightly above the ESPAD average. Eighteen students individually refused to participate, while another fifteen were prevented from participating by their parents (a total of about 1%).

Some type of disturbances was reported by the survey leaders from 38% of the classrooms (but only in 4% of the cases from more than a few students). In 80% of the classes all/nearly all students had been working seriously. In 12% of the classes there were students believed to have had difficulties filling in the questionnaire. All these characteristics indicate a slightly worse classroom situation than the ESPAD average. A possible explanation for this may be that school counsellors could be less tolerant of disturbances than regular teachers, who are more accustomed to the classroom situation.

In all, 1% of the questionnaires were discarded from the International Database by the centrally applied cleaning syntax because of bad data quality, which is in line with the average for all countries. A total of 3,186 Slovenian target students are included in the final database.

QUESTIONNAIRE AND DATA PROCESSING

All core questions were used, including optional core questions on month of birth and alcopops. Modules A (integration) and B (psycho-social measures) were also included as well as four country-specific items, resulting in a total of 233 items. The average completion time at class level was 33 minutes. Both of these measures are below the average for all ESPAD countries. No questions have been deemed non-comparable but it should be noted that the volumes given as examples in Question C18 are slightly different from (smaller than) those in the 2007 questionnaire.

The questionnaire was translated from English to Slovene by the Slovene Principal Investigator and then back-translated by an independent translator, in order to find and correct any mistakes. For students belonging to the Italian minority, an Italian version of the questionnaire was prepared. The questionnaire was piloted in one class and was found to work adequately.

Four university students experienced in data entry manually entered the data into SPSS-software during approximately four weeks. The process was surveyed by a researcher making continuous random checks of the data entered.

RELIABILITY AND VALIDITY

In order to measure reliability, the results from questions about frequency of use 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. Five of the reliability checks indicated no problems for Slovenia while the one concerning inhalants yielded a relatively high value that might indicate validity problems. Since "inhalants" may be more difficult to define consistently, and since a discrepancy was found only for one of the measures, this is not believed to be of any importance for overall reliability.

The internal rate of non-response was better (lower) than the ESPAD average for all seven prevalence measures checked. Considering this, it is not surprising that the data syntax for logical substitution of missing values could not restore non-responses to the same extent as the ESPAD average for those variables.

When it comes to validity measures – i.e. the rates of inconsistency among lifetime, past-12-months and past-30-days prevalence for five substances – Slovenia is close to (and in one case better) than the ESPAD average. Use of the non-existent dummy drug "Relevin" was reported by 0.9% (all-countries average: 0.7%).

METHODOLOGICAL CONCLUSIONS

The school-enrolment rate of the ESPAD target group is 97% in Slovenia and the sampling frame covered 90% of the target group. The only grade surveyed was grade 1 of upper-secondary school; the target-group students not included were in either lower or higher grades. The sampling procedure was very well designed since the information used as a basis for the stratified systematic random sample, which was not available from national records, was obtained from the individual schools for the purpose of establishing the sampling frame. This made it possible to sample classes randomly from the total frame of classes, proportionately to class size.

All sampled schools participated and the proportion of participating students (89%) was also high. Overall school co-operation was good and the questionnaire instrument seems to have functioned well, even though student co-operation and comprehension are reported to have been worse than in other countries. The reason could be that counsellors, who performed the data-collection procedure, may have been less tolerant of disturbances than the regular teachers, who are more accustomed to the situation in a classroom, would have been. The reliability and validity checks indicate no particular problems and the proportion of questionnaires discarded because of bad data was in line with the ESPAD average.

All in all, the survey appears to have worked well and the 2011 Slovenian data collection is considered to be of high quality.

SWEDEN

Björn Hibell at the Swedish Council for Information on Alcohol and Other Drugs (CAN) is the Principal Investigator in Sweden and carried out the 2011 survey in collaboration with Ulf Guttormsson. Sweden has been collecting ESPAD data since 1995.

Country facts:
Area: 450 000 km^2
Population: 9.4 million

ETHICAL PROCEDURES

All relevant national ethical rules have been followed. According to Swedish legislation, no scientific ethical review was necessary. Nor was parental consent needed, since no questions in the survey concerned personal data and the anonymity of the respondents was ensured. All students were informed that their participation would be on an anonymous and voluntary basis. No national ethical rules were violated in the performance of the study.

POPULATION, SAMPLING AND REPRESENTATIVENESS

Compulsory school in Sweden ends with grade 9. Schooling is compulsory for all citizens until the spring semester of the year in which they turn 16. Since most children start grade 0 in the year in which they turn 6, most students turn 16 during the calendar year in which they complete grade 9. Around 98% of the present inhabitants of Sweden born in 1995 were still enrolled in regular school in the autumn of 2010 (schools and classes for students with special needs are not included in the ESPAD target population).

The sampling frame included students enrolled in grade 9 and covered 93% of the target population. The remaining students are in either lower (repeaters) or higher (early beginners) grades.

The sampling frame consisted of an electronic register containing 1,746 schools with grade 9 classes. The first step of the sampling strategy was a sample of schools proportionate to seize. The second step involved sampling of classes. To take account of class size, the selected schools were contacted to find out the number of students in each class. One class per school was then sampled in proportion to class size. The gross sample contained 180 classes and is nationally representative of grade 9 students. No weighting of the sample is needed.

FIELD PROCEDURE

Since there is no detailed information about classes in any central records, the sampled schools had to be contacted for information about the number of students. Letters introducing the ESPAD project and the purpose of data collection were sent to all schools. Later on, the necessary material was posted to the schools.

The class teachers of the sampled classes were responsible for the fieldwork and for posting the questionnaires back to CAN. Standard information was used for the teachers and for the students. Individual response envelopes were used. Typically 40 minutes were scheduled for the survey, even though the maximum time allowed in a class was 90 minutes. The data were collected between 28 March and 15 April, which gives an estimated average age of 15.8 years. In all, the field procedure went well.

SCHOOL AND STUDENT PARTICIPATION

Of the sampled classes, 80% participated. This is lower than the ESPAD average (87%). However, 8 out of the 36 classes classified as non-responding sent in questionnaires but did so after the deadline or without using the individual response envelopes, and were therefore considered as non-participating classes.

In all, 85% of the students were present in the classroom when the study was conducted, which was only slightly below the ESPAD average. Eighteen students refused to participate (<0.5%).

Some type of disturbances was reported by the survey leaders from 23% of the classrooms (but only in 4% of the cases from more than a few students), and in almost all classrooms nearly all students had been working seriously. These measures show that the classroom situation was calmer and more serious than the ESPAD average. However, rather many teachers reported that they believed that some students had difficulties answering the questionnaire (12% as against the ESPAD average of 5%).

In all, 1% of the questionnaires were discarded from the International Database by the centrally applied cleaning syntax because of poor data quality, which is in line with the average for all countries. A total of 2,569 Swedish target students are included in the final database.

QUESTIONNAIRE AND DATA PROCESSING

All core questions were used, including 15 optional core questions, together with Modules A and C. In addition, 3 optional and 10 country-specific items were used, resulting in a total of 229 items. The average completion time at the class level was 29 minutes. Both these measures are below the average for all countries. No questions have been deemed internationally non-comparable.

The questionnaire was back-translated into English by an independent translator and this resulted in a few minor adjustments. No pilot study was performed since the questionnaire was practically the same as for the previous data-collection exercise.

Data capture was performed using an optical scanner during a two-week period. Verifications of dubious answers were continuously made by the operators in co-operation with senior CAN staff.

RELIABILITY AND VALIDITY

In order to measure reliability, the results from questions about frequency of use 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. None of the reliability checks indicated any problems for Sweden.

The internal rate of non-response was slightly higher than the ESPAD average for most of the prevalence measures checked, but the deviations were small. Considering this, it is not surprising that the data syntax for logical substitution of missing values restored slightly more non-responses than the ESPAD average for those variables.

When it comes to validity measures – i.e. the rates of inconsistency among lifetime, past-12-months and past-30-days prevalence for five substances – Sweden is around, or better than, the ESPAD average. Use of the non-existent dummy drug “Relevin” was reported by only 0.2% (ESPAD average: 0.7%).

METHODOLOGICAL CONCLUSIONS

The school-enrolment rate of the ESPAD target group is 98% in Sweden and the sampling frame covered 93% of the target group. The only grade surveyed was grade 9, which is the final grade of compulsory school; the remaining target-group students were in either lower or higher grades. The sample was a two-stage proportionate random sample representative of school types and regions.

The class-response rate was slightly below the ESPAD average, as was the student-response rate. However, there is no available information indicating that this led to any particular bias of the results. Overall school co-operation was fair while student co-operation was relatively good. Even though the questionnaire instrument seems to have functioned well, there were still relatively many students re-

ported to have had difficulties filling it in. However, since there is no evidence of this to be seen in the reliability and validity measures, and since the average completion time was short, these comprehension problems probably did not prevent the students from answering the questions relatively well.

The overall impression is that data collection in Sweden has functioned well without any major difficulties and that the sample achieved is representative of the Swedish target group. In conclusion, the 2011 Swedish ESPAD data collection is considered to be of high quality.

UKRAINE

The person responsible for the ESPAD data collection in Ukraine was Olga Balakireva at the Institute of Economy and Forecasting, National Academy of Science of Ukraine. Ukraine has also participated in all four previous ESPAD studies.

Country facts:
Area: 603 700 km^2
Population: 45.6 million

ETHICAL PROCEDURES

The study was approved by the Ethical Committee of the Sociological Association of Ukraine and the questionnaire was approved by the Ministry of Education, Science, Youth and Sports. Parental consent was not necessary, but the headmasters of 38 out of the 301 sampled schools decided to ask for it anyway. All national ethical rules were followed.

POPULATION, SAMPLING AND REPRESENTATIVENESS

The target population consists of all students in Ukraine born in 1995. Of all persons born in that year, 99% are estimated to have been enrolled in school at the time of data collection.

All types of schools in all 27 administrative regions (AR Crimea, 24 oblasts and the cities of Kiev and Sevastopol) were included in the sampling frame. It included students born in 1995 who were enrolled in grades 9 and 10 of secondary school and in grade 1 of secondary technical or vocational schools or high schools (which students enter after completing grade 9 of secondary school). Students at private schools were excluded, but they account for only about 0.6% of all grade 9 and 10 classes.

For each of the four school categories (grade 9, grade 10, grade 1 of technical/vocational schools and grade 1 of high schools), 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, 94% were estimated to have been included in the sampling frame. The sample is representative of all Ukrainian students born in 1995.

The data were not weighted.

FIELD PROCEDURE

A letter of support from the Ministry of Education, Science, Youth and Sport was sent to all Regional Departments of Education, which granted permission to perform the ESPAD data collection in the sampled schools.

The ESPAD team had access to a regional network of research teams which were responsible for data collection. They contacted the headmasters of the selected schools as well as the teachers of the sampled classes.

The data were collected in the classrooms by research assistants. The teachers introduced the survey leaders and, except in six classes, then left 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”.

The average time to complete the questionnaire was 50 minutes, which is considerably above the ESPAD average of 37 minutes. The data were collected from 18 April to 24 May, which gives an estimated average age of 15.8 years.

No special problems were reported from the field procedure.

SCHOOL AND STUDENT PARTICIPATION

Out of the 304 selected schools and classes, three did not participate, which gives a school participation rate of 99%. In the Country Report it is commented that schools were supportive and showed a high level of willingness to participate

A total of nine children were denied permission to participate by their parents and 51 students refused to answer the questionnaire, which together makes up about 1% of all students that should have

answered the questionnaire. Of all students in sampled classes, 83% were present and answered the questionnaire. The ESPAD researcher comments that student co-operation was very good.

In the computerised data-cleaning process, 1% of the questionnaires were discarded.

Of all survey leaders, about half (51%) answered that they did not notice any disturbances during data collection. However, 10% reported disturbances from more than a few students, which is above the ESPAD average of 6%. In a large majority of the Classroom Reports (86%) it was mentioned that "all" or "nearly all" students had worked seriously.

The Classroom Report did not include a question about whether survey leaders thought the students had difficulties answering the questionnaire.

It is commented in the Country Report that "co-operation with school staff as well as with the students was very good".

A total of 2,210 Ukrainian ESPAD target students are included in the final database, which is slightly below the ESPAD recommendation (2,400).

QUESTIONNAIRE AND DATA PROCESSING

All core questions were asked, with the exception of those about cider. The questionnaire also contained all questions in all four modules (A–D) as well as nearly all optional questions. In addition to this, several country-specific questions with 69 variables in all were asked about HIV and AIDS problems and sexual relations. All in all, the Ukrainian questionnaire included 397 variables, which is far above the ESPAD average of 268 variables.

Instead of cider, the questionnaire contained a question about champagne (sparkling wine). Champagne is a beverage traditionally served in Ukraine for purposes of celebration and it is often not considered as a type of wine.

The Russian and English versions 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.

The data were collected using questionnaires in both Ukrainian and Russian.

RELIABILITY AND VALIDITY

Reliability was measured by the rate of inconsistency between two questions measuring lifetime use of five different substances. This rate was highest for cigarettes (4%) and lower (1–2%) for cannabis, ecstasy, inhalants and tranquillisers or sedatives without a doctor's prescription.

The average non-response rate for all core questions was 2.0%.

The rate of inconsistent answers to the questions about lifetime use, use in the past 12 months and use in the past 30 days, which is used as a validity measure, was 0% for all five variables (alcohol consumption, having been drunk, cannabis, ecstasy and inhalants). The Ukrainian ESPAD researcher has explained that this low figure is due to the fact that the answers were checked before data entry and, whenever possible, logically adjusted.

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 "honesty question", 8% answered that they had already said that they had used cannabis, which is less than the reported lifetime prevalence (11%).

Only few students (0.7%) answered that they had used the dummy drug "Relevin".

METHODOLOGICAL CONCLUSIONS

The sample seems to have been selected in an adequate manner. The numbers of non-participating schools and classes were low and school co-operation was good.

The questionnaire was one of the longest in any country and included many more variables than the ESPAD average. This resulted in an average data-collection time that was the second-longest of any country and far above average. It cannot be excluded that the length of the questionnaire, and the long time it took to answer it, might have negatively influenced students' willingness to give honest answers. However, it seems reasonable to assume that this will mainly have influenced the answers to the questions at the end of the questionnaire, while the core questions, which are the ones covered by the present report, have been less influenced.

Only a few students were denied participation by their parents or refused themselves. The proportion of attending and participating students in participating classes was close to the ESPAD average and the number of discarded questionnaires was low.

The Classroom Reports do not indicate any important disturbances during data collection, even though 10% of survey leaders reported disturbances from more than a few students. This is higher than the ESPAD average (6%), but it is not high enough to be considered as an indicator of important disturbances that might negatively influence the quality of the answers. On the whole, student co-operation seems to have been 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 on the core questions seem to be representative of students born in 1995 and, in spite of the long questionnaire, comparable with data from other ESPAD countries.

UNITED KINGDOM

Mark Bellis at the Centre for Public Health, Liverpool John Moores University, was responsible for the ESPAD study in the United Kingdom. Mark Bellis was asked, late in the process, to act as Principal Investigator after the death of the UK PI for the four previous ESPAD studies.

Country facts:
Area: 243 800 km^2
Population: 62.3 million

ETHICAL PROCEDURES

The Liverpool John Moores University Research Ethics Committee reviewed and approved the study. Passive parental consent was obtained as well as active verbal consent from students on the day of data collection. No other ethical considerations were relevant and all national ethical rules were followed.

POPULATION, SAMPLING AND REPRESENTATIVENESS

The target population consists of all students born in 1995 throughout the UK. No composite UK figures were available on the proportion of all young people born in 1995 who were still enrolled in school at the time of data collection. However, in conjunction with the 2007 survey it was calculated that this figure was around 90%; there is no reason to believe that this was different in 2011.

The sampling frame included students in grades 4, 5 and 6. Unlike in the first two ESPAD surveys in 1995 and 1999, a lack of funding prevented the drawing of separate samples for England, Scotland, Wales and Northern Ireland. Hence, like in 2003 and 2007, only a sample for the UK as a whole was used.

It was intended to survey 91 schools. To obtain this number, it was estimated that 251 schools should be sampled. However, the proportion of schools that did not want to take part was much higher than expected based on earlier ESPAD surveys, and as a result a total of 1,255 schools were sampled through a repeated sampling methodology.

In England and Scotland, information was available about the number of students at each school and in a first step schools were sampled using a systematic sample proportionate to school size. However, no information was available about the number of students at schools in Wales and Northern Ireland, so each school was assigned a number and numbers were then sampled using a simple random sample.

In a second step, two classes per school that had accepted to participate were randomly sampled by the research team, using lists of classes at sampled schools containing students born in 1995. With very few exceptions, they were classes in grades 4 and 5.

A large majority of all students born in 1995 (close to 100%) were to be found in the three participating grades.

The data are weighted and in principle representative of students born in 1995 living in the UK.

FIELD PROCEDURE

An invitation letter was sent to the headmasters of the sampled schools followed by phone calls and e mails. A survey leader was appointed by the headmaster to assume responsibility for data collection at that school. The local organiser 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 take part.

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 completed.

The data were collected in March and April, which resulted in an average age of 15.8 years for the student cohort.

The average time to complete the questionnaire was 31 minutes. No special problems were reported from the field procedure.

SCHOOL AND STUDENT PARTICIPATION

Out of 1,255 sampled schools, 1,181 did not participate, and the corresponding figures for classes were 2,488 and 2,362, respectively, which corresponds to a school-participation rate of 6% and a class-participation rate of 5%. This is a dramatic reduction since 2007 when the school rate was 49% and the class rate 40%.

The UK researchers summarise that overall school co-operation was poor but that participating schools showed good co-operation.

About one-quarter of the non-participating schools provided reasons for their refusal to participate. The most common reasons were that the school was busy (bad timing), not interested in taking part in ESPAD, had recently taken part in other research projects or had a school policy not to take part in external research.

Participating schools were compared with the overall sampling frame for a couple of variables. There was only a small difference in size between the participating schools (74) and those in the sampling frame (1,255). No appreciable differences were found for religious status. Some differences were found with regard to the location of the schools, but they were not believed to be substantive as they mostly related to different types of urban areas where substance use is not expected to vary substantially. The conclusion of the UK researchers is that there is "no systematic skewness".

In the standardised, computerised data-cleaning process, 4.5% of all questionnaires were discarded.

Fourteen children were refused permission to participate by their parents and 22 students refused to answer the questionnaire on the survey day, which taken together makes 2%. In the participating classes, 81% of the students were present and answered the questionnaire.

About three-quarters of the survey leaders (74%) did not notice any disturbances during data collection, while 95% thought that all or nearly all students had worked seriously. Of all survey leaders, 6% answered that students found it difficult to answer the questionnaire.

Because of the large number of non-participating schools, fewer UK students than planned (1,712) are included in the final database, which is below the ESPAD recommendation (2,400).

QUESTIONNAIRE AND DATA PROCESSING

The questionnaire contained all core questions but none of the module questions. It also included 10 optional questions together with a few country-specific ones. Altogether, the questionnaire contained 222 variables, which is below the ESPAD average of 267.

The questionnaire was not pre-tested.

The data were entered by optical scanning. Questionnaires with responses outside the permissible range were automatically identified by the software and manually verified by the scanning team. Altogether 28 questionnaires were categorised as invalid and discarded.

RELIABILITY AND VALIDITY

The rate of inconsistency between two questions measuring lifetime use of the some substances, which is used as a reliability measure, was highest for inhalants (4%). For the other four substances (use of cigarettes, cannabis, ecstasy, and tranquillisers or sedatives without a doctor's prescription) the corresponding figures were 1–2%.

The average number of unanswered core questions was 2.1%.

The rate of inconsistent answers to questions about lifetime use, use in the past 12 months and use in the past 30 days, which is seen as a validity measure, was highest for the variables of alcohol consumption and "having been drunk" (2–3%) and (even) lower (0–1%) for the three remaining variables (use of cannabis, ecstasy and inhalants).

For cannabis, 12% 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 slightly less than the reported lifetime-prevalence rate (25%).

In the UK, 0.7% of students answered that they had used the dummy drug "Relevin".

METHODOLOGICAL CONCLUSIONS

In the data-cleaning process 4.5% of questionnaires were discarded. This it 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 co-operation was good.

None of the reliability and validity measures indicates any important methodological problems.

The sampling process seems to have functioned without any problems. The sampling of schools in Wales and Northern Ireland was done as a simple random sample with the same probability for all schools to be sampled. In theory this entails a risk that students at small schools will be over-sampled. However, since there were typically only small differences between the sizes of the schools, this was probably of minor importance, especially if one considers that only 16% of the participating classes were from Wales and Northern Ireland.

The second sampling step to sample two classes per selected school 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 since all classes at a school were usually of about the same size.

The main concern relating to the UK data was the low school participation rate (6%) that meant the UK team having to make the unprecedented effort of contacting 1,255 schools. The new PI was appointed very late in the preparation phase (after the death of the previous PI). Despite this, some economic resources were secured and the planning and preparation of the data collection phase proceeded well. Although there may be several reasons why a very low participation rate was encountered, one important consideration is that UK schools are now subject to many national and local research requests and refusing schools reported experiencing 'research fatigue'. Furthermore, UK schools are autonomous with regards to the decision to take part in research and it is therefore not possible to recruit them through central bodies, which would have increased participation.

A comparison for three variables between participating schools and the overall sample does not indicate any important differences in terms of school size, religious status and urbanisation. This might indicate that participating and non-participating schools do not differ very much on these variables and this may also be the case when it comes to substance use. It is not possible to conclude that the UK data are not valid enough to be compared with data from other countries. However, as a precautionary measure related to the school participation rate, the UK data has been shown below a line in the result tables and, as a consequence of this, no comparisons are made with previous surveys in the trends chapter.

NON-ESPAD COUNTRIES

Apart from data from the 36 ESPAD countries participating in the 2011 wave, data from two more countries are used in the graphs and tables in relation to the chapter entitled "The 2011 situation". These are Spain and the United States. Such comparisons were made in previous ESPAD reports as well. It is considered possible to make them because many of the questionnaire items are identical, or at least very similar. However, since there are differences both in the overall methodology and in the wording of individual items, caution is called for when results from Spain and the United States are compared with results from the ESPAD countries. To draw attention to this, data from Spain and the United States are presented in a separate section at the bottom of tables and are marked with diverging patterns in the graphs.

The texts below are written by the researchers in charge in each country.

Country facts:
Area: 506 000 km^2
Population: 47.0 million

SPAIN (NOT AN ESPAD COUNTRY)

This description is written by the Spanish Observatory on Drugs.

The Spanish data presented in this report come from a long-term series of biennial national school surveys conducted since 1994 by the Spanish Observatory on Drugs, which is part of the Governmental Delegation for the National Plan on Drugs (DGPNSD). 2010 survey data were collected by Instituto Sondaxe, S.L. Data analysis was performed by the Spanish Observatory on Drugs (Julia González, Principal Researcher; Rosario Sendino, Aurora Ruiz, Noelia Llorens, Begoña Brime and Elena Álvarez, Co-Principal Researchers; and Josep M. Suelves from the Catalan Department of Health, Research Assistant). In all, nearly 200,000 students from approximately 5,000 schools have been surveyed over the life of the study.

ETHICAL PROCEDURES

The participation of students in the Spanish survey was based on passive parental consent, as parents' associations of schools, school administrations and regional educational authorities were informed about the nature, objectives and characteristics of the study.

Since the Spanish national school survey is a part of the Spanish National Statistical Plan, it is compulsory for schools to participate, unless they have serious and justified grounds for refusing. All selected students were informed that participation in the survey was voluntary. To ensure confidentiality, all questionnaires were anonymous. Field researchers were responsible for the data collection. Teachers were invited to stay in the classrooms during the administration of the survey, but their role was limited to assisting fieldworkers in keeping the group working in silence and order.

POPULATION, SAMPLING AND REPRESENTATIVENESS

The reference population was the 1,708,089 students aged 14–18 attending public and private schools of secondary, high-school and vocational education. Schools for students with "special needs" were excluded. The sample consisted of 31,967 students aged 14–18 who attended secondary school in all regions of Spain in 2010, including urban and rural as well as public and private schools. These students represented 80% of all youths of this age in Spain. School is compulsory in Spain until the age of 16.

A two-stage cluster sampling was used, by randomly selecting 857 schools in a first stage and 1,730 classes in a second stage. In order to select the schools, the sampling frame was first stratified by region (19 strata) and school type (public and private schools). Schools as well as classes had the same probability to be sampled, regardless of size.

Data were weighted by region, type of school (public/private) and type of studies (secondary, high-school and vocational education).

For comparisons with the ESPAD study, data are reported only for the 8,202 students born in 1995.

FIELD PROCEDURE

All students in the sampled classes completed the questionnaire during a regular lesson (45–60 minutes). The anonymous character of the study was stressed by the survey leader prior to asking the students to complete the questionnaire. Teachers introduced the survey leaders (two per classroom) and were asked to remain in the classroom to ensure an orderly atmosphere. Teachers remained in the classroom and were asked not to walk around the room.

Each student received an individual envelope in which to deposit the questionnaire once completed and before leaving the classroom they were asked to put the envelope in an opaque box.

Data were collected from 4 November to 19 December, 2010, and from 15 February to 23 March, 2011. The survey was interrupted during the Christmas holidays and for a month thereafter to avoid bias in questions concerning the past-30-days period.

SCHOOL AND STUDENT PARTICIPATION

The information in this section refers to the whole sample (14–18-year-old students). The cooperation of the schools was excellent. The proportion of schools replaced because they presented a justified refusal to participate was 14.4%.

About 10.9% of registered students were not in class at the time of the survey (absent) for different reasons.

Student cooperation was very good. The proportion of students who declined to take part in the study was irrelevant (0.1%).

QUESTIONNAIRE AND DATA PROCESSING

A standardized, anonymous questionnaire was used, which may be considered comparable with many questions used in the ESPAD questionnaire.

The questionnaire includes questions on socio-demographic characteristics, drug use, perception of risk from different drug use behaviours, certain aspects related to entertainment, level of perceived availability of different psycho-active drugs, certain social and health-related problems, information gathered on drugs, drug use by friends and classmates, short cannabis abuse screening tests (CAST, SDS, M-CIDI, DSM-IV), new emerging drugs (spice, legal highs, research chemicals, ketamine and mephedrone), and the attitude of parents regarding drug use.

The linguistic particularities of the various autonomous regions were taken into account. Because of this, special versions of the questionnaire were used in the Castilian, Galician, Basque, Catalan, Mallorquín and Valencian languages.

Data entry and the first checks for consistency were carried out by Instituto Sondaxe, S.L. 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 Spanish Observatory on Drugs.

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.

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 satisfy international standards of quality for school surveys.

As mentioned, the reliability and validity seem to be high. It is assumed, however, that any remaining bias is in the direction of underreporting.

It was found that self reported drug use relates in consistent and expected ways to a number of attitudes, behaviors, beliefs and social situations; in other words, there is strong evidence of construct validity. The missing data rates for the self-reported use questions are only slightly higher than for the preceding non-sensitive questions, in spite of the explicit instruction to respondents to leave blank those drug use questions they felt they could not answer honestly. And the great majority of respondents, when asked, said 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 fieldworkers tried to create a situation and set of procedures in which students felt that their confidentiality was protected. They also tried to present a convincing case as to why such research is needed. Evidence suggests that a high level of validity has been obtained.

METHODOLOGICAL CONCLUSIONS

The Spanish school surveys on drug use seem to have functioned well since their initiation in 1994. There are clearly trends of stabilisation in the prevalence rates of alcohol consumption (but an increasing trend in intoxications due to alcohol drinking) and significantly decreasing trends in the prevalence rates of cannabis, cocaine, tobacco, amphetamines, ecstasy and heroin consumption. There is a decrease in risk perception of lifetime consumption and a slight increase in the perceived availability.

These trends are consistent with those found in household surveys and other 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.

There were 450 variables in the Spanish questionnaire, which is higher than in all ESPAD countries. However, since the average time to answer the questionnaire was within one lesson, it seems reasonable to assume that the length of the questionnaire has not negatively influenced the validity. About 0.1% of the students did not participate, mostly because they refused themselves. The information provided by the survey leaders did not indicate any major problems, so there is reason to believe that student cooperation was good.

Country facts:
Area: 9 826 600 km^2
Population: 313.8 million

UNITED STATES (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 research series, now in its 37th year, is funded under a series of investigator-initiated 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 some 1,280,000 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 50 who are secondary-school graduates. About 85–88% of each graduating birth cohort graduates from secondary school by completing 12th grade.

ETHICAL CONSIDERATIONS

The study has been reviewed and approved each year by the University of Michigan's Institutional Review Board for compliance with all federal standards for research involving human subjects. Parental notification, with the opportunity for them to decline their child's participation, is required prior to the administration of the survey; some individual schools require active written parental consent.

POPULATION

For this report, only the data for students who were in 10th grade in the spring of 2011 are presented. Nearly all of the students in this grade are 15 or 16 years of age.

Sample and representativeness

In 2011, the 10th graders included in the study comprised 15,382 students in 126 high schools nationwide (105 public and 21 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., 2012, for details on sampling and field procedures, as well as for more detailed results.)

FIELD PROCEDURES

Approximately three 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 minutes of additional time. The data-collection period was 15 February –8 June, 2011. 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 7,500).

After the administration of the surveys in the classrooms, the interviewers forward the completed questionnaires by mail 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 weights 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 at any point in the multistage sampling procedure.

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 2011, 56% 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 96% of the sampling “slots” were filled, including the replacement schools.

In 2011, completed questionnaires were obtained from 86% 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 ±1%. Confidence intervals on lifetime prevalence for 10th-graders vary from ±0.2% to ±2.4%, 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 non-sensitive 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, with a majority (60%) born in 1995 and most of the remainder (37%) in 1994, leading to a slight non-comparability in age composition compared with the ESPAD samples.

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 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. (2012). Monitoring the Future national survey results on drug use, 1975–2011. Volume I: Secondary school students and Volume II: College students and adults 19–50, Ann Arbor, MI: Institute for Social Research, The University of Michigan. [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)
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Question C07

Table 1. Perceived availability of cigarettes by gender. Students responding cigarettes "fairly easy" or "very easy" to obtain. 2011. Percentages.

				No response		
COUNTRY	Boys	Girls	All	Boys	Girls	All
Albania	31	22	26	2	1	1
Belgium (Flanders)	71	67	69	2	1	2
Bosnia and Herz. (RS)	54	53	53	1	1	1
Bulgaria	63	68	66	1	1	1
Croatia	77	74	75	0	0	0
Cyprus	60	52	56	3	2	2
Czech Republic	84	86	85	1	0	0
Denmark	87	80	83	1	1	1
Estonia	70	70	70	1	1	1
Faroe Islands	78	73	75	2	1	1
Finland	75	71	73	0	0	0
France	59	64	62	2	1	1
Germany (5 Bundesl.)	78	73	75	0	0	0
Greece	63	60	61	2	1	2
Hungary	72	73	73	1	0	1
Iceland	51	44	48	1	0	0
Ireland	76	74	75	0	0	0
Italy	70	69	69	1	1	1
Latvia	75	72	74	1	0	1
Liechtenstein	80	75	78	1	0	0
Lithuania	73	70	72	0	0	0
Malta	62	59	60	1	1	1
Moldova, Rep.of	35	24	29	2	2	2
Monaco	68	74	71	2	4	3
Montenegro	54	52	53	1	1	1
Norway	72	70	71	2	1	2
Poland	79	76	78	0	0	0
Portugal	66	71	69	0	0	0
Romania	43	43	43	1	1	1
Russian Fed. (Moscow)	59	57	58	1	1	1
Serbia	51	54	53	2	1	1
Slovak Republic	70	69	70	1	1	1
Slovenia	69	72	71	1	0	1
Sweden	79	80	80	1	0	1
Ukraine	50	42	45	1	1	1
AVERAGE	**66**	**64**	**65**	**1**	**1**	**1**
United Kingdom	69	64	66	0	1	1
Spain	92	94	93	0	0	0
USA	74	74	74	5	4	5

Question C08

Table 2a. Frequency of lifetime cigarette use. All students. 2011. Percentages.

COUNTRY	Number of occasions 0	1–2	3–9	10–19	20–39	40+	Once or more	No response
Albania	59	20	11	3	2	5	**41**	0
Belgium (Flanders)	53	13	9	5	3	16	**47**	1
Bosnia and Herz. (RS)	62	18	7	3	2	8	**38**	0
Bulgaria	34	18	12	5	3	28	**66**	0
Croatia	30	18	12	6	4	31	**70**	0
Cyprus	58	14	8	3	3	15	**42**	1
Czech Republic	25	17	14	7	5	32	**75**	0
Denmark	49	13	11	5	4	19	**51**	1
Estonia	27	18	15	7	4	28	**73**	0
Faroe Islands	34	15	16	6	4	24	**66**	1
Finland	40	12	11	5	5	27	**60**	0
France	37	16	12	4	4	27	**63**	0
Germany (5 Bundesl.)	39	15	12	6	4	25	**61**	0
Greece	55	16	9	3	3	14	**45**	1
Hungary	34	18	11	6	4	28	**66**	0
Iceland	74	9	6	2	2	8	**26**	0
Ireland	57	13	10	4	2	14	**43**	0
Italy	41	13	11	5	5	24	**59**	0
Latvia	22	15	16	7	5	36	**78**	0
Liechtenstein	46	15	9	4	4	22	**54**	0
Lithuania	26	17	15	8	6	29	**74**	0
Malta	62	11	8	4	3	12	**38**	0
Moldova, Rep.of	58	19	10	2	2	9	**42**	1
Monaco	37	13	11	4	6	28	**63**	0
Montenegro	68	14	8	2	1	7	**32**	0
Norway	63	13	8	3	3	10	**37**	1
Poland	44	15	12	4	4	20	**56**	0
Portugal	57	13	9	5	3	13	**43**	6
Romania	48	16	11	4	4	17	**52**	0
Russian Fed. (Moscow)	38	17	10	5	3	26	**62**	1
Serbia	59	16	8	3	2	12	**41**	0
Slovak Republic	28	17	17	6	5	28	**72**	1
Slovenia	40	17	12	5	4	21	**60**	0
Sweden	52	12	11	4	3	18	**48**	0
Ukraine	38	20	14	5	3	19	**62**	1
AVERAGE	**46**	**15**	**11**	**5**	**4**	**21**	**54**	**0**
United Kingdom	53	14	10	5	3	15	**47**	0
Spain	65	6	8	3	2	15	**35**	1
USA	70	.	.	.	.	.	**30**[a)]	3

[a)] "Once or twice", "Occasionally but not regularly", "Regularly in the past", "Regularly now".

Question C08

Table 2b. Frequency of lifetime cigarette use by gender. 2011. Percentages.

	Number of occasions												Once or more		No response	
	0		1–2		3–9		10–19		20–39		40+					
COUNTRY	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	**Boys**	**Girls**	Boys	Girls
Albania	45	71	23	18	15	7	4	2	3	1	10	1	**55**	**29**	0	0
Belgium (Flanders)	53	54	13	13	9	9	5	5	3	4	17	15	**47**	**46**	1	1
Bosnia and Herz. (RS)	58	65	18	17	9	6	3	3	2	2	10	7	**42**	**35**	0	0
Bulgaria	38	29	19	18	13	12	4	6	2	4	24	32	**62**	**71**	0	1
Croatia	31	29	17	18	11	14	4	7	4	4	33	28	**69**	**71**	0	0
Cyprus	48	68	16	12	9	6	3	2	3	2	21	10	**52**	**32**	1	0
Czech Republic	26	24	18	16	13	15	6	8	5	6	32	31	**74**	**76**	1	0
Denmark	47	50	13	13	11	11	5	5	3	4	21	17	**53**	**50**	1	1
Estonia	24	31	18	18	15	16	7	6	4	4	32	25	**76**	**69**	1	0
Faroe Islands	27	40	16	14	20	13	6	7	5	4	27	22	**73**	**60**	1	0
Finland	38	41	15	10	10	12	5	5	4	5	28	27	**62**	**59**	0	0
France	42	32	16	15	10	13	3	6	4	4	25	29	**58**	**68**	0	0
Germany (5 Bundesl.)	33	44	17	13	12	11	6	6	3	4	29	21	**67**	**56**	0	0
Greece	53	56	15	16	9	9	3	3	2	3	16	12	**47**	**44**	1	1
Hungary	34	34	19	17	11	11	5	6	3	4	28	27	**66**	**66**	1	0
Iceland	74	73	9	9	5	6	2	2	2	1	8	9	**26**	**27**	0	0
Ireland	58	55	15	12	10	10	3	5	2	3	12	15	**42**	**45**	0	0
Italy	42	41	14	13	11	12	4	5	4	6	25	24	**58**	**59**	0	0
Latvia	21	22	15	15	13	18	6	8	4	6	41	31	**79**	**78**	0	0
Liechtenstein	46	46	18	12	6	12	3	5	3	5	24	20	**54**	**54**	0	0
Lithuania	22	30	18	16	14	15	8	8	6	6	32	25	**78**	**70**	0	0
Malta	61	63	12	10	8	8	4	4	3	4	12	11	**39**	**37**	0	0
Moldova, Rep.of	41	73	26	13	15	6	3	2	3	1	13	5	**59**	**27**	1	1
Monaco	47	29	13	13	11	12	3	5	5	6	21	35	**53**	**71**	0	0
Montenegro	65	71	14	15	8	7	3	2	1	1	9	5	**35**	**29**	0	0
Norway	60	66	14	13	8	8	4	3	3	3	12	8	**40**	**34**	1	1
Poland	40	48	17	14	12	12	4	5	3	4	23	18	**60**	**52**	0	0
Portugal	52	60	15	12	9	8	5	4	4	3	14	13	**48**	**40**	5	7
Romania	48	48	16	16	11	11	4	4	3	4	18	17	**52**	**52**	0	0
Russian Fed. (Moscow)	39	38	17	16	11	10	4	6	3	4	27	26	**61**	**62**	1	1
Serbia	59	60	15	16	7	9	3	3	2	2	14	11	**41**	**40**	0	0
Slovak Republic	27	28	18	15	15	18	6	7	5	6	30	26	**73**	**72**	1	1
Slovenia	42	39	19	16	12	13	4	6	3	5	21	21	**58**	**61**	0	0
Sweden	53	51	14	11	10	11	3	5	2	4	18	18	**47**	**49**	1	0
Ukraine	32	44	20	20	16	13	6	5	3	4	24	14	**68**	**56**	1	0
AVERAGE	**44**	**46**	**16**	**14**	**11**	**11**	**4**	**5**	**3**	**4**	**22**	**19**	**56**	**54**	**1**	**0**
United Kingdom	55	51	16	13	7	12	4	6	3	4	15	15	**45**	**49**	0	0
Spain	71	60	6	7	6	10	2	3	2	3	12	17	**30**	**40**	1	0
USA	68	72	.	.	.	.	.	.	.	.	.	.	**32[a)]**	**28[a)]**	2	2

[a)] "Once or twice", "Occasionally but not regularly", "Regularly in the past", "Regularly now".

Question C09

Table 3a. Cigarette use during the last 30 days. All students. 2011. Percentages.

COUNTRY	Number of cigarettes per day						Once or more	No response
	0	<1	1–5	6–10	11–20	21+		
Albania	87	8	2	1	1	1	**13**	0
Belgium (Flanders)	74	11	6	4	3	1	**26**	1
Bosnia and Herz. (RS)	85	6	3	3	2	1	**15**	0
Bulgaria	61	11	10	9	7	3	**39**	0
Croatia	59	12	10	7	7	5	**41**	0
Cyprus	77	7	5	4	4	3	**23**	1
Czech Republic	58	17	9	8	5	3	**42**	0
Denmark	76	9	5	5	4	1	**24**	1
Estonia	71	11	10	4	2	2	**29**	0
Faroe Islands	69	12	6	8	4	1	**31**	1
Finland	66	15	7	7	4	2	**34**	0
France	62	16	11	7	4	1	**38**	1
Germany (5 Bundesl.)	67	14	9	5	4	1	**33**	0
Greece	79	8	5	4	2	2	**21**	1
Hungary	63	11	13	7	4	1	**37**	1
Iceland	90	4	2	2	1	0	**10**	0
Ireland	79	11	4	3	2	1	**21**	0
Italy	64	14	9	7	4	2	**36**	0
Latvia	57	16	13	7	3	4	**43**	0
Liechtenstein	68	13	8	6	4	1	**32**	0
Lithuania	63	15	11	6	3	2	**37**	0
Malta	78	12	4	3	2	1	**22**	0
Moldova, Rep.of	85	7	4	2	1	1	**15**	0
Monaco	62	15	13	6	3	1	**38**	0
Montenegro	88	4	3	2	2	2	**12**	0
Norway	86	10	3	1	1	0	**14**	1
Poland	72	12	8	5	2	1	**28**	0
Portugal	71	14	9	4	1	1	**29**	0
Romania	71	11	8	6	2	2	**29**	0
Russian Fed. (Moscow)	69	7	9	8	4	2	**31**	0
Serbia	80	7	5	4	2	2	**20**	0
Slovak Republic	61	14	11	8	4	2	**39**	1
Slovenia	68	13	9	5	4	1	**32**	0
Sweden	79	9	6	3	2	1	**21**	0
Ukraine	71	12	8	5	2	2	**29**	0
AVERAGE	**72**	**11**	**7**	**5**	**3**	**2**	**28**	**0**
United Kingdom	77	10	5	5	2	1	**23**	1
Spain	81	.	12	4	1	2	**19**	0
USA	88	6	4	—	2[a)]	—	**12**	.

[a)] About 1/2 pack a day or more.

Question C09

Table 3b. Cigarette use during the last 30 days by gender. 2011. Percentages.

	Number of occasions												Once or more		No response	
	0		<1		1–5		6–10		11–20		21+					
COUNTRY	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	**Boys**	**Girls**	Boys	Girls
Albania	78	94	11	5	4	1	3	0	2	0	2	0	**22**	**6**	0	0
Belgium (Flanders)	74	75	11	12	6	6	4	4	4	3	2	1	**26**	**25**	1	1
Bosnia and Herz. (RS)	84	86	6	6	3	3	3	2	2	1	1	1	**16**	**14**	0	0
Bulgaria	67	54	9	12	9	11	7	11	6	8	2	3	**33**	**46**	0	0
Croatia	59	59	10	14	9	10	9	6	8	6	5	5	**41**	**41**	0	0
Cyprus	69	85	10	5	6	4	5	2	6	2	4	2	**31**	**15**	1	0
Czech Republic	58	57	15	18	9	9	8	8	6	4	4	2	**42**	**43**	0	0
Denmark	74	78	8	10	6	4	5	5	5	3	2	1	**26**	**22**	1	1
Estonia	71	72	10	12	9	10	4	3	3	2	2	1	**29**	**28**	0	0
Faroe Islands	66	73	12	12	8	4	8	7	6	2	1	1	**34**	**27**	0	1
Finland	67	65	12	17	7	8	7	6	4	3	2	2	**33**	**35**	0	0
France	66	57	13	18	10	12	6	8	4	3	1	1	**34**	**43**	1	0
Germany (5 Bundesl.)	65	69	13	14	9	9	6	5	4	3	1	1	**35**	**31**	0	0
Greece	78	79	8	8	5	6	4	4	3	2	2	1	**22**	**21**	1	1
Hungary	65	61	10	13	11	14	9	6	5	4	1	2	**35**	**39**	1	0
Iceland	91	90	4	4	2	3	1	2	1	1	1	0	**9**	**10**	0	0
Ireland	81	77	9	13	4	5	3	3	2	2	1	1	**19**	**23**	0	0
Italy	64	63	13	15	8	10	7	7	4	4	3	2	**36**	**37**	0	1
Latvia	55	58	12	20	14	12	9	5	5	2	5	3	**45**	**42**	0	0
Liechtenstein	67	68	11	16	8	8	7	5	5	2	2	1	**33**	**32**	1	0
Lithuania	61	65	13	17	12	11	8	5	4	2	3	1	**39**	**35**	0	0
Malta	77	80	12	11	5	4	3	3	2	2	2	1	**23**	**20**	0	0
Moldova, Rep.of	77	92	10	4	6	2	4	1	1	0	2	0	**23**	**8**	1	0
Monaco	71	53	11	19	9	16	5	8	3	3	1	1	**29**	**47**	1	0
Montenegro	85	91	5	4	3	2	2	1	2	1	3	1	**15**	**9**	0	0
Norway	85	86	11	9	2	3	1	1	1	0	0	0	**15**	**14**	2	1
Poland	70	73	11	13	8	8	6	4	3	1	1	1	**30**	**27**	0	0
Portugal	71	71	15	14	8	9	4	4	1	2	0	1	**29**	**29**	0	0
Romania	71	70	10	12	8	8	6	6	3	2	2	2	**29**	**30**	0	0
Russian Fed. (Moscow)	70	69	7	8	8	10	9	8	4	4	2	2	**30**	**31**	0	0
Serbia	80	81	6	7	4	5	4	3	3	2	3	2	**20**	**19**	0	0
Slovak Republic	62	61	12	16	10	12	10	7	5	2	1	2	**38**	**39**	1	1
Slovenia	70	66	11	14	8	10	5	5	4	4	1	1	**30**	**34**	0	0
Sweden	80	78	9	10	6	6	3	4	3	1	1	1	**20**	**22**	0	1
Ukraine	66	75	12	12	10	7	7	4	3	1	2	1	**34**	**25**	0	0
AVERAGE	**71**	**72**	**10**	**12**	**7**	**7**	**5**	**5**	**4**	**2**	**2**	**1**	**29**	**28**	**0**	**0**
United Kingdom	79	75	9	11	4	6	5	4	2	2	1	1	**21**	**25**	0	1
Spain	85	77	.	.	10	15	3	5	1	1	2	2	**15**	**23**	0	0
USA	87	90	7	6	4	3	—	—	2[a)]	1[a)]	—	—	**13**	**10**	.	.

[a)] About 1/2 pack a day or more.

Question C10 a–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. 2011. Percentages.

	First cigarette			Daily Smoking			First cigarette, no response	Daily smoking, no response
COUNTRY	Boys	Girls	All	Boys	Girls	All	(All)	(All)
Albania	33	15	23	4	1	2	0	1
Belgium (Flanders)	24	20	22	4	4	4	0	1
Bosnia and Herz. (RS)	25	18	21	3	2	2	0	1
Bulgaria	36	37	37	8	11	9	0	1
Croatia	39	36	37	13	8	11	0	1
Cyprus	24	12	18	7	3	5	1	2
Czech Republic	54	50	52	11	11	11	0	1
Denmark	28	24	26	8	6	7	1	6
Estonia	63	51	57	14	12	13	0	2
Faroe Islands	41	36	39	8	9	9	2	6
Finland	40	31	35	9	7	8	0	1
France	28	33	30	5	8	6	0	1
Germany (5 Bundesl.)	38	29	33	7	6	6	0	0
Greece	19	13	16	3	1	2	1	1
Hungary	39	36	38	9	8	8	1	1
Iceland	15	13	14	3	3	3	0	0
Ireland	21	21	21	5	5	5	0	2
Italy	26	26	26	5	5	5	0	1
Latvia	65	56	61	19	12	16	0	1
Liechtenstein	32	30	31	7	7	7	0	0
Lithuania	60	44	52	14	6	10	1	2
Malta	20	20	20	6	6	6	0	1
Moldova, Rep.of	34	14	24	4	2	3	1	1
Monaco	27	38	33	6	9	8	0	0
Montenegro	19	14	16	2	1	2	0	1
Norway	24	15	20	4	2	3	1	3
Poland	35	22	28	6	3	5	1	2
Portugal	32	29	31	5	6	6	0	1
Romania	26	22	24	5	3	4	1	2
Russian Fed. (Moscow)	40	40	40	10	10	10	1	2
Serbia	20	15	17	3	2	2	0	1
Slovak Republic	52	43	47	16	11	14	1	2
Slovenia	35	29	32	6	4	5	0	1
Sweden	27	25	26	6	7	7	1	5
Ukraine	48	30	38	9	5	7	0	1
AVERAGE	**34**	**28**	**31**	**7**	**6**	**7**	**0**	**2**
United Kingdom	27	24	25	6	7	6	1	1
Spain	18	24	21	5	7	6	4	10
USA	.	.	19[a)]	.	.	.	9	.

[a)] Used by end of eighth grade, approximate age is 13.

Question C11 a–e

Table 5a. Perceived availability of various alcoholic beverages. Percentages responding "fairly easy" or "very easy" to obtain. 2011.

COUNTRY	Beer	Cider	Alcopops	Wine	Spirits	**Any of these beverages**	No response, all beverages
Albania	44	.	.	42	24	**55**	1
Belgium (Flanders)	82	.	70	73	50	**87**	0
Bosnia and Herz. (RS)	68	.	.	67	51	**74**	0
Bulgaria	82	.	60	74	64	**87**	0
Croatia	83	.	59	83	69	**89**	0
Cyprus	79	.	78	70	72	**87**	1
Czech Republic	87	.	65	76	59	**91**	0
Denmark	92	94	92	66	70	**96**	1
Estonia	71	76	70	64	54	**81**	0
Faroe Islands	66	73	57	52	55	**80**	1
Finland	72	75	71	53	45	**79**	0
France	71	67	53	69	49	**85**	1
Germany (5 Bundesl.)	88	.	71[a)]	79	55	**92**	0
Greece	81	.	74	79	74	**91**	0
Hungary	75	.	59	74	57	**84**	0
Iceland	56	44	52	43	45	**62**	0
Ireland	77	75	61	70	66	**84**	0
Italy	77	.	77	68	55	**86**	0
Latvia	77	77	60	61	54	**84**	0
Liechtenstein	83	80	58	74	44	**90**	0
Lithuania	72	75	67	70	55	**80**	0
Malta	74	52	58	77	69	**87**	0
Moldova, Rep.of	46	.	57	52	24	**66**	1
Monaco	79	69	62	77	54	**90**	1
Montenegro	61	.	.	56	41	**66**	0
Norway	72	72	66	55	42	**79**	0
Poland	82	.	.	70	63	**83[b)]**	0
Portugal	78	.	63	71	65	**85**	0
Romania	55	.	38	55	38	**65**	0
Russian Fed. (Moscow)	58	.	57	57	31	**70**	1
Serbia	71	.	45	70	55	**77**	1
Slovak Republic	80	50	57	78	63	**87**	1
Slovenia	80	.	76	75	59	**88**	0
Sweden	75	77	69	61	64	**83**	0
Ukraine	59	.	69	54	24	**75**	0
AVERAGE	**73**	**70**	**63**	**66**	**53**	**81**	**0**
United Kingdom	72	71	73	66	58	**82**	0
Spain	.	.	.	.	.	.	.
USA	.	.	.	.	.	**78[c)]**	5

a) Includes also mixed spirits-drinks.
b) Alcopops and cider not included in this question while in others.
c) Any alcoholic beverage.

Question C11 a–e

Table 5b. Perceived availability of various alcoholic beverages by gender. Percentages responding "fairly easy" or "very easy" to obtain. 2011.

	Beer		Cider		Alcopops		Wine		Spirits		Any of these beverges	
COUNTRY	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	**Boys**	**Girls**
Albania	50	39	.	.	.	.	45	40	29	20	**59**	**51**
Belgium (Flanders)	82	81	.	.	68	72	69	76	49	52	**86**	**88**
Bosnia and Herz. (RS)	72	66	.	.	.	.	68	67	54	49	**76**	**72**
Bulgaria	82	82	.	.	60	59	74	74	63	65	**88**	**87**
Croatia	85	80	.	.	60	58	84	82	70	68	**90**	**89**
Cyprus	83	76	.	.	79	78	71	69	76	68	**88**	**86**
Czech Republic	86	87	.	.	65	66	74	78	60	58	**90**	**92**
Denmark	95	89	96	93	93	91	73	61	74	67	**97**	**95**
Estonia	71	71	73	79	68	72	63	65	56	52	**78**	**84**
Faroe Islands	69	63	72	75	58	56	53	50	59	51	**80**	**79**
Finland	73	71	73	76	71	72	50	55	45	45	**78**	**81**
France	69	73	66	68	55	52	66	72	47	51	**82**	**87**
Germany (5 Bundesl.)	90	87	.	.	71[a)]	71[a)]	77	82	58	53	**93**	**90**
Greece	83	79	.	.	76	72	80	79	77	72	**92**	**91**
Hungary	76	74	.	.	57	62	73	75	58	55	**84**	**85**
Iceland	57	55	44	44	50	54	44	43	46	44	**62**	**62**
Ireland	77	77	75	75	58	64	66	75	65	68	**84**	**85**
Italy	80	75	.	.	80	74	70	65	57	53	**87**	**84**
Latvia	77	77	76	79	58	61	62	61	58	50	**83**	**86**
Liechtenstein	83	82	83	76	54	62	73	75	42	47	**90**	**90**
Lithuania	71	73	71	79	64	69	65	74	57	53	**77**	**83**
Malta	77	72	54	49	58	59	76	79	68	70	**87**	**87**
Moldova, Rep.of	52	40	.	.	61	53	56	48	28	20	**71**	**62**
Monaco	77	81	67	70	62	62	74	79	52	56	**88**	**91**
Montenegro	65	58	.	.	.	.	60	53	46	36	**69**	**63**
Norway	72	73	71	74	64	68	53	57	43	41	**78**	**80**
Poland	83	81	.	.	.	.	72	68	66	60	**85[b)]**	**82[b)]**
Portugal	77	78	.	.	64	61	70	73	63	66	**83**	**86**
Romania	56	54	.	.	39	37	57	53	40	36	**67**	**64**
Russian Fed. (Moscow)	59	57	.	.	56	57	56	58	33	30	**69**	**71**
Serbia	75	67	.	.	48	43	72	68	59	51	**80**	**74**
Slovak Republic	80	79	50	49	56	57	78	78	65	61	**87**	**87**
Slovenia	80	79	.	.	76	76	75	75	60	59	**87**	**88**
Sweden	75	76	76	79	68	71	59	63	62	65	**81**	**85**
Ukraine	59	60	.	.	66	71	53	54	27	21	**74**	**76**
AVERAGE	**74**	**72**	**70**	**71**	**63**	**64**	**66**	**66**	**55**	**52**	**81**	**81**
United Kingdom	74	71	73	70	72	73	61	70	57	59	**82**	**82**
Spain	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	**77[c)]**	**79[c)]**

a) Includes also mixed spirits-drinks.
b) Alcopops and cider not included in this question while in others.
c) Any alcoholic beverage.

Question C16 e

Table 6a. Purchase of alcoholic beverages during the last 30 days in a store for own consumption (off-premise). All students. 2011. Percentages.

	Beer		Cider		Alcopops		Wine		Spirits		Any off-premise purchase		
COUNTRY	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	**No**	**Yes**	No resp
Albania	72	28	.	.	.	.	84	16	88	12	**64**	**36**	0
Belgium (Flanders)	78	22	.	.	82	18	96	4	87	13	**68**	**32**	0
Bosnia and Herz. (RS)	79	21	.	.	.	.	90	10	91	9	**74**	**26**	1
Bulgaria	50	50	.	.	82	18	80	20	69	31	**40**	**60**	0
Croatia	69	31	.	.	89	11	76	24	80	20	**58**	**42**	0
Cyprus	73	27	.	.	61	39	88	12	78	22	**51**	**49**	1
Czech Republic	61	39	.	.	77	23	82	18	74	26	**49**	**51**	0
Denmark	77	23	76	24	73	27	96	4	74	26	**55**	**45**	5
Estonia	84	16	82	18	88	12	91	9	85	15	**70**	**30**	0
Faroe Islands	86	14	87	13	92	8	99	1	82	18	**74**	**26**	0
Finland	90	10	94	6	93	7	98	2	94	6	**84**	**16**	0
France	79	21	95	5	89	11	92	8	78	22	**66**	**34**	0
Germany (5 Bundesl.)	69	31	.	.	80[a)]	20[a)]	86	14	88[b)]	12[b)]	**60**	**40**	0
Greece	68	32	.	.	71	29	82	18	74	26	**46**	**54**	0
Hungary	77	23	.	.	85	15	76	24	78	22	**60**	**40**	0
Iceland	97	3	99	1	98	2	99	1	98	2	**96**	**4**	0
Ireland	85	15	87	13	93	7	96	4	85	15	**74**	**26**	0
Italy	66	34	.	.	72	28	86	14	79	21	**54**	**46**	0
Latvia	68	32	79	21	86	14	91	9	80	20	**57**	**43**	0
Liechtenstein	69	31	91	9	79	21	80	20	86	14	**58**	**42**	0
Lithuania	71	29	80	20	86	14	87	13	86	14	**57**	**43**	0
Malta	68	32	90	10	81	19	75	25	57	43	**46**	**54**	0
Moldova, Rep.of	62	38	.	.	65	35	72	28	90	10	**42**	**58**	1
Monaco	76	25	96	4	84	16	88	12	77	23	**63**	**38**	0
Montenegro	79	21	.	.	.	.	86	14	92	8	**73**	**27**	1
Norway	89	11	89	11	92	8	97	3	93	7	**83**	**17**	3
Poland	66	34	.	.	.	.	93	7	85	15	**64[c)]**	**36[c)]**	0
Portugal	85	15	.	.	92	8	95	5	87	13	**78**	**22**	0
Romania	58	42	.	.	88	12	78	22	84	16	**50**	**50**	0
Russian Fed. (Moscow)	80	20	.	.	86	14	90	10	92	8	**68**	**32**	1
Serbia	73	27	.	.	92	8	81	19	87	13	**65**	**35**	1
Slovak Republic	68	32	97	3	91	9	78	22	69	31	**52**	**48**	1
Slovenia	82	18	.	.	84	16	88	12	87	13	**70**	**30**	0
Sweden	95	5	93	7	97	3	97	3	94	6	**89**	**11**	1
Ukraine	60	40	.	.	62	38	79	21	89	11	**43**	**57**	1
AVERAGE	**75**	**25**	**89**	**11**	**84**	**16**	**87**	**13**	**83**	**17**	**63**	**37**	**0**
United Kingdom	86	14	88	12	87	13	91	9	84	16	**74**	**26**	1
Spain	.	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.	.

a) Includes also mixed spirits-drinks.
b) Does not include mixed spirits-drinks.
c) Alcopops and cider not included in this question while in others.

Question C16 e

Table 6b. Purchase of alcoholic beverages during the last 30 days in a store for own consumption (off-premise). Boys. 2011. Percentages.

	Beer		Cider		Alcopops		Wine		Spirits		**Any off-premise purchase**		
COUNTRY	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	**No**	**Yes**	No resp
Albania	61	39	.	.	.	.	81	19	82	18	**53**	**47**	0
Belgium (Flanders)	72	28	.	.	83	17	97	3	85	15	**65**	**35**	0
Bosnia and Herz. (RS)	67	33	.	.	.	.	87	13	88	12	**62**	**38**	1
Bulgaria	42	58	.	.	80	20	79	21	67	33	**35**	**65**	0
Croatia	58	42	.	.	85	15	70	30	76	24	**49**	**51**	0
Cyprus	57	43	.	.	55	45	82	18	68	32	**40**	**60**	2
Czech Republic	48	52	.	.	77	23	84	16	69	31	**42**	**58**	0
Denmark	67	33	77	23	76	24	96	4	72	28	**52**	**48**	4
Estonia	73	27	83	17	88	12	91	9	81	19	**65**	**35**	0
Faroe Islands	82	18	88	12	92	8	98	2	80	20	**73**	**27**	0
Finland	87	13	97	3	94	6	98	2	94	6	**84**	**16**	0
France	73	27	95	5	88	12	91	9	76	24	**64**	**36**	0
Germany (5 Bundesl.)	54	46	.	.	75[a)]	25[a)]	89	11	83[b)]	17[b)]	**50**	**50**	0
Greece	57	43	.	.	68	32	76	24	66	34	**37**	**63**	0
Hungary	68	32	.	.	85	15	73	27	75	25	**55**	**45**	0
Iceland	97	3	98	2	98	2	99	1	97	3	**96**	**4**	1
Ireland	80	20	84	16	94	6	96	4	88	12	**73**	**27**	1
Italy	57	43	.	.	69	31	82	18	74	26	**46**	**54**	0
Latvia	60	40	81	19	86	14	89	11	76	24	**52**	**48**	0
Liechtenstein	54	46	87	13	77	23	80	20	84	16	**48**	**52**	0
Lithuania	58	42	84	16	87	13	89	11	81	19	**52**	**48**	0
Malta	55	45	87	13	79	21	72	28	52	48	**39**	**61**	0
Moldova, Rep.of	49	51	.	.	66	34	67	33	86	14	**34**	**66**	1
Monaco	73	27	96	4	84	16	90	10	77	23	**62**	**38**	0
Montenegro	68	32	.	.	.	.	80	20	86	14	**62**	**38**	1
Norway	86	14	91	9	93	7	97	3	94	6	**83**	**17**	3
Poland	59	41	.	.	.	.	92	8	81	19	**56[c)]**	**44[c)]**	1
Portugal	79	21	.	.	89	11	94	6	84	16	**72**	**28**	0
Romania	49	51	.	.	86	14	73	27	80	20	**42**	**58**	1
Russian Fed. (Moscow)	75	25	.	.	86	14	90	10	89	11	**66**	**34**	1
Serbia	60	40	.	.	89	11	76	24	81	19	**54**	**46**	0
Slovak Republic	57	43	96	4	91	9	78	22	66	34	**47**	**53**	1
Slovenia	75	25	.	.	83	17	86	14	85	15	**65**	**35**	0
Sweden	93	7	95	5	96	4	98	2	94	6	**91**	**9**	2
Ukraine	52	48	.	.	67	33	80	20	85	15	**42**	**58**	1
AVERAGE	**66**	**34**	**89**	**11**	**83**	**17**	**86**	**14**	**80**	**20**	**57**	**43**	**1**
United Kingdom	80	20	86	14	89	11	93	7	85	15	**74**	**26**	1
Spain	.	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.	.

a) Includes also mixed spirits-drinks.
b) Does not include mixed spirits-drinks.
c) Alcopops and cider not included in this question while in others.

Question C16e

Table 6c. Purchase of alcoholic beverages during the last 30 days in a store for own consumption (off-premise). Girls. 2011. Percentages.

	Beer		Cider		Alcopops		Wine		Spirits		**Any off-premise purchase**		
COUNTRY	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	**No**	**Yes**	No resp
Albania	82	18	.	.	.	.	87	13	92	8	**74**	**26**	0
Belgium (Flanders)	85	15	.	.	81	19	94	6	89	11	**70**	**30**	0
Bosnia and Herz. (RS)	89	11	.	.	.	.	92	8	94	6	**83**	**17**	1
Bulgaria	57	43	.	.	84	16	81	19	72	28	**44**	**56**	0
Croatia	81	19	.	.	92	8	81	19	85	15	**67**	**33**	0
Cyprus	87	13	.	.	67	33	94	6	87	13	**61**	**39**	1
Czech Republic	74	26	.	.	77	23	81	19	80	20	**56**	**44**	0
Denmark	85	15	76	24	71	29	95	5	76	24	**57**	**43**	5
Estonia	95	5	81	19	89	11	91	9	88	12	**74**	**26**	0
Faroe Islands	91	9	86	14	91	9	99	1	84	16	**74**	**26**	0
Finland	93	7	92	8	91	9	97	3	93	7	**83**	**17**	0
France	85	15	96	4	89	11	92	8	79	21	**69**	**31**	0
Germany (5 Bundesl.)	81	19	.	.	84[a)]	16[a)]	84	16	92[b)]	8[b)]	**68**	**32**	0
Greece	78	22	.	.	73	27	87	13	81	19	**55**	**45**	0
Hungary	87	13	.	.	85	15	80	20	83	17	**66**	**34**	0
Iceland	98	2	99	1	97	3	100	0	98	2	**96**	**4**	0
Ireland	91	9	89	11	92	8	96	4	82	18	**76**	**24**	0
Italy	75	25	.	.	76	24	91	9	84	16	**62**	**38**	0
Latvia	77	23	77	23	86	14	92	8	85	15	**61**	**39**	0
Liechtenstein	84	16	95	5	82	18	81	19	87	13	**68**	**32**	1
Lithuania	83	17	76	24	85	15	84	16	91	9	**61**	**39**	0
Malta	80	20	93	7	83	17	78	22	62	38	**52**	**48**	0
Moldova, Rep.of	74	26	.	.	65	35	76	24	94	6	**49**	**51**	1
Monaco	78	22	97	3	83	17	86	14	78	22	**63**	**37**	0
Montenegro	90	10	.	.	.	.	91	9	97	3	**84**	**16**	1
Norway	91	9	87	13	90	10	97	3	93	7	**82**	**18**	2
Poland	73	27	.	.	.	.	94	6	89	11	**71[c)]**	**29[c)]**	0
Portugal	89	11	.	.	94	6	96	4	89	11	**82**	**18**	0
Romania	65	35	.	.	90	10	83	17	88	12	**57**	**43**	0
Russian Fed. (Moscow)	85	15	.	.	86	14	89	11	94	6	**71**	**29**	1
Serbia	85	15	.	.	94	6	86	14	91	9	**74**	**26**	1
Slovak Republic	79	21	98	2	91	9	78	22	73	27	**58**	**42**	0
Slovenia	89	11	.	.	86	14	90	10	88	12	**75**	**25**	0
Sweden	97	3	92	8	97	3	97	3	94	6	**88**	**12**	1
Ukraine	67	33	.	.	58	42	78	22	93	7	**44**	**56**	1
AVERAGE	**83**	**17**	**89**	**11**	**84**	**16**	**89**	**11**	**86**	**14**	**68**	**32**	**0**
United Kingdom	92	8	91	9	85	15	90	10	82	18	**75**	**25**	1
Spain	.	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.	.

a) Does not include mixed spirits-drinks.
b) Alcopops and cider not included in this question while in others.

Question C17 a–e

Table 7a. Consumption of alcoholic beverages in bars, discos etc (on-premise) during the last 30 days. All students. 2011. Percentages.

	Beer		Cider		Alcopops		Wine		Spirits		**Any on-premise purchase**		
COUNTRY	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	**No**	**Yes**	No resp.
Albania	70	30	.	.	.	.	85	15	83	17	**61**	**39**	0
Belgium (Flanders)	59	41	.	.	81	19	79	21	87	13	**45**	**55**	0
Bosnia and Herz. (RS)	70	30	.	.	.	.	81	19	81	19	**57**	**43**	0
Bulgaria	51	49	.	.	79	21	81	19	66	34	**36**	**64**	0
Croatia	56	44	.	.	80	20	61	39	61	39	**35**	**65**	0
Cyprus	64	36	.	.	51	49	82	18	63	37	**31**	**69**	1
Czech Republic	49	51	.	.	69	31	81	19	64	36	**35**	**65**	0
Denmark	83	17	87	13	84	16	96	4	81	19	**68**	**32**	1
Estonia	86	14	82	18	88	12	89	11	85	15	**67**	**33**	0
Faroe Islands	89	11	89	11	95	5	98	2	89	11	**81**	**19**	0
Finland	93	7	95	5	95	5	98	2	94	6	**88**	**12**	0
France	70	30	93	7	89	11	84	16	76	24	**55**	**45**	0
Germany (5 Bundesl.)	67	33	.	.	71[a)]	29[a)]	85	15	83[b)]	17[b)]	**53**	**47**	0
Greece	60	40	.	.	64	36	71	29	53	47	**26**	**74**	0
Hungary	68	32	.	.	77	23	70	30	65	35	**46**	**54**	0
Iceland	95	5	98	2	97	3	98	2	96	4	**93**	**7**	0
Ireland	80	20	83	17	89	11	93	7	78	22	**63**	**37**	0
Italy	56	44	.	.	59	41	82	18	67	33	**34**	**66**	0
Latvia	69	31	79	21	85	15	89	11	77	23	**53**	**47**	0
Liechtenstein	69	31	89	11	72	28	84	16	85	15	**52**	**48**	0
Lithuania	82	18	88	12	91	9	92	8	92	8	**72**	**28**	0
Malta	63	37	88	12	77	23	70	30	44	56	**32**	**68**	0
Moldova, Rep.of	62	38	.	.	66	34	70	30	89	11	**41**	**59**	0
Monaco	64	36	94	6	79	21	62	38	60	40	**40**	**60**	0
Montenegro	79	21	.	.	.	.	83	17	84	16	**67**	**33**	0
Norway	92	8	93	7	94	6	98	2	95	5	**88**	**12**	1
Poland	76	24	.	.	.	.	94	6	88	12	**73[c)]**	**27[c)]**	0
Portugal	71	29	.	.	82	18	93	7	62	38	**51**	**49**	0
Romania	61	39	.	.	85	15	78	22	78	22	**49**	**51**	0
Russian Fed. (Moscow)	88	12	.	.	92	8	85	15	90	10	**72**	**28**	1
Serbia	67	33	.	.	86	14	73	27	76	24	**49**	**51**	0
Slovak Republic	65	35	96	4	90	10	77	23	62	38	**46**	**54**	0
Slovenia	65	35	.	.	69	31	77	23	65	35	**42**	**58**	0
Sweden	94	6	94	6	97	3	96	4	96	4	**89**	**11**	1
Ukraine	65	35	.	.	67	33	75	25	88	12	**45**	**55**	0
AVERAGE	**71**	**29**	**90**	**10**	**81**	**19**	**83**	**17**	**77**	**23**	**55**	**45**	**0**
United Kingdom	80	20	86	14	81	19	87	13	81	19	**60**	**40**	1
Spain	.	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.	.

[a)] Includes also mixed spirits-drinks.
[b)] Does not include mixed spirits-drinks.
[c)] Alcopops and cider not included in this question while in others.

Question C17 a–e

Table 7b. Consumption of alcoholic beverages in bars, discos etc (on-premise) during the last 30 days. Boys. 2011. Percentages.

	Beer		Cider		Alcopops		Wine		Spirits		**Any on-premise purchase**		
COUNTRY	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	**No**	**Yes**	No resp
Albania	53	47	.	.	.	.	81	19	74	26	**44**	**56**	0
Belgium (Flanders)	55	45	.	.	88	12	86	14	89	11	**50**	**50**	0
Bosnia and Herz. (RS)	55	45	.	.	.	.	82	18	80	20	**49**	**51**	0
Bulgaria	43	57	.	.	79	21	80	20	66	34	**34**	**66**	0
Croatia	44	56	.	.	77	23	59	41	62	38	**32**	**68**	0
Cyprus	48	52	.	.	50	50	77	23	56	44	**27**	**73**	2
Czech Republic	39	61	.	.	74	26	85	15	62	38	**33**	**67**	0
Denmark	78	22	89	11	86	14	95	5	82	18	**69**	**31**	1
Estonia	78	22	86	14	89	11	91	9	83	17	**68**	**32**	0
Faroe Islands	85	15	92	8	95	5	98	2	88	12	**81**	**19**	0
Finland	91	9	97	3	96	4	98	2	95	5	**88**	**12**	0
France	67	33	93	7	89	11	85	15	76	24	**55**	**45**	0
Germany (5 Bundesl.)	57	43	.	.	76[a)]	24[a)]	91	9	82[b)]	18[b)]	**52**	**48**	0
Greece	50	50	.	.	65	35	69	31	48	52	**23**	**77**	0
Hungary	60	40	.	.	79	21	70	30	64	36	**45**	**55**	0
Iceland	95	5	98	2	98	2	98	2	96	4	**94**	**6**	0
Ireland	77	23	83	17	94	6	95	5	84	16	**68**	**32**	0
Italy	48	52	.	.	57	43	78	22	64	36	**30**	**70**	0
Latvia	64	36	84	16	87	13	89	11	77	23	**55**	**45**	0
Liechtenstein	59	41	87	13	77	23	88	12	83	17	**52**	**48**	1
Lithuania	74	26	90	10	92	8	93	7	89	11	**69**	**31**	0
Malta	52	48	87	13	78	22	69	31	46	54	**31**	**69**	0
Moldova, Rep.of	50	50	.	.	67	33	65	35	86	14	**36**	**64**	0
Monaco	67	33	94	6	81	19	72	28	71	29	**50**	**50**	0
Montenegro	66	34	.	.	.	.	78	22	79	21	**57**	**43**	0
Norway	91	9	94	6	96	4	98	2	95	5	**88**	**12**	1
Poland	76	24	.	.	.	.	94	6	87	13	**73[c)]**	**27[c)]**	1
Portugal	62	38	.	.	81	19	91	9	63	37	**48**	**52**	0
Romania	52	48	.	.	83	17	74	26	75	25	**43**	**57**	0
Russian Fed. (Moscow)	85	15	.	.	94	6	88	12	90	10	**74**	**26**	1
Serbia	53	47	.	.	85	15	72	28	74	26	**44**	**56**	0
Slovak Republic	56	44	96	4	91	9	80	20	62	38	**45**	**55**	0
Slovenia	53	47	.	.	70	30	75	25	67	33	**42**	**58**	0
Sweden	93	7	95	5	97	3	97	3	96	4	**90**	**10**	1
Ukraine	58	42	.	.	71	29	79	21	86	14	**46**	**54**	1
AVERAGE	**64**	**36**	**91**	**9**	**82**	**18**	**83**	**17**	**76**	**24**	**53**	**47**	**0**
United Kingdom	72	28	83	17	88	12	91	9	85	15	**62**	**38**	1
Spain	.	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.	.

[a)] Includes also mixed spirits-drinks.
[b)] Does not include mixed spirits-drinks.
[c)] Alcopops and cider not included in this question while in others.

Question C17 a–e

Table 7c. Consumption of alcoholic beverages in bars, discos etc (on-premise) during the last 30 days. Girls. 2011. Percentages.

	Beer		Cider		Alcopops		Wine		Spirits		**Any on-premise purchase**		
COUNTRY	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	**No**	**Yes**	No resp.
Albania	85	15	.	.	.	.	89	11	89	11	**74**	**26**	0
Belgium (Flanders)	63	37	.	.	74	26	73	27	86	14	**41**	**59**	0
Bosnia and Herz. (RS)	83	17	.	.	.	.	80	20	82	18	**63**	**37**	1
Bulgaria	59	41	.	.	79	21	82	18	67	33	**38**	**62**	0
Croatia	68	32	.	.	82	18	62	38	60	40	**38**	**62**	0
Cyprus	80	20	.	.	51	49	86	14	70	30	**35**	**65**	1
Czech Republic	59	41	.	.	64	36	77	23	66	34	**37**	**63**	0
Denmark	87	13	85	15	82	18	96	4	80	20	**68**	**32**	0
Estonia	92	8	77	23	86	14	87	13	86	14	**66**	**34**	0
Faroe Islands	94	6	87	13	94	6	99	1	91	9	**82**	**18**	0
Finland	96	4	93	7	94	6	97	3	94	6	**87**	**13**	0
France	74	26	93	7	89	11	83	17	77	23	**55**	**45**	1
Germany (5 Bundesl.)	76	24	.	.	68[a)]	32[a)]	81	19	84[b)]	16[b)]	**54**	**46**	0
Greece	69	31	.	.	62	38	72	28	58	42	**28**	**72**	0
Hungary	78	22	.	.	76	24	71	29	66	34	**48**	**52**	0
Iceland	94	6	98	2	95	5	99	1	95	5	**91**	**9**	0
Ireland	82	18	83	17	85	15	91	9	73	27	**59**	**41**	0
Italy	65	35	.	.	61	39	86	14	70	30	**39**	**61**	0
Latvia	75	25	73	27	83	17	88	12	78	22	**50**	**50**	0
Liechtenstein	80	20	91	9	66	34	80	20	86	14	**53**	**47**	0
Lithuania	91	9	86	14	91	9	91	9	95	5	**75**	**25**	0
Malta	74	26	90	10	76	24	71	29	42	58	**32**	**68**	0
Moldova, Rep.of	73	27	.	.	65	35	74	26	93	7	**45**	**55**	0
Monaco	60	40	94	6	77	23	53	47	50	50	**30**	**70**	0
Montenegro	92	8	.	.	.	.	88	12	88	12	**76**	**24**	0
Norway	94	6	92	8	93	7	97	3	95	5	**87**	**13**	1
Poland	76	24	.	.	.	.	95	5	88	12	**73[c)]**	**27[c)]**	0
Portugal	78	22	.	.	83	17	95	5	61	39	**53**	**47**	0
Romania	68	32	.	.	87	13	82	18	81	19	**54**	**46**	0
Russian Fed. (Moscow)	92	8	.	.	91	9	81	19	89	11	**70**	**30**	0
Serbia	78	22	.	.	87	13	74	26	78	22	**54**	**46**	0
Slovak Republic	73	27	96	4	88	12	74	26	63	37	**47**	**53**	0
Slovenia	77	23	.	.	69	31	78	22	62	38	**42**	**58**	0
Sweden	95	5	93	7	97	3	96	4	96	4	**88**	**12**	0
Ukraine	71	29	.	.	64	36	71	29	90	10	**43**	**57**	0
AVERAGE	**79**	**21**	**89**	**11**	**80**	**20**	**83**	**17**	**78**	**22**	**56**	**44**	**0**
United Kingdom	88	12	88	12	74	26	84	16	77	23	**58**	**42**	0
Spain	.	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.	.

[a)] Includes also mixed spirits-drinks.
[b)] Does not include mixed spirits-drinks.
[c)] Alcopops and cider not included in this question while in others.

Question C12 a

Table 8a. Frequency of lifetime use of any alcoholic beverage. All students. 2011. Percentages.

COUNTRY	Number of occasions 0	1–2	3–9	10–19	20–39	40+	Once or more	No response
Albania	..	..	..	..	..	..	..	..
Belgium (Flanders)	11	7	18	15	16	33	**89**	1
Bosnia and Herz. (RS)	12	18	24	14	8	23	**88**	1
Bulgaria	13	9	22	15	12	29	**87**	2
Croatia	7	10	21	16	14	33	**93**	1
Cyprus	13	10	20	15	14	28	**87**	2
Czech Republic	2	5	18	16	18	41	**98**	1
Denmark	7	4	18	19	16	37	**93**	2
Estonia	5	10	23	18	16	28	**95**	1
Faroe Islands	14	13	24	14	16	20	**86**	2
Finland	16	13	28	16	13	13	**84**	1
France	9	7	21	16	15	32	**91**	1
Germany (5 Bundesl.)	8	6	18	16	16	35	**92**	0
Greece	7	8	22	18	16	29	**93**	3
Hungary	6	11	26	18	16	23	**94**	1
Iceland	44	21	22	6	3	4	**56**	1
Ireland	19	16	25	14	10	16	**81**	2
Italy	13	13	25	16	13	20	**87**	1
Latvia	4	9	21	16	15	35	**96**	1
Liechtenstein	9	11	21	15	17	27	**91**	0
Lithuania	5	12	26	18	14	25	**95**	1
Malta	10	9	22	15	15	30	**90**	1
Moldova, Rep.of	..	..	..	..	..	..	..	..
Monaco	6	8	22	18	15	31	**94**	1
Montenegro	23	22	25	12	6	12	**77**	1
Norway	30	17	29	11	6	6	**70**	2
Poland	13	13	26	14	11	22	**87**	0
Portugal	29	12	21	13	11	14	**71**	5
Romania	21	20	25	11	10	14	**79**	3
Russian Fed. (Moscow)	16	15	25	13	10	21	**84**	2
Serbia	13	15	25	14	10	23	**87**	2
Slovak Republic	6	11	23	18	14	28	**94**	2
Slovenia	7	9	24	16	15	29	**93**	1
Sweden	24	16	28	14	8	9	**76**	2
Ukraine	11	12	26	16	13	21	**89**	2
AVERAGE	**13**	**12**	**23**	**15**	**13**	**24**	**87**	**1**
United Kingdom	10	8	19	16	16	31	**90**	2
Spain	26	3	14	11	12	25	**74**	10
USA	44	11	21	9	6	8	**56**	5

Question C12a

Table 8b. Frequency of lifetime use of any alcoholic beverage by gender. 2011. Percentages.

	Number of occasions												Once or more		No response	
	0		1–2		3–9		10–19		20–39		40+					
COUNTRY	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	**Boys**	**Girls**	Boys	Girls
Albania	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Belgium (Flanders)	12	11	7	7	17	19	13	17	15	17	37	29	**88**	**89**	2	1
Bosnia and Herz. (RS)	9	15	12	22	20	28	13	15	10	7	36	12	**91**	**85**	1	1
Bulgaria	11	15	9	8	19	24	12	18	11	13	36	22	**89**	**85**	2	3
Croatia	6	7	8	12	16	25	14	17	14	15	42	23	**94**	**93**	1	1
Cyprus	10	16	7	13	16	24	13	17	14	14	40	16	**90**	**84**	2	2
Czech Republic	2	2	5	6	14	21	13	19	16	19	50	32	**98**	**98**	1	1
Denmark	5	8	4	4	15	20	17	20	15	17	44	31	**95**	**92**	2	2
Estonia	6	4	11	9	21	25	17	19	15	17	30	25	**94**	**96**	2	1
Faroe Islands	12	15	13	13	24	23	14	14	14	17	23	17	**88**	**85**	2	1
Finland	17	16	14	13	28	28	15	16	13	14	14	13	**83**	**84**	1	1
France	9	10	6	8	17	25	15	16	14	16	39	25	**91**	**90**	1	1
Germany (5 Bundesl.)	6	9	6	7	14	22	15	17	17	16	42	29	**94**	**91**	0	1
Greece	7	8	7	10	16	28	16	20	14	17	40	18	**93**	**92**	3	3
Hungary	7	5	10	12	22	30	17	19	15	17	29	17	**93**	**95**	2	1
Iceland	44	44	21	20	21	22	6	5	3	4	5	4	**56**	**56**	1	1
Ireland	20	19	17	15	25	26	13	14	9	11	17	15	**80**	**81**	2	3
Italy	10	16	10	15	23	28	14	18	14	12	28	12	**90**	**84**	1	1
Latvia	5	3	10	8	19	23	15	18	15	16	37	32	**95**	**97**	2	1
Liechtenstein	10	7	9	13	16	27	16	14	13	21	36	18	**90**	**93**	0	1
Lithuania	6	4	13	11	25	28	15	21	13	15	29	21	**94**	**96**	1	1
Malta	9	10	9	10	20	23	13	16	15	16	35	24	**91**	**90**	1	1
Moldova, Rep.of	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Monaco	8	3	8	8	19	25	18	18	12	17	34	28	**92**	**97**	1	2
Montenegro	18	28	17	28	22	27	14	10	8	4	21	4	**82**	**72**	1	1
Norway	31	30	18	17	28	30	10	12	6	6	8	5	**69**	**70**	2	1
Poland	11	14	12	15	24	27	12	16	10	12	30	15	**89**	**86**	0	0
Portugal	24	33	12	11	20	22	12	14	11	11	21	8	**76**	**67**	4	6
Romania	17	24	18	22	23	26	12	11	12	8	19	9	**83**	**76**	3	3
Russian Fed. (Moscow)	18	14	16	14	24	26	12	15	8	12	23	19	**82**	**86**	2	2
Serbia	11	15	12	17	20	29	12	15	10	10	35	14	**89**	**85**	1	2
Slovak Republic	6	5	11	12	18	28	17	20	13	14	34	21	**94**	**95**	3	2
Slovenia	6	7	8	11	19	28	14	17	15	15	38	22	**94**	**93**	1	1
Sweden	24	24	18	15	27	29	14	14	7	10	10	8	**76**	**76**	2	2
Ukraine	13	10	13	12	24	28	15	16	12	15	24	18	**87**	**90**	3	2
AVERAGE	**12**	**14**	**11**	**13**	**20**	**26**	**14**	**16**	**12**	**13**	**30**	**18**	**88**	**86**	**2**	**2**
United Kingdom	10	10	7	8	18	21	14	17	15	17	36	27	**90**	**90**	3	2
Spain	27	25	3	3	13	15	11	11	10	14	27	23	**73**	**75**	10	10
USA	45	44	10	11	19	23	9	9	6	6	10	7	**55**	**56**	5	4

Question C12 b

Table 9a. Frequency of use of any alcoholic beverage during the last 12 months. All students. 2011. Percentages.

COUNTRY	Number of occasions 0	1–2	3–5	6–9	10–19	20+	Once or more	No response
Albania	48	24	11	7	6	5	**52**	1
Belgium (Flanders)	17	11	13	13	16	30	**83**	2
Bosnia and Herz. (RS)	25	24	14	11	10	16	**75**	1
Bulgaria	17	19	15	13	15	21	**83**	2
Croatia	15	16	15	14	16	25	**85**	1
Cyprus	18	17	15	15	15	20	**82**	2
Czech Republic	7	14	14	16	20	29	**93**	1
Denmark	8	10	12	18	21	30	**92**	2
Estonia	15	18	17	16	17	17	**85**	2
Faroe Islands	24	16	15	14	19	11	**76**	1
Finland	25	19	18	13	13	11	**75**	1
France	15	16	16	12	16	24	**85**	1
Germany (5 Bundesl.)	11	12	13	14	19	30	**89**	1
Greece	11	16	16	16	19	23	**89**	2
Hungary	13	22	18	15	16	16	**87**	1
Iceland	57	21	10	5	4	3	**43**	1
Ireland	27	19	14	14	12	14	**73**	2
Italy	21	19	16	14	15	17	**79**	1
Latvia	13	19	16	15	15	21	**87**	2
Liechtenstein	14	17	15	9	17	28	**86**	0
Lithuania	15	23	18	14	17	14	**85**	1
Malta	14	15	14	14	16	28	**86**	1
Moldova, Rep.of	..	..	..	..	..	..	..	..
Monaco	11	16	16	15	19	24	**89**	1
Montenegro	39	24	12	9	7	9	**61**	1
Norway	40	22	15	10	8	5	**60**	2
Poland	22	21	14	12	13	17	**78**	0
Portugal	26	19	17	14	11	13	**74**	2
Romania	28	26	15	10	10	11	**72**	3
Russian Fed. (Moscow)	29	25	15	11	9	11	**71**	3
Serbia	23	21	14	11	12	18	**77**	2
Slovak Republic	13	22	16	15	15	19	**87**	2
Slovenia	13	18	16	15	16	21	**87**	1
Sweden	35	22	15	12	9	7	**65**	3
Ukraine	21	22	17	13	12	15	**79**	3
AVERAGE	**21**	**19**	**15**	**13**	**14**	**18**	**79**	**2**
United Kingdom	15	14	15	14	18	24	**85**	2
Spain	27	5	11	10	18	19	**73**	11
USA	50	18	12	8	6	6	**50**	6

Question C12b

Table 9b. Frequency of use of any alcoholic beverage during the last 12 months by gender. 2011. Percentages.

	Number of occasions												Once or more		No response	
	0		1–2		3–5		6–9		10–19		20+					
COUNTRY	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	**Boys**	**Girls**	Boys	Girls
Albania	37	56	25	23	12	10	10	5	8	4	8	2	**63**	**44**	1	1
Belgium (Flanders)	18	16	11	12	12	15	12	14	14	17	33	26	**82**	**84**	2	1
Bosnia and Herz. (RS)	20	30	19	28	13	16	12	10	12	8	24	9	**80**	**70**	1	1
Bulgaria	17	17	16	22	14	16	11	16	17	13	26	16	**83**	**83**	2	2
Croatia	13	16	13	19	12	17	12	15	17	15	32	18	**87**	**84**	1	1
Cyprus	13	22	13	20	12	18	15	16	18	12	28	12	**87**	**78**	2	2
Czech Republic	7	7	11	16	12	16	13	18	20	20	37	22	**93**	**93**	2	1
Denmark	7	8	10	11	11	13	16	20	20	21	36	26	**93**	**92**	2	2
Estonia	17	12	19	18	16	18	15	17	17	17	16	18	**83**	**88**	2	1
Faroe Islands	24	24	15	17	16	15	14	15	19	20	13	10	**76**	**76**	2	1
Finland	27	24	21	18	17	19	12	14	13	14	11	12	**73**	**76**	1	1
France	14	16	14	18	14	18	11	14	17	16	30	18	**86**	**84**	1	1
Germany (5 Bundesl.)	9	13	11	13	11	15	12	15	20	19	37	24	**91**	**87**	1	1
Greece	11	12	12	19	13	18	14	17	20	18	30	15	**89**	**88**	2	2
Hungary	14	12	19	25	16	21	14	16	17	15	20	11	**86**	**88**	2	1
Iceland	59	55	21	20	9	11	4	6	4	5	3	3	**41**	**45**	1	0
Ireland	28	27	20	19	14	13	13	14	11	13	14	14	**72**	**73**	1	3
Italy	17	25	17	21	14	17	12	15	17	12	24	11	**83**	**75**	1	1
Latvia	15	10	19	19	16	17	14	17	15	16	22	20	**85**	**90**	2	1
Liechtenstein	18	10	10	24	10	20	9	9	18	17	35	19	**82**	**90**	0	0
Lithuania	17	13	23	23	16	20	12	16	16	17	17	11	**83**	**87**	1	1
Malta	14	14	13	16	14	14	12	15	16	16	31	24	**86**	**86**	1	1
Moldova, Rep.of	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Monaco	13	8	16	15	14	18	15	15	18	19	25	24	**87**	**92**	1	1
Montenegro	30	48	21	26	14	11	10	7	11	4	15	3	**70**	**52**	1	1
Norway	42	38	21	22	15	16	10	11	7	9	6	5	**58**	**62**	2	2
Poland	20	24	19	24	14	15	11	13	13	13	22	12	**80**	**76**	0	0
Portugal	25	26	17	21	14	20	13	15	13	10	18	9	**75**	**74**	2	2
Romania	24	32	22	29	15	15	12	9	12	9	16	7	**76**	**68**	4	3
Russian Fed. (Moscow)	33	26	25	26	13	16	9	12	8	10	11	10	**67**	**74**	3	2
Serbia	20	27	17	25	13	15	11	12	13	11	26	11	**80**	**73**	2	3
Slovak Republic	15	12	19	25	14	17	14	17	16	13	23	15	**85**	**88**	2	2
Slovenia	12	14	16	20	14	18	13	16	17	16	28	15	**88**	**86**	2	1
Sweden	37	34	23	22	15	15	11	13	8	10	7	6	**63**	**66**	2	3
Ukraine	23	18	21	23	16	18	12	14	12	12	16	14	**77**	**82**	4	3
AVERAGE	**21**	**22**	**17**	**21**	**14**	**16**	**12**	**14**	**15**	**14**	**22**	**14**	**79**	**78**	**2**	**1**
United Kingdom	15	15	13	14	15	15	13	16	17	19	27	21	**85**	**85**	2	1
Spain	28	26	5	5	10	12	9	11	20	16	18	20	**72**	**74**	11	11
USA	51	50	16	19	11	13	8	8	7	6	7	5	**49**	**50**	5	5

Question C12 c

Table 10a. Frequency of use of any alcoholic beverage during the last 30 days. All students. 2011. Percentages.

	Number of occasions							
COUNTRY	0	1–2	3–5	6–9	10–19	20+	Once or more	No response
Albania	68	19	6	3	2	1	32	2
Belgium (Flanders)	31	21	18	13	11	5	69	2
Bosnia and Herz. (RS)	53	22	10	7	4	4	47	1
Bulgaria	36	27	16	10	7	4	64	1
Croatia	34	25	17	10	9	5	66	1
Cyprus	30	25	16	12	10	7	70	2
Czech Republic	21	31	22	13	9	4	79	1
Denmark	24	31	23	11	8	4	76	2
Estonia	41	31	17	7	3	2	59	1
Faroe Islands	56	30	9	4	1	1	44	1
Finland	52	30	13	3	1	1	48	1
France	33	25	17	12	10	4	67	1
Germany (5 Bundesl.)	27	25	20	13	9	6	73	1
Greece	28	29	19	12	8	4	72	2
Hungary	39	31	16	8	4	3	61	1
Iceland	83	12	3	1	1	0	17	0
Ireland	50	25	13	6	4	2	50	2
Italy	37	25	16	10	7	5	63	1
Latvia	35	31	18	8	4	3	65	1
Liechtenstein	34	23	16	13	7	7	66	0
Lithuania	37	33	17	8	4	2	63	1
Malta	32	22	16	12	10	8	68	1
Moldova, Rep.of	..	..	..	..	..	..	..	..
Monaco	31	24	20	12	10	4	69	0
Montenegro	62	19	8	4	3	3	38	1
Norway	65	24	8	2	1	0	35	2
Poland	43	25	15	9	5	3	57	0
Portugal	48	25	13	7	4	3	52	3
Romania	51	25	12	5	4	2	49	3
Russian Fed. (Moscow)	63	20	8	5	3	2	37	2
Serbia	48	23	13	7	5	4	52	2
Slovak Republic	40	29	15	8	5	3	60	2
Slovenia	35	27	17	10	8	4	65	1
Sweden	62	23	10	2	1	0	38	1
Ukraine	46	26	12	8	5	3	54	3
AVERAGE	**43**	**25**	**14**	**8**	**6**	**3**	**57**	**1**
United Kingdom	35	27	17	10	7	4	65	1
Spain	37	11	15	11	12	5	63	10
USA	73	16	6	3	2	1	27	6

Question C12c

Table 10b. Frequency of use of any alcoholic beverage during the last 30 days by gender. 2011. Percentages.

	Number of occasions															
	0		1–2		3–5		6–9		10–19		20+		**Once or more**		No response	
COUNTRY	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	**Boys**	**Girls**	Boys	Girls
Albania	58	76	22	16	10	4	5	2	3	1	2	1	**42**	**24**	2	1
Belgium (Flanders)	31	31	20	23	16	19	13	14	12	11	8	2	**69**	**69**	2	2
Bosnia and Herz. (RS)	43	61	23	21	12	9	10	5	6	3	7	2	**57**	**39**	1	1
Bulgaria	34	38	24	30	16	15	11	9	9	5	5	3	**66**	**62**	2	1
Croatia	29	39	22	28	19	16	12	8	11	7	7	3	**71**	**61**	1	0
Cyprus	22	38	22	29	18	14	14	10	13	6	11	4	**78**	**62**	3	2
Czech Republic	19	23	25	37	24	20	14	11	12	7	7	2	**81**	**77**	1	1
Denmark	23	25	28	34	23	23	11	11	10	5	5	2	**77**	**75**	2	2
Estonia	43	40	30	32	15	18	7	7	3	3	2	1	**57**	**60**	1	1
Faroe Islands	55	57	29	32	10	8	5	3	1	0	0	1	**45**	**43**	2	1
Finland	54	50	28	32	13	13	3	3	1	1	1	1	**46**	**50**	1	1
France	30	36	23	27	17	17	14	10	11	9	6	2	**70**	**64**	1	1
Germany (5 Bundesl.)	24	30	21	29	19	20	15	12	11	7	9	3	**76**	**70**	0	1
Greece	24	32	25	32	19	18	15	10	11	5	6	2	**76**	**68**	2	2
Hungary	38	40	28	34	17	14	9	8	5	3	3	2	**62**	**60**	1	1
Iceland	84	81	11	14	3	4	1	1	1	0	0	0	**16**	**19**	1	0
Ireland	52	48	25	25	12	14	6	6	3	4	3	2	**48**	**52**	2	2
Italy	30	44	24	26	17	14	12	8	9	4	7	3	**70**	**56**	1	1
Latvia	37	33	28	35	17	19	9	8	5	3	4	2	**63**	**67**	1	1
Liechtenstein	32	36	16	32	14	18	19	8	9	3	10	3	**68**	**64**	0	0
Lithuania	37	36	31	35	16	17	8	7	4	3	3	1	**63**	**64**	1	1
Malta	30	34	21	22	16	17	12	11	11	9	10	6	**70**	**66**	1	1
Moldova, Rep.of	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Monaco	33	29	22	26	20	20	9	14	11	9	5	4	**67**	**71**	1	0
Montenegro	52	72	20	18	11	6	7	2	5	1	5	1	**48**	**28**	1	1
Norway	67	64	22	26	8	9	3	1	1	1	0	0	**33**	**36**	2	2
Poland	39	47	24	27	15	14	11	7	7	4	5	1	**61**	**53**	0	0
Portugal	44	50	23	27	13	13	10	5	6	2	4	2	**56**	**50**	4	3
Romania	45	56	24	27	15	10	7	4	6	2	3	1	**55**	**44**	2	3
Russian Fed. (Moscow)	63	63	21	19	6	9	6	5	3	3	2	1	**37**	**37**	2	2
Serbia	41	54	21	24	14	11	9	6	9	3	7	2	**59**	**46**	2	2
Slovak Republic	38	42	27	32	16	13	9	7	7	4	3	2	**62**	**58**	2	1
Slovenia	32	38	24	30	16	17	11	9	11	5	6	2	**68**	**62**	1	1
Sweden	66	59	20	26	10	11	2	2	1	0	0	1	**34**	**41**	2	1
Ukraine	47	46	25	28	11	12	8	7	5	5	3	2	**53**	**54**	3	3
AVERAGE	**41**	**46**	**24**	**28**	**15**	**14**	**9**	**7**	**7**	**4**	**5**	**2**	**59**	**54**	**2**	**1**
United Kingdom	34	35	25	28	16	18	10	10	9	5	6	3	**66**	**65**	2	1
Spain	38	37	10	12	12	18	10	12	15	9	5	4	**62**	**63**	9	10
USA	72	74	15	16	6	6	3	2	2	1	1	0	**28**	**26**	6	5

Question C13a–e

Table 11a. Use of various alcoholic beverages during the last 30 days. All students. 2011. Percentages.

						No response				
COUNTRY	Beer	Cider	Alcopops	Wine	Spirits	Beer	Cider	Alcopops	Wine	Spirits
Albania	43	.	.	34	20	1	.	.	1	1
Belgium (Flanders)	60	.	41	27	35	1	.	1	2	1
Bosnia and Herz. (RS)	43	.	.	35	28	0	.	.	1	1
Bulgaria	66	.	31	42	49	0	.	0	1	0
Croatia	55	.	28	56	50	0	.	0	1	0
Cyprus	52	.	65	36	49	1	.	1	2	1
Czech Republic	71	.	47	47	59	0	.	0	1	0
Denmark	50	59	56	20	56	1	2	2	2	1
Estonia	37	42	31	38	42	0	0	0	1	0
Faroe Islands	38	36	25	13	36	1	1	1	2	1
Finland	36	27	30	19	34	0	1	1	1	1
France	50	26	27	51	51	0	1	1	1	1
Germany (5 Bundesl.)	60	.	56 [a)]	43	42 [b)]	0	.	0	1	1
Greece	50	.	45	50	56	1	.	1	2	0
Hungary	44	.	29	54	47	1	.	1	1	1
Iceland	17	5	11	6	14	0	0	0	0	0
Ireland	40	33	18	18	35	1	2	2	3	1
Italy	57	.	54	39	43	0	.	0	1	0
Latvia	53	38	26	32	41	0	1	1	1	1
Liechtenstein	49	22	51	43	32	0	1	0	0	0
Lithuania	54	37	28	43	32	0	1	1	1	1
Malta	45	20	32	56	63	0	1	1	1	0
Moldova, Rep.of	51	.	43	56	18	1	.	2	2	1
Monaco	55	22	31	63	51	0	1	0	1	0
Montenegro	32	.	.	31	22	0	.	.	0	1
Norway	25	26	22	12	20	1	2	2	2	2
Poland	56	3	3	25	40	0	1	1	1	0
Portugal	40	.	25	19	46	1	.	1	1	1
Romania	58	.	23	45	31	0	.	1	1	1
Russian Fed. (Moscow)	28	.	18	34	21	0	.	0	1	1
Serbia	42	.	18	44	32	0	.	1	1	1
Slovak Republic	49	10	20	45	52	1	2	2	1	1
Slovenia	53	.	43	49	48	0	.	0	0	0
Sweden	27	32	19	19	31	1	1	1	1	1
Ukraine	48	.	43	46	21	1	.	1	2	1
AVERAGE	**47**	**27**	**32**	**37**	**38**	**0**	**1**	**1**	**1**	**1**
United Kingdom	46	39	41	34	44	1	1	1	1	1
Spain	.	.	.	.	.	.	.	.	.	.
USA	20	.	.	.	.	13	.	.	.	.

a) Includes also mixed spirits-drinks.
b) Does not include mixed spirits-drinks.

Question C13 a–e

Table 11b. Use of various alcoholic beverages during the last 30 days by gender. 2011. Percentages.

	Beer		Cider		Alcopops		Wine		Spirits	
COUNTRY	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Albania	56	33	.	.	.	.	36	32	28	14
Belgium (Flanders)	64	56	.	.	36	47	20	34	35	34
Bosnia and Herz. (RS)	57	32	.	.	.	.	33	37	33	24
Bulgaria	72	59	.	.	30	32	44	41	50	48
Croatia	65	45	.	.	32	25	59	54	50	49
Cyprus	69	36	.	.	67	63	43	30	60	39
Czech Republic	80	63	.	.	44	50	42	52	62	55
Denmark	62	40	56	62	52	60	21	20	57	56
Estonia	50	24	33	50	26	36	31	44	41	42
Faroe Islands	45	30	34	38	23	28	12	13	39	33
Finland	43	30	17	36	24	35	15	22	33	36
France	56	44	27	25	30	24	52	49	51	50
Germany (5 Bundesl.)	71	51	.	.	53[a)]	58[a)]	36	48	46[b)]	38[b)]
Greece	61	39	.	.	45	45	53	47	61	51
Hungary	53	33	.	.	26	31	54	53	47	46
Iceland	17	17	5	5	8	13	6	6	13	16
Ireland	44	35	34	32	10	25	13	23	30	40
Italy	66	48	.	.	58	51	46	31	48	38
Latvia	61	46	33	42	23	29	29	35	43	39
Liechtenstein	66	30	30	12	52	49	38	50	38	25
Lithuania	65	42	29	45	23	33	34	52	36	27
Malta	57	34	24	16	32	32	57	54	64	61
Moldova, Rep.of	61	42	.	.	43	43	58	54	24	13
Monaco	56	53	21	22	32	30	57	68	48	54
Montenegro	44	20	.	.	.	.	35	26	29	16
Norway	29	22	23	30	17	26	12	12	21	20
Poland	61	52	4	3	4	3	24	26	44	35
Portugal	49	33	.	.	30	22	22	16	45	47
Romania	63	54	.	.	26	20	50	42	35	27
Russian Fed. (Moscow)	32	23	.	.	16	19	30	39	21	20
Serbia	56	29	.	.	21	15	47	42	36	28
Slovak Republic	59	40	11	9	18	22	44	47	54	50
Slovenia	63	43	.	.	43	43	51	47	46	49
Sweden	30	25	28	37	16	21	14	23	30	33
Ukraine	53	43	.	.	37	49	39	52	24	18
AVERAGE	**55**	**38**	**26**	**29**	**30**	**33**	**36**	**38**	**40**	**36**
United Kingdom	57	35	42	36	31	51	26	42	40	48
Spain	.	.	.	.	.	.	.	.	.	.
USA	23	16	.	.	.	.	.	.	.	.

[a)] Includes also mixed spirits-drinks.
[b)] Does not include mixed spirits-drinks.

Question C15.2–6, C15a–e

Table 12a. Beer quantities among students reporting any last day alcohol consumption. All students. 2011. Percentages.

COUNTRY	Centilitres 0	<50	50–100	101–200	201+	Not relevant [a)]
Albania	37	32	23	5	3	46
Belgium (Flanders)	33	34	15	12	5	21
Bosnia and Herz. (RS)	52	27	11	5	5	32
Bulgaria	37	29	23	7	3	21
Croatia	42	26	16	9	7	18
Cyprus	63	13	15	5	3	26
Czech Republic	41	18	22	11	8	8
Denmark	54	15	15	8	8	15
Estonia	67	11	13	5	4	14
Faroe Islands	52	22	11	8	7	35
Finland	51	17	12	8	13	23
France	56	16	18	6	5	16
Germany (5 Bundesl.)	43	27	18	7	5	21
Greece	65	12	19	4	1	18
Hungary	60	18	16	4	2	19
Iceland	45	28	14	8	4	55
Ireland	56	14	14	8	8	26
Italy	50	24	19	4	3	25
Latvia	49	18	20	9	4	22
Liechtenstein	46	23	16	9	7	24
Lithuania	51	19	19	6	5	12
Malta	73	13	9	3	2	20
Moldova, Rep.of	54	29	12	2	2	37
Monaco	58	16	19	4	3	14
Montenegro	53	32	9	3	4	45
Norway	52	13	16	8	11	43
Poland	23	27	36	10	5	26
Portugal	57	31	8	2	2	26
Romania	33	43	17	5	2	33
Russian Fed. (Moscow)	71	15	12	2	1	32
Serbia	53	19	17	6	5	27
Slovak Republic	63	16	16	3	1	20
Slovenia	57	18	15	6	4	17
Sweden	61	13	12	7	8	39
Ukraine	55	22	16	5	3	16
AVERAGE	**52**	**21**	**16**	**6**	**5**	**25**
United Kingdom	57	12	16	8	7	21
Spain	.	.	.	.	.	.
USA	.	.	.	.	.	.

[a)] Not relevant includes students with no last day alchol consmuption and no/inconsistent responses regarding the last day consumption items.

Question C15.2–6, C15a–e

Table 12b. Beer quantities among students reporting any last day alcohol consumption. All students. 2011. Percentages.

	Centilitres											
	0		<50		50–100		101–200		201+		Not relevant [a)]	
COUNTRY	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Albania	28	48	30	34	30	15	7	2	4	1	36	55
Belgium (Flanders)	22	44	35	33	18	13	17	8	8	2	22	21
Bosnia and Herz. (RS)	28	72	34	21	18	6	10	1	9	1	29	34
Bulgaria	29	46	27	32	29	17	10	4	5	2	20	22
Croatia	28	57	28	24	19	13	13	5	12	2	17	19
Cyprus	48	78	15	12	23	8	8	1	6	1	24	27
Czech Republic	25	56	14	22	29	16	18	5	14	2	8	8
Denmark	40	66	14	15	19	11	12	5	16	2	14	16
Estonia	46	87	15	7	22	4	10	1	8	1	15	12
Faroe Islands	36	70	25	19	15	7	13	2	11	1	31	38
Finland	35	66	18	16	15	8	10	6	22	4	25	22
France	48	63	16	15	21	14	8	4	6	3	17	16
Germany (5 Bundesl.)	25	59	28	26	27	11	11	4	9	1	19	22
Greece	55	74	12	11	25	13	5	2	3	0	18	18
Hungary	46	75	20	16	23	7	7	1	4	1	20	18
Iceland	38	52	29	27	17	12	9	7	6	2	56	53
Ireland	42	70	17	12	17	11	11	5	14	2	27	26
Italy	43	58	23	24	24	14	5	3	5	1	21	29
Latvia	32	66	19	18	27	12	14	3	8	1	24	20
Liechtenstein	24	69	24	21	22	9	17	1	13	0	25	23
Lithuania	30	72	23	15	27	10	11	2	9	1	13	11
Malta	62	84	16	11	14	4	5	1	3	1	20	21
Moldova, Rep.of	42	67	33	25	18	7	4	1	3	1	34	40
Monaco	51	64	15	16	25	15	3	5	6	0	18	10
Montenegro	39	70	36	26	13	3	5	0	7	0	39	51
Norway	39	66	14	13	18	13	11	4	18	4	45	42
Poland	19	26	22	31	38	33	13	7	8	2	24	28
Portugal	43	66	37	27	12	5	4	2	5	0	28	25
Romania	28	36	40	46	21	14	7	3	3	1	30	35
Russian Fed. (Moscow)	57	81	21	10	17	7	3	1	1	0	37	27
Serbia	37	69	19	18	25	9	11	2	9	1	23	30
Slovak Republic	52	74	16	17	24	8	5	1	3	0	20	19
Slovenia	39	75	20	16	23	6	10	2	8	0	17	17
Sweden	49	72	15	10	14	9	9	6	14	2	41	37
Ukraine	41	67	24	20	22	10	7	2	6	0	18	14
AVERAGE	**38**	**65**	**23**	**20**	**21**	**11**	**9**	**3**	**8**	**1**	**25**	**26**
United Kingdom	37	76	14	10	22	11	14	2	13	1	22	21
Spain	.	.	.	.	.	.	.		.	.	.	.
USA	.	.	.	.	.	.	.		.	.	.	.

[a)] Not relevant includes students with no last day alchol consmuption and no/inconsistent responses regarding the last day consumption items.

Question C15.2–6, C15a–e

Table 13a. Cider quantities among students reporting any last day alcohol consumption. All students. 2011. Percentages.

COUNTRY	Centilitres 0	<50	50–100	101–200	201+	Not relevant [a)]
Albania	.	.	.	.	.	.
Belgium (Flanders)	.	.	.	.	.	.
Bosnia and Herz. (RS)	.	.	.	.	.	.
Bulgaria	.	.	.	.	.	.
Croatia	.	.	.	.	.	.
Cyprus	.	.	.	.	.	.
Czech Republic	.	.	.	.	.	.
Denmark	51	16	20	10	4	15
Estonia	64	14	17	4	1	14
Faroe Islands	63	26	9	2	0	35
Finland	65	16	14	4	2	23
France	.	.	.	.	.	.
Germany (5 Bundesl.)	.	.	.	.	.	.
Greece	.	.	.	.	.	.
Hungary	.	.	.	.	.	.
Iceland	94	4	1	0	0	55
Ireland	66	8	12	7	7	26
Italy	.	.	.	.	.	.
Latvia	76	12	10	2	1	22
Liechtenstein	90	7	1	1	1	24
Lithuania	73	16	8	2	1	12
Malta	98	1	1	0	0	20
Moldova, Rep.of	.	.	.	.	.	.
Monaco	.	.	.	.	.	.
Montenegro	.	.	.	.	.	.
Norway	55	16	20	6	4	43
Poland	99	1	0	0	0	26
Portugal	.	.	.	.	.	.
Romania	.	.	.	.	.	.
Russian Fed. (Moscow)	.	.	.	.	.	.
Serbia	.	.	.	.	.	.
Slovak Republic	98	1	0	0	0	20
Slovenia	.	.	.	.	.	.
Sweden	52	16	19	10	4	39
Ukraine	.	.	.	.	.	.
AVERAGE	**75**	**11**	**9**	**3**	**2**	**27**
United Kingdom	68	11	14	5	3	21
Spain	.	.	.	.	.	.
USA	.	.	.	.	.	.

[a)] Not relevant includes students with no last day alchol consmuption and no/inconsistent responses regarding the last day consumption items.

Question C15.2–6, C15a–e

Table 13b. Cider quantities among students reporting any last day alcohol consumption, by gender. 2011. Percentages.

	Centilitres											
	0		<50		50–100		101–200		201+		Not relevant [a]	
COUNTRY	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Albania	.	.	.	.	.	.	.	.	.	.	.	.
Belgium (Flanders)	.	.	.	.	.	.	.	.	.	.	.	.
Bosnia and Herz. (RS)	.	.	.	.	.	.	.	.	.	.	.	.
Bulgaria	.	.	.	.	.	.	.	.	.	.	.	.
Croatia	.	.	.	.	.	.	.	.	.	.	.	.
Cyprus	.	.	.	.	.	.	.	.	.	.	.	.
Czech Republic	.	.	.	.	.	.	.	.	.	.	.	.
Denmark	57	45	12	19	17	22	9	11	5	2	14	16
Estonia	77	52	9	20	11	23	3	5	1	1	15	12
Faroe Islands	75	48	16	39	7	11	3	2	1	0	31	38
Finland	80	51	10	21	8	19	1	6	1	3	25	22
France	.	.	.	.	.	.	.	.	.	.	.	.
Germany (5 Bundesl.)	.	.	.	.	.	.	.	.	.	.	.	.
Greece	.	.	.	.	.	.	.	.	.	.	.	.
Hungary	.	.	.	.	.	.	.	.	.	.	.	.
Iceland	95	93	4	5	1	1	0	1	1	0	56	53
Ireland	62	70	8	8	12	12	8	6	10	4	27	26
Italy	.	.	.	.	.	.	.	.	.	.	.	.
Latvia	86	67	7	16	6	15	1	2	1	0	24	20
Liechtenstein	88	93	8	6	1	1	2	0	1	1	25	23
Lithuania	80	65	10	22	6	10	2	2	1	1	13	11
Malta	97	99	1	1	1	0	1	0	0	0	20	21
Moldova, Rep.of	.	.	.	.	.	.	.	.	.	.	.	.
Monaco	.	.	.	.	.	.	.	.	.	.	.	.
Montenegro	.	.	.	.	.	.	.	.	.	.	.	.
Norway	62	47	14	17	16	24	4	8	3	4	45	42
Poland	99	99	1	1	0	0	0	0	0	0	24	28
Portugal	.	.	.	.	.	.	.	.	.	.	.	.
Romania	.	.	.	.	.	.	.	.	.	.	.	.
Russian Fed. (Moscow)	.	.	.	.	.	.	.	.	.	.	.	.
Serbia	.	.	.	.	.	.	.	.	.	.	.	.
Slovak Republic	99	98	1	2	0	0	0	0	0	0	20	19
Slovenia	.	.	.	.	.	.	.	.	.	.	.	.
Sweden	60	43	14	17	16	22	6	13	3	5	41	37
Ukraine	.	.	.	.	.	.	.	.	.	.	.	.
AVERAGE	**80**	**69**	**8**	**14**	**7**	**11**	**3**	**4**	**2**	**2**	**27**	**26**
United Kingdom	62	74	11	10	16	11	6	4	5	1	22	21
Spain	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.

[a] Not relevant includes students with no last day alchol consmuption and no/inconsistent responses regarding the last day consumption items.

Question C15.2–6, C15a–e

Table 14a. Alcopops quantities among students reporting any last day alcohol consumption. All students. 2011. Percentages.

COUNTRY	Centilitres 0	<50	50–100	101–200	201+	Not relevant [a)]
Albania	.	.	.	.	.	.
Belgium (Flanders)	72	10	12	4	1	21
Bosnia and Herz. (RS)	.	.	.	.	.	.
Bulgaria	94	6	1	0	0	21
Croatia	85	11	3	1	1	18
Cyprus	56	26	12	4	2	26
Czech Republic	.	.	.	.	.	.
Denmark	50	13	21	11	5	15
Estonia	85	7	6	1	1	14
Faroe Islands	78	18	4	1	0	35
Finland	63	13	14	5	6	23
France	.	.	.	.	.	.
Germany (5 Bundesl.) [b)]	50	20	18	8	4	21
Greece	78	17	4	1	0	18
Hungary	83	12	4	1	0	19
Iceland	76	16	6	2	0	55
Ireland	85	6	4	3	1	26
Italy	68	26	4	1	1	25
Latvia	89	8	2	0	0	22
Liechtenstein	54	22	16	6	2	24
Lithuania	89	8	2	0	0	12
Malta	92	5	2	1	0	20
Moldova, Rep.of	73	22	4	1	0	37
Monaco	.	.	.	.	.	.
Montenegro	.	.	.	.	.	.
Norway	69	15	12	4	0	43
Poland	99	1	0	0	0	26
Portugal	83	13	3	1	0	26
Romania	95	5	0	0	0	33
Russian Fed. (Moscow)	87	6	6	1	1	32
Serbia	94	4	1	0	0	27
Slovak Republic	95	4	1	0	0	20
Slovenia	72	18	8	2	0	17
Sweden	88	5	5	1	1	39
Ukraine	65	20	12	2	1	16
AVERAGE	**78**	**12**	**6**	**2**	**1**	**25**
United Kingdom	65	16	11	6	3	21
Spain	.	.	.	.	.	.
USA	.	.	.	.	.	.

[a)] Not relevant includes students with no last day alchol consmuption and no/inconsistent responses regarding the last day consumption items.
[b)] Includes also mixed spirits-drinks.

Question C15.2–6, C15a–e

Table 14b. Alcopops quantities among students reporting any last day alcohol consumption, by gender. 2011. Percentages.

	Centilitres											
	0		<50		50–100		101–200		201+		Not relevant [a]	
COUNTRY	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Albania	.	.	.	.	.	.	.	.	.	.	.	.
Belgium (Flanders)	80	65	7	12	9	16	2	6	2	1	22	21
Bosnia and Herz. (RS)	.	.	.	.	.	.	.	.	.	.	.	.
Bulgaria	96	91	3	8	1	0	0	0	0	0	20	22
Croatia	83	87	12	11	3	2	1	0	1	0	17	19
Cyprus	69	44	14	38	10	14	4	3	3	1		
Czech Republic	.	.	.	.	.	.	.	.	.	.	.	.
Denmark	61	40	9	16	15	26	8	13	6	4	14	16
Estonia	88	81	5	10	5	7	1	2	1	0	15	12
Faroe Islands	84	70	14	22	2	7	1	0	0	1	31	38
Finland	70	57	10	15	12	15	3	6	5	6	25	22
France	.	.	.	.	.	.	.	.	.	.	.	.
Germany (5 Bundesl.) [b]	59	42	16	24	15	21	6	9	4	4	19	22
Greece	83	73	12	23	4	4	1	1	1	0	18	18
Hungary	87	79	9	16	4	5	1	1	0	0	20	18
Iceland	87	66	9	22	3	9	0	3	1	0	56	53
Ireland	92	78	4	9	2	7	1	4	1	2	27	26
Italy	72	64	21	32	5	3	1	1	1	0	21	29
Latvia	93	86	5	11	2	3	1	0	0	0	24	20
Liechtenstein	60	47	16	29	17	16	6	6	2	1	25	23
Lithuania	93	84	4	13	2	3	0	0	0	0	13	11
Malta	93	91	4	7	1	2	1	0	1	0	20	21
Moldova, Rep.of	82	65	13	31	5	4	1	1	0	0	34	40
Monaco	.	.	.	.	.	.	.	.	.	.	.	.
Montenegro	.	.	.	.	.	.	.	.	.	.	.	.
Norway	80	58	10	20	7	16	2	6	0	0	45	42
Poland	99	99	1	1	0	0	0	0	0	0	24	28
Portugal	82	84	13	13	4	2	1	1	0	0	28	25
Romania	96	94	3	6	0	0	1	0	0	0	30	35
Russian Fed. (Moscow)	87	88	5	6	5	6	1	1	1	1	37	27
Serbia	96	93	2	6	1	1	0	0	0	0	23	30
Slovak Republic	97	93	3	6	1	1	0	0	0	0	20	19
Slovenia	77	68	11	24	8	7	3	1	0	0	17	17
Sweden	89	87	5	5	5	5	1	1	0	1	41	37
Ukraine	72	59	14	25	11	13	2	2	1	1	18	14
AVERAGE	**83**	**74**	**9**	**16**	**5**	**7**	**2**	**2**	**1**	**1**	**25**	**25**
United Kingdom	79	51	9	22	6	16	3	8	2	3	22	21
Spain	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.

[a] Not relevant includes students with no last day alchol consmuption and no/inconsistent responses regarding the last day consumption items.
[b] Includes also mixed spirits-drinks.

Question C15.2–6, C15a–e

Table 15a. Wine quantities among students reporting any last day alcohol consumption. All students. 2011. Percentages.

COUNTRY	Centilitres 0	<20	20–40	41–74	75+	Not relevant [a)]
Albania	70	25	4	1	1	46
Belgium (Flanders)	80	11	7	1	0	21
Bosnia and Herz. (RS)	60	23	11	3	3	32
Bulgaria	83	12	4	1	1	21
Croatia	42	26	15	9	8	18
Cyprus	88	10	1	0	0	26
Czech Republic	77	7	9	4	3	8
Denmark	92	5	2	0	0	15
Estonia	69	21	7	2	1	14
Faroe Islands	93	5	1	0	0	35
Finland	81	14	3	1	1	23
France	..	..	..	..	..	..
Germany (5 Bundesl.)	69	21	8	1	1	21
Greece	76	16	4	2	1	18
Hungary	53	24	14	6	4	19
Iceland	89	9	1	0	0	55
Ireland	85	11	2	2	1	26
Italy	82	11	4	1	1	25
Latvia	83	12	4	1	0	22
Liechtenstein	75	17	5	2	1	24
Lithuania	74	20	4	1	1	12
Malta	71	21	6	1	1	20
Moldova, Rep.of	59	31	7	2	1	37
Monaco	..	..	..	..	..	..
Montenegro	55	27	11	4	3	45
Norway	87	8	4	1	1	43
Poland	81	12	4	1	1	26
Portugal	87	6	3	2	2	26
Romania	73	19	5	1	1	33
Russian Fed. (Moscow)	46	31	8	13	2	32
Serbia	61	17	15	4	3	27
Slovak Republic	70	13	10	3	2	20
Slovenia	64	13	10	7	5	17
Sweden	85	11	4	1	0	39
Ukraine	58	24	10	6	2	16
AVERAGE	**78**	**15**	**4**	**1**	**2**	**26**
United Kingdom	78	15	4	1	2	21
Spain	.	.	.	.	.	.
USA	.	.	.	.	.	.

[a)] Not relevant includes students with no last day alchol consmuption and no/inconsistent responses regarding the last day consumption items.

Question C15.2–6, C15a–e

Table 15b. Wine quantities among students reporting any last day alcohol consumption, by gender. 2011. Percentages.

	Centilitres											
	0		<20		20–40		41–74		75+		Not relevant [a)]	
COUNTRY	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Albania	80	57	14	37	3	5	1	1	1	0	36	55
Belgium (Flanders)	87	74	8	14	4	9	0	2	1	0	22	21
Bosnia and Herz. (RS)	77	46	11	33	7	14	3	4	3	3	29	34
Bulgaria	84	81	10	14	4	4	1	1	1	1	20	22
Croatia	43	41	20	31	17	14	10	9	11	5	17	19
Cyprus	90	87	8	12	2	1	1	0	0	0	24	27
Czech Republic	83	70	5	10	7	11	3	6	2	3	8	8
Denmark	93	91	4	6	2	2	0	0	0	1	14	16
Estonia	78	60	15	26	5	9	1	3	1	2	15	12
Faroe Islands	94	92	5	7	1	2	0	0	0	0	31	38
Finland	85	78	11	16	2	4	1	1	1	1	25	22
France	..	..	..	..	..	..	..	..	..	..	..	..
Germany (5 Bundesl.)	82	58	13	27	4	11	0	2	1	1	19	22
Greece	77	75	13	19	4	4	3	2	2	1	18	18
Hungary	55	51	19	29	15	14	7	4	5	3	20	18
Iceland	89	89	9	9	1	1	0	1	0	0	56	53
Ireland	91	79	6	16	2	3	2	2	1	1	27	26
Italy	79	85	11	10	6	3	1	1	2	1	21	29
Latvia	89	76	6	17	3	5	1	2	0	1	24	20
Liechtenstein	81	69	12	22	4	7	2	1	1	1	25	23
Lithuania	86	63	10	29	3	6	1	1	1	1	13	11
Malta	73	69	17	24	6	5	1	1	2	1	20	21
Moldova, Rep.of	62	57	26	37	8	5	3	1	1	0	34	40
Monaco	..	..	..	..	..	..	..	..	..	..	..	..
Montenegro	64	45	18	38	10	12	4	3	5	2	39	51
Norway	90	84	5	11	4	3	1	1	0	1	45	42
Poland	84	79	8	15	4	5	1	1	2	0	24	28
Portugal	85	89	7	6	5	3	1	2	3	1	28	25
Romania	72	75	18	20	7	3	1	1	2	1	30	35
Russian Fed. (Moscow)	59	36	22	38	7	10	10	16	2	1	37	27
Serbia	71	51	10	24	11	18	4	4	4	2	23	30
Slovak Republic	75	66	10	17	9	12	3	3	3	2	20	19
Slovenia	65	64	11	15	10	11	8	6	7	3	17	17
Sweden	91	78	6	15	2	5	0	1	0	1	41	37
Ukraine	64	53	19	29	9	10	5	7	3	1	18	14
AVERAGE	**78**	**69**	**12**	**20**	**6**	**7**	**2**	**3**	**2**	**1**	**25**	**27**
United Kingdom	86	70	11	19	1	7	1	2	1	2	22	21
Spain	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.

[a)] Not relevant includes students with no last day alchol consmuption and no/inconsistent responses regarding the last day consumption items.

Question C15.2–6, C15a–e

Table 16a. Spirits quantities among students reporting any last day alcohol consumption. All students. 2011. Percentages.

COUNTRY	Centilitres 0	<8	8–15	16–24	25+	Not relevant [a)]
Albania	87	6	4	2	2	46
Belgium (Flanders)	79	8	9	3	1	21
Bosnia and Herz. (RS)	78	11	5	3	2	32
Bulgaria	67	14	11	4	4	21
Croatia	53	26	12	5	5	18
Cyprus	67	11	9	7	7	26
Czech Republic	69	6	8	9	9	8
Denmark	46	11	17	15	12	15
Estonia	61	11	11	10	8	14
Faroe Islands	44	17	16	11	12	35
Finland	58	17	13	7	6	23
France	51	14	16	11	8	16
Germany (5 Bundesl.) [b)]	75	10	7	4	3	21
Greece	57	18	12	7	6	18
Hungary	52	20	17	6	5	19
Iceland	53	21	14	7	6	55
Ireland	64	12	8	10	7	26
Italy	69	12	11	5	4	25
Latvia	70	8	8	7	7	22
Liechtenstein	85	6	5	2	2	24
Lithuania	83	5	4	4	4	12
Malta	35	24	22	10	8	20
Moldova, Rep.of	94	4	1	1	1	37
Monaco	54	15	16	9	6	14
Montenegro	78	13	5	2	2	45
Norway	66	10	11	7	5	43
Poland	69	8	7	7	9	26
Portugal	34	15	34	11	6	26
Romania	82	9	5	2	1	33
Russian Fed. (Moscow)	82	6	6	2	4	32
Serbia	78	10	6	3	3	27
Slovak Republic	49	11	13	12	14	20
Slovenia	58	17	16	6	3	17
Sweden	55	14	15	9	7	39
Ukraine	88	3	4	2	2	16
AVERAGE (UNW.)	**65**	**12**	**11**	**6**	**5**	**25**
United Kingdom	60	19	13	6	3	21
Spain	.	.	.	.	.	.
USA	.	.	.	.	.	.

[a)] Not relevant includes students with no last day alchol consmuption and no/inconsistent responses regarding the last day consumption items.
[b)] Does not include mixed spirits-drinks.

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Table 16b. Spirits quantities among students reporting any last day alcohol consumption, by gender. 2011. Percentages.

	Centilitres											
	0		<8		8–15		16–24		25+		Not relevant [a]	
COUNTRY	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Albania	85	89	6	7	5	2	2	1	2	1	36	55
Belgium (Flanders)	80	79	7	9	10	8	3	3	1	1	22	21
Bosnia and Herz. (RS)	83	74	7	15	4	6	3	3	3	1	29	34
Bulgaria	69	65	10	19	10	11	5	3	6	2	20	22
Croatia	57	49	22	30	10	14	5	5	7	2	17	19
Cyprus	65	68	9	14	9	8	8	6	10	4	24	27
Czech Republic	70	68	5	7	6	9	8	9	11	7	8	8
Denmark	47	44	8	13	14	20	14	15	17	8	14	16
Estonia	59	62	9	12	10	12	11	9	12	5	15	12
Faroe Islands	41	48	15	19	18	13	11	11	15	9	31	38
Finland	59	56	15	19	13	13	6	7	7	5	25	22
France	53	49	14	15	15	18	10	11	8	7	17	16
Germany (5 Bundesl.) [b]	74	76	9	11	8	7	6	3	4	3	19	22
Greece	57	56	13	23	13	11	9	6	8	3	18	18
Hungary	54	50	16	24	17	17	6	7	7	3	20	18
Iceland	56	49	20	22	12	15	6	8	6	5	56	53
Ireland	73	55	11	13	5	11	5	14	7	7	27	26
Italy	70	69	10	14	10	11	6	4	5	2	21	29
Latvia	69	71	5	11	7	9	8	6	11	3	24	20
Liechtenstein	81	89	9	4	6	4	2	2	2	1	25	23
Lithuania	82	84	4	5	4	4	4	4	5	3	13	11
Malta	39	31	19	29	19	26	12	8	11	6	20	21
Moldova, Rep.of	92	96	4	3	2	0	1	1	1	0	34	40
Monaco	56	52	16	15	16	16	6	12	6	5	18	10
Montenegro	79	77	10	16	5	5	3	1	3	1	39	51
Norway	65	68	10	11	11	10	8	7	7	4	45	42
Poland	70	69	7	9	5	9	6	7	12	7	24	28
Portugal	47	24	10	19	27	39	10	12	6	5	28	25
Romania	85	81	7	10	5	6	3	2	2	1	30	35
Russian Fed. (Moscow)	81	84	6	6	5	6	4	1	4	3	37	27
Serbia	81	74	6	14	6	7	4	3	4	2	23	30
Slovak Republic	49	48	11	12	11	16	11	13	17	11	20	19
Slovenia	66	50	13	21	12	21	5	6	4	3	17	17
Sweden	57	52	12	16	13	17	9	10	10	5	41	37
Ukraine	85	90	3	3	5	3	3	2	3	2	18	14
AVERAGE	**67**	**64**	**10**	**14**	**10**	**12**	**6**	**6**	**7**	**4**	**25**	**26**
United Kingdom	68	52	16	21	9	16	4	7	3	3	22	21
Spain	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.

[a] Not relevant includes students with no last day alchol consmuption and no/inconsistent responses regarding the last day consumption items.
[b] Does not include mixed spirits-drinks.

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Table 17a. Estimated average alcohol consumption during the last alcohol drinking day among students reporting any last day alcohol consumption, per beverage and total [a]. All students. 2011.

	Centilitres of pure alcohol						Beverage proportion (percentages)[b]					
COUNTRY	Beer	Cider	Alco-pops	Wine	Spirits	**Total**	Beer	Cider	Alco-pops	Wine	Spirits	**Total**
Albania	1.9	.	.	0.6	0.5	**3.0**	63	.	.	20	17	**100**
Belgium (Flanders)	2.4	.	0.9	0.5	0.8	**4.7**	51	.	19	11	17	**100**
Bosnia and Herz. (RS)	1.6	.	.	1.1	0.8	**3.6**	44	.	.	31	22	**100**
Bulgaria	2.1	.	0.1	0.4	1.4	**4.0**	53	.	3	10	35	**100**
Croatia	2.3	.	0.3	2.2	1.7	**6.6**	35	.	5	33	26	**100**
Cyprus	1.4	.	1.1	0.2	1.7	**4.5**	31	.	24	4	38	**100**
Czech Republic	2.7	.	.	1.0	1.9	**5.6**	48	.	.	18	34	**100**
Denmark	2.2	2.1	2.0	0.2	3.2	**9.7**	23	22	21	2	33	**100**
Estonia	1.4	1.2	0.4	0.8	2.1	**6.0**	23	20	7	13	35	**100**
Faroe Islands	2.0	0.8	0.4	0.1	2.9	**6.2**	32	13	6	2	47	**100**
Finland	2.5	1.2	1.4	0.4	1.9	**7.5**	33	16	19	5	25	**100**
France	1.8	.	.	..	2.5	**..**	..	..	..	..	..	**..**
Germany (5 Bundesl.) [c]	2.0	.	1.7	0.7	1.1	**5.6**	36	.	30	13	20	**100**
Greece	1.3	.	0.4	0.6	1.9	**4.2**	31	.	10	14	45	**100**
Hungary	1.4	.	0.3	1.5	2.0	**5.2**	27	.	6	29	38	**100**
Iceland	1.9	0.1	0.5	0.2	2.0	**4.8**	40	2	10	4	42	**100**
Ireland	2.1	1.8	0.5	0.4	1.9	**6.7**	31	27	7	6	28	**100**
Italy	1.6	.	0.5	0.5	1.4	**4.1**	39	.	12	12	34	**100**
Latvia	2.0	0.7	0.2	0.4	1.7	**5.0**	40	14	4	8	34	**100**
Liechtenstein	2.3	0.3	1.4	0.6	0.6	**5.1**	45	6	27	12	12	**100**
Lithuania	1.9	0.7	0.2	0.5	0.9	**4.3**	44	16	5	12	21	**100**
Malta	0.9	0.1	0.2	0.7	2.9	**4.7**	19	2	4	15	62	**100**
Moldova, Rep.of	1.2	.	0.5	0.8	0.2	**2.7**	44	.	19	30	7	**100**
Monaco	1.5	.	.	..	2.2	**..**	..	..	..	..	..	**..**
Montenegro	1.3	.	.	1.3	0.8	**3.3**	39	.	.	39	24	**100**
Norway	2.4	1.8	0.9	0.3	1.7	**7.1**	34	25	13	4	24	**100**
Poland	2.9	0.0	0.0	0.5	1.8	**5.3**	55	0	0	9	34	**100**
Portugal	1.1	.	0.3	0.4	3.1	**5.0**	22	.	6	8	62	**100**
Romania	1.8	.	0.1	0.6	0.7	**3.1**	58	.	3	19	23	**100**
Russian Fed. (Moscow)	0.8	.	0.4	1.7	0.8	**3.8**	21	.	11	45	21	**100**
Serbia	1.9	.	0.1	1.3	0.9	**4.2**	45	.	2	31	21	**100**
Slovak Republic	1.2	0.0	0.1	1.0	3.0	**5.3**	23	0	2	19	57	**100**
Slovenia	1.6	.	0.6	1.5	1.7	**5.4**	30	.	11	28	31	**100**
Sweden	2.0	2.0	0.4	0.3	2.2	**7.0**	29	29	6	4	31	**100**
Ukraine	1.5	.	0.9	1.2	0.6	**4.2**	36	.	21	29	14	**100**
AVERAGE	**1.8[d]**	**0.9[d]**	**0.6[d]**	**0.7[d]**	**1.6[d]**	**5.1**	**37**	**6**	**9**	**16**	**31**	**100**
United Kingdom	2.0	1.3	1.2	0.6	1.6	**6.7**	30	19	18	9	24	**100**
Spain	.	.	.	.	.	**.**	.	.	.	.	.	**.**
USA	.	.	.	.	.	**.**	.	.	.	.	.	**.**

[a] Totally 75% of the students have reported some last day consumption, 16% no such consumption while 10% are incosnistant or non-responding.[b]

[b] Average percentages related to the number of countries with a calculated total volume.

[c] Alcopops: includes also mixed spirits-drinks; Spirits: does not include mixed spirits-drinks.

[d] Averages for countries with volumes per beverage. Hence, these volumes can not be summarised into a total average.

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Table 17b. Estimated average alcohol consumption during the last alcohol drinking day among students reporting any last day alcohol consumption, per beverage and total [a]. Boys. 2011.

	Centilitres of pure alcohol						Beverage proportion (percentages)[b]					
COUNTRY	Beer	Cider	Alco-pops	Wine	Spirits	Total	Beer	Cider	Alco-pops	Wine	Spirits	Total
Albania	2.5	.	.	0.5	0.7	**3.6**	69	.	.	14	19	**100**
Belgium (Flanders)	3.2	.	0.7	0.3	0.9	**5.1**	63	.	14	6	18	**100**
Bosnia and Herz. (RS)	2.8	.	.	0.8	0.8	**4.4**	64	.	.	18	18	**100**
Bulgaria	2.7	.	0.1	0.4	1.6	**4.7**	57	.	2	9	34	**100**
Croatia	3.3	.	0.4	2.5	1.8	**8.0**	41	.	5	31	23	**100**
Cyprus	2.3	.	1.0	0.2	2.1	**5.5**	42	.	18	4	38	**100**
Czech Republic	4.0	.	.	0.7	2.0	**6.7**	60	.	.	10	30	**100**
Denmark	3.4	2.0	1.7	0.2	3.4	**10.6**	32	19	16	2	32	**100**
Estonia	2.5	0.8	0.4	0.5	2.5	**6.7**	37	12	6	7	37	**100**
Faroe Islands	3.0	0.7	0.3	0.1	3.3	**7.3**	41	10	4	1	45	**100**
Finland	3.8	0.6	1.2	0.3	1.9	**7.8**	49	8	15	4	24	**100**
France	2.3	.	.	..	2.4	**..**	..	..	..	..	..	**..**
Germany (5 Bundesl.) [c]	3.1	.	1.5	0.4	1.3	**6.3**	49	.	24	6	21	**100**
Greece	1.8	.	0.4	0.7	2.3	**5.1**	35	.	8	14	45	**100**
Hungary	2.0	.	0.3	1.7	2.1	**6.0**	33	.	5	28	35	**100**
Iceland	2.3	0.1	0.3	0.2	1.9	**4.8**	48	2	6	4	40	**100**
Ireland	3.1	2.2	0.3	0.3	1.4	**7.2**	43	31	4	4	19	**100**
Italy	2.1	.	0.6	0.6	1.5	**4.8**	44	.	13	13	31	**100**
Latvia	3.1	0.5	0.2	0.3	2.0	**6.0**	52	8	3	5	33	**100**
Liechtenstein	3.7	0.4	1.3	0.6	0.7	**6.6**	56	6	20	9	11	**100**
Lithuania	3.1	0.6	0.2	0.3	1.1	**5.3**	58	11	4	6	21	**100**
Malta	1.4	0.1	0.2	0.7	3.1	**5.5**	25	2	4	13	56	**100**
Moldova, Rep.of	1.7	.	0.4	0.9	0.4	**3.4**	50	.	12	26	12	**100**
Monaco	1.9	.	.	..	2.0	**..**	..	..	..	..	..	**..**
Montenegro	2.0	.	.	1.3	0.9	**4.1**	49	.	.	32	22	**100**
Norway	3.5	1.4	0.6	0.3	1.8	**7.6**	46	18	8	4	24	**100**
Poland	3.5	0.0	0.0	0.5	1.9	**6.0**	58	0	0	8	32	**100**
Portugal	1.6	.	0.4	0.6	2.7	**5.3**	30	.	8	11	51	**100**
Romania	2.2	.	0.1	0.7	0.7	**3.6**	61	.	3	19	19	**100**
Russian Fed. (Moscow)	1.3	.	0.4	1.4	1.0	**4.1**	32	.	10	34	24	**100**
Serbia	2.9	.	0.1	1.1	1.0	**5.1**	57	.	2	22	20	**100**
Slovak Republic	1.8	0.0	0.1	0.9	3.1	**5.9**	31	0	2	15	53	**100**
Slovenia	2.7	.	0.6	1.6	1.5	**6.4**	42	.	9	25	23	**100**
Sweden	2.8	1.6	0.3	0.2	2.3	**7.1**	39	23	4	3	32	**100**
Ukraine	2.3	.	0.8	1.2	0.8	**5.1**	45	.	16	24	16	**100**
AVERAGE	**2.6[d]**	**0.8[d]**	**0.5[d]**	**0.7[d]**	**1.7[d]**	**5.8**	**47**	**5**	**7**	**13**	**29**	**100**
United Kingdom	3.3	1.6	0.7	0.3	1.3	**7.3**	45	22	10	4	18	**100**
Spain	.	.	.	.	.	**.**	.	.	.	.	.	**.**
USA	.	.	.	.	.	**.**	.	.	.	.	.	**.**

[a] Totally 75% of the students have reported some last day consumption, 15% no such consumption while 10% are incosnistant or non-responding.
[b] Average percentages related to the number of countries with a calculated total volume.
[c] Alcopops: includes also mixed spirits-drinks; Spirits: does not include mixed spirits-drinks.
[d] Averages for countries with volumes per beverage. Hence, these volumes can not be summarised into a total average.

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Table 17c. Estimated average alcohol consumption during the last alcohol drinking day among students reporting any last day alcohol consumption, per beverage and total [a]. Girls. 2011.

	Centilitres of pure alcohol						Beverage proportion (percentages)[b]					
COUNTRY	Beer	Cider	Alco-pops	Wine	Spirits	**Total**	Beer	Cider	Alco-pops	Wine	Spirits	**Total**
Albania	1.3	.	.	0.7	0.3	**2.3**	57	.	.	30	13	**100**
Belgium (Flanders)	1.6	.	1.2	0.6	0.8	**4.2**	38	.	29	14	19	**100**
Bosnia and Herz. (RS)	0.6	.	.	1.4	0.9	**2.9**	21	.	.	48	31	**100**
Bulgaria	1.5	.	0.1	0.4	1.2	**3.2**	47	.	3	13	38	**100**
Croatia	1.4	.	0.2	1.9	1.7	**5.2**	27	.	4	37	33	**100**
Cyprus	0.6	.	1.2	0.2	1.4	**3.5**	17	.	34	6	40	**100**
Czech Republic	1.4	.	.	1.2	1.8	**4.5**	31	.	.	27	40	**100**
Denmark	1.2	2.1	2.3	0.2	3.0	**8.9**	13	24	26	2	34	**100**
Estonia	0.4	1.6	0.5	1.0	1.8	**5.3**	8	30	9	19	34	**100**
Faroe Islands	0.8	1.0	0.5	0.1	2.6	**5.0**	16	20	10	2	52	**100**
Finland	1.4	1.7	1.6	0.5	1.9	**7.2**	19	24	22	7	26	**100**
France	1.3	.	.	..	2.6	**..**	..	..	..	..	..	**..**
Germany (5 Bundesl.) [c]	1.1	.	2.0	1.0	1.0	**5.1**	22	.	39	20	20	**100**
Greece	0.8	.	0.4	0.5	1.6	**3.4**	24	.	12	15	47	**100**
Hungary	0.6	.	0.4	1.3	1.9	**4.2**	14	.	10	31	45	**100**
Iceland	1.5	0.1	0.8	0.2	2.1	**4.8**	31	2	17	4	44	**100**
Ireland	1.1	1.4	0.8	0.4	2.4	**6.2**	18	23	13	6	39	**100**
Italy	1.2	.	0.5	0.4	1.2	**3.2**	38	.	16	13	38	**100**
Latvia	1.0	0.9	0.2	0.5	1.3	**4.1**	24	22	5	12	32	**100**
Liechtenstein	0.7	0.2	1.4	0.7	0.5	**3.5**	20	6	40	20	14	**100**
Lithuania	0.8	0.9	0.3	0.7	0.8	**3.4**	24	26	9	21	24	**100**
Malta	0.4	0.0	0.2	0.6	2.7	**3.9**	10	0	5	15	69	**100**
Moldova, Rep.of	0.7	.	0.5	0.7	0.1	**2.1**	33	.	24	33	5	**100**
Monaco	1.1	.	.	..	2.3	**..**	..	..	..	..	..	**..**
Montenegro	0.5	.	.	1.3	0.6	**2.4**	21	.	.	54	25	**100**
Norway	1.4	2.1	1.2	0.4	1.5	**6.6**	21	32	18	6	23	**100**
Poland	2.4	0.0	0.0	0.5	1.7	**4.6**	52	0	0	11	37	**100**
Portugal	0.7	.	0.3	0.3	3.4	**4.7**	15	.	6	6	72	**100**
Romania	1.4	.	0.1	0.5	0.7	**2.6**	54	.	4	19	27	**100**
Russian Fed. (Moscow)	0.5	.	0.3	2.0	0.7	**3.6**	14	.	8	56	19	**100**
Serbia	0.9	.	0.1	1.4	0.9	**3.3**	27	.	3	42	27	**100**
Slovak Republic	0.6	0.0	0.1	1.0	2.9	**4.7**	13	0	2	21	62	**100**
Slovenia	0.6	.	0.6	1.3	2.0	**4.5**	13	.	13	29	44	**100**
Sweden	1.1	2.5	0.4	0.5	2.2	**6.8**	16	37	6	7	32	**100**
Ukraine	0.8	.	0.9	1.3	0.5	**3.5**	23	.	26	37	14	**100**
AVERAGE	**1.0[d]**	**1.0[d]**	**0.7[d]**	**0.8[d]**	**1.6[d]**	**4.3**	**25**	**7**	**12**	**21**	**34**	**100**
United Kingdom	0.8	1.0	1.6	0.8	1.9	**6.1**	13	16	26	13	31	**100**
Spain	.	.	.	.	.	**.**	.	.	.	.	.	**.**
USA	.	.	.	.	.	**.**	.	.	.	.	.	**.**

[a] Totally 74% of the students have reported some last day consumption, 17% no such consumption while 9% are incosnistant or non-respon-ding.
[b] Average percentages related to the number of countries with a calculated total volume.
[c] Alcopops: includes also mixed spirits-drinks; Spirits: does not include mixed spirits-drinks.
[d] Averages for countries with volumes per beverage. Hence, these volumes can not be summarised into a total average.

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Table 18. Consumption of beer, cider, alcopops, wine and spirits exceeding certain quantities (centilitres) among students reporting any last day alcohol consumption, by gender. 2011. Percentages.

	Beer 101+ cl			Cider 101+ cl			Alcopops 101+ cl			Wine 41+ cl			Spirits 16+ cl		
COUNTRY	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All
Albania	11	3	8	.	.	.	.	.	.	2	1	2	4	2	3
Belgium (Flanders)	25	9	17	.	.	.	4	7	5	1	2	1	4	4	4
Bosnia and Herz. (RS)	19	2	10	.	.	.	.	.	.	6	6	6	6	4	5
Bulgaria	15	6	11	.	.	.	0	0	0	2	2	2	11	5	8
Croatia	25	7	16	.	.	.	2	1	2	20	14	17	12	7	10
Cyprus	14	2	8	.	.	.	7	5	6	1	0	1	18	10	14
Czech Republic	32	7	19	.	.	.	.	.	.	5	9	7	19	16	17
Denmark	28	7	17	14	14	14	14	17	16	1	1	1	31	23	27
Estonia	18	2	9	3	6	5	2	2	2	2	5	3	22	13	18
Faroe Islands	24	3	15	3	2	2	1	1	1	0	0	0	26	20	23
Finland	32	10	21	2	9	6	8	12	10	1	3	2	13	12	13
France	15	7	11	.	.	.	.	.	.	..	..	..	19	18	19
Germany (5 Bundesl.)	20	5	12	.	.	.	10	13	12	2	4	3	9	6	8
Greece	8	2	5	.	.	.	1	1	1	5	2	4	18	9	13
Hungary	11	2	6	.	.	.	1	1	1	12	7	9	12	9	11
Iceland	15	9	12	1	1	1	1	3	2	0	1	1	12	13	13
Ireland	25	7	16	19	10	14	2	6	4	2	2	2	12	21	16
Italy	10	4	7	.	.	.	2	1	2	4	2	3	11	6	9
Latvia	21	4	13	2	2	2	1	0	1	1	2	2	19	9	14
Liechtenstein	30	1	16	3	1	2	8	7	8	3	2	3	4	4	4
Lithuania	21	3	12	3	3	3	1	0	1	1	2	2	10	7	8
Malta	8	1	5	1	0	0	1	0	1	3	2	2	23	14	19
Moldova, Rep.of	7	1	4	.	.	.	1	1	1	5	2	3	2	1	2
Monaco	9	5	7	.	.	.	.	.	.	..	..	..	12	17	15
Montenegro	11	1	7	.	.	.	.	.	.	9	5	7	6	2	4
Norway	30	8	19	7	12	9	3	6	5	1	2	1	15	11	13
Poland	21	9	15	0	0	0	0	0	0	4	2	3	18	14	16
Portugal	8	2	4	.	.	.	1	1	1	4	2	3	16	17	17
Romania	11	4	7	.	.	.	1	0	0	3	1	2	4	3	4
Russian Fed. (Moscow)	4	1	3	.	.	.	3	1	2	12	17	15	8	4	6
Serbia	20	4	12	.	.	.	1	0	0	8	6	7	7	5	6
Slovak Republic	8	1	4	0	0	0	0	0	0	6	5	6	28	24	26
Slovenia	18	3	10	.	.	.	3	1	2	15	9	12	9	9	9
Sweden	23	8	15	9	18	14	1	3	2	0	2	1	18	15	16
Ukraine	14	3	8	.	.	.	4	3	3	8	8	8	7	3	5
AVERAGE	**17**	**4**	**11**	**5**	**6**	**5**	**3**	**3**	**3**	**5**	**4**	**4**	**13**	**10**	**12**
United Kingdom	26	3	15	10	5	8	5	11	8	2	4	3	8	11	9
Spain	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

[a] Alcopops: includes also mixed spirits-drinks; Spirits: does not include mixed spirits-drinks.

Question C15f

Table 19. Self estimated level of intoxication during the last alcohol drinking day by gender. 2011.

	Never drink alcohol (%)			Mean intoxication rate (1–10 scale) [a]			No response		
COUNTRY	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All
Albania	24	39	32	2.4	1.6	2.0	1	0	0
Belgium (Flanders)	15	13	14	2.9	2.5	2.7	2	3	2
Bosnia and Herz. (RS)	9	14	12	3.0	1.9	2.4	2	2	2
Bulgaria	7	9	8	3.3	2.7	3.0	1	1	1
Croatia	9	11	10	4.0	3.4	3.7	1	0	0
Cyprus	9	13	11	2.8	2.1	2.4	3	2	2
Czech Republic	4	5	4	4.0	3.2	3.6	0	0	0
Denmark	6	8	7	4.8	4.5	4.6	2	3	2
Estonia	7	5	6	3.9	3.5	3.7	1	1	1
Faroe Islands	19	26	22	4.9	4.4	4.6	4	1	3
Finland	17	17	17	3.5	3.7	3.6	2	1	1
France	14	16	15	3.4	3.3	3.4	2	1	2
Germany (5 Bundesl.)	7	9	8	3.5	2.9	3.2	0	0	0
Greece	9	9	9	2.7	2.1	2.4	2	2	2
Hungary	9	7	8	3.6	2.9	3.3	1	1	1
Iceland	48	47	47	3.6	3.6	3.6	4	2	3
Ireland	20	19	19	3.9	3.7	3.8	2	1	2
Italy	11	16	14	3.4	2.9	3.2	1	1	1
Latvia	7	4	6	3.6	2.9	3.3	1	1	1
Liechtenstein	16	13	15	3.9	2.8	3.3	2	1	1
Lithuania	5	4	4	3.3	2.6	2.9	3	3	3
Malta	11	12	12	3.3	2.6	3.0	2	2	2
Moldova, Rep.of	9	13	11	2.8	1.9	2.3	3	2	2
Monaco	13	8	11	3.2	3.2	3.2	1	0	1
Montenegro	23	35	29	2.8	1.7	2.3	3	1	2
Norway	29	28	28	3.8	3.7	3.7	6	4	5
Poland	13	17	15	3.3	3.0	3.2	1	1	1
Portugal	18	18	18	2.3	2.1	2.2	0	0	0
Romania	13	16	15	2.7	2.3	2.5	2	1	1
Russian Fed. (Moscow)	17	13	15	2.8	2.7	2.8	2	1	2
Serbia	13	19	16	3.0	2.1	2.6	1	1	1
Slovak Republic	13	11	12	3.7	3.0	3.4	2	1	2
Slovenia	8	10	9	3.6	3.5	3.6	3	3	3
Sweden	27	27	27	3.8	3.7	3.7	3	3	3
Ukraine	13	11	12	3.2	2.5	2.8	2	1	2
AVERAGE	**14**	**15**	**15**	**3.4**	**2.9**	**3.1**	**2**	**1**	**2**
United Kingdom	11	11	11	3.9	4.1	4.0	4	4	4
Spain	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.

[a] The average scores are computed only for students indicating values between 1 and 10.

Question C19 a

Table 20a. Frequency of lifetime drunkenness. All students. 2011. Percentages.

COUNTRY	Number of occasions 0	1–2	3–9	10–19	20–39	40+	**Once or more**	No response
Albania	78	16	5	1	0	0	**22**	2
Belgium (Flanders)	58	24	14	2	1	0	**42**	1
Bosnia and Herz. (RS)	60	23	12	2	1	1	**40**	1
Bulgaria	45	27	19	5	2	2	**55**	2
Croatia	43	27	20	5	2	3	**57**	1
Cyprus	70	18	8	2	1	1	**30**	2
Czech Republic	35	32	24	5	2	3	**65**	1
Denmark	29	21	29	10	6	5	**71**	1
Estonia	45	28	20	4	2	1	**55**	1
Faroe Islands	54	24	16	3	1	1	**46**	1
Finland	47	19	22	6	4	2	**53**	1
France	50	23	19	4	3	2	**50**	0
Germany (5 Bundesl.)	44	26	21	5	2	2	**56**	1
Greece	61	25	10	2	1	0	**39**	2
Hungary	40	26	20	6	3	3	**60**	1
Iceland	76	13	7	2	1	1	**24**	0
Ireland	51	20	17	5	3	3	**49**	2
Italy	64	20	11	3	1	1	**36**	1
Latvia	34	32	22	5	3	2	**66**	1
Liechtenstein	49	23	18	3	2	5	**51**	1
Lithuania	37	31	22	5	2	3	**63**	1
Malta	56	21	16	4	1	1	**44**	1
Moldova, Rep.of	..	..	..	..	..	..	..	..
Monaco	49	26	19	3	2	1	**51**	1
Montenegro	76	14	6	2	1	1	**24**	1
Norway	64	19	13	2	1	0	**36**	1
Poland	57	23	14	3	1	2	**43**	1
Portugal	67	17	11	3	1	1	**33**	2
Romania	67	20	10	2	1	1	**33**	2
Russian Fed. (Moscow)	53	26	13	4	2	2	**47**	2
Serbia	63	21	11	3	1	2	**37**	1
Slovak Republic	38	28	22	6	3	4	**62**	2
Slovenia	44	27	20	4	3	2	**56**	1
Sweden	62	18	14	4	2	1	**38**	1
Ukraine	41	31	19	4	2	3	**59**	2
AVERAGE	**53**	**23**	**16**	**4**	**2**	**2**	**47**	**1**
United Kingdom	45	21	20	7	4	4	**55**	2
Spain	48	15	19	6	4	8	**52**	22
USA[a)]	64	14	12	4	2	3	**36**	8

a) "... been drunk or very high...".

Question C19a

Table 20b. Frequency of lifetime drunkenness by gender. 2011. Percentages.

	Number of occasions												Once or more		No response	
	0		1–2		3–9		10–19		20–39		40+					
COUNTRY	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	**Boys**	**Girls**	Boys	Girls
Albania	67	86	22	11	8	3	1	0	0	0	0	0	**33**	**14**	2	1
Belgium (Flanders)	57	60	25	24	14	13	2	2	1	0	0	0	**43**	**40**	1	1
Bosnia and Herz. (RS)	46	70	29	19	17	8	4	1	2	1	2	1	**54**	**30**	1	1
Bulgaria	43	47	27	27	18	19	6	4	3	2	4	1	**57**	**53**	2	2
Croatia	38	48	26	27	22	18	6	3	2	2	5	1	**62**	**52**	1	1
Cyprus	63	77	22	15	11	6	2	1	1	0	2	0	**37**	**23**	3	2
Czech Republic	33	38	30	33	24	23	6	4	3	1	4	1	**67**	**62**	1	1
Denmark	28	30	20	22	27	30	11	9	7	5	7	4	**72**	**70**	2	1
Estonia	45	46	28	28	19	21	4	3	2	1	2	1	**55**	**54**	1	1
Faroe Islands	50	58	27	20	16	16	3	3	1	1	1	1	**50**	**42**	1	0
Finland	50	45	19	19	20	24	6	7	3	4	2	2	**50**	**55**	0	1
France	50	51	21	25	19	18	5	3	3	2	2	1	**50**	**49**	0	0
Germany (5 Bundesl.)	39	49	26	26	21	20	6	4	3	1	4	1	**61**	**51**	1	0
Greece	59	64	26	25	12	9	2	2	1	0	1	0	**41**	**36**	2	2
Hungary	39	42	25	28	20	20	8	5	4	3	5	2	**61**	**58**	1	1
Iceland	77	76	14	13	6	8	2	2	1	1	1	0	**23**	**24**	0	0
Ireland	53	49	19	21	16	19	5	5	3	3	4	2	**47**	**51**	2	1
Italy	62	65	20	20	12	10	3	2	1	1	1	1	**38**	**35**	1	1
Latvia	33	36	30	35	23	22	6	4	4	3	4	1	**67**	**64**	1	1
Liechtenstein	45	54	20	27	22	14	4	2	2	2	7	2	**55**	**46**	1	0
Lithuania	34	40	30	32	22	21	7	4	3	2	5	1	**66**	**60**	1	1
Malta	53	58	22	20	17	16	4	4	1	1	1	1	**47**	**42**	1	1
Moldova, Rep.of	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Monaco	55	44	21	30	17	20	5	2	1	2	1	1	**45**	**56**	1	0
Montenegro	65	86	19	10	10	3	3	0	1	0	2	0	**35**	**14**	1	1
Norway	66	62	17	20	12	15	3	2	1	0	1	0	**34**	**38**	2	1
Poland	55	59	22	24	15	14	4	3	2	1	3	1	**45**	**41**	1	1
Portugal	64	69	17	16	12	10	4	3	1	1	1	1	**36**	**31**	2	2
Romania	61	71	21	19	12	8	3	1	1	1	2	0	**39**	**29**	2	2
Russian Fed. (Moscow)	54	53	24	28	13	12	4	3	2	2	3	1	**46**	**47**	2	1
Serbia	54	71	22	20	15	7	4	1	2	0	3	1	**46**	**29**	1	1
Slovak Republic	38	38	26	30	20	23	7	5	4	3	6	2	**62**	**62**	2	2
Slovenia	42	45	28	25	19	22	5	3	3	2	3	2	**58**	**55**	2	1
Sweden	65	58	17	20	12	15	3	4	2	2	1	2	**35**	**42**	1	1
Ukraine	38	43	30	31	19	19	6	3	3	2	4	2	**62**	**57**	2	3
AVERAGE	**51**	**56**	**23**	**23**	**17**	**15**	**5**	**3**	**2**	**2**	**3**	**1**	**49**	**44**	**1**	**1**
United Kingdom	47	43	21	20	17	23	5	8	3	4	5	3	**53**	**57**	2	2
Spain	49	47	12	17	17	21	6	7	3	4	13	4	**51**	**54**	22	22
USA[a)]	64	64	13	16	12	12	5	4	3	2	4	2	**36**	**36**	8	7

a) "... been drunk or very high...".

Question C19 b

Table 21a. Frequency of being drunk during the last 12 months. All students. 2011. Percentages.

COUNTRY	Number of occasions 0	1–2	3–5	6–9	10–19	20+	**Once or more**	No response
Albania	86	12	2	1	0	0	**14**	1
Belgium (Flanders)	66	25	6	2	1	0	**34**	1
Bosnia and Herz. (RS)	73	18	4	2	1	1	**27**	2
Bulgaria	57	27	8	4	3	1	**43**	2
Croatia	58	25	9	4	3	2	**42**	1
Cyprus	77	15	4	2	1	1	**23**	3
Czech Republic	50	32	10	4	3	2	**50**	2
Denmark	31	29	18	9	8	5	**69**	2
Estonia	59	29	7	3	1	1	**41**	2
Faroe Islands	62	26	8	3	1	1	**38**	2
Finland	53	23	12	6	4	2	**47**	1
France	59	24	9	4	3	1	**41**	1
Germany (5 Bundesl.)	52	29	12	3	2	2	**48**	1
Greece	70	22	5	2	1	0	**30**	1
Hungary	51	28	10	5	4	2	**49**	2
Iceland	81	12	3	2	1	0	**19**	0
Ireland	57	21	9	6	4	3	**43**	2
Italy	72	18	4	3	1	1	**28**	1
Latvia	56	29	8	4	2	2	**44**	2
Liechtenstein	55	26	10	3	2	4	**45**	0
Lithuania	57	28	8	4	2	2	**43**	3
Malta	63	22	8	4	2	1	**37**	1
Moldova, Rep.of	..	..	..	..	..	..	..	..
Monaco	61	23	11	3	2	1	**39**	2
Montenegro	84	11	3	1	1	1	**16**	1
Norway	70	19	7	3	1	0	**30**	2
Poland	68	21	6	3	1	1	**32**	1
Portugal	71	18	7	3	2	1	**29**	2
Romania	76	16	4	2	1	1	**24**	3
Russian Fed. (Moscow)	71	20	4	3	1	1	**29**	3
Serbia	73	17	5	2	1	1	**27**	3
Slovak Republic	50	28	11	5	3	3	**50**	2
Slovenia	55	28	9	4	2	2	**45**	1
Sweden	68	18	7	4	2	1	**32**	2
Ukraine	60	25	7	3	3	2	**40**	3
AVERAGE	**63**	**22**	**8**	**3**	**2**	**1**	**37**	**2**
United Kingdom	52	23	11	7	4	3	**48**	2
Spain	53	18	17	5	9	4	**47**	23
USA [a)]	74	14	6	4	3	2	**26**	9

a) "... been drunk or very high...".

Question C19b

Table 21b. Frequency of being drunk during the last 12 months by gender. 2011. Percentages.

	Number of occasions												Once or more		No response	
	0		1–2		3–5		6–9		10–19		20+					
COUNTRY	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	**Boys**	**Girls**	Boys	Girls
Albania	79	91	16	8	3	1	1	0	1	0	0	0	**21**	**9**	2	1
Belgium (Flanders)	65	68	25	24	6	5	2	1	1	1	0	0	**35**	**32**	1	1
Bosnia and Herz. (RS)	64	81	23	14	5	3	3	1	2	1	2	1	36	19	3	2
Bulgaria	56	58	26	28	8	9	5	3	4	2	2	1	**44**	**42**	2	2
Croatia	53	62	26	24	10	8	5	3	3	2	3	1	**47**	**38**	1	1
Cyprus	71	82	17	14	6	2	3	1	2	1	1	0	**29**	**18**	4	2
Czech Republic	46	53	32	32	10	9	5	3	4	2	3	1	**54**	**47**	2	1
Denmark	31	31	28	30	15	20	9	10	10	6	7	4	**69**	**69**	3	1
Estonia	61	58	28	30	7	8	2	3	2	1	1	0	**39**	**42**	2	2
Faroe Islands	60	64	27	24	8	8	3	3	2	0	0	1	**40**	**36**	3	0
Finland	56	50	22	23	10	15	6	6	4	5	2	2	**44**	**50**	1	1
France	59	59	24	25	9	9	4	3	3	2	2	1	**41**	**41**	1	1
Germany (5 Bundesl.)	46	56	30	28	12	12	5	2	3	2	4	1	**54**	**44**	2	1
Greece	68	72	23	22	5	4	2	2	1	0	1	0	**32**	**28**	1	1
Hungary	49	54	28	29	9	10	6	4	5	3	3	1	**51**	**46**	2	2
Iceland	83	80	11	12	3	4	2	2	1	1	1	0	**17**	**20**	0	0
Ireland	59	55	20	22	8	10	5	7	4	4	3	2	**41**	**45**	3	2
Italy	71	74	18	18	5	4	3	2	1	1	1	1	**29**	**26**	1	1
Latvia	53	58	28	29	9	7	4	3	2	2	3	1	**47**	**42**	3	2
Liechtenstein	47	62	28	25	11	9	5	1	3	1	6	2	**53**	**38**	1	0
Lithuania	56	58	26	29	7	8	5	3	3	1	2	1	**44**	**42**	4	2
Malta	61	64	23	22	9	8	4	5	2	1	1	1	**39**	**36**	2	1
Moldova, Rep.of	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Monaco	66	56	20	25	8	14	4	2	2	2	1	0	**34**	**44**	2	2
Montenegro	75	92	16	6	5	1	2	1	2	0	1	0	**25**	**8**	2	1
Norway	71	68	18	20	7	8	3	3	1	1	0	0	**29**	**32**	2	2
Poland	67	69	20	21	7	6	3	2	2	1	2	1	**33**	**31**	1	1
Portugal	69	71	18	19	7	6	3	2	2	1	1	0	**31**	**29**	2	2
Romania	73	79	17	15	5	3	3	2	2	1	2	1	**27**	**21**	4	3
Russian Fed. (Moscow)	71	71	19	21	5	4	3	2	2	1	1	1	**29**	**29**	3	3
Serbia	66	80	20	15	6	3	3	2	2	1	2	0	**34**	**20**	3	2
Slovak Republic	50	49	25	31	10	13	5	4	5	2	5	2	**50**	**51**	3	1
Slovenia	55	55	27	29	8	9	4	4	3	2	2	1	**45**	**45**	2	1
Sweden	72	64	17	20	6	8	3	5	2	2	1	1	**28**	**36**	3	2
Ukraine	58	62	26	25	7	7	4	3	3	2	2	1	**42**	**38**	4	3
AVERAGE	**61**	**65**	**23**	**22**	**8**	**8**	**4**	**3**	**3**	**2**	**2**	**1**	**39**	**35**	**2**	**1**
United Kingdom	56	49	22	23	9	12	6	7	4	4	4	3	**44**	**51**	3	2
Spain	54	52	15	17	11	14	4	6	13	4	4	4	**46**	**48**	24	23
USA[a)]	71	72	13	15	6	6	4	3	3	2	3	2	**29**	**28**	9	8

a) "... been drunk or very high...".

Question C19 c

Table 22a. Frequency of being drunk during the last 30 days. All students. 2011. Percentages.

COUNTRY	Number of occasions 0	1–2	3–5	6–9	10–19	20+	Once or more	No response
Albania	94	5	1	0	0	0	**6**	1
Belgium (Flanders)	88	10	1	1	0	0	**12**	1
Bosnia and Herz. (RS)	90	7	2	1	0	0	**10**	2
Bulgaria	80	15	3	1	0	1	**20**	2
Croatia	79	15	3	1	1	0	**21**	1
Cyprus	86	9	2	1	1	1	**14**	3
Czech Republic	79	17	3	1	0	0	**21**	1
Denmark	63	27	6	2	1	0	**37**	2
Estonia	88	10	1	0	0	0	**12**	2
Faroe Islands	89	9	1	0	0	0	**11**	1
Finland	79	18	2	1	0	0	**21**	1
France	80	16	2	1	0	0	**20**	1
Germany (5 Bundesl.)	79	16	3	1	0	0	**21**	1
Greece	87	10	2	1	0	0	**13**	1
Hungary	77	17	4	1	1	0	**23**	2
Iceland	93	5	1	0	0	0	**7**	0
Ireland	77	17	5	1	1	0	**23**	2
Italy	87	9	1	1	1	1	**13**	1
Latvia	82	14	2	1	0	0	**18**	2
Liechtenstein	79	14	4	1	1	1	**21**	0
Lithuania	80	16	2	1	1	0	**20**	2
Malta	80	15	3	1	1	0	**20**	1
Moldova, Rep.of	..	..	..	..	..	..	..	..
Monaco	80	15	4	0	0	0	**20**	2
Montenegro	92	5	1	1	0	0	**8**	1
Norway	86	13	1	0	0	0	**14**	1
Poland	87	10	2	1	0	0	**13**	1
Portugal	86	11	2	1	0	0	**14**	2
Romania	90	7	1	1	0	0	**10**	3
Russian Fed. (Moscow)	91	7	1	1	0	0	**9**	2
Serbia	89	7	2	1	0	0	**11**	2
Slovak Republic	76	17	4	2	1	1	**24**	1
Slovenia	79	15	3	1	1	1	**21**	2
Sweden	86	11	2	0	0	0	**14**	2
Ukraine	81	13	3	1	0	1	**19**	3
AVERAGE	**84**	**12**	**2**	**1**	**0**	**0**	**17**	**2**
United Kingdom	74	18	5	1	1	1	**26**	2
Spain	68	20	6	3	0	1	**32**	24
USA [a)]	86	9	3	1	1	0	**14**	9

a) "... been drunk or very high...".

Question C19c

Table 22b. Frequency of being drunk during the last 30 days by gender. 2011. Percentages.

	Number of occasions												Once or more		No response	
	0		1–2		3–5		6–9		10–19		20+					
COUNTRY	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	**Boys**	**Girls**	Boys	Girls
Albania	91	96	7	3	1	0	1	0	0	0	0	0	**9**	**4**	1	1
Belgium (Flanders)	86	90	12	8	1	1	1	1	0	0	0	0	**14**	**10**	1	1
Bosnia and Herz. (RS)	86	93	9	6	3	1	1	0	0	0	0	0	**14**	**7**	2	2
Bulgaria	77	82	15	15	4	2	2	1	1	0	1	0	**23**	**18**	2	2
Croatia	76	83	16	14	5	2	2	1	1	0	0	0	**24**	**17**	1	1
Cyprus	81	90	11	7	4	1	2	1	1	0	2	0	**19**	**10**	3	2
Czech Republic	75	82	18	15	4	2	1	0	1	0	1	0	**25**	**18**	2	1
Denmark	62	64	26	29	7	5	3	2	1	0	0	0	**38**	**36**	2	1
Estonia	88	87	9	11	1	2	1	0	0	0	0	0	**12**	**13**	2	1
Faroe Islands	90	89	9	9	0	2	1	0	0	0	0	0	**10**	**11**	2	0
Finland	81	77	16	20	2	2	1	0	0	0	0	0	**19**	**23**	1	1
France	79	81	16	15	2	2	2	1	1	0	0	0	**21**	**19**	1	1
Germany (5 Bundesl.)	74	84	19	14	5	1	2	0	0	1	0	0	**26**	**16**	1	1
Greece	86	89	11	9	2	2	1	0	0	0	0	0	**14**	**11**	1	0
Hungary	74	80	19	16	5	3	1	1	1	0	0	0	**26**	**20**	2	1
Iceland	94	93	4	5	1	1	0	0	0	0	0	0	**6**	**7**	0	0
Ireland	78	76	14	19	5	4	2	1	1	0	1	0	**22**	**24**	2	2
Italy	86	89	10	9	2	1	1	0	1	0	1	0	**14**	**11**	1	1
Latvia	80	84	15	14	2	2	1	1	1	0	1	0	**20**	**16**	2	2
Liechtenstein	74	86	17	10	6	2	2	1	1	1	0	1	**26**	**14**	1	0
Lithuania	78	82	16	15	3	2	2	1	1	0	0	0	**22**	**18**	2	2
Malta	79	82	15	14	3	3	2	1	1	0	0	0	**21**	**18**	2	1
Moldova, Rep.of	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Monaco	82	79	14	17	4	5	0	0	0	0	0	0	**18**	**21**	2	1
Montenegro	88	97	8	2	2	0	1	0	0	0	1	0	**12**	**3**	1	0
Norway	87	85	11	14	1	1	0	0	0	0	0	0	**13**	**15**	1	2
Poland	85	89	11	9	2	1	1	1	1	0	0	0	**15**	**11**	1	1
Portugal	85	86	10	11	3	2	1	0	0	0	0	0	**15**	**14**	2	2
Romania	87	93	9	6	2	1	1	1	0	0	1	0	**13**	**7**	4	3
Russian Fed. (Moscow)	91	91	7	7	1	1	1	1	0	0	0	0	**9**	**9**	2	2
Serbia	85	93	9	6	3	1	1	0	1	0	0	0	**15**	**7**	3	1
Slovak Republic	74	79	17	17	5	2	3	1	1	1	1	0	**26**	**21**	2	1
Slovenia	80	79	14	16	3	3	2	1	1	0	1	0	**20**	**21**	2	1
Sweden	88	84	9	13	2	2	0	0	0	0	0	0	**12**	**16**	2	1
Ukraine	79	83	14	12	4	3	2	1	1	0	1	0	**21**	**17**	3	3
AVERAGE	**82**	**85**	**13**	**12**	**3**	**2**	**1**	**1**	**1**	**0**	**0**	**0**	**18**	**15**	**2**	**1**
United Kingdom	76	71	16	20	4	6	1	1	2	1	1	0	**24**	**29**	2	2
Spain	67	69	17	23	6	6	10	1	1	0	1	0	**33**	**31**	24	23
USA [a)]	85	88	9	9	3	2	1	1	1	0	0	0	**15**	**12**	9	8

[a)] "... been drunk or very high...".

Question C18

Table 23a. Frequency of having had five or more drinks[a)] on one occasion during the last 30 days. All students. 2011. Percentages.

	Number of occasions							
COUNTRY	0	1	2	3–5	6–9	10+	**Once or more**	No response
Albania	79	11	5	3	1	1	**21**	0
Belgium (Flanders)	62	17	11	7	2	1	**38**	1
Bosnia and Herz. (RS)	69	13	8	6	2	2	**31**	0
Bulgaria	52	17	12	11	5	3	**48**	0
Croatia	46	15	13	14	5	5	**54**	0
Cyprus	56	15	12	11	4	3	**44**	2
Czech Republic	46	19	14	14	4	3	**54**	1
Denmark	44	20	15	14	4	2	**56**	1
Estonia	47	12	12	15	8	6	**53**	1
Faroe Islands	67	14	11	5	1	2	**33**	1
Finland	65	14	9	7	2	2	**35**	0
France	56	17	12	9	3	2	**44**	0
Germany (5 Bundesl.)	..	..	..	..	..	..	..	..
Greece	55	18	13	9	3	2	**45**	1
Hungary	55	16	13	10	2	2	**45**	0
Iceland	87	6	3	2	1	1	**13**	0
Ireland	60	12	10	11	4	4	**40**	1
Italy	65	11	10	9	3	2	**35**	0
Latvia	51	19	13	10	4	3	**49**	1
Liechtenstein	..	..	..	..	..	..	..	..
Lithuania	..	..	..	..	..	..	..	..
Malta	44	13	12	16	8	7	**56**	1
Moldova, Rep.of	63	21	9	5	1	1	**37**	1
Monaco	61	17	11	8	3	1	**39**	0
Montenegro	73	11	7	5	2	2	**27**	0
Norway	70	10	7	8	3	2	**30**	1
Poland	63	15	10	8	2	2	**37**	1
Portugal	78	9	6	4	1	1	**22**	2
Romania	64	17	9	7	2	2	**36**	0
Russian Fed. (Moscow)	76	11	6	5	1	1	**24**	1
Serbia	64	15	9	7	3	3	**36**	0
Slovak Republic	50	18	14	11	3	4	**50**	0
Slovenia	47	18	13	14	4	3	**53**	1
Sweden	69	10	8	8	3	2	**31**	1
Ukraine	70	14	8	5	1	1	**30**	0
AVERAGE	**61**	**15**	**10**	**9**	**3**	**2**	**39**	**1**
United Kingdom	48	15	14	14	5	5	**52**	1
Spain	63	11	8	15	2	2	**37**	13
USA[b)]	85	6	4	3	1	0	**15**	8

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) 5 or more drinks in a row in the last 2-weeks.

Question C18

Table 23b. Frequency of having had five or more drinks [a] on one occasion during the last 30 days by gender. 2011. Percentages.

	Number of occasions												Once or more		No response	
	0		1		2		3–5		6–9		10+					
COUNTRY	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	**Boys**	**Girls**	Boys	Girls
Albania	69	88	16	7	8	3	5	1	1	0	1	0	**31**	**12**	0	0
Belgium (Flanders)	59	65	17	18	12	9	7	6	3	1	1	1	**41**	**35**	0	1
Bosnia and Herz. (RS)	59	77	16	10	10	7	8	5	4	1	3	1	**41**	**23**	0	0
Bulgaria	48	57	18	16	13	11	11	10	6	3	4	2	**52**	**43**	1	0
Croatia	41	52	16	15	13	13	16	13	7	4	8	3	**59**	**48**	0	0
Cyprus	44	66	17	13	14	10	13	8	6	2	5	1	**56**	**34**	3	1
Czech Republic	39	53	19	18	16	12	16	12	6	3	5	1	**61**	**47**	1	0
Denmark	40	47	19	20	16	15	16	12	4	5	3	2	**60**	**53**	1	1
Estonia	46	48	14	11	12	13	13	16	8	8	8	4	**54**	**52**	1	0
Faroe Islands	63	71	15	13	13	10	6	5	2	0	2	1	**37**	**29**	1	2
Finland	66	65	13	15	9	9	8	7	3	2	2	1	**34**	**35**	1	0
France	54	59	16	17	12	11	10	9	4	2	3	2	**46**	**41**	0	1
Germany (5 Bundesl.)	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Greece	48	63	19	17	15	12	12	6	4	2	2	1	**52**	**37**	1	1
Hungary	51	60	17	16	14	12	12	8	3	2	3	2	**49**	**40**	0	0
Iceland	88	86	5	7	3	4	2	3	1	0	1	0	**12**	**14**	0	0
Ireland	60	59	12	12	9	10	10	11	4	4	5	4	**40**	**41**	1	1
Italy	58	72	12	10	12	9	12	7	3	2	3	1	**42**	**28**	0	0
Latvia	47	56	18	19	13	12	11	9	5	2	5	2	**53**	**44**	1	1
Liechtenstein	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Lithuania	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Malta	41	48	13	12	13	12	16	16	8	8	9	5	**59**	**52**	1	0
Moldova, Rep.of	54	70	23	20	12	6	8	3	2	1	1	0	**46**	**30**	1	0
Monaco	64	58	16	18	7	14	9	7	3	3	1	0	**36**	**42**	1	0
Montenegro	61	84	14	8	10	4	8	2	3	1	4	1	**39**	**16**	0	0
Norway	72	69	8	11	7	7	8	8	4	3	2	1	**28**	**31**	2	1
Poland	60	66	15	15	11	9	9	7	2	1	3	1	**40**	**34**	1	0
Portugal	73	81	10	9	8	5	5	4	2	1	2	1	**27**	**19**	3	2
Romania	58	68	18	17	10	8	9	5	3	1	3	1	**42**	**32**	1	0
Russian Fed. (Moscow)	73	78	12	10	6	5	6	4	1	2	2	1	**27**	**22**	1	1
Serbia	56	71	16	13	10	8	10	5	4	1	4	1	**44**	**29**	0	0
Slovak Republic	47	53	17	18	14	13	13	9	4	3	5	3	**53**	**47**	0	0
Slovenia	45	50	18	19	13	13	15	13	5	4	4	2	**55**	**50**	1	0
Sweden	71	67	9	12	7	8	7	9	3	2	3	2	**29**	**33**	1	1
Ukraine	66	74	14	14	10	7	7	3	1	1	2	1	**34**	**26**	1	0
AVERAGE	**57**	**65**	**15**	**14**	**11**	**9**	**10**	**8**	**4**	**2**	**3**	**2**	**43**	**35**	**1**	**0**
United Kingdom	50	46	14	16	13	15	13	15	5	5	5	4	**50**	**54**	2	1
Spain	60	65	11	12	7	8	18	11	2	2	2	1	**40**	**35**	12	13
USA [b]	83	87	7	6	5	4	3	2	1	0	1	0	**17**	**13**	7	6

[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] 5 or more drinks in a row in the last 2-weeks.

Question C20a–f

Table 24a. Proportion of students having been drunk and having tried various alcoholic beverages, at the age of 13 or younger. All students. 2011. Percentages.

	Onset age 13 or younger							No response						
	Beverages							Beverages						
COUNTRY	Beer	Cider	Alco-pops	Wine	Spirits	**Any of these beverages**	Been drunk	Beer	Cider	Alco-pops	Wine	Spirits	**Any of these beverages**	Been drunk
Albania	46	.	.	38	11	**53**	8	1	.	.	1	5	**0**	1
Belgium (Flanders)	36	.	22	34	12	**50**	9	1	.	2	2	2	**0**	1
Bosnia and Herz. (RS)	48	.	.	44	19	**57**	13	1	.	.	1	1	**0**	1
Bulgaria	68	.	31	56	30	**73**	19	1	.	2	2	2	**0**	1
Croatia	55	.	23	48	26	**64**	15	0	.	1	1	2	**0**	1
Cyprus	45	.	45	39	34	**62**	8	1	.	2	2	3	**0**	1
Czech Republic	63	.	34	46	27	**70**	17	0	.	1	1	1	**0**	1
Denmark	45	55	44	29	25	**66**	19	2	2	2	3	2	**1**	2
Estonia	59	60	46	57	32	**76**	32	0	1	1	2	3	**0**	1
Faroe Islands	35	25	11	19	16	**46**	10	2	2	3	4	4	**1**	3
Finland	30	32	26	23	15	**43**	16	0	1	1	1	1	**0**	1
France	44	58	22	..	18	**67**[a]	8	1	1	3	..	2	**0**	1
Germany (5 Bundesl.)	43	.	24[b]	45	18[c]	**59**	11	0	.	1	0	1	**0**	1
Greece	45	.	42	48	36	**66**	6	2	.	2	2	1	**0**	1
Hungary	52	.	51	48	25	**65**	12	0	.	2	1	1	**0**	1
Iceland	14	7	10	8	5	**20**	5	1	1	1	1	1	**0**	1
Ireland	25	19	14	19	12	**35**	11	1	1	3	3	2	**0**	2
Italy	35	.	27	32	14	**48**	5	1	.	1	1	2	**0**	1
Latvia	71	60	40	51	34	**79**	25	1	1	1	1	1	**0**	1
Liechtenstein	35	28	17	27	9	**47**	9	1	0	1	1	1	**0**	1
Lithuania	50	56	35	36	22	**67**	18	1	2	3	4	3	**0**	2
Malta	46	19	24	52	33	**63**	11	1	2	3	2	2	**0**	1
Moldova, Rep.of	41	.	31	50	12	**59**	9	1	.	2	3	3	**0**	2
Monaco	44	48	22	..	19	**65**[a]	6	1	2	3	..	2	**0**	1
Montenegro	40	.	.	36	15	**48**	6	1	.	.	2	2	**0**	1
Norway	19	21	14	12	7	**29**	6	3	2	3	4	4	**1**	3
Poland	40	2	3	27	19	**47**	8	1	3	3	2	2	**0**	1
Portugal	40	.	23	30	24	**51**	8	0	.	1	1	2	**0**	1
Romania	50	.	17	43	18	**57**	10	1	.	3	3	3	**1**	2
Russian Fed. (Moscow)	35	.	25	51	13	**58**	20	2	.	5	4	3	**1**	2
Serbia	46	.	15	44	17	**55**	9	1	.	4	3	3	**0**	2
Slovak Republic	57	22	21	48	33	**69**	20	2	3	3	3	3	**2**	3
Slovenia	62	.	50	52	26	**71**	15	0	.	1	2	2	**0**	1
Sweden	26	31	16	14	13	**38**	12	2	2	3	3	3	**1**	2
Ukraine	51	.	45	59	16	**68**	9	1	.	1	1	1	**0**	2
AVERAGE	**44**	**34**	**27**	**38**	**20**	**57**	**12**	**1**	**2**	**2**	**2**	**2**	**0**	**1**
United Kingdom	44	36	41	39	22	**63**	19	1	2	2	2	2	**0**	2
Spain	.	.	.	.	.	.	.	.	.	.	.	.	.	.
USA[d]	.	.	.	.	.	**33**[e]	15	.	.	.	.	.	**13**	10

[a] Wine (with the national additional beverage item "champagane" missing) not included here, therefore this is a minimum figure.
[b] Includes also mixed spirits-drinks.
[c] Does not include mixed spirits-drinks.
[d] Use by end of eighth grade, approximate age is 13.
[e] Any alcoholic beverage.

Question C20a–f

Table 24b. Proportion of students having been drunk and having tried various alcoholic beverages, at the age of 13 or younger, by gender. 2011. Percentages.

	Beverages													
	Beer		Cider		Alcopops		Wine		Spirits		**Any of these beverages**		Been drunk	
COUNTRY	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	**Boys**	**Girls**	Boys	Girls
Albania	60	35	.	.	.	.	48	31	16	6	**66**	**42**	14	4
Belgium (Flanders)	39	33	.	.	21	23	34	34	12	12	**52**	**48**	9	8
Bosnia and Herz. (RS)	61	37	.	.	.	.	50	40	28	13	**68**	**48**	23	6
Bulgaria	72	63	.	.	34	29	60	51	34	26	**78**	**68**	23	15
Croatia	63	48	.	.	28	19	54	42	31	22	**70**	**57**	20	9
Cyprus	57	34	.	.	56	35	49	29	46	22	**74**	**51**	13	4
Czech Republic	69	57	.	.	35	33	48	44	31	23	**75**	**66**	19	14
Denmark	56	36	60	51	50	39	36	24	30	21	**72**	**61**	22	17
Estonia	68	50	61	60	47	45	56	58	35	30	**78**	**75**	35	29
Faroe Islands	40	30	26	23	11	11	21	16	17	14	**49**	**42**	10	11
Finland	37	24	34	31	28	23	26	20	16	13	**47**	**40**	17	16
France	50	38	60	57	23	20	..	..	19	17	**70**[a)]	**64**[a)]	10	7
Germany (5 Bundesl.)	51	37	.	.	26[b)]	23[b)]	45	45	19[c)]	17[c)]	**63**	**56**	13	9
Greece	56	34	.	.	50	35	55	41	43	29	**74**	**59**	8	4
Hungary	57	47	.	.	53	50	51	44	28	23	**68**	**62**	14	10
Iceland	16	11	9	6	11	9	10	7	6	4	**23**	**16**	6	4
Ireland	29	22	23	16	13	15	20	19	13	12	**38**	**32**	13	9
Italy	41	29	.	.	32	21	39	25	18	10	**55**	**40**	6	3
Latvia	73	68	59	61	40	40	53	49	37	30	**80**	**78**	28	21
Liechtenstein	45	24	36	18	18	15	30	24	10	8	**55**	**39**	10	8
Lithuania	57	43	57	54	35	34	39	34	26	18	**69**	**64**	22	13
Malta	54	39	22	17	25	22	56	48	34	32	**68**	**59**	12	9
Moldova, Rep.of	51	32	.	.	38	25	56	45	17	8	**67**	**52**	11	6
Monaco	47	42	47	49	20	25	..	..	18	20	**63**[a)]	**66**[a)]	7	6
Montenegro	51	30	.	.	.	.	46	27	22	8	**59**	**37**	10	2
Norway	24	13	25	16	17	11	15	8	9	5	**34**	**23**	8	5
Poland	49	33	3	2	4	2	31	24	25	13	**55**	**41**	11	5
Portugal	42	38	.	.	24	22	32	28	23	25	**52**	**50**	9	7
Romania	56	46	.	.	20	15	48	40	21	15	**62**	**52**	14	7
Russian Fed. (Moscow)	35	35	.	.	24	26	45	56	14	13	**53**	**62**	21	20
Serbia	57	36	.	.	20	11	51	37	25	10	**65**	**47**	15	4
Slovak Republic	63	50	24	20	23	20	53	43	39	28	**73**	**65**	24	17
Slovenia	68	55	.	.	52	48	58	47	32	21	**76**	**67**	18	12
Sweden	31	21	33	29	17	15	15	13	14	12	**41**	**35**	13	11
Ukraine	57	46	.	.	48	43	62	57	20	12	**71**	**66**	12	6
AVERAGE	**51**	**38**	**36**	**32**	**30**	**25**	**42**	**35**	**24**	**17**	**62**	**52**	**15**	**10**
United Kingdom	52	37	40	33	39	44	39	39	24	20	**64**	**61**	21	18
Spain	.	.	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.	.	.

a) Wine (with the national additional beverage item "champagane" missing) not included here, therefore this is a minimum figure.
b) Includes also mixed spirits-drinks.
c) Does not include mixed spirits-drinks.

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Table 25a. Expected positive and negative consequences from alcohol consumption. All students. 2011. Percentages.

	Positive consequences "likely" or "very likely" to appear						Negative consequences "likely" or "very likely" to appear						
COUNTRY	Feel relaxed	Feel happy	Forget my pro-blems	Feel more friendly and out-going	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 so-mething I would regret	Feel sick	Average
Albania	29	33	40	33	39	**35**	28	53	31	55	44	51	**44**
Belgium (Flanders)	50	44	40	52	74	**52**	11	22	13	28	27	26	**21**
Bosnia and Herz. (RS)	42	40	48	50	47	**45**	29	65	23	58	37	35	**41**
Bulgaria	59	63	61	60	79	**64**	37	50	31	54	57	47	**46**
Croatia	67	50	52	67	67	**61**	55	69	27	60	50	59	**53**
Cyprus	46	38	35	44	53	**43**	13	26	21	40	32	31	**27**
Czech Republic	69	53	60	70	74	**65**	15	23	10	42	32	39	**27**
Denmark	57	84	59	82	90	**74**	5	25	14	49	43	15	**25**
Estonia	61	50	56	62	78	**61**	22	70	14	39	35	25	**34**
Faroe Islands	44	46	43	67	63	**53**	19	56	37	65	67	64	**51**
Finland	61	66	49	53	69	**60**	7	22	12	30	29	26	**21**
France	44	45	44	46	63	**48**	12	15	13	40	27	31	**23**
Germany (5 Bundesl.)	55	55	48	65	76	**60**	10	37	12	28	25	11	**21**
Greece	52	50	42	54	65	**53**	7	24	17	48	33	29	**26**
Hungary	59	53	46	50	64	**54**	8	39	11	40	22	14	**22**
Iceland	19	38	37	39	51	**37**	15	38	13	35	41	23	**28**
Ireland	59	70	53	70	74	**65**	22	35	20	43	48	42	**35**
Italy	40	51	51	51	56	**50**	24	53	23	58	45	49	**42**
Latvia	64	48	52	56	73	**59**	29	63	18	50	46	40	**41**
Liechtenstein	57	63	52	72	82	**65**	17	41	15	39	26	10	**25**
Lithuania	61	43	50	57	25	**47**	30	58	14	39	39	43	**37**
Malta	45	61	46	62	60	**55**	12	39	23	34	29	34	**29**
Moldova, Rep.of	45	43	41	48	59	**47**	18	48	14	20	33	33	**28**
Monaco	44	47	43	49	67	**50**	10	15	11	38	25	28	**21**
Montenegro	57	48	55	54	64	**56**	33	49	30	50	41	33	**39**
Norway	48	67	50	59	72	**59**	12	16	11	36	36	42	**26**
Poland	53	42	45	50	59	**50**	19	37	12	44	35	34	**30**
Portugal	39	55	45	56	60	**51**	12	45	17	42	36	22	**29**
Romania	43	48	53	48	67	**52**	32	64	22	41	51	63	**46**
Russian Fed. (Moscow)	56	51	37	47	43	**47**	10	24	10	22	23	24	**19**
Serbia	55	47	46	53	58	**52**	15	27	15	34	29	30	**25**
Slovak Republic	56	43	54	59	68	**56**	25	50	16	53	40	16	**33**
Slovenia	63	52	63	64	71	**63**	21	55	18	55	37	52	**40**
Sweden	49	65	49	56	67	**57**	14	41	14	42	39	41	**32**
Ukraine	57	51	44	50	59	**52**	22	57	12	28	33	29	**30**
AVERAGE	**52**	**52**	**48**	**56**	**64**	**54**	**19**	**41**	**18**	**42**	**37**	**34**	**32**
United Kingdom	63	74	56	70	75	**68**	18	28	19	38	37	37	**30**
Spain	.	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.	.

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Table 25b. Expected positive personal consequences from alcohol consumption by gender. 2011. Percentages.

	Positive 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**	
COUNTRY	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	**Boys**	**Girls**
Albania	31	26	34	31	41	39	37	30	44	35	**37**	**32**
Belgium (Flanders)	48	52	42	46	36	44	49	54	73	76	**50**	**54**
Bosnia and Herz. (RS)	43	42	43	38	52	45	54	47	51	44	**49**	**43**
Bulgaria	64	55	64	63	62	59	60	60	79	78	**66**	**63**
Croatia	66	69	50	50	53	50	68	66	70	65	**61**	**60**
Cyprus	51	42	39	37	38	33	45	43	55	50	**46**	**41**
Czech Republic	66	72	52	54	59	61	69	70	75	73	**64**	**66**
Denmark	59	55	80	87	57	61	78	85	87	92	**72**	**76**
Estonia	58	63	45	54	54	57	59	64	72	83	**58**	**64**
Faroe Islands	47	41	51	40	39	47	64	71	56	70	**51**	**54**
Finland	60	61	60	70	45	52	49	58	65	72	**56**	**63**
France	43	45	42	48	41	47	46	47	62	64	**47**	**50**
Germany (5 Bundesl.)	63	49	57	53	49	47	64	66	77	75	**62**	**58**
Greece	54	50	49	52	43	41	52	55	66	65	**53**	**53**
Hungary	57	60	54	50	48	44	51	50	64	64	**55**	**54**
Iceland	19	18	35	42	35	39	35	44	46	57	**34**	**40**
Ireland	62	56	68	73	53	54	68	73	75	72	**65**	**66**
Italy	42	37	50	53	48	54	50	52	55	57	**49**	**51**
Latvia	64	64	49	47	52	53	54	58	70	76	**58**	**60**
Liechtenstein	61	51	68	58	48	57	74	69	82	82	**67**	**63**
Lithuania	62	60	44	41	52	48	60	55	32	18	**50**	**44**
Malta	49	40	59	63	47	45	61	63	61	60	**55**	**54**
Moldova, Rep.of	51	39	43	43	43	40	52	45	61	57	**50**	**45**
Monaco	44	44	39	53	36	50	45	54	65	68	**46**	**54**
Montenegro	61	53	50	47	58	52	59	49	67	60	**59**	**52**
Norway	52	44	63	72	46	53	51	66	69	75	**56**	**62**
Poland	55	52	41	44	43	47	50	49	57	60	**49**	**50**
Portugal	43	36	52	58	43	47	52	60	57	62	**49**	**53**
Romania	45	41	48	48	55	51	48	47	69	66	**53**	**51**
Russian Fed. (Moscow)	53	60	46	56	33	40	44	50	40	46	**43**	**50**
Serbia	57	54	47	48	48	44	56	50	61	56	**54**	**50**
Slovak Republic	55	57	41	45	54	53	59	58	69	68	**56**	**56**
Slovenia	61	65	53	50	63	63	64	63	72	70	**63**	**62**
Sweden	48	50	61	69	45	54	52	61	63	71	**54**	**61**
Ukraine	58	57	50	53	43	44	54	47	59	60	**53**	**52**
AVERAGE	**53**	**50**	**51**	**52**	**47**	**49**	**55**	**57**	**64**	**64**	**54**	**54**
United Kingdom	64	61	70	77	51	61	65	74	73	78	**65**	**70**
Spain	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.

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Table 25c. Expected negative personal consequences from alcohol consumption by gender. 2011. Percentages.

	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**	
COUNTRY	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	**Boys**	**Girls**
Albania	28	28	51	55	31	31	52	59	45	43	46	54	**42**	**45**
Belgium (Flanders)	14	7	22	21	12	13	27	30	26	27	25	27	**21**	**21**
Bosnia and Herz. (RS)	33	26	64	67	25	21	57	59	39	35	35	35	**42**	**41**
Bulgaria	43	31	52	47	33	28	53	54	58	56	46	49	**48**	**44**
Croatia	56	54	67	72	28	27	57	63	51	50	54	63	**52**	**55**
Cyprus	18	9	28	25	23	20	37	42	34	30	29	33	**28**	**27**
Czech Republic	19	12	24	22	11	9	42	42	30	34	35	42	**27**	**27**
Denmark	8	3	25	25	15	13	44	53	42	43	13	17	**25**	**26**
Estonia	24	21	66	75	14	15	40	38	33	38	26	25	**34**	**35**
Faroe Islands	21	17	54	59	35	40	66	64	69	66	63	65	**51**	**52**
Finland	9	6	19	24	11	14	28	32	24	33	20	32	**19**	**24**
France	15	9	16	15	12	13	40	40	25	28	28	33	**23**	**23**
Germany (5 Bundesl.)	13	7	36	38	11	12	27	29	25	25	11	11	**21**	**20**
Greece	10	5	24	24	17	16	41	55	35	32	25	32	**25**	**27**
Hungary	11	5	39	39	13	9	41	38	23	20	15	13	**24**	**21**
Iceland	19	11	39	36	14	13	35	35	40	41	23	22	**28**	**26**
Ireland	27	17	36	33	20	21	42	44	46	49	40	44	**35**	**35**
Italy	27	21	52	54	22	23	52	64	42	48	45	54	**40**	**44**
Latvia	33	24	60	66	21	15	49	50	46	46	39	41	**41**	**40**
Liechtenstein	18	16	46	36	16	14	40	37	27	24	10	10	**26**	**23**
Lithuania	38	21	60	56	17	10	42	35	43	34	43	42	**41**	**33**
Malta	14	10	38	40	24	23	33	36	29	29	30	38	**28**	**29**
Moldova, Rep.of	20	17	45	50	16	12	24	17	34	32	32	34	**29**	**27**
Monaco	13	7	17	12	11	12	36	39	25	26	25	30	**21**	**21**
Montenegro	34	31	45	52	33	27	50	50	42	40	30	36	**39**	**39**
Norway	16	8	19	14	12	11	34	39	36	36	38	45	**26**	**26**
Poland	21	17	35	40	13	12	42	46	32	37	29	38	**29**	**32**
Portugal	13	12	44	46	17	18	39	44	35	37	19	24	**28**	**30**
Romania	34	31	60	67	21	22	41	42	50	52	61	65	**45**	**47**
Russian Fed. (Moscow)	13	8	25	22	10	10	22	21	22	25	20	28	**19**	**19**
Serbia	20	11	28	25	18	12	35	32	32	26	31	28	**27**	**22**
Slovak Republic	26	25	48	52	17	15	52	55	38	43	17	15	**33**	**34**
Slovenia	27	16	56	55	20	17	50	59	35	39	45	58	**39**	**41**
Sweden	17	12	39	44	14	15	40	44	36	42	35	47	**30**	**34**
Ukraine	28	17	54	61	15	9	31	26	32	33	29	29	**32**	**29**
AVERAGE	**22**	**16**	**41**	**42**	**18**	**17**	**41**	**43**	**37**	**37**	**32**	**36**	**32**	**32**
United Kingdom	21	14	27	28	18	19	37	39	37	37	34	40	**29**	**30**
Spain	.	.	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.	.	.

Question C22a–j

Table 26a. Experienced individual, relational, sexual and delinquency problems related to personal alcohol use during the last 12 months. All students. 2011. Percentages.

	Individual problems				Relational problems			Sexual problems			Delinquency problems			
COUNTRY	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	Victimized by robbery or theft	Trouble with police	Average
Albania	6	11	5	**7**	11	8	**10**	4	5	**5**	10	2	3	**5**
Belgium (Flanders)	5	10	1	**5**	7	10	**9**	5	7	**6**	10	2	6	**6**
Bosnia and Herz. (RS)	6	10	2	**6**	8	7	**8**	2	6	**4**	9	1	4	**5**
Bulgaria	18	20	6	**15**	17	15	**16**	9	13	**11**	16	4	9	**10**
Croatia	14	15	3	**11**	12	14	**13**	6	10	**8**	13	3	11	**9**
Cyprus	10	13	7	**10**	11	12	**12**	8	10	**9**	10	5	7	**7**
Czech Republic	16	20	2	**13**	24	21	**23**	14	17	**16**	15	3	9	**9**
Denmark	6	15	4	**8**	16	10	**13**	10	13	**12**	11	6	4	**7**
Estonia	17	16	4	**12**	20	21	**21**	6	8	**7**	11	2	13	**9**
Faroe Islands	9	9	6	**8**	13	12	**13**	25	11	**18**	12	3	4	**6**
Finland	15	9	2	**9**	11	11	**11**	6	9	**8**	10	3	9	**7**
France	12	10	3	**8**	9	9	**9**	6	7	**7**	9	2	5	**5**
Germany (5 Bundesl.)	15	13	2	**10**	14	14	**14**	7	7	**7**	11	1	6	**6**
Greece	7	11	3	**7**	10	12	**11**	9	11	**10**	8	1	3	**4**
Hungary	10	14	2	**9**	9	9	**9**	6	8	**7**	11	2	5	**6**
Iceland	6	6	2	**5**	6	7	**7**	7	9	**8**	5	5	4	**5**
Ireland	15	11	2	**9**	13	13	**13**	.	.	.	12	3	9	**8**
Italy	6	11	4	**7**	10	9	**10**	7	10	**9**	11	2	5	**6**
Latvia	19	20	5	**15**	18	19	**19**	7	10	**9**	19	6	11	**12**
Liechtenstein	15	18	3	**12**	10	14	**12**	5	6	**6**	16	1	10	**9**
Lithuania	4	15	3	**7**	15	17	**16**	3	6	**5**	13	2	7	**7**
Malta	10	12	3	**8**	12	12	**12**	6	10	**8**	14	2	5	**7**
Moldova, Rep.of	11	21	5	**12**	18	15	**17**	5	6	**6**	15	3	5	**8**
Monaco	11	12	3	**9**	10	10	**10**	7	8	**8**	9	2	5	**5**
Montenegro	6	8	3	**6**	6	6	**6**	5	9	**7**	10	2	4	**5**
Norway	9	7	3	**6**	7	7	**7**	6	9	**8**	10	2	3	**5**
Poland	9	11	2	**7**	10	13	**12**	4	6	**5**	9	2	6	**6**
Portugal	4	7	2	**4**	7	6	**7**	3	3	**3**	4	1	2	**2**
Romania	8	14	3	**8**	13	11	**12**	6	9	**8**	11	2	5	**6**
Russian Fed. (Moscow)	9	7	2	**6**	10	10	**10**	6	8	**7**	12	2	5	**6**
Serbia	11	13	3	**9**	9	8	**9**	4	7	**6**	11	2	5	**6**
Slovak Republic	17	18	5	**13**	20	18	**19**	6	10	**8**	17	4	8	**10**
Slovenia	14	12	2	**9**	10	12	**11**	4	6	**5**	9	3	6	**6**
Sweden	9	7	2	**6**	8	8	**8**	7	11	**9**	7	3	6	**5**
Ukraine	11	15	3	**10**	17	15	**16**	5	6	**6**	16	2	6	**8**
AVERAGE	**11**	**13**	**3**	**9**	**12**	**12**	**12**	**7**	**9**	**8**	**11**	**3**	**6**	**7**
United Kingdom	20	9	5	**11**	13	12	**13**	10	13	**12**	12	3	12	**9**
Spain	.	.	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.	.	.

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Table 26b. Experienced individual and relational problems related to personal alcohol use during the last 12 months, by gender. 2011. Percentages.

	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**	
COUNTRY	Boys	Girls	Boys	Girls	Boys	Girls	**Boys**	**Girls**	Boys	Girls	Boys	Girls	**Boys**	**Girls**
Albania	8	3	16	6	8	3	**11**	**4**	15	7	11	6	**13**	**7**
Belgium (Flanders)	6	4	10	9	2	1	**6**	**5**	4	10	10	10	**7**	**10**
Bosnia and Herz. (RS)	9	4	12	8	3	2	**8**	**5**	10	6	8	6	**9**	**6**
Bulgaria	21	15	22	17	6	6	**16**	**13**	16	17	14	16	**15**	**17**
Croatia	16	12	15	15	4	3	**12**	**10**	13	11	15	13	**14**	**12**
Cyprus	15	5	17	8	11	3	**14**	**5**	15	8	16	8	**16**	**8**
Czech Republic	19	13	21	19	3	1	**14**	**11**	21	28	19	22	**20**	**25**
Denmark	7	4	15	16	5	4	**9**	**8**	12	18	8	11	**10**	**15**
Estonia	16	18	14	18	4	3	**11**	**13**	15	25	17	24	**16**	**25**
Faroe Islands	9	10	9	9	5	7	**8**	**9**	10	15	9	16	**10**	**16**
Finland	12	19	6	13	2	3	**7**	**12**	7	15	8	14	**8**	**15**
France	12	12	10	9	3	3	**8**	**8**	7	10	9	9	**8**	**10**
Germany (5 Bundesl.)	20	12	15	11	3	1	**13**	**8**	11	17	14	14	**13**	**16**
Greece	9	5	12	9	3	2	**8**	**5**	10	10	12	11	**11**	**11**
Hungary	12	8	15	12	2	1	**10**	**7**	10	9	9	9	**10**	**9**
Iceland	7	6	6	6	3	2	**5**	**5**	5	8	6	8	**6**	**8**
Ireland	14	16	9	12	3	2	**9**	**10**	9	16	12	15	**11**	**16**
Italy	8	4	13	10	4	3	**8**	**6**	10	10	10	9	**10**	**10**
Latvia	21	16	19	20	6	3	**15**	**13**	16	21	19	20	**18**	**21**
Liechtenstein	21	9	19	16	4	3	**15**	**9**	9	12	13	16	**11**	**14**
Lithuania	6	3	15	16	4	1	**8**	**7**	13	17	16	18	**15**	**18**
Malta	12	8	13	11	5	2	**10**	**7**	13	12	13	12	**13**	**12**
Moldova, Rep.of	15	7	26	16	6	4	**16**	**9**	20	16	15	14	**18**	**15**
Monaco	11	10	10	14	2	3	**8**	**9**	5	14	6	14	**6**	**14**
Montenegro	9	3	11	5	5	2	**8**	**3**	8	3	8	4	**8**	**4**
Norway	9	9	6	9	4	3	**6**	**7**	5	10	5	8	**5**	**9**
Poland	10	8	10	13	3	1	**8**	**7**	9	12	12	14	**11**	**13**
Portugal	5	3	6	8	2	2	**4**	**4**	5	7	5	6	**5**	**7**
Romania	10	6	17	11	4	2	**10**	**6**	14	12	12	11	**13**	**12**
Russian Fed. (Moscow)	10	7	7	8	3	1	**7**	**5**	9	11	9	11	**9**	**11**
Serbia	15	7	16	10	5	2	**12**	**6**	10	8	9	7	**10**	**8**
Slovak Republic	18	17	18	19	6	5	**14**	**14**	17	22	16	21	**17**	**22**
Slovenia	14	13	12	11	3	2	**10**	**9**	9	10	10	14	**10**	**12**
Sweden	8	10	6	9	3	2	**6**	**7**	6	11	6	10	**6**	**11**
Ukraine	13	9	16	14	4	3	**11**	**9**	14	19	14	16	**14**	**18**
AVERAGE	**12**	**9**	**13**	**12**	**4**	**3**	**10**	**8**	**11**	**13**	**11**	**12**	**11**	**13**
United Kingdom	17	22	8	10	6	4	**10**	**12**	11	16	10	14	**11**	**15**
Spain	.	.	.	.	.	.	**.**	**.**	.	.	.	.	**.**	**.**
USA	.	.	.	.	.	.	**.**	**.**	.	.	.	.	**.**	**.**

Question C22a–j

Table 26c. Experienced sexual and delinquency problems related to personal alcohol use during the last 12 months, by gender. 2011. Percentages.

	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	
COUNTRY	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Albania	8	1	11	1	**10**	**1**	18	4	3	1	6	1	**9**	**2**
Belgium (Flanders)	4	5	6	7	**5**	**6**	12	8	2	2	7	4	**7**	**5**
Bosnia and Herz. (RS)	4	1	11	1	**8**	**1**	16	4	2	1	7	1	**8**	**2**
Bulgaria	12	6	16	10	**14**	**8**	22	10	5	3	11	6	**13**	**6**
Croatia	8	4	13	6	**11**	**5**	20	7	5	2	14	8	**13**	**6**
Cyprus	14	3	17	3	**16**	**3**	18	3	9	2	12	3	**13**	**3**
Czech Republic	13	15	18	15	**16**	**15**	23	8	4	2	12	6	**13**	**5**
Denmark	11	10	13	13	**12**	**12**	15	8	5	7	6	3	**9**	**6**
Estonia	6	7	7	9	**7**	**8**	16	6	2	3	14	13	**11**	**7**
Faroe Islands	25	26	9	12	**17**	**19**	15	8	5	2	5	3	**8**	**4**
Finland	5	8	7	10	**6**	**9**	11	9	2	3	8	10	**7**	**7**
France	5	7	7	7	**6**	**7**	14	5	2	2	8	3	**8**	**3**
Germany (5 Bundesl.)	8	6	8	7	**8**	**7**	18	5	1	1	11	3	**10**	**3**
Greece	15	3	17	5	**16**	**4**	14	3	2	0	5	1	**7**	**1**
Hungary	8	5	10	7	**9**	**6**	16	6	3	2	7	3	**9**	**4**
Iceland	7	8	8	11	**8**	**10**	6	4	4	6	5	4	**5**	**5**
Ireland	.	.	.	.	**.**	**.**	16	7	4	3	11	8	**10**	**6**
Italy	9	5	13	6	**11**	**6**	17	6	3	1	7	3	**9**	**3**
Latvia	9	5	13	8	**11**	**7**	26	12	7	4	13	9	**15**	**8**
Liechtenstein	5	5	8	4	**7**	**5**	25	6	1	2	15	4	**14**	**4**
Lithuania	5	2	9	3	**7**	**3**	21	6	3	1	8	6	**11**	**4**
Malta	7	5	11	8	**9**	**7**	20	8	4	1	8	2	**11**	**4**
Moldova, Rep.of	8	2	10	2	**9**	**2**	25	7	4	1	9	2	**13**	**3**
Monaco	7	8	6	10	**7**	**9**	13	5	1	2	6	4	**7**	**4**
Montenegro	10	1	18	1	**14**	**1**	18	2	4	1	7	2	**10**	**2**
Norway	6	5	7	10	**7**	**8**	11	9	2	3	3	2	**5**	**5**
Poland	5	2	8	4	**7**	**3**	13	5	3	1	8	5	**8**	**4**
Portugal	4	2	5	2	**5**	**2**	7	3	2	1	3	2	**4**	**2**
Romania	8	3	14	5	**11**	**4**	15	8	2	1	8	3	**8**	**4**
Russian Fed. (Moscow)	8	4	10	7	**9**	**6**	17	6	3	1	6	3	**9**	**3**
Serbia	6	1	12	2	**9**	**2**	19	4	3	1	8	1	**10**	**2**
Slovak Republic	6	6	11	10	**9**	**8**	24	10	5	3	11	6	**13**	**6**
Slovenia	4	4	8	5	**6**	**5**	15	4	3	2	8	4	**9**	**3**
Sweden	6	8	10	12	**8**	**10**	10	5	3	4	7	6	**7**	**5**
Ukraine	6	3	9	4	**8**	**4**	25	9	3	1	8	4	**12**	**5**
AVERAGE	**8**	**5**	**11**	**7**	**9**	**6**	**17**	**6**	**3**	**2**	**8**	**4**	**10**	**4**
United Kingdom	10	10	12	15	**11**	**13**	17	7	3	2	14	10	**11**	**6**
Spain	.	.	.	.	**.**	**.**	.	.	.	.	.	.	**.**	**.**
USA	.	.	.	.	**.**	**.**	.	.	.	.	.	.	**.**	**.**

Question C24, C28a–c

Table 27. Perceived availability of various substances by gender. Percentages responding "fairly easy" or "very easy" to obtain. 2011.

	Cannabis				Amphetamines				Ecstasy				Tranquillisers or sedatives			
COUNTRY	Boys	Girls	**All**	No response	Boys	Girls	**All**	No response	Boys	Girls	**All**	No response	Boys	Girls	**All**	No response
Albania	17	9	**12**	1	6	6	**6**	3	13	8	**10**	3	19	21	**20**	3
Belgium (Flanders)	43	37	**40**	1	18	20	**19**	1	16	15	**16**	1	20[a)]	25[a)]	**22[a)]**	1
Bosnia and Herz. (RS)	22	17	**19**	1	15	11	**13**	1	15	11	**13**	1	29	36	**33**	1
Bulgaria	39	41	**40**	1	21	29	**25**	1	18	23	**21**	1	15	22	**18**	1
Croatia	45	37	**41**	0	18	15	**17**	0	15	16	**15**	0	22	26	**24**	0
Cyprus	22	15	**18**	2	10	7	**8**	4	10	7	**8**	3	24	26	**25**	3
Czech Republic	61	57	**59**	0	8	9	**9**	0	19	21	**20**	0	28	37	**32**	0
Denmark	49	38	**43**	1	24	16	**20**	1	22	16	**19**	1	30	30	**30**	1
Estonia	34	30	**32**	1	9	12	**11**	1	12	16	**14**	1	13	23	**18**	1
Faroe Islands	14	18	**16**	1	6	7	**7**	1	7	8	**7**	1	14	24	**19**	1
Finland	17	17	**17**	1	4	5	**4**	0	5	6	**5**	1	16	24	**20**	0
France	45	42	**43**	1	10	11	**10**	1	10	8	**9**	1	27	36	**32**	0
Germany (5 Bundesl.)	42	28	**34**	1	21	14	**17**	1	16	11	**13**	1	13	8	**10**	1
Greece	31	20	**25**	2	11	7	**9**	2	13	8	**11**	2	33	35	**34**	2
Hungary	36	34	**35**	0	22	25	**23**	1	20	22	**21**	1	37	48	**42**	1
Iceland	29	23	**26**	1	12	12	**12**	1	9	8	**8**	1	17	21	**19**	1
Ireland	45	35	**40**	0	15	12	**14**	2	22	20	**21**	2	16	18	**17**	2
Italy	38	29	**34**	1	11	11	**11**	1	12	11	**11**	1	21	27	**24**	1
Latvia	34	28	**31**	1	12	13	**13**	1	17	16	**16**	1	12	15	**14**	1
Liechtenstein	38	27	**33**	1	13	15	**14**	1	8	9	**8**	1	6	7	**7**	1
Lithuania	28	22	**25**	1	11	11	**11**	0	11	10	**11**	1	26	41	**34**	1
Malta	23	18	**21**	1	11	6	**8**	1	16	12	**14**	1	18	16	**17**	1
Moldova, Rep.of	7	4	**6**	2	3	3	**3**	1	4	5	**4**	4	3	5	**4**	4
Monaco	40	47	**44**	1	8	12	**10**	2	9	14	**12**	1	30	43	**36**	0
Montenegro	23	15	**19**	0	10	8	**9**	1	13	10	**12**	1	20	27	**23**	1
Norway	27	23	**25**	2	10	10	**10**	2	11	10	**11**	2	15	18	**17**	2
Poland	44	38	**41**	0	18	18	**18**	0	17	18	**18**	1	42	53	**48**	0
Portugal	34	27	**30**	0	14	13	**14**	0	17	15	**15**	1	20	26	**23**	1
Romania	15	13	**13**	1	10	9	**9**	1	11	10	**11**	3	13	15	**14**	3
Russian Fed. (Moscow)	22	20	**21**	1	13	12	**12**	1	13	12	**12**	1	11	10	**10**	1
Serbia	27	23	**25**	1	14	11	**12**	1	15	12	**13**	2	31	42	**36**	2
Slovak Republic	44	38	**41**	2	10	9	**9**	1	15	18	**16**	1	12	18	**15**	1
Slovenia	46	44	**45**	0	13	12	**13**	1	19	21	**20**	1	21	27	**24**	1
Sweden	27	25	**26**	1	11	11	**11**	1	13	13	**13**	2	31	33	**32**	1
Ukraine	13	8	**10**	1	5	3	**4**	2	6	5	**5**	2	5	5	**5**	2
AVERAGE	**32**	**27**	**29**	**1**	12	12	**12**	**1**	**13**	**13**	**13**	**1**	**20**	**25**	**23**	**1**
United Kingdom	44	40	**42**	1	16	18	**17**	1	19	19	**19**	2	14	15	**15**	1
Spain	43	42	**42**	3	12	11	**11**	3	11	11	**11**	3	30	37	**33**	3
USA	71	66	**68**	5	28	28	**29**	6	25	25	**25**	4	.	.	.	.

[a)] Included the specification "without a doctors prescription".

Question C25a, C29a, C31b, C31c, C31d, C31e, C31g, C31i

Table 28a. Frequency of lifetime use of illicit drugs[a]. All students. 2011. Percentages.

COUNTRY	Number of occasions 0	1–2	3–9	10–19	20–39	40+	Once or more	No response[b]
Albania	92	4	2	1	1	1	**8**	0
Belgium (Flanders)	74	7	8	3	3	5	**26**	0
Bosnia and Herz. (RS)	94	3	2	0	0	1	**6**	0
Bulgaria	74	9	8	3	2	3	**26**	0
Croatia	81	8	5	2	1	3	**19**	0
Cyprus	90	3	3	1	1	3	**10**	0
Czech Republic	57	16	12	4	3	7	**43**	0
Denmark	82	7	6	2	2	2	**18**	0
Estonia	74	11	9	3	1	2	**26**	0
Faroe Islands	93	3	3	0	0	0	**7**	0
Finland	89	5	4	1	1	1	**11**	0
France	61	9	12	6	4	9	**39**	0
Germany (5 Bundesl.)	79	7	7	2	2	3	**21**	0
Greece	89	5	3	1	1	2	**11**	0
Hungary	80	8	5	2	2	3	**20**	0
Iceland	89	3	4	1	1	2	**11**	0
Ireland	81	7	6	2	2	3	**19**	0
Italy	78	7	6	2	2	5	**22**	0
Latvia	73	11	9	2	1	3	**27**	0
Liechtenstein	75	10	8	2	1	4	**25**	0
Lithuania	79	11	6	2	1	2	**21**	0
Malta	88	4	4	1	1	2	**12**	0
Moldova, Rep.of	93	4	3	0	0	0	**7**	0
Monaco	62	11	12	5	3	6	**38**	0
Montenegro	93	2	2	1	1	2	**7**	0
Norway	95	3	2	0	0	1	**5**	0
Poland	75	9	8	3	2	3	**25**	0
Portugal	81	6	6	3	2	3	**19**	0
Romania	90	4	3	1	1	1	**10**	0
Russian Fed. (Moscow)	84	6	5	2	1	2	**16**	0
Serbia	92	3	2	1	0	1	**8**	0
Slovak Republic	72	11	9	2	1	4	**28**	0
Slovenia	75	9	8	2	2	4	**25**	0
Sweden	91	4	3	1	1	1	**9**	0
Ukraine	88	5	4	1	1	1	**12**	0
AVERAGE	**82**	**7**	**6**	**2**	**1**	**3**	**18**	**0**
United Kingdom	73	8	8	3	3	5	**27**	0
Spain	73	8	8	3	2	6	**27**	0
USA[c]	.	.	.	.	.	.	**38**	.

[a] Includes cannabis, amphetamines, cocaine, crack, ecstasy, LSD or other hallucinogens, heroin and GHB.
[b] On all 8 items.
[c] Includes non-prescribed use of tranquillisers; does not include ecstasy or GHB.

Question C25a, C29a, C31b, C31c, C31d, C31e, C31g, C31i

Table 28b. Frequency of lifetime use of illicit drugs[a] by gender. 2011. Percentages.

	Number of occasions												Once or more		No response[b]	
	0		1–2		3–9		10–19		20–39		40+					
COUNTRY	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	**Boys**	**Girls**	Boys	Girls
Albania	85	97	8	2	4	1	1	0	1	0	1	0	**15**	**3**	0	0
Belgium (Flanders)	71	78	8	7	10	7	2	3	3	3	6	3	**29**	**22**	0	0
Bosnia and Herz. (RS)	92	97	4	2	2	1	0	0	1	0	1	0	**8**	**3**	0	0
Bulgaria	73	76	10	8	8	8	4	3	2	3	4	3	**27**	**24**	0	0
Croatia	77	85	10	7	5	4	2	1	2	1	4	2	**23**	**15**	0	0
Cyprus	85	94	3	2	4	2	2	0	2	0	5	1	**15**	**6**	0	0
Czech Republic	52	62	18	15	12	12	5	4	4	3	9	4	**48**	**38**	0	0
Denmark	77	85	8	6	7	5	2	2	2	2	3	1	**23**	**15**	0	0
Estonia	69	80	14	8	10	8	3	2	2	1	3	1	**31**	**20**	0	0
Faroe Islands	92	95	5	2	2	3	0	0	0	0	1	0	**8**	**5**	0	0
Finland	88	90	5	5	4	4	1	1	1	0	2	0	**12**	**10**	0	0
France	61	60	8	10	10	14	5	7	4	4	12	6	**39**	**40**	0	0
Germany (5 Bundesl.)	74	84	8	6	9	6	3	1	2	1	4	2	**26**	**16**	0	0
Greece	85	93	6	3	4	2	1	1	1	0	3	1	**15**	**7**	0	0
Hungary	78	81	8	9	5	5	2	2	2	1	4	2	**22**	**19**	0	0
Iceland	86	91	4	3	4	3	2	1	1	1	3	1	**14**	**9**	0	0
Ireland	77	85	8	6	6	5	2	1	2	1	5	2	**23**	**15**	0	0
Italy	74	81	7	6	6	6	3	2	3	2	7	3	**26**	**19**	0	0
Latvia	68	78	12	10	9	9	3	1	2	1	5	1	**32**	**22**	0	0
Liechtenstein	72	79	12	6	9	8	2	2	1	1	5	4	**28**	**21**	0	0
Lithuania	73	84	12	9	8	4	2	1	2	1	3	0	**27**	**16**	0	0
Malta	86	91	4	3	4	4	1	1	1	1	2	1	**14**	**9**	0	0
Moldova, Rep.of	90	96	6	2	3	2	0	0	0	0	0	0	**10**	**4**	0	0
Monaco	63	60	9	13	9	16	6	4	4	3	9	4	**37**	**40**	0	0
Montenegro	89	96	3	2	3	1	1	0	1	1	3	1	**11**	**4**	0	0
Norway	94	96	3	2	1	2	1	0	1	0	1	0	**6**	**4**	0	0
Poland	70	80	10	9	9	6	4	2	2	1	5	2	**30**	**20**	0	0
Portugal	78	84	7	5	6	6	4	2	2	1	4	2	**22**	**16**	0	0
Romania	89	91	5	4	3	2	1	1	1	1	1	0	**11**	**9**	0	0
Russian Fed. (Moscow)	84	84	6	7	5	5	2	2	2	1	3	1	**16**	**16**	0	0
Serbia	89	95	4	2	3	1	1	0	1	0	2	1	**11**	**5**	0	0
Slovak Republic	68	76	11	12	10	8	3	2	2	1	6	2	**32**	**24**	0	0
Slovenia	73	78	9	8	8	8	3	2	2	2	6	2	**27**	**22**	0	0
Sweden	88	94	5	3	4	2	1	0	1	0	1	1	**12**	**6**	0	0
Ukraine	83	92	7	4	5	2	2	1	2	0	2	1	**17**	**8**	0	1
AVERAGE	**79**	**85**	**8**	**6**	**6**	**5**	**2**	**1**	**2**	**1**	**4**	**2**	**21**	**15**	**0**	**0**
United Kingdom	71	76	8	8	9	7	3	3	3	3	5	4	**29**	**24**	0	0
Spain	73	74	8	8	7	9	3	3	3	2	7	5	**28**	**26**	0	0
USA[c]	.	.	.	.	.	.	.	.	.	.	.	.	**40**	**35**	.	.

[a] Includes cannabis, amphetamines, cocaine, crack, ecstasy, LSD or other hallucinogens, heroin and GHB.
[b] On all 8 items.
[c] Includes non-prescribed use of tranquillisers; does not include ecstasy or GHB.

Question C25a

Table 29a. Frequency of lifetime use of marijuana or hashish. All students. 2011. Percentages.

COUNTRY	Number of occasions 0	1–2	3–9	10–19	20–39	40+	Once or more	No response
Albania	96	3	1	0	0	0	**4**	1
Belgium (Flanders)	76	8	7	3	2	4	**24**	0
Bosnia and Herz. (RS)	96	2	1	0	0	0	**4**	0
Bulgaria	76	10	6	3	2	3	**24**	1
Croatia	82	8	4	2	1	2	**18**	0
Cyprus	93	3	2	1	1	1	**7**	1
Czech Republic	58	17	11	4	3	6	**42**	1
Denmark	82	7	6	2	1	2	**18**	1
Estonia	76	12	7	2	1	2	**24**	0
Faroe Islands	95	3	2	0	0	0	**5**	0
Finland	89	5	3	1	0	1	**11**	0
France	61	10	11	5	4	8	**39**	1
Germany (5 Bundesl.)	81	8	6	2	1	2	**19**	1
Greece	92	4	2	1	0	1	**8**	0
Hungary	81	9	5	2	1	2	**19**	1
Iceland	90	4	3	1	1	2	**10**	1
Ireland	82	7	5	2	2	3	**18**	0
Italy	79	7	5	2	2	4	**21**	1
Latvia	76	12	7	2	1	2	**24**	1
Liechtenstein	79	8	7	2	1	3	**21**	0
Lithuania	80	11	5	1	1	1	**20**	0
Malta	90	4	3	1	1	1	**10**	0
Moldova, Rep.of	95	3	1	0	0	0	**5**	1
Monaco	63	12	11	5	3	5	**37**	0
Montenegro	95	2	1	0	0	1	**5**	0
Norway	95	3	1	0	0	0	**5**	1
Poland	77	10	7	3	1	2	**23**	1
Portugal	84	6	4	2	1	2	**16**	1
Romania	93	4	2	0	0	0	**7**	1
Russian Fed. (Moscow)	85	7	4	1	1	1	**15**	1
Serbia	93	3	2	1	0	1	**7**	0
Slovak Republic	73	12	8	2	1	3	**27**	2
Slovenia	77	9	6	2	2	4	**23**	1
Sweden	91	4	3	1	0	1	**9**	0
Ukraine	89	5	3	1	0	1	**11**	1
AVERAGE	**83**	**7**	**5**	**2**	**1**	**2**	**17**	**1**
United Kingdom	75	10	6	3	3	4	**25**	1
Spain	74	7	8	3	2	5	**26**	1
USA	65	9	9	4	4	10	**35**	3

Question C25a

Table 29b. Frequency of lifetime use of marijuana or hashish by gender. 2011. Percentages.

	Number of occasions												Once or more		No response	
	0		1–2		3–9		10–19		20–39		40+					
COUNTRY	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	**Boys**	**Girls**	Boys	Girls
Albania	91	99	5	1	2	0	0	0	0	0	1	0	**9**	**1**	1	0
Belgium (Flanders)	72	79	9	6	8	7	3	3	3	2	5	3	**28**	**21**	0	0
Bosnia and Herz. (RS)	94	97	3	2	2	1	0	0	0	0	1	0	**6**	**3**	0	0
Bulgaria	75	78	11	10	6	6	3	2	2	2	3	2	**25**	**22**	1	1
Croatia	79	86	10	7	5	3	2	1	1	0	3	2	**21**	**14**	1	0
Cyprus	90	96	4	2	2	1	1	0	1	0	2	0	**10**	**4**	1	1
Czech Republic	53	63	19	16	12	11	5	3	3	3	9	4	**47**	**37**	1	0
Denmark	78	86	8	7	7	5	2	2	2	1	3	0	**22**	**14**	1	1
Estonia	71	81	14	10	8	6	2	1	2	1	3	1	**29**	**19**	1	0
Faroe Islands	93	97	5	1	1	2	0	0	0	0	1	0	**7**	**3**	1	0
Finland	88	90	5	5	3	3	1	1	0	0	1	0	**12**	**10**	0	0
France	61	61	9	11	9	12	4	6	5	4	11	6	**39**	**39**	1	1
Germany (5 Bundesl.)	76	85	9	7	7	5	3	1	1	1	4	1	**24**	**15**	1	0
Greece	88	95	6	3	2	1	1	0	1	0	2	0	**12**	**5**	1	0
Hungary	79	82	9	10	5	5	2	1	2	1	3	1	**21**	**18**	1	0
Iceland	87	92	4	3	4	3	1	1	1	0	2	1	**13**	**8**	1	0
Ireland	78	85	8	7	5	5	2	1	2	1	5	1	**22**	**15**	1	0
Italy	76	82	8	6	5	5	3	2	3	2	5	3	**24**	**18**	1	0
Latvia	71	81	13	10	8	6	3	1	2	1	3	1	**29**	**19**	1	0
Liechtenstein	75	84	11	5	7	7	2	2	1	0	3	2	**25**	**16**	0	0
Lithuania	75	86	13	10	8	3	2	1	1	0	2	0	**25**	**14**	1	0
Malta	88	92	5	4	4	2	1	1	1	0	2	1	**12**	**8**	0	0
Moldova, Rep.of	94	97	4	2	2	1	0	0	0	0	0	0	**6**	**3**	1	0
Monaco	65	62	9	14	8	13	7	4	3	3	8	3	**35**	**38**	0	0
Montenegro	92	97	3	2	2	1	0	0	1	0	2	0	**8**	**3**	0	0
Norway	94	96	3	3	1	1	1	0	0	0	1	0	**6**	**4**	1	0
Poland	72	82	11	9	9	5	3	2	2	1	4	1	**28**	**18**	1	0
Portugal	79	87	8	5	5	4	3	1	2	1	3	1	**21**	**13**	1	1
Romania	93	93	4	4	2	2	0	1	0	0	1	0	**7**	**7**	1	1
Russian Fed. (Moscow)	86	85	6	8	4	4	1	2	1	1	2	1	**14**	**15**	1	1
Serbia	91	96	4	3	2	1	1	0	0	0	1	0	**9**	**4**	0	0
Slovak Republic	69	77	13	12	9	6	3	2	1	1	5	2	**31**	**23**	2	2
Slovenia	74	79	10	9	7	6	2	2	2	2	5	2	**26**	**21**	1	0
Sweden	89	95	5	3	4	2	1	0	0	0	1	1	**11**	**5**	0	0
Ukraine	85	93	7	4	5	2	1	0	1	0	2	0	**15**	**7**	1	1
AVERAGE	**81**	**86**	**8**	**6**	**5**	**4**	**2**	**1**	**1**	**1**	**3**	**1**	**19**	**14**	**1**	**0**
United Kingdom	72	77	10	9	7	5	3	3	3	3	5	3	**28**	**23**	1	1
Spain	74	75	8	7	7	8	3	3	2	2	6	5	**26**	**25**	0	0
USA	62	69	8	9	8	9	4	4	4	3	14	6	**38**	**31**	3	2

Question C25b

Table 30a. Frequency of use of marijuana or hashish during the last 12 months. All students. 2011. Percentages.

COUNTRY	Number of occasions 0	1–2	3–5	6–9	10–19	20+	Once or more	No response
Albania	96	2	1	0	0	0	**4**	0
Belgium (Flanders)	80	7	4	2	2	4	**20**	1
Bosnia and Herz. (RS)	97	2	1	0	0	0	**3**	0
Bulgaria	82	8	3	3	2	2	**18**	1
Croatia	87	6	2	2	1	2	**13**	1
Cyprus	93	3	1	1	1	1	**7**	1
Czech Republic	70	13	6	3	3	5	**30**	1
Denmark	85	8	3	2	1	1	**15**	1
Estonia	83	9	3	2	1	2	**17**	1
Faroe Islands	96	3	1	0	0	0	**4**	1
Finland	91	5	2	1	1	1	**9**	0
France	65	10	7	4	5	9	**35**	1
Germany (5 Bundesl.)	85	7	3	1	1	2	**15**	1
Greece	93	4	1	1	0	1	**7**	0
Hungary	85	8	3	1	2	2	**15**	1
Iceland	91	4	2	1	1	1	**9**	1
Ireland	86	6	2	2	1	2	**14**	1
Italy	82	7	3	2	2	4	**18**	0
Latvia	84	9	3	1	1	2	**16**	2
Liechtenstein	84	8	4	0	1	3	**16**	0
Lithuania	87	8	2	1	1	1	**13**	2
Malta	92	4	2	1	1	1	**8**	0
Moldova, Rep.of	97	2	1	0	0	0	**3**	1
Monaco	67	13	6	4	4	6	**33**	0
Montenegro	96	2	1	1	0	1	**4**	0
Norway	96	3	1	0	0	0	**4**	1
Poland	81	9	4	2	2	2	**19**	1
Portugal	84	6	3	2	2	3	**16**	1
Romania	94	3	1	0	0	0	**6**	1
Russian Fed. (Moscow)	90	5	2	1	1	1	**10**	2
Serbia	95	2	1	1	0	1	**5**	1
Slovak Republic	81	10	3	2	1	3	**19**	0
Slovenia	81	8	4	2	2	3	**19**	1
Sweden	94	3	1	1	0	1	**6**	1
Ukraine	93	3	2	1	1	1	**7**	1
AVERAGE	**87**	**6**	**3**	**1**	**1**	**2**	**13**	**1**
United Kingdom	79	9	3	2	3	4	**21**	1
Spain	78	7	5	2	2	5	**22**	2
USA	71	9	5	3	3	9	**29**	3

Question C25b

Table 30b. Frequency of use of marijuana or hashish during the last 12 months by gender. 2011. Percentages.

	Number of occasions												Once or more		No response	
	0		1–2		3–5		6–9		10–19		20+					
COUNTRY	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	**Boys**	**Girls**	Boys	Girls
Albania	93	99	4	1	1	0	0	0	0	0	1	0	**7**	**1**	1	0
Belgium (Flanders)	77	83	8	6	4	4	3	2	2	2	6	3	**23**	**17**	1	1
Bosnia and Herz. (RS)	95	98	3	1	1	1	1	0	0	0	1	0	**5**	**2**	1	0
Bulgaria	81	82	8	8	3	4	3	3	2	2	3	2	**19**	**18**	1	1
Croatia	85	90	7	5	2	1	2	1	1	1	3	1	**15**	**10**	1	1
Cyprus	90	97	4	2	2	1	1	0	1	0	2	1	**10**	**3**	1	1
Czech Republic	66	74	15	12	6	5	3	3	3	2	7	3	**34**	**26**	2	1
Denmark	81	88	9	7	3	2	2	2	2	1	3	0	**19**	**12**	1	1
Estonia	80	87	11	8	4	3	2	1	1	0	2	1	**20**	**13**	1	1
Faroe Islands	94	97	5	1	1	1	0	0	0	0	0	0	**6**	**3**	1	0
Finland	91	92	5	5	2	2	1	0	1	1	1	0	**9**	**8**	0	0
France	65	66	8	12	6	7	4	5	6	4	12	6	**35**	**34**	1	1
Germany (5 Bundesl.)	80	88	9	6	4	3	1	2	2	1	3	1	**20**	**12**	2	0
Greece	91	96	5	3	1	0	1	1	1	0	2	0	**9**	**4**	1	0
Hungary	83	87	8	8	3	2	2	1	2	1	2	1	**17**	**13**	1	0
Iceland	89	93	4	3	2	1	2	1	1	0	2	1	**11**	**7**	2	0
Ireland	83	89	7	6	2	2	2	1	1	1	4	1	**17**	**11**	1	1
Italy	79	85	8	6	4	3	2	2	2	2	5	3	**21**	**15**	1	0
Latvia	80	87	11	8	4	3	2	1	1	1	3	0	**20**	**13**	2	1
Liechtenstein	82	87	12	3	2	6	0	1	2	1	3	2	**18**	**13**	1	0
Lithuania	83	92	9	7	3	1	1	0	1	0	2	0	**17**	**8**	3	1
Malta	90	94	4	3	2	1	1	1	1	0	1	1	**10**	**6**	1	0
Moldova, Rep.of	96	98	2	1	1	0	0	0	0	0	0	0	**4**	**2**	2	0
Monaco	70	65	9	17	4	7	4	4	4	4	9	3	**30**	**35**	1	0
Montenegro	94	98	3	1	1	0	1	0	0	0	1	0	**6**	**2**	1	0
Norway	95	97	3	2	1	1	0	0	0	0	1	0	**5**	**3**	1	0
Poland	77	85	10	8	5	4	2	1	3	2	3	1	**23**	**15**	1	0
Portugal	82	86	6	7	3	2	3	2	2	1	4	2	**18**	**14**	1	1
Romania	94	95	4	3	1	1	0	1	0	0	0	0	**6**	**5**	1	1
Russian Fed. (Moscow)	90	91	4	6	2	1	1	1	1	1	2	1	**10**	**9**	2	1
Serbia	93	97	3	2	1	1	1	0	1	0	1	0	**7**	**3**	1	1
Slovak Republic	77	85	10	9	4	3	2	1	1	1	5	1	**23**	**15**	0	0
Slovenia	79	82	8	8	4	3	2	2	2	2	5	2	**21**	**18**	1	1
Sweden	92	96	4	2	1	1	1	0	1	0	1	0	**8**	**4**	1	0
Ukraine	90	96	4	2	2	1	1	0	1	0	1	0	**10**	**4**	1	1
AVERAGE	**85**	**89**	**7**	**5**	**3**	**2**	**2**	**1**	**1**	**1**	**3**	**1**	**15**	**11**	**1**	**0**
United Kingdom	77	81	9	9	3	3	3	2	3	3	5	3	**23**	**19**	1	1
Spain	79	79	7	7	5	5	2	2	2	2	6	4	**21**	**21**	0	0
USA	68	74	8	9	5	5	3	3	3	3	13	5	**32**	**26**	3	2

Question C25c

Table 31a. Frequency of use of marijuana or hashish during the last 30 days. All students. 2011. Percentages.

COUNTRY	Number of occasions 0	1–2	3–5	6–9	10–19	20+	Once or more	No response
Albania	98	1	0	0	0	0	**2**	1
Belgium (Flanders)	89	6	2	1	1	1	**11**	1
Bosnia and Herz. (RS)	99	1	0	0	0	0	**1**	0
Bulgaria	90	5	2	1	1	1	**10**	1
Croatia	93	3	1	1	1	1	**7**	1
Cyprus	95	2	1	1	1	1	**5**	1
Czech Republic	85	7	3	1	1	2	**15**	1
Denmark	94	3	1	1	0	0	**6**	2
Estonia	94	4	1	0	0	0	**6**	1
Faroe Islands	99	1	0	0	0	1	**1**	1
Finland	97	2	1	0	0	0	**3**	0
France	76	9	5	4	2	3	**24**	1
Germany (5 Bundesl.)	93	4	1	1	0	1	**7**	1
Greece	96	2	1	0	0	0	**4**	1
Hungary	92	5	1	1	1	1	**8**	1
Iceland	96	2	1	0	0	0	**4**	1
Ireland	93	3	2	1	1	1	**7**	1
Italy	88	5	2	2	2	2	**12**	1
Latvia	94	4	1	0	1	0	**6**	2
Liechtenstein	92	6	1	1	0	1	**8**	0
Lithuania	95	3	1	0	0	0	**5**	2
Malta	96	2	1	1	0	0	**4**	0
Moldova, Rep.of	99	1	0	0	0	0	**1**	1
Monaco	79	11	2	4	2	2	**21**	0
Montenegro	97	1	0	1	0	0	**3**	0
Norway	98	1	0	0	0	0	**2**	1
Poland	90	5	2	1	1	1	**10**	1
Portugal	91	4	2	1	1	1	**9**	1
Romania	98	1	0	0	0	0	**2**	1
Russian Fed. (Moscow)	96	3	1	0	0	1	**4**	2
Serbia	97	1	0	0	0	0	**3**	1
Slovak Republic	91	5	1	1	1	1	**9**	3
Slovenia	90	5	2	1	1	1	**10**	1
Sweden	97	2	0	0	0	0	**3**	1
Ukraine	97	2	0	0	0	0	**3**	1
AVERAGE	**93**	**3**	**1**	**1**	**1**	**1**	**7**	**1**
United Kingdom	87	6	3	1	1	2	**13**	1
Spain	85	6	3	1	1	2	**15**	2
USA	82	7	3	2	2	4	**18**	3

Question C25c

Table 31b. Frequency of use of marijuana or hashish during the last 12 months by gender. 2011. Percentages.

	Number of occasions												Once or more		No response	
	0		1–2		3–5		6–9		10–19		20+					
COUNTRY	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	**Boys**	**Girls**	Boys	Girls
Albania	96	100	2	0	1	0	0	0	0	0	1	0	**4**	**0**	1	0
Belgium (Flanders)	87	91	6	5	2	2	2	1	1	1	2	1	**13**	**9**	1	1
Bosnia and Herz. (RS)	98	99	1	1	1	0	0	0	0	0	0	0	**2**	**1**	1	0
Bulgaria	90	90	5	6	2	2	1	1	1	1	2	1	**10**	**10**	2	1
Croatia	91	95	4	3	2	1	1	0	1	0	1	1	**9**	**5**	1	1
Cyprus	91	98	3	1	2	0	1	0	1	0	2	0	**9**	**2**	1	1
Czech Republic	83	88	7	7	3	2	2	1	2	1	3	1	**17**	**12**	2	1
Denmark	91	97	5	2	2	0	1	0	1	0	1	0	**9**	**3**	2	1
Estonia	91	96	5	3	2	0	1	0	1	0	1	0	**9**	**4**	1	1
Faroe Islands	99	98	0	1	0	0	0	0	0	0	1	1	**1**	**2**	1	0
Finland	96	98	2	2	1	0	0	0	0	0	0	0	**4**	**2**	1	0
France	74	78	9	10	5	6	5	3	3	2	4	2	**26**	**22**	1	1
Germany (5 Bundesl.)	90	96	5	3	2	1	1	0	1	0	2	0	**10**	**4**	2	0
Greece	94	98	3	1	1	0	1	0	1	0	1	0	**6**	**2**	1	0
Hungary	91	93	4	5	1	1	1	0	1	0	1	0	**9**	**7**	1	1
Iceland	95	97	2	1	1	1	0	0	0	0	0	0	**5**	**3**	2	0
Ireland	90	95	4	3	2	1	1	1	1	0	1	0	**10**	**5**	1	1
Italy	86	91	5	5	2	1	2	1	2	1	3	1	**14**	**9**	1	0
Latvia	92	95	4	3	2	1	0	0	1	0	1	0	**8**	**5**	2	1
Liechtenstein	92	92	5	6	1	1	1	0	1	0	1	1	**8**	**8**	0	0
Lithuania	93	97	4	2	1	0	1	0	1	0	1	0	**7**	**3**	3	1
Malta	94	97	3	1	1	1	1	0	0	0	1	0	**6**	**3**	1	0
Moldova, Rep.of	99	99	1	1	0	0	0	0	0	0	0	0	**1**	**1**	2	0
Monaco	76	81	10	12	2	2	5	2	2	2	4	0	**24**	**19**	1	0
Montenegro	96	99	2	1	0	0	1	0	1	0	1	0	**4**	**1**	1	0
Norway	98	99	1	1	0	0	0	0	0	0	0	0	**2**	**1**	1	0
Poland	88	93	6	4	2	2	1	1	1	0	1	0	**12**	**7**	1	0
Portugal	89	92	4	5	3	1	1	1	1	0	2	1	**11**	**8**	1	1
Romania	98	98	1	1	0	1	0	0	0	0	0	0	**2**	**2**	1	1
Russian Fed. (Moscow)	96	96	2	3	0	1	0	0	0	0	1	0	**4**	**4**	2	1
Serbia	96	99	2	1	1	0	0	0	0	0	1	0	**4**	**1**	1	0
Slovak Republic	89	93	5	4	2	1	1	1	2	0	1	1	**11**	**7**	4	2
Slovenia	88	91	6	5	2	2	1	1	1	0	2	1	**12**	**9**	1	1
Sweden	96	99	3	1	1	0	0	0	0	0	0	0	**4**	**1**	1	0
Ukraine	95	99	3	1	1	0	1	0	0	0	0	0	**5**	**1**	2	1
AVERAGE	**92**	**95**	**4**	**3**	**1**	**1**	**1**	**0**	**1**	**0**	**1**	**0**	**8**	**5**	**1**	**1**
United Kingdom	85	89	7	6	3	2	2	1	1	1	2	1	**15**	**11**	1	1
Spain	86	87	6	6	3	3	1	2	2	1	2	1	**14**	**13**	0	0
USA	79	86	6	7	3	3	3	2	3	1	5	2	**21**	**14**	3	2

Question C25a–c, C26, C27a–b

Table 32. Frequency of opportunities to try marijuana or hashish among students reporting no lifetime prevalence of cannabis, by gender. 2011. Percentages.

	Number of opportunities											
	0			1–2			3+			No response[a)]		
COUNTRY	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All	Boys	Girls	All
Albania	69	87	79	17	10	13	14	4	8	1	0	1
Belgium (Flanders)	64	66	65	19	21	20	17	13	15	1	0	1
Bosnia and Herz. (RS)	85	89	87	9	7	8	6	4	5	1	1	1
Bulgaria	65	67	66	19	19	19	16	15	15	3	2	2
Croatia	66	69	68	19	18	18	16	13	14	3	3	3
Cyprus	87	92	90	9	6	7	4	2	3	4	2	3
Czech Republic	42	44	43	25	31	28	33	25	29	2	1	1
Denmark	68	72	70	21	17	19	11	11	11	0	0	0
Estonia	69	70	69	19	18	18	12	13	12	1	1	1
Faroe Islands	70	76	73	3	2	2	27	22	25	11	7	9
Finland	81	80	80	15	14	14	5	6	5	0	0	0
France	59	53	56	14	23	19	26	24	25	2	1	1
Germany (5 Bundesl.)	78	83	81	14	12	13	8	5	6	0	0	0
Greece	78	84	81	14	11	12	8	5	6	8	6	7
Hungary	68	71	69	19	18	18	13	11	12	1	0	1
Iceland	79	80	80	13	11	12	9	8	9	1	0	1
Ireland	65	72	68	20	16	18	15	13	14	1	1	1
Italy	74	81	78	14	10	12	12	9	10	3	1	2
Latvia	73	69	71	16	21	19	11	11	11	1	1	1
Liechtenstein	66	71	69	18	16	17	16	13	14	9	6	7
Lithuania	73	75	74	18	15	17	9	9	9	2	1	2
Malta	78	83	81	14	10	12	8	7	7	1	0	1
Moldova, Rep.of	83	91	87	14	7	11	3	2	2	8	5	6
Monaco	57	55	56	22	19	20	21	26	24	0	1	0
Montenegro	84	87	86	9	7	8	7	5	6	1	0	0
Norway	86	88	87	10	9	9	4	4	4	10	5	7
Poland	67	69	68	18	18	18	15	13	14	1	1	1
Portugal	67	72	70	20	16	17	13	12	13	2	1	1
Romania	78	80	79	12	14	13	10	7	8	5	5	5
Russian Fed. (Moscow)	64	69	67	19	17	18	17	14	15	5	5	5
Serbia	79	81	80	12	10	11	9	8	9	1	1	1
Slovak Republic	60	59	59	19	21	20	21	20	21	2	1	2
Slovenia	60	64	62	22	19	21	17	17	17	1	0	1
Sweden	81	81	81	13	12	12	6	7	6	1	2	1
Ukraine	77	85	81	15	11	13	9	4	6	1	1	1
AVERAGE	**71**	**75**	**73**	**16**	**14**	**15**	**13**	**11**	**12**	**3**	**2**	**2**
United Kingdom	69	74	71	18	13	15	14	13	13	0	1	1
Spain	.	.	.	.	.	.	.	.	.	.	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.

a) Includes also inconsistant responses of C27a and C27b.

Question C29a, C31b, C31c, C31d, C31e, C31g, C31i

Table 33a. Frequency of lifetime use of illicit drugs other than marijuana or hashish[a]. All students. 2011. Percentages.

	Number of occasions							
COUNTRY	0	1–2	3–9	10–19	20–39	40+	Once or more	No response[b]
Albania	94	3	2	0	0	1	**6**	0
Belgium (Flanders)	91	4	3	1	0	1	**9**	0
Bosnia and Herz. (RS)	98	1	1	0	0	0	**2**	0
Bulgaria	90	4	3	1	1	1	**10**	0
Croatia	95	2	2	0	0	0	**5**	0
Cyprus	93	2	2	1	1	2	**7**	1
Czech Republic	92	3	3	1	0	1	**8**	0
Denmark	95	2	2	0	0	0	**5**	0
Estonia	92	4	2	1	0	0	**8**	0
Faroe Islands	97	2	1	0	0	0	**3**	0
Finland	97	2	1	0	0	0	**3**	0
France	90	4	3	1	1	1	**10**	0
Germany (5 Bundesl.)	92	3	3	0	0	1	**8**	0
Greece	95	2	1	0	0	0	**5**	0
Hungary	92	2	3	1	1	1	**8**	0
Iceland	96	1	1	0	0	1	**4**	0
Ireland	94	2	2	1	0	1	**6**	0
Italy	94	2	2	1	0	1	**6**	0
Latvia	91	4	3	1	1	1	**9**	0
Liechtenstein	92	4	1	1	1	2	**8**	0
Lithuania	94	3	1	1	0	1	**6**	0
Malta	94	2	2	1	0	1	**6**	0
Moldova, Rep.of	96	2	1	0	0	0	**4**	0
Monaco	89	5	3	1	1	1	**11**	0
Montenegro	95	1	1	0	1	1	**5**	0
Norway	98	1	1	0	0	0	**2**	1
Poland	93	3	2	1	0	1	**7**	0
Portugal	92	3	3	1	0	0	**8**	0
Romania	95	3	2	1	0	0	**5**	0
Russian Fed. (Moscow)	95	2	2	1	0	1	**5**	0
Serbia	97	1	1	0	0	1	**3**	0
Slovak Republic	93	3	3	1	0	1	**7**	0
Slovenia	94	3	2	0	0	1	**6**	0
Sweden	96	2	1	0	0	0	**4**	0
Ukraine	96	1	1	1	0	1	**4**	1
AVERAGE	**94**	**3**	**2**	**1**	**0**	**1**	**6**	**0**
United Kingdom	91	3	4	1	1	1	**9**	1
Spain	94	4	1	0	0	1	**6**	0
USA	.	.	.	.	.	.	**16[c]**	4

[a] Includes amphetamines, cocaine, crack, ecstasy, LSD or other hallucinogens, heroin and GHB.
[b] On all 8 items.
[c] Includes tranquillisers; does not include ecstasy or GHB.

Question C29a, C31b, C31c, C31d, C31e, C31g, C31i

Table 33b. Frequency of lifetime use of illicit drugs other than marijuana or hashish[a)] by gender. 2011. Percentages.

	Number of occasions															
	0		1–2		3–5		6–9		10–19		20+		**Once or more**		No response[b)]	
COUNTRY	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	**Boys**	**Girls**	Boys	Girls
Albania	90	98	5	1	3	1	1	0	1	0	1	0	**10**	**2**	0	0
Belgium (Flanders)	90	92	4	3	4	3	1	1	0	0	1	1	**10**	**8**	0	0
Bosnia and Herz. (RS)	96	98	2	1	1	0	0	0	0	0	1	0	**4**	**2**	0	0
Bulgaria	90	90	3	5	4	3	1	1	1	1	2	1	**10**	**10**	0	0
Croatia	94	96	3	2	2	1	0	0	0	0	1	0	**6**	**4**	0	0
Cyprus	89	96	2	1	3	1	1	0	1	0	4	1	**11**	**4**	1	0
Czech Republic	92	92	3	3	3	3	1	1	0	0	1	1	**8**	**8**	0	0
Denmark	94	96	2	1	2	2	1	0	0	0	0	0	**6**	**4**	0	0
Estonia	91	93	5	4	2	2	0	1	0	0	0	0	**9**	**7**	0	0
Faroe Islands	97	97	2	1	1	1	0	0	0	0	0	0	**3**	**3**	0	0
Finland	96	97	2	2	1	1	0	0	0	0	1	0	**4**	**3**	0	0
France	91	90	4	4	2	4	1	1	1	1	1	0	**9**	**10**	0	0
Germany (5 Bundesl.)	90	94	4	3	4	2	0	0	1	0	1	0	**10**	**6**	1	0
Greece	93	97	3	2	2	1	1	0	0	0	1	0	**7**	**3**	0	0
Hungary	92	92	2	2	3	3	1	1	1	0	1	1	**8**	**8**	0	0
Iceland	95	96	1	1	1	1	1	0	0	0	1	1	**5**	**4**	1	0
Ireland	92	95	2	2	3	2	1	1	0	0	2	0	**8**	**5**	0	0
Italy	92	95	2	2	2	1	1	0	1	0	1	1	**8**	**5**	0	0
Latvia	91	91	3	4	3	3	1	1	1	0	2	1	**9**	**9**	0	0
Liechtenstein	93	91	3	4	2	1	0	1	0	2	2	2	**7**	**9**	0	0
Lithuania	93	95	3	3	2	1	1	0	0	0	1	0	**7**	**5**	0	0
Malta	92	95	3	1	2	2	1	1	1	0	1	1	**8**	**5**	0	0
Moldova, Rep.of	95	98	4	1	1	1	0	0	0	0	0	0	**5**	**2**	0	0
Monaco	91	88	4	6	2	4	2	0	1	0	2	0	**9**	**12**	0	0
Montenegro	93	97	1	1	2	1	1	0	1	0	1	1	**7**	**3**	0	0
Norway	98	99	1	1	1	1	0	0	0	0	1	0	**2**	**1**	1	0
Poland	92	93	3	3	2	2	1	1	1	0	1	0	**8**	**7**	0	0
Portugal	92	93	2	3	3	3	1	1	0	0	0	0	**8**	**7**	0	0
Romania	93	96	3	2	2	1	0	1	1	0	1	0	**7**	**4**	0	0
Russian Fed. (Moscow)	94	95	2	1	2	2	0	1	1	0	1	0	**6**	**5**	0	0
Serbia	96	98	1	1	1	0	0	0	0	0	1	0	**4**	**2**	0	0
Slovak Republic	92	93	2	3	3	2	1	0	0	0	1	1	**8**	**7**	1	0
Slovenia	93	94	3	3	2	2	0	0	0	0	1	1	**7**	**6**	0	0
Sweden	96	97	2	1	2	1	0	0	0	0	0	0	**4**	**3**	0	0
Ukraine	94	97	2	1	2	1	1	1	1	0	1	0	**6**	**3**	0	1
AVERAGE	**93**	**95**	**3**	**2**	**2**	**2**	**1**	**0**	**0**	**0**	**1**	**0**	**7**	**5**	**0**	**0**
United Kingdom	90	91	3	4	4	3	0	1	1	1	1	1	**10**	**9**	1	1
Spain	93	95	4	3	1	1	0	0	0	0	1	0	**7**	**5**	0	0
USA	.	.	.	.	.	.	.	.	.	.	.	.	**17[c)]**	**14[c)]**	4	3

[a)] Includes amphetamines, cocaine, crack, ecstasy, LSD or other hallucinogens, heroin and GHB.
[b)] On all 8 items.
[c)] Includes tranquillisers; does not include ecstasy or GHB.

Question C29a

Table 34a. Lifetime, last 12 months and last 30 days use of ecstasy. All students. 2011. Percentages.

	Lifetime			Last 12 months			Last 30 days		
COUNTRY	No	Yes	No response	No	Yes	No response	No	Yes	No response
Albania	96	4	0	97	3	0	99	1	0
Belgium (Flanders)	96	4	0	97	3	0	99	1	0
Bosnia and Herz. (RS)	99	1	0	99	1	0	100	0	0
Bulgaria	96	4	0	98	2	0	98	2	0
Croatia	98	2	0	98	2	0	99	1	0
Cyprus	97	3	1	96	4	1	97	3	1
Czech Republic	97	3	0	98	2	0	100	0	0
Denmark	99	1	0	99	1	0	100	0	0
Estonia	97	3	0	99	1	0	99	1	0
Faroe Islands	99	1	0	99	1	0	100	0	0
Finland	99	1	0	99	1	0	100	0	0
France	97	3	0	98	2	0	99	1	0
Germany (5 Bundesl.)	98	2	0	99	1	0	100	0	0
Greece	98	2	0	99	1	0	99	1	0
Hungary	96	4	0	97	3	0	98	2	0
Iceland	98	2	0	99	1	0	99	1	0
Ireland	98	2	0	98	2	0	99	1	0
Italy	98	2	0	98	2	0	99	1	0
Latvia	96	4	0	98	2	0	99	1	0
Liechtenstein	97	3	0	98	2	0	99	1	0
Lithuania	98	2	0	99	1	0	99	1	0
Malta	97	3	0	98	2	0	98	2	0
Moldova, Rep.of	98	2	0	99	1	0	99	1	0
Monaco	97	4	0	98	2	0	98	2	0
Montenegro	97	3	0	98	2	0	99	1	0
Norway	99	1	1	99	1	1	100	0	1
Poland	98	2	0	98	2	0	99	1	0
Portugal	97	3	0	97	3	0	99	1	0
Romania	98	2	0	99	1	0	99	1	0
Russian Fed. (Moscow)	97	3	0	99	1	0	99	1	0
Serbia	99	1	0	99	1	0	99	1	0
Slovak Republic	96	4	1	98	2	1	99	1	1
Slovenia	98	2	0	98	2	0	99	1	0
Sweden	98	2	0	99	1	0	100	0	0
Ukraine	97	3	1	98	2	1	99	1	1
AVERAGE	**98**	**3**	**0**	**98**	**2**	**0**	**99**	**1**	**0**
United Kingdom	96	4	1	97	3	1	99	1	1
Spain	99	2	1	99	1	1	99	1	1
USA	93	7	2	95	5	2	98	2	2

Question C29a

Table 34b. Lifetime, last 12 months and last 30 days use of ecstasy by gender. 2011. Percentages.

	Lifetime				Last 12 months				Last 30 days			
	No		Yes		No		Yes		No		Yes	
COUNTRY	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Albania	93	98	7	2	95	99	5	1	97	99	3	1
Belgium (Flanders)	97	96	3	4	97	97	3	3	99	99	1	1
Bosnia and Herz. (RS)	98	99	2	1	99	100	1	0	99	100	1	0
Bulgaria	95	97	5	3	97	98	3	2	98	99	2	1
Croatia	97	99	3	1	98	99	2	1	98	99	2	1
Cyprus	95	99	5	1	94	99	6	1	95	99	5	1
Czech Republic	97	97	3	3	98	99	2	1	99	100	1	0
Denmark	99	98	1	2	99	99	1	1	100	100	0	0
Estonia	97	97	3	3	98	99	2	1	99	100	1	0
Faroe Islands	99	99	1	1	99	99	1	1	100	100	0	0
Finland	98	99	2	1	98	99	2	1	99	100	1	0
France	97	97	3	3	98	99	2	1	99	99	1	1
Germany (5 Bundesl.)	97	99	3	1	98	99	2	1	99	100	1	0
Greece	98	99	2	1	98	99	2	1	99	100	1	0
Hungary	96	96	4	4	97	97	3	3	98	98	2	2
Iceland	98	99	2	1	99	99	1	1	99	100	1	0
Ireland	96	99	4	1	97	99	3	1	99	99	1	1
Italy	97	98	3	2	97	99	3	1	98	99	2	1
Latvia	95	96	5	4	97	99	3	1	98	99	2	1
Liechtenstein	97	97	3	3	98	98	2	2	99	99	1	1
Lithuania	97	99	3	1	98	100	2	0	98	100	2	0
Malta	96	98	4	2	97	98	3	2	98	99	2	1
Moldova, Rep.of	98	99	2	1	98	99	2	1	98	99	2	1
Monaco	96	97	4	3	97	99	3	1	97	99	3	1
Montenegro	95	98	5	2	96	99	4	1	98	99	2	1
Norway	99	100	1	0	99	100	1	0	99	100	1	0
Poland	97	98	3	2	98	99	2	1	98	100	2	0
Portugal	97	98	3	2	97	98	3	2	99	99	1	1
Romania	97	99	3	1	98	99	2	1	99	100	1	0
Russian Fed. (Moscow)	98	97	2	3	99	99	1	1	99	100	1	0
Serbia	98	99	2	1	98	99	2	1	99	99	1	1
Slovak Republic	95	97	5	3	97	98	3	2	98	99	2	1
Slovenia	98	98	2	2	98	99	2	1	99	99	1	1
Sweden	98	99	2	1	98	100	2	0	99	100	1	0
Ukraine	95	98	5	2	97	99	3	1	98	99	2	1
AVERAGE	**97**	**98**	**3**	**2**	**98**	**99**	**2**	**1**	**98**	**99**	**2**	**1**
United Kingdom	95	96	5	4	96	97	4	3	99	99	1	1
Spain	98	99	2	1	99	99	1	1	99	99	1	1
USA	93	94	7	6	95	96	5	4	98	99	2	1

Question C31b, C31c, C31d, C31e, C31g, C31i

Table 35a. Lifetime use of various illicit drugs. All students. 2011. Percentages.

							No response					
COUNTRY	Amphe-tamines	Cocaine	Crack	LSD or other halluci-nogens	Heroin	GHB	Amphe-tamines	Cocaine	Crack	LSD or other halluci-nogens	Heroin	GHB
Albania	1	2	1	1	1	**1**	1	1	1	1	1	1
Belgium (Flanders)	5	4	1	3	1	**1**	0	1	1	1	1	1
Bosnia and Herz. (RS)	1	1	0	1	0	**0**	0	0	0	0	0	0
Bulgaria	7	4	2	3	2	**1**	1	1	1	1	1	1
Croatia	2	2	1	2	1	**1**	0	0	0	0	0	0
Cyprus	4	4	3	4	3	**3**	2	2	2	2	2	2
Czech Republic	2	1	1	5	1	**0**	0	0	0	0	0	0
Denmark	2	2	1	1	1	**1**	0	0	1	0	0	1
Estonia	3	2	2	2	1	**1**	0	0	0	0	0	0
Faroe Islands	1	1	0	0	1	**0**	1	1	1	1	1	1
Finland	1	1	1	1	1	**1**	0	0	0	0	0	0
France	4	4	4	3	2	**1**	0	0	1	1	0	1
Germany (5 Bundesl.)	4	3	2	2	1	**1**	0	0	0	0	1	0
Greece	2	1	1	2	1	**1**	0	1	1	1	1	1
Hungary	6	2	2	3	2	**2**	0	0	0	0	0	0
Iceland	3	2	1	2	1	**1**	0	1	1	1	1	1
Ireland	2	3	2	2	1	**1**	0	0	0	1	0	1
Italy	2	3	3	3	2	**1**	0	1	1	1	1	1
Latvia	4	4	2	4	2	**2**	0	1	1	1	1	1
Liechtenstein	5	4	3	3	2	**2**	0	0	0	0	0	0
Lithuania	3	2	1	2	2	**1**	0	0	0	0	0	0
Malta	3	4	2	2	1	**1**	0	0	0	0	0	0
Moldova, Rep.of	1	0	0	1	0	**1**	1	1	1	1	1	1
Monaco	3	4	4	2	3	**1**	1	0	1	1	0	1
Montenegro	2	1	1	1	1	**1**	0	1	1	1	1	1
Norway	1	1	1	1	0	**0**	1	2	2	2	3	3
Poland	4	3	2	3	2	**1**	0	0	0	0	0	1
Portugal	3	3	1	3	2	**1**	0	1	1	1	1	1
Romania	2	2	1	2	1	**1**	0	0	1	1	1	1
Russian Fed. (Moscow)	3	2	1	3	1	**1**	0	0	0	0	0	0
Serbia	1	1	1	1	1	**1**	1	1	1	1	1	1
Slovak Republic	2	2	1	4	2	**1**	1	1	1	1	1	1
Slovenia	2	3	2	2	1	**1**	0	0	0	0	0	0
Sweden	1	1	1	1	1	**0**	1	1	1	1	1	2
Ukraine	2	1	1	2	1	**1**	1	1	2	2	1	2
AVERAGE	**3**	**2**	**2**	**2**	**1**	**1**	**0**	**1**	**1**	**1**	**1**	**1**
United Kingdom	4	5	2	2	2	**1**	1	1	1	1	1	1
Spain	1	2	2	2	1	**1**	1	1	1	1	1	1
USA	9	3	2	6	1	**.**	3	3	3	3	3	.

Question C31b, C31c, C31d, C31e, C31g, C31i

Table 35b. Lifetime use of various illicit drugs by gender. 2011. Percentages.

	Amphetamines		Cocaine		Crack		LSD or other hallucinogens		Heroin		GHB	
COUNTRY	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Albania	2	1	3	0	2	0	1	0	1	0	1	0
Belgium (Flanders)	6	5	4	3	2	1	3	2	1	0	1	1
Bosnia and Herz. (RS)	2	0	1	0	1	0	1	0	1	0	1	0
Bulgaria	6	7	4	4	2	1	4	2	2	2	2	1
Croatia	2	2	2	1	2	1	3	2	2	1	1	0
Cyprus	6	2	6	2	6	1	6	1	5	2	5	1
Czech Republic	2	2	1	1	1	0	5	5	1	1	0	0
Denmark	3	2	2	2	2	1	0	1	1	1	0	1
Estonia	2	3	2	2	2	1	2	2	1	1	1	1
Faroe Islands	1	1	1	2	0	0	0	0	1	1	0	0
Finland	2	1	2	1	1	0	2	1	1	1	1	0
France	3	4	4	5	4	5	3	2	2	3	1	1
Germany (5 Bundesl.)	5	3	4	2	2	2	3	1	1	1	2	1
Greece	3	1	2	1	2	1	2	1	1	1	1	0
Hungary	6	5	3	2	3	1	3	3	2	1	3	2
Iceland	4	3	2	2	2	0	2	1	1	1	1	1
Ireland	3	1	3	2	3	1	3	1	1	1	1	1
Italy	2	1	4	2	3	2	3	2	2	1	2	1
Latvia	4	4	4	3	3	1	5	3	3	1	3	1
Liechtenstein	4	6	4	5	2	4	2	4	1	4	1	3
Lithuania	3	2	3	1	2	0	3	0	2	1	2	0
Malta	4	2	5	2	2	1	3	1	2	1	1	0
Moldova, Rep.of	2	1	1	0	0	0	1	1	1	0	1	0
Monaco	4	2	3	5	4	4	2	2	2	3	1	1
Montenegro	3	1	2	1	2	0	2	1	2	1	1	0
Norway	1	0	1	0	1	0	1	0	0	0	0	0
Poland	4	4	3	3	2	1	3	2	2	1	1	1
Portugal	4	3	2	3	1	1	3	3	2	2	1	1
Romania	2	1	2	2	1	1	3	2	1	1	1	1
Russian Fed. (Moscow)	3	3	2	2	2	1	3	2	1	1	1	0
Serbia	2	1	2	1	1	0	2	1	1	0	1	0
Slovak Republic	2	2	2	2	2	1	4	3	2	1	2	1
Slovenia	2	2	3	3	2	1	2	2	2	1	1	0
Sweden	1	1	2	1	1	0	1	1	1	1	0	0
Ukraine	3	1	2	1	1	0	3	0	2	0	2	0
AVERAGE	**3**	**2**	**3**	**2**	**2**	**1**	**3**	**2**	**2**	**1**	**1**	**1**
United Kingdom	4	4	5	4	2	2	2	2	2	1	1	1
Spain	2	1	2	1	2	1	3	2	1	1	1	1
USA	10	8	4	3	2	1	7	5	1	1	.	.

Question C23, C31a, C31h, C31j, C31k, C31l

Table 36a. Lifetime use of various substances, intravenous drug use and mixing alcohol with pills. All students. 2011. Percentages.

							No response					
COUNTRY	Tranquil-lisers or sedatives on doctor's order	Tranquil-lisers or sedatives without prescrip-tion	Magic mushrooms	Anabolic steroids	Drugs by injection	Alcohol together with pills in order to get high	Tranquil-lisers or sedatives on doctor's order	Tranquil-lisers or sedatives without prescrip-tion	Magic mushrooms	Anabolic steroids	Drugs by injection	Alcohol together with pills in order to get high
Albania	6	8	1	1	1	2	2	0	1	1	1	1
Belgium (Flanders)	14	8	2	0	1	2	0	1	1	1	1	0
Bosnia and Herz. (RS)	4	4	0	0	0	1	1	0	0	0	0	0
Bulgaria	6	3	3	3	1	4	1	0	1	1	1	1
Croatia	10	5	2	2	1	10	0	0	0	0	0	0
Cyprus	8	11	4	4	3	4	2	1	2	2	2	2
Czech Republic	11	10	7	1	1	16	0	0	0	0	0	0
Denmark	7	4	1	0	0	3	1	0	0	0	1	0
Estonia	7	8	4	1	1	4	0	0	0	0	0	0
Faroe Islands	3	2	2	0	0	3	1	0	1	1	3	1
Finland	4	7	2	1	1	10	0	0	0	0	0	0
France	12	11	5	1	1	7	2	0	0	2	0	0
Germany (5 Bundesl.)	3	2	2	1	1	8	0	0	0	1	1	0
Greece	5	9	2	3	1	4	2	1	1	1	1	0
Hungary	8	9	2	2	1	10	0	0	0	0	0	0
Iceland	10	8	3	1	1	2	1	0	1	1	1	0
Ireland	9	3	2	2	1	5	2	0	0	1	1	0
Italy	7	10	3	1	1	3	1	0	1	1	1	0
Latvia	10	4	4	2	2	6	0	0	1	1	1	0
Liechtenstein	3	2	3	2	2	7	1	0	0	1	0	0
Lithuania	15	13	2	2	1	4	1	0	0	0	1	0
Malta	7	3	2	2	1	8	0	0	0	0	1	0
Moldova, Rep.of	9	2	1	1	0	1	1	0	1	1	1	1
Monaco	10	14	5	2	1	5	1	0	0	2	0	0
Montenegro	8	5	1	1	1	2	1	0	1	1	1	0
Norway	11	4	1	1	0	2	2	1	3	3	3	2
Poland	9	15	2	2	1	5	0	0	0	1	1	0
Portugal	14	7	3	1	1	3	0	0	1	1	1	0
Romania	4	3	1	1	1	3	1	0	1	1	1	0
Russian Fed. (Moscow)	3	2	2	1	1	3	4	0	0	1	0	0
Serbia	7	7	1	1	1	2	2	0	1	1	1	0
Slovak Republic	13	4	5	1	1	8	2	1	1	1	1	1
Slovenia	5	5	4	1	1	4	1	0	0	1	1	0
Sweden	8	8	1	1	0	4	1	0	2	2	2	1
Ukraine	5	2	1	1	1	2	1	1	2	2	2	1
AVERAGE	**8**	**6**	**2**	**1**	**1**	**5**	**1**	**0**	**1**	**1**	**1**	**0**
United Kingdom	6	3	4	1	1	5	3	1	1	2	2	1
Spain	.	8	2	.	.	.	.	1	2	.	.	.
USA	.	7	.	1	.	.	.	3	.	2	.	.

Question C23, C31a, C31h, C31j, C31k, C31l

Table 36b. Lifetime use of various substances, intravenous drug use and mixing alcohol with pills, by gender. 2011. Percentages.

	Tranquillisers or sedatives on doctor's order		Tranquillisers or sedatives without prescription		Magic mushrooms		Anabolic steroids		Drugs by injection		Alcohol together with pills in order to get high	
COUNTRY	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Albania	5	6	6	9	1	0	1	0	1	0	3	1
Belgium (Flanders)	14	13	7	8	3	1	0	0	1	1	1	3
Bosnia and Herz. (RS)	3	4	3	5	0	0	0	0	1	0	1	2
Bulgaria	4	8	2	4	3	2	5	1	2	1	3	4
Croatia	11	8	5	6	3	1	3	1	1	1	7	12
Cyprus	9	7	12	11	6	2	6	2	5	1	5	3
Czech Republic	12	10	8	12	9	5	2	1	1	1	12	19
Denmark	6	8	4	5	1	0	0	1	0	0	3	4
Estonia	7	7	6	10	5	2	2	0	1	0	3	5
Faroe Islands	3	3	1	3	2	1	0	0	0	0	1	4
Finland	3	5	5	9	2	1	1	0	1	0	6	14
France	9	15	8	15	7	4	1	1	1	1	5	9
Germany (5 Bundesl.)	4	3	3	2	4	1	1	0	2	0	8	9
Greece	4	5	9	10	2	1	3	2	1	1	4	3
Hungary	7	9	6	12	3	2	2	1	1	1	8	13
Iceland	11	10	6	9	4	2	1	0	1	1	3	2
Ireland	9	9	3	3	3	1	2	1	1	0	4	5
Italy	6	8	8	12	4	2	2	0	2	1	3	3
Latvia	8	11	3	5	6	2	3	1	2	1	5	6
Liechtenstein	3	3	1	3	2	3	1	2	1	2	5	8
Lithuania	9	21	7	19	3	0	3	0	1	0	4	4
Malta	7	7	3	4	3	1	2	1	1	1	7	8
Moldova, Rep.of	8	9	2	3	2	1	1	0	0	0	1	1
Monaco	6	14	9	19	8	2	3	0	2	1	6	5
Montenegro	7	8	4	5	1	0	2	0	2	1	3	2
Norway	12	11	3	4	1	0	1	0	1	0	2	2
Poland	7	10	10	20	3	2	3	1	2	1	4	6
Portugal	13	14	7	7	3	2	1	0	0	1	2	3
Romania	4	5	3	3	1	1	1	1	1	1	3	3
Russian Fed. (Moscow)	2	3	2	3	3	1	1	0	1	1	3	4
Serbia	7	7	5	10	1	1	1	0	1	1	2	2
Slovak Republic	11	14	3	5	6	4	2	1	2	1	6	10
Slovenia	5	5	3	6	6	2	2	0	1	1	3	6
Sweden	8	8	7	9	2	0	1	0	0	0	2	6
Ukraine	5	6	2	2	3	0	2	0	1	0	3	1
AVERAGE	**7**	**8**	**5**	**8**	**3**	**1**	**2**	**1**	**1**	**1**	**4**	**5**
United Kingdom	7	5	4	3	5	2	1	1	1	1	4	6
Spain	.	.	6	11	2	1	.	.	.	.	.	.
USA	.	.	7	7	.	.	2	1	.	.	.	.

Question C30a

Table 37a. Frequency of lifetime use of inhalants. All students. 2011. Percentages.

COUNTRY	Number of occasions 0	1–2	3–9	10–19	20–39	40+	Once or more	No response
Albania	97	2	0	0	0	0	**3**	1
Belgium (Flanders)	93	4	2	0	0	0	**7**	0
Bosnia and Herz. (RS)	95	3	1	0	0	1	**5**	0
Bulgaria	96	2	1	0	0	0	**4**	0
Croatia	72	15	8	2	1	2	**28**	0
Cyprus	92	4	2	0	0	1	**8**	1
Czech Republic	92	5	1	1	0	0	**8**	0
Denmark	96	2	1	0	0	0	**4**	0
Estonia	85	9	3	1	0	1	**15**	0
Faroe Islands	94	4	1	0	0	1	**6**	0
Finland	90	7	2	0	0	0	**10**	0
France	88	7	3	1	0	1	**12**	0
Germany (5 Bundesl.)	90	7	2	0	0	1	**10**	0
Greece	86	6	4	2	1	2	**14**	1
Hungary	90	6	2	0	0	1	**10**	0
Iceland	97	2	1	0	0	0	**3**	0
Ireland	91	6	2	1	0	1	**9**	0
Italy	97	1	1	0	0	0	**3**	0
Latvia	77	13	6	1	1	1	**23**	0
Liechtenstein	90	5	5	1	0	0	**10**	0
Lithuania	93	5	1	0	0	0	**7**	0
Malta	86	7	4	1	1	1	**14**	0
Moldova, Rep.of	98	1	0	0	0	0	**2**	0
Monaco	85	11	2	1	1	1	**15**	0
Montenegro	94	3	1	1	0	1	**6**	0
Norway	95	3	1	0	0	0	**5**	1
Poland	92	5	2	0	0	1	**8**	0
Portugal	94	3	2	0	0	0	**6**	0
Romania	93	4	2	0	0	1	**7**	0
Russian Fed. (Moscow)	91	5	2	0	0	1	**9**	0
Serbia	95	3	1	0	0	0	**5**	0
Slovak Republic	90	7	2	0	0	1	**10**	0
Slovenia	80	12	5	1	1	1	**20**	0
Sweden	89	6	3	1	0	1	**11**	0
Ukraine	97	2	1	0	0	0	**3**	1
AVERAGE	**91**	**5**	**2**	**0**	**0**	**1**	**9**	**0**
United Kingdom	90	5	3	1	0	0	**10**	1
Spain	98	1	1	0	0	0	**2**	1
USA	90	6	3	1	0	1	**10**	2

Question C30a

Table 37b. Frequency of lifetime use of inhalants by gender. 2011. Percentages.

	Number of occasions												Once or more		No response	
	0		1–2		3–9		10–19		20–39		40+					
COUNTRY	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	**Boys**	**Girls**	Boys	Girls
Albania	95	99	3	1	1	0	0	0	0	0	0	0	**5**	**1**	1	0
Belgium (Flanders)	92	94	6	3	1	2	1	0	0	0	0	0	**8**	**6**	0	0
Bosnia and Herz. (RS)	95	95	3	3	1	1	0	0	0	0	1	1	**5**	**5**	0	0
Bulgaria	97	96	2	3	1	1	0	0	0	0	0	0	**3**	**4**	0	0
Croatia	75	69	13	16	6	9	3	2	1	1	2	2	**25**	**31**	0	0
Cyprus	90	95	5	2	2	2	0	0	1	0	1	1	**10**	**5**	1	1
Czech Republic	92	93	6	5	2	1	1	0	0	0	0	0	**8**	**7**	0	0
Denmark	96	96	2	3	1	1	0	0	0	0	0	0	**4**	**4**	0	0
Estonia	84	87	10	9	4	3	1	1	0	0	1	0	**16**	**13**	0	0
Faroe Islands	95	92	3	4	1	2	0	0	0	1	0	1	**5**	**8**	0	0
Finland	91	89	7	8	1	3	0	0	0	0	1	0	**9**	**11**	0	0
France	90	87	6	8	3	4	1	1	0	0	1	0	**10**	**13**	0	0
Germany (5 Bundesl.)	87	92	8	6	2	1	1	0	0	0	1	0	**13**	**8**	1	0
Greece	85	86	6	7	4	3	2	1	1	1	2	2	**15**	**14**	1	0
Hungary	89	91	6	6	3	2	0	0	0	0	1	0	**11**	**9**	0	0
Iceland	97	98	2	2	1	0	0	0	0	0	0	0	**3**	**2**	1	0
Ireland	92	89	5	6	2	3	1	0	0	1	0	1	**8**	**11**	0	0
Italy	96	98	2	1	1	0	0	0	0	0	1	0	**4**	**2**	0	0
Latvia	77	76	12	15	7	5	1	1	0	1	2	1	**23**	**24**	0	0
Liechtenstein	90	90	4	5	5	5	1	0	0	0	0	0	**10**	**10**	0	0
Lithuania	94	93	4	5	1	1	0	0	0	0	0	0	**6**	**7**	0	0
Malta	85	87	8	6	4	4	2	1	0	1	1	1	**15**	**13**	0	0
Moldova, Rep.of	97	99	2	1	0	0	0	0	0	0	0	0	**3**	**1**	0	0
Monaco	88	83	9	13	2	3	0	1	1	0	1	0	**12**	**17**	0	0
Montenegro	94	95	3	3	2	1	1	0	0	0	1	1	**6**	**5**	0	0
Norway	95	96	3	3	1	1	0	0	0	0	0	0	**5**	**4**	1	1
Poland	92	92	5	6	2	2	0	0	0	0	1	0	**8**	**8**	0	0
Portugal	93	95	4	3	2	1	1	0	0	0	1	0	**7**	**5**	0	0
Romania	91	94	4	4	3	1	0	0	0	0	1	0	**9**	**6**	0	0
Russian Fed. (Moscow)	90	92	6	5	2	3	0	1	0	0	1	0	**10**	**8**	0	0
Serbia	95	95	3	3	1	1	0	0	0	0	0	0	**5**	**5**	0	0
Slovak Republic	90	91	6	7	3	1	0	0	0	0	1	0	**10**	**9**	0	0
Slovenia	79	81	12	11	6	5	1	1	1	0	1	1	**21**	**19**	0	0
Sweden	89	89	5	7	4	3	1	1	0	0	1	1	**11**	**11**	1	0
Ukraine	96	97	3	2	1	1	0	0	0	0	0	0	**4**	**3**	1	1
AVERAGE	**91**	**91**	**5**	**5**	**2**	**2**	**1**	**0**	**0**	**0**	**1**	**0**	**9**	**9**	**0**	**0**
United Kingdom	91	89	5	5	3	4	1	0	0	1	0	0	**9**	**11**	1	1
Spain	97	98	2	1	1	1	0	0	0	0	0	0	**3**	**2**	0	0
USA	91	89	5	7	2	3	1	1	1	0	1	1	**9**	**11**	1	1

Question C30b–c

Table 38a. Frequency of use of inhalants during the last 12 months and last 30 days. All students. 2011. Percentages.

	Last 12 months				Last 30 days					
	Number of occasions				Number of occassions				No response	
COUNTRY	0	1–2	3+	Once or more	0	1–2	3+	Once or more	Last 12 months	Last 30 days
Albania	98	1	1	**2**	99	1	1	**1**	1	1
Belgium (Flanders)	96	3	1	**4**	98	1	0	**2**	0	0
Bosnia and Herz. (RS)	97	1	1	**3**	99	1	0	**1**	0	0
Bulgaria	98	1	1	**2**	99	1	1	**1**	0	0
Croatia	88	6	6	**12**	93	4	3	**7**	0	0
Cyprus	94	3	4	**6**	95	2	3	**5**	1	1
Czech Republic	96	2	1	**4**	99	1	1	**1**	0	0
Denmark	98	1	1	**2**	99	0	0	**1**	1	1
Estonia	94	4	2	**6**	99	1	1	**1**	0	0
Faroe Islands	97	2	1	**3**	99	1	1	**1**	0	0
Finland	95	3	1	**5**	99	1	0	**1**	0	0
France	93	4	3	**7**	97	2	1	**3**	0	0
Germany (5 Bundesl.)	96	3	2	**4**	98	1	1	**2**	0	0
Greece	90	5	5	**10**	94	3	3	**6**	0	0
Hungary	95	3	2	**5**	98	1	1	**2**	0	0
Iceland	98	1	1	**2**	99	0	1	**1**	1	0
Ireland	95	3	2	**5**	98	1	1	**2**	0	0
Italy	98	1	1	**2**	99	0	1	**1**	0	0
Latvia	92	5	4	**8**	96	2	2	**4**	1	1
Liechtenstein	95	3	2	**5**	98	1	1	**2**	0	0
Lithuania	97	2	1	**3**	99	0	1	**1**	0	0
Malta	91	5	4	**9**	95	3	2	**5**	0	0
Moldova, Rep.of	99	1	0	**1**	99	0	0	**1**	0	0
Monaco	91	7	2	**9**	97	2	1	**3**	0	0
Montenegro	97	2	2	**3**	98	1	1	**2**	0	0
Norway	98	1	1	**2**	99	1	1	**1**	1	1
Poland	96	2	2	**4**	98	2	1	**2**	0	0
Portugal	96	2	1	**4**	98	1	1	**2**	0	0
Romania	96	3	1	**4**	98	1	1	**2**	0	1
Russian Fed. (Moscow)	96	2	2	**4**	98	1	1	**2**	0	0
Serbia	97	2	1	**3**	98	1	1	**2**	0	0
Slovak Republic	96	2	2	**4**	98	1	1	**2**	0	0
Slovenia	91	5	3	**9**	96	2	2	**4**	0	0
Sweden	95	3	2	**5**	98	2	1	**2**	1	1
Ukraine	99	1	1	**1**	99	0	0	**1**	1	1
AVERAGE	**95**	**3**	**2**	**5**	**98**	**1**	**1**	**2**	**0**	**0**
United Kingdom	93	4	3	**7**	97	2	1	**3**	1	1
Spain	98	1	1	**1**	98	0	0	**1**	1	1
USA	96	3	2	**4**	98	1	1	**2**	2	2

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Table 38b. Frequency of use of inhalants during the last 12 months and last 30 days by gender. 2007. Percentages.

	Last 12 months, number of occassions								Last 30 days, number of occassions							
	0		1–2		3+		Once or more		0		1–2		3+		Once or more	
COUNTRY	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Albania	97	99	2	0	1	0	**3**	**1**	98	100	1	0	1	0	**2**	**0**
Belgium (Flanders)	95	97	3	2	1	1	**5**	**3**	98	99	1	1	1	0	**2**	**1**
Bosnia and Herz. (RS)	97	97	1	1	1	1	**3**	**3**	99	99	1	1	1	0	**1**	**1**
Bulgaria	98	98	1	1	1	1	**2**	**2**	98	99	1	0	1	0	**2**	**1**
Croatia	90	87	5	7	6	6	**10**	**13**	94	93	4	4	3	3	**6**	**7**
Cyprus	91	96	4	1	5	2	**9**	**4**	92	97	3	1	5	2	**8**	**3**
Czech Republic	96	97	2	2	1	1	**4**	**3**	98	99	1	1	1	0	**2**	**1**
Denmark	98	98	1	1	1	0	**2**	**2**	99	99	0	1	0	0	**1**	**1**
Estonia	94	94	4	4	2	2	**6**	**6**	99	99	1	1	0	1	**1**	**1**
Faroe Islands	99	96	0	3	1	1	**1**	**4**	99	99	1	0	1	1	**1**	**1**
Finland	96	95	3	4	1	1	**4**	**5**	98	99	1	1	1	0	**2**	**1**
France	93	93	4	5	3	3	**7**	**7**	97	97	2	3	1	1	**3**	**3**
Germany (5 Bundesl.)	94	97	4	2	2	1	**6**	**3**	97	99	2	1	1	0	**3**	**1**
Greece	89	91	5	5	6	4	**11**	**9**	94	94	3	3	3	3	**6**	**6**
Hungary	95	95	2	3	2	2	**5**	**5**	97	98	1	1	1	1	**3**	**2**
Iceland	98	99	1	1	1	0	**2**	**1**	99	100	0	0	1	0	**1**	**0**
Ireland	96	93	2	5	2	2	**4**	**7**	98	98	1	1	1	1	**2**	**2**
Italy	97	99	1	1	1	0	**3**	**1**	98	100	1	0	1	0	**2**	**0**
Latvia	91	93	5	4	5	3	**9**	**7**	95	98	3	2	3	1	**5**	**2**
Liechtenstein	95	94	3	4	2	2	**5**	**6**	98	97	1	2	1	1	**2**	**3**
Lithuania	97	98	1	2	1	0	**3**	**2**	98	100	1	0	1	0	**2**	**0**
Malta	89	92	6	4	5	4	**11**	**8**	94	96	4	2	3	2	**6**	**4**
Moldova, Rep.of	98	99	1	1	0	0	**2**	**1**	99	99	1	0	0	0	**1**	**1**
Monaco	92	91	5	8	3	1	**8**	**9**	99	96	1	3	1	1	**1**	**4**
Montenegro	96	98	2	1	2	1	**4**	**2**	98	99	1	0	1	1	**2**	**1**
Norway	98	98	1	2	1	1	**2**	**2**	99	99	0	1	1	0	**1**	**1**
Poland	96	96	2	3	2	1	**4**	**4**	97	98	2	2	1	0	**3**	**2**
Portugal	96	97	2	2	2	1	**4**	**3**	98	99	1	1	1	0	**2**	**1**
Romania	94	97	4	2	2	1	**6**	**3**	97	99	2	1	2	0	**3**	**1**
Russian Fed. (Moscow)	97	96	2	2	1	2	**3**	**4**	98	98	1	1	1	1	**2**	**2**
Serbia	97	97	1	2	1	1	**3**	**3**	98	98	1	1	1	1	**2**	**2**
Slovak Republic	95	97	2	2	3	1	**5**	**3**	97	99	1	1	2	0	**3**	**1**
Slovenia	90	92	6	5	4	3	**10**	**8**	96	96	3	2	2	1	**4**	**4**
Sweden	95	95	3	3	3	2	**5**	**5**	98	98	2	2	1	1	**2**	**2**
Ukraine	98	99	1	0	1	1	**2**	**1**	99	99	0	0	0	0	**1**	**1**
AVERAGE	**95**	**96**	**3**	**3**	**2**	**2**	**5**	**4**	**97**	**98**	**1**	**1**	**1**	**1**	**3**	**2**
United Kingdom	94	92	3	5	3	3	**6**	**8**	98	96	1	3	1	1	**2**	**4**
Spain	99	99	1	0	1	0	**1**	**1**	99	100	1	0	1	0	**1**	**1**
USA	96	95	2	3	2	2	**4**	**5**	98	98	1	1	1	1	**2**	**2**

Question C26, C32a–e

Table 39a. Age of onset for various substances and mixing alcohol with pills. Proportion answering at the age of 13 or younger. All students. 2011. Percentages.

	Onset age 13 or younger						No response					
COUNTRY	Marijuana or hashish	Amphetamines	Ecstasy	Tranquillisers or sedatives[a)]	Inhalants[b)]	Alcohol together with pills[b)]	Marijuana or hashish	Amphetamines	Ecstasy	Tranquillisers or sedatives[a)]	Inhalants[b)]	Alcohol together with pills[b)]
Albania	1	1	1	4	1	**1**	0	1	1	0	0	1
Belgium (Flanders)	4	0	1	2	2	**0**	0	0	0	1	1	0
Bosnia and Herz. (RS)	1	1	0	0	2	**1**	0	0	0	0	0	0
Bulgaria	5	2	1	2	2	**2**	0	1	0	0	0	1
Croatia	3	1	1	1	15	**2**	0	0	0	0	0	0
Cyprus	2	3	3	6	5	**3**	1	2	1	1	1	1
Czech Republic	8	0	0	3	2	**2**	0	0	0	0	0	0
Denmark	4	0	0	2	1	**0**	1	0	1	1	0	0
Estonia	5	1	1	4	7	**1**	0	0	0	0	0	0
Faroe Islands	0	0	0	1	2	**0**	1	1	0	1	0	1
Finland	1	0	0	2	5	**2**	0	0	0	0	0	0
France	8	1	1	3	3	**1**	1	0	0	0	0	0
Germany (5 Bundesl.)	4	1	0	0	3	**1**	1	0	0	0	0	0
Greece	1	1	1	3	7	**1**	0	1	0	1	1	0
Hungary	2	1	1	2	3	**2**	0	0	0	0	0	0
Iceland	2	1	1	2	1	**1**	1	0	0	1	0	0
Ireland	4	1	1	1	4	**1**	0	0	0	0	0	0
Italy	4	1	1	3	2	**1**	0	0	0	0	0	0
Latvia	4	1	1	2	10	**1**	0	0	0	0	0	1
Liechtenstein	3	1	1	0	5	**2**	0	0	0	0	0	0
Lithuania	3	1	1	6	2	**1**	0	0	0	0	0	0
Malta	3	1	1	2	4	**2**	0	0	0	0	0	0
Moldova, Rep.of	1	0	0	1	1	**1**	0	1	0	0	0	1
Monaco	6	1	1	5	4	**1**	0	1	0	0	0	0
Montenegro	1	1	1	2	2	**1**	0	0	0	0	0	0
Norway	1	0	0	1	1	**0**	0	1	1	1	1	2
Poland	3	1	1	5	3	**1**	0	0	0	1	0	0
Portugal	4	1	1	2	1	**1**	0	0	0	0	0	0
Romania	1	0	0	1	2	**1**	0	0	0	0	0	1
Russian Fed. (Moscow)	3	1	1	1	2	**1**	1	0	0	0	0	0
Serbia	1	0	0	3	1	**1**	0	0	0	0	0	0
Slovak Republic	6	1	1	1	3	**2**	2	1	1	1	1	1
Slovenia	4	1	1	2	10	**1**	0	0	0	0	0	0
Sweden	1	0	0	2	6	**1**	0	1	1	1	1	1
Ukraine	2	1	1	1	1	**1**	1	1	1	1	1	1
AVERAGE	**3**	**1**	**1**	**2**	**4**	**1**	**0**	**0**	**0**	**0**	**0**	**0**
United Kingdom	7	1	1	1	3	**2**	0	1	1	1	2	1
Spain	5	0	0	2	1	**.**	5	2	2	4	2	.
USA[c)]	15	3	.	.	7	**.**	8	11	.	.	10	.

a) "Without a doctor's prescription".
b) In order "to get high".
c) Use by end of eighth grade, approximate age is 13.

Question C26, C32a–e

Table 39b. Age of onset for various substances and mixing alcohol with pills. Proportion answering at the age of 13 or younger, by gender. 2011. Percentages.

	Marijuana or hashish		Amphetamines		Ecstasy		Tranquillisers or sedatives[a)]		Inhalants[b)]		Alcohol together with pills[b)]	
COUNTRY	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Albania	2	0	1	0	1	1	4	3	1	0	1	1
Belgium (Flanders)	5	3	0	0	0	1	2	2	2	1	0	1
Bosnia and Herz. (RS)	2	1	1	1	1	0	1	0	1	2	1	0
Bulgaria	6	4	2	2	2	1	2	2	2	1	2	1
Croatia	4	2	1	0	1	0	1	2	12	18	2	2
Cyprus	3	1	5	2	4	1	7	4	7	3	4	1
Czech Republic	10	6	0	0	0	0	3	3	3	2	1	2
Denmark	5	3	0	0	0	0	2	3	1	1	0	1
Estonia	7	4	1	1	1	1	3	4	9	6	1	1
Faroe Islands	0	0	0	0	0	0	0	1	1	2	0	0
Finland	2	1	0	0	1	0	1	2	4	5	2	2
France	9	7	2	0	1	0	3	4	2	3	1	2
Germany (5 Bundesl.)	5	3	1	2	0	1	0	0	3	3	2	1
Greece	1	0	1	0	1	0	4	2	7	7	1	1
Hungary	3	2	1	0	1	0	2	2	4	3	2	2
Iceland	3	1	1	1	1	0	2	3	2	1	1	0
Ireland	5	3	1	0	1	0	1	1	4	4	1	1
Italy	5	3	1	0	1	0	3	4	2	1	1	0
Latvia	5	3	2	1	2	1	1	2	10	10	2	1
Liechtenstein	3	2	2	1	1	1	1	0	5	5	1	3
Lithuania	4	2	2	0	2	0	4	8	3	2	1	1
Malta	3	2	2	1	1	1	2	2	4	4	2	2
Moldova, Rep.of	1	0	0	0	1	0	1	1	1	1	1	0
Monaco	7	6	2	1	1	0	4	6	4	3	1	1
Montenegro	2	0	1	0	1	1	2	2	2	2	2	1
Norway	1	1	0	0	0	0	1	1	1	1	0	0
Poland	4	2	1	1	1	0	4	5	3	3	1	1
Portugal	4	4	1	1	1	0	3	2	1	1	0	1
Romania	1	1	1	0	0	0	1	1	2	2	0	1
Russian Fed. (Moscow)	2	4	1	1	1	1	1	1	2	2	1	1
Serbia	2	0	1	0	1	0	2	3	2	1	1	1
Slovak Republic	8	3	1	1	1	1	1	1	4	3	2	2
Slovenia	5	3	1	1	1	0	2	2	10	9	2	1
Sweden	2	1	0	0	0	0	2	2	6	5	1	1
Ukraine	3	1	1	0	1	0	1	1	2	1	2	1
AVERAGE	**4**	**2**	**1**	**1**	**1**	**0**	**2**	**2**	**4**	**3**	**1**	**1**
United Kingdom	8	6	1	2	1	2	1	1	3	4	1	2
Spain	5	4	0	0	0	0	2	3	1	0	.	.
USA	.	.	.	.	.	.	.	.	.	.	.	.

a) "Without a doctor's prescription".
b) In order "to get high".

Question C36a–l

Table 40a. Perceived risk from use of various substances. Percentages answering "great risk" that people harm themselves if they do any of the following. All students. 2011.

COUNTRY	Smoke cigarettes occasio-nally	Smoke one or more packs of cigarettes per day	Have one or two drinks nearly every day	Have five or more drinks each weekend	Have four or five drinks nearly every day	Try cannabis once or twice	Smoke cannabis occasio-nally	Smoke cannabis regularly	Try ecstasy once or twice	Take ecstasy regularly	Try amphe-tamines once or twice	Take amphe-tamines regularly
Albania	19	67	43	54	70	60	52	79	42	67	41	68
Belgium (Flanders)	7	76	15	32	55	21	25	62	26	67	27	67
Bosnia and Herz. (RS)	17	51	22	42	51	56	62	79	54	74	53	72
Bulgaria	12	56	19	34	50	32	31	61	36	68	39	70
Croatia	14	59	30	38	60	38	46	71	47	75	47	73
Cyprus	17	54	29	45	56	44	51	68	43	62	39	54
Czech Republic	6	55	13	38	48	22	21	62	30	69	44	78
Denmark	8	82	25	33	72	24	36	80	38	85	37	87
Estonia	15	70	35	40	61	32	44	77	37	73	43	79
Faroe Islands	15	83	51	28	82	38	50	84	48	88	42	86
Finland	4	71	28	43	69	28	42	78	29	79	34	85
France	8	76	22	42	69	14	21	71	30	80	28	74
Germany (5 Bundesl.)	.	.	.	.	.	18	.	78	28	86	23	77
Greece	18	69	34	49	72	40	54	78	39	70	34	60
Hungary	12	72	26	44	62	41	55	80	38	79	40	78
Iceland	19	77	40	50	71	38	50	73	63	82	61	83
Ireland	21	67	28	30	69	26	38	67	40	77	42	74
Italy	10	65	37	45	72	37	43	77	49	81	51	81
Latvia	16	68	34	45	64	31	37	70	36	71	40	72
Liechtenstein	16	63	25	34	62	15	32	71	23	66	22	60
Lithuania	21	66	40	46	67	44	50	71	45	75	47	76
Malta	12	51	16	27	51	42	47	72	44	78	43	69
Moldova, Rep.of	19	54	40	46	58	48	43	61	38	53	42	56
Monaco	10	78	27	47	74	14	21	77	24	82	24	78
Montenegro	16	46	17	34	41	57	60	70	50	68	48	66
Norway	11	63	40	35	70	26	38	73	31	70	34	74
Poland	13	72	28	43	63	30	33	67	35	69	43	77
Portugal	5	71	25	42	68	34	48	79	38	78	39	78
Romania	16	71	33	46	65	47	46	72	40	68	45	66
Russian Fed. (Moscow)	16	55	50	62	72	48	49	74	43	76	52	76
Serbia	18	48	18	32	46	54	57	73	55	71	56	71
Slovak Republic	12	54	17	41	46	23	26	61	26	66	29	64
Slovenia	11	52	19	30	53	28	32	58	33	74	36	69
Sweden	11	63	30	49	62	30	43	76	28	72	32	76
Ukraine	24	65	54	62	73	51	54	75	43	71	44	73
AVERAGE	**14**	**64**	**30**	**41**	**62**	**35**	**42**	**72**	**39**	**73**	**40**	**73**
United Kingdom	15	54	18	28	56	21	30	59	34	67	35	63
Spain	28	82	54	42	54	.	45	74	.	68	.	66
USA	.	70	33	55[a)]	.	19	30	55	37	.	.	.

[a)] 5 or more drinks once or twice each weekend.

Question C36a–l

Table 40b. Perceived risk from use of various substances. Percentages answering "great risk" that people harm themselves if they do any of the following. Boys. 2011.

COUNTRY	Smoke cigarettes occasio-nally	Smoke one or more packs of cigarettes per day	Have one or two drinks nearly every day	Have five or more drinks each weekend	Have four or five drinks nearly every day	Try cannabis once or twice	Smoke cannabis occasio-nally	Smoke cannabis regularly	Try ecstasy once or twice	Take ecstasy regularly	Try amphe-tamines once or twice	Take amphe-tamines regularly
Albania	22	64	40	50	63	58	51	73	41	61	40	62
Belgium (Flanders)	7	75	13	30	50	21	26	59	28	68	28	66
Bosnia and Herz. (RS)	19	48	19	39	45	52	56	71	52	69	51	66
Bulgaria	15	52	19	33	47	30	30	56	36	63	39	66
Croatia	15	53	25	35	52	38	43	64	47	69	47	68
Cyprus	18	47	23	39	45	38	44	58	37	54	34	47
Czech Republic	7	51	10	36	39	21	21	54	31	62	46	72
Denmark	10	79	20	32	60	25	35	76	41	81	40	84
Estonia	16	64	29	38	54	30	41	70	40	69	46	74
Faroe Islands	16	76	43	26	75	39	50	79	54	85	45	82
Finland	3	63	20	38	56	28	39	72	30	75	36	82
France	11	74	16	41	62	16	23	67	32	77	29	70
Germany (5 Bundesl.)	.	.	.	.	.	19	.	72	33	84	26	73
Greece	21	64	29	47	66	38	50	73	37	64	33	56
Hungary	13	68	20	40	53	39	51	73	37	72	40	72
Iceland	20	71	33	47	62	33	42	62	61	76	61	77
Ireland	22	64	24	27	65	23	33	61	40	74	42	70
Italy	11	61	33	44	66	35	40	71	50	78	51	77
Latvia	16	61	27	41	55	29	34	62	37	64	41	65
Liechtenstein	17	63	19	33	56	17	33	68	27	64	26	60
Lithuania	20	60	33	42	58	40	44	64	45	69	48	70
Malta	11	45	13	23	42	39	44	65	41	71	40	61
Moldova, Rep.of	18	47	33	40	50	43	38	55	36	46	40	50
Monaco	9	75	21	47	69	14	21	73	27	77	27	74
Montenegro	16	40	15	30	34	52	55	63	47	61	45	59
Norway	11	58	34	35	64	27	38	67	33	67	37	71
Poland	14	66	21	40	54	26	29	58	34	61	43	71
Portugal	6	68	22	37	60	33	44	74	39	73	41	74
Romania	18	67	31	44	61	48	47	69	40	65	46	63
Russian Fed. (Moscow)	17	53	44	60	67	45	44	68	41	72	52	72
Serbia	19	43	15	29	38	48	50	64	51	63	52	64
Slovak Republic	12	48	13	37	39	23	25	54	27	60	31	60
Slovenia	11	46	14	26	40	25	28	49	34	66	36	62
Sweden	12	59	26	47	56	28	39	69	29	67	33	72
Ukraine	22	58	47	58	66	45	49	69	41	65	42	67
AVERAGE	**15**	**60**	**25**	**39**	**55**	**33**	**39**	**66**	**39**	**68**	**40**	**68**
United Kingdom	16	49	17	26	52	19	27	52	33	65	33	59
Spain	31	79	52	39	48	.	46	71	.	66	.	65
USA	.	67	28	51[a)]	.	18	27	48	37	.	.	.

[a)] 5 or more drinks once or twice each weekend.

Question C36a–l

Table 40c. Perceived risk from use of various substances. Percentages answering "great risk" that people harm themselves if they do any of the following. Girls. 2011.

COUNTRY	Smoke cigarettes occasio-nally	Smoke one or more packs of cigarettes per day	Have one or two drinks nearly every day	Have five or more drinks each weekend	Have four or five drinks nearly every day	Try cannabis once or twice	Smoke cannabis occasio-nally	Smoke cannabis regularly	Try ecstasy once or twice	Take ecstasy regularly	Try amphe-tamines once or twice	Take amphe-tamines regularly
Albania	16	68	46	58	76	61	52	84	44	72	42	72
Belgium (Flanders)	6	78	17	34	60	22	25	64	24	66	25	68
Bosnia and Herz. (RS)	16	54	25	44	57	59	67	85	56	79	55	76
Bulgaria	9	61	19	35	54	34	32	67	37	73	40	76
Croatia	13	64	36	40	68	39	49	77	47	80	46	79
Cyprus	15	60	33	51	67	50	58	77	48	69	43	61
Czech Republic	5	59	15	40	57	23	22	69	28	75	42	84
Denmark	7	84	29	35	82	24	36	84	36	88	34	90
Estonia	13	76	40	42	68	33	46	84	34	77	39	84
Faroe Islands	14	91	60	30	89	36	50	88	42	92	39	90
Finland	4	79	36	47	81	28	45	85	28	84	33	88
France	6	78	28	42	76	13	19	76	29	83	26	78
Germany (5 Bundesl.)	.	.	.	.	.	17	.	83	24	87	21	80
Greece	14	74	39	52	79	41	57	83	41	76	36	64
Hungary	11	78	32	47	72	43	59	87	38	86	41	84
Iceland	19	83	47	54	80	43	59	84	64	88	61	89
Ireland	20	70	31	32	72	29	43	72	40	80	43	77
Italy	9	70	42	45	78	40	45	83	48	84	51	85
Latvia	17	76	41	49	74	33	40	78	35	79	40	79
Liechtenstein	15	63	30	35	69	13	30	73	17	68	17	59
Lithuania	21	72	48	50	77	48	56	79	44	81	46	82
Malta	14	57	20	30	60	45	51	78	47	84	45	76
Moldova, Rep.of	20	60	46	52	65	53	47	67	39	59	44	61
Monaco	10	81	33	46	79	14	21	81	21	86	21	81
Montenegro	17	50	18	39	48	63	64	77	54	76	51	72
Norway	12	69	46	35	76	26	39	79	29	74	31	78
Poland	12	76	35	46	71	33	36	75	35	76	43	83
Portugal	4	72	28	46	74	35	50	83	37	81	37	82
Romania	14	74	34	48	68	46	44	74	39	70	44	68
Russian Fed. (Moscow)	16	58	55	63	76	50	53	80	45	80	53	79
Serbia	18	53	21	34	53	60	63	81	59	78	58	78
Slovak Republic	12	59	21	44	52	24	27	69	26	72	27	68
Slovenia	10	58	24	35	64	31	35	67	33	81	36	75
Sweden	10	68	35	51	69	33	47	83	28	76	30	81
Ukraine	25	71	61	65	79	56	59	80	44	77	46	78
AVERAGE	**13**	**69**	**34**	**44**	**70**	**37**	**45**	**78**	**38**	**78**	**40**	**77**
United Kingdom	15	58	19	30	60	24	34	65	36	69	36	66
Spain	25	85	55	46	82	.	45	77	.	69	.	67
USA	.	73	37	60[a)]	.	20	33	62	38	.	.	.

[a)] 5 or more drinks once or twice each weekend.

Question C08, C12a, C25a, C29a, C30a, C31a, C31b, C31c, C31d, C31e, C31g, C31i

Table 41a. Lifetime abstinence from various substances. All students. 2011. Percentages.

COUNTRY	Tranquillisers or sedatives [a)]	Inhalants	Illicit drugs[b)]	Cigarettes	Alcohol	All of these substances
Albania	92	97	92	59	45	32
Belgium (Flanders)	92	93	74	53	11	9
Bosnia and Herz. (RS)	96	95	94	62	12	11
Bulgaria	97	96	74	34	13	8
Croatia	95	72	81	30	7	5
Cyprus	89	92	90	58	13	9
Czech Republic	90	92	57	25	2	1
Denmark	96	96	82	49	7	4
Estonia	92	85	74	27	5	4
Faroe Islands	98	94	93	34	14	10
Finland	93	90	89	40	16	13
France	89	88	61	37	9	7
Germany (5 Bundesl.)	98	90	79	39	8	6
Greece	91	86	90	55	7	5
Hungary	91	90	80	34	6	5
Iceland	92	97	89	74	44	40
Ireland	97	91	81	57	19	18
Italy	90	97	78	41	13	9
Latvia	96	77	73	22	4	3
Liechtenstein	98	90	75	46	9	6
Lithuania	87	93	79	26	5	3
Malta	97	86	88	62	10	9
Moldova, Rep.of	98	98	93	58	26	20
Monaco	86	85	62	37	6	5
Montenegro	95	94	93	68	23	20
Norway	96	95	95	63	30	26
Poland	85	92	75	44	13	11
Portugal	93	94	81	57	29	22
Romania	97	93	90	48	21	16
Russian Fed. (Moscow)	98	91	84	38	16	11
Serbia	93	95	92	59	13	11
Slovak Republic	96	90	72	28	6	4
Slovenia	95	80	75	40	7	5
Sweden	92	89	91	52	24	20
Ukraine	98	97	88	38	11	9
AVERAGE	**94**	**91**	**82**	**46**	**14**	**11**
United Kingdom	97	90	73	53	10	8
Spain	92	98	73	65	29	28
USA	93	90	62[c)]	70	44	.

[a)] "Without a doctor's prescription".
[b)] Includes cannabis, amphetamines, cocaine, crack, ecstasy, LSD or other hallucinogens, heroin and GHB.
[c)] Includes tranquillisers; does not include ecstasy or GHB.

Question C08, C12a, C25a, C29a, C30a, C31a, C31b, C31c, C31d, C31e, C31g, C31i

Table 41b. Lifetime abstinence from various substances, by gender. 2011. Percentages.

	Tranquillisers or sedatives [a]		Inhalants		Illicit drugs[b]		Cigarettes		Alcohol		All of these substances	
COUNTRY	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Albania	94	91	95	99	85	97	45	71	34	54	20	41
Belgium (Flanders)	93	92	92	94	71	78	53	54	12	11	9	9
Bosnia and Herz. (RS)	97	95	95	95	92	97	58	65	9	15	8	13
Bulgaria	98	96	97	96	73	76	38	29	11	15	7	9
Croatia	95	94	75	69	77	85	31	29	6	7	4	5
Cyprus	88	89	90	95	85	94	48	68	10	16	6	12
Czech Republic	92	88	92	93	52	62	26	24	2	2	1	2
Denmark	96	95	96	96	77	85	47	50	5	8	3	6
Estonia	94	90	84	87	69	80	24	31	6	4	5	3
Faroe Islands	99	97	95	92	92	95	27	40	12	15	8	12
Finland	95	91	91	89	88	90	38	41	17	16	13	14
France	92	85	90	87	61	60	42	32	9	10	7	6
Germany (5 Bundesl.)	97	98	87	92	74	84	33	44	6	9	4	7
Greece	91	90	85	86	86	93	53	56	7	8	5	5
Hungary	94	88	89	91	78	81	34	34	7	5	6	4
Iceland	94	91	97	98	86	91	74	73	44	44	40	41
Ireland	97	97	92	89	77	85	58	55	20	19	18	17
Italy	92	88	96	98	74	81	42	41	10	16	7	12
Latvia	97	95	77	76	68	78	21	22	5	3	3	2
Liechtenstein	99	97	90	90	72	79	46	46	10	7	8	4
Lithuania	93	81	94	93	73	84	22	30	6	4	4	3
Malta	97	96	85	87	86	91	61	63	9	10	9	9
Moldova, Rep.of	98	97	97	99	90	96	41	73	20	31	12	28
Monaco	91	81	88	83	63	60	47	29	8	3	7	2
Montenegro	96	95	94	95	89	96	65	71	18	28	15	24
Norway	97	96	95	96	94	96	60	66	31	30	25	26
Poland	90	80	92	92	70	80	40	48	11	14	9	12
Portugal	93	93	93	95	78	84	52	60	24	33	17	25
Romania	97	97	91	94	89	91	48	48	17	24	14	18
Russian Fed. (Moscow)	98	97	90	92	84	84	39	38	18	14	12	10
Serbia	95	90	95	95	89	95	59	60	11	15	9	13
Slovak Republic	97	95	90	91	68	76	27	28	6	5	4	4
Slovenia	97	94	79	81	73	78	42	39	6	7	5	6
Sweden	93	91	89	89	88	94	53	51	24	24	20	21
Ukraine	98	98	96	97	83	92	32	44	13	10	10	8
AVERAGE	**95**	**92**	**91**	**91**	**79**	**85**	**44**	**47**	**13**	**15**	**10**	**12**
United Kingdom	96	97	91	89	71	76	55	51	10	10	9	7
Spain	94	90	97	98	73	74	71	60	30	28	29	27
USA	93	93	91	89	60[c]	65[c]	68	72	45	44	.	.

[a] "Without a doctor's prescription".
[b] Includes cannabis, amphetamines, cocaine, crack, ecstasy, LSD or other hallucinogens, heroin and GHB.
[c] Includes tranquillisers; does not include ecstasy or GHB.

Question C08

Table 42. Lifetime use of cigarettes by gender. Percentages. 1995–2011.

	Boys					Girls					All students				
COUNTRY	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011
Albania	.	.	.	.	55	.	.	.	.	29	.	.	.	.	41
Armenia	.	.	.	47	.	.	.	.	8	.	.	.	.	24	.
Austria	.	.	78	74	.	.	.	82	76	.	.	.	80	75	.
Belgium (Flanders)	.	.	61	48	47	.	.	60	46	46	.	.	61	47	47
Bosnia and Herz. (FBiH)[a]	.	.	.	69	.	.	.	.	62	.	.	.	.	65	.
Bosnia and Herz. (RS)[a]	.	.	.	61	42	.	.	.	54	35	.	.	.	57	38
Bulgaria	.	73	69	63	62	.	73	72	67	71	.	73	71	65	66
Croatia	70	70	69	64	69	67	69	70	69	71	69	69	70	67	70
Cyprus	62	60	64	53	52	43	43	43	38	32	53	50	52	46	42
Czech Republic	78	82	80	76	74	70	76	79	80	76	74	79	80	78	75
Denmark	67	72	63	..	53	69	74	64	..	50	68	73	64	..	51
Estonia	85	84	82	80	76	62	65	71	70	69	72	74	77	75	73
Faroe Islands	86	86	82	75	73	88	81	84	72	60	87	84	83	73	66
Finland	78	77	70	60	62	75	73	70	60	59	77	75	70	60	60
France	.	69	66	58	58	.	74	71	62	68	.	72	68	60	
Germany (5 Bundesl)	.	.	77	69	67	.	.	78	70	56	.	.	78	70	61
Greece	.	59	49	46	47	.	59	52	45	44	.	59	50	45	45
Greenland	.	83	74	.	.	.	89	85	.	.	.	86	79	.	.
Hungary	71	72	73	63	66	67	70	71	66	66	69	72	72	65	66
Iceland	60	54	47	35	26	62	57	45	38	27	61	56	46	37	26
Ireland	72	68	62	50	42	75	77	71	53	45	74	73	67	52	43
Isle of Man	.	.	51	45	.	.	.	68	60	.	.	.	60	52	.
Italy	63	62	61	59	58	66	66	67	64	59	64	64	64	61	59
Latvia	..	83	83	85	79	..	71	74	76	78	..	77	78	80	78
Liechtenstein	.	.	.	.	54	.	.	.	.	54	.	.	.	.	54
Lithuania	79	85	87	76	78	53	68	73	66	70	65	77	80	71	74
Macedonia, FYR of[a]	.	60	.	47	.	.	55	.	39	.	.	58	.	43	.
Malta	55	55	49	45	39	56	58	48	47	37	55	57	48	46	38
Moldova, Republic of[a]	.	.	.	65	59	.	.	.	24	27	.	.	.	44	42
Monaco	.	.	.	45	53	.	.	.	61	71	.	.	.	53	63
Montenegro[a]	.	.	.	34	35	.	.	.	34	29	.	.	.	34	32
Netherlands	.	..	57	52	.	.	..	58	56	.	.	..	57	54	.
Norway	66	69	60	43	40	64	72	64	49	34	65	71	62	46	37
Poland	74	75	71	58	60	59	62	62	54	52	66	68	67	56	56
Portugal	56	59	62	53	48	57	59	63	52	40	56	59	62	52	43
Romania	.	67	70	58	52	.	51	59	50	52	.	57	64	54	52
Russian Fed. (Moscow)	.	78	76	67	61	.	71	72	71	62	.	74	74	69	62
Serbia[a]	.	.	.	46	41	.	.	.	46	40	.	.	.	46	41
Slovak Republic	76	76	77	74	73	55	68	71	73	72	66	72	74	73	72
Slovenia	60	66	67	61	58	57	63	66	61	61	59	64	67	61	60
Sweden	69	67	60	48	47	72	67	60	53	49	71	67	60	51	48
Switzerland	.	.	64	60	.	.	.	64	59	.	.	.	64	59	.
Turkey (6 cities)	..	.	56	.	.	..	.	43	.	.	..	.	50	.	.
Ukraine	79	80	81	72	68	55	59	60	56	56	66	69	70	64	62
United Kingdom	63	60	53	46	..	71	70	64	57	..	68	65	58	52	..
AVERAGE	**70**	**71**	**67**	**58**	**56**	**64**	**67**	**66**	**56**	**53**	**67**	**69**	**66**	**57**	**54**
AVERAGE 19 COUNTRIES	**70**	**71**	**69**	**60**	**58**	**63**	**66**	**65**	**59**	**54**	**67**	**68**	**67**	**60**	**56**

[a] Collected data 2008 instead of 2007.

Question C09

Table 43. Cigarette use during the last 30 days by gender. Percentages. 1995–2011.

	Boys					Girls					All students				
COUNTRY	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011
Albania	.	.	.	.	22	.	.	.	.	6	.	.	.	.	13
Armenia	.	.	.	17	.	.	.	.	1	.	.	.	.	7	.
Austria	.	.	48	42	.	.	.	56	48	.	.	.	49	45	.
Belgium (Flanders)	.	.	33	24	26	.	.	30	23	25	.	.	32	23	26
Bosnia and Herz. (FBiH)[a]	.	.	.	28	.	.	.	.	21	.	.	.	.	24	.
Bosnia and Herz. (RS)[a]	.	.	.	20	16	.	.	.	17	14	.	.	.	19	15
Bulgaria	.	48	42	36	33	.	51	50	44	46	.	50	46	40	39
Croatia	34	40	36	38	41	28	36	37	38	41	32	38	36	38	41
Cyprus	32	25	33	29	31	15	9	18	17	15	23	16	25	23	23
Czech Republic	37	46	43	36	42	31	43	43	45	43	34	44	43	41	42
Denmark	24	34	27	..	26	32	41	32	..	22	28	38	30	..	24
Estonia	37	41	40	32	29	22	24	33	27	28	28	32	37	29	29
Faroe Islands	40	42	42	31	34	43	41	41	34	27	42	41	41	33	31
Finland	36	44	35	29	33	39	43	41	31	35	37	43	38	30	34
France	.	41	31	29	34	.	47	36	31	43	.	44	33	30	38
Germany (5 Bundesl)	.	.	44	30	35	.	.	47	37	31	.	.	46	34	33
Greece	.	34	27	23	22	.	36	30	21	20	.	35	29	22	21
Greenland	.	62	56	.	.	.	71	65	.	.	.	67	60	.	.
Hungary	36	37	39	31	35	32	35	40	34	39	34	36	39	33	37
Iceland	30	26	20	15	9	33	30	20	18	10	32	28	20	16	10
Ireland	37	32	28	19	19	45	42	37	27	23	41	37	33	23	21
Isle of Man	.	.	23	19	.	.	.	36	28	.	.	.	30	24	.
Italy	36	37	35	34	36	37	43	40	39	37	36	40	38	37	36
Latvia	..	48	46	44	45	..	34	36	39	42	..	40	40	41	43
Liechtenstein	.	.	.	.	33	.	.	.	.	32	.	.	.	.	32
Lithuania	34	49	49	39	39	18	30	33	29	35	25	40	41	34	37
Macedonia, FYR of[a]	.	38	.	25	.	.	35	.	22	.	.	37	.	23	.
Malta	33	29	28	26	23	30	34	26	26	20	31	32	27	26	22
Moldova, Republic of[a]	.	.	.	24	23	.	.	.	7	8	.	.	.	15	15
Monaco	.	.	.	16	29	.	.	.	35	47	.	.	.	25	38
Montenegro[a]	.	.	.	13	15	.	.	.	12	9	.	.	.	12	12
Netherlands	.	..	32	27	.	.	..	31	33	.	.	..	31	30	.
Norway	33	36	24	17	15	39	44	32	22	14	36	40	28	19	14
Poland	34	39	35	22	30	23	28	27	20	27	28	33	31	21	28
Portugal	22	32	28	20	29	25	30	27	18	29	24	31	28	19	29
Romania	.	31	32	26	29	.	20	26	23	30	.	24	28	25	29
Russian Fed. (Moscow)	.	48	44	38	30	.	42	44	36	31	.	45	44	37	31
Serbia[a]	.	.	.	20	20	.	.	.	21	19	.	.	.	21	20
Slovak Republic	34	40	39	35	38	20	34	36	38	39	27	37	37	37	39
Slovenia	26	36	35	28	30	27	38	38	31	34	26	36	36	29	32
Sweden	28	29	20	19	20	33	32	26	24	22	30	30	23	21	21
Switzerland	.	.	33	30	.	.	.	34	29	.	.	.	34	29	.
Turkey (6 cities)	..	.	22	.	.	..	.	12	.	.	..	.	18	.	.
Ukraine	51	50	49	38	34	28	29	28	24	25	38	40	39	31	29
United Kingdom	32	31	25	17	..	40	37	34	25	..	36	34	29	22	..
AVERAGE	**34**	**39**	**35**	**27**	**29**	**30**	**37**	**35**	**27**	**28**	**32**	**38**	**35**	**27**	**28**
AVERAGE 19 COUNTRIES	**34**	**37**	**35**	**28**	**30**	**30**	**34**	**33**	**29**	**29**	**32**	**35**	**34**	**28**	**29**

[a] Collected data 2008 instead of 2007.

Question C10b

Table 44. Daily cigarette use at the age of 13 or younger by gender. Percentages. 1995–2011.

	Boys					Girls					All students				
COUNTRY	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011
Albania	.	.	.	.	4	.	.	.	.	1	.	.	.	.	2
Armenia	.	.	.	4	.	.	.	.	0	.	.	.	.	2	.
Austria	.	.	13	10	.	.	.	14	9	.	.	.	13	10	.
Belgium (Flanders)	.	.	10	4	4	.	.	9	6	4	.	.	9	5	4
Bosnia and Herz. (FBiH)[a]	.	.	.	5	.	.	.	.	2	.	.	.	.	3	.
Bosnia and Herz. (RS)[a]	.	.	.	4	3	.	.	.	3	2	.	.	.	3	2
Bulgaria	.	11	10	7	8	.	8	11	8	11	.	9	10	7	9
Croatia	15	14	13	11	13	7	8	9	6	8	11	11	11	9	11
Cyprus	5	8	10	8	7	2	3	4	5	3	3	5	6	6	5
Czech Republic	10	12	14	14	11	6	9	11	12	11	8	11	13	13	11
Denmark	9	12	11	..	8	10	12	13	..	6	9	12	12	..	7
Estonia	15	12	21	17	14	4	4	13	8	12	9	8	17	12	13
Faroe Islands	21	16	21	11	8	18	10	20	12	9	19	13	20	11	9
Finland	18	17	15	9	9	16	14	15	7	7	17	15	15	8	8
France	.	..	..	7	5	.	..	..	7	8	.	..	..	7	6
Germany (5 Bundesl)	.	.	19	9	7	.	.	20	11	6	.	.	19	10	6
Greece	.	5	4	3	2	.	3	4	1	1	.	3	4	2	2
Greenland	.	9	9	.	.	.	20	21	.	.	.	14	15	.	.
Hungary	9	11	7	7	9	5	8	5	6	8	7	9	6	7	8
Iceland	11	9	9	4	3	12	9	8	5	3	12	9	8	5	3
Ireland	20	17	12	6	5	16	19	16	10	5	18	18	14	8	5
Isle of Man	.	.	7	8	.	.	.	18	11	.	.	.	13	10	.
Italy	5	5	6	6	5	4	7	6	5	5	5	6	6	5	5
Latvia	..	13	19	16	19	..	6	10	8	12	..	9	14	12	16
Liechtenstein	.	.	.	.	7	.	.	.	.	7	.	.	.	.	7
Lithuania	13	17	19	10	14	3	6	7	4	6	8	11	13	7	10
Macedonia, FYR of[a]	.	6	.	4	.	.	3	.	2	.	.	4	.	3	.
Malta	9	9	5	6	6	8	10	8	6	6	8	10	7	6	6
Moldova, Republic of[a]	.	.	.	6	4	.	.	.	1	2	.	.	.	3	3
Monaco	.	.	.	1	6	.	.	.	7	9	.	.	.	4	8
Montenegro[a]	.	.	.	2	2	.	.	.	1	1	.	.	.	1	2
Netherlands	.	..	10	5	.	.	..	14	8	.	.	..	12	6	.
Norway	9	11	10	5	4	11	10	12	6	2	10	11	11	5	3
Poland	9	10	13	7	6	3	3	5	4	3	6	6	9	6	5
Portugal	9	9	8	5	5	8	8	10	5	6	8	8	9	5	6
Romania	.	7	8	6	5	.	2	3	2	3	.	4	5	4	4
Russian Fed. (Moscow)	.	18	18	12	10	.	15	13	10	10	.	16	15	11	10
Serbia[a]	.	.	.	3	3	.	.	.	1	2	.	.	.	2	2
Slovak Republic	11	12	15	16	16	4	7	11	12	11	7	10	13	14	14
Slovenia	5	5	7	6	6	4	5	7	5	4	5	5	7	5	5
Sweden	11	9	8	6	6	12	10	11	7	7	12	10	9	6	7
Switzerland	.	.	9	6	.	.	.	9	5	.	.	.	9	5	.
Turkey (6 cities)	..	.	5	.	.	..	.	2	.	.	..	.	3	.	.
Ukraine	14	15	16	11	9	4	5	5	5	5	9	10	11	8	7
United Kingdom	15	16	9	7	..	22	24	18	11	..	19	20	13	9	..
AVERAGE	**12**	**11**	**11**	**7**	**7**	**9**	**9**	**11**	**6**	**6**	**10**	**10**	**11**	**7**	**7**
AVERAGE 19 COUNTRIES	**12**	**11**	**12**	**9**	**8**	**8**	**8**	**10**	**7**	**6**	**10**	**10**	**11**	**8**	**7**

[a] Collected data 2008 instead of 2007.

Question C12a

Table 45. Lifetime use of any alcoholic beverage by gender. Percentages. 1995–2011.

	Boys					Girls					All students				
COUNTRY	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011
Albania	.	.	.	.	..	.	.	.	.	..	.	.	.	.	..
Armenia	.	.	.	87	.	.	.	.	70	.	.	.	.	77	.
Austria	.	.	95	96	.	.	.	97	95	.	.	.	96	96	.
Belgium (Flanders)	.	.	96	90	88	.	.	92	88	89	.	.	94	89	89
Bosnia and Herz. (FBiH) [a]	.	.	.	84	.	.	.	.	72	.	.	.	.	78	.
Bosnia and Herz. (RS) [a]	.	.	.	92	91	.	.	.	87	85	.	.	.	90	88
Bulgaria	.	88	88	89	89	.	85	88	84	85	.	86	88	87	87
Croatia	85	89	91	93	94	79	85	89	93	93	82	87	90	93	93
Cyprus	92	90	91	90	90	88	83	82	81	84	90	86	86	85	87
Czech Republic	97	98	98	97	98	97	98	98	98	98	97	98	98	97	98
Denmark	97	98	98	..	95	95	97	95	..	92	96	98	96	..	93
Estonia	94	96	96	94	94	93	95	96	95	96	93	95	96	94	95
Faroe Islands	79	88	89	.	88	80	84	86	.	85	79	86	87	.	86
Finland	88	91	88	85	83	89	91	88	86	84	89	91	88	85	84
France	.	86	87	88	91	.	85	87	88	90	.	85	87	88	91
Germany (5 Bundesl)	.	.	97	95	94	.	.	97	96	91	.	.	97	96	92
Greece	.	98	97	94	93	.	97	95	93	92	.	98	96	93	93
Greenland	.	82	81	.	.	.	83	80	.	.	.	83	80	.	.
Hungary	92	90	92	93	93	91	91	93	93	95	91	91	93	93	94
Iceland	78	79	76	65	56	80	79	75	68	56	79	79	75	66	56
Ireland	91	92	92	87	80	91	92	93	86	81	91	92	92	86	81
Isle of Man	.	.	95	96	.	.	.	97	98	.	.	.	96	97	.
Italy	89	86	92	91	90	86	84	88	88	84	88	85	90	90	87
Latvia	..	95	96	96	95	..	97	96	97	97	..	96	96	97	96
Liechtenstein	.	.	.	.	90	.	.	.	.	93	.	.	.	.	91
Lithuania	94	97	98	95	94	95	96	98	96	96	95	96	98	95	95
Macedonia, FYR of [a]	.	73	.	64	.	.	63	.	57	.	.	68	.	61	.
Malta	92	95	94	94	91	92	93	93	90	90	92	94	94	92	90
Moldova, Republic of [a]	.	.	.	84	..	.	.	.	79	..	.	.	.	81	..
Monaco	.	.	.	92	92	.	.	.	94	97	.	.	.	93	94
Montenegro [a]	.	.	.	78	82	.	.	.	69	72	.	.	.	74	77
Netherlands	.	..	88	89	.	.	..	90	91	.	.	..	89	90	.
Norway	79	84	82	75	69	80	87	85	78	70	79	85	84	77	70
Poland	93	93	94	89	89	90	88	92	88	86	92	90	93	88	87
Portugal	80	79	81	86	76	78	77	76	81	67	79	78	78	84	71
Romania	.	89	93	89	83	.	82	85	74	76	.	85	88	81	79
Russian Fed. (Moscow)	.	92	91	88	82	.	95	95	93	86	.	94	93	91	84
Serbia [a]	.	.	.	90	89	.	.	.	88	85	.	.	.	89	87
Slovak Republic	96	96	96	95	94	94	95	97	96	95	96	96	97	95	94
Slovenia	88	91	93	93	94	86	91	91	94	93	87	91	92	94	93
Sweden	89	90	89	79	76	89	90	85	83	76	89	90	87	81	76
Switzerland	.	.	94	91	.	.	.	92	90	.	.	.	93	91	.
Turkey (6 cities)	..	.	50	.	.	..	.	39	.	.	..	.	45	.	.
Ukraine	86	86	88	91	87	88	89	89	92	90	87	88	88	92	89
United Kingdom	94	94	93	93	..	94	94	95	92	..	94	94	94	92	..
AVERAGE	**89**	**90**	**90**	**89**	**88**	**88**	**88**	**89**	**87**	**86**	**89**	**89**	**90**	**88**	**87**
AVERAGE 18 COUNTRIES	**89**	**90**	**91**	**88**	**86**	**88**	**89**	**89**	**88**	**85**	**89**	**90**	**90**	**88**	**86**

[a] Collected data 2008 instead of 2007.

Question C12b

Table 46. Use of any alcoholic beverage during the last 12 months by gender. Percentages. 1995–2011.

	Boys					Girls					All students				
COUNTRY	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011
Albania	.	.	.	.	63	.	.	.	.	44	.	.	.	.	52
Armenia	.	.	.	76	.	.	.	.	58	.	.	.	.	66	.
Austria	.	.	92	92	.	.	.	94	97	.	.	.	93	92	.
Belgium (Flanders)	.	.	91	85	82	.	.	89	82	84	.	.	90	83	83
Bosnia and Herz. (FBiH) [a]	.	.	.	74	.	.	.	.	59	.	.	.	.	66	.
Bosnia and Herz. (RS) [a]	.	.	.	84	80	.	.	.	75	70	.	.	.	79	75
Bulgaria	.	84	87	84	83	.	81	86	81	83	.	82	86	83	83
Croatia	75	77	85	83	87	65	68	79	84	84	70	73	82	84	85
Cyprus	90	84	84	84	87	80	75	74	73	78	85	79	79	79	82
Czech Republic	91	95	95	92	93	92	94	95	95	93	91	94	95	97	93
Denmark	95	97	96	..	93	94	96	95	..	92	94	96	95	..	92
Estonia	85	88	86	84	83	85	89	89	90	88	85	89	87	87	85
Faroe Islands	69	76	76	.	76	70	73	76	.	76	70	75	76	.	76
Finland	83	84	78	75	73	86	87	81	78	76	85	86	80	77	75
France	.	79	82	80	86	.	76	78	81	84	.	77	80	81	85
Germany (5 Bundesl)	.	.	94	91	91	.	.	94	93	87	.	.	94	92	89
Greece	.	95	93	89	89	.	92	90	86	88	.	94	91	87	89
Greenland	.	79	68	.	.	.	83	77	.	.	.	81	73	.	.
Hungary	80	79	84	83	86	80	81	84	85	88	80	80	84	84	87
Iceland	71	69	62	52	41	73	69	65	60	45	72	69	64	56	43
Ireland	85	89	86	79	72	85	89	90	77	73	86	89	88	78	73
Isle of Man	.	.	92	91	.	.	.	96	94	.	.	.	94	93	.
Italy	85	80	85	84	83	78	72	80	79	75	83	75	82	81	79
Latvia	..	88	86	88	85	..	88	88	91	90	..	88	87	89	87
Liechtenstein	.	.	.	.	82	.	.	.	.	90	.	.	.	.	86
Lithuania	84	92	94	86	83	88	90	94	89	87	87	91	94	87	85
Macedonia, FYR of [a]	.	65	.	58	.	.	50	.	50	.	.	57	.	54	.
Malta	88	91	91	90	86	89	91	89	86	86	89	91	90	87	86
Moldova, Republic of [a]	.	.	.	82	..	.	.	.	75	..	.	.	.	78	..
Monaco	.	.	.	86	87	.	.	.	88	92	.	.	.	87	89
Montenegro [a]	.	.	.	63	70	.	.	.	49	52	.	.	.	56	61
Netherlands	.	..	86	83	.	.	..	85	86	.	.	..	85	84	.
Norway	70	75	74	63	58	73	81	79	70	62	72	78	76	66	60
Poland	84	86	88	79	80	77	78	83	78	76	80	82	85	78	78
Portugal	76	75	76	80	75	73	73	72	79	74	74	74	74	79	74
Romania	.	85	84	83	76	.	75	77	66	68	.	79	80	74	72
Russian Fed. (Moscow)	.	85	82	76	67	.	89	89	85	74	.	87	86	80	71
Serbia [a]	.	.	.	81	80	.	.	.	76	73	.	.	.	78	77
Slovak Republic	85	91	90	87	85	86	89	91	89	88	85	90	90	88	87
Slovenia	74	84	85	86	88	71	82	81	87	86	73	83	83	87	87
Sweden	81	82	77	67	63	82	84	77	74	66	82	83	77	71	65
Switzerland	.	.	88	85	.	.	.	87	84	.	.	.	88	85	.
Turkey (6 cities)	..	.	40	.	.	..	.	28	.	.	..	.	35	.	.
Ukraine	76	79	83	82	77	81	84	85	85	82	79	81	84	83	79
United Kingdom	90	92	90	88	..	90	91	92	88	..	90	91	91	88	..
AVERAGE	**82**	**84**	**84**	**81**	**79**	**81**	**82**	**83**	**80**	**78**	**82**	**83**	**83**	**80**	**79**
AVERAGE 18 COUNTRIES	**81**	**83**	**84**	**80**	**78**	**80**	**82**	**83**	**81**	**78**	**81**	**83**	**83**	**81**	**78**

[a] Collected data 2008 instead of 2007.

Question C12b

Table 47. Use of any alcoholic beverage 20 times or more during the last 12 months by gender. Percentages. 1995–2011.

	Boys					Girls					All students				
COUNTRY	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011
Albania	.	.	.	.	8	.	.	.	.	2	.	.	.	.	5
Armenia	.	.	.	10	.	.	.	.	2	.	.	.	.	6	.
Austria	.	.	46	51	.	.	.	36	44	.	.	.	41	47	.
Belgium (Flanders)	.	.	41	36	33	.	.	25	23	26	.	.	34	30	30
Bosnia and Herz. (FBiH) [a]	.	.	.	28	.	.	.	.	11	.	.	.	.	19	.
Bosnia and Herz. (RS) [a]	.	.	.	34	24	.	.	.	19	9	.	.	.	27	16
Bulgaria	.	14	26	30	26	.	9	14	18	16	.	11	19	24	21
Croatia	13	18	28	28	32	5	7	13	18	18	10	13	21	23	25
Cyprus	35	24	26	22	28	13	9	9	8	12	24	16	17	15	20
Czech Republic	29	39	42	34	37	20	22	28	28	22	24	30	34	31	29
Denmark	45	60	48	..	36	39	34	36	..	26	42	51	42	..	30
Estonia	12	17	24	22	16	7	11	19	19	18	9	14	21	20	17
Faroe Islands	17	23	26	.	13	19	14	26	.	10	18	18	27	.	11
Finland	10	17	13	11	11	14	15	13	11	12	13	16	13	11	11
France	.	17	17	26	30	.	7	8	15	18	.	12	12	20	24
Germany (5 Bundesl)	.	.	35	43	37	.	.	23	31	24	.	.	29	37	30
Greece	.	41	32	28	30	.	26	23	15	15	.	32	27	21	23
Greenland	.	10	10	.	.	.	15	11	.	.	.	12	11	.	.
Hungary	16	12	20	19	20	7	6	10	14	11	12	9	15	16	16
Iceland	11	11	10	6	3	12	11	8	7	3	11	10	9	7	3
Ireland	34	39	31	23	14	30	39	39	20	14	32	39	35	21	14
Isle of Man	.	.	32	38	.	.	.	30	35	.	.	.	31	36	.
Italy	25	17	27	23	24	13	9	12	14	11	20	12	19	19	17
Latvia	..	15	19	22	22	..	11	15	21	20	..	13	17	21	21
Liechtenstein	.	.	.	.	35	.	.	.	.	19	.	.	.	.	28
Lithuania	8	20	29	22	17	5	11	17	17	11	7	16	23	19	14
Macedonia, FYR of [a]	.	10	.	16	.	.	4	.	7	.	.	7	.	12	.
Malta	33	38	39	38	31	23	27	26	28	24	27	32	32	32	28
Moldova, Republic of [a]	.	.	.	16	..	.	.	.	9	..	.	.	.	13	..
Monaco	.	.	.	14	25	.	.	.	10	24	.	.	.	12	24
Montenegro [a]	.	.	.	14	15	.	.	.	4	3	.	.	.	9	9
Netherlands	.	..	47	42	.	.	..	28	30	.	.	..	37	36	.
Norway	9	15	13	8	6	5	11	12	8	5	7	13	12	8	5
Poland	16	26	24	20	22	7	12	13	11	12	11	19	18	15	17
Portugal	16	17	16	20	18	6	8	5	14	9	10	12	11	17	13
Romania	.	21	18	24	16	.	6	7	7	7	.	12	11	15	11
Russian Fed. (Moscow)	.	24	31	23	11	.	18	23	18	10	.	21	26	21	11
Serbia [a]	.	.	.	28	26	.	.	.	12	11	.	.	.	19	18
Slovak Republic	14	21	27	25	23	7	14	16	21	15	11	17	22	23	19
Slovenia	13	21	23	28	28	6	13	12	19	15	9	17	18	24	21
Sweden	12	15	11	11	7	11	11	9	9	6	11	13	10	10	7
Switzerland	.	.	29	24	.	.	.	16	15	.	.	.	23	20	.
Turkey (6 cities)	..	.	8	.	.	..	.	3	.	.	..	.	5	.	.
Ukraine	10	10	16	19	16	7	10	11	13	14	9	10	14	16	15
United Kingdom	34	41	38	34	..	30	30	31	28	..	32	36	34	31	..
AVERAGE	**20**	**23**	**26**	**25**	**22**	**14**	**14**	**18**	**17**	**14**	**17**	**18**	**22**	**21**	**18**
AVERAGE 18 COUNTRIES	**18**	**21**	**23**	**21**	**20**	**11**	**14**	**15**	**16**	**13**	**14**	**17**	**19**	**18**	**16**

[a] Collected data 2008 instead of 2007.

Question C12c

Table 48. Use of any alcoholic beverage during the last 30 days by gender. Percentages. 1995–2011.

	Boys					Girls					All students				
COUNTRY	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011
Albania	.	.	.	.	42	.	.	.	.	24	.	.	.	.	32
Armenia	.	.	.	46	.	.	.	.	27	.	.	.	.	35	.
Austria	.	.	82	80	.	.	.	82	80	.	.	.	82	80	.
Belgium (Flanders)	.	.	81	72	69	.	.	74	68	69	.	.	77	70	69
Bosnia and Herz. (FBiH) [a]	.	.	.	59	.	.	.	.	39	.	.	.	.	48	.
Bosnia and Herz. (RS) [a]	.	.	.	68	57	.	.	.	53	39	.	.	.	60	47
Bulgaria	.	60	69	71	66	.	54	62	61	62	.	57	65	66	64
Croatia	48	53	70	66	71	27	36	56	62	61	39	46	63	64	66
Cyprus	79	71	72	72	78	60	53	53	53	62	69	61	62	62	70
Czech Republic	68	80	76	75	81	66	75	77	76	77	67	77	77	76	79
Denmark	82	88	83	..	77	81	83	80	..	75	81	85	81	..	76
Estonia	51	64	61	58	57	50	60	61	62	60	51	62	61	60	59
Faroe Islands	47	52	64	.	45	43	45	60	.	43	45	48	62	.	44
Finland	55	59	52	46	46	61	63	56	49	50	58	61	54	48	48
France	.	63	61	66	70	.	57	54	62	64	.	60	58	64	67
Germany (5 Bundesl)	.	.	78	77	76	.	.	79	74	70	.	.	79	75	73
Greece	.	82	78	75	76	.	73	72	67	68	.	77	75	71	72
Greenland	.	61	50	.	.	.	57	52	.	.	.	59	51	.	.
Hungary	52	54	57	59	62	44	48	56	58	60	48	51	56	59	61
Iceland	55	44	34	28	16	56	43	39	35	19	56	43	37	31	17
Ireland	69	73	71	57	48	69	75	74	56	52	69	74	73	56	50
Isle of Man	.	.	75	77	.	.	.	82	76	.	.	.	79	76	.
Italy	73	63	70	69	70	55	48	58	58	56	66	54	64	63	63
Latvia	..	59	61	66	63	..	58	62	65	67	..	58	61	65	65
Liechtenstein	.	.	.	.	68	.	.	.	.	64	.	.	.	.	66
Lithuania	57	76	78	65	63	62	71	76	65	64	59	73	77	65	63
Macedonia, FYR of [a]	.	45	.	45	.	.	28	.	35	.	.	36	.	40	.
Malta	69	77	79	76	70	63	74	73	70	66	66	75	75	73	68
Moldova, Republic of [a]	.	.	.	62	..	.	.	.	52	..	.	.	.	57	..
Monaco	.	.	.	68	67	.	.	.	57	71	.	.	.	62	69
Montenegro [a]	.	.	.	41	48	.	.	.	24	28	.	.	.	32	38
Netherlands	.	..	75	69	.	.	..	70	69	.	.	..	73	69	.
Norway	41	51	49	39	33	45	59	54	46	36	43	55	51	42	35
Poland	60	67	71	61	61	48	54	60	54	53	54	61	65	57	57
Portugal	54	55	55	62	56	45	43	42	58	50	49	49	48	60	52
Romania	.	66	64	66	55	.	48	48	40	44	.	55	55	52	49
Russian Fed. (Moscow)	.	63	61	56	37	.	63	64	55	37	.	63	62	56	37
Serbia [a]	.	.	.	62	59	.	.	.	47	46	.	.	.	54	52
Slovak Republic	55	63	66	62	62	49	57	59	63	58	53	60	63	63	60
Slovenia	49	65	63	68	68	44	58	57	63	62	46	62	60	65	65
Sweden	55	55	52	41	34	56	56	49	47	41	55	56	51	44	38
Switzerland	.	.	77	70	.	.	.	74	64	.	.	.	75	67	.
Turkey (6 cities)	..	.	24	.	.	..	.	14	.	.	..	.	20	.	.
Ukraine	52	53	59	62	53	57	59	58	61	54	55	56	58	61	54
United Kingdom	74	78	73	69	..	73	75	75	71	..	74	76	74	70	..
AVERAGE	**59**	**63**	**65**	**62**	**59**	**55**	**58**	**62**	**57**	**54**	**57**	**60**	**64**	**59**	**57**
AVERAGE 18 COUNTRIES	**58**	**62**	**63**	**59**	**57**	**53**	**57**	**59**	**58**	**55**	**56**	**60**	**61**	**58**	**56**

[a] Collected data 2008 instead of 2007.

Question C12c

Table 49. Use of any alcoholic beverage 10 times or more during the last 30 days by gender. Percentages. 1995–2011.

	Boys					Girls					All students				
COUNTRY	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011
Albania	.	.	.	.	5	.	.	.	.	1	.	.	.	.	3
Armenia	.	.	.	4	.	.	.	.	1	.	.	.	.	2	.
Austria	.	.	27	34	.	.	.	15	25	.	.	.	21	30	.
Belgium (Flanders)	.	.	29	23	20	.	.	14	11	13	.	.	23	17	16
Bosnia and Herz. (FBiH) [a]	.	.	.	18	.	.	.	.	8	.	.	.	.	13	.
Bosnia and Herz. (RS) [a]	.	.	.	23	13	.	.	.	10	5	.	.	.	16	8
Bulgaria	.	6	13	17	14	.	4	7	8	9	.	5	9	13	11
Croatia	7	9	15	16	18	1	3	11	9	9	6	6	13	13	14
Cyprus	19	14	16	17	24	6	4	8	6	10	12	8	11	11	17
Czech Republic	12	21	17	14	18	5	8	10	10	9	9	14	13	12	14
Denmark	19	23	18	..	15	10	13	10	..	8	15	18	13	..	11
Estonia	3	5	8	6	5	1	3	5	5	4	2	4	6	5	4
Faroe Islands	4	3	6	.	1	3	2	4	.	1	4	4	4	.	1
Finland	1	2	3	2	2	1	1	2	2	2	1	1	2	2	2
France	.	12	10	18	17	.	5	5	9	10	.	8	7	13	14
Germany (5 Bundesl)	.	.	14	25	21	.	.	8	13	9	.	.	11	18	14
Greece	.	19	18	16	17	.	10	9	8	8	.	14	13	12	12
Greenland	.	4	5	.	.	.	3	4	.	.	.	3	3	.	.
Hungary	6	6	8	8	9	1	2	4	5	4	4	5	6	6	6
Iceland	2	1	2	1	1	1	1	1	1	1	1	1	1	1	1
Ireland	14	18	17	11	6	9	16	14	10	6	12	16	16	10	6
Isle of Man	.	.	19	17	.	.	.	13	16	.	.	.	15	16	.
Italy	18	12	17	18	16	5	4	6	9	7	13	7	12	14	12
Latvia	..	4	7	10	9	..	2	4	5	5	..	2	6	7	7
Liechtenstein	.	.	.	.	20	.	.	.	.	6	.	.	.	.	13
Lithuania	3	9	13	9	7	1	6	5	7	4	2	8	8	8	6
Macedonia, FYR of [a]	.	6	.	9	.	.	1	.	3	.	.	3	.	6	.
Malta	20	25	25	23	21	12	16	16	18	16	16	20	20	20	18
Moldova, Republic of [a]	.	.	.	10	..	.	.	.	5	..	.	.	.	6	..
Monaco	.	.	.	10	16	.	.	.	2	13	.	.	.	6	14
Montenegro [a]	.	.	.	9	10	.	.	.	2	2	.	.	.	5	6
Netherlands	.	..	34	29	.	.	..	17	18	.	.	..	25	24	.
Norway	1	3	3	2	1	1	1	2	2	1	1	3	3	2	1
Poland	6	12	13	11	12	2	5	6	4	5	4	8	10	7	8
Portugal	8	10	11	15	10	2	4	3	11	4	5	7	7	13	7
Romania	.	7	9	13	10	.	1	3	3	4	.	4	5	8	6
Russian Fed. (Moscow)	.	11	16	10	5	.	5	10	8	4	.	8	12	9	4
Serbia [a]	.	.	.	16	15	.	.	.	5	5	.	.	.	10	10
Slovak Republic	6	9	12	12	10	1	5	6	8	6	4	7	9	10	8
Slovenia	6	10	10	13	16	2	4	3	6	6	4	7	6	10	11
Sweden	1	2	2	2	1	1	1	1	1	1	1	2	1	2	1
Switzerland	.	.	18	12	.	.	.	7	5	.	.	.	13	9	.
Turkey (6 cities)	..	.	4	.	.	..	.	1	.	.	..	.	4	.	.
Ukraine	4	5	6	10	9	3	4	4	7	7	3	5	5	8	8
United Kingdom	16	17	18	16	..	11	13	15	12	..	13	16	17	14	..
AVERAGE	**8**	**10**	**13**	**14**	**12**	**4**	**5**	**7**	**8**	**6**	**6**	**7**	**10**	**10**	**9**
AVERAGE 18 COUNTRIES	**8**	**10**	**11**	**11**	**10**	**3**	**5**	**6**	**7**	**6**	**6**	**7**	**8**	**9**	**8**

[a] Collected data 2008 instead of 2007.

Question C13a

Table 50. Beer consumption during the last 30 days by gender. Percentages. 1995–2011.

	Boys					Girls					All students				
COUNTRY	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011
Albania	.	.	.	.	56	.	.	.	.	33	.	.	.	.	43
Armenia	.	.	.	48	.	.	.	.	17	.	.	.	.	30	.
Austria	.	.	70	72	.	.	.	40	47	.	.	.	57	60	.
Belgium (Flanders)	.	.	69	66	64	.	.	49	48	56	.	.	59	57	60
Bosnia and Herz. (FBiH) [a]	.	.	.	64	.	.	.	.	38	.	.	.	.	50	.
Bosnia and Herz. (RS) [a]	.	.	.	73	57	.	.	.	47	32	.	.	.	59	43
Bulgaria	.	70	78	77	72	.	49	63	63	59	.	59	70	70	66
Croatia	35	54	62	61	65	18	30	34	40	45	27	43	48	51	55
Cyprus	76	71	67	67	69	49	47	39	37	36	62	57	52	52	52
Czech Republic	65	77	73	71	80	40	51	54	62	63	53	63	63	66	71
Denmark	75	85	74	..	62	69	72	64	..	40	72	78	69	..	50
Estonia	50	68	62	49	50	22	40	35	21	24	34	53	49	35	37
Faroe Islands	45	50	59	45	45	40	41	47	41	30	42	46	53	43	38
Finland	54	51	50	43	43	46	34	38	33	30	50	43	44	38	36
France	.	54	48	53	56	.	38	33	40	44	.	46	40	47	50
Germany (5 Bundesl)	.	.	67	73	71	.	.	41	54	51	.	.	53	63	60
Greece	.	74	63	54	60	.	54	41	32	40	.	63	51	42	50
Greenland	.	63	52	.	.	.	65	51	.	.	.	64	52	.	.
Hungary	42	38	45	48	53	18	20	25	29	33	29	29	35	38	44
Iceland	53	49	42	31	17	50	44	42	32	17	52	46	42	31	17
Ireland	64	64	68	49	44	52	50	48	31	35	58	57	59	39	40
Isle of Man	.	.	63	67	.	.	.	32	43	.	.	.	47	55	.
Italy	60	70	64	61	66	41	48	47	46	48	53	57	55	53	57
Latvia	..	67	68	64	61	..	45	50	38	46	..	56	59	51	53
Liechtenstein	.	.	.	.	66	.	.	.	.	30	.	.	.	.	49
Lithuania	33	67	70	61	65	15	48	50	31	42	24	58	60	46	54
Macedonia, FYR of [a]	.	49	.	48	.	.	23	.	29	.	.	36	.	39	.
Malta	64	67	66	63	57	35	41	35	33	34	48	53	49	47	45
Moldova, Republic of [a]	.	.	.	68	61	.	.	.	50	42	.	.	.	58	51
Monaco	.	.	.	46	56	.	.	.	24	53	.	.	.	35	55
Montenegro [a]	.	.	.	40	44	.	.	.	18	20	.	.	.	29	32
Netherlands	.	..	66	61	.	.	..	42	41	.	.	..	54	51	.
Norway	33	46	36	34	29	33	47	36	33	22	33	46	36	34	25
Poland	59	60	76	65	61	32	45	62	55	52	45	53	68	59	56
Portugal	44	45	45	59	49	32	30	27	50	33	37	37	35	54	40
Romania	.	66	78	74	63	.	48	63	50	54	.	55	69	61	58
Russian Fed. (Moscow)	.	67	63	51	32	.	55	50	35	23	.	61	56	43	28
Serbia [a]	.	.	.	63	56	.	.	.	34	29	.	.	.	47	42
Slovak Republic	50	53	56	53	59	22	30	35	38	40	37	41	45	45	49
Slovenia	53	61	57	57	63	32	35	34	38	43	43	49	46	48	53
Sweden	55	56	52	40	30	48	45	36	35	25	52	51	44	37	27
Switzerland	.	.	61	63	.	.	.	36	45	.	.	.	48	54	.
Turkey (6 cities)	..	.	26	.	.	..	.	14	.	.	..	.	21	.	.
Ukraine	36	60	72	70	53	16	44	50	56	43	25	52	61	63	48
United Kingdom	65	72	65	60	..	42	47	39	38	..	53	59	52	48	..
AVERAGE	**53**	**61**	**61**	**58**	**55**	**36**	**44**	**42**	**39**	**38**	**44**	**52**	**51**	**48**	**47**
AVERAGE 19 COUNTRIES	**51**	**58**	**59**	**54**	**53**	**34**	**41**	**41**	**39**	**37**	**42**	**49**	**50**	**46**	**44**

[a] Collected data 2008 instead of 2007.

Question C13d

Table 51. Wine consumption during the last 30 days by gender. Percentages. 1995–2011.

	Boys					Girls					All students				
COUNTRY	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011
Albania	.	.	.	.	36	.	.	.	.	32	.	.	.	.	34
Armenia	.	.	.	54	.	.	.	.	53	.	.	.	.	54	.
Austria	.	.	49	48	.	.	.	58	57	.	.	.	53	52	.
Belgium (Flanders)	.	.	46	26	20	.	.	48	32	34	.	.	47	29	27
Bosnia and Herz. (FBiH) [a]	.	.	.	40	.	.	.	.	32	.	.	.	.	36	.
Bosnia and Herz. (RS) [a]	.	.	.	52	33	.	.	.	52	37	.	.	.	52	35
Bulgaria	.	41	38	33	44	.	36	32	28	41	.	39	35	31	42
Croatia	41	37	45	51	59	27	29	33	42	54	34	33	39	47	56
Cyprus	36	34	39	41	43	29	26	32	31	30	33	29	35	36	36
Czech Republic	41	45	45	39	42	51	57	59	54	52	46	51	53	47	47
Denmark	40	37	29	..	21	47	48	33	..	20	44	43	31	..	20
Estonia	23	44	37	25	31	27	57	49	35	44	25	51	43	30	38
Faroe Islands	22	27	21	13	12	28	26	18	17	13	25	26	20	15	13
Finland	34	26	24	14	15	40	32	27	18	22	37	29	26	17	19
France	.	35	31	34	52	.	25	18	23	49		30	24	29	51
Germany (5 Bundesl)	.	.	38	37	36	.	.	61	52	48	.	.	50	45	43
Greece	.	53	56	54	53	.	39	46	43	47	.	45	50	48	50
Greenland	.	14	18	.	.	.	17	22	.	.	.	15	20	.	.
Hungary	41	38	48	50	54	30	27	46	50	53	36	32	47	50	54
Iceland	30	18	19	11	6	32	19	18	10	6	31	19	18	11	6
Ireland	22	24	24	17	13	27	32	37	25	23	25	28	30	21	18
Isle of Man	.	.	36	29	.	.	.	58	46	.	.	.	48	37	.
Italy	58	54	55	50	46	41	35	37	34	31	52	43	45	42	39
Latvia	..	40	36	30	29	..	53	49	34	35	..	47	43	32	32
Liechtenstein	.	.	.	.	38	.	.	.	.	50	.	.	.	.	43
Lithuania	21	59	44	22	34	25	62	60	25	52	23	60	52	23	43
Macedonia, FYR of [a]	.	39	.	30	.	.	25	.	24	.	.	32	.	27	.
Malta	65	72	72	66	57	57	65	64	61	54	61	68	68	63	56
Moldova, Republic of [a]	.	.	.	61	58	.	.	.	50	54	.	.	.	60	56
Monaco	.	.	.	40	57	.	.	.	32	68	.	.	.	36	63
Montenegro [a]	.	.	.	29	35	.	.	.	22	26	.	.	.	25	31
Netherlands	.	..	18	14	.	.	..	27	34	.	.	..	23	24	.
Norway	16	25	16	10	12	18	35	20	16	12	17	30	18	13	12
Poland	35	30	26	28	24	31	17	22	25	26	33	34	24	26	25
Portugal	18	18	20	35	22	11	13	10	32	16	14	15	15	33	19
Romania	.	54	50	59	50	.	40	38	36	42	.	46	43	47	45
Russian Fed. (Moscow)	.	30	39	30	30	.	45	54	37	39	.	38	47	34	34
Serbia [a]	.	.	.	45	47	.	.	.	43	42	.	.	.	44	44
Slovak Republic	48	51	48	49	44	48	53	49	53	47	48	52	48	51	45
Slovenia	37	51	54	46	51	31	48	45	37	47	34	50	50	42	49
Sweden	26	27	28	17	14	37	37	32	23	23	32	32	29	20	19
Switzerland	.	.	32	32	.	.	.	26	27	.	.	.	29	30	.
Turkey (6 cities)	..	.	11	.	.	..	.	9	.	.	..	.	10	.	.
Ukraine	41	43	43	35	39	50	55	53	47	52	46	49	48	41	46
United Kingdom	42	38	35	30	..	55	52	51	47	..	49	45	43	39	..
AVERAGE	**35**	**38**	**36**	**36**	**36**	**35**	**38**	**38**	**36**	**38**	**35**	**38**	**37**	**36**	**37**
AVERAGE 19 COUNTRIES	**34**	**38**	**37**	**33**	**33**	**34**	**38**	**37**	**33**	**35**	**34**	**38**	**37**	**33**	**34**

[a] Collected data 2008 instead of 2007.

Question C13e

Table 52. Spirits consumption during the last 30 days by gender. Percentages. 1995–2011.[a)]

	Boys					Girls					All students				
COUNTRY	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011
Albania	.	.	.	.	28	.	.	.	.	14	.	.	.	.	20
Armenia	.	.	.	26	.	.	.	.	9	.	.	.	.	16	.
Austria	.	.	57	58	.	.	.	47	58	.	.	.	53	58	.
Belgium (Flanders)	.	.	50	34	35	.	.	45	29	34	.	.	47	31	35
Bosnia and Herz. (FBiH) [b)]	.	.	.	37	.	.	.	.	26	.	.	.	.	31	.
Bosnia and Herz. (RS) [b)]	.	.	.	47	33	.	.	.	38	24	.	.	.	43	28
Bulgaria	.	47	46	45	50	.	47	49	37	48	.	47	47	41	49
Croatia	27	31	36	44	50	23	30	38	51	49	25	30	37	47	50
Cyprus	44	54	64	47	60	29	40	48	27	39	34	46	56	36	49
Czech Republic	54	57	56	54	62	53	55	57	55	55	53	56	56	55	59
Denmark	67	75	65	..	57	68	75	66	..	56	67	75	65	..	56
Estonia	35	34	50	44	41	24	24	45	44	42	29	28	48	44	42
Faroe Islands	44	50	61	40	39	36	40	58	43	33	40	45	59	42	36
Finland	40	44	37	29	33	39	41	39	32	36	39	43	38	31	34
France	.	48	43	45	51	.	46	36	40	50	.	47	39	42	51
Germany (5 Bundesl)	.	.	52	50	46[c)]	.	.	48	47	38 [c)]	.	.	50	49	42[c)]
Greece	.	59	64	50	61	.	55	63	42	51	.	57	63	46	56
Greenland	.	53	59	.	.	.	51	53	.	.	.	52	56	.	.
Hungary	38	43	48	42	47	38	45	50	44	46	39	44	49	43	47
Iceland	48	38	31	23	13	49	35	31	26	16	49	27	31	25	14
Ireland	39	49	52	40	30	49	64	69	49	40	44	57	60	45	35
Isle of Man	.	.	54	49	.	.	.	76	58	.	.	.	66	53	.
Italy	44	44	52	46	48	32	32	45	40	38	40	27	48	43	43
Latvia	..	40	33	43	43	..	34	34	33	39	..	27	34	38	41
Liechtenstein	.	.	.	.	38	.	.	.	.	25	.	.	.	.	32
Lithuania	46	53	46	36	36	54	32	38	28	27	51	38	42	32	32
Macedonia, FYR of [b)]	.	32	.	31	.	.	27	.	26	.	.	30	.	29	.
Malta	55	64	66	65	64	60	68	65	63	61	58	66	65	64	63
Moldova, Republic of [b)]	.	.	.	24	24	.	.	.	14	13	.	.	.	19	18
Monaco	.	.	.	41	48	.	.	.	35	54	.	.	.	38	51
Montenegro [b)]	.	.	.	21	29	.	.	.	13	16	.	.	.	17	22
Netherlands	.	..	56	42	.	.	..	51	44	.	.	..	54	43	.
Norway	37	49	38	25	21	41	53	43	29	20	39	51	40	27	20
Poland	36	34	44	38	44	24	15	28	28	35	30	25	36	33	40
Portugal	40	47	53	51	45	38	42	50	53	47	39	44	51	52	46
Romania	.	24	29	30	35	.	18	21	18	27	.	20	24	24	31
Russian Fed. (Moscow)	.	35	36	23	21	.	33	34	19	20	.	34	35	21	21
Serbia [b)]	.	.	.	35	36	.	.	.	29	28	.	.	.	31	32
Slovak Republic	35	44	49	50	54	22	40	45	51	50	29	42	46	51	52
Slovenia	25	45	44	43	46	31	54	48	46	49	28	49	46	45	48
Sweden	44	49	45	34	30	47	49	42	40	33	45	49	43	37	31
Switzerland	.	.	62	46	.	.	.	64	42	.	.	.	63	44	.
Turkey (6 cities)	..	.	15	.	.	..	.	7	.	.	..	.	11	.	.
Ukraine	51	44	38	26	24	50	38	33	17	18	50	41	35	22	21
United Kingdom	42	52	54	43	..	54	64	69	52	..	48	58	61	48	..
AVERAGE	**42**	**46**	**48**	**40**	**40**	**41**	**43**	**47**	**37**	**36**	**42**	**43**	**47**	**38**	**38**
AVERAGE 19 COUNTRIES	**41**	**46**	**48**	**41**	**41**	**39**	**42**	**46**	**40**	**39**	**40**	**43**	**47**	**41**	**40**

[a)] Since 2007 it is clearly stated that alcopops should not be included in this category, but this was not the case between 1995-2003. A 2006 questionnaire test in eight countries showed significant result-differences between this and the recent version. Hence, trend-comparability is therefore broken 2007.

[b)] Collected data 2008 instead of 2007.

[c)] Does not include mixed spirits-drinks.

Question C15.2–6, C15a–e

Table 53. Estimated average alcohol consumption during the last alcohol drinking day among students reporting any last day alcohol consumption, per beverage and total. Centiliters of pure alcohol. All students. 2007–2011.

	Beer		Cider		Alcopops		Wine		Spirits		Total	
COUNTRY	2007	2011	2007	2011	2007	2011	2007	2011	2007	2011	2007	2011
Albania	.	1.9	.	.	.	.	.	0.6	.	0.5	.	3.0
Armenia	0.8	.	.	.	.	.	1.0	.	0.5	.	2.3	.
Austria	3.0	.	.	.	0.8	.	0.7	.	2.5	.	7.0	.
Belgium (Flanders)	2.8	2.4	.	.	1.0	0.9	0.6	0.5	0.7	0.8	5.0	4.7
Bosnia and Herz. (FBiH) [a]	2.5	.	.	.	.	.	1.1	.	1.1	.	4.6	.
Bosnia and Herz. (RS) [a]	2.0	1.6	.	.	.	.	1.0	1.1	1.1	0.8	4.2	3.6
Bulgaria	2.8	2.1	.	.	0.1	0.1	0.3	0.4	1.0	1.4	4.2	4.0
Croatia	2.2	2.3	.	.	0.3	0.3	1.5	2.2	2.0	1.7	6.0	6.6
Cyprus	1.4	1.4	0.0	.	.	1.1	0.2	0.2	0.8	1.7	2.5	4.5
Czech Republic	2.6	2.7	.	.	0.3	.	0.7	1.0	1.5	1.9	5.1	5.6
Denmark	..	2.2	..	2.1	..	2.0	..	0.2	..	3.2	..	9.7
Estonia	1.3	1.4	1.1	1.2	0.7	0.4	0.4	0.8	2.0	2.1	5.5	6.0
Faroe Islands	..	2.0	.	0.8	.	0.4	..	0.1	4.1	2.9	..	6.2
Finland	2.8	2.5	1.3	1.2	0.9	1.4	0.4	0.4	1.7	1.9	7.0	7.5
France	2.0	1.8	.	.	.	.	0.5	..	2.1	2.5	4.5	..
Germany (5 Bundesl)[b]	2.1	2.0	.	.	0.7	1.7	0.7	0.7	1.7	1.1	5.2	5.6
Greece	1.0	1.3	.	.	0.4	0.4	0.6	0.6	1.5	1.9	3.6	4.2
Greenland	.	.	.	.	.	.	.	.	.	.	.	.
Hungary	1.2	1.4	.	.	0.4	0.3	1.1	1.5	1.8	2.0	4.6	5.2
Iceland	3.0	1.9	0.2	0.1	1.4	0.5	0.2	0.2	1.9	2.0	6.8	4.8
Ireland	..	2.1	.	1.8	0.8	0.5	0.4	0.4	..	1.9	..	6.7
Isle of Man	2.7	.	0.8	.	1.6	.	0.5	.	2.0	.	7.7	.
Italy	1.7	1.6	.	.	0.6	0.5	0.7	0.5	1.5	1.4	4.5	4.1
Latvia	..	2.0	..	0.7	..	0.2	..	0.4	..	1.7	..	5.0
Liechtenstein	.	2.3	.	0.3	.	1.4	.	0.6	.	0.6	.	5.1
Lithuania	1.4	1.9	1.5	0.7	0.2	0.2	0.2	0.5	1.1	0.9	4.3	4.3
Macedonia, FYR of [a]	1.5	.	.	.	.	.	0.8	.	0.9	.	3.2	.
Malta	0.9	0.9	0.0	0.1	0.2	0.2	0.9	0.7	2.3	2.9	4.4	4.7
Moldova, Republic of [a]	1.2	1.2	.	.	0.5	0.5	0.9	0.8	0.2	0.2	2.8	2.7
Monaco	1.1	1.5	.	.	.	.	0.3	..	1.8	2.2	3.2	..
Montenegro [a]	1.5	1.3	.	.	.	.	1.0	1.3	0.8	0.8	3.3	3.3
Netherlands	2.3	.	.	.	1.8	.	0.5	.	1.2	.	5.7	.
Norway	3.1	2.4	1.6	1.8	1.1	0.9	0.4	0.3	2.0	1.7	8.2	7.1
Poland	2.9	2.9	0.0	0.0	0.0	0.0	0.5	0.5	1.3	1.8	4.7	5.3
Portugal	1.6	1.1	.	.	0.6	0.3	..	0.4	..	3.1	..	5.0
Romania	2.0	1.8	.	.	0.1	0.1	0.7	0.6	0.4	0.7	3.2	3.1
Russian Fed. (Moscow)	1.5	0.8	.	.	0.8	0.4	1.1	1.7	0.8	0.8	4.1	3.8
Serbia [a]	2.0	1.9	.	.	0.1	0.1	1.4	1.3	0.8	0.9	4.3	4.2
Slovak Republic	1.2	1.2	0.0	0.0	0.1	0.1	1.1	1.0	2.4	3.0	4.8	5.3
Slovenia	1.4	1.6	.	.	1.1	0.6	1.2	1.5	1.3	1.7	5.0	5.4
Sweden	2.2	2.0	1.7	2.0	0.4	0.4	0.4	0.3	2.5	2.2	7.1	7.0
Switzerland	1.9	.	.	.	1.1	.	0.4	.	1.3	.	4.8	.
Turkey (6 cities)	.	.	.	.	.	.	.	.	.	.	.	.
Ukraine	1.7	1.5	.	.	0.5	0.9	0.7	1.2	0.6	0.6	3.5	4.2
United Kingdom	2.3	..	0.9	..	1.2	..	0.8	..	1.7	..	7.0	..
AVERAGE [c]	**1.9**	**1.8**	**0.8**	**0.9**	**0.7**	**0.6**	**0.7**	**0.7**	**1.5**	**1.6**	**4.8**	**5.1**
AVERAGE 9–29 COUNTRIES [c]	**1.9**	**1.7**	**0.8**	**0.8**	**0.5**	**0.5**	**0.7**	**0.8**	**1.5**	**1.6**	**4.8**	**4.9**

[a] Collected data 2008 instead of 2007.
[b] Alcopops: includes also mixed spirits-drinks; Spirits: does not include mixed spirits-drinks.
[c] Average only for countires with volumes presented for respective beverage. Hence, these volumes can not be summarised into a total average.

Question C15.2–6, C15a–e

Table 54. Estimated average alcohol consumption during the last alcohol drinking day among students reporting any last day alcohol consumption, per beverage and total. Centiliters of pure alcohol. Boys. 2007–2011.

	Beer		Cider		Alcopops		Wine		Spirits		Total	
COUNTRY	2007	2011	2007	2011	2007	2011	2007	2011	2007	2011	2007	2011
Albania	.	2.5	.	.	.	.	.	0.5	.	0.7	.	3.6
Armenia	1.4	.	.	.	.	.	0.9	.	0.9	.	3.2	.
Austria	4.2	.	.	.	0.6	.	0.6	.	2.2	.	7.7	.
Belgium (Flanders)	3.7	3.2	.	.	0.8	0.7	0.5	0.3	0.7	0.9	5.6	5.1
Bosnia and Herz. (FBiH) [a]	3.6	.	.	.	.	.	1.0	.	1.2	.	5.8	.
Bosnia and Herz. (RS) [a]	3.2	2.8	.	.	.	.	0.9	0.8	1.2	0.8	5.3	4.4
Bulgaria	3.7	2.7	.	.	0.1	0.1	0.3	0.4	1.0	1.6	5.1	4.7
Croatia	3.1	3.3	.	.	0.3	0.4	1.8	2.5	1.7	1.8	6.9	8.0
Cyprus	2.1	2.3	0.1	.	.	1.0	0.2	0.2	1.1	2.1	3.5	5.5
Czech Republic	3.6	4.0	.	.	0.2	.	0.5	0.7	1.5	2.0	5.9	6.7
Denmark	..	3.4	..	2.0	..	1.7	..	0.2	..	3.4	..	10.6
Estonia	2.3	2.5	1.0	0.8	0.6	0.4	0.4	0.5	2.4	2.5	6.6	6.7
Faroe Islands	..	3.0	.	0.7	.	0.3	.	0.1	3.9	3.3	.	7.3
Finland	3.8	3.8	0.8	0.6	0.8	1.2	0.4	0.3	1.7	1.9	7.4	7.8
France	2.4	2.3	.	.	.	.	0.6	..	2.3	2.4	5.4	..
Germany (5 Bundesl) [b]	3.1	3.1	.	.	0.6	1.5	0.5	0.4	1.7	1.3	6.0	6.3
Greece	1.4	1.8	.	.	0.5	0.4	0.7	0.7	1.8	2.3	4.4	5.1
Greenland	.	.	.	.	.	.	.	.	.	.	.	.
Hungary	1.8	2.0	.	.	0.4	0.3	1.3	1.7	2.0	2.1	5.4	6.0
Iceland	3.6	2.3	0.1	0.1	0.7	0.3	0.2	0.2	1.9	1.9	6.6	4.8
Ireland	..	3.1	.	2.2	0.3	0.3	0.2	0.3	..	1.4	..	7.2
Isle of Man	4.2	.	1.4	.	1.1	.	0.3	.	1.6	.	8.7	.
Italy	2.1	2.1	.	.	0.6	0.6	0.9	0.6	1.6	1.5	5.2	4.8
Latvia	..	3.1	..	0.5	..	0.2	..	0.3	..	2.0	..	6.0
Liechtenstein	.	3.7	.	0.4	.	1.3	.	0.6	.	0.7	.	6.6
Lithuania	2.5	3.1	1.4	0.6	0.2	0.2	0.2	0.3	1.3	1.1	5.6	5.3
Macedonia, FYR of [a]	2.1	.	.	.	.	.	0.9	.	0.9	.	3.9	.
Malta	1.5	1.4	0.1	0.1	0.2	0.2	1.0	0.7	2.5	3.1	5.2	5.5
Moldova, Republic of [a]	1.7	1.7	.	.	0.4	0.4	0.9	0.9	0.3	0.4	3.5	3.4
Monaco	1.4	1.9	.	.	.	.	0.4	..	2.4	2.0	4.1	..
Montenegro [a]	2.2	2.0	.	.	.	.	1.0	1.3	0.9	0.9	4.0	4.1
Netherlands	3.5	.	.	.	1.5	.	0.2	.	1.1	.	6.3	.
Norway	3.8	3.5	1.3	1.4	0.7	0.6	0.3	0.3	2.2	1.8	8.3	7.6
Poland	3.4	3.5	0.0	0.0	0.0	0.0	0.5	0.5	1.6	1.9	5.5	6.0
Portugal	2.0	1.6	.	.	0.6	0.4	..	0.6	..	2.7	..	5.3
Romania	2.9	2.2	.	.	0.1	0.1	0.8	0.7	0.4	0.7	4.1	3.6
Russian Fed. (Moscow)	2.3	1.3	.	.	0.6	0.4	0.9	1.4	1.0	1.0	4.8	4.1
Serbia [a]	3.2	2.9	.	.	0.1	0.1	1.1	1.1	0.8	1.0	5.2	5.1
Slovak Republic	1.7	1.8	0.0	0.0	0.1	0.1	1.1	0.9	2.4	3.1	5.4	5.9
Slovenia	2.2	2.7	.	.	1.0	0.6	1.5	1.6	1.2	1.5	5.9	6.4
Sweden	3.1	2.8	1.4	1.6	0.4	0.3	0.3	0.2	2.4	2.3	7.5	7.1
Switzerland	2.8	.	.	.	1.1	.	0.5	.	1.4	.	5.7	.
Turkey (6 cities)	.	.	.	.	.	.	.	.	.	.	.	.
Ukraine	2.5	2.3	.	.	0.3	0.8	0.5	1.2	0.9	0.8	4.1	5.1
United Kingdom	4.0	..	1.3	..	0.8	..	0.5	..	1.2	..	7.8	..
AVERAGE [c]	**2.8**	**2.6**	**0.7**	**0.8**	**0.5**	**0.5**	**0.7**	**0.7**	**1.5**	**1.7**	**5.6**	**5.8**
AVERAGE 9–29 COUNTRIES [c]	**2.6**	**2.5**	**0.7**	**0.6**	**0.4**	**0.4**	**0.7**	**0.8**	**1.6**	**1.7**	**5.5**	**5.6**

[a] Collected data 2008 instead of 2007.
[b] Alcopops: includes also mixed spirits-drinks; Spirits: does not include mixed spirits-drinks.
[c] Average only for countires with volumes presented for respective beverage. Hence, these volumes can not be summarised into a total average.

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Table 55. Estimated average alcohol consumption during the last alcohol drinking day among students reporting any last day alcohol consumption, per beverage and total. Centiliters of pure alcohol. Girls. 2007–2011.

	Beer		Cider		Alcopops		Wine		Spirits		Total	
COUNTRY	2007	2011	2007	2011	2007	2011	2007	2011	2007	2011	2007	2011
Albania	.	1.3	.	.	.	.	.	0.7	.	0.3	.	2.3
Armenia	0.2	.	.	.	.	.	1.1	.	0.1	.	1.4	.
Austria	1.2	.	.	.	1.0	.	0.9	.	2.8	.	6.0	.
Belgium (Flanders)	1.8	1.6	.	.	1.2	1.2	0.6	0.6	0.7	0.8	4.3	4.2
Bosnia and Herz. (FBiH) [a]	1.2	.	.	.	.	.	1.1	.	1.0	.	3.2	.
Bosnia and Herz. (RS) [a]	0.8	0.6	.	.	.	.	1.2	1.4	1.1	0.9	3.1	2.9
Bulgaria	1.8	1.5	.	.	0.2	0.1	0.3	0.4	0.9	1.2	3.1	3.2
Croatia	1.3	1.4	.	.	0.2	0.2	1.2	1.9	2.4	1.7	5.1	5.2
Cyprus	0.7	0.6	0.0	.	.	1.2	0.3	0.2	0.5	1.4	1.5	3.5
Czech Republic	1.6	1.4	.	.	0.3	.	0.9	1.2	1.5	1.8	4.4	4.5
Denmark	..	1.2	..	2.1	..	2.3	..	0.2	..	3.0	..	8.9
Estonia	0.3	0.4	1.3	1.6	0.7	0.5	0.5	1.0	1.7	1.8	4.5	5.3
Faroe Islands	..	0.8	.	1.0	.	0.5	.	0.1	4.3	2.6	.	5.0
Finland	1.9	1.4	1.7	1.7	1.0	1.6	0.4	0.5	1.7	1.9	6.8	7.2
France	1.5	1.3	.	.	.	.	0.3	..	1.8	2.6	3.7	..
Germany (5 Bundesl)[b]	1.3	1.1	.	.	0.7	2.0	0.9	1.0	1.7	1.0	4.6	5.1
Greece	0.6	0.8	.	.	0.4	0.4	0.6	0.5	1.3	1.6	2.9	3.4
Greenland	.	.	.	.	.	.	.	.	.	.	.	.
Hungary	0.7	0.6	.	.	0.5	0.4	1.0	1.3	1.6	1.9	3.8	4.2
Iceland	2.5	1.5	0.2	0.1	2.1	0.8	0.2	0.2	1.8	2.1	6.9	4.8
Ireland	..	1.1	.	1.4	1.3	0.8	0.5	0.4	..	2.4	..	6.2
Isle of Man	1.1	.	0.3	.	2.1	.	0.8	.	2.5	.	6.7	.
Italy	1.1	1.2	.	.	0.5	0.5	0.6	0.4	1.5	1.2	3.7	3.2
Latvia	..	1.0	..	0.9	..	0.2	..	0.5	..	1.3	..	4.1
Liechtenstein	.	0.7	.	0.2	.	1.4	.	0.7	.	0.5	.	3.5
Lithuania	0.5	0.8	1.5	0.9	0.1	0.3	0.2	0.7	0.8	0.8	3.2	3.4
Macedonia, FYR of [a]	0.8	.	.	.	.	.	0.7	.	0.8	.	2.3	.
Malta	0.4	0.4	0.0	0.0	0.3	0.2	0.9	0.6	2.1	2.7	3.6	3.9
Moldova, Republic of [a]	0.7	0.7	.	.	0.5	0.5	0.8	0.7	0.1	0.1	2.2	2.1
Monaco	0.7	1.1	.	.	.	.	0.3	..	1.2	2.3	2.2	..
Montenegro [a]	0.6	0.5	.	.	.	.	1.0	1.3	0.6	0.6	2.3	2.4
Netherlands	1.0	.	.	.	2.0	.	0.8	.	1.2	.	5.1	.
Norway	2.4	1.4	1.7	2.1	1.4	1.2	0.5	0.4	2.0	1.5	8.0	6.6
Poland	2.5	2.4	0.0	0.0	0.0	0.0	0.4	0.5	1.1	1.7	4.0	4.6
Portugal	1.1	0.7	.	.	0.6	0.3	..	0.3	..	3.4	..	4.7
Romania	1.1	1.4	.	.	0.1	0.1	0.6	0.5	0.3	0.7	2.2	2.6
Russian Fed. (Moscow)	0.8	0.5	.	.	0.9	0.3	1.2	2.0	0.5	0.7	3.5	3.6
Serbia [a]	0.9	0.9	.	.	0.1	0.1	1.7	1.4	0.8	0.9	3.5	3.3
Slovak Republic	0.6	0.6	0.0	0.0	0.1	0.1	1.1	1.0	2.4	2.9	4.2	4.7
Slovenia	0.6	0.6	.	.	1.1	0.6	0.9	1.3	1.4	2.0	4.1	4.5
Sweden	1.5	1.1	1.9	2.5	0.3	0.4	0.4	0.5	2.6	2.2	6.8	6.8
Switzerland	1.0	.	.	.	1.1	.	0.4	.	1.2	.	3.8	.
Turkey (6 cities)	.	.	.	.	.	.	.	.	.	.	.	.
Ukraine	0.9	0.8	.	.	0.7	0.9	0.8	1.3	0.4	0.5	2.9	3.5
United Kingdom	1.0	..	0.6	..	1.6	..	1.1	..	2.1	..	6.4	..
AVERAGE [c]	**1.1**	**1.0**	**0.8**	**1.0**	**0.8**	**0.7**	**0.7**	**0.8**	**1.3**	**1.6**	**4.1**	**4.3**
AVERAGE 9–29 COUNTRIES [c]	**1.1**	**1.0**	**0.9**	**1.0**	**0.6**	**0.6**	**0.7**	**0.9**	**1.4**	**1.5**	**4.0**	**4.2**

[a] Collected data 2008 instead of 2007.
[b] Alcopops: includes also mixed spirits-drinks; Spirits: does not include mixed spirits-drinks.
[c] Average only for countires with volumes presented for respective beverage. Hence, these volumes can not be summarised into a total average.

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Table 56. Proportion reporting having had five or more drinks [a] on one occasion during the last 30 days by gender. Percentages. 1995–2011. [b]

	Boys					Girls					All students				
COUNTRY	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011
Albania	.	.	.	.	31	.	.	.	.	12	.	.	.	.	21
Armenia	.	.	.	..	.	.	.	.	..	.	.	.	.	..	.
Austria	.	.	..	..	.	.	.	..	..	.	.	.	..	..	.
Belgium (Flanders)	.	.	60	48	41	.	.	43	33	35	.	.	52	41	38
Bosnia and Herz. (FBiH) [c]	.	.	.	44	.	.	.	.	19	.	.	.	.	31	.
Bosnia and Herz. (RS) [c]	.	.	.	48	41	.	.	.	24	23	.	.	.	36	31
Bulgaria	.	43	47	56	52	.	25	32	38	43	.	33	39	47	48
Croatia	36	38	42	55	59	18	24	30	45	48	27	31	36	50	54
Cyprus	..	51	44	44	56	..	27	24	24	34	..	38	33	34	44
Czech Republic	46	54	54	55	61	28	34	41	48	47	38	43	47	52	54
Denmark	63	72	67	..	60	59	56	53	..	53	61	64	60	..	56
Estonia	47	55	53	57	54	32	41	40	51	52	39	47	46	54	53
Faroe Islands	36	40	50	43	37	26	29	40	42	29	31	34	45	42	33
Finland	53	53	42	35	34	49	43	38	33	35	51	48	40	34	35
France	.	40	34	47	46	.	25	23	39	41	.	33	28	43	44
Germany (5 Bundesl)	.	.	..	..	..	.	.	..	..	..	.	.	..	..	..
Greece	.	41	45	50	52	.	24	33	33	37	.	31	39	41	45
Greenland	.	60	48	.	.	.	59	46	.	.	.	59	47	.	.
Hungary	32	29	37	39	49	15	18	23	33	40	23	23	30	36	45
Iceland	38	31	31	20	12	34	26	28	24	14	36	28	30	22	13
Ireland	52	57	57	..	40	42	56	57	..	41	47	57	57	..	40
Isle of Man	.	.	55	62	.	.	.	59	61	.	.	.	57	61	.
Italy	38	..	43	45	42	20	..	25	32	28	31	..	34	38	35
Latvia	..	51	49	60	53	..	40	36	48	44	..	45	42	54	49
Liechtenstein	.	.	.	.	..	.	.	.	.	..	.	.	.	.	..
Lithuania	44	47	45	48	..	34	26	33	35	..	38	36	39	41	..
Macedonia, FYR of [c]	.	38	.	41	.	.	19	.	28	.	.	28	.	34	.
Malta	49	56	58	62	59	32	42	43	52	52	40	48	50	57	56
Moldova, Republic of [c]	.	.	.	45	46	.	.	.	31	30	.	.	.	38	37
Monaco	.	.	.	43	36	.	.	.	34	42	.	.	.	39	39
Montenegro [c]	.	.	.	35	39	.	.	.	17	16	.	.	.	26	27
Netherlands	.	..	66	..	.	.	..	50	..	.	.	..	58	..	.
Norway	38	50	44	35	28	35	51	49	42	31	37	50	47	38	30
Poland	43	56	35	44	40	26	37	15	34	34	34	46	23	39	37
Portugal	18	29	33	..	27	11	18	19	..	19	14	23	25	..	22
Romania	.	38	35	45	42	.	19	16	22	32	.	27	24	33	36
Russian Fed. (Moscow)	.	46	44	33	27	.	35	33	29	22	.	40	38	31	24
Serbia [c]	.	.	.	41	44	.	.	.	24	29	.	.	.	32	36
Slovak Republic	39	38	49	52	53	18	25	34	48	47	29	31	41	50	50
Slovenia	28	51	48	55	55	17	42	39	47	50	23	47	44	51	53
Sweden	44	47	39	36	29	38	38	35	39	33	41	43	37	37	31
Switzerland	.	.	49	40	.	.	.	32	31	.	.	.	41	35	.
Turkey (6 cities)	..	.	19	.	.	..	.	10	.	.	..	.	15	.	.
Ukraine	50	41	46	42	34	41	29	31	30	26	46	35	39	36	30
United Kingdom	51	57	52	52	..	49	55	56	55	..	50	56	54	54	..
AVERAGE	**42**	**47**	**46**	**46**	**43**	**31**	**34**	**35**	**36**	**35**	**37**	**40**	**41**	**41**	**39**
AVERAGE 14 COUNTRIES	**41**	**46**	**45**	**45**	**43**	**29**	**34**	**35**	**41**	**38**	**35**	**40**	**40**	**43**	**41**

[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] In 1995-2003 the question referred to "five or more drinks in a row" and nor cider or alcopops were included among the examples. However, a 2006 questionnaire test in eight countries found no significant differences between this and the recent version.

[c] Collected data 2008 instead of 2007.

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Table 57. Proportion reporting having had five or more drinks [a] on one occasion, three times or more, during the last 30 days, by gender. Percentages. 1995–2011. [b]

	Boys					Girls					All students				
COUNTRY	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011
Albania	.	.	.	.	8	.	.	.	.	2	.	.	.	.	5
Armenia	.	.	.	..	.	.	.	.	..	.	.	.	.	..	.
Austria	.	.	..	..	.	.	.	..	..	.	.	.	..	..	.
Belgium (Flanders)	.	.	28	19	12	.	.	13	11	8	.	.	20	15	10
Bosnia and Herz. (FBiH) [c]	.	.	.	21	.	.	.	.	7	.	.	.	.	13	.
Bosnia and Herz. (RS) [c]	.	.	.	23	15	.	.	.	9	7	.	.	.	16	11
Bulgaria	.	15	26	26	21	.	6	16	14	15	.	11	21	20	18
Croatia	13	15	19	28	31	3	7	10	19	20	8	12	15	24	25
Cyprus	..	18	15	16	24	..	6	5	6	12	..	12	10	11	18
Czech Republic	19	25	24	23	26	7	11	13	17	16	14	17	18	20	21
Denmark	26	37	31	..	24	19	22	18	..	19	22	30	24	..	21
Estonia	14	18	26	32	28	5	12	15	25	28	10	14	20	29	28
Faroe Islands	18	21	21	20	10	6	8	17	20	6	12	15	19	20	8
Finland	22	21	19	14	13	18	15	14	13	11	19	18	16	13	12
France	.	16	13	22	18	.	7	7	14	13	.	12	9	18	15
Germany (5 Bundesl)	.	.	..	..	..	.	.	..	..	..	.	.	..	..	..
Greece	.	24	14	19	19	.	18	8	9	9	.	13	11	14	14
Greenland	.	25	23	.	.	.	22	16	.	.	.	25	19	.	.
Hungary	18	18	12	15	18	7	8	5	11	12	13	12	8	13	15
Iceland	12	18	13	7	4	9	15	9	9	4	11	17	11	8	4
Ireland	25	32	31	..	19	20	32	33	..	19	23	31	32	..	19
Isle of Man	.	.	26	33	.	.	.	30	35	.	.	.	27	34	.
Italy	25	..	19	18	18	9	..	8	11	9	20	..	13	14	14
Latvia	..	19	24	23	21	..	9	18	13	13	..	14	22	18	17
Liechtenstein	.	.	.	.	..	.	.	.	.	..	.	.	.	.	..
Lithuania	13	12	19	17	..	6	5	7	8	..	10	9	13	12	..
Macedonia, FYR of [c]	.	14	.	18	.	.	4	.	8	.	.	9	.	14	.
Malta	20	25	32	36	33	11	18	19	27	28	16	22	25	32	31
Moldova, Republic of [c]	.	.	.	12	10	.	.	.	7	4	.	.	.	9	7
Monaco	.	.	.	10	13	.	.	.	10	11	.	.	.	10	12
Montenegro [c]	.	.	.	13	15	.	.	.	4	4	.	.	.	9	9
Netherlands	.	..	37	..	.	.	..	20	..	.	.	..	28	..	.
Norway	19	26	25	18	13	15	23	24	21	13	17	24	24	19	13
Poland	18	..	17	16	14	7	..	5	11	9	11	..	11	14	12
Portugal	5	11	20	..	9	2	4	10	..	5	4	7	15	..	7
Romania	.	18	19	13	14	.	6	5	3	7	.	11	11	8	10
Russian Fed. (Moscow)	.	20	22	13	9	.	12	12	9	6	.	16	17	11	7
Serbia [c]	.	.	.	18	18	.	.	.	8	8	.	.	.	13	13
Slovak Republic	10	12	20	23	22	3	7	12	18	16	7	8	15	21	19
Slovenia	10	17	15	24	24	4	10	9	15	18	7	14	12	19	21
Sweden	19	22	18	17	13	12	13	14	16	12	16	17	16	16	13
Switzerland	.	.	21	13	.	.	.	11	7	.	.	.	15	10	.
Turkey (6 cities)	..	.	9	.	.	..	.	2	.	.	..	.	5	.	.
Ukraine	14	12	28	14	10	9	8	15	8	5	11	10	22	11	7
United Kingdom	24	33	26	26	..	20	27	29	28	..	22	30	27	27	..
AVERAGE	**17**	**20**	**22**	**19**	**17**	**10**	**12**	**14**	**13**	**12**	**14**	**16**	**17**	**16**	**14**
AVERAGE 13 COUNTRIES	**16**	**19**	**21**	**21**	**19**	**8**	**12**	**14**	**17**	**15**	**12**	**15**	**17**	**19**	**17**

[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] In 1995-2003 the question referred to "five or more drinks in a row" and nor cider or alcopops were included among the examples. However, a 2006 questionnaire test in eight countries found no significant differences between this and the recent version.

[c] Collected data 2008 instead of 2007.

Question C24

Table 58. Perceived availability of cannabis by gender. Students responding cannabis "fairly easy" or "very easy" to obtain. Percentages. 1995–2011. [a)]

	Boys					Girls					All students				
COUNTRY	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011
Albania	.	.	.	.	17	.	.	.	.	9	.	.	.	.	12
Armenia	.	.	.	6	.	.	.	.	3	.	.	.	.	4	.
Austria	.	.	34	36	.	.	.	33	31	.	.	.	33	34	.
Belgium (Flanders)	.	.	59	43	43	.	.	48	36	37	.	.	53	40	40
Bosnia and Herz. (FBiH) [b)]	.	.	.	32	.	.	.	.	22	.	.	.	.	27	.
Bosnia and Herz. (RS) [b)]	.	.	.	27	22	.	.	.	20	17	.	.	.	23	19
Bulgaria	.	24	35	42	39	.	21	37	39	41	.	22	36	41	40
Croatia	20	30	44	47	45	17	27	46	46	37	19	29	45	46	41
Cyprus	10	11	14	16	22	8	7	10	10	15	9	9	12	13	18
Czech Republic	37	53	60	67	61	31	48	56	65	57	35	50	58	66	59
Denmark	48	60	53	..	49	44	53	50	..	38	46	57	52	..	43
Estonia	11	25	26	36	34	5	15	20	32	30	8	19	23	34	32
Faroe Islands	19	16	20	23	14	18	18	14	30	18	18	17	17	27	16
Finland	10	20	17	12	17	18	21	20	11	17	14	20	19	12	17
France	.	47	53	46	45	.	42	42	39	42	.	44	47	42	43
Germany (5 Bundesl)	.	.	45	40	42	.	.	39	37	28	.	.	42	38	34
Greece	.	38	21	23	31	.	28	19	21	20	.	33	20	22	25
Greenland	.	13	25	.	.	.	13	16	.	.	.	13	20	.	.
Hungary	11	23	21	35	36	8	16	19	32	34	9	19	20	33	35
Iceland	30	38	34	24	29	25	37	39	23	23	27	38	36	23	26
Ireland	65	57	60	45	45	60	60	60	41	35	62	59	60	43	40
Isle of Man	.	.	55	46	.	.	.	55	44	.	.	.	55	45	.
Italy	31	50	48	39	38	32	38	40	33	29	32	43	44	36	34
Latvia	..	21	22	32	34	..	16	22	26	28	..	18	22	29	31
Liechtenstein	.	.	.	.	38	.	.	.	.	27	.	.	.	.	33
Lithuania	5	18	21	29	28	2	12	19	27	22	3	15	20	28	25
Macedonia, FYR of [b)]	.	24	.	10	.	.	21	.	10	.	.	23	.	10	.
Malta	9	12	21	28	23	11	11	19	27	18	10	11	20	27	21
Moldova, Republic of [b)]	.	.	.	9	7	.	.	.	4	4	.	.	.	6	6
Monaco	.	.	.	42	40	.	.	.	40	47	.	.	.	41	44
Montenegro [b)]	.	.	.	23	23	.	.	.	19	15	.	.	.	21	19
Netherlands	.	..	48	56	.	.	..	35	42	.	.	..	42	49	.
Norway	25	37	25	27	27	26	39	27	28	23	25	38	26	28	25
Poland	22	34	39	36	44	15	26	35	34	38	18	30	37	35	41
Portugal	27	30	34	32	34	23	22	25	26	27	25	26	29	29	30
Romania	.	7	12	14	15	.	5	10	10	13	.	5	11	12	13
Russian Fed. (Moscow)	.	23	25	31	22	.	21	23	26	20	.	22	24	28	21
Serbia [b)]	.	.	.	34	27	.	.	.	28	23	.	.	.	31	25
Slovak Republic	27	46	56	55	44	21	35	43	49	38	24	40	49	52	41
Slovenia	29	49	57	51	46	25	45	53	43	44	27	47	55	47	45
Sweden	25	25	22	27	27	25	27	25	29	25	25	26	23	28	26
Switzerland	.	.	55	49	.	.	.	47	36	.	.	.	51	43	.
Turkey (6 cities)	..	.	9	.	.	..	.	5	.	.	..	.	7	.	.
Ukraine	7	14	18	16	13	3	8	9	9	8	5	11	13	13	10
United Kingdom	58	54	61	53	..	54	51	54	48	..	56	52	58	51	..
AVERAGE	**25**	**31**	**36**	**33**	**32**	**22**	**27**	**32**	**29**	**27**	**24**	**29**	**34**	**31**	**29**
AVERAGE 19 COUNTRIES	**22**	**31**	**34**	**34**	**33**	**20**	**27**	**30**	**31**	**28**	**21**	**29**	**32**	**33**	**31**

[a)] Since 2007 cannabis availability is measured separateley, but 1995-2003 it was combined with other substances. A 2006 questionnaire test in eight countries showed significant result-differences between this and the recent version. Hence, trend-comparability is therefore broken 2007.
[b)] Collected data 2008 instead of 2007.

Question C25a, C29a, C31b, C31c, C31d, C31e, C31g, C31i

Table 59. Lifetime use of illicit drugs[a] by gender. Percentages. 1995–2011.

	Boys					Girls					All students				
COUNTRY	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011
Albania	.	.	.	.	15	.	.	.	.	3	.	.	.	.	8
Armenia	.	.	.	8	.	.	.	.	1	.	.	.	.	4	.
Austria	.	.	25	23	.	.	.	21	19	.	.	.	23	22	.
Belgium (Flanders)	.	.	38	29	29	.	.	25	21	22	.	.	31	25	26
Bosnia and Herz. (FBiH) [b]	.	.	.	24	.	.	.	.	13	.	.	.	.	18	.
Bosnia and Herz. (RS) [b]	.	.	.	19	8	.	.	.	10	3	.	.	.	14	6
Bulgaria	.	15	24	29	27	.	12	19	19	24	.	14	22	24	26
Croatia	10	19	24	21	23	5	14	22	17	15	8	17	23	19	19
Cyprus	11	6	8	11	15	3	2	3	4	6	6	3	5	7	10
Czech Republic	26	40	48	49	48	19	30	40	44	38	23	35	44	46	43
Denmark	20	31	27	..	23	15	20	19	..	15	18	25	23	..	18
Estonia	11	21	28	35	31	5	12	19	21	20	8	16	24	28	26
Faroe Islands	12	9	9	7	8	11	6	10	6	5	12	8	10	6	7
Finland	5	11	11	9	12	6	10	12	8	10	5	10	11	8	11
France	.	38	43	37	39	.	32	34	29	40	.	35	38	33	39
Germany (5 Bundesl)	.	.	34	26	26	.	.	28	20	16	.	.	31	23	21
Greece	.	13	8	14	15	.	7	5	4	7	.	10	7	9	11
Greenland	.	21	29	.	.	.	21	26	.	.	.	21	27	.	.
Hungary	5	17	18	18	22	4	8	14	13	19	5	12	16	15	20
Iceland	12	18	15	11	14	8	13	11	9	9	10	16	13	10	11
Ireland	42	35	41	25	23	32	29	40	21	15	37	32	40	23	19
Isle of Man	.	.	42	36	.	.	.	39	34	.	.	.	40	35	.
Italy	24	29	33	29	26	17	24	24	23	19	21	26	28	26	22
Latvia	..	26	21	27	32	..	18	13	17	22	..	22	17	22	27
Liechtenstein	.	.	.	.	28	.	.	.	.	21	.	.	.	.	25
Lithuania	4	21	21	26	27	3	10	10	15	16	3	15	16	20	21
Macedonia, FYR of [b]	.	12	.	10	.	.	7	.	7	.	.	10	.	8	.
Malta	3	9	13	18	14	2	8	9	13	9	2	8	11	15	12
Moldova, Republic of [b]	.	.	.	11	10	.	.	.	4	4	.	.	.	7	7
Monaco	.	.	.	25	37	.	.	.	33	40	.	.	.	29	38
Montenegro [b]	.	.	.	6	11	.	.	.	3	4	.	.	.	5	7
Netherlands	.	..	32	32	.	.	..	24	27	.	.	..	29	29	.
Norway	8	15	9	7	6	5	11	10	5	4	6	13	9	6	5
Poland	13	23	25	24	30	6	13	14	13	20	9	18	19	18	25
Portugal	11	16	21	19	22	6	9	15	10	16	8	12	18	14	19
Romania	.	10	5	7	11	.	9	2	4	9	.	10	3	5	10
Russian Fed. (Moscow)	.	26	26	31	16	.	22	19	23	16	.	24	22	27	16
Serbia [b]	.	.	.	10	11	.	.	.	6	5	.	.	.	8	8
Slovak Republic	13	24	32	38	32	6	17	22	29	24	10	20	27	33	28
Slovenia	15	28	31	26	27	12	23	27	21	22	13	26	29	24	25
Sweden	7	11	10	10	12	5	6	7	7	6	6	9	8	8	9
Switzerland	.	.	45	40	.	.	.	37	28	.	.	.	41	34	.
Turkey (6 cities)	..	.	7	.	.	..	.	3	.	.	..	.	5	.	.
Ukraine	20	27	29	20	17	9	14	12	9	8	14	21	21	15	12
United Kingdom	44	39	42	31	..	40	33	35	28	..	42	36	38	29	..
AVERAGE	**15**	**21**	**25**	**22**	**21**	**10**	**15**	**19**	**16**	**15**	**13**	**18**	**22**	**19**	**18**
AVERAGE 19 COUNTRIES	**13**	**20**	**22**	**21**	**22**	**9**	**14**	**17**	**15**	**15**	**11**	**17**	**20**	**18**	**18**

[a] Includes cannabis, amphetamines, cocaine, crack, ecstasy, LSD or other hallucinogens, heroin and (since 2007) GHB.
[b] Collected data 2008 instead of 2007.

Question C25a

Table 60. Lifetime use of marijuana or hashish by gender. Percentages. 1995–2011.

	Boys					Girls					All students				
COUNTRY	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011
Albania	.	.	.	.	9	.	.	.	.	1	.	.	.	.	4
Armenia	.	.	.	7	.	.	.	.	0	.	.	.	.	3	.
Austria	.	.	23	19	.	.	.	18	15	.	.	.	21	17	.
Belgium (Flanders)	.	.	37	28	28	.	.	25	19	21	.	.	31	24	24
Bosnia and Herz. (FBiH) [a]	.	.	.	20	.	.	.	.	10	.	.	.	.	15	.
Bosnia and Herz. (RS) [a]	.	.	.	15	6	.	.	.	8	3	.	.	.	11	4
Bulgaria	.	14	23	27	25	.	11	19	18	22	.	12	21	22	24
Croatia	13	18	24	21	21	5	13	20	16	14	9	16	22	18	18
Cyprus	7	5	7	8	10	2	1	2	3	4	5	2	4	5	7
Czech Republic	25	40	48	48	47	18	30	40	42	37	22	35	44	45	42
Denmark	20	30	27	..	22	15	20	18	..	14	17	24	23	..	18
Estonia	10	18	28	33	29	5	8	18	19	19	7	13	23	26	24
Faroe Islands	11	8	9	6	7	11	6	10	6	3	11	7	9	6	5
Finland	5	10	11	8	12	5	9	11	7	10	5	10	11	8	11
France	.	38	42	35	39	.	32	35	28	39	.	35	38	31	39
Germany (5 Bundesl)	.	.	32	23	24	.	.	25	17	15	.	.	28	20	19
Greece	.	11	7	10	12	.	7	5	3	5	.	9	6	6	8
Greenland	.	23	29	.	.	.	23	26	.	.	.	23	27	.	.
Hungary	5	16	18	16	21	4	7	13	11	18	4	11	16	13	19
Iceland	12	18	14	10	13	8	13	11	8	8	10	15	13	9	10
Ireland	42	35	38	23	22	31	29	39	17	15	37	32	39	20	18
Isle of Man	.	.	41	35	.	.	.	38	34	.	.	.	39	34	.
Italy	21	28	31	26	24	16	23	23	21	18	19	25	27	23	21
Latvia	..	22	20	24	29	..	12	12	13	19	..	17	16	18	24
Liechtenstein	.	.	.	.	25	.	.	.	.	16	.	.	.	.	21
Lithuania	2	17	18	24	25	1	6	9	13	14	1	12	13	18	20
Macedonia, FYR of [a]	.	10	.	7	.	.	6	.	5	.	.	8	.	6	.
Malta	10	7	13	15	12	7	7	8	11	8	8	7	10	13	10
Moldova, Republic of [a]	.	.	.	8	6	.	.	.	2	3	.	.	.	5	5
Monaco	.	.	.	24	35	.	.	.	31	38	.	.	.	28	37
Montenegro [a]	.	.	.	4	8	.	.	.	2	3	.	.	.	3	5
Netherlands	.	..	32	31	.	.	..	24	26	.	.	..	28	28	.
Norway	7	14	9	7	6	5	10	9	5	4	6	12	9	6	5
Poland	12	19	23	22	28	5	10	13	11	18	8	14	18	16	23
Portugal	9	12	18	17	21	5	7	12	9	13	7	9	15	13	16
Romania	.	2	4	5	7	.	1	2	2	7	.	1	3	4	7
Russian Fed. (Moscow)	.	25	26	29	14	.	20	18	22	15	.	22	22	26	15
Serbia [a]	.	.	.	9	9	.	.	.	5	4	.	.	.	7	7
Slovak Republic	12	24	32	37	31	6	15	22	28	23	9	19	27	32	27
Slovenia	14	27	31	24	26	12	23	26	20	21	13	25	28	22	23
Sweden	7	11	9	9	11	5	6	6	6	5	6	8	7	7	9
Switzerland	.	.	44	39	.	.	.	36	27	.	.	.	40	33	.
Turkey (6 cities)	..	.	6	.	.	..	.	2	.	.	..	.	4	.	.
Ukraine	20	26	29	19	15	9	13	12	8	7	14	20	21	14	11
United Kingdom	44	39	41	30	..	38	32	35	28	..	41	35	38	29	..
AVERAGE	**15**	**20**	**24**	**20**	**19**	**10**	**14**	**18**	**14**	**14**	**12**	**16**	**21**	**17**	**17**
AVERAGE 19 COUNTRIES	**13**	**19**	**22**	**20**	**20**	**8**	**12**	**16**	**14**	**14**	**11**	**15**	**19**	**17**	**17**

[a] Collected data 2008 instead of 2007.

Question C25b

Table 61. Use of marijuana or hashish during the last 12 months by gender. Percentages. 1995–2011.

	Boys					Girls					All students				
COUNTRY	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011
Albania	.	.	.	.	7	.	.	.	.	1	.	.	.	.	4
Armenia	.	.	.	4	.	.	.	.	0	.	.	.	.	2	.
Austria	.	.	19	14	.	.	.	15	12	.	.	.	17	13	.
Belgium (Flanders)	.	.	32	23	23	.	.	22	15	17	.	.	27	19	20
Bosnia and Herz. (FBiH) [a]	.	.	.	16	.	.	.	.	6	.	.	.	.	11	.
Bosnia and Herz. (RS) [a]	.	.	.	11	5	.	.	.	5	2	.	.	.	8	3
Bulgaria	.	10	18	21	19	.	7	15	14	18	.	8	16	17	18
Croatia	10	14	17	15	15	4	10	15	12	10	6	12	16	13	13
Cyprus	4	3	4	7	10	1	0	1	2	3	3	2	3	4	7
Czech Republic	19	32	38	38	34	13	23	33	32	26	16	27	36	35	30
Denmark	17	23	21	..	19	12	14	13	..	12	14	19	17	..	15
Estonia	..	13	18	24	20	..	6	11	13	13	..	9	14	19	17
Faroe Islands	7	5	3	3	6	10	4	5	4	3	9	5	4	4	4
Finland	3	9	7	6	9	5	7	8	6	8	4	8	8	6	9
France	.	33	35	28	35	.	28	28	21	34	.	31	31	24	35
Germany (5 Bundesl)	.	.	25	17	20	.	.	20	12	12	.	.	22	14	15
Greece	.	10	6	8	9	.	5	4	3	4	.	7	5	5	7
Greenland	.	16	25	.	.	.	15	18	.	.	.	16	25	.	.
Hungary	3	12	13	12	17	3	5	9	8	13	3	8	11	10	15
Iceland	10	13	11	7	11	6	9	9	6	7	8	11	10	6	9
Ireland	39	31	31	17	17	27	22	32	14	11	33	26	31	15	14
Isle of Man	.	.	36	28	.	.	.	32	25	.	.	.	34	26	.
Italy	18	23	26	22	21	15	19	19	17	15	18	20	22	19	18
Latvia	..	15	12	15	20	..	7	7	8	13	..	11	9	11	16
Liechtenstein	.	.	.	.	18	.	.	.	.	13	.	.	.	.	16
Lithuania	1	15	15	15	17	0	4	6	8	8	1	10	11	12	13
Macedonia, FYR of [a]	.	8	.	4	.	.	4	.	4	.	.	6	.	5	.
Malta	7	5	10	12	10	5	5	7	9	6	6	5	9	11	8
Moldova, Republic of [a]	.	.	.	5	4	.	.	.	1	2	.	.	.	3	3
Monaco	.	.	.	16	30	.	.	.	25	35	.	.	.	21	33
Montenegro [a]	.	.	.	3	6	.	.	.	2	2	.	.	.	2	4
Netherlands	.	..	27	27	.	.	..	18	22	.	.	..	23	25	.
Norway	6	10	6	5	5	3	8	6	3	3	5	9	6	4	4
Poland	8	16	19	16	23	4	8	9	8	15	6	12	14	12	19
Portugal	8	12	15	14	18	4	6	11	6	14	6	9	13	10	16
Romania	.	1	2	3	6	.	0	1	1	5	.	1	2	2	6
Russian Fed. (Moscow)	.	15	18	20	10	.	13	14	13	9	.	14	16	17	10
Serbia [a]	.	.	.	7	7	.	.	.	3	3	.	.	.	5	5
Slovak Republic	8	18	24	27	23	4	12	16	21	15	6	15	20	24	19
Slovenia	11	23	24	18	21	10	23	22	17	18	10	21	23	18	19
Sweden	5	8	5	6	8	4	4	4	4	4	4	6	5	5	6
Switzerland	.	.	35	32	.	.	.	28	22	.	.	.	31	27	.
Turkey (6 cities)	..	.	5	.	.	..	.	1	.	.	..	.	3	.	.
Ukraine	12	18	18	10	10	5	8	6	5	4	8	13	12	7	7
United Kingdom	38	32	34	24	..	32	26	28	21	..	35	29	31	22	..
AVERAGE	**12**	**15**	**19**	**15**	**15**	**8**	**10**	**14**	**11**	**11**	**10**	**13**	**16**	**13**	**13**
AVERAGE 18 COUNTRIES	**10**	**15**	**16**	**14**	**15**	**7**	**10**	**12**	**10**	**10**	**8**	**12**	**14**	**12**	**13**

[a] Collected data 2008 instead of 2007.

Question C25c

Table 62. Use of marijuana or hashish during the last 30 days by gender. Percentages. 1995–2011.

	Boys					Girls					All students				
COUNTRY	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011
Albania	.	.	.	.	4	.	.	.	.	0	.	.	.	.	2
Armenia	.	.	.	2	.	.	.	.	0	.	.	.	.	1	.
Austria	.	.	12	8	.	.	.	7	4	.	.	.	10	6	.
Belgium (Flanders)	.	.	18	15	13	.	.	9	10	9	.	.	14	12	11
Bosnia and Herz. (FBiH) [a]	.	.	.	9	.	.	.	.	4	.	.	.	.	6	.
Bosnia and Herz. (RS) [a]	.	.	.	7	2	.	.	.	3	1	.	.	.	5	1
Bulgaria	.	5	10	10	10	.	3	7	5	10	.	4	8	7	10
Croatia	4	7	9	7	9	1	5	7	5	5	3	6	8	6	7
Cyprus	2	2	3	6	9	1	0	1	1	2	2	1	2	3	5
Czech Republic	8	20	21	21	17	6	13	17	16	12	7	16	19	18	15
Denmark	8	11	10	..	9	4	6	5	..	3	6	8	8	..	6
Estonia	..	7	8	9	9	..	3	4	4	4	..	5	6	6	6
Faroe Islands	2	2	2	0	1	3	0	1	2	2	2	1	1	1	1
Finland	1	3	3	3	4	1	2	2	2	2	1	2	3	2	3
France	.	25	26	18	26	.	19	18	12	22	.	22	22	15	24
Germany (5 Bundesl)	.	.	14	9	10	.	.	9	4	4	.	.	12	6	7
Greece	.	7	2	5	6	.	2	2	1	2	.	4	3	3	4
Greenland	.	12	12	.	.	.	8	11	.	.	.	10	11	.	.
Hungary	1	5	7	6	9	1	2	5	4	7	1	4	6	5	8
Iceland	5	5	4	3	5	3	3	4	2	3	4	4	4	3	4
Ireland	25	18	16	11	10	12	11	17	7	5	19	15	17	9	7
Isle of Man	.	.	24	19	.	.	.	19	12	.	.	.	21	16	.
Italy	13	17	19	16	14	10	12	12	10	9	13	14	15	13	12
Latvia	..	8	5	5	8	..	3	2	3	5	..	5	4	4	6
Liechtenstein	.	.	.	.	8	.	.	.	.	8	.	.	.	.	8
Lithuania	1	6	8	6	7	0	2	3	4	3	0	4	6	5	5
Macedonia, FYR of [a]	.	4	.	3	.	.	2	.	2	.	.	3	.	2	.
Malta	3	3	5	6	6	1	2	3	5	3	2	3	4	5	4
Moldova, Republic of [a]	.	.	.	2	1	.	.	.	0	1	.	.	.	1	1
Monaco	.	.	.	9	24	.	.	.	12	19	.	.	.	10	21
Montenegro [a]	.	.	.	2	4	.	.	.	1	1	.	.	.	2	3
Netherlands	.	..	17	18	.	.	..	9	11	.	.	..	13	15	.
Norway	4	5	3	3	2	2	3	2	2	1	3	4	3	2	2
Poland	4	10	10	9	12	1	4	5	3	7	3	7	8	6	10
Portugal	4	7	11	8	11	2	3	5	4	8	4	5	7	6	9
Romania	.	1	1	1	2	.	0	0	0	2	.	0	1	1	2
Russian Fed. (Moscow)	.	5	7	9	4	.	5	6	5	4	.	5	7	7	4
Serbia [a]	.	.	.	3	4	.	.	.	2	1	.	.	.	2	3
Slovak Republic	5	8	10	13	11	1	5	9	10	7	3	6	10	11	9
Slovenia	6	14	14	9	12	5	11	14	10	9	6	13	14	9	10
Sweden	2	3	2	3	4	1	1	1	1	1	1	2	1	2	3
Switzerland	.	.	23	19	.	.	.	17	12	.	.	.	20	15	.
Turkey (6 cities)	..	.	3	.	.	..	.	1	.	.	..	.	2	.	.
Ukraine	6	7	8	4	5	2	3	2	1	1	5	5	5	3	3
United Kingdom	29	18	23	13	..	20	15	16	10	..	24	16	20	11	..
AVERAGE	**7**	**8**	**11**	**8**	**8**	**4**	**5**	**7**	**5**	**5**	**5**	**7**	**9**	**7**	**7**
AVERAGE 18 COUNTRIES	**5**	**8**	**9**	**7**	**8**	**3**	**5**	**6**	**5**	**5**	**4**	**6**	**7**	**6**	**7**

[a] Collected data 2008 instead of 2007.

Question C26

Table 63. Cannabis use at the age of 13 or younger, by gender. Percentages. 1995–2011.

	Boys					Girls					All students				
COUNTRY	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011
Albania	.	.	.	.	2	.	.	.	.	0	.	.	.	.	1
Armenia	.	.	.	1	.	.	.	.	0	.	.	.	.	1	.
Austria	.	.	5	4	.	.	.	5	3	.	.	.	5	3	.
Belgium (Flanders)	.	.	10	5	5	.	.	6	4	3	.	.	8	5	4
Bosnia and Herz. (FBiH) [a]	.	.	.	1	.	.	.	.	0	.	.	.	.	1	.
Bosnia and Herz. (RS) [a]	.	.	.	1	2	.	.	.	1	1	.	.	.	1	1
Bulgaria	.	2	4	6	6	.	1	2	3	4	.	2	3	4	5
Croatia	3	3	4	3	4	1	1	3	2	2	1	2	4	2	3
Cyprus	..	1	1	3	3	..	0	0	1	1	..	1	1	2	2
Czech Republic	1	4	6	10	10	1	4	7	8	6	1	1	6	9	8
Denmark	5	6	6	..	5	2	4	5	..	3	4	5	6	..	4
Estonia	1	3	6	7	7	0	1	2	3	4	0	2	4	5	5
Faroe Islands	3	2	1	0	0	1	0	1	1	0	2	1	1	0	0
Finland	1	1	2	2	2	1	1	2	1	1	1	1	2	1	1
France	.	9	..	10	9	.	6	..	6	7	.	7	..	8	8
Germany (5 Bundesl)	.	.	10	6	5	.	.	8	6	3	.	.	9	6	4
Greece	.	2	1	2	1	.	1	1	0	0	.	1	1	1	1
Greenland	.	3	7	.	.	.	4	6	.	.	.	4	6	.	.
Hungary	1	1	2	3	3	0	0	2	2	2	0	1	2	2	2
Iceland	1	3	3	3	3	1	2	2	2	1	1	3	3	2	2
Ireland	10	9	8	7	5	4	5	7	6	3	7	7	8	7	4
Isle of Man	.	.	12	17	.	.	.	13	11	.	.	.	12	14	.
Italy	2	3	5	5	5	2	3	3	3	3	2	3	4	4	4
Latvia	..	3	4	6	5	..	1	2	2	3	..	2	3	4	4
Liechtenstein	.	.	.	.	3	.	.	.	.	2	.	.	.	.	3
Lithuania	0	1	2	4	4	0	0	1	2	2	0	1	1	3	3
Macedonia, FYR of [a]	.	1	.	2	.	.	0	.	0	.	.	1	.	1	.
Malta	1	2	2	3	3	1	1	2	3	2	1	1	2	3	3
Moldova, Republic of [a]	.	.	.	2	1	.	.	.	0	0	.	.	.	1	1
Monaco	.	.	.	8	7	.	.	.	10	6	.	.	.	9	6
Montenegro [a]	.	.	.	1	2	.	.	.	1	0	.	.	.	1	1
Netherlands	.	..	9	7	.	.	..	7	6	.	.	..	8	6	.
Norway	1	3	3	2	1	1	1	2	1	1	1	2	3	1	1
Poland	1	2	4	4	4	0	1	1	2	2	1	1	1	3	3
Portugal	2	3	5	3	4	1	2	4	2	4	2	2	4	3	4
Romania	.	0	0	1	1	.	0	0	0	1	.	0	0	0	1
Russian Fed. (Moscow)	.	5	5	5	2	.	4	3	5	4	.	4	4	5	3
Serbia [a]	.	.	.	1	2	.	.	.	1	0	.	.	.	1	1
Slovak Republic	1	2	6	9	8	0	2	4	6	3	1	2	5	7	6
Slovenia	2	4	8	5	5	2	3	6	5	3	2	4	7	5	4
Sweden	1	2	2	2	2	0	0	1	1	1	1	1	1	2	1
Switzerland	.	.	13	11	.	.	.	9	6	.	.	.	11	9	.
Turkey (6 cities)	..	.	1	.	.	..	.	1	.	.	..	.	1	.	.
Ukraine	2	4	5	4	3	0	1	1	1	1	1	2	3	3	2
United Kingdom	16	14	14	10	..	13	14	12	9	..	14	14	13	9	..
AVERAGE	**3**	**3**	**5**	**5**	**4**	**2**	**2**	**4**	**3**	**2**	**2**	**3**	**4**	**4**	**3**
AVERAGE 18 COUNTRIES	**2**	**3**	**4**	**4**	**4**	**1**	**2**	**3**	**3**	**2**	**1**	**2**	**3**	**3**	**3**

[a] Collected data 2008 instead of 2007.

Question C29a, C31b, C31c, C31d, C31e, C31g, C31i

Table 64. Lifetime use of illicit drugs other than marijuana or hashish [a] by gender. Percentages. 1995–2011.

	Boys					Girls					All students				
COUNTRY	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011
Albania	.	.	.	.	10	.	.	.	.	2	.	.	.	.	6
Armenia	.	.	.	3	.	.	.	.	0	.	.	.	.	2	.
Austria	.	.	8	12	.	.	.	8	9	.	.	.	8	11	.
Belgium (Flanders)	.	.	10	11	10	.	.	7	8	8	.	.	8	9	9
Bosnia and Herz. (FBiH) [b]	.	.	.	14	.	.	.	.	8	.	.	.	.	11	.
Bosnia and Herz. (RS) [b]	.	.	.	10	4	.	.	.	5	2	.	.	.	8	2
Bulgaria	.	5	5	11	10	.	5	4	7	10	.	5	4	9	10
Croatia	5	6	6	5	6	3	5	6	4	4	4	6	6	4	5
Cyprus	4	4	4	7	11	1	1	1	2	4	2	2	3	5	7
Czech Republic	5	10	11	10	8	4	8	12	9	8	4	9	11	10	8
Denmark	3	9	7	..	6	3	5	5	..	4	3	7	6	..	5
Estonia	3	11	10	10	9	1	7	11	9	7	2	9	10	10	8
Faroe Islands	3	3	1	1	3	1	3	3	2	3	2	3	2	1	3
Finland	1	1	2	3	4	1	3	3	3	3	1	2	3	3	3
France	.	6	8	13	9	.	5	7	9	10	.	5	7	11	10
Germany (5 Bundesl)	.	.	9	10	10	.	.	11	8	6	.	.	10	9	8
Greece	.	6	3	8	7	.	2	2	2	3	.	4	3	5	5
Greenland	.	5	3	.	.	.	4	4	.	.	.	4	4	.	.
Hungary	1	6	5	8	8	1	4	5	7	8	1	5	5	8	8
Iceland	5	5	7	6	5	3	4	5	5	4	4	5	6	6	4
Ireland	19	11	8	9	8	12	8	10	10	5	16	9	9	10	6
Isle of Man	.	.	10	18	.	.	.	10	15	.	.	.	10	16	.
Italy	9	9	11	11	8	6	7	6	7	5	8	8	8	9	6
Latvia	..	12	5	14	9	..	10	4	10	9	..	11	5	12	9
Liechtenstein	.	.	.	.	7	.	.	.	.	9	.	.	.	.	8
Lithuania	2	11	8	9	7	1	6	6	5	5	2	9	7	7	6
Macedonia, FYR of [b]	.	5	.	5	.	.	2	.	4	.	.	3	.	4	.
Malta	2	3	4	11	8	1	3	4	7	5	1	3	4	9	6
Moldova, Republic of [b]	.	.	.	5	5	.	.	.	2	2	.	.	.	4	4
Monaco	.	.	.	9	9	.	.	.	11	12	.	.	.	10	11
Montenegro [b]	.	.	.	4	7	.	.	.	2	3	.	.	.	3	5
Netherlands	.	..	8	8	.	.	..	5	6	.	.	..	6	7	.
Norway	4	7	2	3	2	2	5	3	3	1	3	6	3	3	2
Poland	5	15	9	9	8	3	8	6	6	7	4	11	7	7	7
Portugal	4	8	9	7	8	2	4	6	5	7	3	6	7	6	8
Romania	.	9	2	3	7	.	9	1	3	4	.	9	2	3	5
Russian Fed. (Moscow)	.	7	5	10	6	.	10	4	7	5	.	9	4	9	5
Serbia [b]	.	.	.	4	4	.	.	.	2	2	.	.	.	3	3
Slovak Republic	3	6	6	10	8	1	5	5	8	7	2	5	6	9	7
Slovenia	3	7	4	7	7	2	7	5	8	6	3	7	5	8	6
Sweden	2	4	3	5	4	1	2	3	3	3	2	3	3	4	4
Switzerland	.	.	6	8	.	.	.	5	6	.	.	.	6	7	.
Turkey (6 cities)	..	.	4	.	.	..	.	2	.	.	..	.	3	.	.
Ukraine	2	5	3	6	6	1	3	1	3	3	1	4	2	4	4
United Kingdom	23	13	9	9	..	20	11	9	9	..	22	12	9	9	..
AVERAGE	**5**	**7**	**6**	**8**	**7**	**3**	**5**	**5**	**6**	**5**	**4**	**6**	**6**	**7**	**6**
AVERAGE 19 COUNTRIES	**4**	**7**	**6**	**7**	**7**	**2**	**5**	**5**	**6**	**5**	**3**	**6**	**6**	**6**	**6**

[a] Includes amphetamines, cocaine, crack, ecstasy, LSD or other hallucinogens, heroin and (since 2007) GHB.
[b] Collected data 2008 instead of 2007.

Question C29a

Table 65. Lifetime use of ecstasy by gender. Percentages. 1995–2011.

	Boys					Girls					All students				
COUNTRY	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011
Albania	.	.	.	.	7	.	.	.	.	2	.	.	.	.	4
Armenia	.	.	.	2	.	.	.	.	0	.	.	.	.	1	.
Austria	.	.	3	3	.	.	.	3	3	.	.	.	3	3	.
Belgium (Flanders)	.	.	5	6	3	.	.	4	5	4	.	.	4	5	4
Bosnia and Herz. (FBiH) [a]	.	.	.	9	.	.	.	.	4	.	.	.	.	6	.
Bosnia and Herz. (RS) [a]	.	.	.	6	2	.	.	.	3	1	.	.	.	5	1
Bulgaria	.	2	3	8	5	.	1	2	4	3	.	1	3	6	4
Croatia	3	4	5	2	3	2	2	4	1	1	2	3	5	2	2
Cyprus	7	6	7	8	5	9	5	5	6	1	8	6	6	7	3
Czech Republic	0	4	8	5	3	0	3	8	4	3	0	4	8	5	3
Denmark	1	4	3	..	1	0	2	2	..	2	1	3	2	..	1
Estonia	0	4	5	6	3	0	3	5	5	3	0	3	5	6	3
Faroe Islands	0	1	0	0	1	0	0	2	1	1	0	1	1	1	1
Finland	0	1	1	2	2	0	1	2	1	1	0	1	1	2	1
France	.	4	4	4	3	.	2	3	4	3	.	3	3	4	3
Germany (5 Bundesl)	.	.	3	3	3	.	.	4	3	1	.	.	4	3	2
Greece	.	4	2	3	2	.	1	1	1	1	.	2	2	2	2
Greenland	.	0	2	.	.	.	0	2	.	.	.	0	2	.	.
Hungary	0	4	3	5	4	1	3	4	4	4	0	3	3	5	4
Iceland	2	1	2	2	2	1	1	3	2	1	2	1	3	2	2
Ireland	11	6	4	3	4	6	4	5	4	1	9	5	5	4	2
Isle of Man	.	.	7	8	.	.	.	6	7	.	.	.	7	7	.
Italy	4	3	4	4	3	3	1	2	3	2	4	2	3	3	2
Latvia	..	8	3	7	5	..	5	3	6	4	..	6	3	7	4
Liechtenstein	.	.	.	.	3	.	.	.	.	3	.	.	.	.	3
Lithuania	0	6	3	5	3	0	2	1	2	1	0	4	2	3	2
Macedonia, FYR of [a]	.	1	.	4	.	.	1	.	2	.	.	1	.	3	.
Malta	2	3	1	4	4	1	2	1	3	2	2	2	1	4	3
Moldova, Republic of [a]	.	.	.	3	2	.	.	.	0	1	.	.	.	2	2
Monaco	.	.	.	4	4	.	.	.	3	3	.	.	.	4	4
Montenegro [a]	.	.	.	3	5	.	.	.	1	2	.	.	.	2	3
Netherlands	.	..	6	5	.	.	..	3	4	.	.	..	5	4	.
Norway	3	3	2	1	1	1	2	1	1	0	2	3	2	1	1
Poland	1	3	3	5	3	0	2	2	2	2	1	3	3	4	2
Portugal	1	3	5	3	3	0	2	3	1	2	1	2	4	2	3
Romania	.	0	1	2	3	.	0	0	1	1	.	0	1	1	2
Russian Fed. (Moscow)	.	3	3	6	2	.	2	2	5	3	.	2	3	6	3
Serbia [a]	.	.	.	2	2	.	.	.	1	1	.	.	.	2	1
Slovak Republic	0	2	3	7	5	0	1	3	4	3	0	2	3	6	4
Slovenia	2	4	3	3	2	1	4	4	3	2	1	4	3	3	2
Sweden	1	2	2	3	2	0	1	1	1	1	1	1	2	2	2
Switzerland	.	.	2	3	.	.	.	2	2	.	.	.	2	2	.
Turkey (6 cities)	..	.	3	.	.	..	.	1	.	.	..	.	2	.	.
Ukraine	0	3	2	4	5	0	1	0	1	2	0	2	1	3	3
United Kingdom	9	3	5	5	..	7	3	5	3	..	8	3	5	4	..
AVERAGE	**2**	**3**	**3**	**4**	**3**	**2**	**2**	**3**	**3**	**2**	**2**	**3**	**3**	**4**	**3**
AVERAGE 19 COUNTRIES	**2**	**3**	**3**	**4**	**3**	**1**	**2**	**3**	**3**	**2**	**2**	**3**	**3**	**3**	**2**

[a] Collected data 2008 instead of 2007.

Question C31a

Table 66. Lifetime use of tranquillisers or sedatives without a doctor's prescription by gender. Percentages. 1995–2011.

	Boys					Girls					All students				
COUNTRY	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011
Albania	.	.	.	.	6	.	.	.	.	9	.	.	.	.	8
Armenia	.	.	.	1	.	.	.	.	0	.	.	.	.	0	.
Austria	.	.	1	2	.	.	.	2	2	.	.	.	2	2	.
Belgium (Flanders)	.	.	10	6	7	.	.	10	11	8	.	.	10	9	8
Bosnia and Herz. (FBiH) [b]	.	.	.	12	.	.	.	.	16	.	.	.	.	14	.
Bosnia and Herz. (RS) [b]	.	.	.	9	3	.	.	.	11	5	.	.	.	10	4
Bulgaria	.	3	2	3	2	.	4	2	2	4	.	4	2	3	3
Croatia	6	6	4	3	5	11	9	9	6	6	8	8	6	5	5
Cyprus	7	6	7	8	12	9	5	5	6	11	8	6	6	7	11
Czech Republic	8	14	8	6	8	15	21	14	12	12	11	18	11	9	10
Denmark	9	5	4	..	4	12	5	5	..	5	11	5	4	..	4
Estonia	2	2	5	6	6	2	1	13	8	10	2	2	9	7	8
Faroe Islands	5	5	5	3	1	2	2	5	4	3	4	3	5	3	2
Finland	4	3	4	4	5	6	9	9	9	9	5	6	7	7	7
France	.	10	10	12	8	.	14	15	18	15	.	12	13	15	11
Germany (5 Bundesl)	.	.	1	3	3	.	.	3	3	2	.	.	2	3	2
Greece	.	5	3	4	9	.	5	5	5	10	.	5	4	4	9
Greenland	.	3	3	.	.	.	2	4	.	.	.	3	3	.	.
Hungary	5	7	7	6	6	11	13	13	12	12	8	10	10	9	9
Iceland	9	10	8	7	6	10	10	10	8	9	9	10	9	7	8
Ireland	6	5	2	2	3	9	4	2	4	3	7	5	2	3	3
Isle of Man	.	.	6	7	.	.	.	3	6	.	.	.	5	7	.
Italy	8	5	5	7	8	15	8	7	13	12	11	7	6	10	10
Latvia	..	3	2	4	3	..	4	4	5	5	..	3	3	4	4
Liechtenstein	.	.	.	.	1	.	.	.	.	3	.	.	.	.	2
Lithuania	8	8	10	9	7	20	17	18	21	19	15	12	14	16	13
Macedonia, FYR of [b]	.	4	.	7	.	.	9	.	12	.	.	7	.	9	.
Malta	8	5	2	3	3	10	5	3	6	4	9	5	3	5	3
Moldova, Republic of [b]	.	.	.	3	2	.	.	.	6	3	.	.	.	5	2
Monaco	.	.	.	7	9	.	.	.	18	19	.	.	.	12	14
Montenegro [b]	.	.	.	2	4	.	.	.	4	5	.	.	.	3	5
Netherlands	.	..	7	6	.	.	..	10	8	.	.	..	8	7	.
Norway	2	4	3	3	3	3	3	3	5	4	3	4	3	4	4
Poland	11	13	12	11	10	25	24	22	24	20	18	18	17	18	15
Portugal	8	6	4	4	7	8	9	7	9	7	8	8	5	6	7
Romania	.	4	3	2	3	.	7	7	6	3	.	5	6	4	3
Russian Fed. (Moscow)	.	4	2	2	2	.	9	3	4	3	.	6	3	3	2
Serbia[b]	.	.	.	5	5	.	.	.	10	10	.	.	.	8	7
Slovak Republic	3	5	3	3	3	6	9	5	7	5	4	7	4	5	4
Slovenia	5	7	3	3	3	10	9	8	8	6	8	8	5	5	5
Sweden	5	5	5	6	7	7	6	7	9	9	6	6	6	7	8
Switzerland	.	.	4	5	.	.	.	7	10	.	.	.	6	8	.
Turkey (6 cities)	..	.	3	.	.	..	.	3	.	.	..	.	3	.	.
Ukraine	3	3	3	3	2	3	2	1	5	2	3	3	2	4	2
United Kingdom	7	6	2	2	..	10	3	1	1	..	8	4	2	2	..
AVERAGE	**6**	**6**	**5**	**5**	**5**	**10**	**8**	**7**	**8**	**8**	**8**	**7**	**6**	**7**	**6**
AVERAGE 19 COUNTRIES	**6**	**6**	**5**	**5**	**6**	**10**	**9**	**8**	**9**	**9**	**8**	**8**	**7**	**7**	**7**

[a] Collected data 2008 instead of 2007.

Question C31l

Table 67. Lifetime use of alcohol together with pills[a] by gender. Percentages. 1995–2011.

	Boys					Girls					All students				
COUNTRY	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011
Albania	.	.	.	.	3	.	.	.	.	1	.	.	.	.	2
Armenia	.	.	.	1	.	.	.	.	1	.	.	.	.	1	.
Austria	.	.	8	10	.	.	.	20	14	.	.	.	13	12	.
Belgium (Flanders)	.	.	8	4	1	.	.	7	4	3	.	.	8	4	2
Bosnia and Herz. (FBiH) [b]	.	.	.	5	.	.	.	.	5	.	.	.	.	5	.
Bosnia and Herz. (RS) [b]	.	.	.	5	1	.	.	.	4	2	.	.	.	5	1
Bulgaria	.	3	3	4	3	.	5	5	3	4	.	4	4	3	4
Croatia	6	9	7	6	7	7	11	12	10	12	6	10	9	8	10
Cyprus	5	4	3	4	5	4	2	2	2	3	5	3	2	3	4
Czech Republic	8	9	7	14	12	10	19	15	23	19	9	14	12	18	16
Denmark	9	11	6	..	3	16	19	8	..	4	13	15	7	..	3
Estonia	..	3	4	4	3	..	5	8	6	5	..	4	6	5	4
Faroe Islands	7	9	4	4	1	13	12	16	9	4	10	11	10	6	3
Finland	11	7	5	4	6	25	19	18	13	14	17	13	12	9	10
France	.	6	5	5	5	.	9	10	8	9	.	8	7	6	7
Germany (5 Bundesl)	.	.	10	6	8	.	.	22	9	9	.	.	16	8	8
Greece	.	4	2	3	4	.	4	3	3	4	.	4	2	3	4
Greenland	.	3	2	.	.	.	1	2	.	.	.	2	2	.	.
Hungary	9	7	8	9	8	11	8	13	14	13	10	8	11	12	10
Iceland	..	8	6	3	3	..	13	11	5	2	..	10	8	4	2
Ireland	..	9	6	5	4	..	14	13	9	5	..	11	9	7	5
Isle of Man	.	.	9	9	.	.	.	11	16	.	.	.	10	12	.
Italy	5	3	4	4	3	7	3	2	3	3	6	3	3	4	3
Latvia	..	7	5	6	5	..	7	7	10	6	..	7	6	8	6
Liechtenstein	.	.	.	.	5	.	.	.	.	8	.	.	.	.	7
Lithuania	2	7	6	4	4	2	6	8	6	4	2	7	7	5	4
Macedonia, FYR of [b]	.	4	.	2	.	.	4	.	2	.	.	4	.	2	.
Malta	10	9	7	10	7	15	14	11	12	8	13	12	9	11	8
Moldova, Republic of [b]	.	.	.	2	1	.	.	.	2	1	.	.	.	2	1
Monaco	.	.	.	3	6	.	.	.	7	5	.	.	.	5	5
Montenegro [b]	.	.	.	2	3	.	.	.	1	2	.	.	.	2	2
Netherlands	.	..	5	3	.	.	..	4	6	.	.	..	4	4	.
Norway	7	6	3	3	2	12	10	6	5	2	9	8	5	4	2
Poland	6	8	6	4	4	8	12	11	6	6	7	10	9	5	5
Portugal	4	4	3	3	2	5	6	4	3	3	5	5	4	3	3
Romania	.	4	2	5	3	.	4	4	4	3	.	4	3	4	3
Russian Fed. (Moscow)	.	5	6	6	3	.	9	6	7	4	.	7	6	7	3
Serbia [b]	.	.	.	2	2	.	.	.	3	2	.	.	.	3	2
Slovak Republic	5	7	11	8	6	5	13	18	16	10	5	11	15	12	8
Slovenia	6	7	4	3	3	8	12	9	6	6	7	9	6	4	4
Sweden	12	9	5	4	2	24	18	12	10	6	18	14	8	7	4
Switzerland	.	.	4	5	.	.	.	5	6	.	.	.	4	6	.
Turkey (6 cities)	..	.	3	.	.	..	.	1	.	.	..	.	2	.	.
Ukraine	5	3	4	1	3	3	3	4	1	1	4	3	4	1	2
United Kingdom	14	9	6	6	..	25	13	8	9	..	20	11	7	7	..
AVERAGE	**7**	**6**	**5**	**5**	**4**	**11**	**9**	**9**	**7**	**6**	**9**	**8**	**7**	**6**	**5**
AVERAGE 16 COUNTRIES	**7**	**7**	**5**	**5**	**5**	**10**	**11**	**10**	**9**	**7**	**8**	**9**	**8**	**7**	**6**

[a] From 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] Collected data 2008 instead of 2007.

Question C30a

Table 68. Lifetime use of inhalants[a] by gender. Percentages. 1995–2011.

	Boys					Girls					All students				
COUNTRY	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011
Albania	.	.	.	.	5	.	.	.	.	1	.	.	.	.	3
Armenia	.	.	.	7	.	.	.	.	3	.	.	.	.	5	.
Austria	.	.	14	17	.	.	.	14	11	.	.	.	14	14	.
Belgium (Flanders)	.	.	9	8	8	.	.	4	7	6	.	.	6	8	7
Bosnia and Herz. (FBiH) [b]	.	.	.	12	.	.	.	.	10	.	.	.	.	11	.
Bosnia and Herz. (RS) [b]	.	.	.	9	5	.	.	.	7	5	.	.	.	8	5
Bulgaria	.	4	4	4	3	.	2	3	2	4	.	3	3	3	4
Croatia	13	15	14	11	25	14	12	14	12	31	13	13	14	11	28
Cyprus	3	..	19	17	10	1	..	16	14	5	3	..	18	16	8
Czech Republic	8	8	9	7	8	7	6	9	7	7	8	7	9	7	8
Denmark	6	7	9	..	4	6	8	7	..	4	6	7	8	..	4
Estonia	8	8	9	11	16	7	6	7	7	13	8	7	8	9	15
Faroe Islands	12	7	10	7	5	4	3	13	9	8	8	5	11	8	6
Finland	5	5	8	11	9	4	6	8	10	11	4	5	8	10	10
France	.	12	12	13	10	.	9	10	11	13	.	11	11	12	12
Germany (5 Bundesl)	.	.	12	13	13	.	.	12	10	8	.	.	12	11	10
Greece	.	18	17	11	15	.	12	13	7	14	.	14	15	9	14
Greenland	.	21	23	.	.	.	17	22	.	.	.	19	22	.	.
Hungary	7	6	6	9	11	5	3	4	7	9	6	4	5	8	10
Iceland	6	13	12	4	3	10	8	11	3	2	8	11	12	4	3
Ireland	..	22	14	14	8	..	21	21	16	11	..	22	18	15	9
Isle of Man	.	.	18	16	.	.	.	20	19	.	.	.	19	17	.
Italy	9	7	8	6	4	6	5	5	5	2	8	6	6	5	3
Latvia	..	7	8	13	23	..	4	7	13	24	..	6	7	13	23
Liechtenstein	.	.	.	.	10	.	.	.	.	10	.	.	.	.	10
Lithuania	18	13	6	3	6	14	6	4	2	7	16	10	5	3	7
Macedonia, FYR of [b]	.	5	.	3	.	.	4	.	1	.	.	4	.	2	.
Malta	17	15	16	18	15	17	17	15	15	13	17	16	16	16	14
Moldova, Republic of [b]	.	.	.	3	3	.	.	.	1	1	.	.	.	2	2
Monaco	.	.	.	4	12	.	.	.	12	17	.	.	.	8	15
Montenegro [b]	.	.	.	3	6	.	.	.	2	5	.	.	.	3	6
Netherlands	.	..	7	6	.	.	..	5	6	.	.	..	6	6	.
Norway	7	6	6	8	5	7	5	4	6	4	7	6	5	7	5
Poland	11	10	10	8	8	8	7	8	5	8	9	9	9	6	8
Portugal	4	4	10	5	7	2	3	6	3	5	3	3	8	4	6
Romania	.	2	2	4	9	.	1	1	4	6	.	1	2	4	7
Russian Fed. (Moscow)	.	11	7	7	10	.	8	6	4	8	.	9	7	6	9
Serbia[b]	.	.	.	3	5	.	.	.	3	5	.	.	.	3	5
Slovak Republic	8	8	10	13	10	5	6	7	13	9	6	7	9	13	10
Slovenia	14	15	15	16	21	10	13	15	15	19	12	14	15	16	20
Sweden	15	9	8	9	11	9	8	8	9	11	12	8	8	9	11
Switzerland	.	.	9	9	.	.	.	6	8	.	.	.	7	9	.
Turkey (6 cities)	..	.	5	.	.	..	.	3	.	.	..	.	4	.	.
Ukraine	7	9	9	3	4	4	7	4	2	3	5	8	6	3	3
United Kingdom	20	14	12	8	..	21	17	13	10	..	20	15	12	9	..
AVERAGE	**10**	**10**	**10**	**9**	**9**	**8**	**8**	**9**	**8**	**9**	**9**	**9**	**10**	**8**	**9**
AVERAGE 17 COUNTRIES	**10**	**9**	**10**	**9**	**10**	**8**	**7**	**8**	**8**	**10**	**9**	**8**	**9**	**8**	**10**

[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 new version. In 2011 countries were instructed to insert nationally relevant examples.
[b] Collected data 2008 instead of 2007.

Question C08, C12a, C25a, C29a, C30a, C31a, C31b, C31c, C31d, C31e, C31g, C31i

Table 69. Lifetime abstinence from cigarettes, alcohol, inhalants, tranquillisers or sedatives[a] and illicit drugs[b], by gender. 1995–2011.

	Boys					Girls					All students				
COUNTRY	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011	1995	1999	2003	2007	2011
Albania	.	.	.	.	20	.	.	.	.	41	.	.	.	.	32
Armenia	.	.	.	10	.	.	.	.	28	.	.	.	.	20	.
Austria	.	.	4	2	.	.	.	2	4	.	.	.	3	3	.
Belgium (Flanders)	.	.	3	7	9	.	.	7	10	9	.	.	5	8	9
Bosnia and Herz. (FBiH) [c]	.	.	.	10	.	.	.	.	19	.	.	.	.	15	.
Bosnia and Herz. (RS) [c]	.	.	.	6	8	.	.	.	11	13	.	.	.	9	11
Bulgaria	.	6	5	8	7	.	8	7	11	9	.	7	6	9	8
Croatia	7	7	6	5	4	12	10	7	6	5	9	8	7	5	5
Cyprus [c]	5	..	6	6	6	9	..	12	13	12	7	..	9	10	9
Czech Republic	2	1	1	2	1	2	1	1	1	2	2	1	1	2	1
Denmark	2	1	2	..	3	3	2	3	..	6	2	2	3	..	4
Estonia	3	..	3	5	5	5	..	4	4	3	4	..	3	5	4
Faroe Islands	6	4	5	..	8	6	7	6	..	12	6	5	6	..	10
Finland	6	6	8	12	13	7	7	9	12	14	7	7	9	12	13
France	.	8	8	8	7	.	9	8	8	6	.	9	8	8	7
Germany (5 Bundesl)	.	.	2	3	4	.	.	2	3	7	.	.	2	3	6
Greece	.	1	2	5	5	.	2	4	6	5	.	2	3	5	5
Greenland	.	5	11	.	.	.	3	6	.	.	.	4	8	.	.
Hungary	6	6	6	6	6	6	6	6	5	4	6	6	6	5	5
Iceland	17	18	22	32	40	16	18	23	31	41	17	18	23	31	40
Ireland	6	6	7	11	18	6	5	5	12	17	6	6	6	11	18
Isle of Man	.	.	5	3	.	.	.	3	2	.	.	.	4	3	.
Italy	3	8	6	7	7	10	9	8	8	12	9	9	7	7	9
Latvia	..	3	3	2	3	..	3	4	2	2	..	3	3	2	3
Liechtenstein	.	.	.	.	8	.	.	.	.	4	.	.	.	.	6
Lithuania	3	2	1	3	4	4	3	2	3	3	3	3	1	3	3
Macedonia, FYR of [c]	.	15	.	20	.	.	22	.	29	.	.	19	.	24	.
Malta	6	4	4	6	9	6	5	6	8	9	6	4	5	7	9
Moldova, Republic of [c]	.	.	.	9	12	.	.	.	19	28	.	.	.	14	20
Monaco	.	.	.	7	7	.	.	.	4	2	.	.	.	6	5
Montenegro [c]	.	.	.	18	15	.	.	.	26	24	.	.	.	22	20
Netherlands	.	..	10	9	.	.	..	9	6	.	.	..	9	7	.
Norway	14	10	14	21	25	15	9	12	18	26	14	10	13	19	26
Poland	4	5	5	9	9	7	9	6	9	12	5	7	6	9	11
Portugal	17	14	12	11	17	17	15	15	13	25	17	15	13	12	22
Romania	.	8	5	8	14	.	12	9	19	18	.	10	8	14	16
Russian Fed. (Moscow)	.	5	6	9	12	.	4	4	6	10	.	4	5	7	11
Serbia [c]	.	.	.	9	9	.	.	.	9	13	.	.	.	9	11
Slovak Republic	0	2	2	4	4	0	3	2	3	4	0	3	2	4	4
Slovenia	9	6	5	5	5	11	7	6	5	6	10	7	6	5	5
Sweden	8	7	10	18	20	8	8	13	15	21	8	8	11	16	20
Switzerland	.	.	5	6	.	.	.	5	7	.	.	.	5	7	.
Turkey (6 cities)	..	.	25	.	.	..	.	39	.	.	..	.	32	.	.
Ukraine	9	6	6	5	10	13	7	9	6	8	11	7	7	6	9
United Kingdom	3	4	5	6	..	3	4	4	7	..	3	4	5	6	..
AVERAGE	**6**	**6**	**7**	**9**	**10**	**8**	**7**	**8**	**10**	**12**	**7**	**7**	**7**	**9**	**11**
AVERAGE 16 COUNTRIES	**7**	**7**	**7**	**10**	**12**	**9**	**8**	**8**	**10**	**13**	**8**	**7**	**8**	**10**	**13**

[a] "Without a doctor's prescription".
[b] Includes cannabis, ecstasy, amphetamines, LSD or other hallucinogens, crack, cocaine, heroin and (since 2007) GHB.
[c] Collected data 2008 instead of 2007.

APPENDIX IV

Student questionnaire

emcdda.europa.eu

ESPAD

The European School Survey Project on Alcohol and Other Drugs
www.espad.org

Groupe Pompidou
Pompidou Group

Questionnaire on substance use

Read this first please!

This questionnaire is part of an international study on substance use among European students. It will be answered by more than 100,000 students in over 35 countries. The study is called ESPAD.

This is a totally anonymous questionnaire; You should not state your name or any other information which identifies you. You should place your completed questionnaire in the enclosed envelope and seal it yourself. Your [TEACHER/SURVEY LEADER] will collect the envelopes after completion.

Your class has been randomly selected to take part in this study. In [COUNTRY] the survey is carried out by [ORGANISATION]. It is voluntary to take part. If there is any question you find objectionable for any reason, just leave it blank. It is important that you answer as thoughtfully and frankly as possible. The results will not be presented by single classes and remember your answers are totally anonymous.

If you do not find an answer that fits exactly, indicate the one that comes closest. Please, mark the appropriate answer to each question by making an "X" in the box. If you have a question, please raise your hand and your [TECAHER/SURVEY LEADER] will assist you.

Thank you in advance for your participation! Please begin.

LOGO
FIELD WORK
ORGANISATION

Contact info to the organisation responsible for the field work/national survey.

The first questions ask for some background information about yourself and the kinds of things you might do.

C01 What is your sex?

1 ☐ Male
2 ☐ Female

C02 When were you born?

Year 19 ☐☐ Month * ☐☐ (Mark 01 for January, 02 for February … … and 12 for December)

* Optional

C03 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	☐	☐	☐	☐	☐
b) Actively participate in sports, athletics or exercising	☐	☐	☐	☐	☐
c) Read books for enjoyment (do not count schoolbooks)	☐	☐	☐	☐	☐
d) Go out in the evening (to a disco, cafe, party etc)	☐	☐	☐	☐	☐
e) Other hobbies (play an instrument, sing, draw, write)	☐	☐	☐	☐	☐
f) Go around with friends to shopping centres, streets, parks etc just for fun	☐	☐	☐	☐	☐
g) Use the Internet for leisure activities (chats, music, games etc)	☐	☐	☐	☐	☐
h) Play on slot machines (the kind in which you may win money)	☐	☐	☐	☐	☐
	1	2	3	4	5

C04 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	☐	☐	☐	☐	☐	☐
b) Because you skipped or "cut"	☐	☐	☐	☐	☐	☐
c) For other reasons	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6

C05 Which of the following best describes your average grade at the end of the last term?

1 ☐ (Highest marks)
2 ☐ etc...

C06 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	☐	☐	☐	☐	☐	☐	☐
b) Accident or injury	☐	☐	☐	☐	☐	☐	☐
c) Serious problems with your parents	☐	☐	☐	☐	☐	☐	☐
d) Serious problems with your friends	☐	☐	☐	☐	☐	☐	☐
e) Performed poorly at school or work	☐	☐	☐	☐	☐	☐	☐
f) Victimized by robbery or theft	☐	☐	☐	☐	☐	☐	☐
g) Trouble with police	☐	☐	☐	☐	☐	☐	☐
h) Hospitalised or admitted to an emergency room	☐	☐	☐	☐	☐	☐	☐
i) Engaged in sexual intercourse without a condom	☐	☐	☐	☐	☐	☐	☐
j) Engaged in sexual intercourse you regretted the next day	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

The following questions are about cigarette smoking

C07 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

C08 On how many occasions (if any) during your lifetime have you smoked cigarettes?

Number of occasions						
0	1–2	3–5	6–9	10–19	20–39	40 or more
☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7

C09 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

C10 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	☐	☐	☐	☐	☐	☐	☐	☐	☐
b) Smoke cigarettes on a daily basis	☐	☐	☐	☐	☐	☐	☐	☐	☐
	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.

C11 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.

	Impos-sible	Very difficult	Fairly difficult	Fairly easy	Very easy	Don't know
a) Beer	☐	☐	☐	☐	☐	☐
b) Cider*	☐	☐	☐	☐	☐	☐
c) Alcopops*	☐	☐	☐	☐	☐	☐
d) Wine	☐	☐	☐	☐	☐	☐
e) Spirits	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6

* Optional

C12 On how many occasions (if any) have you had any alcoholic beverage to drink?

Mark one box for each line.

	Number of occasions						
	0	1–2	3–5	6–9	10–19	20–39	40 or more
a) In your lifetime	☐	☐	☐	☐	☐	☐	☐
b) During the last 12 months	☐	☐	☐	☐	☐	☐	☐
c) During the last 30 days	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

C13 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	☐	☐	☐	☐	☐	☐	☐
b) Cider*	☐	☐	☐	☐	☐	☐	☐
c) Alcopops*	☐	☐	☐	☐	☐	☐	☐
d) Wine	☐	☐	☐	☐	☐	☐	☐
e) Spirits	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

* Optional

The following questions are about the last day you drank alcohol.

C14 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

C15 **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
1 ☐ Cider*
1 ☐ Alcopops*
1 ☐ Wine
1 ☐ Spirits

* Optional

C15a **If you drank beer that last day you drank any alcohol, how much did you drink?)**

1 ☐ I never drink beer
2 ☐ I did not drink beer on the last day that I drank alcohol
3 ☐ <50 cl
4 ☐ 50–100 cl
5 ☐ 101–200 cl
6 ☐ >200 cl

OC15b **If you drank cider that last day you drank any alcohol, how much did you drink? ***

1 ☐ I never drink cider
2 ☐ I did not drink cider on the last day that I drank alcohol
3 ☐ <50 cl
4 ☐ 50–100 cl
5 ☐ 101–200 cl
6 ☐ >200 cl

* Optional

OC15c **If you drank alcopops 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 ☐ <50 cl
4 ☐ 50–100 cl
5 ☐ 101–200 cl
6 ☐ >200 cl

* Optional

C15d **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 ☐ <20 cl
4 ☐ 20–40 cl
5 ☐ 41–74 cl
6 ☐ >74 cl

C15e **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 ☐ <8 cl
4 ☐ 8–15 cl
5 ☐ 16–24 cl
6 ☐ >24 cl

C15f **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".)**

Not at all — Heavily intoxicated, for example not remembering what happened

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐

11 ☐ I never drink alcohol

The next questions are about alcohol consumption during the last 30 days.

C16 **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	☐	☐	☐	☐	☐	☐
b) Cider*	☐	☐	☐	☐	☐	☐
c) Alcopops*	☐	☐	☐	☐	☐	☐
d) Wine	☐	☐	☐	☐	☐	☐
e) Spirits	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6

* Optional

C17 **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	☐	☐	☐	☐	☐	☐
b) Cider*	☐	☐	☐	☐	☐	☐
c) Alcopops*	☐	☐	☐	☐	☐	☐
d) Wine	☐	☐	☐	☐	☐	☐
e) Spirits	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6

* Optional

C18 **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 [INSERT NATIONALLY RELEVANT EXAMPLES].)**

1 ☐ None
2 ☐ 1
3 ☐ 2
4 ☐ 3–5
5 ☐ 6–9
6 ☐ 10 or more times

The next couple of questions are also about alcohol.

C19 **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	☐	☐	☐	☐	☐	☐	☐
b) During the last 12 months	☐	☐	☐	☐	☐	☐	☐
c) During the last 30 days	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

C20 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)	☐	☐	☐	☐	☐	☐	☐	☐	☐
b) Drink cider (at least one glass)*	☐	☐	☐	☐	☐	☐	☐	☐	☐
c) Drink alcopops (at least one glass)*	☐	☐	☐	☐	☐	☐	☐	☐	☐
d) Drink wine (at least one glass)	☐	☐	☐	☐	☐	☐	☐	☐	☐
e) Drink spirits (at least one glass)	☐	☐	☐	☐	☐	☐	☐	☐	☐
f) Get drunk on alcohol	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	9

* Optional

C21 How likely is it that each of the following things would happen to you personally, if you drink alcohol?

Mark one box for each line.

	Very likely	Likely	Unsure	Unlikely	Very unlikely
a) Feel relaxed	☐	☐	☐	☐	☐
b) Get into trouble with police	☐	☐	☐	☐	☐
c) Harm my health	☐	☐	☐	☐	☐
d) Feel happy	☐	☐	☐	☐	☐
e) Forget my problems	☐	☐	☐	☐	☐
f) Not be able to stop drinking	☐	☐	☐	☐	☐
g) Get a hangover	☐	☐	☐	☐	☐
h) Feel more friendly and outgoing	☐	☐	☐	☐	☐
i) Do something I would regret	☐	☐	☐	☐	☐
j) Have a lot of fun	☐	☐	☐	☐	☐
k) Feel sick	☐	☐	☐	☐	☐
	1	2	3	4	5

C22 BECAUSE OF YOUR OWN ALCOHOL USE, how often during the LAST 12 MONTHS have you experienced the following?

If you haven't used alcohol the last 12 months, please mark zero occasions on all questions.

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	☐	☐	☐	☐	☐	☐	☐
b) Accident or injury	☐	☐	☐	☐	☐	☐	☐
c) Serious problems with your parents	☐	☐	☐	☐	☐	☐	☐
d) Serious problems with your friends	☐	☐	☐	☐	☐	☐	☐
e) Performed poorly at school or work	☐	☐	☐	☐	☐	☐	☐
f) Victimized by robbery or theft	☐	☐	☐	☐	☐	☐	☐
g) Trouble with police	☐	☐	☐	☐	☐	☐	☐
h) Hospitalised or admitted to an emergency room	☐	☐	☐	☐	☐	☐	☐
i) Engaged in sexual intercourse without a condom	☐	☐	☐	☐	☐	☐	☐
j) Engaged in sexual intercourse you regretted the next day	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

Tranquillisers and sedatives, like [INSERT NATIONALLY RELEVANT EXAMPLES], 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.

C23 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 marijuana or hashish (cannabis).

C24 How difficult do you think it would be for you to get marijuana or hashish (cannabis) if you wanted?

1 ☐ Impossible
2 ☐ Very difficult
3 ☐ Fairly difficult
4 ☐ Fairly easy
5 ☐ Very easy
6 ☐ Don't know

C25 On how many occasions (if any) have you used marijuana 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	☐	☐	☐	☐	☐	☐	☐
b) During the last 12 months	☐	☐	☐	☐	☐	☐	☐
c) During the last 30 days	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

C26 When (if ever) did you FIRST try marijuana 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

C27 Have you ever had the possibility to try marijuana 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.

C28 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	☐	☐	☐	☐	☐	☐
b) Tranquillisers or sedatives	☐	☐	☐	☐	☐	☐
c) Ecstasy	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6

C29 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	☐	☐	☐	☐	☐	☐	☐
b) During the last 12 months	☐	☐	☐	☐	☐	☐	☐
c) During the last 30 days	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

C30 On how many occasions (if any) have you used inhalants [INSERT NATIONALLY RELEVANT EXAMPLES] to get high?

Mark one box for each line.

	Number of occasions						
	0	1–2	3–5	6–9	10–19	20–39	40 or more
a) In your lifetime	☐	☐	☐	☐	☐	☐	☐
b) During the last 12 months	☐	☐	☐	☐	☐	☐	☐
c) During the last 30 days	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

C31 On how many occasions in your lifetime (if any) have you used any of the following drugs?

Mark one box for each line.

	Number of occasions						
	0	1–2	3–5	6–9	10–19	20–39	40 or more
a) Tranquillisers or sedatives (without a doctor's prescription)	☐	☐	☐	☐	☐	☐	☐
b) Amphetamines	☐	☐	☐	☐	☐	☐	☐
c) LSD or some other hallucinogens	☐	☐	☐	☐	☐	☐	☐
d) Crack	☐	☐	☐	☐	☐	☐	☐
e) Cocaine	☐	☐	☐	☐	☐	☐	☐
f) Relevin	☐	☐	☐	☐	☐	☐	☐
g) Heroin	☐	☐	☐	☐	☐	☐	☐
h) "Magic mushrooms"	☐	☐	☐	☐	☐	☐	☐
i) GHB	☐	☐	☐	☐	☐	☐	☐
j) Anabolic steroids	☐	☐	☐	☐	☐	☐	☐
k) Drugs by injection with a needle (like heroin, cocaine, amphetamine)	☐	☐	☐	☐	☐	☐	☐
l) Alcohol together with pills (medicaments) in order to get high	☐	☐	☐	☐	☐	☐	☐
m) Optional drug*	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

* Optional

C32 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 tranquillisers or sedatives (without a doctor's prescription)	☐	☐	☐	☐	☐	☐	☐	☐	☐
b) Try amphetamines	☐	☐	☐	☐	☐	☐	☐	☐	☐
c) Try ecstasy	☐	☐	☐	☐	☐	☐	☐	☐	☐
d) Try inhalants [INSERT NATIONALLY RELEVANT EXAMPLES] in order to get high	☐	☐	☐	☐	☐	☐	☐	☐	☐
e) Try alcohol together with pills (medicaments) in order to get high	☐	☐	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7	8	9

The next questions ask about various substances.

C33 **Think back of the LAST 30 DAYS. How much money have you spent on tobacco, alcohol and cannabis? If you haven't spent money on one or more of these substances during the last 30 days, please respond 0 on the relevant sub question(s).**

a) Tobacco: ☐☐☐☐ [INSERT NATIONAL CURRENCY]

b) Alcohol: ☐☐☐☐ [INSERT NATIONAL CURRENCY]

c) Cannabis: ☐☐☐☐ [INSERT NATIONAL CURRENCY]

C34 **How many of your friends would you estimate…**
Mark one box for each line.

	None	A few	Some	Most	All
a) smoke cigarettes	☐	☐	☐	☐	☐
b) drink alcoholic beverages (beer, cider, alcopops, wine, spirits)	☐	☐	☐	☐	☐
c) get drunk	☐	☐	☐	☐	☐
d) smoke marijuana or hashish (cannabis)	☐	☐	☐	☐	☐
e) take tranquillisers or sedatives (without a doctor's prescription)	☐	☐	☐	☐	☐
f) take ecstasy	☐	☐	☐	☐	☐
g) use inhalants	☐	☐	☐	☐	☐
	1	2	3	4	5

C35 **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	☐	☐	☐	☐
b) drink alcoholic beverages (beer, cider, alcopops, wine, spirits)	☐	☐	☐	☐
c) get drunk	☐	☐	☐	☐
d) smoke marijuana or hashish (cannabis)	☐	☐	☐	☐
e) take tranquillisers or sedatives (without a doctor's prescription)	☐	☐	☐	☐
f) take ecstasy	☐	☐	☐	☐
g) use inhalants	☐	☐	☐	☐
	1	2	3	4

C36 **How much do you think PEOPLE RISK harming themselves (physically or in other ways), if they …**
Mark one box for each line.

	No risk	Slight risk	Moderate risk	Great risk	Don't know
a) smoke cigarettes occasionally	☐	☐	☐	☐	☐
b) smoke one or more packs of cigarettes per day	☐	☐	☐	☐	☐
c) have one or two drinks nearly every day	☐	☐	☐	☐	☐
d) have four or five drinks nearly every day	☐	☐	☐	☐	☐
e) have five or more drinks each weekend	☐	☐	☐	☐	☐
f) try marijuana or hashish (cannabis) once or twice	☐	☐	☐	☐	☐
g) smoke marijuana or hashish (cannabis) occasionally	☐	☐	☐	☐	☐
h) smoke marijuana or hashish (cannabis) regularly	☐	☐	☐	☐	☐
i) try ecstasy once or twice	☐	☐	☐	☐	☐
j) take ecstasy regularly	☐	☐	☐	☐	☐
k) try an amphetamine (uppers, pep pills, bennie, speed) once or twice	☐	☐	☐	☐	☐
l) take amphetamines regularly	☐	☐	☐	☐	☐
	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.

C37 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

C38 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

C39 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

C40 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)

C41 How satisfied are you usually with …

Mark one box for each line.

	Very satisfied	Satisfied	Neither nor	Not so satisfied	Not at all satisfied	There is no such person
a) your relationship with your mother?	☐	☐	☐	☐	☐	☐
b) your relationship with your father?	☐	☐	☐	☐	☐	☐
c) your relationship with your friends?	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6

C42 How often do the following statements apply to you?

Mark one box for each line.

	Almost always	Often	Some-times	Seldom	Almost never
a) My parent(s) set definite rules about what I can do at home	☐	☐	☐	☐	☐
b) My parent(s) set definite rules about what I can do outside the home	☐	☐	☐	☐	☐
c) My parent(s) know whom I am with in the evenings	☐	☐	☐	☐	☐
d) My parent(s) know where I am in the evenings	☐	☐	☐	☐	☐
e) I can easily get warmth and caring from my mother and/or father	☐	☐	☐	☐	☐
f) I can easily get emotional support from my mother and/or father	☐	☐	☐	☐	☐
g) I can easily borrow money from my mother and/or father	☐	☐	☐	☐	☐
h) I can easily get money as a gift from my mother and/or father	☐	☐	☐	☐	☐
i) I can easily get warmth and caring from my best friend	☐	☐	☐	☐	☐
j) I can easily get emotional support from my best friend	☐	☐	☐	☐	☐
	1	2	3	4	5

C43 Do your parents know where you spend Saturday nights?

1 ☐ Know always
2 ☐ Know quite often
3 ☐ Know sometimes
4 ☐ Usually don't know

C44 If you had ever used marijuana 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.

MA1 If you wanted to smoke (or already do), do you think your father and mother would allow you to do so?

Mark one box for each line.

	Would allow (allows) me to smoke	Would not (does not) allow smoking at home	Would not (does not) allow smoking at all	Don't know
a) Father	☐	☐	☐	☐
b) Mother	☐	☐	☐	☐
	1	2	3	4

MA2 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	☐	☐	☐	☐	☐
b) Use marijuana/hashish	☐	☐	☐	☐	☐
c) Use ecstasy	☐	☐	☐	☐	☐
	1	2	3	4	5

MA3 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	☐	☐	☐	☐	☐
b) Use marijuana/hashish	☐	☐	☐	☐	☐
c) Use ecstasy	☐	☐	☐	☐	☐
	1	2	3	4	5

MA4 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?	☐	☐	☐	☐	☐
b) your health?	☐	☐	☐	☐	☐
c) yourself?	☐	☐	☐	☐	☐
	1	2	3	4	5

MA5 How much money do you usually spend a week for your personal needs without your parents' control?

☐☐☐☐ [INSERT NATIONAL CURRENCY]

The following section is about what you think of yourself.

MB1 Below is a list of statements dealing with your general feelings about yourself.

Mark one box for each line to indicate if you agree or disagree.

	Strongly agree	Agree	Disagree	Strongly disagree
a) On the whole, I am satisfied with myself	☐	☐	☐	☐
b) At times I think I am no good at all	☐	☐	☐	☐
c) I feel that I have a number of good qualities	☐	☐	☐	☐
d) I am able to do things as well as most other people	☐	☐	☐	☐
e) I feel I do not have much to be proud of	☐	☐	☐	☐
f) I certainly feel useless at times	☐	☐	☐	☐
g) I feel that I'm a person of worth, at least on an equal plane with others	☐	☐	☐	☐
h) I wish I could have more respect for myself	☐	☐	☐	☐
i) All in all, I am inclined to feel that I am a failure	☐	☐	☐	☐
j) I take a positive attitude toward myself	☐	☐	☐	☐
	1	2	3	4

MB2 During the LAST 7 DAYS, how often ……

Mark one box for each line.

	Rarely or never	Some-times	Several times	Most of the times
a) have you lost your appetite, you did not want to eat	☐	☐	☐	☐
b) have you had difficulty in concentrating on what you want to do	☐	☐	☐	☐
c) have you felt depressed	☐	☐	☐	☐
d) have you felt that you had to put great effort and pressure to do the things you had to do	☐	☐	☐	☐
e) have you felt sad	☐	☐	☐	☐
f) couldn't you do your work (at home, at work, at school)	☐	☐	☐	☐
	1	2	3	4

MB3 How much do you agree or disagree with the following statements?

Mark one box for each line.

	Totally agree	Rather agree	Don't know	Rather disagree	Totally disagree
a) You can break most rules if they don't seem to apply	☐	☐	☐	☐	☐
b) I follow whatever rules I want to follow	☐	☐	☐	☐	☐
c) In fact there are very few rules absolute in life	☐	☐	☐	☐	☐
d) It is difficult to trust anything, because everything changes	☐	☐	☐	☐	☐
e) In fact nobody knows what is expected of him/her in life	☐	☐	☐	☐	☐
f) You can never be certain of anything in life	☐	☐	☐	☐	☐
	1	2	3	4	5

The following questions concern behaviours, which may be against some social rules or the law. We hope that you will answer all the questions. Nevertheless, if you come across a question, which you cannot answer honestly, we prefer that you leave it unanswered. Remember that your answers are anonymous.

MB4 During the LAST 12 MONTHS, how often have you …

Mark one box for each line.

	Number of occasions				
	Not at all	Once	Twice	3–4 times	5 or more times
a) hit one of your teachers	☐	☐	☐	☐	☐
b) got mixed into a fight at school or at work	☐	☐	☐	☐	☐
c) taken part in a fight where a group of your friends were against another group	☐	☐	☐	☐	☐
d) hurt somebody badly enough to need bandages or a doctor	☐	☐	☐	☐	☐
e) used any kind of weapon to get something from a person	☐	☐	☐	☐	☐
f) taken something not belonging to you, worth over (the equivalent of) $ 10	☐	☐	☐	☐	☐
g) taken something from a shop without paying for it	☐	☐	☐	☐	☐
h) set fire to somebody else's property on purpose	☐	☐	☐	☐	☐
i) damaged school property on purpose	☐	☐	☐	☐	☐
j) got into trouble with the police for something you did	☐	☐	☐	☐	☐
	1	2	3	4	5

MB5 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	☐	☐	☐	☐	☐
b) Thought of harming yourself	☐	☐	☐	☐	☐
c) Attempted suicide	☐	☐	☐	☐	☐
	1	2	3	4	5

MB6 If you have attempted suicide, did any suicide attempt result in treatment by a doctor or a nurse?

1 ☐ I have not attempted suicide
2 ☐ Yes
3 ☐ No

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.

MC1 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	☐	☐	☐	☐	☐	☐	☐
b) participated in a group bruising an individual	☐	☐	☐	☐	☐	☐	☐
c) participated in a group starting a fight with another group	☐	☐	☐	☐	☐	☐	☐
d) started a fight with another individual	☐	☐	☐	☐	☐	☐	☐
e) stolen something worth (give a rounded sum approx equivalent to 2–3 movie theatre tickets)	☐	☐	☐	☐	☐	☐	☐
f) broken into a place to steal	☐	☐	☐	☐	☐	☐	☐
g) damaged public or private property on purpose	☐	☐	☐	☐	☐	☐	☐
h) sold stolen goods	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

MC2 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	☐	☐	☐	☐	☐	☐	☐
b) been bruised by a whole group of people	☐	☐	☐	☐	☐	☐	☐
c) been in a group that was attacked by another group	☐	☐	☐	☐	☐	☐	☐
d) had someone start a fight with you individually	☐	☐	☐	☐	☐	☐	☐
e) had something worth (give a rounded sum approx equivalent to 2–3 movie theatre tickets) stolen from you	☐	☐	☐	☐	☐	☐	☐
f) had someone break into your home to steal something	☐	☐	☐	☐	☐	☐	☐
g) had someone damage your belongings on purpose	☐	☐	☐	☐	☐	☐	☐
h) bought stolen goods	☐	☐	☐	☐	☐	☐	☐
	1	2	3	4	5	6	7

This section includes some more questions about cannabis.

MD1 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 smoked cannabis before midday?	☐	☐	☐	☐	☐
b) Have you smoked cannabis when you were alone?	☐	☐	☐	☐	☐
c) Have you had memory problems when you smoked cannabis?	☐	☐	☐	☐	☐
d) Have friends or members of your family told you that you ought to reduce or stop your cannabis use?	☐	☐	☐	☐	☐
e) Have you tried to reduce or stop your cannabis use without succeeding?	☐	☐	☐	☐	☐
f) Have you had problems because of your use of cannabis (argument, fight, accident, bad result at school, etc)? Which:	☐	☐	☐	☐	☐
	1	2	3	4	5

MD2 **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 marijuana 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

O2 **How likely is it that each of the following would happen to you if you use marijuana or hashish (cannabis)?**
Mark one box for each line.

	Not at all	Unlikely	Maybe	Quite likely	Definitely
a) I perceive things more intensely	☐	☐	☐	☐	☐
b) I can no longer follow a conversation properly	☐	☐	☐	☐	☐
c) I lose thread more quickly	☐	☐	☐	☐	☐
d) I am not so shy	☐	☐	☐	☐	☐
e) I have difficulty concentrating	☐	☐	☐	☐	☐
f) I am more outgoing	☐	☐	☐	☐	☐
g) I can enjoy the moment more intensely	☐	☐	☐	☐	☐
h) I experience feelings more intensely	☐	☐	☐	☐	☐
i) I am less inhibited	☐	☐	☐	☐	☐
j) I may feel people are against me or persecuting me	☐	☐	☐	☐	☐
	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).

O3 If you have ever used any illegal drug like marijuana or hashish (cannabis), ecstasy or amphetamines, how did you get it?

Mark all that apply.

1 ☐ I have never used any illegal drug like marijuana or hashish (cannabis), ecstasy or amphetamines

1 ☐ Given to me by an older brother or sister
1 ☐ Given to me by a friend, a boy or a girl, older than me
1 ☐ Given to me by a friend my own age or younger
1 ☐ Given to me by someone I have heard about but did not know personally
1 ☐ Given to me by a stranger
1 ☐ It was shared around a group of friends
1 ☐ Bought from a friend
1 ☐ Bought from someone I have heard about but did not know personally
1 ☐ Bought from a stranger
1 ☐ Given to me by one of my parents
1 ☐ Took it at home without my parents permission
1 ☐ None of these (please describe briefly how you did get it)……

……

O4 What was (what were) the reason(s) for you to try this drug?

Mark all that apply.

1 ☐ I have never used any illegal drug like marijuana or hashish (cannabis), amphetamines or ecstasy
1 ☐ I wanted to feel high
1 ☐ I did not want to stand out from the group
1 ☐ I had nothing to do
1 ☐ I was curious
1 ☐ I wanted to forget my problems
1 ☐ Other reason(s), please specify……
1 ☐ Don't remember

This section of the questionnaire includes some more questions about alcohol.

O5 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

O6 **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

O7 **Do you think that heavy drinking influences the following problems?**
Mark one box for each line.

	Yes, considerably	Yes, quite a lot	Yes, to some extent	Yes, but only a little	No
a) Traffic accidents	☐	☐	☐	☐	☐
b) Other accidents	☐	☐	☐	☐	☐
c) Violent crime	☐	☐	☐	☐	☐
d) Family problems	☐	☐	☐	☐	☐
e) Health problems	☐	☐	☐	☐	☐
f) Relationship problems	☐	☐	☐	☐	☐
g) Financial problems	☐	☐	☐	☐	☐
	1	2	3	4	5

O8 **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) .....

O9 **Think back again over the LAST 30 DAYS. How many times (if any) have you been drinking alcohol equivalent to at least [INSERT NATIONALLY RELEVANT EXAMPLES].**

1 ☐ None
2 ☐ 1
3 ☐ 2
4 ☐ 3–5
5 ☐ 6–9
6 ☐ 10 or more times

O10 **In your view, does a person close to you drink excessively?**

1 ☐ No
2 ☐ Yes → **Has this caused harm or problems in your life?**
  1 ☐ No
  2 ☐ Yes

The next two questions are about gambling.

O11 **Have you ever felt the need to bet more and more money?**

1 ☐ No
2 ☐ Yes

O12 **Have you ever had to lie to people important to you about how much you gambled?**

1 ☐ No
2 ☐ Yes

The following questions are about yourself and things you might do.

O13 **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

O14 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

O15 How good do you think you are at schoolwork, compared to other people your age?

1 ☐ Excellent, I am probably one of the very best
2 ☐ Well above average
3 ☐ Above average
4 ☐ Average
5 ☐ Below average
6 ☐ Well below average
7 ☐ Poor, I am probably one of the worst

The 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. In later years, ESPAD has also established co-operation with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), a body of the European Union.

Most of the European continent is now covered by ESPAD, meaning that it provides 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 fifth wave, conducted in 36 countries during spring 2011. It gives a comprehensive picture of the present situation among European young people as regards the use of tobacco, alcohol, cannabis and other substances, as well as an overview of trends in 1995–2011.

2011 ESPAD Countries in the report

- Albania
- Belgium
- Bosnia and Herzegovina
- Bulgaria
- Croatia
- Cyprus
- Czech Republic
- Denmark
- Estonia
- Faroe Islands
- Finland
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