

Summary and conclusions

The European School Survey Project on Alcohol and Other Drugs (ESPAD) provides data on many alcohol and drug related variables collected simultaneously in 26 European countries. With a few exceptions data were collected at the beginning of 1995. The target age group was students born in 1979, which means that the students were 15–16 years old when they answered the questionnaire. Participating countries are: Croatia, Czech Republic, Cyprus, Denmark, England, Estonia, Faroe Islands, Finland, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Malta, Northern Ireland, Norway, Poland, Portugal, Scotland, Slovak Republic, Slovenia, Sweden, Turkey (Istanbul), Ukraine and Wales. The project was initiated and co-ordinated by the Swedish Council for Information on Alcohol and other Drugs, CAN, in co-operation with the Pompidou Group at the Council of Europe. The planning and data collection was made in co-operation between researchers in the participating countries, each of whom was responsible for applying for funding and for data collection and data processing.

The surveys were conducted with a standardized methodology and a common questionnaire to provide data that were comparable between countries. Data were collected by group administered questionnaires in the classrooms of randomly selected classes (in a few countries schools were the sampling unit). Teachers or research assistants were data collection leaders. The students answered anonymously and put his/her own questionnaire in an individual envelope. The number of participating ESPAD students in different countries vary between 543 and 8,940, with a large majority of the countries around or above the recommended level of 2,400 students.

Each country produced a country report following a standard format, which have been the sources of information for the production of the international ESPAD report. In addition to the results from the ESPAD study, some data from a few similar studies in other countries have been included in the report. These countries are Greece, France, Spain and USA.

A main goal of the ESPAD project is to provide comparable estimates on alcohol and drug consumption among students in Europe. However, the most important goal in the long run is to compare trends in different countries. Therefore, a second data collection in a few years will show the real usefulness of the present results.

In order to facilitate the reading a summary table presents the percentages for selected variables (table N). In the table the four British countries are presented together as United Kingdom. The Latvian data are not presented in this table since they are not entirely comparable with the results from the other countries.

Data quality

Every effort was made to standardize the methodology. Even if this to a large extent was obtained, it is obvious that an extensive study with data collection in 26 countries calls for a rather detailed methodological discussion about representativeness as well as reliability and validity.

Considering the fact that the ESPAD project included 26 countries, some of which made a school survey for the first time, the overall conclusion is that the sampling and data collection in most countries have been accomplished without any major problems.

However, some countries where data might not be entirely comparable ought to be mentioned. In the chapter “Methodological considerations” these issues are discussed in detail.

A large proportion of non-participating classes (51%), a large proportion of eliminated questionnaires (21%) and some other methodological aspects indicate that Latvian data are not fully comparable with data from other countries. Consequently, Latvia is reported separately in the result tables and is not included in the maps and figures.

A large proportion of non-participating students in Malta (47%) and some other aspects indicate great carefulness when interpreting the Maltese data. Extra caution is also recommended when interpreting the results from Ukraine, Italy, Cyprus and Turkey. In Portugal, Hungary and Croatia rather

limited proportions of the 1979 students (60–70%) were included in the sampling frames, which make the results less representative than in many other countries.

Drug prevalence figures are probably underestimated and this is more important for heroin (and other less accepted drugs) than for cannabis. It seems likely to assume that the underreporting probably differ somewhat between countries.

The conclusion seems warranted that the ESPAD data is valid in most countries. However, the cultural context in which the students have answered the questions most probably differ between countries and, thus, have differently influenced the willingness to answer honestly. The validity problems are probably of concern only to a limited number of countries. It may also be assumed that the cultural context does not influence the results to such a degree that large differences between countries should not be regarded as valid. Thus, the magnitude of the estimates in different countries probably reflects country differences pretty well, especially between distinguished groups of countries. However, small differences between countries should be interpreted with caution. They may not reflect valid differences.

Single figures are often difficult to interpret. It is more important to concentrate on magnitudes than on single figures, both when analysing data in single countries and when interpreting differences between countries.

Tobacco

In table N the lifetime and 30 days prevalence rates of cigarette smoking are presented. A majority of the students in this age group have tried smoking at least once. There are, however, rather big differences between countries in the prevalence rates as well as in the gender pattern of smoking habits.

The highest prevalence figures are found in Faroe Islands where almost all students have smoked at some time, but also in Finland, Czech Republic, Ireland, Estonia and Sweden about three quarters of the students have smoked. In no country the proportions are less than 50%, but Cyprus, Malta, Portugal and Slovenia reported proportions between 50–60%.

There is a typical regional pattern in the gender distribution. In the northern European countries more girls than boys have smoked 40 times or more, while the opposite is true for the eastern part of Europe. The pattern of the 30 days prevalence is similar. In countries where many students smoke

on a regular basis many of them started the habit quite early in life. There are more boys than girls who smoked daily at the age of 13 or younger, except in United Kingdom where this behaviour is reported by more girls.

These results indicate that the campaign in European countries, to prevent the smoking among young people still has relevance. The next ESPAD study might show the direction of the trend.

Alcohol

The lifetime prevalence of alcohol consumption and the proportions who have consumed alcohol 10 times or more during the last 30 days are presented in table N. The vast majority of the students have consumed alcohol at some time, especially in Czech Republic, Denmark and Slovak Republic, where almost all students reported alcohol drinking experience. The country with lowest lifetime prevalence of alcohol consumption is Turkey where a little less than two thirds of the students had used alcohol. (The low proportions in Turkey may partly be explained by religious factors.)

The proportion of students who had been drinking alcohol 40 times or more varied a lot between the countries, but in general this is most common among boys (not presented in table N). The highest figures are found in Denmark and United Kingdom (almost half of the students) and in Ireland and Malta (about one third). The smallest figures are reported from Turkey and Norway, which means that the neighbour countries Denmark and Norway are at opposite ends.

Many students reported alcohol consumption during the last 30 days, but rather few had been drinking 10 times or more during that period. The highest proportions (around 15%) are found in Malta, Italy, United Kingdom and Denmark, which makes Denmark rather different from the rest of Scandinavia since this behaviour is reported by less than 2% in Finland, Iceland, Norway and Sweden. More boys than girls answered that they drink alcohol as often as 10 times a month.

The students were also asked more specifically about the beverages they had consumed during the last month. Beer-drinking is most frequent in Denmark and Cyprus. The largest proportions who had drunk beer 3 times or more often during the last 30 days are found in the “beer countries” Denmark, Ireland and Czech Republic, but also in Cyprus, Italy and Malta (table N). There is a substantially higher proportion of boys, compared to girls, who reported beer drinking 3 or more times during the

previous month.

Wine consumption during the last 30 days is most frequent in Malta and Italy, where also the highest percentages who reported wine drinking 3 times or more often are reported (table N). The proportions are usually higher among boys than girls. The only country where the percentage of girls exceeds the one of boys is United Kingdom.

Consumption of spirits as frequent as 3 times or more often during the last 30 days is reported by about one third of the students in Malta and Denmark and by about one fourth in Czech Republic and United Kingdom (table N). The smallest percentages are found in Estonia, Finland and Turkey (around 7%). In many countries the proportions are higher among boys, but in Malta, United Kingdom, Ireland and Lithuania more girls reported this frequency of spirits consumption.

Drunkeness

In table N the proportions who had been drunk 10 times or more often in their lives and 3 times or more often during the last 30 days are presented. Among students in this age group it is not uncommon to drink to the point of intoxication. For some it happens once or twice more or less accidentally. For others, however, it is a habitual behaviour where the purpose of the consumption is to get drunk.

Countries where most of the students reported having been drunk at least once are Denmark, United Kingdom and Finland (about 80%). These are also the countries with the largest proportions who had been drunk 10 times or more often (41–54%). In most countries more boys than girls reported this, except in Finland where the girls are slightly more. In Iceland, Norway, Sweden and United Kingdom the proportions are about equal among boys and girls.

The proportion of students who have been drunk 3 times or more often during the last 30 days indicates frequent intoxication. The top countries in this respect are, again, United Kingdom, Denmark and Finland where about one fifth of the students gave this answer. Other countries where many students reported frequent episodes of drunkness include Ireland, Iceland and Sweden. In most countries there are more boys than girls having been drunk that often, except in the Nordic countries Faroe Islands, Iceland, Norway, Sweden and Finland, where the proportions are about equal.

Binge drinking

Closely related to the prevalence of intoxication is the variable “binge drinking” (drinking 5 drinks or more in a row). The highest proportions are reported from Denmark, Finland and United Kingdom where half or more of the students answered this. The proportions who had drunk these quantities 3 times or more often during the last 30 days are largest in Ireland, Denmark, United Kingdom, Italy and Finland where about one fifth of the students reported this (table N).

Drinking large quantities several times a month is predominantly a behaviour reported by boys. In many countries the gender differences are rather big, e.g. in Italy, Czech Republic, Faroe Islands and Poland, while they are less important in United Kingdom and Finland.

Illicit drugs

The lifetime use of different drugs is summarized in table N, as well as the 30 days prevalence of cannabis use, lifetime use of tranquillizers or sedatives and inhalants. The most commonly used drug is marijuana or hashish (cannabis). In almost all countries more boys than girls have used this substance, although equal or almost equal proportions are found in Faroe Islands, Finland, Hungary and Lithuania. In United Kingdom and Ireland almost half of the boys reported experience of cannabis and in Czech Republic one fourth. In Italy, Denmark and Ukraine one fifth of the boys reported this. The smallest percentage having tried cannabis was reported from Lithuania (1%).

The largest proportions of students who have tried amphetamines is found in United Kingdom (about 14%), followed by Ireland and Italy (about 3%). In these countries more boys than girls reported such experience, but in other countries where the percentages vary between 0 and 2%, no important gender differences are notable.

LSD is used by largest proportions in United Kingdom and Ireland. More boys than girls reported use of LSD, e.g. about 17% of the boys in both United Kingdom and Ireland while the corresponding figures for the girls were 12 and 9%. Next comes Italy with 6% of the boys using LSD and 4% of the girls. All other countries report proportions below 3%.

Ecstasy use is mostly reported by boys in Ireland (11%) and United Kingdom (9%). The corresponding figures for girls are about 7% for both countries. In Italy about 4% of both boys and girls have tried ecstasy. Other countries show figures about

3% or below, while others again report 0%.

Some of the students who report lifetime experience of any drug may just have tried it once. A more recent use that may indicate a habitual use is reflected by the 30 days prevalence rates. The proportions of students who have used cannabis during the last 30 days show that the highest rates are found among boys in United Kingdom (29%), Ireland (25%), Italy (13%), Czech Republic, Denmark, Slovenia and Ukraine (about 7% each) (table N). The same countries also show the highest proportions among girls. However, the proportion among girls are lower, overall.

The use of tranquillizers or sedatives without a doctors prescription might indicate a drug misuse, but it might also show a certain degree of self medication. It is hard to tell which are the motives behind the figures in table N. However, in many countries the most frequent lifetime use is reported by girls. The highest proportions are found in Poland (25%), Lithuania (20%), Czech Republic and Italy (15% each), Croatia, Denmark, Hungary, Iceland, Malta, Slovenia and United Kingdom (about 10% each). The proportions are overall lower among boys, with the highest prevalence found in Poland (11%).

Lifetime use of inhalants is highest in United Kingdom (about 21%) and Malta (17%) where there are no important gender differences. In most other countries there are more boys than girls reporting this behaviour. In Lithuania 18% of the boys had sniffed inhalants and in Croatia, Slovenia and Sweden about 14% of the boys reported this. The lowest prevalence figures are found in Cyprus and Portugal (about 3%).

Some conclusions and future implications

For the first time we have reasonably comparable data on young peoples alcohol and drug use in a large number of countries in Europe. Although it must be kept in mind that the estimates are not exact values – but just estimates – the picture of high and low prevalence countries is rather clear. However, only a few examples will be discussed in this section.

One is that alcohol consumption, to a large extent, is related to traditional differences in drinking cultures. Consequently it is rather often that students (of both sexes) in northern Europe, with the exception of Norway, drink to the point of intoxication. However, high frequencies of alcohol consumption are only partly found in these countries

(mainly in Denmark, United Kingdom and Ireland), while this also is reported from some of the southern European countries. In these countries, which include Malta, Cyprus and Italy, frequent alcohol consumption is mainly found among boys. A few countries are low on most alcohol related variables, including Turkey, Croatia, Estonia, Lithuania (i.e. two Baltic states), Ukraine and Portugal.

With the exception of Ireland, countries with high frequencies of intoxication have rather many students who report expected positive consequences of alcohol consumption. On the other hand, experienced problems caused by alcohol is to a large extent also reported from these countries.

There is also evidence of a geographical pattern of illicit drug use in Europe. United Kingdom, Ireland, Czech Republic, Italy and Denmark show high prevalence rates on cannabis use. Most of them are also the top countries regarding some other drugs as well, although the prevalence rates are lower. A comparison of the results on amphetamines, LSD and ecstasy show that amphetamines are most commonly used in United Kingdom and LSD and ecstasy in United Kingdom and Ireland. Consequently, United Kingdom and Ireland are the two ESPAD countries where different kinds of drugs are mostly used.

These two countries are also the countries where drugs are most easily available. They have the largest proportions answering that they think it is fairly or very easy to get different kinds of drugs. Another interesting result to notice is the very strong relationship between the proportion of students in different countries who have used drugs and drug experience among their friends (see the chapter “Methodological considerations”).

Denmark, although belonging to the Scandinavian countries united in earlier eras of the history and through related languages, share many traits regarding alcohol and cannabis use with the British Isles.

Looking at the ESPAD countries as a whole, alcohol is much more widely used and abused (indicated by drunkenness and binge drinking) than illegal drugs, which points to that different kinds of problems are more caused by alcohol than drugs. Thus, legal substances are a greater problem among students in Europe than are illegal drugs.

It is evident that there are clear differences between countries in the tobacco, alcohol and drug use among students. However, it is important to remember that the population of the ESPAD study

was students born in 1979, i.e. aged 15–16 when data were collected. We do not know, if the differences are similar in other age groups. The possibility cannot be excluded that young people start using both legal and illegal substances at different ages in different countries. For this reason it has been suggested that the next phase be expanded to include another age-group.

The content of this report is mainly concentrated on methodological discussions and a descriptive review of the main findings. It is hoped that the ESPAD researchers, individually or in groups, will use the extensive material for further analysis.

The experiences of the ESPAD project are very promising. They show that it is possible to co-ordinate, collect and compare data about student alco-

hol and drug use in a large number of countries using a standardized methodology.

The long run goal of the ESPAD project is to compare trends between countries. Considering the positive experience of the first study, this does not seem to be an unrealistic goal, even if a lot of methodological details can be improved. As well as comparing trends between countries ESPAD data could provide valuable information for evaluation of national prevention policies.

The future goal of the ESPAD project is to provide comparative data on adolescent substance use in all European countries. Towards this end we will simultaneously try to increase the number of participating countries and to increase the standardization of methods.

Table N. Selected variables on tobacco, alcohol and drug use among boys and girls in the ESPAD countries. Continues...

Boys	Cigarette smoking		Alcohol consumption				Drunkenness		"Binge drinking" last 30 days 3 times or more *	Lifetime use of different illicit drugs				Use of cannabis during the last 30 days	Lifetime use of tranquilizers or sedatives**	Lifetime use of inhalants	
	Lifetime use 40 times or more	Smoked during the last 30 days	Lifetime use 40 times or more	Last 30 days			Lifetime 10 times or more	Last 30 days 3 times or more		Cannabis	Amphetamines	LSD	Ecstasy				
				Any alcohol 10 times or more	Beer 3 times or more	Wine 3 times or more											Spirits 3 times or more
Croatia	27	34	21	7	19	18	14	11	8	13	13	1	2	3	4	6	13
Cyprus	26	32	44	19	48	12	20	7	4	..	7	2	2	2	2	7	3
Czech Republic	30	37	38	12	41	14	25	25	14	19	25	2	3	0	8	8	8
Denmark	22	24	55	19	49	12	32	54	24	26	20	2	0	1	8	9	6
Estonia	36	37	17	3	21	5	11	21	7	14	10	1	1	0	..	2	8
Faroe Islands	42	40	28	4	23	10	20	34	11	18	11	2	1	0	2	5	12
Finland	33	36	16	1	17	5	7	41	19	22	5	0	1	0	1	1	5
Hungary	32	36	20	6	19	20	16	19	9	18	5	1	1	0	1	5	7
Iceland	27	30	14	2	19	5	17	31	14	12	12	3	2	2	5	9	11
Ireland	36	37	37	14	42	5	16	34	17	25	42	4	16	11	25	6	..
Italy	25	36	33	18	36	29	22	12	8	25	21	4	6	4	13	8	9
Lithuania	29	34	14	3	14	3	13	21	11	13	2	0	0	0	1	8	18
Malta	20	33	39	20	43	34	30	9	9	20	10	1	2	2	3	8	17
Norway	25	33	10	1	9	3	11	20	9	19	7	2	2	3	4	2	7
Poland	27	34	25	6	36	15	15	23	10	18	12	3	2	1	4	11	11
Portugal	14	22	22	8	25	6	18	8	3	5	9	3	1	1	4	8	4
Slovak Republic	26	34	24	6	24	16	13	18	9	10	12	1	1	0	5	3	8
Slovenia	16	19	19	6	19	15	10	15	8	10	14	1	2	2	7	5	14
Sweden	28	28	19	1	23	5	15	32	13	19	7	1	1	1	2	5	15
Turkey (Istanbul)	21	39	15	5	19	2	9	7	5	6	5	1	1	1	3	6	5
Ukraine	41	51	16	4	16	13	21	6	4	14	20	0	1	0	6	3	7
United Kingdom	25	32	45	16	41	15	17	41	24	24	44	15	17	9	29	7	20

* "Binge drinking": 5 drinks or more in a row. ** Without a doctor's prescription.

Table N. Continued.

Girls	Cigarette smoking		Alcohol consumption				Drunkenness		"Binge drinking" last 30 days 3 times or more *	Lifetime use of different illicit drugs				Use of cannabis during the last 30 days	Lifetime use of tranquilizers or sedatives**	Lifetime use of inhalants	
	Lifetime use 40 times or more	Smoked during the last 30 days	Lifetime use 40 times or more	Last 30 days				Lifetime 10 times or more		Last 30 days 3 times or more	Cannabis	Amphetamines	LSD				Ecstasy
				Any alcohol 10 times or more	Beer 3 times or more	Wine 3 times or more	Spirits 3 times or more										
Croatia	18	28	6	1	5	7	7	1	1	3	5	1	0	2	1	11	14
Cyprus	9	15	21	6	19	6	7	1	1	..	2	1	1	1	1	9	1
Czech Republic	20	31	25	5	15	14	22	12	5	7	18	2	2	0	6	15	7
Denmark	24	32	44	10	39	13	28	45	18	19	15	1	0	0	4	12	6
Estonia	17	22	10	1	6	5	5	6	3	5	5	0	1	0	..	2	7
Faroe Islands	41	43	23	3	19	5	16	26	10	6	11	0	0	0	3	2	4
Finland	36	39	16	1	12	5	8	45	18	18	5	0	1	0	1	6	4
Hungary	24	32	10	1	5	9	12	8	4	7	4	0	1	1	1	11	5
Iceland	27	33	13	1	5	5	17	32	13	9	8	2	1	1	3	10	10
Ireland	38	45	31	9	27	4	22	27	14	20	31	2	9	6	12	9	..
Italy	24	37	15	5	21	16	14	5	4	9	16	2	4	3	10	15	6
Lithuania	12	18	10	1	3	4	16	10	6	6	1	0	0	0	0	20	14
Malta	18	30	29	12	14	25	40	6	3	11	7	1	1	1	1	10	17
Norway	25	39	7	1	8	2	11	19	8	15	5	1	0	1	2	3	7
Poland	13	23	12	2	14	7	7	8	4	7	5	2	1	0	1	25	8
Portugal	12	25	10	2	12	2	11	4	1	2	5	1	0	0	2	8	2
Slovak Republic	13	20	13	1	6	12	6	5	2	3	6	0	0		1	6	5
Slovenia	17	20	9	2	11	10	12	9	5	5	12	0	1	1	5	10	10
Sweden	28	33	13	1	19	5	14	32	12	12	5	0	1	0	1	7	9
Turkey (Istanbul)	18	34	5	1	10	2	3	2	1	3	3	1	0	0	1	7	3
Ukraine	18	28	13	3	5	12	15	3	1	9	9	0	1	0	2	3	4
United Kingdom	30	40	39	11	19	23	27	39	20	20	38	12	12	7	20	10	21

* "Binge drinking": 5 drinks or more in a row. ** Without a doctor's prescription.